

Agenda



West Dunbartonshire Community Health and Care Partnership/ Shadow Integration Joint Board

Date: Wednesday, 20 August 2014

Time: 14:00

Venue: Committee Room 3,
Council Offices, Garshake Road, Dumbarton

Contact: Nuala Borthwick, Committee Officer
Tel: 01389 737594 Email: nuala.borthwick@west-dunbarton.gov.uk

Dear Member

Please attend a meeting of the **West Dunbartonshire Community Health & Care Partnership/Shadow Integration Joint Board** as detailed above.

The business is shown on the attached agenda.

Yours faithfully

KEITH REDPATH

CHCP Director/Interim Chief Officer of the 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 Infrastructure and Regeneration
Head of Administration, NHS Board

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

WEDNESDAY, 20 AUGUST 2014

AGENDA

1. APOLOGIES

2. DECLARATIONS OF INTEREST

Members are invited to declare if they have an interest in any of the items of business on this agenda and the reasons for such declarations.

3. MINUTES OF PREVIOUS MEETING

Submit, for approval as a correct record, the Minutes of Meeting of West Dunbartonshire Community Health & Care Partnership/Shadow Integration Joint Board held on 21 May 2014.

4. NATIONAL INTEGRATED CARE FUND

Submit report by the Interim Chief Officer providing an update on the Scottish Government's confirmation of a national Integrated Care Fund.

**5. RESPONSE TO SCOTTISH GOVERNMENT CONSULTATION ON DRAFT
SCOTTISH STATUTORY INSTRUMENTS TO ACCOMPANY THE PUBLIC
BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

Submit report by the Interim Chief Officer providing the responses prepared in response to the Scottish Government Consultation on draft Scottish Statutory Instruments to accompany the Public Bodies (Joint Working) (Scotland) Act 2014.

**6. WEST DUNBARTONSHIRE CHCP ORGANISATIONAL PERFORMANCE
REVIEW – YEAR END FEEDBACK 2013/14**

Submit report by the Partnership Director providing feedback received from the Chief Executives of NHS Greater Glasgow & Clyde and West Dunbartonshire Council following the CHCP's year end Organisational Performance Review in June 2014.

7. FINANCE REPORT 2013/2014 AS AT PERIOD 3 (30 JUNE 2014)

Submit report by the Partnership Director providing an update on the financial performance of the West Dunbartonshire Community Health & Care Partnership to 30 June 2014 (Period 3).

8. FINANCE AND CAPITAL WORKS REPORT FOR THE PERIOD ENDED 30 JUNE 2014 (NHS ONLY)

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

9(a). CARE INSPECTORATE REPORTS FOR OLDER PEOPLE'S CARE HOMES OPERATED BY INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE

Submit report by the Partnership Director providing a routine update on the most recent Care Inspectorate inspections of independent sector older peoples' Care Homes within West Dunbartonshire.

9(b). CARE INSPECTORATE REPORTS FOR SUPPORT SERVICES OPERATED BY INDEPENDENT SECTOR PROVIDERS IN WEST DUNBARTONSHIRE

Submit report by the Partnership Director providing a routine update on the most recent Care Inspectorate assessment for 12 independent sector support services for Older People, Adults and Children and Young People within West Dunbartonshire.

9(c). CARE INSPECTORATE REPORT FOR LEARNING DISABILITY HOUSING SUPPORT SERVICES OPERATED BY WEST DUNBARTONSHIRE COUNCIL

Submit report by the Partnership Director providing information on the most recent inspection report for learning disability housing support services.

9(d). CARE INSPECTORATE REPORTS FOR OLDER PEOPLE'S RESIDENTIAL AND DAY CARE SERVICES OPERATED BY WEST DUNBARTONSHIRE COUNCIL

Submit report by the Partnership Director providing information on the most recent inspection reports for three of the Council's Older People's Residential Care Home and Day Care Services.

9(e). CARE INSPECTORATE REPORTS FOR CARE AT HOME SERVICES OPERATED BY WEST DUNBARTONSHIRE COUNCIL

Submit report by the Partnership Director providing information on the most recent inspection reports for the Council's own Care at Home Services.

9(f). CARE INSPECTORATE REPORTS FOR CHILDREN AND YOUNG PEOPLE'S SERVICES OPERATED BY WEST DUNBARTONSHIRE COUNCIL

Submit report by the Partnership Director providing information on the most recent inspection reports for the Council's Permanence and Adoption Service and the Fostering Service.

9(g). CARE INSPECTORATE REPORTS FOR CHILDREN AND YOUNG PEOPLE'S RESIDENTIAL SERVICES OPERATED BY WEST DUNBARTONSHIRE COUNCIL

Submit report by the Partnership Director providing information on the most recent inspection reports for the Council's own Residential Services for Children and Young People.

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

Submit for information, draft Minutes of Meeting of the West Dunbartonshire CHCP Public Partnership Forum held on Wednesday, 30 July 2014.

11. 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, 4 August 2014.

12. 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 6 August 2014.

13. EXCLUSION OF PRESS AND PUBLIC

The Committee is asked to approve the undernoted Resolutions:-

“In terms of Section 50 (A) of the Local Government (Scotland) Act, 1973 that the press and public be excluded from the remainder of the meeting as the following items of business involve the likely disclosure of exempt information as defined in Paragraphs 1 and 3 of Part 1 of Schedule 7A to the Act.”

**14. SOCIAL WORK COMPLAINTS REVIEW SUB-COMMITTEE –
16 JUNE 2014**

Submit report by the Head of Legal, Democratic and Regulatory Services advising of a complaint heard by the Social Work Complaints Review Sub-Committee.

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

At a Meeting of the West Dunbartonshire Community Health and Care Partnership/Shadow Integration Joint Board held in Committee Room 2, Council Offices, Garshake Road, Dumbarton, on Wednesday, 21 May 2014 at 2.00 p.m.

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

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

Apologies: Apologies for absence were intimated on behalf of Councillors Mooney and Sorrell.

Councillor Gail Casey in the Chair

CHAIR'S REMARKS

The Chair, Councillor Casey, welcomed everyone present to the meeting and advised that from 1 April 2014, the Community Health and Care Partnership also assumed the role of the Shadow Integration Joint Board for transition to the new model of Health and Social Care Partnership (HSCP) from April 2015. It was noted that, in recognition of this change, reports relating to the current operation of the CHCP were addressed to the CHCP Committee and submitted in the name of the CHCP Director and those relevant to the new HSCP would be addressed to the Shadow Integration Joint Board and submitted in the name of the Interim Chief Officer of the Board.

DECLARATIONS OF INTEREST

Councillor Rooney declared a financial interest of his spouse in the item under the heading 'Care Inspectorate Reports for Older People's Care Homes operated by Independent Sector in West Dunbartonshire', his spouse being a member of staff at a care home in West Dunbartonshire, and intimated that he would take part in discussions thereon.

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of West Dunbartonshire Community Health & Care Partnership held on 19 February 2014 were submitted and approved as a correct record.

WEST DUNBARTONSHIRE SHADOW HEALTH AND SOCIAL CARE PARTNERSHIP – TRANSITION ACTIONS FOR DELIVERY THROUGH 2014/15

A report was submitted by the Interim Chief Officer seeking approval of the Shadow Health and Social Care Partnership's Transition Action Plan.

Following discussion and having heard the Interim Chief Officer in further explanation of the report and in answer to Members' questions, the Shadow Integration Joint Board approved the Shadow HSCP Transition Action Plan.

NEW SUPPORT SERVICES FOR VULNERABLE YOUNG PEOPLE

A report was submitted by the Partnership Director providing an update on the specific actions and recommendations put forward by the Multiagency Review following the deaths of 3 young women residing at the Blue Triangle Supported Housing projects between July 2012 and September 2012.

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

- (1) to approve the actions taken to implement these new services to support vulnerable young people; and
- (2) that a further report would be submitted to the Committee at the end of the year providing an evaluation of the service following the investment in new services.

WEST DUNBARTONSHIRE CHCP YEAR END PERFORMANCE REPORT 2013/14

A report was submitted by the Partnership Director providing a summary of performance in relation to the Key Performance Indicators and key actions within the CHCP Strategic Plan 2012/13 for the period 1 October 2013 to 31 March 2014 including those that directly pertain to the local Community Planning Partnership Single Outcome Agreement.

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

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

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

A report was submitted by the Partnership Director providing a routine update on the most recent Care Inspectorate assessment for one independent sector support service for Older People service within West Dunbartonshire.

The Partnership agreed to note the contents of the report.

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

A report was submitted by the Partnership Director providing a routine update on the most recent Care Inspectorate inspections of independent sector older peoples' care homes within West Dunbartonshire.

Following discussion and having heard the Quality Assurance Manager in further explanation of the report and in answer to Members' questions, the Partnership agreed to note the contents of the report.

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

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

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

- (1) to note the work undertaken to ensure grades awarded reflect the quality levels expected by the Council; and
- (2) otherwise to note the contents of the report.

RESIDENTIAL CHILDREN'S UNITS RATIONALISATION STUDY

A report was submitted by the Interim Chief Officer providing information on the proposal to carry out a rationalisation study of the Children's Units within West Dunbartonshire.

The Partnership agreed:-

- (1) that a progress report on the study would be provided to the Shadow Integration Joint Board within the next year; and
- (2) otherwise to note the contents of the report.

WEST DUNBARTONSHIRE CHCP STRATEGIC PLAN – 2014/15

A report was submitted by the Partnership Director seeking approval of the integrated West Dunbartonshire CHCP Strategic Plan 2014/15.

Following discussion and having heard the Partnership Director and the Head of Strategy, Planning and Health Improvement in further explanation of the report and in answer to Members' questions, the Partnership agreed to approve the integrated West Dunbartonshire CHCP Strategic Plan 2014/15.

REVIEW OF WEST DUNBARTONSHIRE COMMUNITY PLANNING PARTNERSHIP RESHAPING CARE FOR OLDER PEOPLE (CHANGE FUND) PROGRAMME 2013-14

A report was submitted by the Partnership Director providing information on the progress and outcomes of the Reshaping Care for Older People (Change Fund) Programme for 2013-14.

The Partnership agreed:-

- (1) to note the workstreams taken forward in 2013-14; and
- (2) to note the impact of change in the delivery of services to Older People.

WEST DUNBARTONSHIRE COMMUNITY PLANNING PARTNERSHIP OLDER PEOPLE'S CHANGE FUND PLAN 2014-15

A report was submitted by the Partnership Director outlining the Reshaping Care for Older People's Change Fund Plan for 2014-15.

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

- (1) to approve the Change Fund Plan for 2014-15;
- (2) to note the implications of reduced funding in 2014-15 and that this is the final year of funding of this workstream;
- (3) to note the Partnership's concerns about the uncertainty and potential loss of resources that will have an impact on service; and
- (4) that a further report would be provided to the Partnership on the requirement to disinvest in the planned workstreams once the funding guidance to Health and Social Care Partnerships is published by the Scottish Government in June 2014 and should the funding not be directed at the priorities set out in the current plan.

WEST DUNBARTONSHIRE COMMUNITY PLANNING PARTNERSHIP SINGLE OUTCOME AGREEMENT 2014-2017

A report was submitted by the Partnership Director providing information on the West Dunbartonshire Community Planning Partnership Single Outcome Agreement 2014-2017.

Following discussion and having heard the Head of Strategy, Planning and Health Improvement in further explanation of the report and in answer to Members' questions, the Partnership agreed to endorse the West Dunbartonshire Community Planning Partnership Single Outcome Agreement 2014-2017.

FINANCE AND CAPITAL WORKS REPORT FOR THE YEAR ENDED 31 MARCH 2014 (NHS ONLY)

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

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

- (1) to note that directors had stimulated a review of the Equipu service in order to address the overspend common across the six council partners; and
- (2) otherwise to note the content of the Financial and Capital Works Report for the year ended 31 March 2014.

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

The draft Minutes of Meeting of the West Dunbartonshire CHCP Public Partnership Forum held on Wednesday, 30 April 2014 were submitted and noted.

After discussion, it was noted that public engagement would still take place in the new model of a Health and Social Care Partnership from April 2015 and that the West Dunbartonshire Public Partnership Forum had been recognised as an exemplar.

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

The draft Minutes of Meeting of the West Dunbartonshire CHCP Joint Staff Forum held on Monday, 28 April 2014 were submitted and noted.

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

The draft Minutes of Meeting of the West Dunbartonshire CHCP Professional Advisory Group held on 9 April 2014 were submitted and noted.

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

A report was submitted by the Partnership Director outlining progress on the plans to modernise the Council's care homes and day care provision.

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

- (1) to note the progress to date on the development of replacement care homes in Dumbarton and Clydebank;
- (2) to approve the Queen's Quay site as the preferred site for the new Clydebank Care Home;

- (3) to approve the reduction in capacity of each of the two new care homes from 90 places to 84 places;
- (4) that the capital investment for the projects be increased to £21.95 million to reflect the revised cost of the two care homes and that the increase, along with a revised phasing of expenditure, is recommended to the Council for adjustment in the Capital Plan; and
- (5) to thank officers involved in the progress of the plans for replacement of the care homes and the proposals for the use of an adjacent site for the new Clydebank Health Centre.

SELF-DIRECTED SUPPORT POLICY

A report was submitted 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 and Procedures.

Following discussion and having heard the Partnership Director in further explanation of the report and in answer to Members' questions, the Partnership agreed to approve the draft Self-Directed Support Policy and Procedures.

DATES OF FUTURE MEETINGS

Having heard the Partnership Director, Members agreed the proposed dates for future meetings of the West Dunbartonshire Community Health & Care Partnership/Shadow Integration Joint Board as undernoted:-

Wednesday, 20 August 2014 at 2.00 p.m. in Meeting Room 3, Council Offices, Garshake Road, Dumbarton

Wednesday, 19 November 2014 at 2.00 p.m. in Meeting Room 3, Council Offices, Garshake Road, Dumbarton

Wednesday, 18 February 2015 at 2.00 p.m. in Meeting Room 3, Council Offices, Garshake Road, Dumbarton

Wednesday, 20 May 2015 at 2.00 p.m. in Meeting Room 3, Council Offices, Garshake Road, Dumbarton – provisional date for meeting of the Health and Social Care Partnership.

It was noted that a meeting of the Health and Social Care Partnership may be required to be scheduled in April 2015 and if necessary would be scheduled later in the year. It was also noted that meantime, the meeting scheduled to be held on 20 May 2015 would be kept as provisional meeting date.

EXCLUSION OF PRESS AND PUBLIC

Having heard the Chair, Councillor Casey, the Partnership approved the following resolution:-

“In terms of Section 50 (A) of the Local Government (Scotland) Act, 1973 that the press and public be excluded from the meeting as the following item of business involved the likely disclosure of exempt information as defined in Paragraphs 1 and 3 of Part 1 of Schedule 7A to the Act.”

SOCIAL WORK COMPLAINTS REVIEW SUB-COMMITTEE – 18 FEBRUARY 2014

A report was submitted by the Head of Legal, Democratic and Regulatory Services advising of a complaint heard by the Social Work Complaints Review Sub-Committee.

Following discussion and having heard the Partnership Director in further explanation of the report and in answer to Members' questions, the Partnership agreed to approve the recommendations and note the findings contained in the Minute of Meeting of the Social Work Complaints Review Sub-Committee.

Note: Councillor Rooney left the meeting during consideration of the undernoted item of business.

URGENT ITEM OF BUSINESS EXCLUSION OF PRESS AND PUBLIC

The Convener requested that the Partnership consider an additional item of business as a matter of urgency concerning a complaint relating to a resident in a care home in West Dunbartonshire.

The Partnership agreed that this item be considered as a matter of urgency on the grounds that the action to be taken required early consideration.

The Partnership approved the undernoted Resolution in relation to this item of business:-

“In terms of Section 50 (A) of the Local Government (Scotland) Act, 1973 that the press and public be excluded from the meeting as the item of business involved the likely disclosure of exempt information as defined in Paragraphs 1 and 3 of Part 1 of Schedule 7A to the Act.”

Thereafter, the Partnership Director and the Head of Community Health & Care Services provided an update on the circumstances relating to the complaint and answered questions from Members.

Following discussion, the Partnership agreed the following motion:-

This Partnership thanks the Partnership Director and Head of Community Health & Care for their verbal report and their candour. The Partnership expresses its support for the actions taken both pre and post the client's passing by the Head of Community Health & Care Services and her staff.

The Partnership expresses its sympathy for the family and our staff at this difficult time and advises that the Head of Service has the Partnership's full support and also notes that she will provide full support to her staff.

The meeting closed at 4.19 p.m.

DRAFT

WEST DUNBARTONSHIRE COUNCIL

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

Shadow Integration Joint Board: 20th August 2014

Subject: National Integrated Care Fund

1 Purpose

- 1.1** The purpose of this report is to update the Shadow IJB on the Scottish Government's confirmation of a national Integrated Care Fund.

2 Recommendations

- 2.1** The Shadow IJB is recommended to note the report.

3 Background

- 3.1** As members will recall from the May 2014 CHCP Committee meeting, the Scottish Government announced that additional and non-recurrent resources of £100m would be made available to health and social care partnerships across in 2015-16 to support delivery of improved outcomes from health and social care integration, help drive the shift towards prevention and further strengthen the approach to tackling inequalities.
- 3.2** As was discussed at the May 2014 CHCP Committee meeting, this non-recurrent resource replaces the Reshaping Care of Older People Change Fund (which will continue as planned until April 2015).

4 Main Issues

- 4.1** The appended guidance from the 7th July 2014 confirms the allocated share of the Integrated Care Fund for the new West Dunbartonshire Health & Social Care Partnership in 2015/16 as being £1.99 million.
- 4.2** The appended correspondence clarifies the parameters of use for the Integrated Care Fund, i.e. it will be accessible to local partnerships to support investment in integrated services for all adults. The funding will support partnerships to focus on prevention, early intervention and care and support for people with complex and multiple conditions, particularly in those areas where multi-morbidity is common in adults under 65 years, as well as in older people.
- 4.3** The attached paper provides background and guidance to local partnerships on how the Integrated Care Fund should be used. A template has been provided for the development of local plans (similar to that used for local Older People's Change Fund Plans).

- 4.4** In order to commence full implementation from 1 April 2015, and therefore be able to utilise the full resource over that financial year, partnerships should aim to have local integrated care plans signed-off locally and then submitted to Scottish Government in December 2014.
- 4.5** Work has already commenced to prepare a local integrated care plan for West Dunbartonshire that builds upon its local older people's change fund programme. The proposed local Integrated Care Plan will consequently be presented to the November 2014 meeting of the Shadow Integration Joint Board for approval.

5 People Implications

- 5.1** None associated with this report.

6 Financial Implications

- 6.1** The appended correspondence confirms the allocated share of the Integrated Care Fund for the new West Dunbartonshire Health & Social Care Partnership in 2015/16 as being £1.99 million. This non-recurrent resource replaces the Reshaping Care of Older People Change Fund allocation (which will continue as planned until April 2015).
- 6.2** The Scottish Government has confirmed that the availability of resources after 2016 will depend on the progress made and the outcome of the next Comprehensive Spending Review.

7 Risk Analysis

- 7.1** The Scottish Government has confirmed that while the Integrated Care Fund builds on the Older People's Change Fund programmes, it not simply be used to support existing initiatives previously funded through the Old People's Change Fund. At the same time, it has been accepted that there may be some applicable programmes and support that currently focus on older people, and are equally transferable to adults with multi-morbidity at a younger age.
- 7.2** As members will recall from the May 2014 CHCP Committee meeting, the creation of this new national scheme at the expense of continuing the Older Peoples Change Fund will inevitably require disinvestment in a variety of areas of activity; and consequently present a challenge for all Health & Social Care Partnerships (to a greater or lesser extent) in terms of related national targets (most notably in relation to delayed discharge) and responding to the impact of demographic change. As was discussed at the May meeting of the CHCP Committee, careful planning is required – and underway locally – to ensure that the implementation of this new (and at this point, relatively short term scheme) does not destabilise the considerable local progress achieved in relation to the Older Peoples Change Fund programme.

8 Equalities Impact Assessment

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

9 Consultation

- 9.1** Members will note that, in a similar fashion to the process for devising local Older Peoples Change Fund Plans, local integrated care plans should be agreed and signed off by representatives from the NHS, local authority, the third sector, and independent sectors.

10 Strategic Assessment

- 10.1** The issues considered here relate to the following strategic priorities of the Council:

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



Keith Redpath

Interim Chief Officer of the Shadow Health & Social Care Partnership

Date: 1st August 2014

Person to Contact: Soumen Sengupta
Head of Strategy, Planning & Health Improvement.
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Appendices: Integrated Care Fund - Guidance for Local Partnerships

Background Papers: CHCP Committee Report: Community Planning
Partnership Older Peoples Change Fund Plan 2014-15
(May 2014)

Wards Affected: All

INTEGRATED CARE FUND

Guidance for Local Partnerships

1. The Scottish Government announced that additional resources of £100m will be made available to health and social care partnerships in 2015-16 to support delivery of improved outcomes from health and social care integration, help drive the shift towards prevention and further strengthen our approach to tackling inequalities.
2. The £100m resource builds upon the Reshaping Care of Older People (RCOP) Change Fund (which will continue as planned until April 2015). The new Integrated Care Fund will be accessible to local partnerships to support investment in integrated services for all adults. Funding will support partnerships to focus on prevention, early intervention and care and support for people with complex and multiple conditions, particularly in those areas where multi-morbidity is common in adults under 65, as well as in older people.
3. This paper provides guidance to local partnerships on how the fund should be used. **It is not intended to create additional bureaucratic burden on local partnerships so Integrated Care Plans should be developed within the current strategic commissioning process. However, it is important to be able to account for the spend of this resource and to measure the performance improvements achieved by it.**

Background

4. The RCOP Change Fund has been a powerful lever to support the third sector, NHS, local authority, housing and independent sectors to work more effectively together and to share ownership of local change plans and delivery. The governance arrangements and improvement support for Change Plans have accelerated a change in attitudes, cultures and behaviours and have resulted in a greater focus on preventative and anticipatory care.
5. We recognise that the full ambitions of the RCOP ten year programme of reforms have yet to be fulfilled. As evidenced by the recent Audit Scotland report,¹ we have not yet been able to achieve a shift in resources away from institutional care. It is also true to say that there is scope to make further progress on the duty in the Public Bodies (Joint Working) (Scotland) Act 2014 to include key stakeholders, particularly the third sector, within the decision making processes to take advantage of their advice, experience and delivery. It is important, therefore, that partnerships continue to make progress with Reshaping Care for Older People within the context of emerging integrated health and social care arrangements and this more equal and co-productive form of partnership working. Strategic Commissioning will be critical to achieving this. As part of the Reshaping Care for Older People Programme, Evaluation Support Scotland was commissioned to facilitate 'A Stitch in Time'. This programme supported the third sector in Lothian

¹http://www.audit-scotland.gov.uk/docs/central/2014/nr_140206_resaping_care.pdf

to collect and present evidence to explain, measure and prove how the third sector (i) prevents avoidable future use of health and social care services; and (ii) how it optimises older people's independence and well-being.

6. The Public Bodies (Joint Working) (Scotland) Act² speaks to a more ambitious agenda that needs to be more squarely focused on the alleviation of health inequalities. The Route Map to the 2020 Vision for Health and Social Care³ identifies prevention and preventative spend as a priority to improve care for people with multi-morbidities. We need now to move to a more targeted but transformational redesign focused on the complex and high cost service models that are in many cases not delivering the outcomes that people need, especially in less affluent areas. The principles and learning from "A Stich in Time" programme are equally applicable to working with adults with co-morbidity / multi-morbidity through the Integrated Care Fund. Further information and support for partnerships to understand the contribution of the third sector can be found on Evaluation Support Scotland's website at <http://www.evaluationsupportscotland.org.uk/how-can-we-help/shared-learning-programmes/>
7. It is therefore important that the Integrated Care Fund should be used to test and drive a wider set of innovative and preventative approaches in order to reduce future demand, support adults with multi-morbidity and address issues around the inverse care law, where people who most need care are least likely to receive it. Given that the funding is available for one year, it is important that these approaches are built in to and sustained through the longer term strategic commissioning approach.
8. Central to these approaches must be the shift to support the assets of individuals and communities so that they have greater control over their own lives and capacity for self-management, particularly of multiple conditions. The **third sector** has a particularly crucial role to play in supporting such an approach.

Principles

9. Through the Ministerial Strategic Group for Health and Community Care, the Scottish Government, COSLA, NHS Scotland and third and independent sector partners have agreed that six principles should underpin the use of the Fund:
 - **Co-production** – the use of the Fund must be developed in partnership, primarily between health, social care, housing, third sector, independent sector, people who use support and services and unpaid carers. It should take an inclusive and collaborative local approach that seeks out and **fully supports the participation of the full range of stakeholders, particularly the third sector**, in the assessment of priorities and delivery of innovative ways to deliver better outcomes

²<http://www.scottish.parliament.uk/parliamentarybusiness/Bills/63845.aspx>

³[Route Map to the 2020 Vision for Health and Social Care](#)

- **Sustainability** – the Fund needs to lead to change that can be evidenced as making a difference that is **sustainable and can be embedded through mainstream integrated funding sources** in the future.
- **Locality** – the locality aspects must include input from professionals, staff, users and carers and the public. Partnerships should develop **plans with the people who best know the needs and wishes of the local population**. Such a bottom-up approach should maximise the contribution of local assets including the third sector, volunteers and existing community networks. Partners will be expected to weight the use of their funding to areas of greatest need.
- **Leverage** – the funding represents around 1% of the total spend on adult health and social care so must be able to support, unlock and improve the use of the total resource envelope. Our approach to strategic commissioning will be key to this so it is important that plans for the use of this resource are embedded in the strategic commissioning process.
- **Involvement** – Partnerships should take a co-production, co-operative, participatory approach, ensuring the **rights of people who use support and services and unpaid carers are central to the design and delivery of new ways of working** – delivering support and services based on an equal and reciprocal person centred relationship between providers, users, families and communities. These relationships should be evidenced within each partnership's plans.
- **Outcomes** – partnerships will be expected to **link the use of the funds to the delivery of integrated health and wellbeing outcomes for adult health and social care** which will be the responsibility of the new Integration Joint Boards or lead agencies following enactment of the legislation for integration.

Integrated Care Fund - Plans

10. As we enter into the 2014/15 shadow year for health and social care integration, health and social care partnerships will already be developing strategic commissioning plans for adults. The Joint Improvement Team issued practical advice on joint strategic commissioning⁴ in February 2014 and this guidance should be read in conjunction with that advice note. Effective use of the Integrated Care Fund will only be achieved by adopting the principles of strategic commissioning.

What should be the focus of Integrated Care Plans?

11. Integrated Care Plans should focus on tackling the challenges associated with multiple and chronic illnesses for both adults and older people. Over two million people in Scotland have long term conditions and they are the principal driver for both chronic and urgent care and support. Multi-morbidity (two or more conditions) is the norm in Scottish patients over 50 and the prevalence is rising. Although multi-morbidity is particularly common in older people, most people affected are

⁴<http://www.jitScotland.org.uk/news-and-events/newsletters/?id=154>

under 65, particularly in deprived areas where the most common co-morbidity is a mental health problem. The combination of physical and mental health conditions has a strong association with health inequalities and negative outcomes for individuals and families.

12. The focus on multi-morbidity is intimately tied to wider work undertaken in respect of inequalities and deprivation. The current evidence suggests⁵ that deprivation influences not just the amount but also the type of multi-morbidity that people experience. A greater mix of mental and physical problems is seen as deprivation increases, which means increased clinical complexity and the need for holistic person centred care.
13. The Integrated Care Fund should therefore be used to test and deliver a matrix of supports and interventions to improve health and wellbeing outcomes through, for example: deepening our focus on improving personal outcomes, supporting health literacy and adopting a co-production approach; using technology to enable greater choice and control; and adopting an assets-based societal model to improve population health and wellbeing. Plans should build on learning from Reshaping Care for Older People and extend the reach of successful approaches to the priority actions for partnerships set out in the National Action Plan for Multi-morbidity, which will be published shortly.
14. The use of the Integrated Care Fund should include strands that will lead to reduced demand for emergency hospital activity and emergency admissions. Investment in existing institutional bed capacity such as long stay beds, should not form part of the plans for the use of the Integrated Care Fund.

How should Integrated Care Plans be developed?

15. It will be for local partnerships to decide how best to develop their Plan for the use of their share of the £100m. The Integration Joint Board, through the interim Chief Officer, or Chief Executive in a lead agency, should take responsibility to work with all partners to develop the Plan. The Plan should clearly outline the role of the **non-statutory partners** and should describe the level of support to carers. Plans should be agreed and signed off by representatives from the NHS, local authority, the third sector, and independent sectors.

When should the plans be completed?

16. In order to commence full implementation of Plans from 1 April 2015, and therefore be able to utilise the full resource over that financial year, partnerships should aim to have Plans signed off by December 2014.

⁵BMJ2012;344:e4152

What details should the plans cover?

17. Plans should adopt and support delivery of the aim for 2020 that all adults with multiple conditions are supported to live well and experience seamless care from the right person when they need it and, where possible, where they want it.
18. Partnerships are asked to develop Plans which describe:
 - the activities that will support the delivery of integrated health and wellbeing outcomes for adult health and social care – and the contribution to wider work designed to tackle health inequalities within Community Planning Partnerships;
 - the extent to which activity will deliver improved outcomes in-year and lay the foundations for future work to be driven through Strategic Commissioning;
 - relationships with localities, including how input from the third sector, users and carers will be achieved. Such a bottom-up approach should maximise the contribution of local assets including volunteers and existing community networks.
 - the long term sustainability of investments and the extent to which the use of the fund will leverage resources from elsewhere.
 - how resources will be focused on the areas of greatest need.
 - how the principles of co-production will be embedded in the design and delivery of new ways of working.
 - progress in implementing priority actions for partnerships as described in the forthcoming National Action Plan for Multi-morbidity.
 - how it will enable the partnership to produce a progress report based on the above for local publication in autumn 2016.

How should the Plans be used?

19. The Plans are primarily intended to drive service innovation, development, and improvement, and to communicate priorities. The Integrated Care Plan should therefore be published by each partnership. Partnerships will wish to monitor their own performance and will be expected to **submit two progress reports at six monthly intervals to the Ministerial Strategic Group on Health and Community Care. A template based on the bullet points in paragraph 18 will be used for these reports so partnerships should develop plans that will allow for progress and performance to be measured.**
20. In addition, Joint Improvement Team will coordinate support from national partners through the Improvement Network collaboration, support shared learning across Scotland and provide or broker support for local improvement.

How will the £100m be distributed?

21. The allocations to Health Boards will use a composite of the following two distributions on a 1:1 ratio:
 - The NHS National Resource Allocation Committee (NRAC) distributions for adults in the Acute, Care of the Elderly, Mental Health and Learning Difficulties, and Community care programmes;

- Local Authority Grant Aided Expenditure (GAE) distributions for People aged 16+ derived using a population weighted composite indicator based on a number of factors. (For more information on the methodology contact Brian Slater)

22. The individual allocations to each partnership is profiled at Annex A.

Will the Integrated Care Fund continue after 2016?

23. A £100m Integrated Care Fund has been identified for 2015-16. The availability of resources after 2016 will depend on the progress made and the outcome of the next Comprehensive Spending Review. However, as stated in paragraph 7, and echoed in the principles in paragraph 9, the change must be sustainable and maintained within the strategic commissioning plans.

Can the Fund be used to support previous Older People's Change Fund activity?

24. The Integrated Care Fund builds on the RCOP Change Fund and should not simply be used to support existing initiatives previously funded through their RCOP Change Fund . Guidance on the 2014/15 Change Fund clearly stated that partners should be planning for **the range of activities that will or will not be sustained after 2015, through their Strategic Commissioning Plans**. Kathleen Bessos' letter of 10 April 2014 refers.

25. At the same time, it is recognised there may be some applicable programmes and support that currently focus on older people, and are equally transferable to adults with multi-morbidity at a younger age. There will be some limited scope to extend such interventions to the under 65 population.

Contact

26. For further information please contact the following:

Queries regarding the development of plans should be directed to Kelly Martin:

Tel: 0131 244 3744 e-mail: Kelly.Martin@scotland.gsi.gov.uk

Queries regarding improvement and support requirements should be directed to David

Heaney: Tel: (0131) 244 5317 e-mail: david.heaney@scotland.gsi.gov.uk

Annex A

NHS Board	Partnership	£m
Ayrshire & Arran	<i>East Ayrshire</i>	2.47
	<i>North Ayrshire</i>	2.89
	<i>South Ayrshire</i>	2.34
		7.70
Borders	<i>Scottish Borders</i>	2.13
Dumfries & Galloway	<i>Dumfries & Galloway</i>	3.04
Fife	<i>Fife</i>	6.73
ForthValley	<i>Clackmannanshire</i>	0.96
	<i>Falkirk</i>	2.88
	<i>Stirling</i>	1.52
		5.36
Grampian	<i>AberdeenCity</i>	3.75
	<i>Aberdeenshire</i>	3.78
	<i>Moray</i>	1.59
		9.12
Greater Glasgow & Clyde	<i>West Dunbartonshire</i>	1.99
	<i>East Dunbartonshire</i>	1.70
	<i>East Renfrewshire</i>	1.43
	<i>GlasgowCity</i>	13.29
	<i>Inverclyde</i>	1.76
	<i>Renfrewshire</i>	3.49
		23.66
Highland	<i>Argyll & Bute</i>	1.84
	<i>Highland</i>	4.31
		6.15
Lanarkshire	<i>North Lanarkshire</i>	6.51
	<i>South Lanarkshire</i>	6.04
		12.55
Lothian	<i>East Lothian</i>	1.76
	<i>Edinburgh, City of</i>	8.19
	<i>Midlothian</i>	1.44
	<i>West Lothian</i>	2.85
		14.24
Orkney	<i>Orkney Islands</i>	0.41
Shetland	<i>Shetland Islands</i>	0.41
Tayside	<i>Angus</i>	2.13
	<i>DundeeCity</i>	3.10
	<i>Perth & Kinross</i>	2.63
		7.86
Western Isles	<i>EileanSiar</i>	0.64
Scotland		100.00

Integrated Care Fund Plan Template

PARTNERSHIP DETAILS

Partnership name:	
Contact name(s): See note 1	
Contact telephone	
Email:	
Date of Completion:	

The plan meets the six principles described on pages 2 and 3 (Please tick ✓):

Co-production		Leverage	
Sustainability		Involvement	
Locality		Outcomes	

Please describe how the plan will deliver the key points outlined in paragraph 18:

--

The content of this template has been agreed as accurate by:

.....

(name) for the Shadow Joint Board, or for a lead agency,

.....

or

.....

(name) for the NHS Board

(name) for the Council

.....

.....

(name) for the third sector

(name) for the independent sector

When completed and signed, please return to:

Kelly Martin
2ER, St Andrew's House
Regent Road
EDINBURGH
EH13DG

Kelly.Martin@Scotland.gsi.gov.uk

Templates should be returned by **12th December 2014**.

WEST DUNBARTONSHIRE COUNCIL

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

Shadow Integration Joint Board : 20th August 2014

Subject: Responses to Scottish Government Consultation on draft Scottish Statutory Instruments to accompany the Public Bodies (Joint Working) (Scotland) Act 2014.

1 Purpose

- 1.1** The purpose of this report is to present the Shadow IJB with the responses prepared to the Scottish Government Consultation on draft Scottish Statutory Instruments to accompany the Public Bodies (Joint Working) (Scotland) Act 2014.

2 Recommendation

- 2.1** The Shadow IJB is recommended to note the attached responses that have been submitted to the national consultation process.

3 Background

- 3.1** The Scottish Government has just finished consulting upon drafted Scottish Statutory Instruments to accompany the Public Bodies (Joint Working) (Scotland) Act 2014 (appended).
- 3.2** Consultation on the first set of draft Regulations concluded on the 1st August 1 2014 and concerned:
- Prescribed matters to be included in the Integration Scheme.
 - Prescribed functions that must be delegated by Local Authorities.
 - Prescribed functions that must or may be delegated by Health Boards .
 - Prescribed National Health and Wellbeing Outcomes.
 - Interpretation of what is meant by the terms health and social care professionals.
 - Prescribed functions conferred on a Local Authority officer.
- 3.3** Consultation on the first set of draft Regulations concluded on the 1st August 1 2014 and concerned:
- Prescribed groups which must be consulted when preparing or revising Integration Schemes, preparing draft strategic plans; and when making decisions affecting localities.
 - Membership, powers and proceedings of Integration Joint Boards.
 - Establishment, membership and proceedings of the integration joint monitoring committees.

- Prescribed membership of strategic planning groups.
- Prescribed form and content of performance reports.

4 Main Issues

- 4.1** As an already fully integrated health and social care partnership, West Dunbartonshire CHCP/Shadow HSCP is particularly well-placed to comment on the national proposals, reflective of our local experience of working to realise the benefits of integration in practice. Our local arrangements and related experiences have formed the basis for the views expressed in the appended responses.
- 4.2** The period of the consultations and the complexity of the matters addressed meant that it was not possible to for officers to present the prepared CHCP responses to the Shadow IJB in advance of the two deadlines. However, the substantive content of the responses submitted by officers is in line with previous consultation responses in relation to health and social care integration that have been previously approved at CHCP Committee meetings.
- 4.2** As members will recall, it is likely that whatever the details of the final regulations, they will require a refresh of local arrangements. It should be noted that the proposed Integrated Joint Board for West Dunbartonshire (that will succeed the current CHCP Committee/Shadow IJB arrangements) will have a different complexion as indicated within these draft regulations. A minimum of three elected members from the Council and three non-executive members from the Health Board will form the voting members of the Integrated Joint Board (IJB), with the local authority only able to insist upon a maximum of 10% of its total number of local councillors having a seat on the IJB. The NHS Board is in process of identifying which of its non-executive directors will be put forward for each of the six IJBs that will be established across the Greater Glasgow & Clyde area. The Chief Officer designate of the Shadow HSCP will be taking forward a report to the December meeting of West Dunbartonshire Council to invite the authority to identify which of its elected members would sit on the local IJB. Experience to-date would indicate that any actions eventually required locally will be undertaken sensibly and smoothly, facilitated by the Shadow IJB and Shadow HSCP arrangements put in place to support an orderly transition.

5 People Implications

- 5.1** There are no specific personnel issues associated with this report.

6 Financial Implications

- 6.1** There are no specific financial implications associated with this report.

7. Risk Analysis

- 7.1** No risk assessment was necessary to accompany this report.

8 Equalities Impact Assessment (EIA)

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

9 Consultation

- 9.1** The substantive content of the responses submitted by officers reflects the on-going engagement and dialogue in relation to health and social care integration with stakeholders across West Dunbartonshire.

10 Strategic Assessment

- 10.1** The issues considered here relate to the following strategic priorities of the Council:

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



Keith Redpath

Interim Chief Officer of the Shadow Health & Social Care Partnership

Date: 1st May 2014

Person to Contact: Soumen Sengupta
Head of Strategy, Planning & Health Improvement.
West Dunbartonshire Community Health & Care
Partnership, West Dunbartonshire CHCP HQ, West
Dunbartonshire Council, Garshake Road, Dumbarton,
G82 3PU.
E-mail: soumen.sengupta@ggc.scot.nhs.uk
Telephone: 01389 737321

Appendices: Consultation on the Draft Regulations relating to the
Public Bodies (Joint Working) (Scotland) Act 2014 (Set 1
of 2)
Consultation on the Draft Regulations relating to the
Public Bodies (Joint Working) (Scotland) Act 2014 (Set 2
of 2)

Background Papers: Shadow Integration Joint Board Report: West
Dunbartonshire Shadow HSCP - Transition Actions for
Delivery through 2014/15 (May 2014)

CHCP Committee Report: Establishing a Shadow Health and Social Care Partnership for West Dunbartonshire (November 2013)

CHCP Committee Report: Proposed Response to Scottish Government Consultation on Integrated Health and Adult Social Care Partnerships (August 2012)

Wards Affected:

All

Draft Regulations Relating to Public Bodies (Joint Working) (Scotland) Act 2014 – Set 1

DRAFT REGULATIONS RELATING TO PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014 – SET 1

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Annex 2(A): Proposals for prescribed functions that must be delegated by Local Authorities relating to the Public Bodies (Joint Working) (Scotland) Act 2014 - consultation paper

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Annex 4(A): Proposals for National Health and Wellbeing Outcomes relating to the Public Bodies (Joint Working) (Scotland) Act 2014 - consultation paper

Annex 4(B): Proposals for national health and wellbeing outcomes relating to the Public Bodies (Joint Working) (Scotland) Act 2014 - draft regulations

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Annex 4(D): Proposals for national health and wellbeing outcomes relating to the Public Bodies (Joint Working) (Scotland) Act 2014 – questionnaire

Annex 5(A): Proposals for interpretation of what is meant by the terms health and social care professionals relating to the Public Bodies (Joint Working) (Scotland) Act 2014 - consultation paper

Annex 5(B): Proposals for interpretation of what is meant by the terms health and social care professionals relating to the Public Bodies (Joint Working) (Scotland) Act 2014 - draft regulations

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Annex 6(D): Prescribed functions conferred on a local authority officer relating to the Public Bodies (Joint Working) (Scotland) Act 2014 – questionnaire

Annex 7: Set 1 – Proposals for draft regulations relating to the Public Bodies (Joint Working) (Scotland) Act 2014 - list of consultees

DRAFT REGULATIONS RELATING TO PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014 – SET 1

Executive Summary

On 1 April 2014 the Public Bodies (Joint Working) (Scotland) Act 2014 received Royal Assent.

The Act provides for Scottish Ministers to put in place a number of Regulations and Orders, and during its passage through Parliament Scottish Ministers committed to consult widely on these.

Draft Scottish Statutory Instruments to accompany the Public Bodies (Joint Working) (Scotland) Act 2014 have been developed in collaboration with stakeholders and will be published for consultation in two sets.

