

WEST DUNBARTONSHIRE COUNCIL

Report by the Executive Director of Corporate Services

Council : 29 September 2010

Subject: Changes Required to West Dunbartonshire Council's Standing Orders to create West Dunbartonshire Community Health and Care Partnership (CHCP)

1. Purpose

- 1.1** To detail the changes which will be required to the Committee remits part of West Dunbartonshire Council's Standing Orders. In particular, the Standing Orders will need to change to remove delegation to the Social Work and Health Improvement Committee and the Education and Lifelong Learning Committee and to recommend the removal of the Health Improvement and Social Justice Partnership. In place thereof, these functions will require to be delegated to a new Council Sub-Committee to be known as West Dunbartonshire Community Health and Care Partnership.

2. Background

- 2.1** On 28 February 2010 and 28 April 2010 West Dunbartonshire Council agreed to set up a Shadow CHCP to develop proposals for the CHCP. The CHCP would deal with Health Board functions presently delegated to West Dunbartonshire Community Health Partnership and the Council's Social Work and Health functions. At present the Council delegates its social work functions to the Social Work and Health Improvement and Education and Lifelong Learning Committees. Criminal Justice functions are delegated to the Argyll, Bute and Dunbartonshires Criminal Justice Social Work Partnership Joint Committee. The Health Improvement and Social Justice Partnership of the Council co-ordinates work with the Health Board and Community Health Partnership.
- 2.2** The present delegation by the Council of social work functions to the Social Work and Health Improvement and Education and Lifelong Learning Committees will be removed. Essentially this will disband the Social Work and Health Improvement Committee. The present delegation to the Argyll, Bute and Dunbartonshires Criminal Justice Social Work Partnership Joint Committee will remain in place. In place thereof the social work functions previously delegated to the Social Work and Health Improvement and Education and Lifelong Learning Committees will be delegated to a new Sub-Committee to be known as the West Dunbartonshire Community Health and Care Partnership.

- 2.3** It is necessary to create the CHCP as a Sub-Committee of the Council to allow equality of membership with the Health Board. The Local Government (Scotland) Act 1973 provides that Council Committees are to have a minimum of two-thirds councillor membership. However, this restriction does not apply to Sub-Committees. As the Council can delegate powers directly to a Sub-committee, in the same way that it might delegate to a committee, there will in practice be no difference between the CHCP acting as a Council Sub-committee, rather than Committee.
- 2.4** The Shadow CHCP considered these proposals at its meeting on 11 August 2010 and recommended their approval.

3. Main Issues

- 3.1** The proposed changes to West Dunbartonshire Council's Standing Orders are intended to move all current functions and responsibilities of the Social Work and Health Improvement Committee and the relevant Social Work functions and responsibilities of the Education and Lifelong Learning Committee to a new Committee – the West Dunbartonshire Community Health and Care Partnership.
- 3.2** The suggested changes to Council's Standing Orders are detailed in Appendix 1.
- 3.3** There are four particular issues to consider within the attached Appendix regarding sections 29(b)(iii), 29(c) and Appendix 3(e) of the Standing Orders – these are:
- 3.3.1** Council Standing Order 29(b)(iii) provides that Council can consider any matter which is within the remit of a committee or its sub-committee. In other words Social Work matters could be brought straight to Council by way of a motion, bypassing the CHCP. This would mean that Health Board members of the CHCP would not be able to contribute to any such decisions. There are two particular issues. Firstly, the Health Board would not intend to retain any such power in relation to functions that they are transferring to the CHCP. It would be anomalous if the Council chose to retain such a power. Secondly, as time progresses it is likely that Health Board and Council Social Work functions will become increasingly integrated. If Council dealt with an issue it could only deal with Council Social Work functions and could not consider similar Health Board functions or joint services. This issue was considered by the Shadow CHCP who recommended that while matters can still be brought to Council by motion, that Council's power should be to make recommendations to the CHCP. This ensures that the CHCP is aware of the Council's views, but also allows all CHCP members to contribute. However, as set out in the Scheme of Establishment, the responsibility for the discharge of the Council's statutory duties at all times rests only with elected members.
- 3.3.2** Meetings are normally set at times determined by Council. In the case of the CHCP, this is a joint committee with the Health Board. Clearly it would not be in the interests of partnership working for one partner to attempt to impose meeting

times on the other. For this reason it is recommended that in Standing Order 29(c) the CHCP is allowed to set its own dates and times of meetings.

