Minutes of
East Dunbartonshire HSCP Performance, Audit & Risk Committee Meeting
held at 10.00am on Friday 21st September 2018
in S1, Kirkintilloch Health & Care Centre

Present:	**Susan Murray (Chair)**	**(SM)**	**Alan Moir**	**(AM)**
	Jacqueline Forbes	**(JF)**	**Jean Campbell**	**(JC)**
	Derrick Pearce	**(DP)**	**Peter Lindsay**	**(PL)**
	Fiona Mitchell-Knight	**(FM)**	**Kenneth McFall**	**(KMc)**
	Gillian McConnachie	**(GM)**		
In attendance:	**Kirsty Gilliland (Minutes)**	**(KG)**		

No.	Topic	Action by
1.	**Welcome and Apologies**	
	Susan Murray welcomed those present. Susan Manion, Ian Ritchie, Sheila Mechan and Mags McGuire's apologies were noted.	
2.	**Minutes of previous meeting – 27th June 2018**	
	The minute of the meeting held on 27th June 2018 was approved as an accurate record.	
3.	**Audit Scotland – Draft 2017/18 East Dunbartonshire IJB Annual Audit Report**	
	Mrs Mitchell-Knight and Mr Lindsay gave an overview of the plan for 2017/18, which was previously circulated with the agenda, the Auditor's letter and letter of representation from the Chief Finance & Resources Officer. Mrs Mitchell-Knight highlighted the key issues and advised that there are no matters other than those set out in the report that need to be brought to the attention of the Committee. Mrs Murray was reassured those significant errors had now been corrected and that appropriate governance measures were now put in place. Mrs Forbes asked that we ensure the final audited accounts are used going forward rather than the unaudited accounts. The Committee noted the report.	
4.	**ED HSCP 2017/18 Final Audited Accounts**	
	Ms Campbell presented the final audited annual accounts 2017/18 and advised that this had been updated to remedy any consistency and presentational issues identified throughout the audit process. The report presents a year end deficit for the partnership of £1.1m. As reported to the IJB throughout the financial year, this required a drawdown from general reserves of £1.7m to mitigate the net impact of pressures in relation to Adult and Children's Social Work services. Ms Campbell advised that there is a requirement for financial accounts to be signed by the Chair, Chief Officer and Chief Finance & Resources Officer.	

	Mrs Forbes queried the Expenditure and Income Analysis on page 32 which details the total paid in by both organisations – in excess of £151m, however this does not equate to the contribution each partner made. Ms Campbell advised that this relates to historic resource transfer monies, pre the set up of the IJB, and relates to funding transferred from Health into the Local Authority to support community based services in response to hospital closure programmes such as Woodilee, Lennox Castle in years gone by. The Committee approved the recommendations and noted the report.	
5.	**EDC Internal Audit Progress Update 2018/19**	
	Mrs McConnachie gave an overview of the outputs for 2018/19 relevant to the HSCP, covering the period from April 2018 to July 2018. Any risks are highlighted to management in action plans appended to the audit reports. Progress is being against the 2018/19 plan with 11 outputs completed. An additional 9 outputs are in progress, which include; Freedom of Information, Direct Payments and Carefirst. Mrs Forbes commented that the progress was reasonable. The Committee noted the update.	
6.	**EDC Final Follow Up Audit Review 2017/18**	
	Mrs McConnachie provided a summary of outstanding audit issues, focusing on high risk areas which include: outstanding risks relating to Homecare, Carefirst, Direct payments and Social Work Contract monitoring. Mrs Forbes referred to 4.3 in the report which highlights Business Continuity as being high risk, however, there is no evidence to demonstrate that we are making progress. Ms Campbell reassured the Committee that progress was underway and outlined that controls were being put in place via various electronic systems. Mrs Forbes highlighted that Appendix 1 outlines that progress had been made under the Homecare review however, no target dates were identified. These need to be included. The Committee noted the report.	
7.	**NHSGGC PwC Internal Audit Activity to June 18**	
	Mrs McConnachie gave an overview of PwC's Internal audit annual report on NHSGG&C. The audit opinion given by PwC on NHS Greater Glasgow & Clyde is generally satisfactory with some improvements required. Governance, risk management and control in relation to business critical areas is generally satisfactory, however, there are some areas of weakness and non-compliance in the framework of governance, risk management and control which potentially put the achievement of objectives at risk. Three of the audit findings identified during 2017/18 rated as high risk should be reported in the Governance Statement. These include waiting times management, achieving financial balance & mental health and crisis management. NHS Greater Glasgow & Clyde has accepted their findings. Mrs Forbes highlighted that the increase and demand currently experienced across the NHS is putting strain on the budget.	

	Mrs Murray questioned the comment in the audit report regarding not having access to the full audit reports for NHSGG&C. Ms Campbell clarified that they have no obligation to disclose this to the IJB as the contractual arrangement for provision of the internal audit arrangements is between NHS GG&C and the appointed auditors, however discussion are underway with Chief Internal Auditors to improve these arrangements and ensure sufficient oversight of report to provide assurances to IJB Audit Committees. The Committee noted the update.	
8.	**Homecare – Care Inspectorate Report**	
	Mr Pearce provided an update on the outcome of the unannounced inspection of Homecare services by the Care Inspectorate in May 2018. The three quality themes the inspection looked at include; Quality of Care and Support; Quality of Staffing and Quality of Management and Leadership. The results represent a significant decline in comparison to the last announced inspection in April 2017. Although the inspection report is concerning, the inspectorate recognised good practice by our carers and very positive feedback from customers. This allows us a benchmark and creates an opportunity for reflection and development. A formal service review had already been initiated jointly between the HSCP and EDC Organisational Transformation prior to the inspection. An action plan has been developed, signed off internally and submitted to the Care Inspectorate who has accepted it. A number of areas are already in progress and some have been actioned. The areas covered in the action plan include; Person centered assessment, support planning and review; Customer/Carer involvement; Staff vacancies and absence; Workload and shift rotas; Staff induction, registration and supervision; Training and Quality assurance. This will now be implemented by the service and the impact on service and quality improvement will be monitored. The Care Inspectorate will re-visit the service in December 2018 to follow up on the required action. Mrs Forbes highlighted that the report was worrying, particularly around staff turnover and asked what the reason for this is. Mr Pearce explained that it is difficult to retain staff mainly due to the level of pay and it can also be a physically demanding role. Mrs Murray recommended noting the initiation of a service review of homecare in the development plan as it is only mentioned in the summary. She suggested including a hyperlink. Mr Moir was concerned about staff morale in terms of staff turnover. Staff need to know it is being taken seriously and that they are valued. Mr Pearce assured the Committee that the review process will be robust to engage with staff. The Committee noted the report.	

9.	**Adult Support & Protection Inspection**	
	Mr Pearce and Ms Campbell gave an overview on the outcome of the recent inspection of Adult Support and Protection services in the absence of Caroline Sinclair, Head of Mental Health, Learning Disability, Addiction & Health Improvement. East Dunbartonshire was one of six partnerships to be inspected and this was the first inspection of its nature. The key findings within East Dunbartonshire were good across the board. The one area for improvement was around chronologies for all adults who require them. Mrs Forbes commented that the report was interesting as out of the six partnerships, there was only one cited and their results were poorer than the other five. Mr Pearce advised that there was some learning to be gained from the other areas. He informed the committee that the comments around Leadership reflect the vacancies at the time as he and Caroline Sinclair were not in post at that time. The Committee noted the report.	
10.	**Future Agenda Items**	
	Mrs Murray highlighted the changing role of the HSCP Performance, Audit & Risk Committee and how we can support Susan's suggestion, from the previous committee, on providing a forum for effective oversight of financial planning whilst being functional and monitoring the progress of overall performance as we are only meeting a portion of our indicators. There are a number of areas of improvements identified for 2018/19 and some objectives for future meeting should include: • HSCP Financial planning • Transformation and efficiency • External payments • Best value Mrs Murray suggested that we should meet more regularly - perhaps quarterly.	
11.	**Date of Next Meeting**	
	Next meeting of the group is scheduled to take place on Monday 26th November 2018.	

East Dunbartonshire Health & Social Care Partnership

EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

Commonly known as the

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

ANNUAL ACCOUNTS

2017/18

CONTENTS

MANAGEMENT COMMENTARY

Introduction

This document contains the financial statements for the 2017/18 operational year for East Dunbartonshire Health & Social Care Partnership (HSCP).

The management narrative outlines the key issues in relation to the HSCP financial planning and performance and how this has provided the foundation for the delivery of the priorities described within the Strategic Plan. The document also outlines future financial plans and the challenges and risks that the HSCP will face in meeting the continuing needs of the East Dunbartonshire population.

The Health & Social Care Partnership

East Dunbartonshire Health and Social Care Partnership (HSCP) is the common name of East Dunbartonshire Integration Joint Board which was formally established in September 2015 in accordance with the provisions of the Public Bodies (Joint Working) (Scotland) Act (2014) and corresponding Regulations in relation to a range of adult health and social care services. The Integration Scheme was revised and approved by the Scottish Government in August 2016 to extend delegated functions in relation to NHS Community Children's Services; Children's Social Work Services; and Criminal Justice Social Work Services.

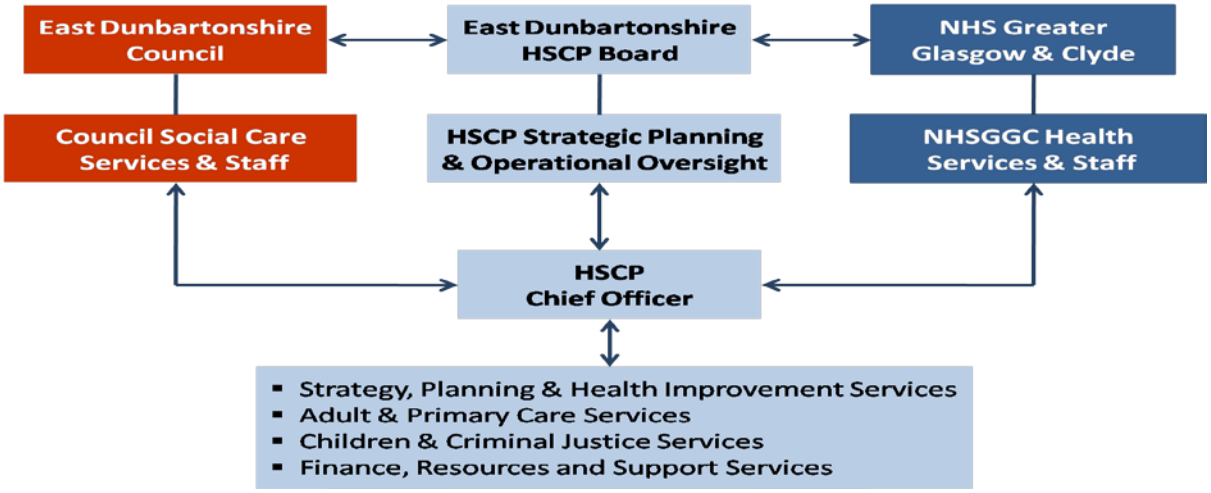
The HSCP Board, East Dunbartonshire Council (EDC) and NHS Greater Glasgow & Clyde (NHS GG&C) aim to work together to strategically plan for and provide high quality health and social care services that protect children and adults from harm, promote independence and deliver positive outcomes for East Dunbartonshire residents.