Consultation on the first set of draft Regulations will run for twelve weeks from Monday 12 May 2014 – Friday 1 August 2014 and will cover draft Regulations relating to:

- Prescribed information to be included in the Integration Scheme
Section 1(3)(f) of the Public Bodies (Joint Working) (Scotland) Act 2014
- Prescribed functions that must be delegated by Local Authorities
Section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014
- Prescribed functions that mayor that must be delegated by a Health Board
Section 1(6) & 1(8) of the Public Bodies (Joint Working) (Scotland) Act 2014
- Prescribed National Health and Wellbeing Outcomes
Section 5(1) of the Public Bodies (Joint Working) (Scotland) Act 2014
- Interpretation of what is meant by the terms health and social care professionals
Section 69(1) of the Public Bodies (Joint Working) (Scotland) Act 2014
- Prescribed functions conferred on a Local Authority officer
Section 23(1) of the Public Bodies (Joint Working) (Scotland) Act 2014

Consultation on the second set of draft Regulations will run for twelve weeks from Tuesday 27 May 2014 – Monday 18 August 2014 and will cover draft Regulations and Orders relating to:

- Establishment, membership and proceedings of the joint monitoring committee in lead agency arrangements
Section 17(1) of the Public Bodies (Joint Working) (Scotland) Act 2014
- Membership, powers and proceedings of integration joint boards in body corporate arrangements

Section 12(1) of the Public Bodies (Joint Working) (Scotland) Act 2014

- Prescribed groups which must be consulted when drafting integration schemes, prescribed consultees for draft strategic plans, prescribed consultees for localities, prescribed consultees for revised integration schemes
Section 6(2)(a), Section 33(6), Section 44(4), Section 46(4)(a) of the Public Bodies (Joint Working) (Scotland) Act 2014
- Prescribed membership of strategic planning groups
Section 32(2) of the Public Bodies (Joint Working) (Scotland) Act 2014
- Prescribed form and content of performance reports
Section 42(3) of the Public Bodies (Joint Working) (Scotland) Act 2014

This consultation paper:

- Contains the first set of draft Regulations to accompany the Public Bodies (Joint Working) (Scotland) Act 2014;
- Outlines the policy rationale behind each draft Regulation; and
- Outlines key consultation questions upon which the Scottish Government would like to hear your views.

Following the completion of consultation on both sets of draft Regulations an analysis of written responses will be published. Scottish Ministers and officials will continue to work collaboratively with key stakeholders to consider the consultation responses. Consequently, the Regulations and Orders may be amended after this consultation. The final versions of each instrument will be laid before Parliament from late September 2014, before coming in to force by the end of 2014.

DRAFT REGULATIONS RELATING TO PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014 – SET 1

Public consultation on the first set of draft Regulations to accompany the Public Bodies (Joint Working) (Scotland) Act 2014.

Consultation Paper

Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 provides a framework to support improvements in the quality and consistency of health and social care services through the integration of health and social care in Scotland.

The policy rationale for integrating health and social care services is: to improve the quality and consistency of services for patients, carers, service users and their families; to provide seamless, joined up, high quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and to ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with longer term and often complex needs, many of whom are older.

Set one of the draft Regulations relating to The Public Bodies (Joint Working) (Scotland) Act 2014 are within this consultation. Their purposes are:

1. Prescribed information to be included in the Integration Scheme Section 1(3)(f) of the Public Bodies (Joint Working) (Scotland) Act 2014

The Integration Scheme is a document to be prepared in respect of each Local Authority area, by the Local Authority and the relevant Health Board. It sets out models of integration that the Health Board and Local Authority have opted to use in practice. It contains the key agreements that have been made between Health Boards and Local Authorities to make integration a success and describes the necessary processes and procedures that will be put in place.

Section 1(2) of the Public Bodies (Joint Working) (Scotland) Act 2014 together with sections 2(3) and 2(4), which make provision for the case where there is more than one Local Authority within a Health Board area, requires that Health Boards and Local Authorities prepare an Integration Scheme.

Section 1(3)(a-e) of the Public Bodies (Joint Working) (Scotland) Act 2014 sets out the key information that must be included in the Integration Scheme, such as the scope of the functions delegated, the resources delegated and the model of integration chosen.

These Regulations sets out the other matters that Scottish Ministers intend to prescribe for inclusion in the Integration Scheme, and information about these matters, which Health Boards and Local Authorities must provide. They include provisions about the following matters:

- Local governance arrangements
- Local operational arrangements
- Clinical and care governance
- Workforce
- Finance
- Claims management and indemnity arrangements
- Dispute resolution
- Stakeholder and public engagement
- Complaints
- Data sharing
- Risk management

**2. Prescribed functions that must be delegated by Local Authorities
Section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014**

The policy intention set out within the Public Bodies (Joint Working) (Scotland) Act 2014 is to achieve the integration of adult health and social care functions, while providing local flexibility to integrate further for other specified functions of Local Authorities.

Section 1(5) of the Public Bodies (Joint Working) (Scotland) Act 2014 introduces Part 1 of the schedule, which sets out the functions of Local Authorities that may be delegated.

Section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014 allows Scottish Ministers to prescribe in Regulations those functions that must be delegated by a Local Authority, as they relate to specific services for adults. These Regulations sets out those functions.

**3. Prescribed functions that must or may be delegated by Health Boards
Section 1(6) &1(8) of the Public Bodies (Joint Working) (Scotland) Act 2014**

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Local Authorities and Health Boards to enter into an Integration Scheme, which provides the basis for Health Boards and Local Authorities to plan integrated arrangements for the delivery of adult health and social care services.

Section 1(8) of the Public Bodies (Joint Working) (Scotland) Act 2014 allows the functions of a Health Board that must be delegated under an Integration Scheme to be prescribed within Regulations.

Section 1(6) of the Public Bodies (Joint Working) (Scotland) Act 2014 allows the functions of a Health Board that may be delegated under an Integration Scheme to be prescribed within Regulations.

These Regulations sets out the functions of a Health Board that must be delegated and the functions of a Health Board that may be delegated under an Integration Scheme.

4. Prescribed National Health and Wellbeing Outcomes

Section 5(1) of the Public Bodies (Joint Working) (Scotland) Act 2014

Section 5(1) of the Public Bodies (Joint Working) (Scotland) Act 2014 allows Scottish Ministers to prescribe National Health and Wellbeing Outcomes.

National Health and Wellbeing Outcomes are high-level statements of purpose which apply to the planning, delivery, review and inspection of the arrangements that are made for the integration of health and social care services. They aim to achieve the improvement in the lives of patients and services users and the quality of service users.

These Regulations set out the nine National Health and Wellbeing Outcomes prescribed under Section 5(1) of the Act.

5. Interpretation of what is meant by health and social care professionals

Section 68(1) of the Public Bodies (Joint Working) (Scotland) Act 2014

Section 68(1) of the Public Bodies (Joint Working) (Scotland) Act 2014 provides definitions of key terms, which assist with interpretation of the Act. Under this section, the terms "health professionals" and "social care professionals" are defined as including such groups of persons, engaged in the provision of health and social care respectively, as Scottish Ministers prescribe. These Regulations contain prescribed descriptions of persons who, for the purposes of the Act, are to be within the meaning of the terms health professionals and social care professionals.

Sections 5, 12, 16 and 51 require health professionals and social care professionals to be consulted in relation to the National Health and Wellbeing Outcomes and in relation to any proposed staff transfers to take place under the powers in the Act.

This Regulation sets out the individuals, or groups, that Scottish Ministers consider to be representative of health professionals and social care professionals and who should therefore be included in any such consultation.

6. Prescribed functions conferred on a Local Authority officer

Section 23(1) of the Public Bodies (Joint Working) (Scotland) Act 2014

The policy intention set out within the Public Bodies (Joint Working) (Scotland) Act 2014 is to achieve the integration of adult health and social care functions, while providing local flexibility to integrate further for other specified Local Authority functions. The Act states that Scottish Ministers may, by Regulation, prescribe those functions which Local Authorities must delegate under an Integration Scheme.

There are a range of functions, conferred by, or under, the Adult Support and Protection (Scotland) Act 2007 on, specified persons who can be authorised to perform the functions of a "council officer". These relate to functions of Local Authorities which will require to be delegated.

These Regulations, arising from Section 23(1) of the Act enable functions of a "council officer" to be exercised by suitably qualified employees from any of the bodies which prepared the Integration Scheme.

This Regulation sets out which functions, conferred on an officer of a Local Authority, are prescribed.

RESPONDING TO THIS CONSULTATION PAPER

We are inviting written responses to this consultation paper by **Friday 1 August 2014**. Please send your response with the completed **Respondent Information Form** (replicated in Annexes 1C, 2C, 3C, 4C, 5C and 6C) (see "Handling your Response" below) to:

Email to: Alison.beckett@scotland.gsi.gov.uk

Or
Alison Beckett
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Edinburgh
EH1 3DG

If you have any queries please contact Alison Beckett on 0131 244 4824.

We would be grateful if you would use the consultation questionnaires provided or could clearly indicate in your response which questions or parts of the consultation paper you are responding to, as this will aid our analysis of the responses received. This consultation, and all other Scottish Government consultation exercises, can be viewed online on the consultation web pages of the Scottish Government website at <http://www.scotland.gov.uk/consultations>.

The Scottish Government has an email alert system for consultations, <http://register.scotland.gov.uk>. This system allows stakeholder individuals and organisations to register and receive a weekly email containing details of all new consultations (including web links). It complements, but in no way replaces, Scottish Government distribution lists, and is designed to allow stakeholders to keep up to date with all Scottish Government consultation activity, and therefore be alerted at the earliest opportunity to those of most interest. We would encourage you to register.

Handling your response

We need to know how you wish your response to be handled and, in particular, whether you are happy for your response to be made public. Please complete and return the **Respondent Information Form** (replicated in Annexes 1C, 2C, 3C, 4C, 5C and 6C) as this will ensure that we treat your response appropriately. If you ask for your response not to be published we will regard it as confidential, and we will treat it accordingly. All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

Next steps in the process

Where respondents have given permission for their response to be made public and after we have checked that they contain no potentially defamatory material, responses will be made available to the public in the Scottish Government Library (see the attached Respondent Information Form, which is replicated in Annexes 1C, 2C, 3C, 4C, 5C and 6C) and on the Scottish Government consultation web pages. You can make arrangements to view responses by contacting the Scottish Government Library on 0131 244 4552. Responses can be copied and sent to you, but a charge may be made for this service.

What happens next?

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us reach a decision on the draft Regulations and Orders relating to the Public Bodies (Joint Working) (Scotland) Act 2014. We aim to issue a report on this consultation process and we will lay draft Regulations in the Scottish Parliament from late September 2014.

Comments and complaints

If you have any comments about how this consultation exercise has been conducted, please send them to Alison Beckett in the first instance at the above address.

Yours faithfully

ALISON BECKETT
Scottish Government
Integrating and Reshaping Care Division

THE SCOTTISH GOVERNMENT CONSULTATION PROCESS

Consultation is an essential and important aspect of Scottish Government working methods. Given the wide-ranging areas of work of the Scottish Government, there are many varied types of consultation. However, in general, Scottish Government consultation exercises aim to provide opportunities for all those who wish to express their opinions on a proposed area of work to do so in ways which will inform and enhance that work.

The Scottish Government encourages consultation that is thorough, effective and appropriate to the issue under consideration and the nature of the target audience. Consultation exercises take account of a wide range of factors, and no two exercises are likely to be the same.

Typically Scottish Government consultations involve a written paper inviting answers to specific questions or more general views about the material presented. Written papers are distributed to organisations and individuals with an interest in the issue, and they are also placed on the Scottish Government web site enabling a wider audience to access the paper and submit their responses. Consultation exercises may also involve seeking views in a number of different ways, such as through public meetings, focus groups or questionnaire exercises. Copies of all the written responses received to a consultation exercise (except those where the individual or organisation requested confidentiality) are placed in the Scottish Government Library at Saughton House, Edinburgh (K Spur, Saughton House, Broomhouse Drive, Edinburgh, EH11 3XD, telephone 0131 244 4565).

All Scottish Government consultation papers and related publications (eg, analysis of response reports) can be accessed at: Scottish Government consultations (<http://www.scotland.gov.uk/consultations>).

The views and suggestions detailed in consultation responses are analysed and used as part of the decision making process, along with a range of other available information and evidence. Depending on the nature of the consultation exercise the responses received may:

- Indicate the need for policy development or review
- Inform the development of a particular policy
- Help decisions to be made between alternative policy proposals
- Be used to finalise legislation before it is implemented.

Final decisions on the issues under consideration will also take account of a range of other factors, including other available information and research evidence.

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.

**PROPOSALS FOR PRESCRIBED INFORMATION TO BE INCLUDED IN THE
INTEGRATION SCHEME RELATING TO THE PUBLIC BODIES (JOINT
WORKING) (SCOTLAND) ACT 2014 (*Section 1(3)(f)*)**

CONSULTATION PAPER

These Regulations set out the detail that must be agreed and included within an Integration Scheme by the Health Board and the Local Authority. The Regulation requires that the Health Board, the Local Authority and the Integration Joint Board (or the Integration Joint Monitoring Committee in a lead agency arrangement) act in accordance with the agreements that are made within the Integration Scheme.

The schedule sets out the matters that must be included in the Integration Scheme, along with the key pieces of information that relate to each matter that must be included. The Public Bodies (Joint Working) (Scotland) Act 2014 precludes other information being included within the Integration Scheme, except for the matters that are described in the Act or prescribed in these Regulations. All information included within the Integration Scheme is subject to Ministerial approval.

ANNEX 1(B)

**PROPOSALS FOR PRESCRIBED INFORMATION TO BE INCLUDED IN THE
INTEGRATION SCHEME RELATING TO THE PUBLIC BODIES (JOINT
WORKING) (SCOTLAND) ACT 2014**

DRAFT SCOTTISH STATUTORY INSTRUMENTS

2014 No.

HEALTH, SOCIAL CARE

Public Bodies (Joint Working)(Integration Scheme)(Scotland)
Regulations 2014

Laid before the Scottish Parliament in draft

Made - - - - - ***

Coming into force - - - in accordance with article 1

The Scottish Ministers make the following Regulations in exercise of the powers conferred on them by sections 1(3)(f), 1(15) and 20 of the Public Bodies (Joint Working) (Scotland) Act 2014 (a) and all other powers enabling them to do so.

Citation, commencement and interpretation.

1.—(1) These Regulations may be cited as the Public Bodies (Joint Working)(Integration Scheme)(Scotland) Regulations 2014 and come into force on *(tbc)*.

(2) In these Regulations:

“integration model” means an integration model describe in section 1(4) of the Act¹; and

“the Act” means the Public Bodies (Joint Working) (Scotland) Act 2014.

Content and effect of integration scheme

2. An integration scheme must include, in relation to each prescribed matter listed in column A of the table, the prescribed information set out in column B of the table, insofar as that prescribed matter is relevant to the integration model chosen by the Health Board and local authority.

3. The prescribed information is to be agreed between the Health Board and local authority when they are preparing the integration scheme.

4. The local authority, Health Board and the integration joint board or, as the case may be, integration joint monitoring committee, established in pursuance of the integration scheme must act in accordance with the prescribed information that is set out in the scheme.

Name

A member of the Scottish Government

St Andrew's House,
Edinburgh

SCHEDULE

<i>Column A</i> <i>Prescribed Matters</i>	<i>Column B</i> <i>Prescribed information</i>
Local governance arrangements for the integration joint board where the integration scheme is prepared under section 1(3) or 2(3) of the Act	<p>The number of members that will be appointed on the nomination of the local authority.</p> <p>The number of members that will be appointed on the nomination of the Health Board.</p> <p>Whether the first chairperson of the Board will be a member appointed on the nomination of the local authority or from the Health Board.</p> <p>The term of office of the chairperson.</p>
Local governance arrangements for an integration joint board where the integration scheme is prepared under section 2(4) of the Act.	<p>The membership of the integration joint board including in particular:</p> <p>(a) the number of members that will be appointed on the nomination of each local authority;</p> <p>(b) the number of members that will be appointed on the nomination of the Health Board;</p> <p>and</p> <p>(c) the arrangements that have been made for ensuring that the integration joint board includes at least one person who is a chief social work officer, one person who is an associate medical director or clinical director of the Health Board, the Health Board director of finance or one person who is a local authority proper officer, and representatives of staff, carers, service users and the third sector.</p> <p>The arrangements for appointment of the chairperson and vice chair-person.</p> <p>The term of office of the chairperson.</p>
Local governance arrangements for the integration joint monitoring committee where the integration scheme is prepared under section 1(3) or 2(3) of the Act	<p>The number of members that will be appointed on the nomination of the local authority.</p> <p>The number of members that will be appointed on the nomination of the Health Board.</p> <p>Where the committee will comprise members in addition to the members required by Order, information about these additional members, including in particular a description of the role held by each additional member or, as the case may be, the group to be represented by each additional member.</p>

	The arrangements for provision of administrative support to the committee.
	The arrangements for financing the committee.
Local governance arrangements for an integration joint monitoring committee where the integration scheme is prepared under section 2(4) of the Act.	<p>The membership of the integration joint monitoring committee including in particular:</p> <ul style="list-style-type: none"> (a) the number of members that will be appointed on the nomination of each local authority; (b) the number of members that will be appointed on the nomination of the Health Board; <p>and</p> <ul style="list-style-type: none"> (c) the arrangements that have been made for ensuring that the joint monitoring committee includes at least one person who is a chief social work officer, one person who is an associate medical director or clinical director of the Health Board, the Health Board director of finance or one person who is a local authority proper officer, and representatives of staff, carers, service users and the third sector.
	The arrangements for the appointment of the chairperson of the committee, and the arrangements for changing the person who is appointed as chairperson.
	The arrangements for provision of administrative support to the committee.
	The arrangements for financing the committee.
Local operational delivery arrangements for the functions delegated to an integration joint board	Information on the governance arrangements for the carrying out of integrated functions, to include in particular arrangements which have been made for the involvement of the members of the integration joint board in overseeing the carrying out of integration functions by the constituent authorities.
Performance targets, improvement measures and reporting arrangements which relate to integration functions	The process to be used to prepare a list of all targets, measures and arrangements which relate to integration functions and for which responsibility will transfer, in full or in part, to the integration authority, to include a statement of the extent to which responsibility for each target, measure or arrangement is to transfer to the integration authority.

Performance targets, improvement measures and reporting arrangements which relate to functions of the local authority and Health Board which are not integration functions

The process to be used to prepare a list of any targets, measures and arrangements which must be taken account of by the integration authority when it is preparing a strategic plan but which relate to functions of the Health Board or local authority which are not integration functions.

Clinical and Care Governance of services provided in pursuance of integration functions.

The arrangements for clinical governance and care governance which will apply to services provided in pursuance of integrated functions

Details of how these arrangements will provide oversight of, and advice to, the integration authority in relation to clinical and care governance.

Details of how these arrangements will provide oversight of, and advice to, the strategic planning group in relation to clinical and care governance.

Details of how these arrangements will provide oversight of and advice in relation to the clinical and care governance of the delivery of health and social care services in the localities identified in the strategic plan.

Information on how the clinical and care governance arrangements which apply in relation to the functions of the local authority and Health Board will interact with the clinical and care governance arrangements to be established in respect of integration functions.

Information about the role of senior professional staff of the Health Board and the local authority in the clinical and care governance arrangements for integrated functions.

Information about how the clinical and care governance arrangements set out in the scheme relate to the arrangements for the involvement of professional advisors in the integration joint board.

The operational role of the chief officer

Information on the structure and procedures which will be used to enable the chief officer to work together with the senior management of the constituent authorities to carry out functions in accordance with the strategic plan.

The line management arrangements for the chief officer

A description of the line management arrangements which the constituent authorities will put in place to ensure that the chief officer of the integration joint board is accountable to each of the constituent authorities.

Plans for workforce development

A list of the plans that the Health Board and local authority will develop and put in place to support such of its staff as are employed in relation to services provided in pursuance of integration functions including at least:

- (i) a plan relating to the development and support to be provided to the workforce; and
- (ii) a plan relating to the organisational development of the Health Board, local authority and, as the case may be, the integration joint board, in relation to integration functions.

The transfer of staff between the constituent authorities of an integration joint board.

Where, in connection with the delegation of functions by the constituent authorities, any members of staff of a constituent authority are to transfer to the employment of another constituent authority the approximate number of staff who are to transfer.

Financial management of an integration joint board

A statement of which constituent authority will maintain financial ledgers for the purpose of recording the transactions of the integration joint board.

A statement of the arrangements that the Health Board and local authority have agreed will be made for the preparation of annual accounts, the financial statement prepared under section 39 of the Act, the financial elements of the strategic plan, and such reports on financial matters as the integration joint board may require in relation to the exercise of its functions.

Payments to the integration joint board

Information about the process that the constituent authorities will use to agree a schedule of the amounts and dates of payments to be made to the integration joint board by the constituent authorities for each financial year.

Financial reporting to the integration joint board and chief officer by the constituent authorities.

The frequency with which each constituent authority is required to provide financial monitoring reports to the integration joint board and the chief officer for the purpose of financial monitoring of the carrying out of

	integration functions.
	The frequency with which the Health Board is required to provide financial monitoring reports to the integration joint board and the chief officer in relation to amounts which have been set aside for use by the integration authority.
	The agreed content of the financial monitoring reports.
Financial management of an integration authority which is a Health Board, a local authority, or a Health Board and local authority acting jointly	A statement of the arrangements which are to be made for hosting the financial ledgers for recording the transactions of the integration authority, including in particular the details of any temporary or transitional arrangements.
Payments to of an integration authority which is a Health Board, a local authority, or a Health Board and local authority acting jointly	Information about the process that the Health Board and local authority will use to agree a schedule of the amounts and dates of payments to be made to the integration authority for each financial year.
Financial reporting to an integration authority which is a Health Board, a local authority, or a Health Board and local authority acting jointly	The frequency with which the integration authority is required to provide financial monitoring reports to the Health Board or, as the case may be, the local authority.
	The agreed content of the financial monitoring reports.
Financial reporting to an integration authority which is a local authority or a Health Board and local authority acting jointly.	The frequency with which the Health Board is required to provide financial monitoring reports to the integration authority in relation to amounts which have been set aside for use by the integration authority.
	The agreed content of the financial monitoring reports.
The process for addressing variance in the spending of the integration authority.	The process to manage in-year or year-end underspend or overspend by the integration authority in relation to the amounts paid to it, or amounts set aside for use by it, for delivery of integration function.
Redetermination of payments to, and amounts set aside for the use of, the integration authority	The method by which any variations to the amounts determined under the methods set out in the scheme by virtue of section 1(3)(d) and (e) of the Act will be determined, including the conditions which will require to be met before variations may be made.

The use of capital assets in relation to integration functions

The process which will be followed by the Health Board, local authority and integration authority to determine the use of capital assets of the local authority and Health Board in relation to integration functions.

Participation and engagement

The list of person, groups of persons and representatives of groups of persons consulted in the development of the integration scheme.

Details of the means by which the consultation required by section 6(2) of the Public Bodies (Joint Working) (Scotland) Act 2014 was undertaken in the development of the integration scheme.

The process for developing a strategy for engagement with members of the public, representative groups or other organisations by the Health Board, local authority and integration authority in relation to the carrying out of integration functions and the decisions taken by the integration authority.

Information sharing and data handling

An information sharing accord, including in particular the principles to which the local authority, Health Board and, as the case may be, integration joint board, will adhere in relation to the sharing of information in connection with their functions under the Act and the integration functions.

The process and procedures that will apply to the sharing of information between the local authority, Health Board and integration authority.

Complaints in relation to services provided in pursuance of integration functions.

The arrangements for management of complaints relating to services provided in pursuance of integration functions, to include in particular information on the process by which a service user may make a complaint.

Handling of claims against the Health Board, local authority or integration authority in relation to integration functions

The arrangements for the management and settlement of claims arising from the exercise of integration functions, and any arrangements which will be made for indemnity, between the Health Board and local authority, in relation to such claims.

Risk management

Information on the risk management strategy which will be applied by the Health Board, local authority and integration authority in relation to the carrying out of integration functions, including in particular information on how a risk management procedure will be

developed and information on the resources which will be made available by the local authority and Health Board to support risk management.

Information on the way in which the local authority, Health Board and, as the case may be, the integration joint board will produce a list of the risks to be reported under the risk management strategy including provision for the list to be amended.

Dispute resolution

The procedure that will be used to resolve any dispute between the local authority and Health Board in relation to any of the matters provided for in the integration scheme or any of the duties or powers placed on them by the Act.

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations prescribe matters, and information about those matters, that must be included in an integration scheme (a “scheme”) prepared under section 1(2), 2(3) or 2(4) of the Public Bodies (Joint Working) Scotland Act 2014.

Article 2, together with the schedule, sets out the requirement to include the prescribed information about the prescribed matters in a scheme. Column A of the schedule sets out the prescribed matters that must be included in the scheme, and Column B sets out the prescribed information that the scheme must include. Column A makes provision for certain matters to be prescribed only when they are relevant to the other content of the integration scheme, in particular the integration model that the parties have chosen to use, as set out in the scheme.

Article 3 sets out that the prescribed information included in the scheme must be such information as has been agreed between the Health Board and local authority preparing the scheme.

Article 4, in exercise of the powers in section 20 of the Public Bodies (Joint Working) Scotland Act 2014, sets out that the effect of prescribed information being included in the scheme is to require the Health Board and local authority who prepare the scheme, and the integration joint board or as the case may be integration joint monitoring committee established in pursuance of the scheme, to act in accordance with the provisions of the scheme.



**PROPOSALS FOR PRESCRIBED INFORMATION TO BE INCLUDED
IN THE INTEGRATION SCHEME RELATING TO THE PUBLIC
BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

RESPONDENT INFORMATION FORM

Please Note this form **must** be returned with your response to ensure that we handle your response appropriately. **If you are responding to more than one set of regulations at the same time, you only need to complete this form once.**

1. Name/Organisation

Organisation Name

West Dunbartonshire Community Health & Care Partnership

Title Mr ☒ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ **Please tick as appropriate**

Surname

Sengupta

Forename

Soumen

2. Postal Address

West Dunbartonshire Community Health & Care Partnership,

West Dunbartonshire Council, Garshake Road, Dumbarton.

Postcode

G82 3PU

Phone

01389 737321

Email

soumen.soumen.sengupta@ggc.scot.nhs.uk

3. Permissions - I am responding as...

Individual

Group/Organisation



Please tick as appropriate



(a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate

☐ Yes ☐ No

(c) The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

Please tick ONE of the following boxes

Yes, make my response, name and address all available ☐

or

Yes, make my response available, but not my name and address ☐

or

Yes, make my response and name available, but not my address ☐

Are you content for your **response** to be made available?

Please tick as appropriate

☒ **Yes** ☐ **No**

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate

☒ **Yes**

☐ **No**

4. Additional information – I am responding as:

4. Local Authority	West Dunbartonshire Council
15. Other – please specify	Community Health & Care Partnership

ANNEX 1(D)

PROPOSALS FOR PRESCRIBED INFORMATION TO BE INCLUDED IN THE INTEGRATION SCHEME RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the prescribed matters to be included in the Integration Scheme?

Yes

☒

No

☐

2. If no, please explain why:

3. Are there any additional matters that should be included within the regulations?

Yes

☐

No

☒

4. If yes, please suggest:

It would be helpful to specify budget setting for HSCP – possibly expanding statement on “payments to integration joint board” – in Prescribed Matters.

5. Are there any further comments you would like to offer on these draft Regulations?

As an already fully integrated health and social care partnership, West Dunbartonshire Community Health & Care Partnership (CHCP) is particularly well-placed to comment on the national proposals, reflective of our actual experience of working to realise the benefits of integration in practice and our current status as a Shadow HSCP (overseen by a Shadow Integration Joint Board).

We broadly support the draft regulations and look forward to final version being further refined. We would argue though that too much of the regulations are over-prescriptive in terms of rigid structures, process and procedures. This is particularly relevant for those HSCPs which are responsible for more than the de minimis/“must be delegated” services. The new HSCPs need to be empowered to operate in a manner that is locally responsive and innovative, and not bogged-down in counter-productive and costly bureaucracy. So, for example, the requirement to establish a static strategic planning group is well intended but somewhat traditional and reductive given the volume of individuals who have to be invited to attend but who themselves are unlikely to (in practice) legitimately represent wider constituencies or communities of interest.

We would suggest that in keeping with the parallel legislation being progressed in respect of community empowerment/engagement (that the HSCP will be obliged to comply with in any case), it would be more constructive to emphasise the standard consultees (already articulated within the draft regulations) who the HSCP are obliged to engage with as part of strategic or locality planning – and it is for the Integration Joint Board to hold the Chief Officer to account for how the HSCP does that within the context of local Community Planning arrangements.

We particularly welcome the clarity provided in respect of the Chief Officer's role for financial governance, and the consequential support that other relevant senior officers from the "parent" organisations have to then provide the Chief Officer in order that they can transparently discharge that responsibility in a locally appropriate manner. In a similar vein, the regulations would be improved by clarifying the responsibilities and obligations on those individuals fulfilling specific professional functions (particularly in respect of clinical and care governance) to provide advice and support to the Chief Officer and the Integration Joint Board, alongside their traditional responsibilities in supporting either respective Chief Executives and Councils or the NHS Boards. So, for example, where the Chief Social Work Officer (CSWO) function is not being discharged by the Chief Officer, then the CSWO (whether they are a member of the HSCP management team or not) should support the Chief Officer and the Integration Joint Board in a similar fashion to how the legislation currently requires them to support local authority chief executives and Councils. A similar approach should sensibly be adopted by the relevant "corporate" executive directors of the NHS Board (i.e. Medical Director, Director of Nursing and Director of Public Health), either by those individuals directly or through some arrangement (agreed by the Integration Joint Board and Chief Officer) whereby they discharge their responsibilities to support the effective functioning of the HSCP through appropriately qualified and specified members of staff (who have a "dotted line" accountability to the Chief Officer at a local level to reflect their being seen to be part of the local HSCP team).

The list of prescribed functions to be delegated would be strengthened by:

1. Being clearer about functions (rather than ill-defined service headings).
2. Being clearer about those functions whereby the Chief Officer and Integration Joint Board have sole responsibility – e.g. homecare and district nursing – and those where it will likely be one of a number of bodies providing contributing attention and resources (e.g. domestic violence). In respect of the latter, it may be clearer for all of those types of functions to be located in the "may be delegated" list rather than "must be delegated".
3. Differentiating where the HSCP and Integration Joint Board are the lead for the strategic planning and accountable for the delivery of a function (either directly or via another body); and those areas where other bodies will be obliged to include the HSCP (and evidences how they have responded to its contribution) in their strategic planning processes. In respect of the latter, we would suggest that the wider housing support function of councils would be better articulated in this manner to mirror the relationship of the HSCP with the Acute Division of NHS Health Boards.

In respect of the health and wellbeing outcomes, the indicators currently drafted are too heavily weighted towards subjective/experiential ones; of limited value for on-going and in-year performance management by Integration Joint Boards (as data not readily and timeously available); and some are of questionable fairness in IJB holding Chief Officer solely accountable for (or indeed of Scottish Government, Council's or NHS Boards holding Integration Joint Boards to account for) given that they are wicked issues, e.g. health inequalities.

The Schedule within the draft regulations might be more straightforward to apply if it was worded in a manner that more clearly and consistently set out the requirements on all Integration Authorities; and then which requirements were then specific to either an integration joint board or to an integration joint monitoring committee.

**PROPOSALS FOR PRESCRIBED FUNCTIONS THAT MUST BE DELEGATED BY
LOCAL AUTHORITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING)
(SCOTLAND) ACT 2014 (*Section 1(7)*)**

CONSULTATION PAPER

Section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014 provides for Scottish Ministers to prescribe in Regulations the functions of a Local Authority which must be delegated to the Integration Authority.

The Act restricts the range of Local Authority functions that can be delegated. The range of functions which may be delegated (and which, broadly, relate to social care) is set out in the schedule in the Act.

The Act confers a power on Scottish Ministers' to require the delegation of certain functions insofar as they relate to persons of at least 18 years old. Scottish Ministers may prescribe, in regulations, the functions that must be delegated. Only functions which are included in the schedule to the Act may be prescribed.

The legal framework that confers "social care" functions on Local Authorities can be found across a wide range of legislation. These functions are considered by Scottish Ministers to be key to the establishment and promotion of a comprehensive and integrated health and social care service across Scotland.

Local Authorities, with partner organisations, purchase and provide a wide range of social work and social care services in order to carry out their legal functions. These services include services to children, young people, adults and families, promoting empowerment, independence, safety and protection. Services are provided for people of all ages, and their carers, who have a range of care and support needs. Across all care groups, while some individuals receive a service voluntarily, others will have social work involvement as a result of statutory responsibilities.

Social work and social care services support some of the most vulnerable people in our society. These services aim to be person centred and community based, with the purpose of promoting and improving, independence and social inclusion. Services which are aimed at increasing an individual's quality of life, self-care and resilience, and at mitigating the effects of poverty, illness and disability also seek to prevent the inappropriate use of more intensive services.

The draft Regulations include those functions listed in the Schedule of the Act as they relate to the following services for adults:

- Social work services for adults and older people;
- Services and support for adults with physical disabilities, learning disabilities;
- Mental health services;
- Drug and alcohol services;
- Adult protection and domestic abuse
- Carers support services;
- Community care assessment teams;
- Support services;
- Care home services;
- Adult placement services;
- Health improvement services;
- Housing support services, aids and adaptations;
- Day services;
- Local area co-ordination;
- Respite provision ;
- Occupational therapy services;
- Re-ablement services, equipment and telecare.

ANNEX 2(B)

**PROPOSALS FOR PRESCRIBED FUNCTIONS THAT MUST BE DELEGATED BY
LOCAL AUTHORITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING)
(SCOTLAND) ACT 2014**

DRAFT SCOTTISH STATUTORY INSTRUMENTS

2014 No.

HEALTH, SOCIAL CARE

The Public Bodies (Joint Working) (Prescribed Local Authority Functions) (Scotland) Regulations 2014

Laid before the Scottish Parliament in draft

Made - - - - - ***

Coming into force - - - - - in accordance with article 1

The Scottish Ministers make the following Regulations in exercise of the powers conferred on them by sections 1(7) and 69(1)(b) of the Public Bodies (Joint Working) (Scotland) Act 2014(a) and all other powers enabling them to do so.

Citation and commencement

1. These Regulations may be cited as The Public Bodies (Joint Working) (Prescribed Local Authority Functions)(Scotland) Regulations 2014 and come into force on *(tbc)*.

Prescribed functions

2. The functions conferred by or by virtue of enactments listed in column A of the table in the Schedule are prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014.

3. Where an entry in column B of the table specifies a limitation in relation to a function listed in column A, that function is prescribed only to that extent.

4. The parenthetical description of each function listed in the schedule is given for illustrative purposes only and does not restrict the extent to which that function is prescribed.

	<i>Name</i>
St Andrew's House, Edinburgh	A member of the Scottish Government

(a) 2014 asp 9. Section 68 contains a definition of "prescribed" relevant to the exercise of the statutory powers under which these Regulations are made.

SCHEDULE

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>
National Assistance Act 1948	
Section 22 (The fixing of a standard rate to be paid for accommodation provided under Part III of that Act or accommodation regarded as provided under that Part(a), the assessment of a person's ability to pay that rate and the determination of a lower rate to be paid for such accommodation.)	
Section 26 (The inclusion in arrangements for accommodation of provision for payment in respect of the accommodation, the determination of the rate of payment, and the recovery of amounts from the persons for whom accommodation is provided.)	
Section 45 (The recovery of expenditure incurred under Part III of that Act where a person has fraudulently or otherwise misrepresented or failed to disclose a material fact.)	
Section 48 (The protection of property of a person admitted to hospital or accommodation provided under Part III of that Act.)	
The Disabled Persons (Employment) Act 1958	
Section 3 (The making of arrangements for the provision of facilities for the purposes set out in section 15(1) of the Disabled Persons (Employment) Act 1944.)	
The Social Work (Scotland) Act 1968	
Section 1 (The enforcement and execution of the provisions of the Social Work (Scotland) Act	So far as it is exercisable in relation to another delegated function.

-
- (a) By virtue of section 87(3) of the Social Work (Scotland) Act 1968, accommodation provided under that Act or under section 25 of the Mental Health (Care and Treatment) (Scotland) Act 2003 is regarded as accommodation provided under Part III of the 1948 Act

1968.)

Section 4

(The making of arrangements with voluntary organisations or other persons for assistance with the performance of certain functions.)

So far as it is exercisable in relation to another delegated function.

Section 8

(The conducting of, or assisting with research in connection with functions in relation to social welfare and the provision of financial assistance in connection with such research.)

So far as it is exercisable in relation to another delegated function.

Section 10

(The making of contributions by way of grant or loan to voluntary organisations whose sole or primary object is to promote social welfare and making available for use by a voluntary organisation premises, furniture, equipment, vehicles and the services of staff.)

So far as it is exercisable in relation to another delegated function.

Section 12

(The promotion of social welfare and the provision of advice and assistance.)

Section 12A

(The assessment of needs for community care services, the making of decisions as to the provision of such services and the provision of emergency community care services.)

Section 12AZA

(The taking of steps to identify persons who are able to assist a supported person with assessments under section 12A and to involve such persons in such assessments.)

Section 12AA

(The compliance with a request for an assessment of a carer's ability to provide or to continue to provide care.)

Section 12AB

(The notification of carers as to their entitlement to make a request for an assessment under section 12AA.)

Section 13

(The assistance of persons in need with the disposal of their work.)

Section 13ZA

(The taking of steps to help an incapable adult to benefit from community care services.)

Section 13A

(The provision, or making arrangements for the provision, of residential accommodation with nursing.)

Section 13B

(The making of arrangements for the care or aftercare of persons suffering from illness.)

Section 14

(The provision or arranging the provision of domiciliary services and laundry services.)

Section 28

(The burial or cremation of deceased persons who were in the care of the local authority immediately before their death and the recovery of the costs of such burial or cremation.)

Section 29

(The making of payments to parents or relatives of, or persons connected with, persons in the care of the local authority or receiving assistance from the local authority, in connection with expenses incurred in visiting the person or attending the funeral of the person.)

Section 59

(The provision of residential and other establishments.)

So far as it is exercisable in relation to another delegated function

Section 86

(The recovery of expenditure incurred in the provisions of accommodation, services, facilities or payments for persons ordinarily resident in the area of another local authority from the other local authority.)

So far as it is exercisable in relation to another delegated function

Section 87

(The recovery of charges for services and accommodation provided by a local authority.)

So far as it is exercisable in relation to another delegated function

The Local Government and Planning (Scotland) Act 1982

Section 24

(The provision, or making arrangements for the provision, of gardening assistance and the recovery of charges for such assistance.)

Health and Social Services and Social Security Adjudications Act 1983

Section 21

(The recovery of amounts in respect of accommodation provided under the Social Work (Scotland) Act 1968 or Section 25 of the Mental Health (Care and Treatment)(Scotland) Act 2003.)

Section 22

(The creation of a charge over land in England or Wales where a person having a beneficial interest in such land has failed to pay a sum due to be paid in respect of accommodation provided under the Social Work (Scotland) Act 1968 or Section 25 of the Mental Health (Care and Treatment)(Scotland) Act 2003.)

Section 23

(The creation of a charging order over an interest in land in Scotland where a person having such an interest has failed to pay a sum due to be paid in respect of accommodation provided under the Social Work (Scotland) Act 1968 or Section 25 of the Mental Health (Care and Treatment)(Scotland) Act 2003.)

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 2

(The making of arrangements in relation to an authorised representative of a disabled person and the provision of information in respect of an authorised representative.)

Section 3

(The provision of an opportunity for a disabled person or an authorised representative of a disabled person to make representations as to the needs of that person on any occasion where it falls to a local authority to assess the needs of the disabled person for the provision of statutory services by the authority, the provision of a statement specifying the needs of the person and any services which the authority proposes to provide, and related duties.)

Section 7

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

In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which have been delegated.

Section 8

(Having regard, in deciding whether a disabled person's needs call for the provision of services, to the ability of a person providing unpaid care to the disabled person to continue to provide such care.)

In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 which have been delegated.

The Housing (Scotland) Act 1987

Section 5

(The provision of facilities for obtaining meals and laundry facilities and services in connection with the provision of accommodation by a local authority under section 2 of the Housing (Scotland) Act 1987.)

The Adults with Incapacity (Scotland) Act 2000

Section 10

(The general functions of a local authority under the Adults with Incapacity (Scotland) Act 2000.)

Section 12

(The taking of steps in consequence of an investigation carried out under section 10(1)(c) or (d).)

Sections 37, 39 and 41-45

(The management of the affairs, including the finances, of a resident of an establishment managed by a local authority.)

Only in relation to residents of establishments which are managed under delegated functions.

The Housing (Scotland) Act 2001

Section 92

(The promotion of the formation or development of registered social landlords and the provision of assistance to a registered social landlord or any other person concerned with housing matters.)

The Community Care and Health (Scotland) Act 2002

Section 4

(The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002 in relation to the provision, or securing the provision, of relevant accommodation.)

Section 5

(The making of arrangements for the provision of residential accommodation outside Scotland.)

Section 6

(Entering into deferred payment agreements for the costs of residential accommodation.)

Section 14

(The making of payments to an NHS body in connection with the performance of the functions of that body.)

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

Section 17

(The provision of facilities to enable the carrying out of the functions of the Mental Welfare Commission.)

Section 25

(The provision of care and support services for persons who have or have had a mental disorder.)

Section 26

(The provision of services designed to promote well-being and social development for persons who have or have had a mental disorder.)

Section 27

(The provision of assistance with travel for persons who have or have had a mental disorder.)

Section 33

(The duty to inquire into a person's case in the circumstances specified in 33(2).)

Section 34

(The making of requests for co-operation with inquiries being made under section 33(1) of that Act.)

Section 228

(The provision of information in response to requests for assessment of the needs of a person under section 12A(1)(a) of the Social Work (Scotland) Act 1968.)

Section 259

(The securing of independent advocacy services for persons who have a mental disorder.)

The Housing (Scotland) Act 2006

Section 71

(The provision of assistance in connection with the acquisition or sale of property or work on land or in premises for the purposes mentioned in section 71(2).)

The Adult Support and Protection (Scotland) Act 2007

Section 4

(The making of enquiries about a person's well-being, property or financial affairs.)

Section 5

(The co-operation with other councils, public bodies and office holders in relation to inquiries made under section 4.)

Section 6

(The duty to have regard to the importance of providing advocacy services.)

Section 11

(The making of an application for an assessment order.)

Section 14

(The making of an application for a removal order.)

Section 18

(The taking of steps to prevent loss or damage to property of a person moved in pursuance of a removal order.)

Section 22

(The making of an application for a banning order.)

Section 40

(The making of an application to the justice of the peace instead of the sheriff in urgent cases.)

Section 42

(The establishment of an Adult Protection Committee.)

Section 43

(The appointment of the convener and members of the Adult Protection Committee.)