3.3.3 Appendix 3(e) – Remit of Education and Lifelong Learning Committee. The Shadow CHCP recommended that the following remits of the Education and Lifelong Learning Committee should be joint with the CHCP

- Providing the key accountability on behalf of the Council as the ‘Corporate Parent’ for looked after and accommodated children and young people.
- Paragraph 2.4 - Early Years/Out of School Care Services.

In practice this would mean that where the committee remits and interests came together it would be essential to ensure that both the E&LL Committee and CHCP Committee both received reports and took decisions to discharge these functions.

3.4 In addition the proposed changes also creates within the Standing Orders information on the remit, delegated powers and arrangements for meetings of the Argyll, Bute and Dunbartonshires Criminal Justice Social Work Partnership Joint Committee, which was previously not included within the Standing Orders.

4. People Issues

4.1 The changes to Standing Orders do not themselves create people issues.

5. Financial Issues

5.1 The Council will still remain statutory responsible for social work functions and the budget thereof. As such, the changes to Standing Orders to create the CHCP do not in themselves have any financial impact.

6. Risk Section

6.1 There are potential risks as follows:

- There are cultural differences between the NHS and Local Authorities. The voting arrangements which are proposed in the draft Standing Orders for meetings and Scheme of Establishment try to address this issue, by encouraging consensus decisions, while ensuring that one Partner cannot overrule the other;

7. Equalities Impact Assessment

7.1 The creation of the CHCP has been subject to an Equalities Impact Assessment.

8. Conclusions and Recommendations

- 8.1** It is recommended that following on from the Council's earlier consideration and approval of the Scheme of Establishment for the new CHCP the Council approves
- a) the proposed amendments to the Council's Standing Orders and the four issues identified at sections 29(b)(iii), 29(c) and Appendix 3(e) of the Standing Orders as set out above; and
 - b) makes the changes detailed in Appendix 1 in order to create and delegate functions to the West Dunbartonshire Community Health and Care Partnership.

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Appendix: Appendix 1 - Changes to West Dunbartonshire Council's Standing Orders Part II and Appendix 3 - Committee Remits

Background Papers: None

Wards Affected: All

PROPOSED CHANGES TO WEST DUNBARTONSHIRE COUNCIL'S STANDING ORDERS

PART II AND APPENDIX 3 - COMMITTEE REMITS

STANDING ORDERS PART II

29 - PROCEEDINGS OF COMMITTEES AND SUB-COMMITTEES

- (a) Insert at the beginning "With the exception of the West Dunbartonshire Community Health and Care Partnership, the".
- After the first sentence insert "The West Dunbartonshire Community Health and Care Partnership has its own Standing Orders for meetings".
- 29(b)(iii) This provides that Council can consider any matter which is within the remit of a Committee or Sub-Committee. *Recommended that Council can only make recommendations to the CHCP in relation to such matters (see 3.3.1).*
- 29(c) The Ordinary Meetings of Committees and Sub-Committees are set at times determined by the Council. In the case of the CHCP, the time of meetings will require to be agreed with Health Board Members. *In these circumstances would Council wish to allow the CHCP to set its own dates and times of meetings?*
- 29(h) Insert at the end "The Chair of the West Dunbartonshire Community Health and Care Partnership shall be a Council nominee and the Vice-Chair shall be a Health Board nominee".
- 31(a) Delete "Social Work and Health Improvement Committee" and add "West Dunbartonshire Community Health and Care Partnership Sub-Committee (to be known as West Dunbartonshire Community Health and Care Partnership)" and "Argyll, Bute and Dunbartonshires Criminal Justice Social Work Partnership Joint Committee".
- 32 Other Constituted Bodies - delete paragraph (a) relating to the Health Improvement and Social Justice Partnership.
- 32(e) The Social Work Complaints Review Panel - this will remain but will now report to the West Dunbartonshire Community Health and Care Partnership Committee.