East Dunbartonshire HSCP Board has responsibility for the strategic planning and operational oversight of a range of health and social care services whilst EDC and NHSGGC retains responsibility for direct service delivery of social work and health services respectively, as well as remaining the employer of health and social care staff.

The HSCP Board's specific responsibility comprises of:

- Directions;
- Accounts;
- Strategic Plans;
- Strategic documents & governance papers.

Exhibit 1 (below) represents accountability arrangements for the planning and delivery of community health and social care services.



Our partnership vision is "Caring Together to make a Positive Difference" and is underpinned by 5 core values as set out below.

Exhibit 2

Our current Strategic Plan covers the period 2018 – 2021 and sets out eight strategic priorities which describe our ambitions to build on the significant improvements already achieved and to further improve the opportunities for people to live a long and healthy life, provide early support to families and young children and focus service on those most vulnerable in our communities.

These priorities are:-

- Promoting positive health & well-being, preventing ill health and building strong communities;
- Enhance the quality of life and supporting independence for people, particularly those with long term conditions;
- Keep people out of hospital when care can be delivered closer to home;
- Address inequalities and support people to have more choice and control;
- People have a positive experience of health and social care services;
- Promote independent living through the provision of suitable housing accommodation and support;
- Improve support for carers enabling them to continue in their caring role;
- Optimise efficiency, effectiveness and flexibility.

The Plan is underpinned by a detailed Strategic Needs Assessment that informs decisions regarding the type and distribution of services required to achieve maximum population benefit and effective and efficient use of resources. It has been designed to meet the outcomes and performance measures for integration within the Scottish Government's National Performance Framework, focussed on achieving the nine national health and wellbeing outcomes.

This is further supported by an Annual Business Plan outlining the key priorities for service redesign and transformation in delivery of the Strategic Plan and is supported by a range of operational plans, work-streams and financial plans to support delivery.

The Strategic Plan also links to the Community Planning Partnership's Local Outcome Improvement Plan (previously SOA), whereby the HSCP has the lead for or plays a significant role in delivering against Outcome 3 – "Our children and young people are safe, healthy and ready to learn", Outcome 5 – "Our people experience good physical and mental health and well being with access to a quality built and natural environment in which to lead healthier and more active lifestyles" and Outcome 6 – "Our older population and more vulnerable citizens are supported to maintain their independence and enjoy a high quality of life, and they, their families and carers benefit from effective care and support services"..

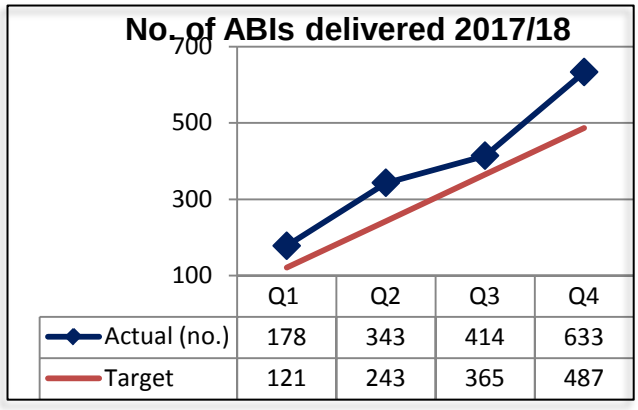
Performance is monitored using a range of performance indicators outlined in a performance management framework with quarterly performance reports to the HSCP Board, Community Planning Board and other committees. Service uptake, waiting times and other pressures are closely reviewed and any negative variation from the planned strategic direction is reported to the HSCP Board through exception reporting arrangements which includes reasons for variation and planned remedial action to bring performance back on track.

HSCP BOARD OPERATIONS FOR THE YEAR 2017/18

The HSCP achieved 50% of its performance indicator targets for 2017/18, with a further 12.5% showing improvement (based on Quarter 3 data), a decline of 18% on 2016/17. This reflects performance in delivery of the health & social care delivery plan, Social Care, the NHS delivery plan and in delivery of the nine national outcomes. This includes performance across all delegated functions to the partnership for Adults, Older People, Children and Criminal Justice Services.

In terms of Outcome 1, *people are able to look after and improve their own health and well-being and live in good health for longer*, there are a number of areas of positive performance for the Partnership that demonstrates effective delivery in this area. For example:

- **633** Alcohol Brief Interventions were delivered over the year, providing opportunity to highlight to people that their alcohol consumption was above recommended safe levels, and advise on reducing their alcohol intake.



- Developed an enhanced monitoring and weight management programme for adults with learning disabilities who are wheelchair users to monitor and support weight management and nutritional status. This service has supported **25** attendees since being established, removing barriers that prevent health equality for adults with learning disabilites. The service also provided an opportuniy to identify other health issues and take preventative measures.
- **287** local people attended a range of organised discussions and activities, with an emphasis on engaging with hard to reach groups, aimed at improving the public's awareness and confidence to encourage an increase in uptake of cancer screening.
- Recently secured accommodation and established a Men's Shed project in Bearsden and over **40** men have become members The Men's Shed provides opportunities to reduce social isolation for men living in the community and replicated the well established East Locality Men's Shed project.

All examples, above, point to a healthier population managing their own health outcomes.

In relation to Outcome 2, *people are able to live independently at home or in a homely setting in their community*, there are a range of good performance indications.

Of particular significance is the achievement of continued positive performance in the number of bed days in secondary care used by patients who have been admitted unexpectedly and the number of unplanned acute emergency admissions. In addition the number of homecare hours per 100 population aged 65+ and the numbers of people with intensive needs receiving care at home continue to be well above target pointing to an improvement in the balance of care with more people with increasing complexity supported at home.

There has been substantial investment in this area through delayed discharge funding, and in particular the development of an Intermediate care facility in Westerton Care Home which has had a positive impact on performance under this outcome.

Further investment through the Change Fund and then the Integration Fund has delivered positive performance in relation to the provision of homecare services for those

with intensive needs, during the evenings, overnight and over the weekend. The outcome of a review of homecare is supporting the delivery of services to those with more complexity and the ability to support more people at home.

There is also good performance in the area of Children's & Criminal Justice services in relation to increasing numbers of childcare Integrated assessments for SCRA completed within the 20 day timescales, child protection review conferences taking place within 3 months of registration and LAAC review timescales and reports to the Court for Criminal Justice Social Work.

All of these indicators exceeding targets during 2017/18.

There are some areas where improvement is required, most notably around the levels of delayed discharge and the numbers of people aged 65+ in permanent care home placements, the numbers of clients waiting longer than 3 weeks from referral to treatment for drug and alcohol services, the timescales for referral to treatment for child and adolescent mental health services and the balance of care for looked after children.

The business plan, approved by the HSCP Board will take forward a range of initiatives to improve performance in these areas as key priorities for the partnership. Elements of this will be linked to work underway across GG&C to ensure the set aside budget is more meaningful and linked to performance in facilitating earlier discharges and reductions in the number of unplanned acute emergency admissions. There are a number of priorities across Adults, Older People and Children's services to develop preventative, community based alternatives which keep people at home or in a homely setting.

The HSCP Board Performance Management Framework has been further developed to ensure we have a robust process for scrutinizing performance across the full range of objectives which are to be delivered through the HSCP.

Operational Highlights for 2017/18 include:-

- Development of a Strategy for Learning Disability and commencement of a review which will fundamentally change the way LD services are delivered across East Dunbartonshire. Aspects of this implemented in 2017/18 in relation to a review of sleepovers with reliance on technological solutions, development of provision to support a core and cluster model which supports people to live independently within the community and a review of day services to ensure people receive appropriate supports within East Dunbartonshire.
- Development of a Strategy for Daycare Services for Older People which builds capacity within local communities through a local area co-ordination model with day centre provision for those with complex needs.
- Continued development of community-led recovery-orientated resources to enable people with drug and alcohol difficulties or mental health issues to receive low intensity, often peer led support, and reduce reliance on formal services.
- Pathway developed between the Scottish Ambulance Service and Community Rehabilitation for referral of non injured fallers to prevent unnecessary conveyance to hospital.
- Established pilot Young Onset Dementia Womens' Group as it was identified that there was a higher proportion of young women with diagnosis of Young Onset Dementia. The group improved cognition and level of function, social connections and quality of life outcomes for these women. It also helped carers to find supports and delivered Psycho-education to improve resilience.
- A robust pathway has been developed to improve pathways for people affected by cancer, between primary and secondary care and for people with cancer to have improved access to community support services, and **55**

people were offered a full Holistic Needs Assessment as a component of their ongoing Cancer review programme.

- The conclusion of a pilot in relation to an Intermediate Care model within a local nursing home providing 8 step down beds for patients ready to be discharged from hospital. This has provided a better co-ordinated, more effective rehabilitation opportunity enabling more (>30%) of patients to return home, with fewer moving into long term care. The initial pilot has been evaluated and the service mainlined during 2017/18.
- Refurbishment of Kirkintilloch Health & Care Centre to facilitate integrated working across older people and adult health and social work services – bringing teams together to achieve better outcomes for our population. Initial discussions are underway on the potential development of an integrated health & social care centre in the West Locality of East Dunbartonshire.
- Development of an unscheduled care plan linked to a wider system approach to improving timeous discharge from hospital and prevention of admission to reduce the usage of acute hospital beds and ensure individuals receive care as close to home as possible. This is supported by an investment plan to facilitate service redesign and transformation through the use of earmarked reserves built up during previous years to ensure services are efficient, fit for purpose and sustainable moving forward.
- We have worked with service providers to ensure the Scottish Government requirements to pay the living wage and ensure quality services across the care home and care at home provision.
- We developed a strategic risk register for the HSCP Board which identifies the key areas of risk that may impact the partnership and have implemented a range of mitigating actions to minimise any impact.