Social Care (Self-directed Support) (Scotland) Act 2013

Section 3

(The consideration of an assessment of an adult's ability to provide or continue to provide care for another person and the making of a decision as to whether an adult has needs in relation to care that the adult provides for another person, the decision as to whether support should be provided to that adult in

relation to those needs, and the provision of that support.)

Section 5

(The giving of the opportunity to choose a self-directed support option.)

Section 6

(The taking of steps to enable a person to make a choice of self-directed support option.)

Section 7

(The giving of the opportunity to choose a self-directed support option.)

Section 9

(The provision of information.)

Section 11

(Giving effect to the choice of self-directed support option.)

Section 12

(Review of the question of whether a person is ineligible to receive direct payments.)

Section 13

(Offering another opportunity to choose a self-directed support option.)

Only in relation to a choice under section 5 or 7 of the Act.

Section 16

(The recovery of sums where a direct payment has been made to a person and the circumstances set out in section 16(1)(b) apply.)

Section 19

(Promotion of the options for self-directed support.)

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations prescribe certain functions of local authorities for the purpose of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act").

The 2014 Act requires Health Boards and local authorities to agree arrangements for joint working in their area in relation to certain of their statutory functions. This will have the effect that adult health and social care services are provided, in all local authority areas, in a way which is integrated from the point of view of a person using those services. These joint working arrangements will involve the delegation of functions by a local authority, or by the Health Board, or both. Where a local authority is to delegate functions it must delegate the prescribed functions and may also delegate additional functions as provided for by the 2014 Act.

Regulation 2 introduces the schedule to the Regulations, column A of which contains a list of the enactments which confer prescribed functions. Regulation 3 describes the effect of the limitations on the prescription of certain functions which are set out in column B of the schedule.

The functions prescribed by virtue of these Regulations may be broadly described as relating to social care services provided by local authorities. The effect of prescribing these functions is that in every local authority area in Scotland, the statutory functions relating to adult social care services will be held by the same body as holds statutory functions relating to adult primary and community health services.

The social care services that are provided under the prescribed functions include social work services for adults, including adults with physical disabilities or learning disabilities; social work services for older people, mental health services, drug and alcohol support services, adult protection services, housing support service and health improvement services.

**PROPOSALS FOR PRESCRIBED FUNCTIONS THAT MUST BE
DELEGATED BY LOCAL AUTHORITIES RELATING TO THE PUBLIC
BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

RESPONDENT INFORMATION FORM

Please Note this form **must** be returned with your response to ensure that we handle your response appropriately. **If you are responding to more than one set of regulations at the same time, you only need to complete this form once.**

1. Name/Organisation

Organisation Name

West Dunbartonshire Community Health & Care Partnership

Title Mr ☒ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ **Please tick as appropriate**

Surname

Sengupta

Forename

Soumen

2. Postal Address

West Dunbartonshire Community Health & Care Partnership,

West Dunbartonshire Council, Garshake Road, Dumbarton.

Postcode

G82 3PU

Phone

01389 737321

Email

soumen.soumen.sengupta@ggc.scot.nhs.uk

3. Permissions - I am responding as...

Individual

Group/Organisation

☐

Please tick as appropriate

☒

- (a)** Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate

☐ Yes ☐ No

- (b)** Where confidentiality is not requested, we will make your responses available to the public on the following basis

- (c)** The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

Are you content for your **response** to be made available?

Please tick ONE of the following boxes

Please tick as appropriate

☒ **Yes** ☐ **No**

Yes, make my response, name and address all available ☐

or

Yes, make my response available, but not my name and address ☐

or

Yes, make my response and name available, but not my address ☐

- (d)** We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate

☒ **Yes**

☐ **No**

4. Additional information – I am responding as:

4. Local Authority	West Dunbartonshire Council
16. Other – please specify	Community Health & Care Partnership

ANNEX 2(D)

PROPOSALS FOR PRESCRIBED FUNCTIONS THAT MUST BE DELEGATED BY LOCAL AUTHORITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the list of Local Authority functions included here which must be delegated?

Yes

☐

No

☒

2.

The list of prescribed functions to be delegated ought to be:

1. Clearer about functions (rather than ill-defined service headings, e.g. local area co-ordination and health improvement services).
2. Clearer about those functions whereby the Chief Officer and Integration Joint Board have sole responsibility – e.g. homecare – and those where it will likely be one of a number of bodies providing contributing attention and resources (e.g. domestic violence). In respect of the latter, it would be clearer for all of those types of functions to be located in the “may be delegated” list rather than “must be delegated”, not least to underline the wider partnership approach to their delivery.
3. Differentiate where the HSCP and Integration Joint Board are the lead for the strategic planning and accountable for the delivery of a function (either directly or via another body); and those areas where other bodies will be obliged to include the HSCP (and evidences how they have responded to its contribution) in their strategic planning processes. In respect of the latter, we would suggest that the wider housing support functions of councils would be better articulated in this manner to mirror the relationship of the HSCP with the Acute Division of NHS Health Boards.

Adult Sensory Impairment and Care at Home functions should be clearly incorporated into the “must delegate” list.

3. Are there any further comments you would like to offer on these draft regulations?

Strongly support the inclusion of drug and alcohol responsibilities as included here.

ANNEX 3(A)

PROPOSALS FOR REGULATIONS PRESCRIBING FUNCTIONS THAT MAY OR THAT MUST BE DELEGATED BY A HEALTH BOARD UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014 (Section 1(6) & 1(8))

CONSULTATION PAPER

The proposed Regulations prescribe those functions of a Health Board that may be delegated under an Integration Scheme, and those functions of a Health Board that must be delegated under an Integration Scheme.

Schedule 1 sets out all healthcare functions that may be delegated.

The functions which **must** be delegated under an Integration Scheme are those functions listed in Schedule 1 but only to the extent that they are exercised in relation to healthcare services.

This approach takes account of the fact that healthcare functions are defined very broadly under legislation. By setting out which healthcare services must be included within the integrated arrangement, the regulations provide the specificity that Scottish Ministers believe is necessary to ensure that integration is delivered consistently and at appropriate scale across Scotland.

Healthcare services that must be integrated

These regulations set out that a Health Board **must** delegate all of its functions as they relate to adult primary and community health services, along with a proportion of hospital sector provision, to support whole system re-design in favour of preventative and anticipatory care in communities. This approach builds upon work in Community Health Partnerships (CHPs); all services already within the scope of CHP arrangements must be delegated to Integration Authorities.

A narrative description of the services listed in Schedule 2, i.e. the healthcare services that **must** be integrated, is provided in the table that accompanies this introduction, below.

Healthcare services that may be integrated

Healthcare functions in the "may" category include any adult services that do not fall within the "must" category, and children's healthcare services (in each case, with the proviso that the service in question is not precluded from the integrated arrangement by the regulations).

Some aspects of healthcare functions need to be included in the "must" list in order to deliver the policy intention of integration, which nonetheless cannot readily be included for practical reasons.

For example, non-cash limited expenditure on pharmaceutical services is not currently disaggregated below Health Board level. As a result, unless the Integration Authority is coterminous with the Health Board, it is not currently possible to identify the resources for these services that are used by local populations, and it would be

unreasonable for these Regulations to require their delegation under an Integration Scheme. Similar challenges apply to General Dental Services and General Ophthalmic Services.

Where this is the case, we have included within the "must" list those services that can be disaggregated to individual Integration Authority areas, and which we believe should be part of the integrated arrangement. Services that cannot be disaggregated at this time are on the "may" list so that they may be included at local discretion when data allowing disaggregation becomes available in due course. In time, we anticipate that modifications to these aspects of the Regulations may be required, to keep pace with integration locally.

Healthcare services that may not be integrated

Those functions of a Health Board that are considered unsuitable for delegation under an Integration Scheme relate to matters such as the provision of regional and national health services, education and research facilities of Health Boards, and some specific duties such as the registration of health professionals.

Hospital functions and budgets, and operational delivery within hospitals

With specific reference to hospital functions and budgets that must be delegated to Integration Authorities, Scottish Ministers intend that Regulations should ensure that the following objectives are achieved:

- The emergency care pathway must be included within the scope of integrated strategic planning, as part of whole system redesign in favour of preventative and anticipatory care;
- It will be important to assure a single system vision for integrated strategic planning, built particularly around the needs of patients and service users with multimorbidity;
- It will be important to enable effective commissioning of acute services across different Integration Authorities within a single Health Board area, to facilitate effective, efficient deployment of NHS resources.

In terms of hospital provision, the focus is therefore on including unscheduled hospital care within the scope of integrated strategic planning, which is the responsibility of the Integration Authority. The approach requires that specialities that exhibit a predominance of unplanned bed day use for adults are included as a minimum.

In terms of operational management within hospitals for these services, the legislation provides flexibility for local decisions that are appropriate to local circumstances. While some aspects of hospital activity and expenditure must be included within integrated strategic planning, as noted above, it is our expectation that in many cases day-to-day operational management of hospital services will remain within Health Board hospital management arrangements, with close working arrangements in place between the Chief Officer and the hospital sector to assure congruence between operational delivery and services set out in the Strategic Plan.

Table: Health services that must be included within integration

This table lists services that must be included within the scope of integrated strategic planning, as part of whole system redesign in favour of preventative and anticipatory care in communities.

In each case, integration must include all adult provision; inclusion of children's services in integrated arrangements is left to the discretion of local partners. Additional services covered by the list of functions that may be included in integration can, of course, also be delegated locally.

Note that, where "patient's home" is referred to as a place where a service is delivered, this includes care homes.

Service	What does the service involve?	Who provides the service?	Why is the service provided?	Where is the service delivered?
Unplanned inpatients	Medical care for urgent or emergency conditions in relevant specialities, to be described in statutory guidance	Doctors, nurses, AHPs	To provide assessment, investigation, diagnosis, care planning and treatment of patients who have had an unplanned admission to hospital	In hospital and on occasion part of that care may be provided in the community in 'step-up' and step-down' beds
Outpatients - Accident & Emergency	Medical care for urgent or emergency conditions, not requiring hospital admission	Doctors, nurses, AHPs, dentists and dental care professionals	To review patients seen in A&E with minor problems who do not require admission but do require review	In hospital
Care of Older People (previously known as geriatric medicine)	Medical care for older people, to the extent not covered by unplanned admissions	Doctors, nurses, AHPs, dentists and dental care professionals	To provide assessment, investigation, diagnosis, care planning and treatment of older people	In hospital, surgeries and community clinics

Service	What does the service involve?	Who provides the service?	Why is the service provided?	Where is the service delivered?
District Nursing	Full range of nursing services	Nurses	To provide assessment, investigation, diagnosis, care planning and treatment of patients	In surgeries, community clinics and patients' homes
Health Visiting	Full range of health visiting services, as they apply to adults	Health visitors	To provide assessment, care and protection of children (where relevant) and older people	In surgeries, community clinics, and patients' homes
Clinical Psychology	Full range of clinical psychology services	Clinical psychologists, clinical psychology assistants	To provide assessment, investigation, diagnosis, care planning and treatment of patients with psychological problems and distress	In hospital, community clinics, surgeries and patients' homes
Community Mental Health Teams	Full range of services for those with mental health problems Note: Integration Authorities should have a coordination and governance role in relation to more specialist mental health services that the population may require	Doctors, nurses, pharmacists, AHPs	To provide assessment, investigation, diagnosis, care planning and treatment of patients with mental health problems and psychological distress	In community clinics, surgeries and patients' homes
Community Learning Difficulties Team	Full range of services for those with a learning difficulty	Doctors, nurses, pharmacists, AHPs	To provide assessment, investigation, diagnosis, care planning and treatment of patients with learning difficulties	In community clinics, surgeries and patients' homes

Service	What does the service involve?	Who provides the service?	Why is the service provided?	Where is the service delivered?
Addiction Services	Full range of services, inpatient and outpatient, for those with addictions	Doctors, nurses, pharmacists, AHPs	To provide assessment, investigation, diagnosis, care planning and treatment of patients with addictions	In hospital, community clinics, surgeries and patients' homes
Women's Health Services (includes family planning services)	Full range of well woman and family planning services	Doctors, nurses	To provide assessment, investigation, diagnosis, care planning and treatment of women's health, sexual health and contraception (family planning) services	In hospital, community clinics, surgeries and patients' homes
Allied Health Profession Services	Full range of services delivered by all the allied health professionals	Allied Health Professionals	To provide assessment, investigation, diagnosis, care planning and treatment of patients	In hospital, community clinics, surgeries and patients' homes
GP Out-of-Hours	Assessment, treatment and sometimes referral on to specialist care, of those who present with urgent or emergency care needs in the out of hours period	Doctors, nurses	To provide assessment, investigation, diagnosis, care planning and treatment of patients	In out-of-hours centres (hospitals and community clinics) and patients' homes
Public Health Dental Service (previously known as community dental services)	Dental services	Dentists, dental care professionals	To provide assessment, investigation, diagnosis, care planning and treatment of patients	In hospitals, surgeries, community clinics, and patients' homes

Service	What does the service involve?	Who provides the service?	Why is the service provided?	Where is the service delivered?
Continence Services	Assessment, investigation, diagnosis and treatment of those with continence problems	Nurses, technicians	To provide assessment, investigation, diagnosis, care planning and treatment of patients	In community clinics, surgeries and patients' homes
Home Dialysis	Usually patients manage this themselves but some may need nursing assistance to carry out their own renal dialysis	Patients, nurses	To support those who self-manage dialysis in their own homes	In patients' homes
Health Promotion	All aspects of health promotion activity for lifestyle advice, screening for early disease	Doctors, nurses, AHPs, pharmacists, dentists, dental care professionals	To provide all aspects of health promotion, lifestyle and health improvement services	In surgeries, community clinics, and patients' homes
General Medical Services (GMS)	Full range of services provided by general medical practitioners and their teams	Doctors, nurses, Health care assistants, phlebotomists	To provide the full range of general medical services as set out in legislation and guidance, including to the assessment, investigation, diagnosis, anticipatory care, care planning and treatment of patients	In surgeries, community clinics, and patients' homes
Pharmaceutical services - GP prescribing	Prescribing and dispensing of all medication and therapeutic agents	GPs, nurse prescribers, prescribing pharmacists working in GP practices	To provide the full range of prescribing services set out in legislation and guidance	In surgeries, community clinics, and patients' homes

ANNEX 3(B)

**PROPOSALS FOR REGULATIONS PRESCRIBING FUNCTIONS THAT MAY OR
THAT MUST BE DELEGATED BY A HEALTH BOARD UNDER THE PUBLIC
BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

*Draft Regulations laid before the Scottish Parliament under section *** of the *** Act ***, for approval by resolution of the Scottish Parliament.*

DRAFT SCOTTISH STATUTORY INSTRUMENTS

2014 No.

HEALTH, SOCIAL CARE

The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014

Laid before the Scottish Parliament in draft

Made - - - - *****

Coming into force - - - *in accordance with article 1*

The Scottish Ministers make the following Regulations in exercise of the powers conferred on them by sections 1(6) and (8), and 69 of the Public Bodies (Joint Working) (Scotland) Act 2014 (a) and all other powers enabling them to do so.

Citation and commencement

1. These Regulations may be cited as The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014 and come into force on *[date tbc]*.

Prescribed functions

2.—(1) The functions listed in Schedule 1 are prescribed for the purposes of sections 1(6) and 1(8).

(2) Each function prescribed for the purposes of section 1(8) is prescribed for that purpose only to the extent that—

- (a) it is exercisable in relation to persons of at least 18 years of age; and
- (b) it is exercisable in relation to the services listed in Schedule 2.

St Andrew's House,
Edinburgh
[Date]

Name
A member of the Scottish Government

(a) TBC

SCHEDULE 1

Functions prescribed for the purposes of section 1(6) and 1(8) of the Act

The National Health Service (Scotland) Act 1978

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

Disabled Persons (Services, Consultation and Representation) Act 1986

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

Community Care and Health (Scotland) Act 2002

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

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

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

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

Section 23 (co-operating with education authority).

Civil Contingencies Act 2004

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

National Health Service Reform (Scotland) Act 2004

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

Public Health etc. (Scotland) Act 2008

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

Certification of Death (Scotland) Act 2011

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

Patient Rights (Scotland) Act 2011

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

Public Services Reform (Scotland) Act 2010

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

SCHEDULE 2

Services to which functions prescribed under section 1(8) relate

Unplanned inpatients

(Medical care for the treatment of urgent or emergency conditions that require an unplanned admission to hospital)

Outpatient accident and emergency services

(services provided within a hospital for the treatment of urgent or emergency conditions)

Care of older people

(medical care for older people when not covered by unplanned inpatients)

District nursing

Health visiting services

Clinical psychology services

Services provided by Community Mental Health Teams

(services delivered in the community for those with mental health problems)

Services provided by Community Learning Difficulties Teams

(services delivered in the community for those with learning difficulties)

Services for persons with addictions

Women's health services

(services providing the assessment, diagnosis care, planning and treatment of women's health, sexual health and contraception services)

Services delivered by allied health professionals

GP out-of-hours services

Public Health Dental Service

Continence services

(Assessment, investigation, diagnosis and treatment of those with continence problems)

Dialysis services delivered in the home

Services designed to promote public health

General Medical Services

GP pharmaceutical services

(prescribing and dispensing of medicine and therapeutic agents by GPs, nurse prescribers, and prescribing pharmacists working in GP practices.)

EXPLANATORY NOTE

(This note is not part of the Order)

These Regulations prescribe certain functions of health boards for the purpose of section 1(6) and (8) of the Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act").

The 2014 Act requires Health Boards and local authorities to agree arrangements for joint working in their area in relation to certain of their statutory functions. This will have the effect that adult health and social care services are provided, in all local authority areas, in a way which is integrated from the point of view of a person using those services. These joint working arrangements will involve the delegation of functions by the local authority, or by the Health Board, or both.

These Regulations prescribe the functions which a Health Board must delegate to an integration authority (regulations 2(1), (2)), and the broader range of functions which a Health Board may delegate to an integration authority (regulation 2(1)).

The functions which a Health Board may delegate to an integration authority are listed in Schedule 1 (regulation 2(1)).

The functions which a Health Board must delegate to an integration are also those functions listed in Schedule 1 (regulation 2(1)), but only insofar as they are exercisable in relation to adults and the health care services listed in Schedule 2 (regulation 2(2)).

The statutory functions of Health Boards are very broad and each may be capable of covering a wide range of health services. The extent to which Health Boards must delegate these functions can be most clearly prescribed by reference to the services listed in Schedule 2. The listed services encompass primary and community services which must be delegated by Health Boards in respect of adults.



**PROPOSALS FOR REGULATIONS PRESCRIBING FUNCTIONS
THAT MAY OR THAT MUST BE DELEGATED BY A HEALTH BOARD
UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

RESPONDENT INFORMATION FORM

Please Note this form **must** be returned with your response to ensure that we handle your response appropriately. **If you are responding to more than one set of regulations at the same time, you only need to complete this form once.**

1. Name/Organisation

Organisation Name

West Dunbartonshire Community Health & Care Partnership

Title Mr ☒ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ **Please tick as appropriate**

Surname

Sengupta

Forename

Soumen

2. Postal Address

West Dunbartonshire Community Health & Care Partnership,

West Dunbartonshire Council, Garshake Road, Dumbarton.

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Phone

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Email

soumen.soumen.sengupta@ggc.scot.nhs.uk

3. Permissions - I am responding as...

Individual

/ Group/Organisation



Please tick as appropriate



- (a)** Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate

☐ Yes ☐ No

- (c)** The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

Please tick ONE of the following boxes

Are you content for your **response** to be made available?

Please tick as appropriate

☒ Yes ☐ No

Yes, make my response, name and address all available ☐

or

Yes, make my response available, but not my name and address ☐

or

Yes, make my response and name available, but not my address ☐

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate

☒ Yes

☐ No

4. Additional information – I am responding as:

4. Local Authority	West Dunbartonshire Council
17. Other – please specify	Community Health & Care Partnership

ANNEX 3(D)

PROPOSALS FOR REGULATIONS PRESCRIBING FUNCTIONS THAT MAY OR THAT MUST BE DELEGATED BY A HEALTH BOARD UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the list of functions (Schedule 1) that may be delegated?

Yes ☐

No ☒

If no, please explain why:

The (optional) functions described within the schedule will be subject to further discussion between the Council and the Health Board, so as to clarify the potential implications for the Integration Joint Board and HSCP if it was to accept responsibility for some of these functions, and in what context.

There is a need to be:

1. Clearer about those functions whereby the Chief Officer and Integration Joint Board would have sole responsibility – e.g. district nursing – and those where it will likely be one of a number of bodies providing contributing attention and resources (e.g. services designed to promote public health). In respect of the latter, it would be clearer for all of those types of functions to be located in the “may be delegated” list rather than “must be delegated”, not least to underline the wider partnership approach to their delivery.
2. Differentiate where the HSCP and Integration Joint Board are the lead for the strategic planning and accountable for the delivery of a function (either directly or via another body); and those where other the Acute Division of the NHS Health Board will be obliged to include the HSCP (and evidences how they have responded to its contribution) in their strategic planning processes. With respect to the latter, it is important that Integration Joint Boards and Chief Officers are not unfairly held disproportionately and unrealistically to account for the performance of NHS Acute Divisions (who are subject to separately managed to Board Chief Executives and subject to separate governance by the NHS Boards).

2. Do you agree with the list of services (Schedule 2) that must be delegated as set out in regulations?

Yes ☐

No ☒

If no (i.e. you do not think they include or exclude the right services for Integration Authorities), please explain why:

The national policy in respect of sexual health has moved away from the language of "Women's Health Services" in a focused attempt to shift the emphasis of sexual health away from women and towards both genders and couples where appropriate. The emphasis on women also potentially creates a perception of excluding "men who have sex with men" from accessing services and would be at odds with the requirements of the Equalities Act.

3. Are you clear what is meant by the services listed in Schedule 2 (as described in Annex A)?

Yes

☐

No

☒

If not, we would welcome your feedback below to ensure we can provide the best description possible of these services, where they may not be applied consistently in practice.

In relation to Schedule 2 of the Regulations, the following should be made clearer:

1. Unplanned inpatients

We assume that the reference to "emergency conditions" relates to illnesses but these need to be clarified.

2. Outpatient Accident & Emergency

There is a need to clarify what should be accountabilities of HSCPs and what are the accountabilities separately through the NHS Boards.

3. Women's Health Services - see earlier comment above.

4. Are there any further comments you would like to offer on these draft regulations?

**PROPOSALS FOR NATIONAL HEALTH AND WELLBEING OUTCOMES
RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT
2014**

CONSULTATION PAPER

Integration Authorities will have responsibility for the planning and resourcing of a significant proportion of health and social care services across Scotland. It is important that each Integration Authority has a consistent framework against which to plan, report and account for its activities so that the Integration Authority, the Health Board and Local Authority, Scottish Ministers and the public can assess progress made to improve outcomes locally and in different parts of the country.

An outcomes based approach encourages us all to focus on the difference that we make and not just on the inputs or processes over which we have control. The national outcomes for health and wellbeing under the Act need to strike a balance between national prescription and local flexibility. Moving to an outcome-based approach for health and social care will require a shift in culture and practice.

The health and wellbeing outcomes must therefore reflect the experience of people who use services and people in the workforce who are involved in planning and delivering person-centred care.

Scottish Ministers recognise that there must be a clear understanding of the purpose of each outcome, and each national outcome, and its relevant indicators, will be explained and expanded upon in guidance. Measurement of each national health and wellbeing outcome will rely on nationally gathered data to ensure consistency of definition and collection methodology. Indicators in support of the national outcomes are in development.

An outcomes working group of key stakeholders, including the third sector and service-user and carer organisations, and jointly chaired by a Community Health Partnership Director and Social Work Director is established. It was established to develop outcomes relating to health and social care, and associated indicators for tracking progress towards them. The Group has been working with Scottish Government officials to develop the draft outcomes.

The nine draft National Health and Wellbeing Outcomes, including a description of each outcome, is as follows:

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.

Policy Background: Integrated health and social care services must be planned for, and delivered, in person-centred ways that enable and support people to look after and improve their own health and wellbeing.

Our aim is to promote action to support a Scotland where people have the information, means, motivation, and opportunity to make the most of their genetic inheritance and to live a healthy life for as long as possible. Integrated health and social care services can influence this by the provision of appropriate information, and by working with individuals to identify how the assets the individual has, or can

access in their local family/community, could support people to make those changes to happen.

Outcome 2: People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Policy Background: Successful integration of health and social care services will provide for more people to be cared for and supported at home or in a homely setting. This outcome aims to ensure delivery of community based services, with a focus on prevention and anticipatory care, to mitigate against inappropriate admission to hospital or long term care settings. It recognises that independent living is key to improving health and wellbeing, and responds to Scottish Ministers' commitment to support the reshaping of services to better care for and support the increasing number of people with complex needs in Scotland.

Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.

Policy Background: It is important that health and social care services take full account of the needs and aspirations of the people who use services. Person centred planning and delivery of services will ensure that people receive the right service at the right time, in the right place, and services are planned for and delivered for the benefit of people who use the service. For people who use care and support services, their experience of those services should be positive, and should be delivered for the person rather than to the person.

Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of service users.

Policy Background: There is unwarranted variation and inconsistency in the quality of care and support for people across Scotland. Everyone should receive the same quality of service no matter where they live. It is therefore important that we continue to improve the quality of our care services and address inconsistencies. This national health and wellbeing outcome provides for an on-going focus on continuous improvement in relation to health and social care services.

Outcome 5. Health and social care services contribute to reducing health inequalities.

Policy Background: Health inequalities can be described as the unjust differences in health which occur between groups occupying different positions in society. Health inequalities can occur by gender, income, social class, deprivation, educational status, ethnicity and geography and are the result of systematic and socially modifiable difference, not random variation. This outcome reflects the contributory role that health and social care services have in addressing health inequalities.

Outcome 6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.

Policy Background: Scottish Ministers recognise the key role played by unpaid carers. This outcome reflects the importance of ensuring that health and social care services are planned and delivered with a strong focus on the wellbeing of unpaid carers.

Outcome 7. People who use health and social care services are safe from harm.

Policy Background: In carrying out their responsibilities under this Act, Health Boards, Local Authorities and Integration Authorities must ensure that the planning and provision of health and social care services protects people from harm.

Outcome 8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.

Policy Background: It is important that the people who work in health and social care services are supported to carry out their vitally important role to a high standard, and that they feel engaged with the work they do and the people for whom they care, in order to improve the care for, and experience of service users.

Outcome 9. Resources are used effectively in the provision of health and social care services, without waste.

Policy Background: Scottish Ministers intend that health and social care services should be integrated from the perspective of the person receiving care. A key policy driver for integration is the growing population of people with multiple complex needs, many – though not all – of whom are older people. Preventative and anticipatory care can play a particularly important role in achieving better outcomes for people with multiple complex needs, helping to avoid or delay admission to institutional care settings and enabling people to stay in their own homes and communities for as long as possible. If people's needs are not anticipated, and opportunities to prevent the need for institutional care are not met, people can find themselves in institutional care too early, and for too long. Not only does this situation represent a poor outcome for the person, it is also a poor use of resources that could be better deployed on other forms of care, for that person and the wider community. Health and social care services must therefore be planned for, and delivered, in ways that make best use of available resource while at the same time optimising outcomes for patients and service users. These considerations must be taken account of by Integration Authorities in fulfilling their legal duty to achieve best value.

These Regulations prescribe these nine National Health and Wellbeing Outcomes under the power conferred by Section 5(1) of the Act.

ANNEX 4(B)

**PROPOSALS FOR NATIONAL HEALTH AND WELLBEING OUTCOMES
RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT
2014**

Draft Order laid before the Scottish Parliament under section 69(2) of the Public Bodies (Joint Working)(Scotland) Act 2014, for approval by resolution of the Scottish Parliament.

DRAFT SCOTTISH STATUTORY INSTRUMENTS

2014 No.

HEALTH, SOCIAL CARE

Public Bodies (Joint Working)(National Health and Wellbeing Outcomes)(Scotland) Regulations 2014

Laid before the Scottish Parliament in draft

Made - - - - - *****

Coming into force - - - - - *in accordance with article 1*

The Scottish Ministers make the following Regulations in exercise of the powers conferred on them by sections 5(1) of the Public Bodies (Joint Working) (Scotland) Act 2014 (a) and all other powers enabling them to do so.

In accordance with section 5(2) of that Act they have consulted with each local authority, each Health Board and persons representing each of the groups mentioned in section 5(3) of that Act.

Citation and commencement

1. These Regulations may be cited as Public Bodies (Joint Working)(National Health and Wellbeing Outcomes)(Scotland) Regulations 2014 and come into force on *(tbc)*.

National Health and Wellbeing Outcomes

2. The national health and wellbeing outcomes prescribed for the purpose of section 5(1) of the Public Bodies (Joint Working)(Scotland) Act 2014 are the outcomes listed in the Schedule to these Regulations.

Name

A member of the Scottish Government

St Andrew's House,
Edinburgh

(a) 2014 ASP 9.

SCHEDULE

National Health and Wellbeing Outcomes

- 1.** People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2.** People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3.** People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4.** Health and social care services are centred on helping to maintain or improve the quality of life of service users.
- 5.** Health and social care services contribute to reducing health inequalities.
- 6.** People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.
- 7.** People who use health and social care services are safe from harm.
- 8.** People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.
- 9.** Resources are used effectively in the provision of health and social care services, without waste.

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations prescribe national health and wellbeing outcomes (“the outcomes”) which apply in relation to the Public Bodies (Joint Working) (Scotland) Act 2014 (“the 2014 Act”). The schedule to these Regulations sets out the outcomes.

The 2014 Act requires Health Boards and local authorities to agree arrangements for joint working in their area in relation to certain of their statutory functions. This will have the effect that adult health and social care services are provided, in all local authority areas, in a way which is integrated from the point of view of a person using those services.

The 2014 Act makes the following provisions as to the effect of the outcomes in the context of integrated arrangements for adult health and social care:

- The local authority and Health Board are required to have regard to the outcomes when preparing the integration scheme (section 3(2));
- The outcomes are relevant to consideration of the circumstances when an order under section 27(6) may be made (section 27(7));
- The strategic plan prepared by an integration authority must set out how arrangements for the delivery of integration functions are intended to contribute to achieving the outcomes (s29(2)(b));
- The integration authority is required to have regard to the outcomes when preparing or reviewing the strategic plan (section 30(2)(b) and section 37(2)(a)(ii));
- An integration joint board’s constituent authorities can jointly require the strategic plan to be replaced if it prevents or is likely to prevent either of them from carrying out their functions in a way which contributed to achieving the outcomes (section 38(2));
- The persons carrying out integration functions must have regard to the outcomes (section 40(b)); and
- Healthcare Improvement Scotland and Social Care & Social Work Improvement Scotland are able to inspect health and social care services for the purpose of reviewing and evaluating how the planning and provision of services is contributing to the achievement of the outcomes. Alongside this they are able to encourage improvements and make recommendations in relation to the implementation of strategic plans in order to contribute to achieving the outcomes (sections 54 and 55).

The outcomes apply to all integration authorities, and to all persons carrying out integration functions. By reference to the outcomes, the effect of integrated health and care services on the health and wellbeing of individuals can be measured. As the outcomes apply nationally, their application will provide for the reduction of unwarranted variation in the quality of health and care services between geographical areas.

PROPOSALS FOR NATIONAL HEALTH AND WELLBEING OUTCOMES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

RESPONDENT INFORMATION FORM

Please Note this form **must** be returned with your response to ensure that we handle your response appropriately. **If you are responding to more than one set of regulations at the same time, you only need to complete this form once.**

1. Name/Organisation

Organisation Name

West Dunbartonshire Community Health & Care Partnership

Title Mr ☒ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Please tick as appropriate

Surname

Sengupta

Forename

Soumen

2. Postal Address

West Dunbartonshire Community Health & Care Partnership,

West Dunbartonshire Council, Garshake Road, Dumbarton.

Postcode
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Email
soumen.soumen.sengupta@ggc.scot.nhs.uk

3. Permissions - I am responding as...

Individual

/

Group/Organisation

☐

Please tick as appropriate

☒

- (a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate

☐ Yes ☐ No

- (c) The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

Please tick ONE of the following boxes

Are you content for your **response** to be made available?

Please tick as appropriate

☒ Yes ☐ No

Yes, make my response, name and address all available ☐

or

Yes, make my response available, but not my name and address ☐

or

Yes, make my response and name available, but not my address ☐

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate

☒ Yes

☐ No

4. Additional information – I am responding as:

4. Local Authority	West Dunbartonshire Council
18. Other – please specify	Community Health & Care Partnership

**PROPOSALS FOR NATIONAL HEALTH AND WELLBEING
OUTCOMES RELATING TO THE PUBLIC BODIES (JOINT
WORKING) (SCOTLAND) ACT 2014**

CONSULTATION QUESTIONS

1. Do you agree with the prescribed National Health and Wellbeing Outcomes?

Yes ☒

No ☐

If no, please explain why:

2. Do you agree that they cover the right areas?

Yes ☒

No ☐

3. If not, which additional areas do you think should be covered by the Outcomes?

4. Do you think that the National Health and Wellbeing Outcomes will be understood by users of services, as well as those planning and delivering them?

Yes ☒

No ☐

5. If not , why not?

6. Are there any further comments you would like to offer on these draft Regulations?

We broadly support the suggested health and wellbeing outcomes. However, would argue that they are not and should not be presented as of equal importance or that the HSCP will have the same degree of direct control over improvements to them all, e.g.:

1. We would argue that outcome number 7 ("people who use health and social care services are safe from harm") should have pre-eminence.
2. We would argue that given that the fundamental determinants of health inequalities sit outwith the reasonable jurisdiction of HSCP (as they are social, economic and environmental), national prescribed outcomes in relation to health inequalities should instead be directed towards the wider local Community Planning Partnerships (of which the HSCP will be a key actor, but should not be mistaken as having the most powerful locus on said determinants).

We are concerned that the indicators currently drafted as an expression of the proposed outcomes are:

1. Too heavily weighted towards subjective experience of service users at the expense of more objective data on how their conditions or situations have been improved through their engagement with services.
2. Of limited value for on-going and in-year performance management by Integration Joint Boards, as much of the data would not be readily and timeously available).
3. Include a number that as currently framed it would be unfair for the Integration Joint Board to hold a Chief Officer solely accountable for (or indeed of Scottish Government, Council's or NHS Boards holding Integration Joint Boards to account for) given that they concern wicked issues outwith the sole locus of the HSCP.

It is important that performance is reported and can be robustly scrutinised, and we believe that the national outcomes should enable this. However, it is also important to recognise – which the regulations as drafted currently do not – that for those HSCPS that incorporate more than the minimum functions they will also have to demonstrate performance in relation to relevant outcomes for those portfolios in a manner that is accessible (and which does not encourage the creation or resourcing of a burdensome and complicated performance reporting "industry").

**PROPOSALS FOR INTERPRETATION OF WHAT IS MEANT BY THE TERMS
HEALTH AND SOCIAL CARE PROFESSIONALS RELATING TO THE PUBLIC
BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

CONSULTATION PAPER

The Public Bodies (Joint Working) (Scotland) Act 2014 contains the phrases 'health professionals' and 'social care professionals'. These Regulations describes what is meant by these terms, and to whom they refer, within the context of the Act and where they are used in the Regulations created under the Act.

People, or groups of people, who are not mentioned within these Regulations will not be considered as 'health professionals' or 'social care professionals' in relation to the Act or the Regulation created under the Act.

The professions that are covered by the prescribed bodies mentioned in this draft Regulation are detailed below:

<p>Health Professionals</p>	<p><i>General Chiropractic Council</i> Chiropractors</p> <p><i>General Dental Council (GDC)</i> Dentists, dental nurses, dental technicians clinical dental technicians, dental hygienists, dental therapists</p> <p><i>General Medical Council</i> Doctors</p> <p><i>General Optical Council</i> Optometrists, dispensing opticians, student opticians and optical businesses</p> <p><i>General Osteopathic Council</i> Osteopaths</p> <p><i>Health and Care Professions Council (HCPC)</i> Arts therapists, biomedical scientists, chiropodists / podiatrists, clinical scientists, dieticians, hearing aid dispensers, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, practitioner psychologists, prosthetists / orthotists, radiographers, and speech and language therapists (<i>and social workers in England</i>)</p> <p><i>General Pharmaceutical Council (GPhC)</i> Pharmacists and pharmacy technicians</p> <p>Nursing and Midwifery</p>
------------------------------------	---

	Council Nurses and midwives
Social Care Professionals	Scottish Social Service Council <ul style="list-style-type: none"> • Social workers, • Social work students, • SCSWIS Authorised Officers • Managers, workers with supervisory responsibilities and residential child care workers in residential childcare services • Managers in adult day care services • Managers, workers with supervisory responsibilities, practitioners and support workers responsible for care homes services for adults • Managers, practitioners and support workers responsible for day care of children services • Managers, supervisors and house staff within school hostels, residential special schools and independent boarding schools • Managers supervisors and workers responsible for housing support services. • Managers supervisors and workers responsible for care at home services <p>Other Social Care Professionals who are not regulated by the Scottish Social Services Council but provide care or support to users of social care services.</p>

ANNEX 5(B)

**PROPOSALS FOR INTERPRETATION OF WHAT IS MEANT BY THE TERMS
HEALTH AND SOCIAL CARE PROFESSIONALS RELATING TO THE PUBLIC
BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

2014 No.

HEALTH, SOCIAL CARE

**Public Bodies (Joint Working) (Health Professionals and Social
Care Professionals) (Scotland) Regulations 2014**

Made - - - - - ***

Laid before the Scottish Parliament ***

Coming into force - - - - - *in accordance with article 1*

The Scottish Ministers make the following Regulations in exercise of the powers conferred on them by section 68(1) of the Public Bodies (Joint Working) (Scotland) Act 2014(a) and all other powers enabling them to do so.

Citation and commencement

1. These Regulations may be cited as the Public Bodies (Joint Working) (Health Professionals and Social Care Professionals) (Scotland) Regulations 2014 and come into force on *(tbc)*.

Prescribed descriptions of health professionals

2. For the purpose of section 68(1) of the Act, “health professionals” means persons to whom one of the following prescribed descriptions apply:-

- (a) a person who is included in the register of medical practitioners kept by the registrar of the General Medical Council under section 2(1) of the Medical Act 1983(b);
- (b) a person who is included in the dentists register kept by the registrar of the General Dental Council under section 14(1) of the Dentists Act 1984(c);
- (c) a person who is included in the dental care professionals register kept by the registrar of the General Dental Council under section 36B of the Dentists Act 1984(d);
- (d) a person who is included in the register of optometrists or the register of dispensing opticians maintained by the General Optical Council under section 7 of the Opticians Act 1989(e);
- (e) a person who is included in the register of osteopaths maintained by the Registrar of the General Osteopathic Council under section 2(3) of the Osteopaths Act 1993(f);
- (f) a person who is included in the register of chiropractors maintained by the registrar of the General Chiropractic Council under section 2(3) of the Chiropractors Act 1994(g);

(a) 2014 ASP 9.

(b) 1983 C.54; section 2(1) was amended by S.I. 2006/1914 article 4(a).

(c) 1984 C.24; section 14 was amended by S.I.2007/1301, part 7, regulation 11.

(d) Section 36B was inserted by the Dentists Act 1984 (Amendment) Order 2005, S.S.I. 2005/2011 article 29.

(e) 1989 C.44; section 1 was amended by S.I. 2005/848, article 7(1)(a) and (b).

(f) 1993 C.21.

(g) 1994 C.17.

- (g) a person who is included in Part 1 (pharmacists) or Part 2 (pharmacy technicians) of the register maintained by the registrar of the General Pharmaceutical Council under Article 19 of the Pharmacy Order 2010(a);
- (h) a person who is included in the register of qualified nurses and midwives maintained by the Nursing and Midwifery Council under Article 5 of the Nursing and Midwifery Order (2001)(b); or
- (i) a person who is included in the register of members of relevant professions maintained by the Health and Care Professions Council under Article 5 of the Health and Social Work Professions Order 2002(c).

Prescribed descriptions of social care professionals

3. For the purpose of section 68(1) of the Act, "social care professionals" means persons to whom one of the following descriptions apply:-

- (a) a person who is included in the register of social workers and social service workers maintained by the Scottish Social Services Council under section 44 of the Regulation of Care (Scotland) Act 2001(d);
- (b) a person who, aside from the fact that they are an excluded person by virtue of article 3 of the Regulation of Care (Social Service Workers) (Scotland) Order 2005(e), would be included in the register of social workers and social service workers maintained by the Scottish Social Services Council under section 44 of the Regulation of Care (Scotland) Act 2001; or
- (c) a person to whom (a) and (b) do not apply but who is engaged in the provision of care or support to users of social care services which are provided in the pursuit of integration functions.

Name

A member of the Scottish Government

St Andrew's House,
Edinburgh

(a) S.I. 2010/23.
 (b) S.I. 2002/235.
 (c) S.I. 2002/254.
 (d) 2001 ASP 8. Section 44 has been amended by S.I.2007/3101, regulation 257.
 (e) S.S.I. 2005/315.

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations prescribe descriptions of persons who, for the purposes of the Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act"), are within the definition of "health professionals" or "social care professionals".

Article 2 sets out prescribed descriptions of health professionals. The effect of this is that persons registered with a range of regulatory bodies covering the medical and nursing professions, allied health professions and other health services such as optometry, pharmacy and dentistry will be treated as "health professionals" for the purposes of ("the 2014 Act").

Article 3 sets out prescribed descriptions of social care professionals. In contrast with health professionals, there is a single regulatory body for social service workers (including social workers) in Scotland, the Scottish Social Services Council ("SSSC"). Paragraph (a) provides that persons who are registered with the SSSC are a prescribed description of social care professional for the purposes of the 2014 Act. Paragraph (b) provides that persons working in social care, but who are exempt from registration with the SSSC, are also a prescribed description of social care professional. This exemption applies to persons who are regulated by another professional body as set out in the Regulation of Care (Social Service Workers) (Scotland) Order 2005. Paragraph (c) describes other types of social care worker, who are directly involved in the provision of care or support to service users, but who are not regulated by the SSSC.

**PROPOSALS FOR INTERPRETATION OF WHAT IS MEANT BY THE
TERMS HEALTH AND SOCIAL CARE PROFESSIONALS RELATING
TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

RESPONDENT INFORMATION FORM

Please Note this form **must** be returned with your response to ensure that we handle your response appropriately. **If you are responding to more than one set of regulations at the same time, you only need to complete this form once.**

1. Name/Organisation

Organisation Name

West Dunbartonshire Community Health & Care Partnership

Title Mr ☒ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ **Please tick as appropriate**

Surname

Sengupta

Forename

Soumen

2. Postal Address

West Dunbartonshire Community Health & Care Partnership,

West Dunbartonshire Council, Garshake Road, Dumbarton.