PART V

43 - DEFINITIONS

In 13(e) add "the Standing Orders of West Dunbartonshire Community Health and Care Partnership".

APPENDIX 3(e) - Education and Lifelong Learning Committee

Paragraph 2.1 General, delete bullet point 2 “Direct and supervise the discharge of the relevant functions of the Council under the Social Work (Scotland) Act 1968, the Children (Scotland) Act 1995, and other relevant legislation”.

“Providing the key accountability on behalf of the Council as the ‘Corporate Parent’ for looked after and accommodated children and young people – should this be a joint remit with CHCP.

Paragraph 2.2 - Best Value and Performance Review - Delete Social Work and Health Department Service Plans.

Paragraph 2.4 - Early Years/Out of School Care Services - should this be a joint remit with CHCP.

Paragraph 2.6 - Delete all of this paragraph.

Appendix 3(k) - Social Work and Health Improvement Committee - delete this appendix as it stands in its entirety and replace with the following:

“West Dunbartonshire Community Health and Care Partnership (the CHPC)

1. Membership/Arrangements for Meetings

- 1.1 The membership of the West Dunbartonshire Community Health and Care Partnership will comprise 12 members. Six members will be nominated by NHS Greater Glasgow and Clyde Health Board and the remaining 6 members will be Elected Members. The Chair shall be a Council appointee and the Vice-Chair shall be a Health Board appointee.
- 1.2 The West Dunbartonshire Community Health and Care Partnership shall have its own Standing Orders for meetings, as approved by Council and the NHS Board.
- 1.3 In addition to the power to establish sub-committees, the West Dunbartonshire Community Health and Care Partnership will have the power to establish Working Groups to examine and report on specific issues.

2. Role and Remit

2.1 General

The purpose and remit of West Dunbartonshire Community Health and Care Partnership Sub-Committee is to:-

- Direct and supervise the Health Improvement activities of the Council.
- Direct and supervise the relevant functions of the Council under the Social Work (Scotland) Act 1968, the Children (Scotland) Act 1995, related Acts, and other relevant legislation.

- Direct and supervise the activities of the Council under national and local Social Inclusion/Social Justice agendas.

The West Dunbartonshire Community Health and Care Partnership Sub-Committee will undertake a number of general responsibilities. These include:-

- Ensuring that the committee retains a primary focus on its responsibilities for delivering on the outcomes which are within its area of responsibility - as set out in both the Community Plan for West Dunbartonshire, and the Council's Corporate Plan.
- Monitoring the work of the committee and ensuring that the activities reported to the committee are responsive to the needs of local people.
- Involving users and carers, local people, employees, partners and other stakeholders in service planning, and ensuring that their views are sought on the development and delivery of services.
- Promoting Social Inclusion and Equalities in all areas for which the committee has responsibility.
- Promoting Health Improvement in all areas for which the committee has responsibility and as part of the wider activity of the Council.
- Promoting the delivery of relevant inter agency collaboration and supporting partnership working, particularly in the context of Joint Future and NHS integration.
- Setting performance targets (within the context of the Corporate, Service and Strategic Planning processes, including the Joint Performance Information Assessment Framework, and the NHS Community Health Partnership Annual Plan), for the overall standards of service and to receiving reports on these.
- Directing the implementation of the 21st Century Review of Social Work proposals.
- Establishing a strategic financial framework to underpin service delivery, continuous improvement and partnership arrangements.
- Monitoring capital expenditure in respect of each area of the committee's activity.
- Monitoring revenue budgets in respect of each area of the committee's activity.
- Considering the findings and recommendations of any working groups relevant to the committee's areas of activity.