HSCP BOARD'S FINANCIAL POSITION AT 31 MARCH 2018

The activities of the Health and Social Care Partnership are funded through an arrangement whereby the Council and Health Board agree their respective contributions and it is for the partnership thereafter to deliver on the priorities set out in the Strategic Plan. The scope of budgets agreed for inclusion within the HSCP for 2017/18 from each of the partnership bodies were:-

HSCP Board Budgets 2017/18 (from the 1st April 2017 to the 31st March 2018)

HSCP Board Health Budget	£82,340,000
HSCP Board Social Work Budget Adult Services	£39,383,000
HSCP Board Social Work Budget Children & Criminal Justice Services	£11,297,000
HSCP Board Social Work Budget Other	£ 1,230,000
Set Aside – Share of Prescribed Acute functions	£17,381,000
TOTAL	**£151,631,000**

The budget includes an element of funding provided by the Scottish Government to deliver on the key outcomes for the Partnership in the form of delayed discharge (£0.5m), integrated care funding (£0.7m) and Social Care funding (£6.1m).

The Health Budget includes an element relating to Oral Health Services (£10.1m) which is a service hosted by East Dunbartonshire HSCP and delivered across the other five partnership areas within GG&C.

The full extent of this budget is reflected in these accounts as prescribed within the Integration Scheme. There are services

hosted within other GG&C partnerships which have similar arrangements and which support the population of East Dunbartonshire such as MSK Physio, Podiatry, and Continence Care etc.

The extent to which these services (incl Oral Health) are consumed by the population of East Dunbartonshire is reflected below:-

2016/17 £000		2017/18 £000
524	MSK Physio	356
61	Retinal Screening	66
506	Podiatry	535
408	Primary Care Support	317
379	Continence	342
656	Sexual Health	631
91	Learning Disability	0
1,546	Mental Health Services	1,135
853	Oral Health	831
948	Addiction	939
153	Prison Healthcare	161
176	Healthcare in Police Custody	189
2,374	General Psychiatry	2,339
4,610	Old Age Psychiatry	1,927
13,285	**Total Cost of Services consumed within East Dunbartonshire**	**9,768**

The set aside budget relates to certain prescribed acute services including A&E, General Medicine, Respiratory care, Geriatric long stay etc. where the redesign and development of preventative, community based services may have an impact and reduce the overall unplanned admissions to the acute sector, offering better outcomes for patients and service users.

Work has commenced during the year to develop a more accurate costing framework for unscheduled care services to make this allocation more reflective of usage of these services and facilitates the resource shift required to deliver sustainable services within the community as opposed to a hospital setting. An allocation has been determined by NHS GG&C for East Dunbartonshire of £17.4m.

These remain notional budgets and are based on direct costs per bed day for each relevant speciality within the HSCP based on average activity for the 3 years 2011/12 – 2013/14 provided by NHSGGC Information Services department and cost for 2013/14 taken from the NHS Scotland Cost Book. Accident & Emergency outpatient attendances will be included at 3 year average activity and direct cost per attendance for 2013/14.

KEY RISKS AND UNCERTAINTIES

The period of public sector austerity and reduction in the overall level of UK public sector expenditure is anticipated to extend over the medium term horizon.

Future Scottish Government grant settlements remain uncertain with further reductions in government funding predicted to 2020/21. The EU referendum result on the 23rd June 2016 created some further uncertainty and risk for the future for all public sector organisations and this continues with negotiations ongoing.

The Partnership, through the development of an updated strategic plan, has prepared a financial plan aligned to its strategic priorities. The aim is to plan ahead to meet the challenges of demographic growth and policy pressures, taking appropriate action to maintain budgets within expected levels of funding and to maximise opportunities for delivery of the Strategic Plan through the use of earmarked reserves.

Additional funding of £66m has been provided to HSCPs for 2018/19 to support providers to pay the living wage to care workers, implement the Carers Act and has provided some capacity to address social care pressures.

The most significant risks faced by the HSCP over the medium to longer term are:-

- The increased demand for services alongside reducing resources. In particular, the demographic increases predicted within East Dunbartonshire is significant with the numbers of older people aged 65+ is set to increase by 54% over the period 2012-2037 (an average increase of 11% every 5 years).

  In addition, more significantly, older people aged 85+ set to increase by

201.4% over the period 2012-2037 (an average increase of 40% every 5 years).

East Dunbartonshire has a higher than national average proportion of older people, therefore any increases can have a significant impact on the need for services as people get older and frailer.

- The cost and demand volatility across the prescribing budget which has been significant during 17/18 as a result of a number of drugs continuing to be on short supply resulting in significant increase in prices. This will be particularly relevant for the partnership into 2018/19 with the cessation of the risk sharing arrangement across GG&C where the risks and cost pressures will have to be managed within the partnership.
- The achievement of challenging savings targets from both partner agencies that face significant financial pressure and tight funding settlements, expected to continue in the medium to long term.
- The capacity of the private and independent care sector who are struggling to recruit adequate numbers of care staff to support service users which is being felt more acutely south of the border but remains a concern locally.

Financial governance arrangements have been developed to support the HSCP Board in the discharge of its business. This includes financial scoping, budget preparation, standing orders, financial regulations and the establishment of an Audit Committee to ensure the adequacy of the arrangements for risk management, governance and the control of the delegated resources.

ANALYSIS OF THE FINANCIAL STATEMENTS (FINANCIAL PERFORMANCE)

The partnership's financial performance is presented in these Annual Accounts. The table, on page 25, shows a deficit on budget of £1.1m against the partnership funding available for 2017/18.

While this reflects an overall deficit position for the HSCP, as reported throughout the financial year, this was to be underwritten through the planned use of partnership general reserves to deliver a balanced year end position. This can be seen within the Reserves Statement detailed on page 26.

In terms of the functions delegated in respect of Social Work Services - there was significant pressure in relation to Adult and Children's Social Work services of £2m.

These pressures arose as a result of continued need for residential and fostering placements for children due to a combination of additional demands and restrictions on placements within our in-house residential provision with places held in the expectation that a number of Asylum Seeking children will be placed within East Dunbartonshire. This was offset to some extent through vacancy management within Children's SW Services.

In addition, pressures continue on Adult Social work budgets as a result of demand from children transitioning into adult learning disability and mental health services, challenging savings targets for these areas in anticipation of the outcome of a review of learning disability and mental health services and continued pressure on care at home services for older people.

These pressures within Social Work services have been offset by a favourable position for primary care services within the Oral Health Directorate due, largely, to staff turnover and vacancies across the service.

There was also a small under spend position in relation to NHS Community budgets as a result of some residual capacity within delayed discharge funding

and planned savings generated from staff turnover to mitigate pressures on prescribing which were not required in year. There were some pressures in respect of challenging staff turnover savings in some areas such as alcohol & drug services, adult community services and elderly mental health services which has offset the year end position.

There were additional monies allocated late in the year to support the development of GP Clusters as part of the Primary Care Transformation Fund which have been earmarked within reserves with planned expenditure during 2018/19. This will further the Partnership's earmarked reserves for specific initiatives, service re-design and transformation in furtherance of the priorities set out in the Strategic Plan and the need to maximise efficiencies across the partnership to manage these pressures going forward.

The general reserves position, which has previously provided some resilience for financial pressures and any slippage in savings targets, is expected to be eradicated in delivering a balanced budget for 2018/19.

The total level of partnership reserves is now £4.1m as set out in the table on page 26.

The HSCP continues to face significant financial pressures from demographic growth particularly amongst the elderly population placing demand on care at home and residential services, pressures in relation to increasing numbers of children transitioning into adult services generating demand and increased cost pressures across a range of adult social care services. This will be compounded during 2018/19 due to the cessation of the risk sharing arrangement across GG&C for prescribing, the anticipated demand from carers with the implementation of the Carers Act and the extension in entitlement to free personal care for those aged under 65 years old.

Both partner organisations continue to face significant financial challenge.

NHSGG&C has savings of +£87m to secure during 2018/19, largely within Acute Services, with a number of initiatives underway, through the Financial Improvement Programme (FIP) to deliver on this challenge. This assumes a breakeven position for HSCPs across GG&C. The settlement for 2018/19 provided uplift in funding of 1.5% in respect of payroll and contractual inflationary pressures with additional monies expected as a consequence of the Barnett formula whereby increased investment to support pay increases nationally for health services in England has a consequential impact for grant funding to Scotland. The significant area of risk moving forward will be in relation to ongoing prescribing pressures arising from certain medicines on short supply pushing up the cost per medicine and increasing demand within community services.

EDC is also facing significant challenges with £13.6m of efficiencies required to close the funding gap during 2018/19 (of which pressures for Social Work account for £5.6m of this gap). This will predominantly be delivered through the Council's transformation and budget reduction programme with the aim of protecting the provision of frontline service delivery. The financial settlement to the partnership is particularly challenging with a further £4.6m of savings to be delivered during 2018/19. This will require a level of bridging through the use of partnership reserves to balance the budget for 2018/19 in the expectation that further efficiencies will be identified to address the gap in future years. This will present a level of risk to the partnership as there will be no resilience to meet in year pressures and this will require close monitoring and early engagement with the constituent bodies throughout 2018/19.

In total the level of savings on Partnership budgets to be delivered is £5m for 2018/19 and it is expected that this position will continue for future years given the challenging financial settlements expected to both EDC and NHSGGC.

There is some recurring funding available to Health & Social Care Partnerships from the Scottish Government in 2018/19 in the form of Integration Funding (ED - £0.7m), Delayed Discharge Funding (ED - £0.5m) and Social Care Funding (ED - £7.4m, an increase of £1.3m from 2017/18). The latter is aimed at increasing the living wage across the care home, care at home and housing support sectors, supporting implementation of the Carers Act and the extension of entitlement to free personal care to those under the age of 65.

Ms J Forbes 21/9/18

HSCP Board Chair

Mrs S Manion 21/9/18

HSCP Chief Officer

Ms J Campbell 21/9/18

Chief Finance & Resources Officer

STATEMENT OF RESPONSIBILITIES

Responsibilities of the HSCP Board

The HSCP Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the Chief Finance & Resources Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature at a meeting of the Audit Committee on the 21st September 2018.

Signed on behalf of the East Dunbartonshire HSCP Board.

Ms J Forbes **21/9/18**
IJB Chair

Responsibilities of the Chief Finance & Resources Officer

The Chief Finance & Resources Officer is responsible for the preparation of the HSCP Board's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Finance & Resources Officer has:

- selected suitable accounting policies and then applied them consistently
- made judgements and estimates that were reasonable and prudent
- complied with legislation
- complied with the local authority Code (in so far as it is compatible with legislation)

The Chief Finance & Resources Officer has also:

- kept proper accounting records which were up to date
- taken reasonable steps for the prevention and detection of fraud and other irregularities

I certify that the financial statements give a true and fair view of the financial position of the East Dunbartonshire HSCP Board as at 31 March 2018 and the transactions for the year then ended.