Postcode
G82 3PU

Phone
01389 737321

Email
soumen.soumen.sengupta@ggc.scot.nhs.uk

3. Permissions - I am responding as...

Individual

/ Group/Organisation

☐

Please tick as appropriate

☒

- (a)** Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate

☐ Yes ☐ No

- (c)** The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

Please tick ONE of the following boxes

Yes, make my response, name and address all available ☐

or

Yes, make my response available, but not my name and address ☐

or

Yes, make my response and name available, but not my address ☐

Are you content for your **response** to be made available?

Please tick as appropriate

☒ **Yes** ☐ **No**

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate

☒ **Yes**

☐ **No**

4. Additional information – I am responding as:

4. Local Authority	West Dunbartonshire Council
19. Other – please specify	Community Health & Care Partnership

**PROPOSALS FOR INTERPRETATION OF WHAT IS MEANT BY THE
TERMS HEALTH AND SOCIAL CARE PROFESSIONALS RELATING
TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

CONSULTATION QUESTIONS

1. Do you agree that the groups listed in section 2 of the draft regulations prescribe what 'health professional' means for the purposes of the Act?

Yes ☐

No ☒

2. If you answered 'no', please explain why:

Allied Health Professionals – specifically Occupational Therapists - can be employed within both the NHS and local authorities (albeit currently to do different duties) so this ought to be recognised within the regulations.

3. Do you agree that identifying Social Workers and Social Service Workers through registration with the Scottish Social Services Commission is the most appropriate way of defining Social Care Professionals, for the purposes of the Act?

Yes ☒

No ☐

4. If you answered 'no', what other methods of identifying professional would you see as appropriate?

5. Are there any further comments you would like to offer on these draft Regulations?

The regulations would be improved by clarifying the responsibilities and obligations on those individuals fulfilling specific professional functions (particularly in respect of clinical and care governance; and the regulation of professional staff groups) to provide advice, support and reassurance to the Chief Officer and the Integration Joint Board, alongside their traditional responsibilities in supporting either respective Chief Executives and Councils or the NHS Boards.

So, for example, where the Chief Social Work Officer (CSWO) function is not being discharged by the Chief Officer, then the CSWO (whether they are a member of the HSCP management team or not) should be obliged to support the Chief Officer and the Integration Joint Board in a similar fashion to how the legislation currently requires them to support local authority chief executives and Councils. A similar approach should sensibly be required of the relevant "corporate" executive directors of the NHS Board (i.e. Medical Director, Director of Nursing and Director of Public Health), either by those individuals directly or through some arrangement (agreed by the Integration Joint Board and Chief Officer) whereby they discharge their responsibilities to support the effective functioning of the HSCP through appropriately qualified and specified members of staff (who have a "dotted line" accountability to the Chief Officer at a local level to reflect their being seen to be part of the local HSCP team).

**PRESCRIBED FUNCTIONS CONFERRED ON A LOCAL AUTHORITY OFFICER
RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT
2014**

CONSULTATION PAPER

Section 1 of the Public Bodies (Joint Working) (Scotland) Act 2014 provides for Regulations to prescribe any function of a Local Authority as a function which must be delegated to the Integration Authority.

The Act restricts the range of Local Authority functions that can be delegated to Integration Authorities to specific "social care" functions. This is set out in the Schedule in the Act.

The Act also restricts Scottish Ministers' powers in prescribing Local Authority social care functions, so that Scottish Ministers can only require the delegation of social care functions insofar as they relate to adults. For the purposes of the Regulations the age limit of 18 is being used to define "adults".

Under section 1(7) of the Act, Scottish Ministers may, by Regulations, prescribe those functions which Local Authorities must delegate under an Integration Scheme.

The legal framework which confers "social care" functions on Local Authorities can be found across a wide range of Scottish legislation. These functions are considered key to the establishment and promotion of a comprehensive and integrated health and social care service across Scotland.

Social work and social care services support some of the most vulnerable people in our society. These services aim to be person centred and community based, with the purpose of promoting and improving, independence and social inclusion. Services which are aimed at increasing an individual's quality of life, self-care and resilience, mitigating the effects of poverty, illness and disability also seek to prevent the inappropriate use of more intensive services.

A number of functions relating to the Adult Support and Protection (Scotland) Act 2007, that must be delegated are restricted to specified persons before they can be authorised to perform the functions of a "council officer".

These Regulations set out which functions conferred on an officer of a Local Authority are prescribed for the purposes of section 23(1)(a) of the Public Bodies (Joint Working) (Scotland) Act 2014.

ANNEX 6(B)

**PRESCRIBED FUNCTIONS CONFERRED ON A LOCAL AUTHORITY OFFICER
RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT
2014**

2014 No.

HEALTH, SOCIAL CARE

Public Bodies (Joint Working) (Prescribed Functions of Local Authority Officers) (Scotland) Regulations 2014

Made - - - - - ***

Laid before the Scottish Parliament ***

Coming into force - - - *in accordance with article 1*

The Scottish Ministers make the following Regulations in exercise of the powers conferred on them by section 23(1)(a) of the Public Bodies (Joint Working) (Scotland) Act 2014(a) and all other powers enabling them to do so.

Citation and commencement

1. These Regulations may be cited as the Public Bodies (Joint Working) (Prescribed Functions of Local Authority Officers) (Scotland) Regulations 2014 and come into force on *(tbc)*.

Prescribed functions

2.—(1) The functions conferred on a council officer by or by virtue of sections 7, 8, 9, 10, 11, 14, 16 and 18 of the Adult Support and Protection (Scotland) Act 2007 are prescribed for the purposes of section 23(1)(a) of the Public Bodies (Joint Working) (Scotland) Act 2014 (“the 2014 Act”).

Prescribed condition

3.—(1) The following condition is prescribed for the purpose of section 23(1)(b) of the 2014 Act.

(2) A officer on whom the function is deemed to have been conferred must meet the requirements specified in Article 3, or as the case may be, Article 4 of the Adult Support and Protection (Scotland) Act 2007 (Restriction on the Authorisation of Council Officers) Order 2008(b).

Name

A member of the Scottish Government

St Andrew’s House,
Edinburgh

(a) 2014 ASP 9. Section 68 contains a definition of “prescribed” relevant to the exercise of the statutory powers under which these Regulations are made.
(b) S.S.I. 2008/306. Article 3 was amended by the Health and Social Act 2012 (Consequential Provision – Social Workers) Order 2012/1479 Schedule 1(1) paragraph 58.

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations prescribe certain functions of officers of local authorities for the purpose of section 23 of the Public Bodies (Joint Working) (Scotland) Act 2014 ("The 2014 Act").

The 2014 Act requires Health Boards and local authorities to agree arrangements for joint working in their area in relation to certain of their statutory functions. Section 23 of the 2014 Act makes provision to allow certain prescribed functions, in the context of these joint working arrangements, to be exercised by persons other than the persons on whom the functions are directly conferred.

Regulation 2 sets out the functions which are prescribed for the purpose of section 23 of the 2014 Act. These are functions which, in respects of a local authority area, are conferred directly on an officer of that local authority. The effect of regulation 2(1) is that a person who is an officer of the Health Board (or any other local authority) with which a local authority has made joint working arrangements under the 2014 Act may exercise those functions in respect of the area of that local authority providing that the condition in regulation 3 is satisfied.

Regulation 3 sets out a prescribed condition for the application of section 23 of the 2014 Act to the prescribed functions. A person who is not an officer of a local authority may only exercise the prescribed functions for the area of that local authority if the person meets the criteria set out in the Adult Support and Protection (Scotland) Act 2007 (Restriction on the Authorisation of Council Officers) Order 2008 which are relevant to the function in question.

**PRESCRIBED FUNCTIONS CONFERRED ON A LOCAL AUTHORITY
OFFICER RELATING TO THE PUBLIC BODIES (JOINT WORKING)
(SCOTLAND) ACT 2014**

RESPONDENT INFORMATION FORM

Please Note this form **must** be returned with your response to ensure that we handle your response appropriately. **If you are responding to more than one set of regulations at the same time, you only need to complete this form once.**

1. Name/Organisation

Organisation Name

West Dunbartonshire Community Health & Care Partnership

Title Mr ☒ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ **Please tick as appropriate**

Surname

Sengupta

Forename

Soumen

2. Postal Address

West Dunbartonshire Community Health & Care Partnership,

West Dunbartonshire Council, Garshake Road, Dumbarton.

Postcode
G82 3PU

Phone
01389 737321

Email
soumen.soumen.sengupta@ggc.scot.nhs.uk

3. Permissions - I am responding as...

Individual

/ Group/Organisation

☐

Please tick as appropriate

☒

- (a)** Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate

☐ **Yes** ☐ **No**

- (c)** The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

Please tick ONE of the following boxes

Are you content for your **response** to be made available?

Please tick as appropriate

☒ Yes ☐ No

Yes, make my response, name and address all available ☐

or

Yes, make my response available, but not my name and address ☐

or

Yes, make my response and name available, but not my address ☐

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate

☒ Yes

☐ No

4. Additional information – I am responding as:

4. Local Authority	West Dunbartonshire Council
20. Other – please specify	Community Health & Care Partnership

ANNEX 6(D)

PRESCRIBED FUNCTIONS CONFERRED ON A LOCAL AUTHORITY OFFICER RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you believe that the draft Regulations will effectively achieve the policy intention of the Act?

Yes ☒

No ☐

2. If not, which part of the draft Regulations do you believe may not effectively achieve the policy intention of the Act, and why?

3. Are there any further comments you would like to offer on these draft Regulations?

We broadly support the draft regulations and look forward to final version being further refined. We would argue though that too much of the regulations are over-prescriptive in terms of rigid structures, process and procedures. This is particularly relevant for those HSCP which are responsible for more than the de minimis/"must be delegated" services.

The new HSCPs need to be empowered to operate in a manner that is locally responsive and innovative, and not bogged-down in counter-productive and costly bureaucracy. So, for example, the requirement to establish a static strategic planning group is well intended but somewhat traditional and reductive given the volume of individuals who have to be invited to attend but who themselves are unlikely to (in practice) legitimately represent wider constituencies or communities of interest. We would suggest that in keeping with the parallel legislation being progressed in respect of community empowerment/engagement (that the HSCP will be obliged to comply with in any case), it would be more constructive to emphasise the standard consultees (already articulated within the draft regulations) who the HSCP are obliged to engage with as part of strategic or locality planning – and it is for the Integration Joint Board to hold the Chief Officer to account for how the HSCP does that within the context of local Community Planning arrangements.

The significance of delivering integrated governance and strategic management arrangements that represent a single "health and social care system" should not be under-estimated. However, it is important to also recognise that no organisational model can provide a convenient "magic bullet" nor act as a panacea for the complexity and scale of health and social care challenges - particularly within the extremely challenging financial climate that is anticipated to persist for some years to come. A key finding of Audit's Scotland's Review of Community Health Partnerships Report was that CHPs had inconsistently delivered on a joined-up service agenda across Scotland. Our view is that was an unfair criticism to level at CHPs themselves, as this was at least a part-consequence of the original legislation attempting to achieve too many different policy objectives; and Audit Scotland viewing all of the objectives set as having equivalent weight and priority. As such, it is important that the final regulations published are appropriately calibrated to avoid sowing the seeds of unfair expectations.

ANNEX 7

SET 1 – PROPOSALS FOR DRAFT REGULATIONS RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

LIST OF CONSULTEES

Responses to this consultation are welcome from any individual or organisation with an interest. A range of groups and organisations, in relation to health and social care, have been invited to respond including those representing:

- CHP Association
- CHP Directors
- Clerk of the Health and Sports Committee
- Commission for Racial Equality
- CoSLA
- Council leaders
- Departmental Committee Liaison Officer
- Departments of Health (UK, Northern Ireland and Wales)
- Local Authority Chief Executives
- NHS Board Chairs
- NHS Chief Executives
- Professional Bodies
- Representative groups of carers and service users
- Representative groups of providers of housing and housing services
- Royal Colleges
- Scottish Government Library
- Scottish Members of the European Parliament
- SPICe Library
- The Commission for Equality and Human Rights
- The Six Legal Deposit Libraries
- Third and independent sector organisations
- Trade Unions

For a copy of the full list please email: Alison.beckett@scotland.gsi.gov.uk



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Draft Regulations and Orders Relating to Public Bodies (Joint Working) (Scotland) Act 2014 – Set 2



**The Scottish
Government**
Riaghaltas na h-Alba

DRAFT REGULATIONS AND ORDERS RELATING TO PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014 – SET 2

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DRAFT REGULATIONS AND ORDERS RELATING TO PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014 – SET 2

Executive Summary

On 1 April 2014 the Public Bodies (Joint Working) (Scotland) Act 2014 received Royal Assent.

The Act provides for Scottish Ministers to put in place a number of Regulations and Orders, and during its passage through Parliament, Scottish Ministers committed to consult widely on these.

Draft Scottish Statutory Instruments to accompany the Public Bodies (Joint Working) (Scotland) Act 2014 have been developed in collaboration with stakeholders and are being published for consultation in two sets.

Consultation on the first set of draft Regulations commenced on 12 May 2014 and is running for twelve weeks until 1 August 2014. Consultation on the second set of draft Regulations and Orders will run for twelve weeks from 27 May 2014 – 18 August 2014 and covers draft Regulations and Orders relating to:

- Prescribed groups which must be consulted when preparing or revising Integration Schemes; preparing draft strategic plans; and when making decisions affecting localities
Section 6(2)(a), Section 33(6), Section 41(4), Section 46(4)(a) of the Public Bodies (Joint Working) (Scotland) Act 2014
- Membership, powers and proceedings of Integration Joint Boards
Section 12(1) of the Public Bodies (Joint Working) (Scotland) Act 2014
- Establishment, membership and proceedings of integration joint monitoring committees
Section 17(1) of the Public Bodies (Joint Working) (Scotland) Act 2014
- Prescribed membership of strategic planning groups
Section 32(2) of the Public Bodies (Joint Working) (Scotland) Act 2014
- Prescribed form and content of performance reports
Section 42(3) of the Public Bodies (Joint Working) (Scotland) Act 2014

Set one contained draft Regulations relating to:

- Prescribed information to be included in the Integration Scheme
Section 1(3)(f) of the Public Bodies (Joint Working) (Scotland) Act 2014
- Prescribed functions that must be delegated by Local Authorities
Section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014
- Prescribed functions that may or that must be delegated by a Health Board
Section 1(6) & 1(8) of the Public Bodies (Joint Working) (Scotland) Act 2014

- Prescribed National Health and Wellbeing Outcomes
Section 5(1) of the Public Bodies (Joint Working) (Scotland) Act 2014
- Interpretation of what is meant by the terms health and social care professionals
Section 69(1) of the Public Bodies (Joint Working) (Scotland) Act 2014
- Prescribed functions conferred on a Local Authority officer
Section 23(1) of the Public Bodies (Joint Working) (Scotland) Act 2014

This consultation paper:

- Contains the second set of draft Regulations and Orders to accompany the Public Bodies (Joint Working) (Scotland) Act 2014;
- Outlines the policy rationale behind each draft instrument; and
- Outlines key consultation questions upon which the Scottish Government would like to hear your views.

Following the completion of the consultation, an analysis of written responses will be published. Scottish Ministers and officials will continue to work collaboratively with key stakeholders to consider the consultation responses. Consequently, the Regulations and Orders may be amended after this consultation. The final versions of each instrument will be laid before Parliament from late September 2014, before coming into force by the end of 2014.

DRAFT REGULATIONS AND ORDERS RELATING TO PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014 – SET 2

Public consultation on the second set of draft Regulations and Orders to accompany the Public Bodies (Joint Working) (Scotland) Act 2014

Consultation Paper

Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 provides a framework to support improvements in the quality and consistency of health and social care services through the integration of health and social care in Scotland.

The policy rationale for integrating health and social care services is: to improve the quality and consistency of services for patients, carers, service users and their families; to provide seamless, joined up, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and to ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer term and often complex needs, many of whom are older.

Set 2 of the draft Regulations and Orders relating to the Public Bodies (Joint Working) (Scotland) Act 2014 are contained within this consultation. Their purposes are:

- 1. Prescribed groups which must be consulted when preparing Integration Schemes,**
Section 6(2)(a) of the Public Bodies (Joint Working) (Scotland) Act 2014

Prescribed groups, a representative of which must be sent a copy of the second draft strategic plan and invited to give views,
Section 33(6) of the Public Bodies (Joint Working) (Scotland) Act 2014

Prescribed groups who must be consulted on decisions which significantly affect a locality,
Section 41(4) of the Public Bodies (Joint Working) (Scotland) Act 2014

Prescribed groups of persons who must be consulted when revising Integration Schemes,
Section 46(4)(a) of the Public Bodies (Joint Working) (Scotland) Act 2014

These Regulations prescribe who must be consulted:

- When preparing Integration Schemes;
- In the development of the strategic plan;
- For locality planning; and
- When revising Integration Schemes.

2. Membership, powers and proceedings of Integration Joint Boards ,
Section 12(1) of the Public Bodies (Joint Working) (Scotland) Act 2014

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Health Boards and Local Authorities to agree one of four models of integration. One of these models, set out in section 1(4)(a) of the Act, is described as 'body corporate' and allows the delegation of functions and budgets from the Health Board and Local Authority to a newly established Integration Joint Board.

This draft Order makes provision as to how an Integration Joint Board established under the Public Bodies (Joint Working) (Scotland) Act 2014 is to operate. This includes , who is required to be included in the membership of the board, which members may vote, and other procedures relating to the operation of the board. The Order also makes provision allowing Integration Joint Boards to enter into agreements or contracts which are necessary for them to carry out their duties under the Act. For example, contracts to enable the Integration Joint Board to receive professional advice such as legal or accounting, or when making arrangements in relation to premises, equipment and staff.

Section 12(1) of the Act provides for Scottish Ministers to make provision about the membership, proceedings and powers of Integration Joint Boards; the supply of services or facilities to Integration Joint Boards by a Local Authority or Health Board; the establishment of committees by Integration Joint Boards; the operation of committees of Integration Joint Boards; and the delegation of functions conferred upon Integration Joint Boards by an Integration Scheme to the chief officer, any member of its staff or any committee.

3. Establishment, membership and proceedings of joint monitoring committees,
Section 17(1) of the Public Bodies (Joint Working) (Scotland) Act 2014.

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Health Boards and Local Authorities to agree one of four models of integration. Three of these models are described as 'lead agency' and allows the delegation of functions and budgets between the Health Board and Local Authority. Section 1(4)(b)(c)(d) of the Act sets out these three models of delegation as follows:

- The Health Board may delegate functions and resources to the Local Authority;
- The Local Authority may delegate functions and resources to the Health Board; or
- The Health Board and the Local Authority may delegate functions to each other.

Section 15(3) of the Act provides that where the Health Board and the Local Authority agree to use one of these models of integration, they are required to jointly establish an integration joint monitoring committee for the purpose of

monitoring the carrying out of the integration functions for the Integration Authority area.

This draft Order covers the matters that Scottish Ministers intend to prescribe relating to the operation of integration joint monitoring committees. It includes provisions about the following matters:

- Membership
- Term of office of members
- Membership where Integration Scheme is prepared by two or more Local Authorities
- Appointment of the Chairperson
- Disqualification
- Resignation of Members
- Removal of Members
- Replacement of Members
- Expenses of Members
- Proceedings/Standing Orders

4. Prescribed membership of strategic planning group

Section 32(2) of the Public Bodies (Joint Working) (Scotland) Act 2014

The Public Bodies (Joint Working) (Scotland) Act 2014 requires each Integration Authority to establish a strategic planning group. Under the Act, the strategic planning group must be consulted during the preparation, review and amendment of the strategic plan.

These draft Regulations prescribe the people that must be represented on the group. The group should comprise health and social care professionals, third and independent sector providers, service users and carers, representative groups and housing providers.

5. Prescribed form and content of performance report

Section 42(3) of the Public Bodies (Joint Working) (Scotland) Act 2014

Integration Authorities will have responsibility for the planning and resourcing of a significant proportion of health and social care services within Scotland. It is important that the Integration Authority reports and accounts for their activities so that the public are able to assess the progress made to improve outcomes by the Integration Authority that serves them. Section 42(1) of the Public Bodies (Joint Working) (Scotland) Act 2014 requires that each Integration Authority prepare an annual performance report.

Section 42(3) of the Public Bodies (Joint Working) (Scotland) Act 2014 gives Scottish Ministers the power to make Regulations that prescribe the form and content of performance reports.

The draft Regulations include provisions requiring the performance report to contain information about the following matters:

- Progress against the national health and wellbeing outcomes;
- Progress against a suite of key measures and indicators;

- Progress against the integration delivery principles with particular reference to strategic and locality planning;
- An overview of the integrated budget and the proportional changes within it;
- The flexibility to allow reporting on local outcomes and priorities.

And, where a lead agency model of integration is used:

- Details of any recommendations and associated responses from and to the integration joint monitoring committee.

Responding To This Consultation Paper

We are inviting written responses to this consultation paper by **Monday 18 August 2014**. Please send your response with the completed **Respondent Information Form** (replicated in Annexes 1C, 2C, 3C, 4C, 5C) (see "Handling your Response" below) to:

Email to: Alison.beckett@scotland.gsi.gov.uk

Or

Alison Beckett
Scottish Government
Area 2 E.R.
St. Andrews House
Regent Road
Edinburgh
EH1 3DG

If you have any queries please contact Alison Beckett on 0131 244 4824.

We would be grateful if you would use the consultation questionnaires provided or could clearly indicate in your response which questions or parts of the consultation paper you are responding to as this will aid our analysis of the responses received. This consultation, and all other Scottish Government consultation exercises, can be viewed online on the consultation web pages of the Scottish Government website at <http://www.scotland.gov.uk/consultations>.

The Scottish Government has an email alert system for consultations: <http://register.scotland.gov.uk>. This system allows stakeholder individuals and organisations to register and receive a weekly email containing details of all new consultations (including web links). It complements, but in no way replaces, Scottish Government distribution lists, and is designed to allow stakeholders to keep up to date with all Scottish Government consultation activity, and therefore be alerted at the earliest opportunity to those of most interest. We would encourage you to register.

Handling your response

We need to know how you wish your response to be handled and, in particular, whether you are happy for your response to be made public. Please complete and return the **Respondent Information Form** (replicated in Annexes 1C, 2C, 3C, 4C, 5C) as this will ensure that we treat your response appropriately. If you ask for your response not to be published we will regard it as confidential, and we will treat it accordingly. All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

Next steps in the process

Where respondents have given permission for their response to be made public and after we have checked that they contain no potentially defamatory material, responses will be made available to the public in the Scottish Government Library (see the attached Respondent Information Form, which is replicated in Annexes 1C, 2C, 3C, 4C, 5C) and on the Scottish Government consultation web pages. You can make arrangements to view responses by contacting the Scottish Government Library on 0131 244 4552. Responses can be copied and sent to you, but a charge may be made for this service.

What happens next?

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us reach a decision on the draft Regulations relating to the Public Bodies (Joint Working) (Scotland) Act 2014. We aim to issue a report on this consultation process and we will lay Regulations and Orders in the Scottish Parliament from late September.

Comments and complaints

If you have any comments about how this consultation exercise has been conducted, please send them to Alison Beckett in the first instance at the above address.

Yours faithfully

ALISON BECKETT
Scottish Government
Integrating and Reshaping Care Division

The Scottish Government Consultation Process

Consultation is an essential and important aspect of Scottish Government working methods. Given the wide-ranging areas of work of the Scottish Government, there are many varied types of consultation. However, in general, Scottish Government consultation exercises aim to provide opportunities for all those who wish to express their opinions on a proposed area of work to do so in ways which will inform and enhance that work.

The Scottish Government encourages consultation that is thorough, effective and appropriate to the issue under consideration and the nature of the target audience. Consultation exercises take account of a wide range of factors, and no two exercises are likely to be the same.

Typically Scottish Government consultations involve a written paper inviting answers to specific questions or more general views about the material presented. Written papers are distributed to organisations and individuals with an interest in the issue, and they are also placed on the Scottish Government website enabling a wider audience to access the paper and submit their responses. Consultation exercises may also involve seeking views in a number of different ways, such as through public meetings, focus groups or questionnaire exercises. Copies of all the written responses received to a consultation exercise (except those where the individual or organisation requested confidentiality) are placed in the Scottish Government Library at Saughton House, Edinburgh (K Spur, Saughton House, Broomhouse Drive, Edinburgh, EH11 3XD, telephone 0131 244 4565).

All Scottish Government consultation papers and related publications (eg, analysis of response reports) can be accessed at: Scottish Government consultations (<http://www.scotland.gov.uk/consultations>).

The views and suggestions detailed in consultation responses are analysed and used as part of the decision making process, along with a range of other available information and evidence. Depending on the nature of the consultation exercise the responses received may:

- Indicate the need for policy development or review
- Inform the development of a particular policy
- Help decisions to be made between alternative policy proposals
- Be used to finalise legislation before it is implemented.

Final decisions on the issues under consideration will also take account of a range of other factors, including other available information and research evidence.

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.

ANNEX 1(A)

PRESCRIBED GROUPS WHICH MUST BE CONSULTED WHEN PREPARING OR REVISING INTEGRATION SCHEMES; PREPARING DRAFT STRATEGIC PLANS; AND WHEN MAKING DECISIONS AFFECTING LOCALITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION PAPER

These draft Regulations prescribe the groups that must be consulted when preparing or revising Integration Schemes, drafting strategic plans, and making significant decisions in localities. Each is explained in more detail below.

Prescribed groups which must be consulted when preparing Integration Schemes

Section 6(2)(a) of the Public Bodies (Joint Working) (Scotland) Act 2014 requires Local Authorities and Health Boards to prepare an Integration Scheme.

Before submitting the Integration Scheme to Scottish Ministers for approval, the Local Authority and Health Boards must jointly consult the groups of persons prescribed in these draft Regulations. They must also consult with any other persons that they think fit.

The Local Authority and Health Board will be expected to allow the groups of persons prescribed in these draft Regulations to obtain access to the draft Integration Scheme in order for consultees to express their views.

The prescribed groups of persons includes the standard consultees outlined at the end of this annex and within the Schedule. In addition, it includes:

- Staff of the Local Authority likely to be affected by the Integration Scheme;
- Staff of the Health Board likely to be affected by the Integration Scheme; and
- Other Local Authorities operating within the area of the Health Board preparing the Integration Scheme.

Prescribed consultees for revised Integration Schemes

Section 46(4)(a) of the Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Authorities, when conducting a review of the Integration Scheme, to consult with groups of persons who are prescribed in these draft Regulations. They must also consult other persons as they think fit. The groups of persons prescribed are the same persons who must be consulted when the Integration Scheme is first prepared.

Prescribed consultees for draft strategic plans

Section 33 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires the Integration Authority to prepare a strategic plan for the area of the Local Authority. A strategic plan is a document that sets out the arrangements for carrying out the integrated functions, and how these arrangements are intended to achieve the national health and wellbeing outcomes. Under section 33(4) of the Act, the Integration Authority must send a copy of the second draft of the strategic plan to a

person they consider to be representative of the groups of persons prescribed by Scottish Ministers. These draft Regulations prescribe those groups at regulation 4.

The groups of persons prescribed are the standard consultees outlined at the end of the annex and within the Schedule to the draft Regulations.

The Integration Authority must also send the strategic plan to any other person it considers appropriate. The Scottish Government would expect these other people to include, for example, any other Local Authorities, Health Boards or Integration Authorities likely to be affected by the strategic plan.

Prescribed Consultees for locality planning

Under section 41(3) of the Public Bodies (Joint Working) (Scotland) Act 2014, where an Integration Authority (or person carrying out an Integration Authority function) proposes to take a decision which might significantly affect the provision of services in a locality, they must take action to involve and secure the views of the groups of persons prescribed in these draft Regulations. The groups are prescribed at regulation 5.

In addition to the standard consultees outlined at the end of this annex and within the schedule, for locality planning purposes, the Integration Authority must consult with the following, where they are likely to have an interest in the decision:

- Staff of the Health Board;
- Staff of the Local Authority; and
- Residents of the locality.

List of Standard Consultees

- Health professionals;
- Users of health care;
- Carers of users of health care;
- Commercial providers of health care;
- Non-commercial providers of health care;
- Social care professionals;
- Users of social care;
- Carers of users of social care;
- Commercial providers of social care;
- Non-commercial providers of social care;
- Non-commercial providers of social housing; and
- Third sector bodies carrying out activities related to health or social care.

ANNEX 1(B)

**PRESCRIBED GROUPS WHICH MUST BE CONSULTED WHEN PREPARING OR
REVISING INTEGRATION SCHEMES; PREPARING DRAFT STRATEGIC PLANS;
AND WHEN MAKING DECISIONS AFFECTING LOCALITIES RELATING TO THE
PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

Draft Regulations

2014 No.

HEALTH, SOCIAL CARE

**The Public Bodies (Joint Working) (Prescribed Consultees)
(Scotland) Regulations 2014**

<i>Made</i>	- - - -	***
<i>Laid before the Scottish Parliament</i>		***
<i>Coming into force</i>	- -	***

The Scottish Ministers make the following Regulations in exercise of the powers conferred on them by sections 6(2)(a), 33(6), 41(4), and 46(4)(a) of the Public Bodies (Joint Working) (Scotland) Act 2014(a) and all other powers enabling them to do so.

Citation, commencement and interpretation

1. These Regulations may be cited as The Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014 and come into force on [date].

2. In these Regulations—

“third sector” includes representative groups, interest groups, social enterprises and community organisations; and

“standard consultees” means the groups of persons listed in the Schedule.

Prescribed groups of persons to be consulted

3. The groups of persons prescribed for the purposes of sections 6(2)(a) and 46(4)(a) (consultation on integration scheme) are—

- (a) the standard consultees;
- (b) staff of the local authority likely to be affected by the integration scheme;
- (c) staff of the Health Board likely to be affected by the integration scheme; and
- (d) other local authorities operating within the area of the Health Board preparing the integration scheme.

4. The groups of persons prescribed for the purposes of section 33(6) (preparation of the strategic plan) are the standard consultees.

5. The groups of persons prescribed for the purposes of section 41(4) (localities) are—

- (a) the standard consultees;
- (b) staff of the Health Board;
- (c) staff of the local authority; and

(a) TBC

(d) residents of the locality,

but only insofar as they are likely to have an interest in the decision to which section 41(1) applies.

6. The persons, and groups of persons, prescribed by these regulations are only prescribed insofar as—

- (a) in the case of users of health care or social care, they reside within the local authority area;
- (b) in the cases of carers of users of health care or social care, they care for a person who resides within the local authority area; or
- (c) in any other case, they operate within the local authority area.

Name

A member of the Scottish Government

St Andrew's House,
Edinburgh
[Date]

SCHEDULE
Standard Consultees

Regulation 2

Health professionals

Users of health care

Carers of users of health care

Commercial providers of health care

Non-commercial providers of health care

Social care professionals

Users of social care

Carers of users of social care

Commercial providers of social care

Non-commercial providers of social care

Non-commercial providers of social housing

Third sector bodies carrying out activities related to health or social care

EXPLANATORY NOTE

(This note is not part of the Order)

These Regulations prescribe persons and groups of persons for the purposes of sections 6(2)(a), 33(6), 41(4), and 46(4)(a) of the Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act"). The effect of the Regulations is to provide for the groups of persons who must be consulted on integration plans; strategic plans; or significant decisions in a locality.

Regulation 2 of the Regulations introduces the Schedule. The Schedule lists 'standard consultees', being groups of persons who are prescribed in respect of each of the purposes covered by the Regulations.

Regulation 3 prescribes the persons and groups of persons who appear to the Scottish Ministers to have an interest for the purposes of sections 6(2)(a) and 33(6) of the 2014 Act. Under the 2014 Act, these groups of persons must be jointly consulted by a local authority and Health Board when preparing, or revising, an integration scheme.

Regulation 4 prescribes the groups of persons who appear to the Scottish Ministers to have an interest for the purposes of section 33(6) of the 2014 Act. Under the 2014 Act, a representative of each of those groups must be sent a copy of the second draft of the strategic plan and be invited to express their views (section 33(4)-(6)).

Regulation 5 prescribes the groups of persons who appear to the Scottish Ministers to have an interest for the purposes of section 41(4) of the 2014 Act. Under the 2014 Act, the integration authority must take action to secure that these groups are involved in, and consulted on, decisions which significantly affect the provision of services in a locality (section 41). The groups of persons are only prescribed insofar as they are likely to have an interest in the particular decision being taken.

The groups of persons prescribed by these Regulations are only prescribed insofar as they operate within the area of the local authority; use health or social care services within the local authority; or care for someone who uses such services.

ANNEX 1(C)



PRESCRIBED GROUPS WHICH MUST BE CONSULTED WHEN PREPARING OR REVISING INTEGRATION SCHEMES; PREPARING DRAFT STRATEGIC PLANS; AND WHEN MAKING DECISIONS AFFECTING LOCALITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

RESPONDENT INFORMATION FORM

Please Note this form **must** be returned with your response to ensure that we handle your response appropriately. **If you are responding to more than one set of regulations at the same time, you only need to complete this form once.**

1. Name/Organisation

Organisation Name

West Dunbartonshire Community Health & Care Partnership

Title Mr ☒ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Please tick as appropriate

Surname

Sengupta

Forename

Soumen

2. Postal Address

West Dunbartonshire Community Health & Care Partnership,

West Dunbartonshire Council, Garshake Road, Dumbarton.

Postcode

G82 3PU

Phone

01389 737321

Email

soumen.soumen.sengupta@ggc.scot.nhs.uk

3. Permissions - I am responding as...

Individual

/ Group/Organisation

☐

Please tick as appropriate

☒

- (a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate

☐ Yes ☐ No

- (c) The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

Please tick ONE of the following boxes

Are you content for your **response** to be made available?

Please tick as appropriate

☒ Yes ☐ No

Yes, make my response, name and address all available ☐

or

Yes, make my response available, but not my name and address ☐

or

Yes, make my response and name available, but not my address ☐

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate

☒ Yes

☐ No

4. Additional information – I am responding as:

4. Local Authority	West Dunbartonshire Council
15. Other – please specify	Community Health & Care Partnership

ANNEX 1(D)

PRESCRIBED GROUPS WHICH MUST BE CONSULTED WHEN PREPARING OR REVISING INTEGRATION SCHEMES; PREPARING DRAFT STRATEGIC PLANS; AND WHEN MAKING DECISIONS AFFECTING LOCALITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do these draft Regulations include the right groups of people?

Yes

☒

No

☐

2. If no, what other groups should be included within the draft Regulations?

3. Are there any further comments you would like to offer on these draft Regulations?

With respect to adult health and social care services question 2 above, it is difficult to conceive of an interest group or constituency that has not been given legitimacy within the draft regulations.

The new HSCPs need to be empowered to operate in a manner that is locally responsive and innovative, and not bogged-down in counter-productive and costly bureaucracy. So, for example, the requirement to establish a static strategic planning group is well intended but somewhat traditional and reductive given the volume of individuals who would have to be invited to attend meetings but who themselves are unlikely to (in practice) legitimately represent wider constituencies or communities of interest.

We would suggest that in keeping with the parallel legislation being progressed in respect of community empowerment/engagement (that the HSCP will be obliged to comply with in any case), it would be more constructive to emphasise the standard consultees (already articulated within the draft regulations) who the HSCP are obliged to engage with as part of strategic or locality planning – and it is for the Integrated Joint Board to hold the Chief Officer to account for how the HSCP does that within the context of local Community Planning arrangements.

ANNEX 2(A)

MEMBERSHIP, POWERS AND PROCEEDINGS OF INTEGRATION JOINT BOARDS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION PAPER

Section 12(1) of the Act provides for Scottish Ministers to make provision about the membership, proceedings and powers of Integration Joint Boards; the supply of services or facilities to Integration Joint Boards by a Local Authority or Health Board; the establishment of committees by Integration Joint Boards; the operation of committees of Integration Joint Boards and the delegation of functions conferred upon Integration Joint Boards by an Integration Scheme to the chief officer, any member of its staff or any committee.

The draft Order sets out the proposed membership, proceedings and arrangements for the Integration Joint Board. These include: the categories for membership and their participant lists; voting rights; chairperson and vice chairperson roles; contingency arrangements where there is a mismatch in voting arrangements; removal of voting members; multi-council arrangements; term of office; expenses; resignation and removal; disqualification; and, the creating of standing orders by the Integration Joint Board for the proceedings of the Integration Joint Board. Where it is necessary to do so, different provision is made for the case where the Integration Scheme has been prepared by the Health Board acting jointly with more than one Local Authority.

Membership:

The Order sets out two categories of membership for the Integration Joint Board. First, a category of voting members, made up of representatives nominated by the Health Board and Local Authority. Second, a category of non-voting advisory members, made up of a number of key prescribed representatives. The Order also provides for the Integration Joint Board to appoint such additional non-voting members as it sees fit.

The membership arrangements set out in the draft Order are intended to ensure parity in both membership and decision making for the Health Board and Local Authority. Therefore, it is proposed that:

- The Local Authority and the Health Board must nominate the same number of representatives to sit on the Integration Joint Board;
- The Health Board and the Local Authority must agree on the number of representatives that they will each nominate;
- The Health Board and Local Authority must put forward a minimum of three nominees each, however Local Authorities can require that the number of nominees is to be a maximum of 10% of their full council number;
- The Local Authority will nominate councillors to sit on the Integration Joint Board;
- The Health Board will primarily nominate non-executive directors to sit on the Integration Joint Board;
- A Health Board must have at least two non-executive directors on each of the Integration Joint Boards created within their geographical area;

- Where the Health Board is unable to fill all their places with non-executive directors they can then nominate other appropriate people, who must be members of the Health Board, to fill their spaces.

Scottish Ministers consider it appropriate for only the members nominated by the Health Board and the local authority to have a vote. The effect of this will be that the voting members are either democratically elected members of the Council or appointed by Scottish Ministers, via the Public Appointments system, to the Health Board and are therefore accountable by virtue of these robust and transparent mechanisms. This is not the case for other stakeholders. Therefore members who are appointed due to their professional role, or those representing other stakeholders, will not vote on decisions of the integration joint board.

The minimum non-voting advisory membership for each Integration Joint Board is:

- A registered health professional employed and nominated by the Health Board;
- Chief Social Work Officer;
- A staff-side representative;
- A third sector representative;
- A carer representative;
- A service user representative;
- Chief Officer.

In addition, other members may be appointed, as required, by the Integration Joint Board.

Chairperson and vice chairperson

The Health Board and the Local Authority, through the Integration Joint Board, have equal and joint responsibility for the delivery of integrated services. To ensure equality in voting, the voting members that the Health Board and Local Authority put forward will be equal in number. This could lead to a situation where the voting members are split evenly at a vote, causing a stalemate in the decision making.

To ensure that a stalemate cannot occur, the Chairperson and Vice Chairperson will be drawn from the Health Board and Local Authority voting members. If a Local Authority member is to serve as Chairperson, then the Vice Chairperson will be a member nominated by the Health Board and vice versa. To ensure that a stalemate cannot occur, the Chairperson will have a casting vote, in addition to their Integration Joint Board membership vote.

The appointment to Chairperson and Vice Chairperson is time-limited and carried out on a rotational basis. This will ensure equity in decision making over time. The Health Board and Local Authority have flexibility to determine how often the Chairperson and Vice Chairperson rotate, but they must rotate at least once every three years. At the end of the period determined by the Health Board and Local Authority, if a member nominated by the Local Authority has served as Chairperson, a member nominated by the Health Board will then be appointed to the Chair and vice versa.

Standing orders

This Order contains a Schedule, which sets out provisions which will require to be included in the standing orders prepared by each Integration Joint Board. These include provision in relation to calling meetings, notice of meetings, quorum, conduct of meetings, deputies, conflict of interest and records.

ANNEX 2(B)

MEMBERSHIP, POWERS AND PROCEEDINGS OF INTEGRATION JOINT BOARDS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Draft Order

2014 No.

HEALTH, SOCIAL CARE

**Public Bodies (Joint Working) (Proceedings, Membership and
General Powers of Integration Joint Boards) (Scotland) Order
2014**

Made - - - - - ***
Laid before the Scottish Parliament ***
Coming into force - - - - - *in accordance with article 1*

The Scottish Ministers make the following Order in exercise of the powers conferred on them by section 12 and 69(1) of the Public Bodies (Joint Working) (Scotland) Act 2014 (a) and all other powers enabling them to do so.

Citation, commencement and interpretation

1.—(1) This Order may be cited as the Public Bodies (Joint Working) (Proceedings, Membership and General Powers of Integration Joint Boards) (Scotland) Order 2014 and comes into force on *(tbc)*.

(2) In this Order—

“the Act” means the Public Bodies (Joint Working)(Scotland) Act 2014;

“chairperson” means the chairperson of the integration joint board for the time being appointed under article 4 or in accordance with arrangements made under article 6(b);

“service users” has the meaning provided by section 4(2) of the Act; and

“voting member” means a member appointed by virtue of article 3(1)(a), 3(1)(b), 5(1)(a) or 5(2)(b).

Application of this Order

2.—(1) Articles 3, 4 and 9 of this Order apply where the integration scheme is prepared under section 1(2) or 2(3) of the Act.

(2) Articles 5, 6 and 7 of this Order apply where an integration scheme is prepared under section 2(4) of the Act.

(3) Except as provided for by paragraphs (1) or (2), the provisions of this Order apply to all integration joint boards.

Membership where integration scheme prepared by one local authority

3.—(1) An integration joint board must include the following members—

(a) 2014 asp 9.