- Providing the key accountability on behalf of the Council as the 'Corporate Parent' for looked after and accommodated children and young people.
- Paragraph 2.4 - Early Years/Out of School Care Services - should this be a joint remit with CHCP.

2.2 Best Value and Performance Review

The West Dunbartonshire Community Health and Care Partnership will monitor the implementation of Best Value and other continuous improvement initiatives within the scope of its remit. It will scrutinise statutory and other performance information. This may include:-

- Approving relevant service plans, including the Social Work and Health Departmental Service Plan, the Integrated Children's Services Plan and setting targets.
- Scrutinising performance reports on Service Plans.
- Considering reports on Best Value Service Reviews and other continuous improvement and quality initiatives.

2.3 Partnership Arrangements

The West Dunbartonshire Community Health and Care Partnership Sub-Committee will work in partnership with the Argyll, Bute and Dunbartonshire Social Work Criminal Justice Partnership Joint Committee and the Criminal Justice Authority to ensure that key criminal justice issues are addressed. For example:-

- Developing and enhancing the range and quality of community based disposals and services, so enabling courts to reduce the use of custody.
- Developing throughcare services.
- Tackling offending behaviour.
- Involving the community in responding to crime and its consequences and reducing the fear of crime, with other Community Safety Partners.
- Supporting victims of crime.
- Responding to the challenges and opportunities of joint working through the new Community Justice Authority and the Management of Offenders (Scotland) Act 2005.

2.4 Social Work Services

The West Dunbartonshire Community Health and Care Partnership will develop and monitor the provision of relevant Social Work services. This may include:-

- Targeting the provision of public funded care, help and support to the people most in need of care and protection.
- Supporting independent living to enable people to live at home safely wherever possible.
- Providing high quality services which address people's needs and which respects their rights.

For all Adult Community Care Services, and in partnership with relevant Health Services and other partners, the CHPC will oversee:-

- Assessing and responding to needs for services of all adult community care client groups.
- Assessing care needs and through care management systems planning and co-ordinating community care and support services for people at home or in hospital.
- Implementing agreed delayed discharge policies to return people from hospital care to their own communities or alternative care settings.
- Ensuring access within available resources to required services.
- Ensuring that a suitable Adult Protection scheme is implemented.
- Determining social policy and service provision at a local level in association with NHS, Communities Scotland, Housing Associations, the Community Planning Partnership, voluntary and independent providers.
- Assessing and designing services to address the emerging needs of minority ethnic groups.
- Promoting anti-poverty and financial inclusion strategies, within the overall council framework, and in partnership with the Community Planning Partnership and other agencies and providers.
- Providing welfare rights/money/debt advice to maximise the income of those who are entitled to welfare benefits or who have low incomes from work, including campaigning for the uptake of benefits.
- Through care management, money advice and welfare rights supporting people into work, education and training.
- Providing welfare rights and money advice to all community care services to ensure that incomes from state benefits are maximised to augment their care and support opportunities.
- Improving training and employment opportunities for all adult service users.

- Encouraging the development of community based local organisations, forums, and user and carers groups to participate in the strategic work of service planning and consultation.

2.5 Health Improvement

The West Dunbartonshire Community Health and Care Partnership will work with partners to develop and monitor the provision of relevant Health Improvement services.

This may include:-

- Assessing and defining local needs.
- Developing and monitoring local strategy to support national policy.
- Developing and monitoring local strategy to deliver on local priorities for health improvement.

2.6 Services for Children and Young People

The West Dunbartonshire Community Health and Care Partnership will develop and monitor the provision of relevant social work services for children and young people. This may include:-

- Providing support in ways which enable children and young people to take advantage of opportunities which help them to achieve their full potential.
- Promoting the protection of children from physical, sexual and emotional abuse and neglect, continuing to give high priority in staffing, training and research, working with other statutory and voluntary agencies and monitoring procedures and practice in the light of developments.
- Assessing and responding to children considered to be Children In Need such as those affected by parental substance misuse, mental health issues or disability.
- Providing support which enables children and young people to live, whenever possible, within their own families in a safe, secure supportive family setting.
- Preventing family breakdown and the admission of children into care by providing practical support to families in their own home, targeted financial support, the use of community initiatives, planning and assessment mechanisms to ensure that children are adequately supported within the community.
- Providing substitute family care for children who require to be looked after and accommodated by the local authority.