Ms J Campbell **21/9/18**
Chief Finance &
Resources Officer

REMUNERATION REPORT

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified HSCP Board members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

Remuneration: IJB Chair and Vice Chair

The voting members of the HSCP Board are appointed through nomination by EDC and NHS GG&C in equal numbers being three nominations from each partner agency. Nomination of the HSCP Board Chair and Vice Chair post holders alternates between a Councillor and a Health Board Non-Executive Director.

The remuneration of Senior Councillors is regulated by the Local Governance (Scotland) Act 2004 (Remuneration) Regulations 2007. A Senior Councillor is a Councillor who holds a significant position of responsibility in the Council's political management structure, such as the Chair or Vice Chair of a committee, sub-committee or board (such as the HSCP Board).

The remuneration of Non-Executive Directors is regulated by the Remuneration Sub-committee which is a sub-committee of the Staff Governance Committee within the NHS Board. Its main role is to ensure the application and implementation of fair and equitable systems for pay and for performance management on behalf of the Board as determined by Scottish Ministers and the Scottish Government Health and Social Care Directorates.

The HSCP Board does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the HSCP Board. The HSCP Board does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. The details of the Chair and Vice Chair appointments and any taxable expenses paid by the HSCP Board are shown below.

Taxable Expenses 2016/17 £	Name	Post(s) Held	Nominated by	Taxable Expenses 2017/18 £
Nil	I Fraser	Chair (IJB) and Non- Executive Director June 2017 to March 2018 Vice Chair April 2017 to June 2017	NHS Greater Glasgow & Clyde	Nil
Nil	S Murray	Vice Chair (IJB) and Councillor June 2017 to March 2018	East Dunbartonshire Council	Nil
Nil	R. Geekie	Chair (IJB) and Leader of the Council April 2017 to May 2017	East Dunbartonshire Council	Nil
Nil	**Total**			**Nil**

The HSCP Board does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting HSCP Board members. Therefore no pension rights disclosures are provided for the Chair or Vice Chair.

Remuneration: Officers of the HSCP Board

The HSCP Board does not directly employ any staff in its own right; however specific post-holding officers are non-voting members of the Board. All staff working within the partnership are employed through either NHS GG&C or EDC and remuneration for senior staff is reported through those bodies. This report contains information on the HSCP Board Chief Officer and the Chief Finance & Resources Officer's remuneration together with details of any taxable expenses relating to HSCP Board voting members claimed in the year.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the HSCP Board has to be appointed and the employing partner has to formally second the officer to the HSCP Board. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the HSCP Board. The Chief Officer, Mrs Susan Manion, was appointed on the 12th December 2016 and is employed by NHS GG&C and seconded to the HSCP Board. The previous Chief Officer, Mrs Karen Murray retired on the 30th September 2016.

Other Officers

No other staff are appointed by the HSCP Board under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

The HSCP Board Chief Finance & Resources Officer is employed by NHS GG&C. The Council and Health Board share the costs of all senior officer remunerations.

Total 2016/17 £	Senior Employees	Salary, Fees & Allowances £	Compensation for Loss of Office £	Total 2017/18 £
28,000*(Part year from the 12 December 2016 - FYE 90,000)*	**S Manion** Chief Officer 12th December 2016 to present	94,150	0	94,150
61,000*(Part year from the 9 May 2016 – FYE 68,000)*	**J. Campbell** Chief Finance & Resources Officer 9th May 2016 to present	70,350	0	70,350
56,000 *(Part year until the 30th September 2016 - FYE 108,000*	**K. Murray** Chief Officer 1 April 2016 to 30 September 2016	0	0	0
145,000	**Total**	**164,500**	**0**	**164,500**

FYE = Full Year Equivalent

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the HSCP Board balance sheet for the Chief Officer or any other officers.

(An interim Chief Officer was appointed for the period September 2016 – December 2016, Mr James Hobson; however, the costs attaching to this secondment were met by NHS GG&C)

The HSCP Board however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the HSCP Board. The following table shows the HSCP Board's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Senior Employee	**In Year Pension Contributions**		**Accrued Pension Benefits**		
	For Year to 31/03/17 £	For Year to 31/03/18 £		Difference from 31/03/17 £000	As at 31/03/18 £000
S. Manion	4,000	14,000	Pension	2	0 – 5
Chief Officer December 2016 to March 2017			Lump sum	0	0
J. Campbell	9,000	10,500	Pension	1	0 - 5
Chief Finance & Resources Officer May 2016-March 2017			Lump sum	0	0
K. Murray	8,000	0	Pension	0	0
Chief Officer April 2016 to September 2016			Lump sum	0	0
Total	**21,000**	**24,500**	**Pension**	**3**	**0 - 10**
			Lump Sum	**0**	**0 - 10**

The officers detailed above are all members of the NHS Superannuation Scheme (Scotland). The pension figures shown relate to the benefits that the person has accrued as a consequence of their current appointment and role within the HSCP Board. The contractual liability for employer's pension contribution rests with NHS GG&C. On this basis there is no pension liability reflected on the HSCP Board balance sheet.

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees in Band 2016/17	Remuneration Band	Number of Employees in Band 2017/18
3	£50,000 - £54,999	2
2	£55,000 - £59,999	
2	£60,000 - £64,999	2
	£65,000 - £69,999	
3	£70,000 - £74,999	2
0	>£85,000	2

Ms J Forbes 21/9/18
IJB Chair

Mrs S Manion  21/9/18
Chief Officer

ANNUAL GOVERNANCE STATEMENT

Scope of Responsibility

The HSCP Board is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money and assets are safeguarded and that arrangements are made to secure best value in their use.

In discharging this responsibility, the Chief Officer has put in place arrangements for governance, which includes the system of internal control. The system is intended to manage risk to support the achievement of the HSCP Board's policies, aims and objectives. Reliance is placed on the NHS GG&C and EDC systems of internal control that support compliance with both organisations' polices and promotes achievement of each organisation's aims and objectives, as well as those of the HSCP Board.

The system of internal control is designed to manage risk to a reasonable level, but cannot eliminate the risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable but not absolute assurance of effectiveness.

The Governance Framework and Internal Control System

The system of internal control is based on a framework designed to identify and prioritise the risks to the achievement of the Partnership's key outcomes, aims and objectives and comprises the structures, processes, cultures and values through which the partnership is directed and controlled.

The system of internal control includes an ongoing process designed to identify and prioritise those risks that may impact the ability of the Partnership to deliver its aims and objectives. In doing so, it evaluates the likelihood and impact of those risks and seeks to manage them efficiently, effectively and economically.

Governance arrangements have been in place throughout the year and up to the date of approval of the statement of accounts.

Key features of the governance framework in 2017/18 are:

- The HSCP Board comprises six voting members – three non-executive Directors of NHS GG&C and three local Councillors from EDC. The Board are charged with responsibility for the planning of Integrated Services through directing EDC and the NHS GG&C to deliver on the strategic priorities set out in the Strategic Plan. In order to effectively discharge their responsibilities, board members are supported with a development programme aimed at providing opportunities to explore individual member and Board collective responsibilities and values that facilitate decision making, develop understanding of service provision within the HSCP and engage with staff delivering these services and specific sessions on the conduct of the business of the HSCP Board.

- HSCP Boards are 'devolved public bodies' for the purposes of the Ethical Standards in Public Life (Scotland) Act 2000, which requires them to produce a code of conduct for members. The members of the HSCP Board have adopted and signed up to the Code of Conduct for Members of Devolved Public Bodies and have committed to comply with the rules and regularly review their personal circumstances on an annual basis.

- The HSCP Board has produced and adopted a Scheme of Administration that defines the powers, relationships and organisational aspects for the HSCP Board. This includes the Integration Scheme (which was revised in January 2018 to implement the Carers Act 2016), Standing Orders for meetings, Terms of reference and membership of HSCP Board committees, the Scheme of Delegation to Officers and the Financial Regulations.

- The Strategic Plan for 2018-2021 was approved at the HSCP Board meeting on the 15th March 2018. The Strategic Plan outlines eight key priorities to be delivered over the next three years and describes for each priority what success will look like and the outcome measures to be used to monitor delivery. It sets out the identified strategic priorities for the HSCP and links the HSCP's priorities to National Health and Wellbeing Outcomes. There is an established Strategic Planning Group (SPG) which oversees the delivery of the Strategic Plan comprising legislatively determined membership. This is supported by a range of planning groups to take forward particular priorities which reports through the SPG and to the HSCP Board.

- Financial regulations have been developed for the HSCP in accordance with the Integrated Resources Advisory Group (IRAG) guidance and in consultation with EDC and NHS GG&C. They set out the respective responsibilities of the Chief Officer and the Chief Finance & Resources Officer in the financial management of the monies delegated to the partnership.

- The Risk Management Policy was approved and adopted in August 2017. This sets out the process and responsibilities for managing risk in the HSCP. The Corporate Risk Register was approved in November 2017 and is reviewed by the Senior Management Team twice each year.

- The Audit Committee advises the Partnership Board and its Chief Finance & Resources Officer on the effectiveness of the overall internal control environment.

- Performance Reporting – Regular performance reports are presented to the HSCP Board to monitor progress on an agreed suite of measures and targets against the priorities set out in the strategic plan. This includes the provision of exception reports for targets not being achieved identifying corrective action and steps to be taken to address performance not on target.

- Clinical and Care Governance arrangements have been developed and led locally by the Clinical Director for the HSCP and involving the Chief Social Work Officer for EDC.

- Information Governance – the Public Records (Scotland) Act 2011 (Section1 (1)) requires the HSCP Board to prepare a Records Management Plan setting out the proper arrangements for the authority's public records. In addition, under the Freedom of Information (Scotland) Act, the HSCP Board is required to develop a Freedom of Information Publication Scheme – this was published in March 2017.

- The HSCP Board is a formal full partner of the East Dunbartonshire Community Planning Partnership Board (CPPB) and provides regular relevant updates to the CPPB on the work of the HSCP.

Roles and Responsibilities of the Audit Committee and Chief Internal Auditor

Board members and officers of the HSCP Board are committed to the concept of sound internal control and the effective delivery of HSCP Board services. The HSCP Board's Audit Committee operates in accordance with CIPFA's Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities.

The Audit Committee performs a scrutiny role in relation to the application of CIPFA's Public Sector Internal Audit Standards 2017 (PSIAS) and regularly monitors the performance of the Partnership's internal audit service. The appointed Chief Internal Auditor has responsibility to review independently and report to the Audit Committee annually, to provide assurance on the adequacy and effectiveness of conformance with PSIAS.