- (a) the number of councillors nominated by the local authority determined in accordance with paragraphs (3);
 - (b) the number of persons nominated by the Health Board determined in accordance with paragraph (3);
 - (c) the chief social work officer of the local authority;
 - (d) a registered health professional employed by, and chosen by, the Health Board;
 - (e) the chief officer of the integration joint board; and
 - (f) one person appointed by the integration joint board in respect of each of the groups described in paragraph (2).
- (2) The groups referred to in paragraph (1)(f) are:
- (a) staff of the constituent authorities engaged in the provision of services provided under integration functions;
 - (b) third sector bodies carrying out activities related to health or social care in the area of the local authority;
 - (c) service users residing in the area of the local authority; and
 - (d) persons providing unpaid care in the area of the local authority.
- (3) The number of persons to be nominated under article 3(1)(a) and (b) is—
- (a) three; or
 - (b) such number as the constituent authorities agree; or
 - (c) such number as the local authority specifies which does not exceed 10 per cent of the number of members of the local authority,
- whichever is the greatest.
- (4) Except where paragraph (5) applies, the members nominated by a Health Board under article 3(1)(b) must be non-executive directors of that Health Board.
- (5) If the Health Board is unable to nominate the number of non-executive directors determined in accordance with paragraph (3)—
- (a) it must nominate at least 2 non-executive directors; and
 - (b) the remainder of the persons nominated under article 3(1)(b) must be appropriate persons.
- (6) Subject to paragraph (7), the integration joint board may appoint such additional members as it sees fit.
- (7) An additional member appointed under paragraph (6) may not be a councillor or a non-executive director of the Health Board.
- (a) In this article,
 - “appropriate person” means a member of the Health Board, but does not include any person who is both a member of the Health Board and a councillor; and
 - “third sector bodies” includes non-commercial providers of health or social care, representative groups, interest groups, social enterprises and community organisations.

Appointment of chairperson and vice-chairperson where integration scheme prepared by one local authority

- 4.—(1) The constituent authorities must agree —
- (a) the period, not exceeding three years, for which an authority is to be entitled to appoint the chairperson (the “appointing period”); and
 - (b) which of them is to appoint the chairperson in the first appointing period.
- (2) The constituent authorities must alternate which of them is to appoint the chairperson in respect of each successive appointing period.

(3) The constituent authority which is not entitled to appoint the chairperson in respect of an appointing period must appoint the vice-chairperson of the integration joint board in respect of that period.

(4) A constituent authority may change the person appointed as chairperson or vice-chairperson during an appointing period.

(5) The local authority may only appoint as chairperson or vice-chairperson a member of the integration joint board nominated by it in accordance with article 3(1)(a).

(6) The Health Board may only appoint as chairperson or vice-chairperson a member of the integration joint board nominated by it in accordance with article 3(1)(b) who is a non-executive director of the Health Board.

Membership where integration scheme prepared by two or more local authorities.

5.—(1) Subject to paragraph (2), where an integration scheme is prepared by a Health Board jointly with more than one local authority under section 2(4) of the 2014 Act, the membership of the integration joint board is to be such as the Health Board and local authorities agree.

(2) The membership of an integration joint board to which this article applies must include the following members:

- (a) if the scheme is prepared by two local authorities, two councillors nominated by each local authority or, if the scheme is prepared by more than two local authorities, one councillor nominated by each local authority;
- (b) a number of persons nominated by the Health Board which is equal to the number of councillors required to be nominated under (a);
- (c) the chief social work officer of one of the local authorities;
- (d) a registered health professional employed by, and chosen by, the Health Board,
- (e) the chief officer of the integration joint board; and
- (f) one member appointed by the integration joint board in respect of each of the groups described in paragraph (3).

(3) The groups referred to in paragraph (2)(f) are:

- (a) staff of the constituent authorities engaged in the provision of services provided under integration functions;
- (b) third sector bodies carrying out activities related to health and social care for the area of the local authority;
- (c) service users in the area of the local authority; and
- (d) persons providing unpaid care in the area of the local authority.

(4) Except where paragraph (5) applies, the members nominated by a Health Board under article 5(2)(b) must be non-executive directors of that Health Board.

(5) If the Health Board is unable to nominate the number of non-executive directors required under article 5(2)(b)—

- (a) it must nominate at least two non-executive directors; and
- (b) the remainder of the persons nominated under that article must be appropriate persons.

(6) In this article—

“appropriate person” means a member of the Health Board, but does not include any person who is both a member of the Health Board and a councillor; and

“third sector bodies” includes non-commercial providers of health and social care, representative groups, interest groups, social enterprises and community organisations.

Appointment of chairperson and vice-chairperson where integration scheme prepared by two or more local authorities

6.—(1) The constituent authorities must agree —

- (a) the period, not exceeding three years, for which an authority is to be entitled to appoint the chairperson (the “appointing period”); and
- (b) whether the chairperson will be appointed by the Health Board or by one of the local authorities in the first appointing period.

(2) The appointment of the chairperson is to alternate between the Health Board and a local authority, so that in each second alternating appointing period the chairperson is appointed by the Health Board.

(3) The Health board, or as the case may be, a local authorities, which is not entitled to appoint the chairperson in respect of an appointing period must appoint the vice-chairperson of the integration joint board in respect of that period.

(4) A constituent authority may change the person appointed as chairperson or vice-chairperson during an appointing period.

(5) A local authority may only appoint as chairperson or vice-chairperson a member of the integration joint board nominated by it in accordance with article 3(1)(a).

(6) The Health Board may only appoint as chairperson or vice-chairperson a member of the integration joint board nominated by it in accordance with article 3(1)(b) who is a non-executive director of the Health Board.

Temporary vacancies where integration scheme prepared by two or more local authorities.

7. The arrangements in relation to temporary vacancies in membership are to be such as the constituent authorities agree.

Term of office of members

8.—(1) Subject to paragraph (2), the term of office of a member of the integration joint board member is to be determined by the constituent authorities, but is not to exceed three years.

(2) A member appointed under article 3(1)(c)-(f) or, as the case may be, article 5(2)(c)-(f) is to remain a member for as long as they hold the office in respect of which they are appointed.

(3) A member who is a councillor appointed on the nomination of the local authority is not required to resign before the expiry of the term of office determined under paragraph (1) only by reason of ceasing to be a councillor.

(4) At the end of a term of office determined under paragraph (1), a member may be reappointed for a further term of office.

(5) This article is subject to the effect of article 13 (resignation of members) and 14 (removal of members).

Voting

9.—(1) All questions put to a meeting of an integration joint board are to be decided by a majority of the voting members attending and voting at the meeting.

(2) If there is an equality of votes on any question put to a meeting of an integration joint board the chairperson or, in the absence of the chairperson, the vice-chairperson is to have a second or casting vote.

Temporary vacancies in voting membership

10.—(1) Where there is a temporary vacancy in the voting membership of the integration joint board, the vote which would be exercisable by a member appointed to that vacancy may be

exercised jointly by the other members nominated by the constituent authority which is entitled to nominate a member to fill the temporary vacancy.

(2) In this article a reference to a “temporary vacancy” means a vacancy in respect of which a constituent authority is required to nominate a person, but is unable for the time being to do so.

(3) Paragraph (4) applies where, due to two or more temporary vacancies, the number of members nominated by one of the constituent authorities under article 3(1)(a) or (b) is one, or a constituent authority has been unable to nominate any members, and where by virtue of article 4, the chairperson is to be appointed by that constituent authority.

(4) Where this paragraph applies the chairperson of the integration joint must be temporarily appointed by the other constituent authority.

(5) Where a temporary vacancy, or the circumstances in which paragraph (4) applies, persists for longer than six months the Chairperson of the integration joint board must notify the Scottish Ministers in writing of the reasons why the vacancy remains unfilled.

Effect of vacancy in membership

11. A vacancy in the membership of an integration joint board shall not invalidate anything done or any decision made by that integration joint board.

Disqualification

12.—(1) A person to whom paragraph (2) applies is disqualified from being a member of the integration joint board.

(2) The persons to who this paragraph applies are—

- (a) a person who has within the period of five years immediately preceding the proposed date of appointment as a member of the board been convicted in the United Kingdom, the Channel Islands, the Isle of Man or the Irish Republic of any offence in respect of which they have received a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine);
- (b) a person who has been removed or dismissed, other than by reason of redundancy, from any paid employment or office with a Health Board or local authority;
- (c) a person who is insolvent;
- (d) a person who has been removed from a register maintained by the registrar of a regulatory body, other than where the removal was voluntary;

(3) For the purposes of (2)(a) the date of conviction shall be deemed to be on the date on which the days of appeal expire without any appeal having been lodged, or if an appeal has been made, the date on which the appeal is finally disposed of or treated as having been abandoned.

(4) In this article:

- (a) a person is “insolvent” if:
 - (i) the person’s estate is sequestrated;
 - (ii) the person is adjudged bankrupt;
 - (iii) an individual voluntary arrangement proposed by the person is approved under Part VIII of the Insolvency Act 1986;
 - (iv) the person enters into a debt arrangement programme under Part I of the Debt Arrangement and Attachment (Scotland) Act 2002 as the debtor; or
 - (v) the person enters a trust deed for creditors;
 - (vi) a bankruptcy restrictions order has been made in respect of the person; or
 - (vii) the person has given a bankruptcy restrictions undertaking.
- (b) The term “registrar of a regulatory body” means the following:
 - the Registrar of Chiropractors;

the registrar of dentists and dental care professionals;
the registrar of the General Medical Council;
the registrar of the General Optical Council;
the Registrar of health professionals;
the Registrar of nurses and midwives;
the Registrar of Osteopaths;
the registrar of pharmacists; and
the Scottish Social Services Council.

- (c) A "voluntary" removal from a register maintained by a regulatory body includes removal by reason of retirement or otherwise ceasing to practice as a regulated professional.

Resignation of members

13.—(1) Subject to paragraph (3), a person may resign their membership of the integration joint board at any time by giving notice in writing to the chairperson.

(2) If a voting member gives notice under paragraph (1) the chairperson must inform the constituent authority which nominated that member.

(3) Paragraph (1) does not apply to a member appointed under article 3(1)(c)-(e) or, as the case may be, article 5(2)(c)-(e).

Removal of Members

14.—(1) A constituent authority may remove a member which it nominated by providing one month's notice in writing to the member and the chairperson.

(2) If a member has not attended three consecutive meetings of the integration joint board, and the absence was not due to illness or other reasonable cause, the integration joint board may remove the member from office by providing the member with one month's notice in writing.

(3) If the member acts in a way which brings the integration joint board into disrepute or in a way which is inconsistent with their membership of the board, the integration joint board may remove the member from office.

(4) If a member becomes disqualified under article 8 during a term of office they are to be removed from office.

(5) Paragraphs (1)-(4) do not apply to a member appointed under article 3(1)(c)-(f) or, as the case may be, article 5(2)(c)-(e).

Expenses

15. An integration joint board may pay to its members all reasonable expenses relating to travel and subsistence costs incurred by them in connection with their membership of the integration joint board.

Committees

16.—(1) An integration joint board may establish committees of its members for the purpose of carrying out such of its functions as the board may determine.

(2) When an integration joint board establishes a committee under (1), it must determine who will act as chairperson of that committee.

Remote participation in meetings

17.—(1) A meeting of the integration joint board or a committee of an integration joint board may be conducted either—

- (a) by all members being present together in the place specified in the notice of the meeting;
or
- (b) in any other way in which each member is enabled to participate despite not being present with other members.

(2) Participation in a meeting by virtue of paragraph (1)(b) is to be treated as attendance at that meeting.

Standing orders of the integration joint board

18.—(1) An integration joint board must make, and may amend, standing orders for the regulation of its procedure and business, and all meetings of the integration joint board or of a committee of the integration joint board shall be conducted in accordance with them.

(2) Standing orders prepared under paragraph (1) must include the matters set out in the Schedule and may include such additional provision as the integration joint board sees fit.

General powers of the integration joint board

19. An integration joint board may enter into a contract with any other person in relation to the provision to the integration joint board of goods and services for the purpose of carrying out functions conferred on it by the Act

St Andrew's House,
Edinburgh

Name
A member of the Scottish Government

SCHEDULE

Article 19

MATTERS TO BE INCLUDED IN STANDING ORDERS

Calling meetings

1.—(1) The first meeting of an integration joint board is to be convened at a time and place determined by the chairperson.

(2) The chairperson may call a meeting of the integration joint board at such times as they see fit.

(3) A request for a meeting of the integration joint board to be called may be made in the form of a requisition specifying the business proposed to be transacted at the meeting and signed by at least two thirds of the voting members, presented to the chairperson.

(4) If a request is made under paragraph (3) and the chairperson refuses to call a meeting, or does not call a meeting within 7 days after the making of the request, the members who signed the requisition may call a meeting.

(5) The business which may be transacted at a meeting called under paragraph (4) is limited to the business specified in the requisition.

Notice of meetings

2.—(1) Before each meeting of the integration joint board, or committee, a notice of the meeting specifying the time, place and business to be transacted at it signed by the chairperson or a member authorised by the chairperson to sign on the chairperson's behalf is to be delivered electronically to every member or sent to the usual place of residence of every member so as to be available to them at least three clear days before the meeting.

(2) A failure to serve notice of a meeting on a member in accordance with paragraph (1) shall not affect the validity of anything done at that meeting.

(3) In the case of a meeting of the integration joint board called by members in default of the chairperson the notice is to be signed by the members who requisitioned the meeting in accordance with paragraph 1(3).

Quorum

3. No business is to be transacted at a meeting of the integration joint board unless at least two thirds of the voting members nominated by the Health Board, and at least two thirds of the voting members nominated by the local authority, are present.

Conduct of meetings

4.—(1) At each meeting of the integration joint board, or a committee of the integration joint board, the chairperson, if attending the meeting, is to preside.

(2) If the chairperson is absent from a meeting of the integration joint board, the vice-chairperson is to preside.

(3) If the chairperson and vice-chairperson are both absent from a meeting of the integration joint board, a voting member chosen at the meeting by the other voting members attending the meeting is to preside but may not exercise a casting vote on any decision put to the meeting.

(4) If it is necessary or expedient to do so a meeting of the integration joint board, or of a committee, may be adjourned to another date, time or place.

Deputies

5.—(1) If a voting member is unable to attend a meeting of the integration joint board the constituent authority which nominated the member, is to use its best endeavours to arrange for a suitably experienced deputy, who is either a councillor or, as the case may be, a member of the Health Board, to attend the meeting.

(2) A deputy attending a meeting of the integration joint board under (1) may vote on decisions put to that meeting.

(3) If the chairperson or vice chairperson is unable to attend a meeting of the integration joint board, any deputy attending the meeting under (1) may not preside over, or exercise any casting vote at, that meeting.

Conflict of interest

6.—(1) If a member or any associate of theirs has any pecuniary or other interest, direct or indirect, in any item of business to be transacted at a meeting of the integration joint board, or a committee, which that member attends, that member shall disclose the nature of the interest and must not vote on any question with respect to that item of business.

(2) A member is not to be treated as having an interest in any item of business if it cannot reasonably be regarded as likely to significantly affect or influence the voting by that member on any question with respect to that item of business.

Records

7.—(1) A record must be kept of the names of the members attending every meeting of the integration joint board or committee.

(2) Minutes of the proceedings of a meeting of the integration joint board or a committee, including any decision made at that meeting are to be drawn up and submitted to the next ensuing meeting of the integration joint board or the committee for agreement after which they must be signed by the person presiding at that meeting.

EXPLANATORY NOTE

(This note is not part of the Order)

Integration joint boards may be established by the Scottish Ministers under section 9 of the Public Bodies (Joint Working)(Scotland) Act. This Order sets out provisions which will apply in relation to the membership, proceedings and operation of all integration joint boards so established.

Article 3 makes provision for the persons who must, and may, be included in the membership of an integration joint board where the integration joint board will operate only in a single local authority area. Paragraph (1) and (2) set out the persons who must be included, as a minimum, in all integration joint boards to which this article applies. This includes members to be nominated by the Health Board and local authority which prepared the integration joint board (the "constituent authorities"), holders of key posts within the constituent authorities or the integration joint board, and representatives of groups having an interest in the integration joint board. Paragraphs (3)-(7) set out arrangements for flexibility for an integration joint board to appoint additional members, or different member, to those provide for in paragraphs (1) and (2), in certain circumstances.

Article 4 provides for the chairperson and vice chairperson to be appointed from among the members nominated by each constituent authority. The constituent authorities will have responsibility for these appointments on an alternating basis, with the maximum term of appointment to be three years.

Article 5 makes provision for the persons who must, as a minimum, be included in the membership of an integration joint board which will operate in two or more local authority areas, and provides that additional members may be appointed as agreed between the constituent authorities. Article 6 makes provision for appointment of the chairperson to alternate between the health board on the one hand, and the local authorities on the other hand.

Article 8(1) provides that the term of office for members is not to exceed three years. An exception to this is set out in 8(2) where a person is a member by virtue of holding a particular post within a constituent authority or the integration joint board. In such circumstances, the member may remain in office as long as they hold the relevant post. Article 8(3) sets out that where a member is a councillor, and ceases to hold office as a councillor, they may continue to hold office as a member of the integration joint board. Article 8(4) clarifies that members may be appointed for more than one successive term of office. By virtue of Article 8(5), a member may resign or be removed during their term of office as provided for in this Order.

Articles 9 and 10 provide for voting on questions of the integration joint board, including in the circumstances where, due to vacancies in the membership, the constituent authorities are not represented equally in the membership. Article 11 clarifies that an integration joint board may continue to operate if there is a vacancy in its membership.

Article 12 sets out categories of persons who are disqualified from being appointed as a member.

Articles 13 and 14 provide for the resignation or removal of members.

Article 15 sets out the expenses that may be paid to members.

Article 16 confers powers on integration joint boards to establish committees and delegate functions to those committees. Article 17 makes provision to allow a meeting of a board, or a committee, to take place where members are participating remotely, for example by videoconference technology.

Article 18 imposes a requirement on each integration joint board to create its own standing orders, Paragraph (2) introduces the schedule which sets out certain matters that must be included in the standing orders of every integration joint board.

Articles 19 provides for all integration joint boards to be able to enter into contracts for the purpose of carrying out their functions, for example to obtain administrative support, accounting or legal services.

ANNEX 2(C)



MEMBERSHIP, POWERS AND PROCEEDINGS OF INTEGRATION JOINT BOARDS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

RESPONDENT INFORMATION FORM

Please Note this form **must** be returned with your response to ensure that we handle your response appropriately. **If you are responding to more than one set of regulations at the same time, you only need to complete this form once.**

1. Name/Organisation

Organisation Name

West Dunbartonshire Community Health & Care Partnership

Title Mr ☒ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Please tick as appropriate

Surname

Sengupta

Forename

Soumen

2. Postal Address

West Dunbartonshire Community Health & Care Partnership,

West Dunbartonshire Council, Garshake Road, Dumbarton.

Postcode
G82 3PU

Phone
01389 737321

Email
soumen.soumen.sengupta@ggc.scot.nhs.uk

3. Permissions - I am responding as...

Individual

/ Group/Organisation

☐

Please tick as appropriate

☒

- (a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate

☐ Yes ☐ No

- (c) The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

Please tick ONE of the following boxes

Yes, make my response, name and address all available ☐

or

Yes, make my response available, but not my name and address ☐

or

Yes, make my response and name available, but not my address ☐

Are you content for your **response** to be made available?

Please tick as appropriate

☒ Yes ☐ No

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate

☒ Yes

☐ No

4. Additional information – I am responding as:

4. Local Authority	West Dunbartonshire Council
16. Other – please specify	Community Health & Care Partnership

ANNEX 2(D)

MEMBERSHIP, POWERS AND PROCEEDINGS OF INTEGRATION JOINT BOARDS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Are there any additional non-voting members who should be included in the Integration Joint Board?

Yes

☒

No

☐

2. If you answered 'yes', please list those you feel should be included:

We have a practical concern about the sheer number of non-voting members identified, not least in terms of the effective functioning of meetings. It should also be noted that the stakeholder interests set out within the regulations are only for the minimum requirements/functions (i.e. do not give consideration to an equivalent representation of interests for children's services and criminal justice).

However, if this is the model of governance that HSCPs will have to work within, then the list should also include trade union/staff side representatives as non-voting members: one for local authority employees and one for the NHS health board employees, with the condition being that both of these representatives themselves work within the HSCP concerned.

We have a principled concern that a number of specific interest groups (e.g. independent and third sector organisations) are to be given a voice at the Integration Joint Board but without any reciprocal statutory mandate provided to the Chief Officer in respect of those sectors, agencies or organisations given the Chief Officer's leadership responsibility for the health and wellbeing of their local population.

We are also concerned about the unfair expectation on specific non-voting members in being able represent the diverse perspectives of wider constituencies in any meaningful fashion, most notably in relation to service user and carer representatives (and indeed unclear how providing such a visible voice in the Integration Joint Board to such discrete individuals would satisfy the requirements of the Equalities Act). We would suggest that in keeping with the parallel legislation being progressed in respect of community empowerment/engagement (that the HSCP will be obliged to comply with in any case), it would be more constructive to emphasise that HSCP are obliged to engage with relevant communities and also relevant groups representative of the protected characteristics set out within the Equalities Act as part of strategic or locality planning – and it is for the Integration Joint Board to hold the Chief Officer to account for how the HSCP does that within the context of local Community Planning arrangements.

3. Are there any other areas related to the operation of the Integration Joint Board that should also covered by this draft Order?

The draft Order directs that "*Where the Health Board is unable to fill all their places with non-executive directors they can then nominate other appropriate people, who must be members of the Health Board, to fill their spaces.*" We would not support that voting members should be present just to "fill spaces" and so the requirement should be that only non-executive directors can be voting members on behalf of NHS Boards.

We do support the proportion of voting members from Councils and NHS Boards who are required to attend for an Integration Joint Board meeting to be quorate.

4. Are there any further comments you would like to offer on this draft Order?

It is useful for the Scottish Government to have laid out a national model of matters to be included in the Standing Orders as this will establish and support equity and consistency across the partnerships sharing a NHS Board area as the legalities will be similar, if not the same, for most areas.

ANNEX (3A)

ESTABLISHMENT, MEMBERSHIP AND PROCEEDINGS OF INTEGRATION JOINT MONITORING COMMITTEES ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION PAPER

An integration joint monitoring committee is to be established by a Local Authority and Health Board where they have chosen to use a lead agency model of integration. Its purpose is to monitor the carrying out of integration functions for the area of the Local Authority. By doing this, the integration joint monitoring committee will hold the body or bodies to whom the functions are delegated to account for the delivery of integrated services and it will provide assurances to the Health Board and the Local Authority of the progress that is being made to achieve the national health and wellbeing outcomes. It will have the ability to write reports and make recommendations to the lead agency, where it sees fit, and is key to providing on-going scrutiny and joint accountability of the integrated arrangements.

The draft Order sets out provisions in relation to the membership, proceedings and general operation of all integration joint monitoring committees established under the Public Bodies (Joint Working) (Scotland) Act 2014.

Intended provisions as to membership and proceedings of the integration joint monitoring committee

Membership of the integration joint monitoring committee

The draft Order sets out a minimum requirement for the membership of the integration joint monitoring committee, but also allows flexibility for additional members to be added. It is intended that the minimum required membership will be:

- Three councillors nominated by the Local Authority;
- Three persons nominated by the Health Board (at least two non-executive directors and another member of the Health Board);
- The Chief Social Work Officer of the Local Authority;
- A registered health professional employed and nominated by the Health Board;
- Health Board Director of Finance (where the Integration Authority is the Health Board) or the Local Authority Section 95 Officer (where the Integration Authority is the Local Authority);
- Staff-side representative from the Health Board (where the Integration Authority is the Health Board) or a staff-side representative from the Local Authority (where the Integration Authority is the Local Authority);
- Third Sector representative;
- Service user representative; and
- Carer representative.

In addition, the integration joint monitoring committee may appoint any other members as the integration joint monitoring committee see fit.

The nominees from the Local Authority and the Health Board will be nominated directly to the integration joint monitoring committee by the Local Authority and the Health Board.

The officers of the Health Board and the Local Authority will be nominated because of the statutory role that they fulfil, in the case of the Chief Social Work Officer and the Local Authority officer, or because they have been identified by the Health Board as the appropriate person for the Clinical Director or Health Board Director of Finance.

This draft Order sets out that the integration joint monitoring committee is to seek and recruit the staff-side, third sector, carer and service user representatives once the integration joint monitoring committee is established. The Scottish Government will provide guidance about the most appropriate way of doing this and if there are key groups that should be involved.

Locally, the integration joint monitoring committee might wish to add additional members perhaps because they are a key stakeholder locally, or they wish to seek more representation from a particular group, or alternatively because the Integration Scheme includes delegation of functions beyond adult health and adult social care, which will require additional professional advice; for example, in relation to children's services, if those services are included in the Integration Scheme.

Appointment of the Chairperson

The draft Order requires the Health Board and the Local Authority to jointly agree who will chair the integration joint monitoring committee. It permits them to jointly change the chairperson, if required, by giving the chairperson one month's notice in writing.

Standing orders

This draft Order contains a Schedule, which sets out provisions which will require to be included in the standing orders prepared by each integration joint monitoring committee. These include provision in relation to calling meetings, notice of meetings, quorum, conduct of meetings, voting, deputies, conflict of interest and records.

ANNEX 3(B)

**ESTABLISHMENT, MEMBERSHIP AND PROCEEDINGS OF THE INTEGRATION
JOINT MONITORING COMMITTEES ESTABLISHED UNDER THE PUBLIC
BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

Draft Order

2014 No.

HEALTH, SOCIAL CARE

**The Public Bodies (Joint Working) (Membership and Operation
of Integration Joint Monitoring Committees) (Scotland) Order
2014**

Made - - - - - ***

Laid before the Scottish Parliament ***

Coming into force - - - in accordance with article 1

The Scottish Ministers make the following Order in exercise of the powers conferred on them by sections 17 and 69(1) of the Public Bodies (Joint Working) (Scotland) Act 2014(a) and all other powers enabling them to do so.

Citation, commencement and interpretation

1.—(1) This Order may be cited as The Public Bodies (Joint Working)(Membership and Operation of Integration Joint Monitoring Committees)(Scotland) Order 2014 and comes into force on *(tbc)*.

(2) In this Order—

“the Act” means the Public Bodies (Joint Working) (Scotland) Act 2014;

“chairperson” means the chairperson of the integration joint monitoring committee for the time being appointed under article 4 or, as the case may be, article 6; and

“nominated members” means the members of the integration joint monitoring committee appointed under article 3(1)(a) and (b) or, as the case may be, 5(1)(a) and (b).

Application of this Order

2.—(1) Article 3 applies only where an integration scheme is prepared under sections 1(2) or 2(3) of the Act.

(2) Article 4 applies only where an integration scheme is prepared under section 2(4) of the Act.

(3) Except as provided for by paragraphs (1) or (2), the provisions of this Order apply to all integration joint monitoring committees.

Membership where integration scheme prepared by one local authority

3.—(1) An integration joint monitoring committee established by a Health Board and local authority under section 15(3) of the 2014 Act must include the following members:

(a) three councillors nominated by the local authority;

(b) three persons nominated by the Health Board;

(a) 2014 ASP 9

- (c) the chief social worker officer of the local authority;
 - (d) a registered health professional employed by, and chosen by, the Health Board;
 - (e) where the integration authority is the local authority, or is the Health Board and local authority acting jointly, the proper officer of the local authority appointed under section 95 of the Local Government (Scotland) Act 1973;
 - (f) where the integration authority is the Health Board, or is the Health Board and local authority acting jointly, the Director of Finance of the Health Board;
 - (g) one member appointed by the integration joint monitoring committee as a representative of each of the groups described in paragraph (2).
- (2) The groups referred to in (1)(g) are:
- (a) where the integration authority is the Health Board, or is the Health Board and local authority acting jointly, staff of the Health Board engaged in the provision of services provided under integration functions
 - (b) where the integration authority is the local authority, or is the Health Board and local authority acting jointly, staff of the local authority engaged in the provision of services provided under integration functions;
 - (c) third sector bodies carrying out activities related to health or social care in the area of the local authority;
 - (d) users of health and social care services residing in the area of the local authority; and
 - (e) persons providing unpaid care in the area of the local authority.
- (3) Except where paragraph (4) applies, the persons nominated by the Health Board under article 3(1)(b) must be non-executive directors of that Health Board
- (4) If the Health Board is unable to nominate three non-executive directors—
- (a) it must nominate two non-executive directors and
 - (b) it must nominate an appropriate person.
- (5) The integration joint monitoring committee may appoint such additional members as it sees fit.
- (6) In this article
- “appropriate person” means a member of the Health Board, but does not include any person who is both a member of the Health Board and a councillor; and
- “third sector bodies” includes non-commercial providers of health and social care, representative groups, interest groups, social enterprises and community organisations.

Membership where integration scheme prepared by two or more local authorities

4.—(1) Subject to the provisions of this article, where an integration scheme is prepared by a Health Board jointly with more than one local authority under section 2(4) of the 2014 Act, the membership of the integration joint monitoring committee shall be as the health board and local authorities may agree.

(2) The membership of an integration joint monitoring committee to which this article applies shall include at least:

- (a) three councillors nominated by the local authorities, or if the integration scheme is prepared by more than three local authorities, one representative of each local authority;
- (b) three persons nominated by the Health Board
- (c) the chief social worker officer of one of the local authorities;
- (d) a registered health professional employed by, and chosen by, the Health Board;
- (e) Where the integration authority is a local authority, or is the Health Board and local authority acting jointly, the proper officer of that local authority appointed under section 95 of the Local Government (Scotland) Act 1973;

- (f) Where the Integration Authority is the Health Board, or is the Health Board and local authority acting jointly, the Director of Finance of the Health Board;
 - (g) one member appointed by the chairperson of the integration joint monitoring committee as a representative of each of the groups described in paragraph (3).
- (3) The groups referred to in (2)(g) are:
- (a) staff of the health board engaged in the provision of services provided under integration functions
 - (b) staff of the local authorities engaged in the provision of services provided under integration functions;
 - (c) third sector bodies carrying out activities related to health or social care in the area of the local authority;
 - (d) users of health and social care services residing in the area of the local authority; and
 - (e) persons providing unpaid care in the area of the local authority.
- (4) Except where paragraph (5) applies, the persons nominated by the Health Board under article 3(1)(b) must be non-executive directors of that Health Board
- (5) If the Health Board is unable to nominate three non-executive directors—
- (a) it must nominate two non-executive directors and
 - (b) it must nominate an appropriate person.
- (6) In this article—
- “appropriate person” means a member of the Health Board, but does not include any person who is both a member of the Health Board and a councillor; and
- “third sector bodies” includes non-commercial providers of health and social care, representative groups, interest groups, social enterprises and community organisations.

Term of office of members

- 5.—(1) Subject to paragraph (2), the term of office of a member of the integration joint monitoring committee is to be determined by the Health Board and local authority, but is not to exceed three years.
- (2) A member appointed under article 3(1)(c)-(f) or, as the case may be, article 4(2)(c)-(f) is to remain a member for as long as they hold the office in respect of which they are appointed.
- (3) A member who is a councillor appointed on the nomination of the local authority is not required to resign before the expiry of the term of office determined under paragraph (1) only by reason of ceasing to be a councillor.
- (4) At the end of a term of office determined under (1), a member may be reappointed for a further term of office.
- (5) This article is subject to the effect of article 9 (resignation of members) and article 10 (removal of members).

Appointment of Chairperson

- 6.—(1) When an integration joint monitoring committee is established, the Health Board and Local Authority must appoint a chairperson from among the nominated members.
- (2) The local authority and Health Board may by agreement, and where it is reasonably practicable to do so by providing one month's notice to the chairperson, change the member that is appointed as chairperson.

Vacancy in membership

7. A vacancy in the membership of an integration joint monitoring committee shall not invalidate anything done or any decision made by that committee

Disqualification

8.—(1) A person to whom paragraph (2) applies is disqualified from being a member of an integration joint monitoring committee.

(2) The persons to whom this paragraph applies are—

- (a) a person who has within the period of five years immediately preceding the proposed date of appointment been convicted in the United Kingdom, the Channel Islands, the Isle of Man or the Irish Republic of any offence in respect of which they have received a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine);
- (b) a person who has been removed or dismissed, other than by reason of redundancy, from any paid employment or office with a Health Board or local authority;
- (c) a person who is insolvent; or
- (d) a person who has been removed from a register maintained by the registrar of a regulatory body other than where the removal was voluntary.

(3) For the purposes of (2)(a) the date of conviction shall be deemed to be on the date on which the days of appeal expire without any appeal having been lodged, or if an appeal has been made, the date on which the appeal is finally disposed of or treated as having been abandoned.

(4) In this article:

- (a) a person is “insolvent” if—
 - (i) the person’s estate is sequestrated;
 - (ii) the person is adjudged bankrupt;
 - (iii) an individual voluntary arrangement proposed by the person is approved under Part VIII of the Insolvency Act 1986;
 - (iv) the person enters into a debt arrangement programme under Part I of the Debt Arrangement and Attachment (Scotland) Act 2002 as the debtor;
 - (v) the person enters a trust deed for creditors;
 - (vi) a bankruptcy restrictions order has been made in respect of the person; or
 - (vii) the person has given a bankruptcy restrictions undertaking.

(b) the term “registrar of a regulatory body” means the following—

The Registrar of Chiropractors;

The registrar of dentists and dental care professionals;

The registrar of the General Medical Council;

The registrar of the General Optical Council;

The Registrar of health professionals;

The Registrar of nurses and midwives;

The Registrar of Osteopaths;

The registrar of pharmacists; and

The Scottish Social Services Council; and

(c) a “voluntary” removal from a register maintained by a regulatory body includes removal by reason of retirement or otherwise ceasing to practice as a regulated professional.

Resignation of Members

9.—(1) A member may resign their membership of the integration joint monitoring committee at any time by giving notice in writing to the chairperson.

(2) If a nominated member gives notice under (1), the chairperson of the integration joint monitoring committee must give notice to the local authority or, as the case may be, Health Board which nominated the member.

Removal of members

10.—(1) A local authority or Health Board may remove a member which it nominated by providing one month's notice to the member in question and to the chairperson.

(2) If a member has not attended three consecutive meetings of the integration joint monitoring committee, and absence was not due to illness or other reasonable cause, the committee may remove the member by providing the member with one month's notice in writing.

(3) If a member has acted in a way which brings the integration joint monitoring committee into disrepute or in a way which is inconsistent with their membership of the committee, the committee may, with the agreement of the health board and local authority, and by giving notice in writing to the member in question, remove the member from office.

(4) If a member becomes disqualified under article 8 during a term of office they are to be removed from office.

(5) Paragraphs (1)-(4) do not apply to a member appointed under article 3(1)(c)-(f) or, as the case may be, article 4(2)(c)-(f).

Expenses of Members

11. An integration joint monitoring committee may pay to its members all reasonable expenses relating to travel and subsistence costs incurred by them in connection with their membership.

Remote participation in meetings of the integration joint monitoring committee

12.—(1) A meeting of the integration joint monitoring committee may be conducted either—

- (a) by all members being present together in a place specified in the notice of the meeting; or
- (b) in any other way in which each member is enabled to participate despite not being present with other members.

(2) Participation in a meeting by virtue of paragraph (1)(b) is to be treated as attendance at that meeting.

Standing Orders

13.—(1) An integration joint monitoring committee must make, and may amend, standing orders for the regulation of the its procedure and business, and all meetings and the proceedings of the integration joint monitoring committee shall be conducted in accordance with them.

(2) Standing orders prepared under (1) must include the matters set out in the Schedule and may include such additional provision as the integration joint monitoring committee thinks fit.

Name

A member of the Scottish Government

St Andrew's House,
Edinburgh

SCHEDULE

Article 13

MATTERS TO BE INCLUDED IN STANDING ORDERS

Calling meetings

1.—(1) The first meeting of an integration joint monitoring committee is to be convened at a time and place determined by the chairperson.

(2) The chairperson may call a meeting of the integration joint monitoring committee at such times as the chairperson sees fit.

(3) A request for a meeting of the integration joint monitoring committee to be called may be made in the form of a requisition specifying the business proposed to be transacted at the meeting, and signed by at least two thirds of the members, presented to the chairperson.

(4) If a request is made under paragraph (3) and the chairperson refuses to call a meeting, or does not call a meeting within 7 days after the making of the request, the members who signed the requisition may call a meeting.

(5) The business which may be transacted at a meeting called under sub-paragraph (4) is limited to the business specified in the requisition.

Notice of meetings

2.—(1) Before each meeting of the integration joint monitoring committee a notice of the meeting specifying the time, place and business to be transacted at it, signed by the chairperson or a member authorised by the chairperson to sign on the chairperson's behalf is to be delivered electronically to every member or sent to the usual place of residence of every member so as to be available to them at least three clear days before the meeting.

(2) A failure to serve notice of a meeting in accordance with sub-paragraph (1) does not affect the validity of anything done at that meeting.

(3) In the case of a meeting of the integration joint monitoring committee called by members in default of the chairperson the notice is to be signed by the members who requisitioned the meeting in accordance with paragraph 1(3).

Quorum

3. No business is to be transacted at a meeting of the integration joint monitoring committee unless at least two thirds of the nominated members are present.

Conduct of meetings

4.—(1) At each meeting of the integration joint monitoring committee the chairperson, if attending the meeting is to preside.

(2) If the chairperson is absent from a meeting, the person appointed by the committee as vice chairperson, or such other member as may be chosen by the members attending the meeting, is to preside.

(3) If it is necessary or expedient to do so a meeting of the integration joint monitoring committee may be adjourned to another date, time or place.

Voting

5. Every question at a meeting of the integration joint monitoring committee is to be determined by a majority of the votes of the members attending the meeting, and in the case of any equality of votes, the person presiding at the meeting is to have a second or casting vote.

Deputies

6.—(1) If a nominated member is unable to attend a meeting of the integration joint monitoring committee the Health Board or local authority which nominated that member is to use its best endeavours to arrange for a suitably experienced deputy to attend the meeting.

(2) A deputy attending a meeting of the integration joint monitoring committee may vote on decisions put to that meeting.

Conflict of interest

7.—(1) If a member or any associate of theirs has any pecuniary or other interest, direct or indirect, in any item of business to be transacted at a meeting of the integration joint monitoring committee at which that member is present, that member shall disclose the nature of the interest and must not vote on any question with respect to that item of business.

(2) A member is not to be treated as having an interest in any item of business if it cannot reasonably be regarded as likely to significantly affect or influence the voting by that member on any question with regard to that item of business.

Records

8.—(1) A record must be kept of the names of the members attending every meeting of the integration joint monitoring committee.

(2) Minutes of the proceedings of a meeting of the integration joint monitoring committee, including any decision or resolution made at that meeting are to be drawn up and submitted to the next ensuing meeting of the integration joint monitoring committee for agreement after which they must be signed by the person presiding at that meeting.

EXPLANATORY NOTE

(This note is not part of the Order)

This Order sets out provisions which will apply in relation to the membership, proceedings and operation of all integration joint monitoring committees established under section 15(3) of the Public Bodies (Joint Working) (Scotland) Act 2014.

Articles 3 and 4 makes provision for the persons who must, and may, be included in the membership of an integration joint monitoring committee, depending on whether the integration joint monitoring committee is established by a Health Board acting with one, or more than one, local authority. This includes members to be nominated by the Health Board and local authority which established the committee, holders of key posts within the Health Board and local authority board, and representatives of groups having an interest in the committee.

Article 5(1) provides that the term of office for members is not to exceed three years. An exception to this is set out in 5(2) where a person is a member by virtue of holding a particular post within a health board or local authority. In such circumstances, the member may remain in office as long as they hold the relevant post. Article 5(3) sets out that where a member is a councillor, and ceases to hold office as a councillor, they may continue to hold office as a member of the integration joint board. Article 5(4) clarifies that members may be appointed for more than one successive term of office. By virtue of Article 5(5), a member may resign or be removed during their term of office as provided for in this Order.

Article 6 provides for the chairperson of the committee to be appointed from among the members nominated by the Health Board and local authority.

Article 7 clarifies that an integration joint monitoring committee may continue to operate if there is a vacancy in its membership.

Article 8 sets out categories of persons who are disqualified from being appointed as a member.

Articles 9 and 10 provide for the resignation or removal of members.

Article 11 sets out the expenses that may be paid to members.

Article 12 makes provision to allow a meeting of a committee, to take place where members are participating remotely, for example by videoconference technology.

Article 13 imposes a requirement on each integration joint monitoring committee to create its own standing orders. Paragraph (2) introduces the Schedule which sets out certain matters that must be included in the standing orders of every integration joint board.

ANNEX 3(C)



The Scottish
Government
Riaghaltas na h-Alba

ESTABLISHMENT, MEMBERSHIP AND PROCEEDINGS OF INTEGRATION JOINT MONITORING COMMITTEES ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

RESPONDENT INFORMATION FORM

Please Note this form **must** be returned with your response to ensure that we handle your response appropriately. **If you are responding to more than one set of regulations at the same time, you only need to complete this form once.**

This section relates to only areas partnerships that have opted for a lead agency model, so is therefore not relevant for comment from or in relation to West Dunbartonshire.

ANNEX 4(A)

PRESCRIBED MEMBERSHIP OF STRATEGIC PLANNING GROUPS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION PAPER

The integration planning principles state that services should be “planned and led locally in a way which is engaged with the community (including those who look after service-users and those who are involved in the provision of health and social care)”.

The Public Bodies (Joint Working) (Scotland) Act requires the Integration Authority to prepare a strategic plan for the area of the Local Authority. A strategic plan is a document that sets out the arrangements for carrying out the integrated functions, and how these arrangements are intended to achieve the national health and wellbeing outcomes. Each strategic plan should last for three years, although the planning period of each plan can be longer (so an Integration Authority can set out a five year or a ten year plan but must renew it at least every three years). The plan should be subject to a continual cycle of analysis and review. As part of the strategic planning process, Integration Authorities will be required to:

- Embed patients/clients and their carers in the decision making process;
- Treat the third and independent sectors as key partners; and
- Involve GPs, other clinicians and social care professionals in all stages of the planning work, from the initial stages to the final draft.

Integration Authorities are required to establish a strategic planning group, which must be involved in all stages of developing and reviewing plans. Depending on the model of integration chosen, the group must involve members nominated by the Local Authority or the Health Board, or both. The Integration Authority will be required to involve a range of relevant stakeholders, to be prescribed by Scottish Ministers as having an interest. The Integration Authority can appoint others as it feels appropriate.