- Recruiting, training and supporting foster carers and adoptive parents to meet the needs of children and young people in care, including those from black and ethnic minority groups, and those with additional needs.
- Providing a range of residential care for children, which are well staffed and flexible in response to need, and providing greater training opportunities for residential staff in line with national targets.
- Preparing young people leaving residential care for adult life by offering a range of practical, personal support to assist them with accommodation, employment and income maintenance.
- In association with Housing Services and other statutory and voluntary agencies, improving the services for homeless young people.
- Working within the Children's Hearing System to develop programmes which reduce the possibility of future involvement in the Criminal Justice system as a consequence of serious or persistent offending.
- Assessing and responding to the care and support requirements of children with additional needs.
- Planning for the transitional needs of all young people moving into Adult Services from Children's Services.
- Assessing and designing services for the emerging needs of minority ethnic groups.
- Overseeing the implementation of 21st century review proposals and securing a programme of continuous improvement for Children's Social Work Services.

2.7 Delegated Powers

The West Dunbartonshire Community Health and Care Partnership will have full delegated powers to implement its functions, remit and responsibilities."

Insert a new Appendix 3(o), being:

"Argyll, Bute and Dunbartonshire's Criminal Justice Social Work Partnership Joint Committee

1. Membership/Arrangements for Meetings

- 1.1 The membership of the Argyll, Bute and Dunbartonshire's Criminal Justice Social Work Partnership Joint Committee will be 6 Elected Members, being 2 each from Argyll and Bute Council, East Dunbartonshire Council and West Dunbartonshire Council. In addition, the Joint Committee may decide that the three Councils may each nominate one person who is not a member of any of the three Councils to represent local community interests within that Council area.

- 1.2 A quorum for the Joint Committee shall be 3 persons, constituted by the attendance of one member of each member authority or his/her substitute.
- 1.3 More detailed provisions regarding membership are contained in a Minute of Agreement executed between Argyll & Bute, East Dunbartonshire and West Dunbartonshire Councils.

2. Role and Remit

2.1 General

The purpose and remit of the Argyll, Bute and Dunbartonshire's Criminal Justice Social Work Partnership Joint Committee shall be:-

- Direct and supervise the Social Work Criminal Justice activities of the Council, including:-
 - Multi-Agency Public Protection Arrangement;
 - Prison based Social Work Services;
 - Probation Services;
 - Criminal Justice Community Services;
 - Services to Courts;
 - Aftercare/Licences and Parole Services; and
 - Services for sex offenders.
- To work in partnership with the Criminal Justice Authority to ensure that key criminal justice issues are addressed, including:-
 - Developing and enhancing the range and quality of community based disposals and services, so enabling courts to reduce the use of custody.
 - Developing through care services.
 - Tackling offending behaviour.
 - Involving the community in responding to crime and its consequences and reducing the fear of crime, with other community safety partners.
 - Supporting victims of crime.
 - Responding to the challenges and opportunities of joint working through the new Community Justice Authority and Management of Offenders (Scotland) Act 2005.

2.2 Best Value and Performance Review

The Argyll, Bute and Dunbartonshire's Criminal Justice Social Work Partnership Joint Committee will monitor the implementation of Best Value and other continuous improvement initiatives within the scope of its remit. It will scrutinise statutory and other performance information. This may include:-

- Approving relevant service plans and setting targets.

- Scrutinising performance reports on Service Plans.
- Considering reports on Best Value Service Reviews and other continuous improvement and quality initiatives.

2.3 Delegated Powers

The Argyll, Bute and Dunbartonshire's Criminal Justice Social Work Partnership Joint Committee will have full delegated powers to implement its functions, remit and responsibilities."