The internal audit service undertakes an annual programme of work, approved by the Audit Committee, based on a strategic risk assessment. The appointed Chief Internal Auditor provides an independent opinion on the adequacy and effectiveness of internal control. East Dunbartonshire Council's Audit & Risk Manager is the *de facto* Chief Internal Auditor for the Partnership. In this role, their assurance is based on the EDC internal audit reports relating to the Partnership for which they have direct responsibility. Assurance is always from a variety of sources, and one of those sources is the summary of reports of the internal auditors (PwC) of NHS GG&C that relate to the partnership.

The Chief Internal Auditor has conducted a review of all EDC produced Internal Audit reports issued in the financial year and Certificates of Assurance from the EDC and partnership Senior Management Team. Although no system of internal control can provide absolute assurance nor can Internal Audit give that assurance, on the basis of the audit work undertaken during the reporting period, the Chief Internal Auditor is able to conclude that a reasonable level of assurance can be given that the system of internal control is operating effectively within the organisation. A number of recommendations have been made by the internal audit team in order to further improve controls, with action plans developed with management to address the risks identified.

The HSCP Board is not aware of any weaknesses within the NHS GG&C and EDC Accounts, internal control systems and has placed reliance on the individual annual governance statements where appropriate.

Review of Effectiveness

East Dunbartonshire HSCP Board has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control. This review is informed by the work of the Chief Officer and the Senior Management Team who have responsibility for the development and maintenance of the governance environment, the Annual Governance Report, the work of internal audit functions for the respective partner organisations and by comments made by external auditors and other review agencies and inspectorates.

The partnership has put in place appropriate management and reporting arrangements to enable it to be satisfied that its approach to corporate governance is both appropriate and effective in practice.

On the basis of internal audit work, a range of audit assignments have been completed that are relevant to the operation of internal controls of relevance to the HSCP Board. These were generally found to operate as intended with reasonable assurance provided on the integrity of controls. A number of recommendations have been made for areas for further improvement and action plans developed to address the risks identified.

There has been specific work undertaken by each partner's audit functions. The Council's internal auditors were able to provide reasonable assurance over the areas reviewed. The auditors acting for NHS GG&C provided an opinion that the adequacy and effectiveness of governance, risk management and control were generally satisfactory with some improvements required. Internal audit reviews of NHS GG&C as a whole reported the issue of Reporting and Monitoring Arrangements for Efficiency Savings as High Risk. This may pose a risk to the HSCP but the responsibility for the recommendations lie with NHSGGC.

The HSCP Board has various meetings, which have received a wide range of reports to enable effective scrutiny of the partnership's performance including regular Chief Officer Updates, financial reports, quarterly performance reports and service development reports, which contribute to the delivery of the Strategic Plan. There been a number of development sessions for members as well as service visits. This included a re-visiting of some areas as a result of the newly appointed Councillors to the HSCP Board following the local elections in May 2017.

Governance Improvement Plans

There are a number of areas of improvement identified for 2018/19 which will seek to enhance governance arrangements within the partnership:

- External Reports – the HSCP will take cognisance of external reports and develop action plans that seek to improve governance arrangements in line with best practice. Audit Scotland are due to publish a National report on the integration of health and social care in 2018. This will be reviewed for actions that, if implemented, would benefit East Dunbartonshire's HSCP.

- EDC Internal Audit Reports – There have been a number of areas subject to scrutiny through organisation internal audit processes including Social Work Commissioning, Homecare and Kinship Care, which are of interest to the HSCP. These highlighted areas requiring further improvement and formal action plans have been developed to mitigate the risks identified. These and earlier reports will continue to be monitored for compliance in 2018/19.

- The HSCP Board was provided in March 2018 with a draft of the Workforce and Organisational Plan. The plan provides an overview of the key priorities and challenges for the workforce as the HSCP strives to achieve the commitments in the HSCP Strategic Plan. Within the draft plan there are proposals for monitoring progress against the Workforce plan including 6 monthly updates being provided to the HSCP Board. The Workforce Co-ordination group has the local responsibility for monitoring progress and reporting to the Senior Management Team and local Staff forum.

- Further HSCP Board Development Sessions are planned. Anticipated topics include the New GP Contract and Unscheduled Care and time has been allocated for other Development Sessions on topics to be agreed.

- The Audit Committee will become the Performance and Audit Committee, with an expanded remit to include HSCP Performance, in order to enhance scrutiny in this area.

Assurance

The system of governance (including the system of internal control) operating in 2017/18 provides reasonable assurance that transactions are authorised and properly recorded; that material errors or irregularities are either prevented or detected within a timely period; and that significant risks impacting on the achievement of our strategic priorities and outcomes have been mitigated.

Systems are in place to continually review and improve the governance and internal control environment and action plans are in place to address identified areas for improvement.

Certification

It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the East Dunbartonshire HSCP Board's systems of governance and control.

Ms J Forbes 21/9/18

IJB Chair

Mrs S Manion 21/9/18

Chief Officer

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the cost of providing services for the year according to accepted accounting practices.

2016/17 Restated				2017/18		
Gross Expenditure *Restated* £000	Gross Income £000	Net Expenditure *Restated* £000		Gross Expenditure £000	Gross Income £000	Net Expenditure £000
			Local Authority Services			
57,268	(1,722)	55,546	Adults Services	59,592	(2,020)	57,572
7,598	(692)	6,906	Children & Criminal Justice Services	13,050	(1,074)	11,976
959	0	959	Other Council Services	1,198	0	1,198
65,825	(2,414)	63,411	Total Local Authority Services	73,840	(3,094)	70,746
			Health Services			
9,965	(842)	9,123	Community Health Services	11,559	(974)	10,585
44,715	(1,283)	43,431	Family Health Services	45,482	(1,285)	44,197
10,999	(782)	10,217	Hosted – Oral Dental Health Services	10,420	(788)	9,632
17,381		17,381	Set Aside for Delegated Services provided in Acute Services	17,381		17,381
83,060	(2,908)	80,152	Total Health Services	84,842	(3,047)	81,795
201		201	HSCP Board Operational Costs*(note 6)*	234		234
149,086	**(5,322)**	**143,764**	**Cost of Services Directly Managed by ED HSCP**	**158,916**	**(6,141)**	**152,775**
	(147,760)	(147,760)	Taxation and Non-Specific Grant Income *(note 8)*		(151,631)	(151,631)
149,086	**(153,082)**	**(3,996)**	**(Surplus) or Deficit on Provision of Services**	**158,916**	**(157,772)**	**1,144**
		(3,996)	**Total Comprehensive Income and Expenditure**			**1,144**

The HSCP Board was established on the 27th July 2015. Integrated delivery of health and care services did not commence until the 3rd September 2016 for all Adult health and Social Care services. There was as amendment to the Scheme of Establishment in August 2016 which brought all Children's Health, Social Work and Criminal Justice services within the responsibility of the HSCP Board. Consequently the 2017/18 financial year is the first fully operational financial year for the HSCP Board in the delivery of both Adult health and Social Care Services and Children's Health, Social Work & Criminal Justice services. The figures above reflect this position.

The figures for 2016/17 have been re-stated by £2.93m to reflect the change in accounting treatment for hosted services with the HSCP Board now considered as principal in the arrangement as opposed to acting as agent. Please see note 3.
The 2016/17 expenditure has also been re-stated to reflect a late adjustment of £48k to Adult services expenditure in relation to payroll costs associated with job evaluation.

Movement in Reserves Statement

This statement shows the movement in the year on the HSCP Board's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movements in Reserves During 2017/18	General Fund Balance	Ear-Marked Reserves	Total Reserves
	£000	£000	£000
Opening Balance at 31 March 2017	**(2,661)**	**(2,570)**	**(5,231)**
In Year drawdown of Reserves	0	0	0
Total Comprehensive Income and Expenditure	1,704	(560)	1,144
Increase or Decrease in 2017/18	**1,704**	**(560)**	**1,144**
Closing Balance at 31 March 2018	**(957)**	**(3,130)**	**(4,087)**

Movements in Reserves During 2016/17	General Fund Balance *Restated*	Ear-Marked Reserves	Total Reserves *Restated*
	£000	£000	£000
Opening Balance at 31 March 2016	**(1,177)**	**(211)**	**(1,388)**
In Year drawdown of Reserves	7	146	153
Total Comprehensive Income and Expenditure	(1,491)	(2,505)	(3,996)
Increase or Decrease in 2016/17	**(1,484)**	**(2,359)**	**(3,843)**
Closing Balance at 31 March 2017	**(2,661)**	**(2,570)**	**(5,231)**

The 2016/17 expenditure has been re-stated to reflect a late adjustment of £48k to Adult services expenditure in relation to payroll costs associated with job evaluation.

BALANCE SHEET

The Balance Sheet shows the value as at the 31st March 2018 of the HSCP Board's assets and liabilities. The net assets of the HSCP Board (assets less liabilities) are matched by the reserves held by the HSCP Board.

31 March 2017 *Restated* £000		Notes	31 March 2018 £000
5,242	Short term Debtors	9	4,087
	Current Assets		
(11)	Short-term Creditors	10	0
	Current Liabilities		
5,231	**Net Assets**		**4,087**
(2,661)	Usable Reserve: General Fund	11	(957)
(2,570)	Unusable Reserve: Earmarked	11	(3,130)
(5,231)	**Total Reserves**		**(4,087)**

The 2016/17 expenditure has been re-stated to reflect a late adjustment of £48k to Adult services expenditure in relation to payroll costs associated with job evaluation.

The unaudited accounts were issued on 28th June 2018 and the audited accounts were authorised for issue on 21st September 2018.

Ms J Campbell 21/9/18
Chief Finance &
Resources Officer

NOTES TO THE FINANCIAL STATEMENTS

1. Significant Accounting Policies

General Principles

The Financial Statements summarises the authority's transactions for the 2017/18 financial year and its position at the year-end of 31 March 2018.

The HSCP Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the HSCP Board will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the HSCP Board.
- Income is recognised when the HSCP Board has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

Funding

The HSCP Board is primarily funded through funding contributions from the statutory funding partners, East Dunbartonshire Council and NHS Greater Glasgow & Clyde. Expenditure is incurred as the HSCP Board commissions specified health and social care services from the funding partners for the benefit of service recipients in East Dunbartonshire.

Cash and Cash Equivalents

The HSCP Board does not operate a bank account or hold cash. Transactions are settled on behalf of the HSCP Board by the funding partners. Consequently the HSCP Board does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the HSCP Board's Balance Sheet.

Employee Benefits

The HSCP Board does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The HSCP Board therefore does not present a Pensions Liability on its Balance Sheet.

The HSCP Board has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31 March is accrued, for example in relation to annual leave earned but not yet taken.

Charges from funding partners for other staff are treated as administration costs.

Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the HSCP Board's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the HSCP Board's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

Reserves

The HSCP Board's reserves are classified as either Usable or Usable Ear-marked Reserves.