The draft Regulations state that the following people or groups of people within the Local Authority area must be represented by an individual on the strategic planning group (*with brief descriptions of each group*):

- Health professionals who operate within the Local Authority area (*this should be an individual, representative of health professionals, including doctors, nurses, allied health professionals etc*);
- Users of health care who reside within the Local Authority area (*this should be an individual, representative of people who use health or social care services*);
- Carers of users of health care who reside within the Local Authority area (*this should be an individual, representative of carers of people who use health services*);
- Commercial providers of health care who operate within the Local Authority area (*this should be an individual, representative of the independent ‘for profit’ providers of health care services*);

- Non-commercial providers of health care who operate within the Local Authority area *(this should be an individual, representative of 'third sector', 'voluntary' or 'not for profit' providers of health care services);*
- Social care professionals who operate within the Local Authority area *(this should be a social service professional, with relevant social care qualifications);*
- Users of social care who reside within the Local Authority area *(this should be an individual, representative of people who use social care services);*
- Carers of users of social care who reside within the Local Authority area *(this should be an individual, representative of carers of people who use social care services);*
- Commercial providers of social care who operate within the Local Authority area *(this should be an individual, representative of the independent 'for profit' providers of social care services);*
- Non-commercial providers of social care who operate within the Local Authority area *(this should be an individual, representative of 'third sector', 'voluntary' or 'not for profit' providers of social care services);*
- Non-commercial providers of social housing within the Local Authority area *(this should be an individual, representative of providers of social housing);*
- Third sector bodies within the Local Authority carrying out activities related to health or social care *(this should be an individual, representative of interest groups, social enterprises or community organisations who are active in the area of health or social care).*

This consultation provides the opportunity for formal comment on the draft Regulations.

ANNEX 4(B)

PRESCRIBED MEMBERSHIP OF STRATEGIC PLANNING GROUPS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Draft Regulations

2014 No.

HEALTH, SOCIAL CARE

**Public Bodies (Joint Working) (Membership of Strategic
Planning Group) (Scotland) Regulations 2014**

<i>Made</i> - - - -	***
<i>Laid before the Scottish Parliament</i>	***
<i>Coming into force</i> - -	***

The Scottish Ministers make the following Regulations in exercise of the powers conferred on them by section 32(2) of the Public Bodies (Joint Working) (Scotland) Act 2014 (a) and all other powers enabling them to do so.

Citation and commencement

1. These Regulations may be cited as The Public Bodies (Joint Working) (Membership of the Strategic Planning Group) (Scotland) Regulations 2014 and come into force on [date].

Prescribed groups of persons

2.—(1) The groups of persons listed in the Schedule are prescribed for the purposes of section 32(2) (establishment of strategic planning group).

(2) The groups of persons listed in the Schedule are only prescribed insofar as—

- (a) in the case of users of health care or social care, they reside within the local authority area;
- (b) in the case of carers of users of health or social care, they care for a person who resides within the local authority area; or
- (c) in any other case, they operate within the local authority area.

(3) In these Regulations, “third sector” includes representative groups, interest groups, social enterprises and community organisations.

St Andrew’s House,
Edinburgh
[Date]

Name
A member of the Scottish Government

SCHEDULE

Regulation 2

Groups of persons to be represented in the membership of a strategic planning group

Health professionals

Users of health care

Carers of users of health care

Commercial providers of health care

Non-commercial providers of health care

Social care professionals

Users of social care

Carers of users of social care

Commercial providers of social care

Non-commercial providers of social care

Non-commercial providers of social housing

Third sector bodies carrying out activities related to health or social care

EXPLANATORY NOTE

(This note is not part of the Order)

These Regulations prescribe groups of persons for the purposes of section 32(2) of the Public Bodies (Joint Working) (Scotland) Act 2014 (“the 2014 Act”).

Regulation 2(1) introduces the Schedule. The Schedule lists the groups of persons who appear to the Scottish Ministers to have an interest for the purposes of section 32(2). The effect of Regulation 2 is that an integration authority’s strategic planning group must include a representative of each of the groups of persons listed in the Schedule. Regulation 2(2) provides some limitations to the extent to which the groups are prescribed.

ANNEX 4(C)



PRESCRIBED MEMBERSHIP OF STRATEGIC PLANNING GROUPS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

RESPONDENT RESPONSE INFORMATION FORM

Please Note this form **must** be returned with your response to ensure that we handle your response appropriately. **If you are responding to more than one set of regulations at the same time, you only need to complete this form once.**

1. Name/Organisation

Organisation Name

West Dunbartonshire Community Health & Care Partnership

Title Mr ☒ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Please tick as appropriate

Surname

Sengupta

Forename

Soumen

2. Postal Address

West Dunbartonshire Community Health & Care Partnership,

West Dunbartonshire Council, Garshake Road, Dumbarton.

Postcode

G82 3PU

Phone

01389 737321

Email

soumen.soumen.sengupta@ggc.scot.nhs.uk

3. Permissions - I am responding as...

Individual

/ Group/Organisation

☐

Please tick as appropriate

☒

- (a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate

☐ Yes ☐ No

- (c) The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

Please tick ONE of the following boxes

Are you content for your **response** to be made available?

Please tick as appropriate

☒ Yes ☐ No

Yes, make my response, name and address all available ☐

or

Yes, make my response available, but not my name and address ☐

or

Yes, make my response and name available, but not my address ☐

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate

☒ Yes

☐ No

4. Additional information – I am responding as:

4. Local Authority	West Dunbartonshire Council
17. Other – please specify	Community Health & Care Partnership

ANNEX 4(D)

PRESCRIBED MEMBERSHIP OF STRATEGIC PLANNING GROUPS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. The draft Regulations prescribe the groups of people that should be represented on the strategic planning group. Do you think the groups of people listed are the right set of people that need to be represented on the strategic planning group?

Yes

☐

No

☒

2. If no, what changes would you propose?

With respect to question 1 above, it is difficult to conceive of an interest group or constituency that has not been given legitimacy within the draft regulations.

The new HSCPs need to be empowered to operate in a manner that is locally responsive and innovative, and not bogged-down in counter-productive and costly bureaucracy. So, for example, the requirement to establish a static strategic planning group is well intended but somewhat traditional and reductive given the volume of individuals who would have to be invited to attend meetings but who themselves are unlikely to (in practice) legitimately represent wider constituencies or communities of interest; or in the case of professional staff, be fully representative of all the disciplines or regulated groups that will be employed within the HSCP.

We would suggest that in keeping with the parallel legislation being progressed in respect of community empowerment/engagement (that the HSCP will be obliged to comply with in any case), it would be more constructive to emphasise the standard consultees (already articulated within the draft regulations) who the HSCP are obliged to engage with as part of strategic or locality planning – and it is for the Integration Joint Board to hold the Chief Officer to account for how the HSCP does that within the context of local Community Planning arrangements.

3. Are there any further comments you would like to offer on these draft Regulations?

-

ANNEX 5(A)

PRESCRIBED FORM AND CONTENT OF PERFORMANCE REPORTS RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION PAPER

The Public Bodies (Joint Working) (Scotland) Act 2014 gives Scottish Ministers the powers to set out the form and content of the annual performance report that all Integration Authorities are required to produce. These draft Regulations set out what Scottish Ministers intend to require that Integration Authorities include within the report.

The aim of these draft Regulations is to require that the key elements of the planning and delivery of integrated health and social care services are reported on, and also that there is a measure of national comparability between the reports, while retaining flexibility for each Integration Authority to reflect their local circumstances. In particular, these draft Regulations require that Integration Authorities report on:

- Progress to deliver the national health and wellbeing outcomes;
- Information on performance against key indicators or measures;
- How the strategic planning and locality arrangements have contributed to delivering services that reflect the integration principles;
- The details of any review of the strategic plan within the reporting year;
- Any major decisions taken out with the normal strategic planning mechanisms;
- An overview of the financial performance of the Integration Authority;
- The extent to which Integration Authorities have moved resources from institutional to community based care and support, by reference to changes in the proportion of the budget spent on each type of care and support.

And within a lead agency arrangement only:

- Any recommendations, and the response to those recommendations, made by the integration joint monitoring committee.

These elements will need to be reported on each year and, where applicable, there will also be a requirement for each annual report to include a comparison with at least the five preceding years.

ANNEX 5(B)

**PRESCRIBED FORM AND CONTENT OF PERFORMANCE REPORTS
RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT
2014**

Draft Regulations

2014 No.

HEALTH, SOCIAL CARE

The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014

Made - - - - - ***

Laid before the Scottish Parliament ***

Coming into force - - - *in accordance with article 1*

The Scottish Ministers make the following Regulations in exercise of the powers conferred on them by section 42(3) and 69(1) of the Public Bodies (Joint Working) (Scotland) Act 2014(a) and all other powers enabling them to do so.

Citation, commencement and interpretation

1.—(1) These Regulations may be cited as the Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 and come into force on *(tbc)*.

(2) In these Regulations —

“reporting year” has the same meaning as in section 42(8) of the Act;

“service users” has the same meaning as in section 4(2) of the Act; and

“the Act” means the Public Bodies (Joint Working) (Scotland) Act 2014

Prescribed content of performance report

2.—(1) A performance report prepared by an integration authority must include—

- (a) a description of the extent to which the arrangements set out in the strategic plan and the expenditure allocated in the financial statement have achieved, or contributed to achieving, the national health and wellbeing outcomes during the reporting year;
- (b) information about the integration authority’s performance against key indicators or measures in relation to the national health and wellbeing outcomes during the reporting year;
- (c) information about the way in which the arrangements set out in the strategic plan, and expenditure on those arrangements, have contributed to the provision of services in pursuance of integration functions in accordance with the integration delivery principles during the reporting year;
- (d) a description of the way in which the consultation and involvement of groups in decisions about localities under section 41 of the Act has contributed to compliance with the integration delivery principles during the reporting year, and

(a) 2014 asp 9.

an assessment of the effect that such consultation has had on decisions about the planning and delivery of health and social care services in pursuance of integrated functions in localities;

- (e) information about any significant decisions that have been made by the integration authority under section 36 of the Act during the reporting year;
- (f) information about financial performance, including in particular details of any underspend or overspend against the budget of the integration authority for the reporting year;
- (g) information about the way in which the amounts paid to the integration authority, or set aside for use by the integration authority have been used during the reporting year including in particular the total amount spent by, or under the direction of, the integration authority on each of the matters listed in (2); and
- (h) information setting out the proportion of the integration authorities total spend that was spent on each of the matters listed in (2).

(2) The matters are—

- (a) health care services provided in pursuit of integration functions to hospital inpatients;
- (b) health care services provided in pursuit of integration functions other than those provided to hospital inpatients;
- (c) social care services provided in pursuit of integration functions to service users who are provided with a care home service or adult placement service;
- (d) social care services provided in pursuit of integration functions to support unpaid carers in relation to needs arising from their caring role;
- (e) social care services provided in pursuit of integration functions which are not within (c) or (d) above; and

(3) A performance report must include, in respect of the information which is included in the report by virtue of regulation 2(1)(b), (g) and (h), a comparison between the reporting year and at least the 5 preceding reporting years.

(4) In this article—

“adult placement service” and “care home service” have the meaning ascribed to them by Schedule 12 to the Public Services Reform (S) Act 2010 ; and

“inpatient” means a patient whose treatment requires the patient to be admitted to, and remain in, the place of treatment overnight.

3. If, during the reporting year, the integration authority has carried out a review of the strategic plan, the performance report must include:

- (a) a statement of the reasons for carrying out the review;
- (b) a statement as to whether, following the review, a revised strategic plan was prepared by the integration authority; and
- (c) where a revised strategic plan was prepared, a description of the changes made in revising the strategic plan.

4. If, during the reporting year, a report prepared by an integration joint monitoring committee has included a recommendation as to how integration functions should be carried out, the performance report must include a list of all such recommendations, and the integration authority’s response to each recommendation.

5. A performance report prepared by an integration authority may include such other information relating to the performance of the integration authority during the reporting year as the integration authority thinks fit.

Name

A member of the Scottish Government

St Andrew's House,
Edinburgh

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations prescribe the content that is to be included in performance reports prepared by integration authorities under section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014. A performance report is to be prepared by each integration authority annually in respect of the preceding reporting year.

Regulation 2(1), read with 2(2), sets out matters that must be included in every performance report prepared by an integration authority. Regulation 2(3) requires that a performance report must include a comparison with previous reporting years in respect of certain of the prescribed matters.

Regulation 3 sets out matters that must be included in a performance report in the circumstances where an integration authority has carried out a review of its strategic plan during the reporting year.

Regulation 4 sets out matters that must be included in a performance report in the circumstances where an integration joint monitoring committee has made a recommendation to an integration authority during the reporting year.

Regulation 5 provides that, in addition to the matters which must be included by virtue of regulations 2-4, an integration authority may also include additional information about its performance during the reporting year in a performance report.

**PRESCRIBED FORM AND CONTENT OF PERFORMANCE REPORTS
RELATING TO THE PUBLIC BODIES (JOINT WORKING)
(SCOTLAND) ACT 2014**

RESPONDENT INFORMATION FORM

Please Note this form **must** be returned with your response to ensure that we handle your response appropriately. **If you are responding to more than one set of regulations at the same time, you only need to complete this form once.**

1. Name/Organisation

Organisation Name

West Dunbartonshire Community Health & Care Partnership

Title Mr ☒ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ **Please tick as appropriate**

Surname

Sengupta

Forename

Soumen

2. Postal Address

West Dunbartonshire Community Health & Care Partnership,

West Dunbartonshire Council, Garshake Road, Dumbarton.

Postcode

G82 3PU

Phone

01389 737321

Email

soumen.soumen.sengupta@ggc.scot.nhs.uk

3. Permissions - I am responding as...

Individual

☐

/ Group/Organisation

☒

Please tick as appropriate

- (a)** Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate

☐ Yes ☐ No

- (c)** The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

Please tick ONE of the following boxes

Yes, make my response, name and address all available ☐

or

Yes, make my response available, but not my name and address ☐

or

Yes, make my response and name available, but not my address ☐

Are you content for your **response** to be made available?

Please tick as appropriate

☒ Yes ☐ No

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate

☒ Yes

☐ No

4. Additional information – I am responding as:

4. Local Authority	West Dunbartonshire Council
18. Other – please specify	Community Health & Care Partnership

**PRESCRIBED FORM AND CONTENT OF PERFORMANCE REPORTS
RELATING TO THE PUBLIC BODIES (JOINT WORKING)
(SCOTLAND) ACT 2014**

CONSULTATION QUESTIONS

1. Do you agree with the prescribed matters to be included in the performance report?

Yes ☒

No ☐

2. If no, please explain why:

3. Are there any additional matters you think should be prescribed in the performance report?

Yes ☐

No ☒

4. If yes, please tell us which additional matters should be prescribed and why:

5. Should Scottish Ministers prescribe the form that annual performance reports should take?

Yes ☐

No ☒

6. If you answered yes, what form should Scottish Ministers prescribe?

7. Are there any further comments you would like to offer on these draft Regulations?

It is important that performance is reported and can be robustly scrutinised, and we believe that the draft prescribed content should enable this. However, it is also important to recognise – which the regulations as drafted currently do not – that for those HSCPS that incorporate more than the minimum functions their annual performance reports will also have to address those wider remits in a manner that is accessible (and which are prepared in a manner that does not encourage the creation or resourcing of a burdensome and complicated performance reporting “industry”).

We welcome the opportunity to de-clutter the wider performance information - such as HEAT and SOLACE targets - within the framework as this is an already busy landscape which would benefit from streamlining for purposes of clarity of accountability and minimisation of bureaucracy. As such, we would suggest that prescribed reports are given the status by Scottish Government of being Statutory Performance Reports, and as such would *replace* - rather than be in addition - to the current returns required of local authorities and NHS Boards.

In a similar vein, we would encourage the Scottish Government to consider a reduction in the number of currently silo-ed and increasingly over-lapping national audit/inspection/improvement bodies: such a reduction could be used to free-up much needed resource to be transferred to the new HSCPs to assist in meeting the costs of care given the predicted demographic changes over the coming years and the on-going period of fiscal austerity in which the public sector will be operating.

ANNEX 6

SET 2 – PROPOSALS FOR DRAFT REGULATIONS AND ORDERS RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

LIST OF CONSULTEES

Responses to this consultation are welcome from any individual or organisation with an interest. A range of groups and organisations, in relation to health and social care, have been invited to respond including those representing:

- CHP Association
- CHP Directors
- Clerk of the Health and Sports Committee
- CoSLA
- Council leaders
- Departmental Committee Liaison Officer
- Departments of Health (UK, Northern Ireland and Wales)
- Disability Rights Commission
- NHS Board Chairs
- NHS Chief Executives
- Professional Bodies
- Representative groups of carers and service users
- Representative groups of providers of housing and housing services
- Royal Colleges
- Scottish Government Library
- Scottish Members of the European Parliament
- SPICe Library
- The Equality and Human Rights Commission
- The Six Legal Deposit Libraries
- Third and independent sector organisations
- Trade Unions



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WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health & Care Partnership

Community Health and Care Partnership Committee: 20th August 2014

Subject: West Dunbartonshire CHCP Organisational Performance Review – Year End Feedback 2013/14

1. Purpose

- 1.1** The purpose of this report is to bring to the Committee's attention the feedback received from the Chief Executives of NHSGGC and West Dunbartonshire Council following the CHCP's year end Organisational Performance Review in June 2014.

2. Recommendations

- 2.1** The CHCP Committee are asked to note this report.

3. Background

- 3.1** Organisational Performance Reviews (OPR) are held every six months with each organisational entity within NHS Greater Glasgow and Clyde (NHSGGC); and represent key performance management milestones for each CHP/CHCP.
- 3.2** As Committee will recall, the West Dunbartonshire CHCP OPR is a joint process in relation to the totality of NHS Health Board and Council responsibilities. It is co-chaired by the Chief Executives of NHSGGC and West Dunbartonshire Council.

4. Main Issues

- 4.1** The performance information scrutinised during this OPR was as per the CHCP Year End Performance Review Report separately presented and considered by the CHCP Committee at its May 2014 meeting.
- 4.2** Following a very constructive and in-depth review session in June 2014, the CHCP Director received a formal and positive feedback letter in July 2014 (Appendix 1) broadly reinforcing the encouraging reception that Committee will recall it gave to the Year End Performance Review Report at its previous meeting.
- 4.3** The OPR feedback has been considered by the CHCP Senior Management Team, with all of the areas identified for on-going action addressed within the current CHCP Strategic Plan 2014/15 (as approved by the CHCP Committee).

5. People Implications

5.1 There are no specific personnel issues associated with this report.

6. Financial Implications

6.1 There are no specific financial issues associated with this report.

7. Risk Analysis

7.1 No risk assessment was necessary to accompany this report.

8. Equalities Impact Assessment (EIA)

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

9. Consultation

9.1 None required.

10. Strategic Assessment

10.1 The issues considered through the OPR process address the following strategic priorities of the Council:

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



Keith Redpath

Director of the Community Health & Care Partnership

Person to Contact: Soumen Sengupta
Head of Strategy, Planning and Health Improvement.
West Dunbartonshire Community Health & Care
Partnership, West Dunbartonshire CHCP HQ, West
Dunbartonshire Council, Garshake Road, Dumbarton,
G82 3PU.

E-mail: soumen.sengupta@ggc.scot.nhs.uk

Telephone: 01389 737321

Appendices: West Dunbartonshire CHCP Organisational Performance
Review: 9th June 2014 – Letter & Action Note from Robert
Calderwood and Joyce White dated 30 July 2014

Background Papers: None

Wards Affected: All

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Keith Redpath
Director
West Dunbartonshire CH(C)P
West Dunbartonshire Council Offices
Garshake Road
Dumbarton
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Date: 30 July 2014
Our Ref: RC/JW/RD/KRedpath300714

Enquiries to: Robert Calderwood
Direct Line: 0141-201 4642
E-mail: robert.calderwood@ggc.scot.nhs.uk

Dear Keith

**WEST DUNBARTONSHIRE CHCP END OF YEAR ORGANISATIONAL PERFORMANCE
REVIEW: 9 JUNE 2014**

Please find attached the Organisation Performance Review (OPR) action note confirming the actions discussed at your end of year OPR. We will consider progress against each of these at the next OPR.

Firstly, we would like to thank you and your management team for providing a comprehensive overview of the CHCPs end of year performance. The OPR identified a number of areas where progress had been made particularly in relation to the completion and opening of the new Vale Centre for Health and Care on time and within budget and the subsequent design awards the Centre has won or been nominated for, the progress in relation to a number of key performance areas including health improvement, anticipatory care planning, criminal justice, homecare and personal care services, the Early Years Collaborative and your efforts to continue to reduce prescribing costs per weighted patient and sickness absence.

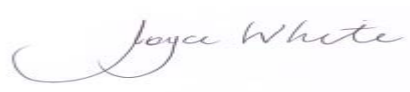
The OPR also identified a number of areas for improvement including access to Primary Care Mental Health Teams, narrowing the inequality gap between the least and most deprived communities in terms of breastfeeding, oral health, smoking in pregnancy and bowel screening and the pressing need to confirm an improvement trajectory for bed days lost to delayed discharge for the next 6 – 9 months. Based on the positive progress to date, we are confident that improvements will be made against each of the areas before we next meet.

Finally, we agreed to consider arranging a joint meeting between the Council, Health and CHCP to discuss and consider some of the current plans and opportunities relating to the North West option.

Yours sincerely



Robert Calderwood
Chief Executive
NHS Greater Glasgow and Clyde



Joyce White
Chief Executive
West Dunbartonshire Council

Enc

**WEST DUNBARTONSHIRE CHCP END OF YEAR ORGANISATIONAL PERFORMANCE REVIEW:
9 JUNE 2014**

1	WIDER MANAGEMENT RESPONSIBILITIES AND CAPITAL PROJECTS
1.1	Vale Centre for Health and Care – you confirmed the Vale Centre formally opened on 27 November 2013 and won the ‘best design category’ at the Health Facilities Scotland Award 2013.
1.2	Clydebank Health Centre – you confirmed that a site had been made available at a cost of £1.00 for the new Health Centre. The funding package is expected to comprise 85% of the revenue uplift from the Scottish Government and the CHCP can cover the remaining 15% revenue costs. Invitations to bid are expected in June 2014 and a decision is expected before the September 2014.
1.3	Criminal Justice – you confirmed the funding formula was based on a three year retrospective workload and was more equitable. Discussions are currently underway regarding the viability and potential alternative options for developing a partnership approach to criminal justice.
1.4	MSK Waits – the panel noted the significant positive progress that has been made on a range of service issues.
2	EARLY INTERVENTION AND PREVENTING ILL HEALTH
2.1	PCMHT Waits – the staffing issues experienced have now been resolved and performance will improve.
2.2	Smoking In Pregnancy/Breastfeeding (Deprived Areas) – action to improve performance in tackling inequalities is being picked up through the work of the Early Years Collaborative.
3	RESHAPING CARE FOR OLDER PEOPLE
3.1	Bed Days Lost to Delayed Discharge – performance was disappointing for an integrated CHCP and you agreed to draft a clear improvement trajectory to work towards over the next six months and to sharpen the legal processes for Adults With Incapacity.
4	IMPROVING QUALITY, EFFICIENCY AND EFFECTIVENESS
4.1	Primary Care Prescribing – you agreed to remain focussed on the individual outlying practices to deliver improved performance.
5	TACKLING INEQUALITIES
5.1	EQIA's – you will reflect your 2013-14 completed EQIA's on NHSGG&C's website.
6	EQUALITY OUTCOMES
6.1	Equality Outcomes – you agreed to work with the CIT during 2014-15 to develop specific action on the equality outcomes and how services can improve their response to people with protected characteristics.
7	EFFECTIVE ORGANISATION
7.1	Sickness Absence – the panel noted the positive focus on reduced levels of sickness

	absence.
7.2	KSF/PDP – you agreed to ensure effort was focussed on improving the KSF/PDP uptake rate.
7.3	Council Budget – you confirmed there was a robust review process in place to consider the first quarter's financial position and ensure performance remained within budget.

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of WD Community Health & Care Partnership

WD Community Health & Care Partnership Committee: 20 August 2014

Subject: Financial Report 2013/14 as at Period 3 (30 June 2014)

1. Purpose

- 1.1** The purpose of the report is to provide the Committee with an update on the financial performance of the WD Community Health & Care Partnership to 30 June 2014 (Period 3).

2. Recommendations

- 2.1** The Committee is asked to note the contents of this report which shows:
- (a) A potential full year adverse revenue variance of £0.739m (1% of budget); and the actions in hand to reduce the variance
 - (b) the current position regarding capital projects.

3. Background

Revenue

- 3.1** At the meeting of West Dunbartonshire Council on 6 February 2014, Members agreed the revenue estimates for 2014/2015, including a total net CHCP budget of £60.229m. Since then the following budget adjustments have taken place revising the budget to £59.942m.

Budget Agreed by Council 6 February 2014	£60.229m
Allocation of Council wide travel & subsistence saving	(£0.061m)
Allocation of Corporate training saving	(£0.021m)
Allocation of Council wide overtime saving	(£0.205m)
Revised Budget	£59.942m

Capital

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

New format

3.3 A new method of reporting has been developed for both revenue and capital monitoring. The main changes for revenue are:

- The new format focuses on a forecast year end position rather than a year to date position.
- The reporting threshold for variances has been increased to £50,000 of the anticipated year end variance.
- Variance analysis now contains details of the main issue, mitigating action and anticipated outcome.
- Graphical representations have been added to the report in the form of bar graphs and pie charts as noted below.
 - Analysis of Alert status by Service Area – this pie chart shows the number of services which have nil variances, favourable variances or adverse variances shown as a percentage of all services.
 - Total Budget 2014/15 vs Forecast Spend 2014/15 – this bar graph provides a comparison of budget to forecast spend for 2014/15 for each service with budget shown as a bar and forecast spend shown as a solid line.

3.4 The main changes with the new monitoring format for capital are as noted below:

- The new format provides an overview of the capital programme as a whole with an analysis of the percentage of projects at each alert status as noted below:

Red
Projects are forecast to be overspent and/or significant delay to completion
Amber
Projects are either at risk of being overspent and/or delay in completion (although this is unquantifiable at present) or the project has any issues that require to be reported at this time
Green
Projects are on target both in relation to overall budget and the forecast stages in the project life cycle and no issues are anticipated at this time

- Only red and amber status projects are reported in detail, however green status projects will be provided as a background paper for review if required.
- Projects are still analysed on a current year and project life basis, however where projects commenced prior to the inception of the 10 year capital plan in February 2013 prior year financial information is included to enable a complete project overview to be provided.

- Projects analysis now contains details of the main issue, mitigating action and anticipated outcome.
- Graphical representations have been added to the report in the form of bar graphs and pie charts for both the whole project life and current year as noted below.
 - Analysis of Alert status by Project Number – these pie charts show the number of capital projects which are at each alert shown as a percentage of the total number of capital projects.
 - Analysis of Alert status by Project Spend – these pie charts show the number of capital projects which are at each alert shown as a percentage of the total spend on all capital projects.
 - Variance Analysis for each status – these bar graphs provide an overview of the total variance for each status expressed as both a value and a percentage of the total budget

4. Main Issues

Revenue Budget

- 4.1** The current departmental budgetary position is summarised in Appendix 1, with a more detailed analysis by service in Appendix 2.
- 4.2** The overall projected full year variance is £0.739m adverse . More information and all individual variances of over £50,000 are detailed in Appendix 3.

Capital

- 4.3** The current progress on the capital plan is shown in Appendices 4 to 7.
- 4.4** The overall CHCP programme summary report at Appendix 4 shows that due to slippage in the building of the new care homes , the planned expenditure and resource for 2014/15 is projected to show slippage of £7.769m while the same data for the project life shows a small underspend over all projects of £0.008m. The present variances should be viewed in the knowledge that there are a number of variable factors which could arise between now and project end dates which could affect the overall capital programme.
- 4.5** Appendix 5 provides graphical analysis of the overall capital programme.
- 4.6** Appendix 6 details financial analysis of projects at amber status, with additional information on action being taken to minimise or mitigate slippage and/or overspends where possible.

5. People Implications

- 5.1** There are no direct people implications.

6. Financial Implications

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

7. Risk Analysis

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

8. Equalities Impact Assessment (EIA)

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

9. Consultation

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

10. Strategic Assessment

- 10.1** Proper budgetary control and sound financial practice are cornerstones of good governance and support Council and officers to pursue the 5 strategic priorities of the Council's Strategic Plan. This report forms part of the financial governance of the Council.

Keith Redpath

Director of WD Community Health & Care Partnership

Date:

Person to Contact: Janice Rainey - Business Unit Finance Partner (CHCP),
Garshake Road, Dumbarton, G82 3PU, telephone: 01389
737704, e-mail janice.rainey@west-dunbarton.gov.uk

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

Background Papers: Ledger output – period 3

General Services Revenue Estimates 2014/15

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

Corporate Services Capital Plan - Analysis of Projects at
Green Status

Wards Affected: All

WEST DUNBARTONSHIRE COUNCIL
CHCP CAPITAL PROGRAMME
OVERALL PROGRAMME SUMMARY

APPENDIX 4

MONTH END DATE 30 June 2014

PERIOD 3

Project Status Analysis

Red
Projects are forecast to be overspent and/or experience material delay to completion
Amber
Projects are either at risk of being overspent and/or experiencing delay in completion (although this is unquantifiable at present) or the project has any issues that require to be reported at this time
Green
Projects are on target both in relation to overall budget and the forecast stages in the project life cycle and no issues are anticipated at this time
TOTAL EXPENDITURE

Project Life Status Analysis			
Number of Projects at RAG Status	% Projects at RAG Status	Spend to Date £000	% Project Spend at RAG Status
2	40%	295	39%
1	20%	22	3%
2	40%	432	58%
5	100%	749	100%

Current Year Project Status Analysis			
Number of Projects at RAG Status	% Projects at RAG Status	Spend to Date £000	% Project Spend at RAG Status
2	40%	2	9%
1	20%	1	5%
2	40%	19	86%
5	100%	22	100%

Project Status Analysis

Red
Projects are forecast to be overspent and/or significant delay to completion
Amber
Projects are either at risk of being overspent and/or delay in completion (although this is unquantifiable at present) or the project has any issues that require to be reported at this time
Green
Projects are on target both in relation to overall budget and the forecast stages in the project life cycle and no issues are anticipated at this time
TOTAL EXPENDITURE

Project Life Financials			
Budget £000	Spend to Date £000	Forecast Spend £000	Forecast Variance £000
22,105	295	22,105	0
712	22	712	0
1,222	432	1,214	(8)
24,039	749	24,031	(8)

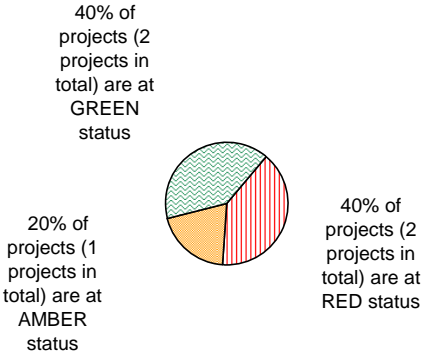
Current Year Financials					
Budget £000	Spend to Date £000	Forecast Spend £000	Forecast Variance £000	Slippage/Acceleration £000	Over/ (Under) £000
8,862	2	1,093	(7,769)	(7,769)	0
691	1	691	0	0	0
801	19	801	0	0	0
10,354	22	2,585	(7,769)	(7,769)	0

MONTH END DATE 30 June 2014

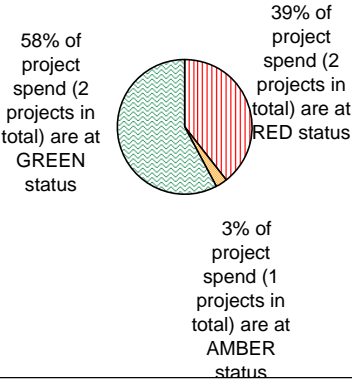
PERIOD 3

Project Life Graphs

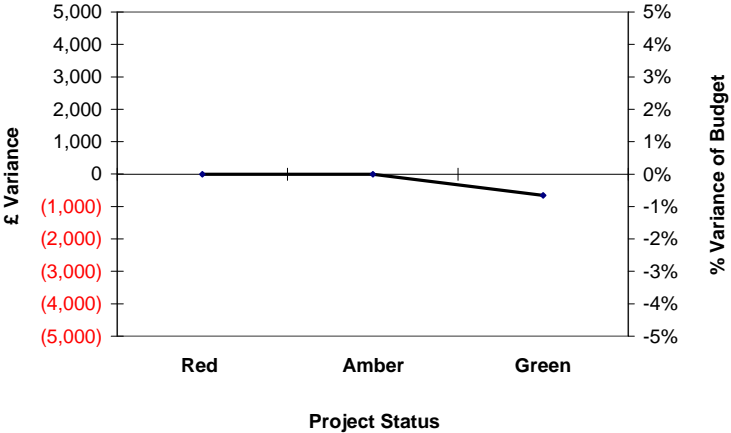
Analysis of Alert Status by Project Number



Analysis of Alert Status by Project Spend

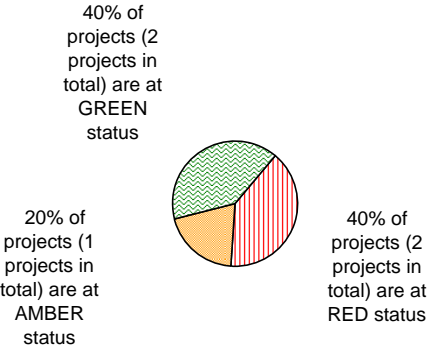


Variance Analysis for each Status

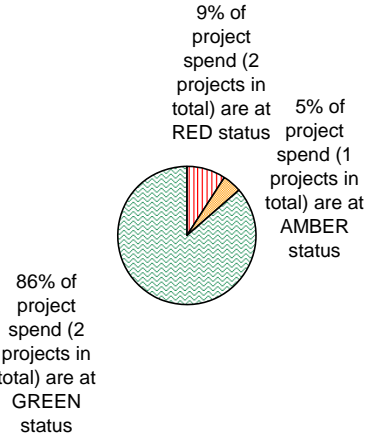


Current Year Graphs

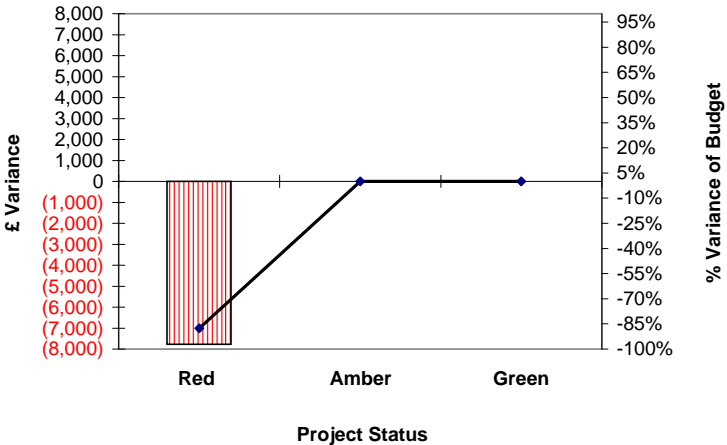
Analysis of Alert Status by Project Number



Analysis of Alert Status by Project Spend



Variance Analysis for each Status



WEST DUNBARTONSHIRE COUNCIL
CHCP CAPITAL PROGRAMME
ANALYSIS OF PROJECTS AT RED ALERT STATUS

APPENDIX 6

MONTH END DATE 30 June 2014

PERIOD 3

Project Details		Project Life Financials					Project Status Details		
Project Name	Project Manager	Budget	Spend to Date	% Spend to Date	Forecast Spend	Forecast Variance			
		£000	£000		£000	£000			
Replace Elderly Care Homes & Day Care Centres		Chris McNeill							
Project Life Financials		21,950	173	1%	21,950	0	Main Issues	<u>General</u> - 2014/15 budget is unlikely to be spent in full	
Current Year Financials		8,829	2	0%	1,060	(7,769)		<u>Dumbarton</u> - Programme of enabling works due to start September 2014 with construction programme currently due to start March 2015 and conclude by June 2016.	
								<u>Clydebank</u> - Queen's Quay has been identified as preferred site although a final formal agreement is still to be concluded with the current land owner. Contractors have been appointed and it is hoped that development will take place in conjunction with new NHS funded health centre for Clydebank. A construction programme will be established when NHS funding timeframes become clearer (this information is expected to be available by the end of the calendar year) Once established the programme is anticipated to take 15 months but may have later completion date than June 2016	
Project Description									
Design and construction of replacement elderly care homes and day care centres in Dumbarton and Clydebank areas							Mitigating Action	<u>Dumbarton</u> - There is a possibility that this project could be accelerated by a number of weeks. Project is being delivered in partnership with HubCo which is a staged relationship which must be signed off by the CHCP Director at specified points in timeline. Discussions are currently taking place between CHCP and LARS to confirm whether any acceleration in legally possible in terms of the HubCo agreement and the timelines for planning permission.	
								<u>Clydebank</u> - Council Estates Section and Legal Department to liaise closely with land owner to conclude negotiations in timely manner. Negotiations have been ongoing since March 2014. The project board will require to determine the maximum timeframe within which the development of the care home can be delayed.	
Project Lifecycle Information								Anticipated Outcome	<u>Dumbarton</u> - Development will proceed in accordance with the revised programme.
Planned End Date	11 December 2015		Forecast End Date		30 June 2016		<u>Clydebank</u> - Development will proceed in tandem with development of new health centre.		