The balance of the General Fund as at 31 March 2018 shows the extent of resources which the HSCP Board can use in later years to support service provision and complies with the Reserves Strategy for the partnership.

The ear marked reserve shows the extent of resource available to support service re-design in achievement of the priorities set out in the Strategic Plan including monies which have been allocated for specific purposes but not spent in year.

Indemnity Insurance

The HSCP Board has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. The NHS GG&C and EDC have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the HSCP Board does not have any 'shared risk' exposure from participation in CNORIS. The HSCP Board participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration is provided for in the HSCP Board's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

2. Prior Year Restatement – Hosted Services

As detailed within the Management Commentary, the accounting treatment regarding Hosted Services changed in 2017/18 after consideration of the current management arrangements. Further details are provided under Note 3 Critical Judgements and Estimation Uncertainty.

3. Critical Judgements and Estimation Uncertainty

In applying the accounting policies set out above, the HSCP Board has had to make a critical judgement relating to complex transactions in respect of the values included for services hosted within East Dunbartonshire HSCP Board

for other HSCP Boards within the NHS GG&C area. In previous financial years the financial accounts have been prepared on the basis that the costs associated with activity for services related to non-East Dunbartonshire residents were removed and transferred to other HSCP Board's to reflect the location of the service recipients. Costs were also added to reflect activity for services delivered by other HSCP Board's related to East Dunbartonshire residents. The costs removed/added were based upon budgeted spend such that any overspend or under spend remains with the hosting HSCP Board.

In preparing the 2017-18 financial statements this adjustment will no longer be made. Within GG&C, each HSCP Board has operational responsibility for services, which it hosts on behalf of the other HSCP Board's. In delivering these services the HSCP Board has primary responsibility for the provision of the services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such the HSCP Board is considered to be acting as 'principal', and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which 2017-18 accounts have been prepared. This resulted in a re-statement of the 2016/17 position by removing the adjustment to the Accounts equating to £2.93m.

The set aside resource for delegated services provided in large hospitals is determined by analysis of hospital activity and cost information. The value included in the accounts is calculated by NHSGGC using the average of activity data for each partnership population covering to 2013 to 2015 and 2014/15 cost data, up rated for 1% annual inflation for each year. In 2017/18 a Working Group, with membership from NHSGGC, Glasgow HSCP and the Scottish Government, convened to consider how best to identify actual activity for each IJB and the associated cost. A data set should be agreed before the end of 2018. As such, the set aside sum included in the accounts remains at the notional level and does not reflect actual hospital activity in 2017/18.

4. Events After the Reporting Period

The Annual Accounts were authorised for issue by the Chief Finance & Resources Officer on 21st September 2018. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2018, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

5. Expenditure and Income Analysis by Nature

2016/17 *Restated* £000		2017/18 £000
	Health Services	
16,010	Employee Costs	17,624
2,256	Property Costs	358
1,389	Supplies and Services	2,758
1,222	Administrative Costs	893
44,802	Family Health Service	44,197
17,381	Set Aside	17,381
	Hosted Services (net)	
(2,908)	Income	(1,416)
80,152	Total Health Services	81,795
	Social Work Services	
16,958	Employee Costs	20,061
166	Property Costs	272
914	Supplies and Services	1,239
46,661	Contractors	50,931
900	Transport	1,135
225	Administrative Costs	202
(2,413)	Income	(3,094)
63,411	Total Social Work Services	70,746
201	HSCP Board Operational Costs	234
(147,760)	Partners Funding Contributions and Non-Specific	(151,631)
(3,996)	**Surplus or Deficit on the Provision of Services**	**1,144**

The figures for 2016/17 have been re-stated to reflect the change in accounting treatment for hosted services with the HSCP Board now considered as principal in the arrangement as opposed to acting as agent. Please see note 3.

The 2016/17 expenditure has been re-stated to reflect a late adjustment of £48k to Adult services expenditure in relation to payroll costs associated with job evaluation.

6. HSCP Board Operational Costs

2016/17 £000		2017/18 £000
184	Staff Costs	210
17	Audit Fees	24
201	**Total Operational Costs**	**234**

External Audit Costs

The appointed Auditors to ED HSCP were Audit Scotland. Fees payable to Audit Scotland in respect of external audit service undertaken in accordance with the Code of Audit Practice in financial year 2017/18 were £24k. Given the HSCP Board cannot physically pay for invoices, this will be paid through EDC or NHS GG&C and charged as a cost in the HSCP Board Accounts.

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7. Support Services

Support services were not delegated to the HSCP Board through the Integration Scheme and are instead provided by the Health Board and Council free of charge as a 'service in kind'. The support services provided is mainly comprised of: financial management and accountancy support, human resources, legal, committee administration services, ICT, payroll, internal audit and the provision of the Chief Internal Auditor.

All support services provided to the HSCP Board were considered not material to these accounts.

8. Taxation and Non-Specific Grant Income

2016/17 Restated £000		2017/18 £000
50,963	Funding Contribution from East Dunbartonshire Council	51,910
96,797	Funding Contribution from NHS Greater Glasgow & Clyde	99,721
147,760	**Taxation and Non-specific Grant Income**	**151,631**

The figures for 2016/17 have been re-stated to reflect the change in accounting treatment for hosted services with the HSCP Board now considered as principal in the arrangement as opposed to acting as agent. Please see note 3.

The funding contribution from the NHS GG&C shown above includes £17.4m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by NHS GG&C which retains responsibility for managing the costs of providing the services. The HSCP Board however has responsibility for the consumption of, and level of demand placed on, these resources.

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services. Such ring-fenced funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

9. Debtors

31 March 2017 Re stated £000		31 March 2018 £000
1,380	NHS Greater Glasgow & Clyde	2,267
3,862	East Dunbartonshire Council	1,820
	Non-public sector	
5,242	**Debtors**	**4,087**

The 2016/17 expenditure has been re-stated to reflect a late adjustment of £48k to Adult services expenditure in relation to payroll costs associated with job evaluation.

The short term debtor relates to the reported surplus on the respective health and social care expenditure and is money held by the parent bodies as reserves available to the partnership.

10. Creditors

31 March 2017 £000		31 March 2018 £000
0	NHS Greater Glasgow & Clyde	0
11	East Dunbartonshire Council	0
11	**Creditors**	**0**

There are no short term creditors for 2017/18.

11. Usable Reserve: General Fund

The HSCP Board holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the HSCP Board's risk management framework.

The table below shows the movements on the General Fund balance, analysed between those elements earmarked for specific planned future expenditure, and the amount held as a general contingency.

			2016/17				2017/18
Balance at 1 April 2016	Transfers Out 2016/17	Transfers In 2016/17 Restated	Balance at 31 March 2017 Restated		Transfers Out 2017/18	Transfers In 2017/18	Balance at 31 March 2018
£000	£000	£000	£000		£000	£000	£000
(86)	86	(106)	(106)	Scottish Govt. Funding - SDS	4		(102)
(36)	0		(36)	Mental Health project			(36)
(29)			(29)	Delayed Discharge	29		-
(60)	60		0	Communications Post			0
		(1,704)	(1,704)	Social Care Fund	73	(34)	(1,665)
0		(11)	(11)	Keys to Life Funding	5		(6)
0		(19)	(19)	Autism Funding	19		-
		(5)	(5)	Police Scotland – CPC Funding	5		-
		(523)	(523)	Integrated Care / Delayed Discharge Funding			(523)
			-	Primary Care Cluster funding		(198)	(198)
		(138)	(138)	Oral Health Funding		(462)	(600)
(211)	146	(2,506)	(2,571)	Total Earmarked	135	(694)	(3,130)
(1,177)	7	(1,490)	(2,660)	Contingency	1,955	(252)	(957)
(1,388)	**153**	**(3,996)**	**(5,231)**	**General Fund**	**2,090**	**(946)**	**(4,087)**

The 2016/17 expenditure has been re-stated to reflect a late adjustment of £48k to Adult services expenditure in relation to payroll costs associated with job evaluation.

12. Related Party Transactions

The HSCP Board has related party relationships with the NHS GG&C and EDC. In particular the nature of the partnership means that the HSCP Board may influence, and be influenced by, its partners. The following transactions and balances included in the HSCP Board's accounts are presented to provide additional information on the relationships.

Transactions with NHS Greater Glasgow & Clyde

2016/17 £000		2017/18 £000
(96,797)	Funding Contributions received from the NHS Board	(99,721)
80,152	Expenditure on Services Provided by the NHS Board	81,795
92	Key Management Personnel: Non-Voting Board Members	105
0	Support Services	0
(16,553)	**Net Transactions with the NHS Board**	**(17,821)**

Key Management Personnel: The non-voting Board members employed by the NHS Board and recharged to the HSCP Board include the Chief Officer and the Chief Finance & Resources Officer. These costs are met in equal share by the NHS GG&C and East Dunbartonshire Council. The details of the remuneration for some specific post-holders are provided in the Remuneration Report.

Balances with NHS Greater Glasgow & Clyde

31 March 2017 £000		31 March 2018 £000
1,380	Debtor balances: Amounts due from the NHS Board	2,267
0	Creditor balances: Amounts due to the NHS Board	0
1,380	**Net Balance with the NHS Board**	**2,267**

Transactions with East Dunbartonshire Council

2016/17 *Restated* £000		2017/18 £000
(50,963)	Funding Contributions received from the Council	(51,910)
63,411	Expenditure on Services Provided by the Council	70,746
98	Key Management Personnel: Non-Voting Board Members	105
0	Support Services	24
12,546	**Net Transactions with the Council**	**18,965**

The 2016/17 expenditure has been re-stated to reflect a late adjustment of £48k to Adult services expenditure in relation to payroll costs associated with job evaluation.

Key Management Personnel: The non-voting Board members employed by the NHS Board and recharged to the HSCP Board include the Chief Officer and the Chief Finance & Resources Officer. These costs are met in equal share by the NHS GG&C and East Dunbartonshire Council. The details of the remuneration for some specific post-holders are provided in the Remuneration Report.

Balances with East Dunbartonshire Council

31 March 2017 *Restated* £000		31 March 2018 £000
3,855	Debtor balances: Amounts due from the Council	1,820
(11)	Creditor balances: Amounts due to the Council	0
3,844	**Net Balance with the Council**	**1,820**

The 2016/17 expenditure has been re-stated to reflect a late adjustment of £48k to Adult services expenditure in relation to payroll costs associated with job evaluation.

13. Contingent Assets & Liabilities

A contingent asset or liability arises where an event has taken place that gives the HSCP Board a possible obligation or benefit whose existence will only be confirmed by the occurrence or otherwise of uncertain future events not wholly within the control of the HSCP Board. Contingent liabilities or assets also arise in circumstances where a provision would otherwise be made but, either it is not probable that an outflow of resources will be required or the amount of the obligation cannot be measured reliably.

Contingent assets and liabilities are not recognised in the Balance Sheet but disclosed in a note to the Accounts where they are deemed material.

The HSCP Board is not aware of any material contingent asset or liability as at the 31st March 2018.

14. VAT

The HSCP Board is not a taxable person and does not charge or recover VAT on its functions.

The VAT treatment of expenditure in the HSCP Board's accounts depends on which of the partner organisations is providing the service as these agencies are treated differently for VAT purposes.

The services provided to the HSCP Board by the Chief Officer are outside the scope of VAT as they are undertaken under a special legal regime.

Independent auditor's report to the members of East Dunbartonshire Integration Joint Board and the Accounts Commission

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice approved by the Accounts Commission, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of East Dunbartonshire Integration Joint Board for the year ended 31 March 2018 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the accounts, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18 (the 2017/18 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2017/18 Code of the state of affairs of the East Dunbartonshire Integration Joint Board as at 31 March 2018 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2017/18 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the East Dunbartonshire Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Finance & Resources Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about East Dunbartonshire Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Responsibilities of the Chief Finance & Resources Officer and East Dunbartonshire Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance & Resources Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance & Resources Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance & Resources Officer is responsible for assessing the East Dunbartonshire Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The East Dunbartonshire Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to achieve reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other information in the annual accounts

The Chief Finance & Resources Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other

information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit; or
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

Fiona Mitchell-Knight FCA
Audit Director,
Audit Scotland
4th Floor, The Athenaeum Building
8 Nelson Mandela Place,
Glasgow, G2 1BT
21 September 2018

East Dunbartonshire HSCP Performance, Audit & Risk Committee Meeting
Friday 21st September 2018, 10am
Meeting room S1, Kirkintilloch Health & Social Care Centre, Saramago Street, Kirkintilloch, G66 1XQ

AGENDA

No.	Item	Lead	Document
1.	Welcome and Introductions	S Murray	
2.	Minutes of Last Meeting – 27th June 2018	S Murray	
3.	Audit Scotland – Draft 2017/18 East Dunbartonshire IJB Annual Audit Report	P Lindsay	Paper to follow
4.	ED HSCP 2017/18 Final Audited Accounts	J Campbell	
5.	EDC Internal Audit Progress Update 2018/19	G McConnachie	
6.	EDC Final Follow Up Audit Review 2017/18	G McConnachie	
7.	NHSGGC PwC Internal Audit Activity to June 18	G McConnachie	
8.	Homecare – Care Inspectorate Report	D Pearce	
9.	Adult Support & Protection Inspection	J Campbell	
10.	Future Agenda Items - HSCP Financial Planning	All	
11.	A.O.C.B	S Murray	
12.	Date of next meeting – November 2018	S Murray	

Minutes of
East Dunbartonshire Health & Social Care Partnership Audit Committee Meeting
held at 2:00pm on Wednesday 27th June 2018
in S1, Kirkintilloch Health & Care Centre

Present:	**Susan Murray (Chair)**	**(IF)**	**Jean Campbell**	**(JC)**
	Sheila Mechan	**(SMe)**	**Susan Manion**	**(SMa)**
	Jacqueline Farmer	**(JF)**	**Jacqueline Forbes**	**(JF)**
	Ian Ritchie	**(IR)**	**Gillian McConnachie**	**(GM)**

In attendance: **Kirsty Gilliland (Minutes)** **(KG)**

No.	Topic	Action by
1.	**Welcome and Apologies**	
	Susan Murray welcomed those present. Cllr Alan Moir and Ian Fraser's apologies were noted.	
2.	**Minutes of previous meeting – 21st February 2018**	
	The minute of the meeting held on 21st February 2018 was approved as an accurate record.	
3.	**ED HSCP Audit Committee - Revised Terms of Reference**	
	• Ms Campbell – a number of changes were agreed following the last meeting. These are now reflected in the report. • Mrs Manion – need clarity of functions to ensure there is no overlap with the IJB. The Committee approved the revised Terms of reference within report.	
4.	**EDC Internal Audit Annual Review 2017/18**	
	Mrs McConnachie gave an overview of the Internal Audit Annual Review 2017/18, including consideration of the adequacy and effectiveness of East Dunbartonshire Council's systems and processes under the strategic direction of the Partnership. Mrs Forbes questioned the audit work outputs only being 90% complete. Mrs McConnachie commented that this is partly due to a timing issue but this will picked up in the next cycle. The Committee noted the report.	

5.	**EDC Internal Audit Progress Update 2017/2018**	
	Mrs McConnachie presented the EDC Internal Audit Progress update 2017/18, focusing particularly on the outputs from January 2018 to March 2018. The Committee noted the update.	
6.	**PWC Internal Audit Annual Report on NHSGG&C 2017/18**	
	Mrs McConnachie gave an overview of PwC's Internal audit annual report on NHSGG&C. The audit opinion given by PwC on NHS Greater Glasgow & Clyde is generally satisfactory with some improvements required. There are some areas of weakness and non compliance in the framework of governance, risk management and control. Some improvements are required in these areas. Three of the 18 audit reviews undertaken during 2017/18 reports were rated overall as high risk. NHS Greater Glasgow & Clyde has accepted their findings. The Committee noted the update.	
7.	**EDC Audit and Risk Planning 2018/19**	
	Mrs McConnachie presented the planned schedule of works which will support the 2018/19 Council Audit and Risk plan. The planned audits which are of particular relevance to the HSCP are; direct payments; social work – financial assessment process; Carefirst (social work system) testing; Carefirst proposals and social work regularity reviews. Mr Ritchie asked Mrs McConnachie to clarify why Table 4 shows regularity and irregularity. Mrs McConnachie advised that irregularity generally relates to fraud whilst regularity relates to recurring items, for example, petty cash or payroll. The Committee noted the report.	
8.	**Unaudited Draft Annual Accounts 2017/18**	
	Ms Campbell presented the Unaudited Draft Annual Accounts 2017/18 and advised that the recommendations to changes in the presentation and consistency had been amended. The report shows a favourable year end position for the partnership with an overall surplus of £947,000 after applying reserves. This will help to meet the priorities set out in the plan and provide some resilience for ongoing pressures and slippage in savings plans. The Committee approved the local code of governance against which the IJB will measure itself in the Annual Governance Statement for 2017/18 and noted the unaudited accounts.	
9.	**A.O.C.B.**	
	Mrs Manion reiterated the plan for this year and highlighted the function of this committee is to support the role of the IJB, providing assurance that robust processes are in place. The Terms of Reference involve looking at the performance; therefore, we need to ensure there is continued monitoring and improvement.	

	Mr Ritchie highlighted that there may be something that can be picked up from the quarterly / annual report. Mrs Mechan suggested it would be worthwhile noting items for the next meeting. Mrs Forbes suggested looking at areas where there is a risk or we are not delivering.	
10.	**Date of Next Meeting – September 2018**	
	Next meeting of the group is scheduled to take place on 21st September 2018.	

East Dunbartonshire Health & Social Care Partnership

Chief Officer: Mrs Susan Manion

Agenda Item Number: 3

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PERFORMANCE, AUDIT & RISK COMMITTEE

Date of Meeting	**21st September 2018**
Subject Title	**Audit Scotland – Draft 2017/18 East Dunbartonshire IJB Annual Audit Report**
Report By	**Jean Campbell, Chief Finance & Resources Officer**
Contact Officer	**Jean Campbell, Chief Finance & Resources Officer (0141 777 3311 Ext 3221)**

Purpose of Report	The purpose of this report is to present the Annual Report and Auditor's letter for the financial year ended 31st March 2017 which has been prepared by the IJB's external auditors, Audit Scotland.

Recommendations	The Audit Committee is asked to: a) Consider the contents of the Annual Report for the Financial Year 2017/18.

Relevance to HSCP Board Strategic Plan	

Implications for Health & Social Care Partnership

Human Resources:	Nil
Equalities:	Nil
Financial:	The Annual Audit report provides an opinion on the annual accounts for the partnership and considers the wider audit dimensions that frame the scope of public sector audit requirements including financial management arrangements, financial sustainability, governance and transparency and value for money.
Legal:	Nil
Economic Impact:	Nil
Sustainability:	Nil
Risk Implications:	The report sets out the key risks for the partnership and an action plan which mitigates these risks.
Implications for East Dunbartonshire	None directly.

Council:	

Implications for NHS Greater Glasgow & Clyde:	None directly.

Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	**X**
	2. East Dunbartonshire Council	
	3. NHS Greater Glasgow & Clyde	
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	

MAIN REPORT

1.1 It is a statutory requirement of the accounts closure process that the IJB receive a letter (ISA260) from the appointed External Auditors highlighting the main issues arising in respect of the Annual Accounts 2017/18. This is attached as **Appendix 1**.

1.2 This includes the letter of representation from the Chief Finance & Resources Officer which provides the External Auditors with assurances regarding some of the key accounting requirements and assumptions utilised in the closing of the 2017/18 Financial Accounts.

1.3 The Annual Audit report for 2017/18 is attached as **Appendix 2** and presents a summary of the key findings arising from the 2017/18 audit.

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Edinburgh EH3 9DN

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21 September 2018

East Dunbartonshire Integration Joint Board
Audit of 2017/18 annual report and accounts

Independent auditor's report

1. Our audit work on the 2017/18 annual report and accounts is now substantially complete. Subject to the receipt of a revised annual report and accounts for final review, we anticipate being able to issue unqualified audit opinions in the independent auditor's report on 21 September 2018 (the proposed report is attached at **Appendix A**).

Annual Audit Report

2. We also present for your consideration our proposed Annual Audit Report on the 2017/18 audit. International Standard on Auditing (UK) 260 (Communication with those charged with governance) requires auditors to report specific matters arising from the audit of the annual accounts to those charged with governance in sufficient time to enable appropriate action. Within the proposed Annual Audit Report (page 9), the section headed "Significant findings from the audit of the financial statements" sets out the issues which we consider require to be drawn to your attention.

3. The Annual Audit Report will be issued in its final form after the annual report and accounts have been approved for issue and the independent auditor's report has been signed.

4. In presenting this report to the Joint Board we seek confirmation that we have been informed of:
   - instances of any actual, suspected or alleged fraud;
   - events that have occurred since 31 March 2018 which could have a significant impact on the annual report and accounts;
   - instances of non-compliance with legislation.

Unadjusted misstatements

5. We are required to report to those charged with governance, all unadjusted misstatements, other than those of a trivial nature, and request that they be corrected. There are no unadjusted misstatements to be corrected

Representations from management

6. International Standard on Auditing (UK) 580 (Management representations) requires auditors to obtain representations on certain matters from management. Accordingly, as part of the audit

completion process we seek written assurances from the Chief Finance & Resources Officer , as the "proper officer" appointed by virtue of section 95 of the Local Government (Scotland) Act 1973, on aspects of the annual report and accounts.