WEST DUNBARTONSHIRE COUNCIL
CHCP CAPITAL PROGRAMME
ANALYSIS OF PROJECTS AT RED ALERT STATUS

APPENDIX 6

MONTH END DATE 30 June 2014

PERIOD 3

Project Details		Project Life Financials					Project Status Details	
Project Name	Project Manager	Budget	Spend to Date	% Spend to Date	Forecast Spend	Forecast Variance		
		£000	£000		£000	£000		
Upgrade of Information Systems	Jackie Pender						Main Issues	Training and inputting onto the system due to commence August 2014. This new system will integrate with Care First system in CHCP. September will be a key milestone for the project in terms of going live. Forecast end date has slipped due to supplier resources not being available. A new project manager has now been appointed and initiated the training dates.
Project Life Financials		155	122	79%	155	0		
Current Year Financials		33	0	0%	33	0		
Project Description							Mitigating Action	To maintain communication lines with the supplier and ensure new dates are adhered to.
Project covers Document Management, - electronic filing of client information and the implementation of this.								
Project Lifecycle Information							Anticipated Outcome	Project is delivered by end of November. All paper records will be held electronically which will increase storage capacity and security. Ensures compliance with Public Records Act.
Planned End Date	31 March 2014		Forecast End Date	30 November 2014				
TOTAL PROJECTS AT RED STATUS								
Project Life Financials		22,105	295	1%	22,105	0		
Current Year Financials		8,862	2	0%	1,093	(7,769)		

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

APPENDIX 7

MONTH END DATE 30 June 2014

PERIOD 3

Project Details		Project Life Financials						
Project Name	Project Manager	Budget	Spend to Date	% Spend to Date	Forecast Spend	Forecast Variance	Project Status Details	
		£000	£000		£000	£000		
Service Redesign Bruce St Centre	David Elliott							
Project Life Financials		712	22	3%	712	0	Main Issues	Previous delays were as a result of additional works and the need for budget approval. These issues are now resolved
Current Year Financials		691	1	0%	691	0		
Project Description								
This budget is to establish a new disability learning facility as a replacement for Auchentoshan							Mitigating Action	The project is being closely monitored by a project management group. A site meeting takes place every two weeks. The general manager –LD – retains management oversight of the project
Project Lifecycle Information							Anticipated Outcome	Following handover, the centre will reopen with state of the art facilities providing a fit for purpose resource for the WD area.
Planned End Date	31 March 2014		Forecast End Date		14 September 2014			

TOTAL PROJECTS AT AMBER STATUS						
Project Life Financials		712	22	3%	712	0
Current Year Financials		691	1	0%	691	0

MONTH END DATE

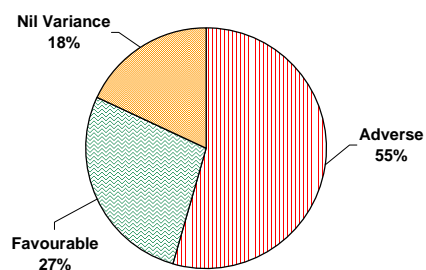
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PERIOD

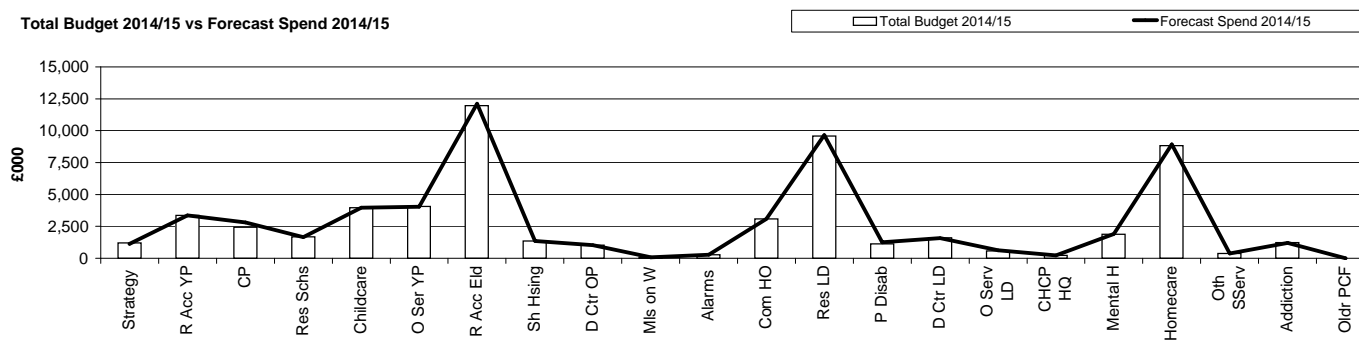
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Actual Outturn 2013/14	Department Summary	Total Budget 2014/15	Spend to Date 2014/15	% Spend to Date of Total Budget	Forecast Spend 2014/15	Forecast Variance 2014/15	RAG Status
£000		£000	£000	%	£000	£000	%
1,173	Strategy, Planning & Health Improvement	1,214	268	22%	1,134	(80)	-7%
2,986	Residential Accommodation for Young People	3,353	837	25%	3,368	15	0%
2,733	Community Placements	2,424	770	32%	2,804	380	16%
2,157	Residential Schools	1,692	363	21%	1,648	(44)	-3%
4,030	Childcare Operations	3,970	776	20%	3,972	2	0%
3,660	Other Services - Young People	4,056	709	17%	4,027	(29)	-1%
11,738	Residential Accommodation for Elderly	11,974	2,947	25%	12,119	145	1%
1,455	Sheltered Housing	1,353	395	29%	1,358	5	0%
1,056	Day Centres Older People	1,023	210	21%	1,037	14	1%
77	Meals on Wheels	88	8	10%	88	0	0%
290	Community Alarms	287	37	13%	286	(1)	0%
2,909	Community Health Operations	3,076	714	23%	3,088	12	0%
9,199	Residential Learning Disability	9,570	1,990	21%	9,655	85	1%
1,302	Physical Disability	1,117	299	27%	1,259	142	13%
1,417	Day Centres Learning Disability	1,615	269	17%	1,569	(46)	-3%
1,006	Other Services Disability	569	61	11%	634	65	11%
277	CHCP HQ	230	43	19%	230	0	0%
1,721	Mental Health	1,885	310	16%	1,896	11	1%
9,468	Homecare	8,840	2,275	26%	8,941	101	1%
365	Other Specific Services	366	(2)	-1%	366	0	0%
1,125	Addiction Services	1,240	386	31%	1,203	(37)	-3%
0	Older Peoples Change Fund	0	12	0%	0	0	0%
60,144	Total Net Expenditure	59,942	13,678	23%	60,681	739	1%

Analysis of Alert Status by Service Area



Total Budget 2014/15 vs Forecast Spend 2014/15



MONTH END DATE 30 June 2014
PERIOD 3

Actual Outturn 2013/14	Service Summary	Total Budget 2014/15	Spend to Date 2014/15	% Spend to Date	Forecast Spend 2014/15	Forecast Variance 2014/15	RAG Status
£000		£000	£000	%	£000	£000	%
36,345	Employee	35,811	7,931	22%	36,011	200	1%
1,151	Property	975	232	24%	989	14	1%
1,655	Transport and Plant	1,258	117	9%	1,297	39	3%
1,223	Supplies, Services and Admin	1,156	200	17%	1,155	(1)	0%
33,651	Payments to Other Bodies	33,924	5,722	17%	34,239	315	1%
846	Other	881	379	43%	1,026	145	16%
74,871	Gross Expenditure	74,005	14,582	20%	74,717	712	1%
(14,727)	Income	(14,064)	(904)	6%	(14,036)	27	0%
60,144	Net Expenditure	59,942	13,678	23%	60,681	739	1%
£000	Strategy, Planning & Health Improvement G01	£000	£000	%	£000	£000	%
1,202	Employee	1,299	251	19%	1,219	(80)	-6%
71	Property	0	1	0%	0	0	0%
4	Transport and Plant	5	1	20%	5	0	0%
15	Supplies, Services and Admin	15	8	53%	15	0	0%
97	Payments to Other Bodies	75	8	11%	75	0	0%
0	Other	0	0	0%	0	0	0%
1,389	Gross Expenditure	1,394	269	19%	1,314	(80)	-6%
(216)	Income	(180)	(1)	1%	(180)	(0)	0%
1,173	Net Expenditure	1,214	268	22%	1,134	(80)	-7%
£000	Residential Accommodation for Young People G02	£000	£000	%	£000	£000	%
2,370	Employee	2,245	543	24%	2,280	35	2%
59	Property	57	17	30%	57	0	0%
17	Transport and Plant	12	2	17%	12	0	0%
173	Supplies, Services and Admin	152	33	22%	152	0	0%
410	Payments to Other Bodies	931	219	24%	911	(20)	-2%
0	Other	0	24	0%	0	0	0%
3,029	Gross Expenditure	3,397	838	25%	3,412	15	0%
(43)	Income	(44)	(1)	2%	(44)	(0)	1%
2,986	Net Expenditure	3,353	837	25%	3,368	15	0%
£000	Community Placements G02	£000	£000	%	£000	£000	%
0	Employee	0	0	0%	0	0	0%
0	Property	0	0	0%	0	0	0%
43	Transport and Plant	34	2	6%	34	0	0%
2	Supplies, Services and Admin	4	1	25%	4	0	0%
2,688	Payments to Other Bodies	2,386	767	32%	2,766	380	16%
0	Other	0	0	0%	0	0	0%
2,733	Gross Expenditure	2,424	770	32%	2,804	380	16%
0	Income	0	0	0%	0	0	0%
2,733	Net Expenditure	2,424	770	32%	2,804	380	16%
£000	Residential Schools G03	£000	£000	%	£000	£000	%
0	Employee	0	0	0%	0	0	0%
0	Property	0	0	0%	0	0	0%
117	Transport and Plant	100	0	0%	100	0	0%
0	Supplies, Services and Admin	0	0	0%	0	0	0%
2,040	Payments to Other Bodies	1,592	363	23%	1,548	(44)	-3%
0	Other	0	0	0%	0	0	0%
2,157	Gross Expenditure	1,692	363	21%	1,648	(44)	-3%
0	Income	0	0	0%	0	0	0%
2,157	Net Expenditure	1,692	363	21%	1,648	(44)	-3%

MONTH END DATE 30 June 2014
PERIOD 3

Actual Outturn 2013/14	Service Summary	Total Budget 2014/15	Spend to Date 2014/15	% Spend to Date	Forecast Spend 2014/15	Forecast Variance 2014/15	RAG Status
£000	Childcare Operations G04	£000	£000	%	£000	£000	%
3,478	Employee	3,518	749	21%	3,521	3	0%
36	Property	34	3	9%	34	0	1%
85	Transport and Plant	74	14	19%	61	(13)	-18%
57	Supplies, Services and Admin	57	3	5%	57	(0)	0%
535	Payments to Other Bodies	263	1	0%	275	12	5%
31	Other	30	6	20%	30	0	0%
4,222	Gross Expenditure	3,976	776	20%	3,978	2	0%
(192)	Income	(6)	0	0%	(6)	0	0%
4,030	Net Expenditure	3,970	776	20%	3,972	2	0%
£000	Other Services - Young People G05	£000	£000	%	£000	£000	%
2,083	Employee	1,934	427	22%	1,943	9	0%
46	Property	24	1	4%	24	0	0%
159	Transport and Plant	103	17	17%	103	0	0%
41	Supplies, Services and Admin	56	5	9%	56	0	0%
1,452	Payments to Other Bodies	1,962	225	11%	1,917	(45)	-2%
13	Other	33	34	103%	40	7	21%
3,794	Gross Expenditure	4,112	709	17%	4,083	(29)	-1%
(134)	Income	(56)	0	0%	(56)	0	0%
3,660	Net Expenditure	4,056	709	17%	4,027	(29)	-1%
£000	Residential Accommodation for Elderly G06	£000	£000	%	£000	£000	%
7,349	Employee	6,728	1,613	24%	6,958	230	3%
360	Property	327	97	30%	327	0	0%
17	Transport and Plant	8	2	25%	8	0	0%
427	Supplies, Services and Admin	368	71	19%	368	0	0%
7,584	Payments to Other Bodies	7,940	1,534	19%	7,856	(84)	-1%
0	Other	0	1	0%	11	11	0%
15,737	Gross Expenditure	15,371	3,318	22%	15,528	157	1%
(3,999)	Income	(3,397)	(371)	11%	(3,409)	(12)	0%
11,738	Net Expenditure	11,974	2,947	25%	12,119	145	1%
£000	Sheltered Housing G07	£000	£000	%	£000	£000	%
1,422	Employee	1,392	311	22%	1,397	5	0%
12	Property	12	8	67%	12	0	0%
9	Transport and Plant	6	3	50%	6	0	0%
11	Supplies, Services and Admin	14	3	21%	14	0	0%
445	Payments to Other Bodies	377	70	19%	377	0	0%
	Other	0	0	0%	0	0	0%
1,899	Gross Expenditure	1,801	395	22%	1,806	5	0%
(444)	Income	(448)	0	0%	(448)	0	0%
1,455	Net Expenditure	1,353	395	29%	1,358	5	0%
£000	Day Centres Older People G08	£000	£000	%	£000	£000	%
614	Employee	622	134	22%	620	(2)	0%
22	Property	22	2	9%	22	0	0%
328	Transport and Plant	289	10	3%	305	16	6%
58	Supplies, Services and Admin	56	9	16%	56	0	0%
137	Payments to Other Bodies	135	72	53%	135	0	0%
	Other	0	0	0%	0	0	0%
1,159	Gross Expenditure	1,124	227	20%	1,138	14	1%
(103)	Income	(101)	(17)	17%	(101)	0	0%
1,056	Net Expenditure	1,023	210	21%	1,037	14	1%

MONTH END DATE **30 June 2014**
PERIOD **3**

Actual Outturn 2013/14	Service Summary	Total Budget 2014/15	Spend to Date 2014/15	% Spend to Date	Forecast Spend 2014/15	Forecast Variance 2014/15	RAG Status
£000	Meals on Wheels G09	£000	£000	%	£000	£000	%
	Employee	0	0	0%	0	0	0%
	Property	0	0	0%	0	0	0%
6	Transport and Plant	12	0	3%	12	0	0%
58	Supplies, Services and Admin	62	8	13%	62	0	0%
14	Payments to Other Bodies	14	0	0%	14	0	0%
0	Other	0	0	0%	0	0	0%
78	Gross Expenditure	88	8	9%	88	0	0%
(1)	Income	(1)	0	0%	(1)	0	0%
77	Net Expenditure	88	8	10%	88	0	0%
£000	Community Alarms G10	£000	£000	%	£000	£000	%
182	Employee	175	36	21%	174	(1)	-1%
0	Property	0	0	0%	0	0	0%
14	Transport and Plant	15	1	7%	15	0	0%
0	Supplies, Services and Admin	1	0	0%	1	0	0%
94	Payments to Other Bodies	96	0	0%	96	0	0%
	Other	0	0	0%	0	0	0%
290	Gross Expenditure	287	37	13%	286	(1)	0%
	Income	0	0	0%	0	0	0%
290	Net Expenditure	287	37	13%	286	(1)	0%
£000	Community Health Operations G11	£000	£000	%	£000	£000	%
2,504	Employee	2,785	602	22%	2,798	13	0%
299	Property	290	63	22%	300	10	3%
31	Transport and Plant	24	6	25%	24	0	0%
73	Supplies, Services and Admin	66	22	33%	66	0	0%
65	Payments to Other Bodies	82	21	26%	71	(11)	-13%
1	Other	1	0	25%	1	0	0%
2,973	Gross Expenditure	3,248	714	22%	3,260	12	0%
(64)	Income	(172)	0	0%	(172)	0	0%
2,909	Net Expenditure	3,076	714	23%	3,088	12	0%
£000	Residential Learning Disability G12	£000	£000	%	£000	£000	%
1,972	Employee	1,970	476	24%	1,965	(5)	0%
134	Property	98	20	20%	102	4	4%
94	Transport and Plant	69	15	22%	69	0	0%
36	Supplies, Services and Admin	34	7	21%	34	0	0%
10,258	Payments to Other Bodies	10,787	1,525	14%	10,782	(5)	0%
245	Other	230	111	48%	303	73	32%
12,739	Gross Expenditure	13,188	2,154	16%	13,255	67	1%
(3,540)	Income	(3,618)	(164)	5%	(3,600)	18	0%
9,199	Net Expenditure	9,570	1,990	21%	9,655	85	1%
£000	Physical Disability G13	£000	£000	%	£000	£000	%
0	Employee	0	0	0%	0	0	0%
0	Property	0	0	0%	0	0	0%
50	Transport and Plant	5	0	0%	25	20	400%
	Supplies, Services and Admin	0	0	0%	0	0	0%
1,150	Payments to Other Bodies	994	156	16%	1,034	40	4%
342	Other	363	143	39%	445	82	23%
1,542	Gross Expenditure	1,362	299	22%	1,504	142	10%
(240)	Income	(245)	0	0%	(245)	0	0%
1,302	Net Expenditure	1,117	299	27%	1,259	142	13%

WEST DUNBARTONSHIRE COUNCIL
REVENUE BUDGETARY CONTROL 2014/2015
CHCP DETAIL

APPENDIX 2

MONTH END DATE 30 June 2014
PERIOD 3

Actual Outturn 2013/14	Service Summary	Total Budget 2014/15	Spend to Date 2014/15	% Spend to Date	Forecast Spend 2014/15	Forecast Variance 2014/15	RAG Status
£000	Day Centres Learning Disability G14	£000	£000	%	£000	£000	%
1,100	Employee	1,207	244	20%	1,161	(46)	-4% ↑
42	Property	47	11	23%	47	0	0% →
283	Transport and Plant	356	11	3%	356	0	0% →
60	Supplies, Services and Admin	55	8	15%	55	0	0% →
2	Payments to Other Bodies	3	0	0%	3	0	0% →
	Other	0	0	0%	0	0	0% →
1,487	Gross Expenditure	1,668	274	16%	1,622	(46)	-3% ↑
(70)	Income	(53)	(5)	9%	(53)	0	0% →
1,417	Net Expenditure	1,615	269	17%	1,569	(46)	-3% ↑
£000	Other Services Disability G15	£000	£000	%	£000	£000	%
174	Employee	0	1	0%	0	0	0% →
0	Property	0	0	0%	0	0	0% →
199	Transport and Plant	0	0	0%	0	0	0% →
108	Supplies, Services and Admin	120	8	7%	119	(1)	-1% ↓
543	Payments to Other Bodies	471	122	26%	554	83	18% ↑
17	Other	18	0	0%	1	(17)	-94% ↑
1,041	Gross Expenditure	609	131	22%	674	65	11% ↓
(35)	Income	(40)	(70)	175%	(40)	0	0% →
1,006	Net Expenditure	569	61	11%	634	65	11% ↓
£000	CHCP HQ G16	£000	£000	%	£000	£000	%
144	Employee	163	37	23%	163	0	0% →
7	Property	7	0	0%	7	0	0% →
1	Transport and Plant	1	0	0%	1	0	0% →
48	Supplies, Services and Admin	22	6	27%	22	0	0% →
181	Payments to Other Bodies	141	0	0%	141	0	0% →
	Other	0	0	0%	0	0	0% →
381	Gross Expenditure	334	43	13%	334	0	0% →
(104)	Income	(104)	0	0%	(104)	0	0% →
277	Net Expenditure	230	43	19%	230	0	0% →
£000	Mental Health G17	£000	£000	%	£000	£000	%
889	Employee	920	210	23%	930	10	1% ↓
1	Property	0	0	23%	0	0	0% →
16	Transport and Plant	13	3	33%	13	0	0% →
3	Supplies, Services and Admin	3	1	5%	3	0	0% →
1,992	Payments to Other Bodies	2,200	107	0%	2,179	(21)	-1% ↑
0	Other	0	0	10%	0	0	0% →
2,901	Gross Expenditure	3,136	321	10%	3,125	(11)	0% ↑
(1,180)	Income	(1,251)	(11)	16%	(1,229)	22	0% ↓
1,721	Net Expenditure	1,885	310	16%	1,896	11	1% ↓
£000	Homecare G19	£000	£000	%	£000	£000	%
9,803	Employee	9,702	2,055	21%	9,754	52	1% ↓
5	Property	0	0	0%	0	0	0% →
160	Transport and Plant	125	25	20%	125	0	0% →
43	Supplies, Services and Admin	61	6	10%	61	0	0% →
2,077	Payments to Other Bodies	1,656	255	15%	1,716	60	4% ↓
192	Other	206	60	29%	195	(11)	-5% ↑
12,280	Gross Expenditure	11,750	2,401	20%	11,851	101	1% ↓
(2,812)	Income	(2,910)	(126)	4%	(2,910)	(0)	0% ↑
9,468	Net Expenditure	8,840	2,275	26%	8,941	101	1% ↓

WEST DUNBARTONSHIRE COUNCIL
REVENUE BUDGETARY CONTROL 2014/2015
CHCP DETAIL


APPENDIX 2

MONTH END DATE **30 June 2014**
PERIOD **3**

Actual Outturn 2013/14	Service Summary	Total Budget 2014/15	Spend to Date 2014/15	% Spend to Date	Forecast Spend 2014/15	Forecast Variance 2014/15	RAG Status
£000	Other Specific Services G20	£000	£000	%	£000	£000	%
	Employee	0	16	0%	0	0	0% →
	Property	0	0	0%	0	0	0% →
	Transport and Plant	0	0	0%	0	0	0% →
(1)	Supplies, Services and Admin	0	0	0%	0	0	0% →
366	Payments to Other Bodies	366	0	0%	366	0	0% →
0	Other	0	0	0%	0	0	0% →
365	Gross Expenditure	366	16	4%	366	0	0% →
0	Income	0	(18)	0%	0	0	0% →
365	Net Expenditure	366	(2)	-1%	366	0	0% →
£000	Addiction Services G21	£000	£000	%	£000	£000	%
476	Employee	519	104	20%	512	(7)	-1% ↑
57	Property	57	9	16%	57	0	0% →
7	Transport and Plant	7	1	14%	7	0	0% →
11	Supplies, Services and Admin	10	1	10%	10	0	0% →
1,219	Payments to Other Bodies	1,263	271	21%	1,233	(30)	-2% ↑
0	Other	0	0	0%	0	0	0% →
1,770	Gross Expenditure	1,856	386	21%	1,819	(37)	-2% ↑
(645)	Income	(616)	0	0%	(616)	0	0% →
1,125	Net Expenditure	1,240	386	31%	1,203	(37)	-3% ↑
£000	Older Peoples Change Fund G24	£000	£000	%	£000	£000	%
583	Employee	632	122	19%	616	(16)	-3% ↑
	Property	0	0	0%	0	0	0% →
15	Transport and Plant	0	4	0%	16	16	0% ↓
	Supplies, Services and Admin	0	0	0%	0	0	0% →
302	Payments to Other Bodies	190	6	3%	190	0	0% →
5	Other	0	0	0%	0	0	0% →
905	Gross Expenditure	822	132	16%	822	0	0% →
(905)	Income	(822)	(120)	15%	(822)	0	0% →
0	Net Expenditure	0	12	0%	0	0	0% →

30 June 2014

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Budget Details		Project Life Financials					
Service Area	Budget Holder	Budget	Spend to Date	% Spend to Date of Total Budget	Forecast Spend	Forecast Variance	RAG Status
		£000	£000	%	£000	£000	%
Community Health and Care Partnership							
Strategy, Planning & Health Improvement	Soumen Sengupta	1,214	268	22%	1,134	(80)	-7% 
Service Description							
This service area is cost of Quality Assurance, Performance and Information , Strategy and Policy and Health Improvement teams							
Variance Narrative							
Main Issues	Underspend in staffing costs due to vacancies						
Mitigating Action							
Anticipated Outcome	An underspend on employee costs for the year is still anticipated						

30 June 2014

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Budget Details		Project Life Financials					
Service Area	Budget Holder	Budget	Spend to Date	% Spend to Date of Total Budget	Forecast Spend	Forecast Variance	RAG Status
Community Placements	Jackie Irvine	2,424	770	32%	2,804	380	16% ↓
Service Description							
This service area is the cost of fostering / adoption / kinship carers							
Variance Narrative							
Main Issues	Continuing high numbers of children in fostering combined with reduction in our own fostering parents availability. Increasing number of our own carers are taking the children they currently foster on a permanent basis in the face of them not finding a suitable family elsewhere which is good outcome for the children but reduces the availability of resources/placements. As a result of this shortage, placements are having to made using more expensive external fostering agencies . Adoption arrangement costs are also higher due to fees requiring to be paid to other local authorities in respect of requiring adopting parents from other areas.						
Mitigating Action	Current fostering recruitment campaign underway to increase available WDC foster parents						
Anticipated Outcome	Despite recent campaign , there will still be a need to continue to use external and independent placements for the foreseeable future which are inevitably more costly						
Residential Accommodation for Elderly	Chris McNeill	11,974	2,947	25%	12,119	145	1% ↓
Service Description							
This service area is the provision of both WDC and external care homes for the elderly							
Variance Narrative							
Main Issues	Cost of cover for absence and vacancies is higher than anticipated partially offset by lower than expected expenditure on external placements						
Mitigating Action	Ongoing work in respect of absence management to reduce need for cover .Also looking at ensuring lowest cost option for cover is utilised at all times						
Anticipated Outcome	It is anticipated that in light of the overspend to date , the year position will be an overspend. The actions to be taken should ensure the overspend is kept as low as possible						
Residential Learning Disability	John Russell	9,570	1,990	21%	9,655	85	1% ↓
Service Description							
This service area is the provision of residential based services for clients with a Learning Disability							
Variance Narrative							
Main Issues	Direct Payment costs are higher than anticipated due to additional clients and client contributions for housing support services have also reduced						
Mitigating Action	Review to ensure all client contribution assessment are up to date and continued monitoring of all placements to try and identify any resources which could become available to offset the cost of additional clients						
Anticipated Outcome	At this early stage in the year it is difficult to predict demand changes						

30 June 2014

3

Budget Details		Project Life Financials						RAG Status
Service Area	Budget Holder	Budget	Spend to Date	% Spend to Date of Total Budget	Forecast Spend	Forecast Variance		
Physical Disability	Chris McNeill	1,117	299	27%	1,259	142	13%	↓
Service Description								
This service area is the provision of services to clients with a Physical Disability								
Variance Narrative								
Main Issues	Overspend on Direct Payments due to two new clients . Also overspend on transport costs / Payments to other bodies due to delay in expected transfer of some clients from out of authority service provision to WDC provision							
Mitigating Action	The transfer of out of authority clients is currently being progressed and should be actioned in August . Continued monitoring of all care packages to try and identify any resources which could become available to offset the cost of additional clients							
Anticipated Outcome	Until review of clients is carried out it cannot be determined if there will be sufficient scope to reduce this overspend							
Other Services Disability	Chris McNeill	569	61	11%	634	65	11%	↓
Service Description								
This service area is cost of aids and housing support for clients with a disability								
Variance Narrative								
Main Issues	Increased cost of housing support following review of services required .							
Mitigating Action	Continuing review to ensure that we are receiving value for money from service providers							
Anticipated Outcome	It is expected that it will not be possible to reduce this overspend.							
Homecare	Chris McNeill	8,840	2,275	26%	8,941	101	1%	↓
Service Description								
This service area is the provision of both internal and externally provided homecare								
Variance Narrative								
Main Issues	Higher than anticipated overtime and agency usage required to cover for sickness, vacancies and holidays							
Mitigating Action	A bank of supply staff are currently being trained . This will reduce the need for overtime to be utilised when cover required							
Anticipated Outcome	If absence rates improve and supply staff are utilised it is hoped that this overspend may reduce							

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health and Care Partnership

Community Health and Care Partnership Committee: 20th August 2014

Subject: Financial and Capital Works Report for the period ended 30 June 2014 (NHS Only)

1. Purpose

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

2. Recommendations

The Committee is asked to note the content of the Financial and Capital Works Report for the period ended 30 June 2014.

3. Main Issues:

Board Financial Planning for 2014/15 and beyond

- 3.1** The Board submitted the draft financial plan to Scottish Government Health and Social Care Directorate ('SGHSCD') in February 2014, as part of its Local Delivery Plan submission. The Board then submitted an update to the draft plan to SGHD in March 2014, again as part of the Local Delivery Plan submission.
- 3.2** The Director of Finance has overseen the process of developing the financial plan. Board Members were updated on progress in January and given the opportunity to comment and advise. Following further discussions the plans were scrutinised by the Quality and Performance Committee in May 2014 with a follow up to discuss risk management in June at the Board seminar. The plan was then approved by the NHS Board at its meeting on 17 June 2014.
- 3.3** The plan identifies a Cash Releasing Efficiency Savings ('CRES') requirement of £32.9m for 2014/15. Of this total £18.9m was allocated to the Acute Division, £6m was allocated to Partnerships, £1.5m to Corporate services and £6.5m was allocated to savings in Prescribing.
- 3.4** Looking ahead to 2015/16 and beyond it is clear that the financial challenge will increase. Work is underway to identify measures to reduce costs across all areas.

Revenue Position 2014/15

- 3.5** West Dunbartonshire CHCP's (NHS-only) revenue position reported for the period ended 30 June 2014 was £17,000 underspent.

- 3.6** The full-year to date summary position is reported in the table below, with further comments on the significant variances highlighted in section 3.7 of this report. An additional detailed breakdown of individual costs at care group level is reported in Annexe 1 of this report.

	Annual Budget £000	Year to Date Budget £000	Year to Date Actual £000	Variance £000
Pays	24,810	6,346	6,277	69
Non Pays	52,933	12,482	12,534	(52)
	77,743	18,828	18,811	17
Less Income	(5,198)	(1,495)	(1,495)	0
Net Expenditure	72,545	17,333	17,316	17

Significant Variances

- 3.7** Comments on significant issues are noted below:

- **Adult Community Services** reported a net overspend of £38,000. A major element of this overspend is due to Equipu's provision of community equipment.
- **Planning and Health Improvement** reported an underspend of £20,000. This is mainly due to an underspend on accommodation costs.

There are no other significant variances with all other areas of expenditure running close to budget at this early stage of the year.

Capital Programme 2014/15

- 3.8** Formula Capital

Priorities have been considered by the Consolidated CH(C)P Capital Planning Group and a programme of works is being finalised. The West Dunbartonshire CHCP has not yet received an allocation of formula capital.

4 People Implications

- 4.1** There are no people implications.

5 Financial Implications

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

6 Risk Analysis

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

7 Equalities Impact Assessment (EIA)

- 7.1** No significant issues were identified in a screening for potential equality impact of this report.

8 Consultation

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



R Keith Redpath
Director.

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

Appendix : Financial Statement 1 April 2014 to 30 June 2014

Background Paper: None

West Dunbartonshire Community Health Partnership
Financial Year: 1 April 2014 to 30 June 2014

	Annual Budget £000	Year to Date Budget £000	Year to date Actual £000	Year to date Variance £000	% Variance
Expenditure					
Mental Health (Adult)	4,466	1,142	1,140	2	0.18%
Mental Health (Elderly)	3,193	759	760	(1)	(0.13%)
Addictions	1,946	305	297	8	2.62%
Learning Disabilities	589	137	130	7	5.11%
Adult Community Services	10,436	2,575	2,613	(38)	(1.48%)
Children & Families	4,082	1,213	1,205	8	0.66%
Planning & Health Improvement	1,007	232	212	20	8.62%
Family Health Services (FHS)	22,686	5,464	5,453	11	0.20%
Prescribing	16,443	4,071	4,071	0	0.00%
Other Services	3,075	684	684	0	0.00%
Resource Transfer	7,665	1,916	1,916	0	0.00%
Hosted Services	815	195	195	0	0.00%
Change Fund	1,340	135	135	0	0.00%
	77,743	18,828	18,811	17	0.09%
Income	(5,198)	(1,495)	(1,495)	0	0.00%
Net Expenditure	72,545	17,333	17,316	17	0.10%

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

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health and Care Partnership Community Health and Care Partnership Committee: 20 August 2014

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

1. Purpose

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

2. Recommendations

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

3. Background

- 3.1** Care Inspectorate inspections focus on any combination of 4 thematic areas: quality of care & support; environment; staffing; and management & leadership.
- 3.2** Any care home which has been awarded Grade 2 (i.e. weak) or less and/ or have requirements placed upon them will usually be inspected again within the following twelve weeks. These follow-up visits present the opportunity to demonstrate progress on the improvement action plan agreed and to have an improved grade awarded if merited.
- 3.3** Committee will recall from previous reports that the CHCP's Quality Assurance Section continue to monitor the independent sector care homes in line with the terms of the National Care Home Contract; and arrange monitoring visits to ensure continued progress is being maintained in relation to agreed improvement plans. In addition, CHCP staff work with independent sector providers to maintain their awareness of new developments and provide opportunities to share good practice/learning via correspondence and regular care home provider meetings.
- 3.4** The independent sector Care Home reported within this report is:
- Clyde Court Care Home

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

4. Main Issues

Clyde Court Care Home

4.1 Clyde Court Care Home is owned and managed by Four Seasons (No 9) Limited. The care home was inspected on 16th May 2014 and the report published on 20th June 2014. The following grades were awarded:

- For the theme of *Care and Support* – Grade 3/Adequate.
- For the theme of *Environment* – Grade 3/Adequate.
- For the theme of *Staffing* – Grade 3/Adequate.
- For the theme of *Staffing* – Grade 3/Adequate.

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

- Ensure that they meet the health, welfare and safety needs of the residents who lack capacity to decide about their medical treatment, care and support. To achieve this they must ensure Section 47(1) certificates authorising treatment are valid. This is to be completed within 3 months of receipt of the inspection report. The provider has confirmed that work on this requirement has commenced and will be completed within the timescale.
- Make proper provision for the health, welfare and safety of service users. To do this they must ensure actions are taken to address issues identified in health and safety checks, specifically with the maintenance of emergency lighting in the home. This is to be completed within 3 months of receipt of the inspection report. The provider has confirmed that their maintenance contractor is aware of the works required and will be completed within the timescale given.

4.3 The table below summarizes the grades between for the last two inspections for the Care Home:

Care Home	Previous Grades						Current Grades					
	1	2	3	4	5	6	1	2	3	4	5	6
	15 January 2014						16 May 2014					
Clyde Court Care Home <ul style="list-style-type: none">• Care & Support• Environment• Staffing• Management & Leadership•			✓						✓ ✓ ✓ ✓			

5. People Implications

5.1 There are no people implications.

6 Financial Implications

6.1 The National Care Home Contract provides an additional quality payment, by the Council, to Care Homes if the Care Inspectorate Inspection report awards grade of 5 or 6 in the Quality of Care and Support thematic area. There is a

second additional quality payment if the high grade in Quality of Care and Support thematic area is coupled with a grading of a 5 or 6 in any of the other three thematic areas.

- 6.2** The National Care Home Contract also accounts for providers receiving low grades of 1 or 2 in the Care Inspectorate Inspection report. If either of these grades are awarded it may trigger the withdrawal of the quality funding component, resulting in a reduction of £20 per resident per week from the weekly fee payable.
- 6.3** There are no financial implications for the Council in this Inspection Report for Clyde Court Care Home.

7. Risk Analysis

- 7.1** Grades awarded to a service after a Care Inspectorate inspection are an important performance indicator for registered services. For any service assessed by the Care Inspectorate, failure to meet requirements within the time-scales set out could result in a reduction in grading or enforcement action. Consistently poor grades awarded to any independent sector Care Home would be of concern to the CHCP and the Council, particularly in relation to the continued placement of older people by the authority in such establishments.

8. Equalities Impact Assessment (EIA)

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

9. Consultation

- 9.1** Not relevant or required for this report.

10. Strategic Assessment

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



Keith Redpath

Director of the Community Health & Care Partnership

Date:

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Appendices: None

Background Papers: All the inspection reports can be accessed from
http://www.scswis.com/index.php?option=com_content&task=view&id=7909&Itemid=727

Wards Affected: All.

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health and Care Partnership Community Health and Care Partnership Committee: 20th August 2014

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

1. Purpose

- 1.1** To provide Members with a routine up-date on the most recent Care Inspectorate assessment for 12 independent sector support services for Older People, Adults and Children and Young People within West Dunbartonshire.

2. Recommendations

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

3. Background

- 3.1** Care Inspectorate inspections focus on any combination of 4 thematic areas: quality of care & support, environment, staffing; and management & leadership.

- 3.2** The independent sector support services reported within this report are:

- Key Community Supports - Dunbartonshire. Service is provided in Dalmuir, Faifley and Alexandria areas.
- Joans Carers Ltd. Service is provided throughout West Dunbartonshire Council area.
- M and J Care & Support at Home. Service is provided throughout West Dunbartonshire Council area.
- Action for Children – Preparation for Life. Service is provided throughout West Dunbartonshire Council area.
- The Richmond Fellowship Scotland – East & West Dunbartonshire Supported Living Services. Service is provided throughout West Dunbartonshire Council area.
- Visibility Supporting People Project. Service is provided across the West Dunbartonshire Council area.
- Carers Direct Ltd. Service is provided in Dumbarton and Alexandria.
- Dunn Street Respite Service. Service is located in Duntocher for residents throughout West Dunbartonshire Council area.
- Assured Care (Scotland) Ltd. Service is provided throughout West Dunbartonshire Council area.
- Carewatch Care Services – Inverclyde & North Ayrshire. Service is provided throughout West Dunbartonshire Council area.
- Cornerstone 'West Dunbartonshire Services 1'. Service is provided throughout West Dunbartonshire Council area.
- Dalmuir Park Housing Association Sheltered Housing/Lynx Care. Service is provided in the Dalmuir area.

- 3.3** Some providers, who operate multiple services across Scotland, register groups of their services with the Care Inspectorate on a 'Branch' basis rather than an individual service. In this report both Key Community Supports - Dunbartonshire and The Richmond Fellowship Scotland – East & West Dunbartonshire Supported Living Services operates in this manner.
- 3.4** Copies of the inspection reports can be accessed on the Care Inspectorate web-site: www.scswis.com.

4. Main Issues

Key Community Supports - Dunbartonshire

- 4.1** Key Community Supports - Dunbartonshire provides a combined housing support and care at home service to adults who have learning disabilities. The service was inspected on 3rd February 2014 with the report being published on 28th April 2014. The following grades were awarded:
- For the theme of *Care and Support* – Grade 5/Very Good.
 - For *Staffing* – Grade 5/Very Good.
 - For *Management and Leadership* - Grade 5/Very Good.
- 4.2** The inspection report detailed the following requirement to be addressed:
- The Management team must ensure the Care Inspectorate is notified of all accidents and incidents which result in harm or injury to a person using the service which results in a GP visit or referral to hospital and all incidents. This was to be implemented with immediate effect. The provider has confirmed that they have discussed and clarified with all Managers the process re: notifiable incidents. They have amended procedures to ensure appropriate notification to the Care Inspectorate is adhered to.

Joan's Carers Ltd.

- 4.3** Joan's Carers Ltd. provides a Housing Support service. The service is offered to a wide range of vulnerable adults who live in their own homes. The service was inspected on 10th February 2014 and the report published on 23rd April 2014. The following grades were awarded:
- For the theme of *Care and Support* – Grade 5/Very Good.
 - For *Staffing* – Grade 5/Very Good.
 - For *Management and Leadership* - Grade 5/Very Good.
- 4.4** There were no requirements detailed in the inspection report.

M and J Care & Support at Home

- 4.5** M and J Care & Support at Home provide a combined Housing Support and Care at Home service. The service is offered to a wide range of people with varying needs who live in their own homes. The service was inspected on 14th February 2014 and the report published on 28th April 2014.

The following grades were awarded:

- For the theme of *Care and Support* – Grade 3/Adequate.
- For *Staffing* – Grade 3/Adequate.
- For *Management and Leadership* - Grade 3/Adequate.

4.6 There were no requirements detailed in the inspection report.

Action for Children – Preparation for Life

4.7 Action for Children – Preparation for Life is a housing support service. The service provides emergency accommodation for young homeless people aged 16 – 21 from West Dunbartonshire. The service was inspected on 26th February 2014 and the report published on 28th April 2014. The following grades were awarded:

- For the theme of *Care and Support* – Grade 5/Very Good.
- For *Staffing* – Grade 5/Very Good.
- For *Management and Leadership* - Grade 5/Very Good.

4.8 There were no requirements detailed in the inspection report.

The Richmond Fellowship Scotland – East & West Dunbartonshire Supported Living Services

4.9 The Richmond Fellowship Scotland – East & West Dunbartonshire Supported Living Services is a combined Housing Support and Care at Home service. The service is offered to individuals who have mental health issues or learning disabilities, adults with alcohol related brain damage, Autism Spectrum Disorders, Older People and people with acquired brain injury. The support is provided to people who live in their own homes, in shared accommodation or live with their families or carers. The service was inspected on 18th March 2014 and the report published on 23rd April 2014. The following grades were awarded:

- For the theme of *Care and Support* – Grade 5/Very Good.
- For *Staffing* – Grade 5/Very Good.
- For *Management and Leadership* - Grade 5/Very Good.

4.10 There were no requirements detailed in the inspection report.

Visibility Supporting People Project

4.11 Visibility Supporting People Project is run by Visibility, a Voluntary Organisation, providing a Housing Support Service. The service covers Glasgow, North Lanarkshire and West Dunbartonshire. They support people who are visually impaired and live in their own accommodation. The service was inspected on 28th March 2014 and the report published on 23rd May 2014. The following grades were awarded:

- For the theme of *Care and Support* – Grade 3/Adequate.
- For *Staffing* – Grade 4/Good.
- For *Management and Leadership* - Grade 3/Adequate.

- 4.12** The inspection report detailed the following two requirements to be addressed:
- The Provider to ensure that care reviews are carried out at least every 6 months. This was to be completed by 21st June 2014. The provider has confirmed that this requirement was completed as per the timescale. The provider reviewed their processes and implemented changes to bring it in line with regulations. They have also drafted a timetable with review dates for all service users.
 - The Provider to notify the Care Inspectorate of all incidents. This was to be implemented with immediate effect. The provider confirmed that they have developed a new 'Good Practice Guide for Managers' to ensure all incidents are reported to the Care Inspectorate within the appropriate timescales.

Carers Direct Ltd

- 4.13** Carers Direct Ltd. provides a Care at Home support service. The service is offered to elderly and less able people who live in their own homes. The service was inspected on 31st March 2014 and the report published on 14th May 2014. The following grades were awarded:
- For the theme of *Care and Support* – Grade 6/Excellent.
 - For *Staffing* – Grade 5/Very Good.
 - For *Management and Leadership* - Grade 6/Excellent.

- 4.14** There were no requirements detailed in the inspection report.

Dunn Street Respite Service

- 4.15** Dunn Street Respite Service is managed by Quarriers and provides a building based respite service for adults with a Learning Disability aged between 16 and 65. The service was inspected on 18th April 2014 and the report published on 30th May 2014. The following grades were awarded:
- For the theme of *Care and Support* – Grade 6/Excellent.
 - For the theme of *Environment* – Grade 5/Very Good
 - For *Staffing* – Grade 5/Very Good.
 - For *Management and Leadership* - Grade 5/Very Good.

- 4.16** There were no requirements detailed in the inspection report.

Assured Care (Scotland) Ltd

- 4.17** Assured Care (Scotland) Ltd provides a Care at Home Support Service. This service supports a wide range of people with varying needs who live in their own homes. The service was inspected on 28th May 2014 and the report published on 1st July 2014. The following grades were awarded:
- For the theme of *Care and Support* – Grade 5/Very Good.
 - For *Staffing* – Grade 5/Very Good.
 - For *Management and Leadership* - Grade 5/Very Good.

4.18 There were no requirements detailed in the inspection report.

Carewatch Care Services – Inverclyde & North Ayrshire

4.19 Carewatch Care Services – Inverclyde & North Ayrshire provide a combined Housing Support and Care at Home service. The service is offered primarily to older people who require support to live independently in their own homes. The service was inspected on 2nd June 2014 and the report published on 4th July 2014. The following grades were awarded:

- For the theme of *Care and Support* – Grade 5/Very Good.
- For *Staffing* – Grade 5/Very Good.
- For *Management and Leadership* - Grade 5/Very Good.

4.20 There were no requirements detailed in the inspection report.

West Dunbartonshire Services 1

4.21 West Dunbartonshire Services 1 is operated by Cornerstone Community Care. They provide Housing Support, Care at Home, Day Support Opportunities and Short Breaks to adults who have learning disabilities and are living in group accommodation or their own homes. The service was inspected on 29th May 2014 and the report published on 4th July 2014. The following grades were awarded:

- For the theme of *Care and Support* – Grade 5/Very Good.
- For *Staffing* – Grade 5/Very Good.
- For *Management and Leadership* - Grade 5/Very Good.

4.22 There were no requirements detailed in the inspection report.

Dalmuir Park Housing Association Sheltered Housing/Lynx Care

4.23 Dalmuir Park Housing Association Sheltered Housing/Lynx Care provides a Sheltered Housing service and Care at Home Service to Older People. The Lynx Care element of the service provides domestic and housing support to Older People living in their own homes. The service was inspected on 28th May 2014 and the report published on 9th July 2014. The following grades were awarded:

- For the theme of *Care and Support* – Grade 5/Very Good.
- For *Staffing* – Grade 4/Good.
- For *Management and Leadership* - Grade 4/Good.

4.24 There were no requirements detailed in the inspection report.

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

Service	Previous Grades						Current Grades					
	1	2	3	4	5	6	1	2	3	4	5	6
	28 March 2013						3 February 2014					
Key Community Supports				✓							✓	
• Care & Support				✓							✓	
• Environment				✓							✓	
• Staffing				✓							✓	
• Management & Leadership												
	28 March 2013						10 February 2014					
Joan's Carers					✓						✓	
• Care & Support					✓						✓	
• Environment					✓						✓	
• Staffing					✓						✓	
• Management & Leadership												
	19 August 2013						14 February 2014					
M and J Care & Support		✓							✓			
• Care & Support		✓							✓			
• Environment		✓							✓			
• Staffing		✓							✓			
• Management & Leadership												
	29 February 2012						26 February 2014					
Action for Children						✓					✓	
• Care & Support						✓					✓	
• Environment					✓						✓	
• Staffing				✓							✓	
• Management & Leadership												
	27 September 2012						18 March 2014					
The Richmond Fellowship					✓						✓	
• Care & Support					✓						✓	
• Environment					✓						✓	
• Staffing					✓						✓	
• Management & Leadership												
	23 November 2010						28 March 2014					
Visibility				✓					✓			
• Care & Support				✓					✓			
• Environment				✓					✓			
• Staffing												
• Management & Leadership												
	Previous Grades						Current Grades					
	1	2	3	4	5	6	1	2	3	4	5	6
	14 February 2013						31 March 2014					
Carers Direct					✓							✓
• Care & Support					✓							✓
• Environment												
• Staffing				✓							✓	
• Management & Leadership						✓						✓
	29 April 2013						18 April 2014					
Dunn Street Respite					✓							✓
• Care & Support					✓							✓
• Environment					✓							✓
• Staffing					✓							✓
• Management & Leadership												

Service	Previous Grades						Current Grades					
	1	2	3	4	5	6	1	2	3	4	5	6
11 December 2012						28 May 2014						
Assured Care • Care & Support • Environment • Staffing • Management & Leadership					✓ ✓ ✓						✓ ✓ ✓	
30 January 2013						2 June 2014						
Carewatch • Care & Support • Environment • Staffing • Management & Leadership				✓ ✓	✓						✓ ✓ ✓	
28 January 2013						29 May 2014						
West Dunbartonshire Services 1 • Care & Support • Environment • Staffing • Management & Leadership					✓ ✓ ✓						✓ ✓ ✓	
19 July 2013						28 May 2014						
D.P.H.A./Lynx Care • Care & Support • Environment • Staffing • Management & Leadership				✓	✓					✓ ✓	✓	

5. People Implications

5.1 There are no people implications.

6 Financial Implications

6.1 There are no financial implications.

7 Risk Analysis

7.1 Grades awarded to a service after a Care Inspectorate inspection are an important performance indicator for registered services. For any service assessed by the Care Inspectorate, failure to meet requirements within the time-scales set out could result in a reduction in grading or enforcement action. Consistently poor gradings awarded to any independent sector service would be of concern to the CHCP and the Council, particularly in relation to the continued referral of vulnerable people by the CHCP to such services.

8. Equalities Impact Assessment (EIA)

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

9. Consultation

9.1 Not relevant or required for this report.

10. Strategic Assessment

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



Keith Redpath

Director of the Community Health & Care Partnership

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Appendices: None

Background Papers: All the inspection reports can be accessed from
http://www.scswis.com/index.php?option=com_content&task=view&id=7909&Itemid=727

Wards Affected: All.

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health and Care Partnership

CHCP Committee: 20th August 2014

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

1. Purpose

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

2. Recommendations

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

3. Background

- 3.1** Care Inspectorate inspections focus on any combination of four thematic areas. These themes are: quality of care and support, environment, staffing and management and leadership.
- 3.2** The services covered in this Committee report are:
- Housing Support and Care at Home
- 3.3** Copies of the inspection reports for all services can be accessed on the Care Inspectorate website: www.scswis.com.

4. Main Issues

- 4.1** The services inspected consisted of two distinct areas of service delivery; Housing Support and Care at Home (Neighbourhood Networks). These are two distinct services with separate managers which are currently registered together.
- 4.2** The inspection report, and feedback, was very positive about Housing Support however, their grades were significantly affected by the much smaller Neighbourhood Network service. We are currently in the process of separating these services for registration purposes.

- 4.3** During the inspection, the Inspector became aware of an incident where a Neighbourhood Network service user was alleged to have been inappropriately restrained by a member of staff. Appropriate procedures in terms of investigating, reporting and recording of the incident were not followed. There was also an allegation of contact between care staff and individuals out with the direct provision of support. One service user commented on time spent at a workers home.
- 4.4** Since the inspection a full investigation has been undertaken by the service which has concluded that there was no incident of restraint of a service user by a member of Neighbourhood Networks. The investigation also considered the comment made by the service user that time was spent at a workers home and found this to be untrue.
- 4.5** Learning Disability Services have taken swift action to rectify the issues at Neighbourhood Network. The manager has left the service and has been replaced by a very experienced learning disability manager.

- 4.6** The Care Inspectorate made the following requirements –

The provider must ensure that robust measures are in place to protect service users from potential harm. Measures to achieve this requirement must include: Training of staff, at all levels, in adult support and protection measures, including the recognition of potentially harmful situations and the definitions of restraint. A review of direct service provision to ensure professional boundaries are maintained. Ensure the implementation of systems to recognise, record, investigate and monitor any incidents which have the potential to cause harm to service users, for example, the use of restraint.

The service must review personal plans of users Neighbourhood Networks to ensure these are relevant, up to date, identify clear outcomes for people and support the monitoring and progression of outcomes.

The provider must review and improve systems which contribute to the support and development of staff at Neighbourhood Networks. This should include the provision of effective, regular, supervision and staff appraisal and development.

The provider must carry out a comprehensive review of the operation of its quality assurance systems within Neighbourhood Networks to develop auditable systems which clearly identify the contribution of staff and service users and how these affect the operation of the service.

The provider must ensure that the Care Inspectorate is informed of any allegations of misconduct by a member of staff.

- 4.7** All of the above requirements have now been met and the service is awaiting a future follow up inspection.

- 4.8** The following grid highlights the very unusual and disappointing nature of the current grades and places them in the context of previous inspections.

Date	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management and Leadership
21 Feb 2014	2 - Weak		3 - Adequate	2 - Weak
06 Mar 2013	5 - Very Good		4 - Good	4 - Good
18 Nov 2011	5 - Very Good		Not Assessed	5 - Very Good
29 Sep 2010	5 - Very Good		4 - Good	Not Assessed
24 Dec 2009	5 - Very Good		4 - Good	Not Assessed
31 Oct 2008	4 - Good	Not Assessed	4 - Good	4 - Good

5. People Implications

- 5.1** There were no people implications.

6. Financial Implications

- 6.1** There were no financial implications.

7. Risk Analysis

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

8. Equalities Impact Assessment (EIA)

- 8.1** Not required for this report.

9. Consultation

- 9.1** Not required for this report.

10. Strategic Assessment

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

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

Keith Redpath
Director of the Community Health & Care Partnership

Date:

Person to Contact: John Russell

Appendices: None

Background Papers:

Wards Affected:

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of the Community Health and Care Partnership

CHCP Committee: 20th August 2014

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

1. Purpose

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

2. Recommendations

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

3. Background

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

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

- Dalreoch House
- Queen Mary Day Centre
- Frank Downie House
- Willox Park

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

4. Main Issues

4.1 Dalreoch House

Dalreoch House was inspected on 11th March 2014. The Inspector commented that Staff have a good working knowledge of the care needs and preferences of each resident and that the service has been working to improve how it communicates with residents and their relatives to give them a bigger say in how the service is developed.

4.2 The Inspection focussed on four thematic areas with the following grades Awarded:

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

4.3 The inspection report detailed the following requirements to be addressed:

- The service provider must implement systems which will ensure that the needs of those service users identified as being at risk developing pressure ulcers are regularly assessed and adequately met.
- The service provider must ensure that service users' personal plans fully set out how the health, welfare and safety needs of the individuals are to be met.
- The service provider must undertake a review of staffing within the four units to ensure that there are suitably qualified and competent persons working in such numbers as are appropriate for the health, welfare and safety of service users.

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

Service	Previous Grades 29 th May 2013		
Dalreoch House	Quality Statements	Grades Awarded	Overall Grade
Care & Support	1 3	3 3	3
Environment	1 2	3 3	3
Staffing	1 3	3 3	3
Management & Leadership	1 4	3 3	3

Service	Current Grades 11 th March 2014		
Dalreoch House	Quality Statements	Grades Awarded	Overall Grade
Care & Support	1 3	3 3	3
Environment	1 2	3 3	3
Staffing	1 3	3 3	3
Leadership & Management	1 4	3 3	3

4.5 Queen Mary Day Centre

Queen Mary Day Centre was inspected on the 1st May 2014. The Inspector commented that Staff are highly thought of. There is a small consistent team which has been positive for service users, the Centre has a friendly and relaxed atmosphere.

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

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

4.7 There were no requirements arising from this inspection:

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

Service	Previous Grades 14th August 2013		
Queen Mary Day Centre	Quality Statement	Grade	Overall Grade
Care & Support	1	3	3
	3	4	
Environment	1	3	3
	2	4	
Staffing	1	3	3
	3	3	
Management & Leadership	1	3	3
	4	3	

Service	Current Grades 1 st May 2014		
Queen Mary Day Centre	Quality Statement	Grade	Overall Grade
Care & Support	1	4	4
	3	5	
Environment	1	4	4
	2	5	
Staffing	1	4	4
	3	5	
Management & Leadership	1	4	4
	4	4	

4.9 Frank Downie House

Frank Downie House was inspected on the 20th January 2014. The Inspector commented that the redecoration of the home and the replacement of furniture improved the environment of the home.

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

- For Quality of Care and Support – Grade 4 / Good
- For Quality of Environment – Grade 4 / Good
- For Quality of Staffing – Grade 4 / Good
- For Quality of Management and Leadership – Not Assessed

4.11 There were no requirements arising from this Inspection.

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

Service	Previous Grades 12 th June 2013		
Frank Downie House	Quality Statement	Grade	Overall Grade
Care & Support	1	4	4
	2	5	
	3	4	
Environment	1	4	4
	2	3	
	3	5	
Staffing	1	4	4
	3	4	
Management & Leadership	1	4	3
	4	3	

Service	Current Grades 20 th January 2014		
Frank Downie House	Quality Statement	Grade	Overall Grade
Care & Support	1	4	4
	3	4	
Environment	1	4	4
	2	4	
Staffing	1	4	4
Management & Leadership	Not Assessed		

4.13 Willox Park

Willox Park was inspected on the 19th June 2014. The Inspector commented That the service provides a person centred service to residents. Staff know the residents well and treat caringly with respect. The home is clean and bright, airy and safe. Relatives state they are made welcome when they visit.

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

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

4.15 There were no requirements arising from this Inspection.

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

Service	Previous Grades 14 th March 2014		
Willox Park	Quality Statement	Grade	Overall Grade
Care & Support	1	4	4
	3	4	
Environment	1	4	4
	2		
Staffing	1	4	4
	3	4	
Management & Leadership	1	4	4
	4	4	

Service	Current Grades 19 th June 2014		
Willox Park	Quality Statement	Grade	Overall Grade
Care & Support	1	5	5
	3	5	
Environment	2	5	4
	3	4	
Staffing	3	5	5
	4	5	
Management & Leadership	1	5	5
	4	5	

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

Service	Previous Grades						Current Grades					
	1	2	3	4	5	6	1	2	3	4	5	6
Dalreoch House	29th May 2013						11th March 2014					
<ul style="list-style-type: none"> Care & Support Environment Staff Management & Leadership 			✓ ✓ ✓ ✓						✓ ✓ ✓ ✓			
Queen Mary Day Centre	14th August 2013						1st May 2014					
<ul style="list-style-type: none"> Care & Support Environment Staff Management & Leadership 			✓ ✓ ✓ ✓							✓ ✓ ✓ ✓		
Frank Downie House	12th June 2013						20th January 2014					
<ul style="list-style-type: none"> Care & Support Environment Staff Management & Leadership 				✓ ✓ ✓ ✓						✓ ✓ ✓ ✓		
Willox Park	14th March 2014						19th June 2014					
<ul style="list-style-type: none"> Care & Support Environment Staff Management & Leadership 				✓ ✓ ✓ ✓						✓ ✓ ✓ ✓		

5. People Implications

- 5.1** There were no people implications.

6. Financial Implications

- 6.1** There were no financial implications.

7. Risk Analysis

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

8. Equalities Impact Assessment (EIA)

- 8.1** Not required for this report.

9. Consultation

9.1 Not required for this report

10. Strategic Assessment.

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

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

Keith Redpath
Director of the Community Health & Care Partnership

Date: 20 August 2014

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01389 737356

Appendices: None

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

Wards Affected: All

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health & Care Partnership

Community Health and Care Partnership Committee: 20th August 2014

Subject: Care Inspectorate Reports for Children & Young People's Services operated by West Dunbartonshire Council

1 Purpose

- 1.1** To provide Members with information regarding the most recent inspection reports for the Council's Permanence and Adoption Service, and the Fostering Service.

2 Recommendations

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

3 Background

- 3.1** Care Inspectorate inspections focus on any combination of thematic areas. These themes are; quality of care and support, staffing and management & leadership.
- 3.2** The CHCP service covered in this Committee report are:
- The Permanence and Adoption Service
 - The Fostering Service
- 3.3** Copies of inspection reports for all services can be accessed on the Care Inspectorate web-site; www.scswis.com

4 Main Issues

The Permanence and Adoption Service

- 4.1** This is the first inspection of the Permanence and Adoption service since the establishment of two separate services in 2013.
- 4.2** This stand-alone inspection of the Permanence and Adoption service in November 2013 should be considered within the context of the grades awarded to the previous Fostering Service in June 2013. Whilst these services are registered separately they are inextricably linked and have the same line management structure. The areas of strength and areas for

development identified in June 2013 were therefore applicable to both services.

4.3 The service and manager had worked hard to address the requirements and recommendation from the earlier Fostering inspection and to implement the action plan timeously. The service was also keen to have an opportunity to have an early inspection and this was discussed with the Care Inspectorate. It was agreed therefore that they would carry out their first full inspection of the Permanence and Adoption Service towards the end of 2013 and then undertake a review inspection of the Fostering service early in 2014.

4.4 The Permanence and Adoption Service was inspected between the 25 and 29th of November 2013 and the report published on the 13 December 2013 the following grades were awarded:

- | | | |
|--|---|------------------|
| • Quality of Care and Support | - | Grade 4/ Good |
| • Quality of Staffing | - | Grade 4 / Good |
| • Quality of Management and Leadership | - | Grade 3/Adequate |

4.5 Whilst these grades remain inadequate and therefore are disappointing, the inspection took place a mere four months after the Fostering inspection of 2013 which had resulted in very poor grades as reported to Committee in November 2013. In comparison to the previous grades awarded to the Fostering service the grades awarded to the Permanence and Adoption team some four months later reflect an improvement in all areas of the service. The inspection report recognised that the services own self-assessment, submitted before the inspection had recognised many of the short falls and were already working towards addressing the gaps. The inspector made the following comment within the report on the self-assessment;

“Information given was comprehensive and the service demonstrated an honest and open approach to assessing its performance.”

4.6 There were no requirements made of the service and two recommendations were made. The first recommendation stated; *“The service should ensure staff members benefit from regular appraisal of their performance and a planned training programme.”*

4.7 Staff now have regular monthly supervision, and all have Personal Development Plans (PDPs) and individual and team training needs are identified and addressed through this process.

4.8 The second recommendation made relates to *“ensuring that members of the approval panel benefit from relevant training and receive supervision and appraisal.”* A training programme has been developed and commenced for panel members and a series of business meetings established to allow consideration of aspects of panel business and enable members to review the process and function of the panel and their roles and responsibilities.

- 4.9** Particular note was made by the Inspector of *“a motivated and knowledgeable staff team who work together effectively to provide good quality support to adopters throughout the adoption process. The team has established good partnership working arrangements, most notably with specialist children’s health services and area team staff. This has resulted in good outcomes for adopted children.”*

The Fostering Service

- 4.10** The Fostering Service was inspected between the 10th and 11th of March 2014. This most recent inspection was undertaken as a review inspection following the placement of requirements on the service when last inspected in June 2013. A new report on the service was issued following the return of the inspectors in March 2014.

- 4.11** The following grades were awarded

- Quality of Care and Support - Grade 4 / Good
- Quality of staffing - Grade 4 / Good
- Quality of Management and Leadership - Grade 4 / Good

- 4.12** The table below sets out the movement in grades for the service over the last two inspections:

Service	Previous Grades						Current Grades March 2014					
	1	2	3	4	5	6	1	2	3	4	5	6
	June 2013						March 2014					
WDC Fostering Service												
• Quality of Care & support			√							√		
• Quality of Staffing			√							√		
• Management & Leadership		√								√		

- 4.13** The inspection report indicated that all 6 requirements previously identified had been achieved within the agreed timescales. These areas related to: placement agreement, health and home safety checks, PVG checks, reviews of carers, and carers operating within the category of registration. It was noted that effective systems for management of these areas of practice had been established which would assist the service adhere to statutory and regulatory requirements.

- 4.14** There were no requirements or recommendations made which reflects positive progress and the achievements and hard work of the team to address all issues previously identified. As well as meeting the requirements it was noted that *“the service was continuing to develop improvement planning “*. *“The service aimed to continue to use developing electronic recording systems to monitor performance and identify any areas for improvement.”*

4.15 All three themes were robustly inspected and grades, reflected steady progress. This was following a year where there had been a change of management with a new Assistant Principal Officer appointed to manage the Permanence and Adoption Service which has resulted in a restructuring of the Fostering and Adoption Team, and a new Looked After and Accommodated Children's Service Manager taking up post in August 2013. In addition a number of staff had moved to promoted posts and new social workers joined the team.

4.16 It was noted that despite the changes "*staff maintained a positive approach.*" *They told inspectors "they had been fully involved in discussion about the changes."* However in a small team no matter how well managed these changes were it was perhaps inevitable they would have an effect on the services performance.

5. People Implications

5.1 There are no people implications.

6 Financial Implications

6.1 There are no financial implications.

7. Risk Analysis

7.1 For any service inspected, failure to meet requirements within the time-scales set out in their inspection report could result in a reduction in grading or enforcement action. This may have an impact on our ability to continue to deliver the service. In these inspections there were no requirements.

7.2 The service has been working together to implement a structured and comprehensive action plan to address areas for continuous improvement. A failure to implement the action plan could result in a further poor inspection that would be viewed seriously by inspectors and have a detrimental impact on the morale of the team and ultimately result in poorer outcomes for children.

7.3 The Head of Service is confident however that the action already taken and with the evident effective leadership of the manager and goodwill and hard work of a well-motivated staff group the next inspection will see improving grades.

8. Equalities Impact Assessment (EIA)

Not required for this report.

9. Consultation

Consultation is not required for this report.

10. Strategic Assessment

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

Keith Redpath

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Community Health & Care Partnership

Date: 25th July 2014

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Appendices: None

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

Wards Affected: All

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of the Community Health and Care Partnership

CHCP Committee: 20th August 2014

Subject: Care Inspectorate Reports for Care at Home Services Operated by West Dunbartonshire Council.

1. Purpose

- 1.1** To provide Members with information regarding the most recent inspection reports for the Council's own Care at Home Services.

2. Recommendations

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

3. Background

- 3.1** Care Inspectorate inspections focus on a combination of three thematic areas. These themes are: quality of care and support, quality of staffing, and quality of management and leadership.
- 3.2** The services covered in this Committee report are:
- Home Care
 - Community Alarms
 - Sheltered Housing
- 3.3** Copies of inspection reports for all services can be accessed on the Care Inspectorate website: www.careinspectorate.com.

4. Main Issues

Home Care

- 4.1** Home care services were inspected from 13th - 20th November 2013, followed by additional scrutiny for clarification and evidence. The inspection was undertaken by four Care Inspectorate inspectors, including the team manager, and supplementary work was undertaken by two lay inspectors.

The report acknowledged that the service continues to provide a high standard of care and support to people living in their own homes. All the service users and relatives who completed care standard questionnaires agreed or strongly agreed that they were happy with the quality of the service.

4.2 The inspection focussed on three thematic areas, with the following grades awarded:

- Quality of Care and Support Grade 5 Very Good
- Quality of Staffing Grade 5 Very Good
- Quality of Leadership and Management Grade 5 Very Good

4.3 There were no requirements, and no recommendations from the inspection.

4.4 The tables below illustrate the sustained performance in grades for this service over the last two inspections.

Service	Previous Grades 2012		
Home Care	Quality Statements Assessed	Grades Awarded	Overall Grade
Care & Support	1 3	5 5	5
Staffing	1 3	5 5	5
Management & Leadership	1 6	5 6	5

Service	Current Grades 2014		
Home Care	Quality Statements Assessed	Grades Awarded	Overall Grade
Care & Support	1 3	5 5	5
Staffing	1 3	5 5	5
Management & Leadership	1 6	5 6	5

Community Alarm

4.5 Community Alarms services were inspected from 13th - 20th November 2013, followed by additional scrutiny for clarification and evidence. The inspection was undertaken by four Care Inspectorate inspectors, including the team manager, and supplementary work was undertaken by two lay inspectors.

The report acknowledged that the service supports people to maintain their independence and continue living in their own homes as long as possible. With the use of telecare equipment, the service supports people with their

chosen daily routines, and promotes health and wellbeing, particularly after a hospital admission, or period of illness.

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

- Quality of Care and Support Grade 5 Very Good
- Quality of Staffing Grade 5 Very Good
- Quality of Leadership and Management Grade 5 Very Good

4.7 There were no requirements, and no recommendations from the inspection.

4.8 The tables below illustrate the sustained performance in grades for this service over the last two inspections

Service	Previous Grades 2012		
Community Alarm	Quality Statements Assessed	Grades Awarded	Overall Grade
Care & Support	1 3	5 5	5
Staffing	1 3	5 5	5
Management & Leadership	1 6	5 6	5

Service	Current Grades 2014		
Community Alarm	Quality Statements Assessed	Grades Awarded	Overall Grade
Care & Support	1 3	5 5	5
Staffing	1 3	5 5	5
Management & Leadership	1 6	5 6	5

Sheltered Housing

4.9 Sheltered Housing services were inspected from 13th - 20th November 2013, followed by additional scrutiny for clarification and evidence. The inspection was undertaken by four Care Inspectorate inspectors, including the team manager, and supplementary work was undertaken by two lay inspectors.

The report acknowledged that the service continues to show a strong commitment to involving people who use the service in initiatives, and to ensure that where possible people are supported to maintain their independence and abilities.

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

- Quality of Care and Support Grade 5 Very Good
- Quality of Staffing Grade 5 Very Good
- Quality of Leadership and Management Grade 5 Very Good

4.11 There were no requirements, and no recommendations from the inspection.

4.12 The tables below illustrate the sustained performance in grades for this service over the last two inspections

Service	Previous Grades 2012		
Sheltered Housing	Quality Statements Assessed	Grades Awarded	Overall Grade
Care & Support	1 3	5 5	5
Staffing	1 3	5 5	5
Management & Leadership	1 6	5 6	5

Service	Current Grades 2014		
Sheltered Housing	Quality Statements Assessed	Grades Awarded	Overall Grade
Care & Support	1 3	5 5	5
Staffing	1 3	5 5	5
Management & Leadership	1 6	5 6	5

5. People Implications

5.1 There were no people implications.

6. Financial Implications

6.1 There were no financial implications.

7. Risk Analysis

7.1 For any services inspected, failure to meet requirements within the time-scales set out in their inspection report could result in a reduction in grading or

enforcement action. This may have an impact on our ability to continue to deliver the service.

8. Equalities Impact Assessment (EIA)

8.1 Not required for this report.

9. Consultation

9.1 Not required for this report.

10. Strategic Assessment.

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

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



Keith Redpath
Director of the Community Health & Care Partnership

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01389 737356

Appendices: None

Background Papers: The information provided in Care Inspectorate inspection reports website on -

Home Care:

http://www.careinspectorate.com/index.php?option=com_content&view=article&id=7644&Itemid=489&bereNextPageId=ReportDataDetails_action.php&action=displayReport&repId=CS2004077076

Community Alarm:

http://www.careinspectorate.com/index.php?option=com_content&view=article&id=7644&Itemid=489&bereNextPageId=ReportDataDetails_action.php&action=displayReport&repId=CS2004085890

Sheltered Housing:

http://www.careinspectorate.com/index.php?option=com_content&view=article&id=7644&Itemid=489&bereNextPageId=ReportDataDetails_action.php&action=displayReport&repId=CS2004077072

Wards Affected:

All

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health & Care Partnership

Community Health and Care Partnership Committee: 20th August 2014

Subject: Care Inspectorate Reports for Children & Young People's Residential Services operated by West Dunbartonshire Council

1 Purpose

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

2 Recommendations

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

3 Background

- 3.1** Inspections focus on any combination of four thematic areas. These themes are; quality of care and support, environment, staffing and management & leadership.
- 3.2** The CHCP services covered in this Committee report are:
- Burnside Children's Unit
 - Craigellachie Children's Unit
- 3.3** Copies of inspection reports for all services can be accessed on the Care Inspectorate web-site; www.scswis.com

4 Main Issues

Burnside Children's Unit

- 4.1** Burnside Children's Unit was inspected on 27th February 2014 and the report published in May 2014 the following grades were awarded:

For the theme of *Care and Support* – Grade 5/Very Good

- For *Environment* – Grade 5/Very Good
- For *Staffing* – Grade 5/Very Good.
- For *Management and Leadership* – Grade 5/Very Good.

- 4.2** For this report there were no requirements and only one recommendation. The recommendation was about the process and recording in a young person's care plan and this has already been rectified by the Manager. This learning has been shared with all residential staff in order to avoid this occurring again.
- 4.3** Particular note was made by the Inspector of the relationships between staff and young people which she describes as being "warm and positive". The Inspector also noted that relatives stated that "all the staff had supported them to visit the home, communicated well with them and were very welcoming.
- 4.4** All four themes were thoroughly inspected and grades remain consistently high. We received a lower grade for 'carers support' which had previously been awarded as a Grade 6 (Excellent). This was due to a change in the way Inspectors now assess and report on this matter, i.e. some issues previously reported under the theme care and support, are now reported under other themes.

Despite this the report is a very positive one with high grades which the manager and staff can be proud of.

Craigellachie

- 4.5** Craigellachie Children's Unit was inspected on 28th March 2014 and the report published in May 2014 the following grades were awarded:

For the theme of *Care and Support* – Grade 5/Very Good

- For *Environment* – Grade 5/Very Good
- For *Staffing* – Grade 5/Very Good.
- For *Management and Leadership* – Grade 5/Very Good.

- 4.6** For this report there were no requirements and only one recommendation. The recommendation was about the process and recording of complaints and this has already been rectified by the Manager.
- 4.7** The Inspector spoke to both young people and their parents. She noted that "all young people stated feeling safe and cared for living in Craigellachie. She also mentioned in her report the positive feedback from parents, they felt "confident he was well looked after and receiving the best of care".
- 4.8** This is a very positive report with improved grades for 2 of the care standards, for which the Manager and Staff must be given credit for their consistent hard work and commitment in meeting the needs of these often complex and vulnerable young people.

4.9 The table below sets out the movement in grades for both services over the last two inspections:

Home	Previous Grades						Current Grades					
	1	2	3	4	5	6	1	2	3	4	5	6
	Jan 2013						February 2014					
Craigellachie Residential Home												
• Care & support					X						X	
• Environment				x							x	
• Staff					x						X	
• Management & Leadership				x							x	
Home	Previous Grades						Current Grades					
	1	2	3	4	5	6	1	2	3	4	5	6
	Jan 2013						February 2014					
Burnside Residential Home												
• Care & support						X					X	
• Environment					X						X	
• Staff					X						X	
• Management & Leadership					X						X	

5.1 There are no people implications.

6 Financial Implications

6.1 There are no financial implications.

7 Risk Analysis

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

8 Equalities Impact Assessment (EIA)

8.1 Not required for this report.

9 Consultation

9.1 Not required for this report.

10 Strategic Assessment

- 10.1** The Council's Strategic Plan 2012-17 identifies "improve life chances for children and young people" as one of the authority's five strategic priorities and this aspect of external scrutiny provides good examples of how this is being achieved,

Keith Redpath

Director of the Community Health & Care Partnership

Date: 8th July 2014

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Appendices: None

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

Wards Affected: All

**Minute of WDCHCP Public Partnership Forum (PPF) Meeting
Wednesday 30 July 2014
Dalmuir CE Centre**

Present:

Anne McDougall (chair)
Lorraine McKenzie
Barbara Barnes
Anne Ferguson
Liz Moore
Muriel Robertson
Rena Hector
Anne Mickle
Hugh Bright
Rhona Pidgeon

Irene Smith
George Murphy (WD CHCP)
Lorna McIlreavy (SHC)
Soumen Sengupta (WDCHCP)
David Elliott (WDCHCP) Speaker
Adrian McBride (WDCHCP) Speaker
Andrew Muir
Mary Teresa Docherty
Rhona Young
Lily Kennedy

1. Welcome & Apologies

A warm welcome was extended by the PPF Chair Anne McDougall.

It was noted that apologies had been received from Mary McAlear, Jeanette Sweeting, Ian Petrie, Anne Cruickshanks and Irene Smith.

2. Minutes of Previous Meeting

Minutes agreed.

3. Matters Arising

No matters arising.

4. Learning Disabilities “Key to Life”

The meeting welcomed David Elliott and Adrian McBride from the CHCP. They gave an overview of the Key to Life Strategy for people with Learning Disabilities in Scotland. They explained that in West Dunbartonshire widespread consultation took place and the strategy was implemented in 2013. The strategy contained 52 recommendations of which 18 related to health.

Ms McKenzie felt that there was a lot of good work going on in West Dunbartonshire in health and well-being. She asked about the degree of joint work between the CHCP Learning Disability Team and the CHCP Health Improvement Team in relation to exercise classes and health and well-being messages to people who live with a learning disability. David Elliott confirmed that they already work closely with their Health Improvement colleagues and they were always looking at ways to improve the health and well-being of their clients.

The meeting thanked David Elliott and Adrian McBride for their participation.

5. Shadow Health & Social Care Partnership (HSCP) - Update

Soumen Sengupta informed the group that the Scottish Government's consultation on the statutory regulations to accompany the Public Bodies (Joint Working) Act was on-going. He confirmed that at the next meeting he would be sharing a draft of the Integration Scheme required by the Act to establish the successor HSCP next April. He explained that this would by necessity be a quasi-legal document but he would be happy to provide an explanation of terms to help inform any discussion. The meeting recognised that the CHCP had in-effect been continually engaging with the PPF and other groups about how to develop integration since its establishment in 2010; and engaging in dialogue regarding the new HSCPs since the new legislation was announced.

Action: S Sengupta

He went on to bring to the meeting's attention the recent publication of the Scottish Government Health & Social Care Survey, which provided findings at both a local authority/CHCP-level and also at individual GP practice-level. The findings had only been published the day after the agenda had been sent out for the meeting which was why there had not been time to prepare a summary note for members.

Ms Kennedy suggested that a short report on the findings be sent out with the minutes of the meeting. Soumen Sengupta agreed that was an excellent idea, and also encouraged members to seek out the findings for the GP practices that they were registered with.

Action: G Murphy

The meeting thanked Soumen Sengupta for those updates.

6. Dementia Friendly Communities

George Murphy explained that on 20th June West Dunbartonshire CHCP, along with West Dunbartonshire CVS, Alzheimer Scotland and Scottish Care, launched Dementia Friendly Community pilot in Faifley. This event also engaged the Primary 7 pupils of St. Joseph's School who designed a poster for the campaign to raise awareness of dementia for businesses and the community of Faifley.

Dementia Awareness training is being provided across CHCP staff as well as staff from Faifley Housing Association and Knowes Housing Association.

It was agreed that training sessions be arranged for PPF members.

Action: G Murphy

George Murphy informed that meeting that Renton will be the next area targeted to raise awareness, with the ultimate aim to make the whole of West Dunbartonshire a Dementia Friendly Community.

The meeting welcomed this excellent development and thanked George Murphy for this update.

7. Social Prescribing in West Dunbartonshire

George Murphy highlighted to the meeting that West Dunbartonshire CVS has acquired funding to create and embed a social prescribing service within West Dunbartonshire. The purpose is to help make sense of the broad array of support and interest groups available, creating effective pathways to social and community engagement to support preventative actions. This should help improve mental health outcomes, improve community well-being and reduce social isolation.

The service will be launched in September and three part time client support officers will be placed, one covering each of the three main towns in the area. These postholders will meet with clients referred via the local GPs and other key health and social care professionals.

The meeting welcomed this excellent development and thanked George Murphy for this update.

8. Topics for future meetings

- Anti-coagulant service
- New Southern General
- Possibility of Accident & Emergency provision at the Golden Jubilee
- New Care Homes in West Dunbartonshire
- Invite Alcohol & Drug Partnership colleagues to discuss Methadone Programme

9. A.O.C.B.

The chair informed the group that Margaret Walker has taken up a secondment with Glasgow CHP. It was agreed that the PPF will send a card to convey their appreciation on the work she has done for the PPF.

The PPF Chair has received an invite to meet the Chair of NHSGGC on the morning of the Board's Annual Review, as well as a separate invite to a pre-meeting with the NHSGGC Director of Nursing, with a request to bring along a couple of positives and a couple of negatives to be put to the Chairman. The group suggested;

- Mixed wards in NHSGGC hospitals.
- Evening patient transport to hospitals from West Dunbartonshire.
- Nurses wearing uniforms to and from work.
- Appropriate training for all hospital staff in Dementia and Disability.
- Convey our appreciation of the new Vale Centre for Health & Care

10. Date of Next Meeting

Wednesday 29th October 2014 venue TBA

Joint Staff Forum
04 August 2014, 10.00am Committee Room 2,
Garshake Road Council Office

Draft Minute

Present:

Keith Redpath, Director, West Dunbartonshire CHCP (Chair)
Serena Barnatt, Head of HR, NHS
Gillian Gall, Senior HR Adviser, NHS
Nicola Bailey, Lead HR Adviser, WDC
John Russell, Head of Mental Health, Addictions and Learning Disability, WDCHCP
Diana McCrone, Unison, NHS
Maureen McDiarmid, RCN, NHS
Kenny McColgan, Unison, Health
Nazerin Wardrop, Unite, Local Authority
Peter O'Neill, Local Government Unison
Tom Morrison, Local Government Unison
Katie Black, CSP
Angela MacEachran, CSP
Jackie Cavan, GMB, Local Authority
Billy McEwan, GMB, Local Authority
Jacqui McGinn, Health Improvement & Inequalities Manager, WDCHCP

	Subject	Action
1.	<p>Welcome and apologies</p> <p>The Chair welcomed the group and introductions were made. Apologies were noted on behalf of Kevin Fellows, Elaine Smith, Soumen Sengupta, Jackie Irvine, Dorothy McErlean, Ann Cameron Burns, Ross McCulloch and Chris McNeill.</p>	
2.	<p>Minutes:</p> <p>i) JSF Minute Matters arising: 2.iv) Matter of overtime for part time staff not resolved. Tom Morrison advised some members have raised a grievance. This position was noted by the forum. 4. i) Integrated HR Business Partner Post had been filled and Keith advised Serena Barnatt will take up post full time from 1st September. 5. Duty Social Work – Keith advised the SMT had recently agreed to establish an Implementation Group to take this work forward. John Russell was currently coordinating dates for first meeting. It was agreed Trade Union colleagues will be invited to become members. Keith asked for a nomination from Trade Unions to join this group. The Joint Trade Unions agreed to discuss at the end of the meeting and inform John Russell who the nomination for the group would be.</p> <p>ii) APF Agenda Noted.</p> <p>iii) JCF Minute The minute was noted.</p>	JR/ JTU's

	<p>Integration Plan will be submitted to Committee in November; and to Council and Health Board the week before Christmas. Scottish Government approval is expected before 31st March for go-live date of Integration Joint Board on 1st April 2015.</p> <p>Nazerin asked Keith about Trade Union Representation on Integrated Joint Board. Keith advised it was the intention to have one local authority and one health trade union rep as non voting members of the Integrated Joint Board.</p> <p>iii) PAG The minute was noted. Nazerin advised that further awareness training on the use of Liverpool Care Pathway has been rolled out in care homes.</p> <p>iv) HR report Gillian Gall introduced the NHS HR attendance Management Update. Figures for April and May are below target for NHS. There has also been a decrease in long term sickness absence. There has been an increase in the amount of "unknown" absences recorded; work is underway to highlight the importance of recording reasons for absence.</p> <p>Nicola Bailey reported on WDC sickness absence. Figures for April, May and June are higher than for the same period last year and above WDC target. There has been slight increase in Long Term Absence, with main reasons being musculo-skeletal and stress. Further analysis being carried out with Occupational Health to explore what support can be provided to staff.</p> <p>As requested by staffside, a quarterly Discipline, Grievance and Dignity at Work update was submitted. Peter O'Neill asked if more detail could be given on cases e.g. upheld, refused. This will be added to the table for next report.</p> <p>v) Mental Health Services Update John Russell reported on Mental Health Services:</p> <ul style="list-style-type: none"> • Issue with Nurse Bank staff. Draft protocol being drawn up on number of extra hours being worked. John is taking comments on implication on services – protocol will have more effect on in-patient services. He will update at next meeting. • Esteem Services – specialist service for 16-35year olds with psychosis – previously only in Clydebank, now available in Dumbarton from 1 July. • Crisis Services – issue resolved. Service retained within West Dunbartonshire rather than merging with West Glasgow. • Manpower issues – significant number of staff in mental health services nearing end of career. Posts being matched across GG&C to meet future need. <p>vi) Health and Safety Forum Serena introduced the H&S Minute and Constitution. The main item is the Health & Safety Management Manual which is being rolled out across CHCP. Stevie Gallagher has organised training sessions and all staff should have received training by end August. Serena is collating data on management manual holders and Fire Safety Wardens. This will be updated annually.</p> <p>Constitution – the new Forum has been running for a year. Initial proposal was to bring Constitution back to JSF and Serena is happy to take comments on Constitution. She suggested constitution is reviewed</p>	<p>GG/NB</p>
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	<p>again August 2016.</p> <p>Jackie Cavan, GMB rep, has been nominated to join Health & Safety Forum. Nazerin noted that previously there were reps from each union – GMB, Unite and Unison and requested that is the case again. It was noted that the Constitution does not specify numbers, only the process of nomination through the JSF. Staffside will discuss the matter among them and will confirm at the next JSF meeting if there are further nominations and advise Serena directly.</p>	JTU
5.	<p>Stress Sub Group Update</p> <p>Jacqui McGinn, Health Improvement and Inequalities Manager, talked to her presentation on the Stress Risk Assessment carried out by the Healthy Working Lives Stress Sub-group. An electronic copy of the presentation will be circulated to the group.</p> <p>Keith noted the detail in this Risk Assessment and expressed his appreciation to members of the HWL Stress Sub-Group for this comprehensive piece of work.</p>	IM
6.	<p>Healthy Working Lives Update</p> <p>Joint integrated WDC/WDCHCP Healthy Working Lives Gold Award – first annual assessment to maintain gold award will take place on 13 August. HWL team collating evidence to ensure maintenance of award.</p> <p>HWL team is linking in with Commonwealth Games Legacy to promote more active lifestyle for staff – e.g. Fit for 14 initiative, Shape up in the Workplace, the pedometer challenge – 75 teams of 5 took part in this challenge.</p> <p>Peter O'Neill asked what happened to the Cycle to Work campaign. Jacqui advised this is to be re-launched by the Sustainability Team. He also wondered if the Council could offer concessions to staff for gym membership. Jacqui responded that the HWL team is working closely with Leisure Trust colleagues to support staff and that Joyce White is currently exploring what staff concessions can be offered.</p>	
7.	<p>AOCB</p> <p>Nazerin Wardrop noted that Care Support Workers are having difficulty getting forms verified for registration with SSSC. This is causing anxiety as staffs are unable to practice if they are not registered and deadline for submissions is imminent. Nicola Bailey advised that arrangements have been made for Care Home Managers to become authorised signatories. Keith agreed to advise Chris of the issue.</p> <p>Nazerin sought clarity in the level and consistency of training being offered to Care Support Workers to administer medication. Keith suggested Nazerin discuss this with Chris McNeill.</p> <p>Angela MacEachran (CSP) to be added to the JSF Distribution List, and Katie Black (CSP) to be removed from list.</p>	<p>KR</p> <p>NW</p>

Date and Time of next meeting: 3 November 2014, 10.00am, Committee Room 2, Garshake Road

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

DRAFT MINUTE

Present:

Kevin Fellows	Clinical Director, CHCP (PAG Chair)
William Wilkie	Lead Optometrist
Yvonne Milne	Project Team Leader, Goldenhill Resource Centre
Nazerin Wardrop	Staffside Representative
Neil MacKay	GP, Alexandria
Val McIver	Senior Nurse, Adult Services
John Russell	Head of Mental Health, Learning Disabilities and Addictions
Gwen Carr	Head Paediatric OT

1. Welcome and Apologies

K Fellows welcomed everyone to the meeting.
Apologies were submitted on behalf of Anna Crawford, Jackie Irvine, Soumen Sengupta and Alison Wilding.

2. Minutes of previous meeting

The meeting scheduled for 11 June 2014 was cancelled. Minutes of meeting held on 09 April 2014 were accepted as an accurate record, proposed by Nazerin Wardrop and seconded by Neil MacKay.

3. Matters Arising:

Optometry

W Wilkie gave an update on the Optometry Clinical Governance Improvement Workplan initiatives:

- Ensure robust follow on patients who fail appointments for repeat visual field tests.
- Develop protocols to establish at the earliest possible opportunity the base line parameters for patients with a family history of glaucoma.
- Audit of referral logs regarding feed-back on attendance and outcomes.
- Develop a peer support group.
- Organise Practice Staff Training.

W Wilkie advised that further information is being sought regarding Optometry Medication Supply roll out. The pilot is being continued and extended into Renfrewshire.

The Chair thanked W Wilkie for this update.

PLE

Practice based PLE is to take place 18 September, Engine Room, Dumbarton Health Centre. Topics covered will be Bereavement Policy/Death Certificate/DNACPR.

Social Prescribing

J Russell noted interest in developing Social Prescribing within Mental Health Services. He will contact S Ross (WDCVS) for an update.

JR

LCP

N Wardrop advised that further awareness training on the use of the Liverpool Care Pathway has been rolled out in care homes..

4. Health & Social Care Partnership (HSCP) Update

K Fellows updated the group on the timeline for transition to a Health & Social Care Partnership. Scottish Government's consultation on the statutory regulations to accompany the Public Bodies (Joint Working) Act is on-going. A response to the regulations will be submitted to CHCP Committee in August. The draft Integration Scheme required by the Act to establish the HSCP will be shared at the next PAG meeting.

SS/KF

The draft Integration Scheme will be submitted to CHCP Committee in November; and to Council and Health Board before Christmas. Scottish Government approval is expected before 31st March for go-live date of Integration Joint Board on 1st April 2015.

5. Interim Guidance: Caring for people in the last days and hours of life

K Fellows introduced this Interim Guidance. It has been developed in response to recent concerns about use of the Liverpool Care Pathway (LCP). It sets out clear information on how staff can provide good care for people who are in the last days and hours of their life.

This document can be used to complement or supplement existing local approaches to providing good end of life care. Locally the Liverpool Care Pathway has been replaced by Care Plans.

V Mclver advised that Palliative Care Nurses are attending Care Homes to refresh meaning of DNACPR.

6. Strategic Plan

K Fellows introduced WDCHCP Strategic Plan 2014/14. The plan details the CHCPs core values of providing safe, effective and efficient health and care to and with the communities of West Dunbartonshire. The plan sets out priority key actions for delivery over the course of 2014/15.

7. Reports (for information)

Mental Health Development Group
Diabetes Steering Group
Palliative Care Group
Long Term Conditions
Change Fund Implementation Group

The above minutes were all discussed and noted with the following comments:

Mental Health

- ESTEEM service – for 1st presentation psychosis patients 16-35 yrs old - now available in Dumbarton as well as Clydebank. GPs can refer to this service directly. Team Leader to be invited to Locality Groups.
- Goldenhill Resource Centre implementing texting for appointment reminders – GPs requested to ensure up to date telephone numbers when making referrals.
- Primary Care Mental Health Team based at Vale Centre for Health & Care are piloting a call back service.

KF

Change Fund Implementation Group

It was noted that the Change Fund ceases on 31st March 2015, and will be replaced by the Integrated Care Fund. Review of existing projects is underway.

8. AOCB

J Russell suggested that he reports on Multi Agency Public Protection Arrangements (MAPPA) at next PAG meeting.

JR/IM

G Carr gave a brief update on Specialist Children's Services. Following a redesign review, all services will now be managed from the Acorn Centre. Delivery of services will continue in both the Acorn Centre and the West Centre.

Date of Next Meeting

Wednesday 08 October 2014, 2.00pm, Managers Meeting Room, Garshake