7. A draft letter of representation is attached at **appendix B**; this should be reviewed for accuracy and any proposed amendment discussed with us. The letter should then be signed and returned by the Chief Finance & Resources Officer with the signed annual report and accounts.

APPENDIX A: Proposed Independent Auditor's Report

Independent auditor's report to the members of East Dunbartonshire Integration Joint Board and the Accounts Commission

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice approved by the Accounts Commission, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of East Dunbartonshire Integration Joint Board for the year ended 31 March 2018 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the accounts, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18 (the 2017/18 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2017/18 Code of the state of affairs of the East Dunbartonshire Integration Joint Board as at 31 March 2018 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2017/18 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the East Dunbartonshire Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Finance & Resources Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about East Dunbartonshire Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Responsibilities of the Chief Finance & Resources Officer and East Dunbartonshire Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance & Resources Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance & Resources Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance & Resources Officer is responsible for assessing the East Dunbartonshire Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The East Dunbartonshire Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to achieve reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other information in the annual accounts

The Chief Finance & Resources Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has

been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and

- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit; or
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

Fiona Mitchell-Knight FCA
Audit Director,
Audit Scotland
4th Floor, The Athenaeum Building
8 Nelson Mandela Place,
Glasgow, G2 1BT

21 September 2018

Appendix 1a

East Dunbartonshire Health & Social Care Partnership

Appendix 1b

Fiona Mitchell-Knight, Assistant Director
Audit Scotland
4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT

Jean Campbell
Kirkintilloch Health & Social Care Centre
10 Sarmago Street
Kirkintilloch
G66 3BF
Telephone: 0300 1234510 (Ext. 3221)

Friday 21st September 2018

Dear Fiona

East Dunbartonshire Integration Joint Board
Annual Accounts 2017/18

1. This representation letter is provided in connection with your audit of the annual accounts of East Dunbartonshire Integration Joint Board for the year ended 31 March 2018 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the financial reporting framework, and for expressing other opinions on the remuneration report, management commentary and annual governance statement.

2. I confirm to the best of my knowledge and belief, and having made appropriate enquiries of the Board, East Dunbartonshire Council and NHS Greater Glasgow and Clyde, the following representations given to you in connection with your audit of East Dunbartonshire Integration Joint Board's annual accounts for the year ended 31 March 2018.

Financial Reporting Framework

3. The annual accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18 (2017/18 accounting code) the requirements of the Local Government (Scotland) Act 1973, the Local Government in Scotland Act 2003 and The Local Authority Accounts (Scotland) Regulations 2014.

4. Disclosure has been made in the financial statements of all matters necessary for them to show a true and fair view of the transactions and of the East Dunbartonshire Integration Joint Board for the year ended 31 March 2018.

Accounting Policies & Estimates

5. All material accounting policies adopted are as shown in the Statement of Accounting Policies included in the financial statements. The appropriateness of these policies has been reviewed, and takes account of the requirements set out in the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18. All accounting policies applied are appropriate to East Dunbartonshire Integration Joint Board's circumstances and have been consistently applied.

6. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. There are no changes in estimation techniques which should be disclosed due to their having a material impact on the accounting disclosures.

Going Concern

7. I have assessed East Dunbartonshire Integration Joint Board's ability to carry on as a going concern and concluded that it is appropriate to prepare the financial statements on a going concern basis. I am not aware of any material uncertainties that may cast significant doubt on East Dunbartonshire Integration Joint Board's ability to continue as a going concern.

Related Party Transactions

8. All transactions with related parties have been disclosed in the financial statements. I have made available to you all the relevant information concerning such transactions, and I am not aware of any other matters that require disclosure in order to comply with the requirements of International Accounting Standard 24.

Remuneration Report

9. The remuneration report has been prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014 and includes all specified remuneration for relevant council officers and all elected members.

Corporate Governance

10. I acknowledge, as the officer with responsibility for the proper administration of the Joint Board's financial affairs, my responsibility for the systems of internal control. I confirm that I have disclosed to the auditor all deficiencies in internal control of which I am aware.

11. The corporate governance arrangements have been reviewed and the disclosures have been made in the annual report and accounts in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18. There have been no changes in the corporate governance arrangements or issues identified, since 31 March 2018, which require disclosure.

General

12. I acknowledge my responsibility and that of East Dunbartonshire Integration Joint Board for the annual report and accounts. All of the accounting records requested have been made available to you for the purposes of your audit. All material agreements and transactions undertaken by East Dunbartonshire Integration Joint Board have been properly reflected in the financial statements. All other records and information have been made available to you, including minutes of all management and other meetings.

13. Disclosure has been made in the financial statements of all matters necessary to give a true

and fair view of the financial position of East Dunbartonshire Integration Joint Board as at 31 March 2018 and the income and expenditure for the year then ended.

14. The information given in the narrative reports supporting the financial statements, including the Management Commentary, Annual Governance Statement and Remuneration Report, presents a balanced picture of East Dunbartonshire Integration Joint Board and is consistent with the financial statements.

15. I have considered the risk that the financial statements may be materially misstated as a result of fraud. I confirm that there are no allegations of fraud or suspected fraud affecting the financial statements. There have been no irregularities involving management or employees who have a significant role in internal control or that could have a material effect on the financial statements.

16. I confirm that I am not aware of any uncorrected misstatements.

Balance Sheet

17. There have been no material events since the date of the balance sheet which would require the revision of the figures in the financial statements or notes thereto.

18. Since the date of the balance sheet no events or transactions have occurred which, though properly excluded from the accounts, are of such importance that they should be brought to your notice.

Yours sincerely

Jean Campbell
Chief Finance & Resources Officer (Proper Officer)
East Dunbartonshire Health & Social Care Partnership

East Dunbartonshire Integration Joint Board

2017/18 Proposed Annual Audit Report

AUDIT SCOTLAND

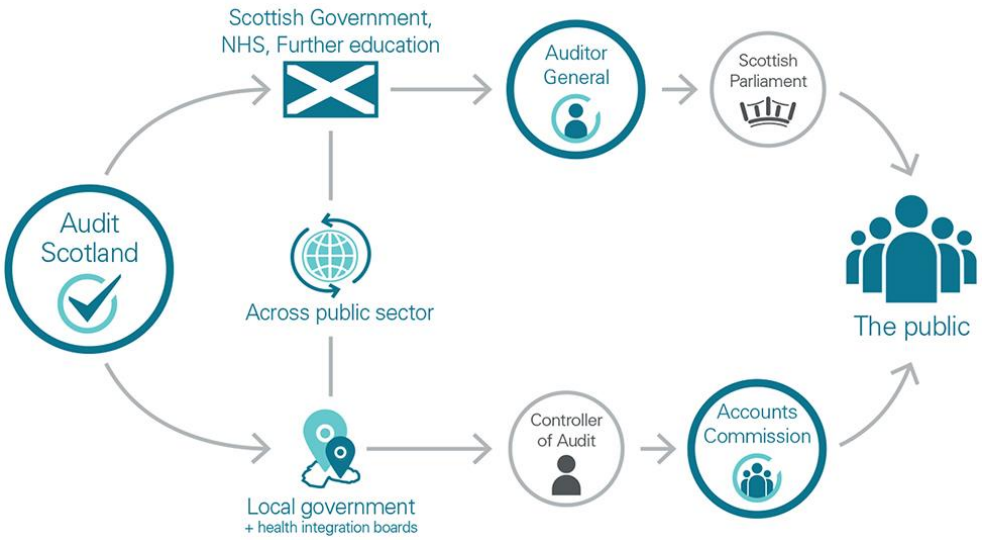
To the members of East Dunbartonshire Integration Joint Board and the Controller of Audit

21 September 2018

Who we are

The Auditor General, the Accounts Commission and Audit Scotland work together to deliver public audit in Scotland:

- The Auditor General is an independent crown appointment, made on the recommendation of the Scottish Parliament, to audit the Scottish Government, NHS and other bodies and report to Parliament on their financial health and performance.
- The Accounts Commission is an independent public body appointed by Scottish ministers to hold local government to account. The Controller of Audit is an independent post established by statute, with powers to report directly to the Commission on the audit of local government.
- Audit Scotland is governed by a board, consisting of the Auditor General, the chair of the Accounts Commission, a non-executive board chair, and two non-executive members appointed by the Scottish Commission for Public Audit, a commission of the Scottish Parliament.



About us

Our vision is to be a world-class audit organisation that improves the use of public money.

Through our work for the Auditor General and the Accounts Commission, we provide independent assurance to the people of Scotland that public money is spent properly and provides value. We aim to achieve this by:

- carrying out relevant and timely audits of the way the public sector manages and spends money
- reporting our findings and conclusions in public
- identifying risks, making clear and relevant recommendations.

Contents

Key messages

2017/18 annual report and accounts

1 The revised financial statements of East Dunbartonshire Integrated Joint Board for 2017/18 give a true and fair view of the state of its affairs and of its net expenditure for the year.

2 Whilst this is the case, the unaudited financial statements misrepresented the financial position of the IJB as a £0.94 million surplus when £2 million of reserves had been used to fund the services. The revised financial statements now correctly disclose the £1.1 million deficit on delivering services in the year.

3 The quality of the unaudited financial statements was disappointing with improvements identified through last year's audit being disregarded. The financial statements were updated and are now of an acceptable standard.

4 We have issued an unqualified Independent Auditor's Report on the East Dunbartonshire Integrated Joint Board Annual Accounts for 2017/18.

Financial management and sustainability

5 The IJB has appropriate and effective budgetary processes arrangements in place which provide timely and reliable information for monitoring financial performance. However, additional information on the achievement of savings targets would provide more transparency.

6 The IJB incurred a deficit of £1.1 million, with the budget for 2018/19 anticipating further use of reserves. This is not a sustainable position beyond the short term.

7 The IJB now holds reserves of £2.1 million, which is below its strategic target of £3.1 million. Balancing the budget by using reserves is not sustainable in the medium term.

8 The IJB has implemented a medium term financial plan, but a long term (5 years and over) financial plan has yet to be developed.

9 Key controls within the main financial systems of both partners bodies were operating satisfactorily.

Governance, transparency and value for money

10 The IJB has appropriate governance arrangements in place that support the scrutiny of decisions by the board.

11 Improvements could be made to the transparancy of the IJB, specifically with the accessability of Audit Committee papers.

12 The annual performance report was deficient in several respects. It did not include any evidence to demonstrate how Best Value is being delivered.

Introduction

1. This report is a summary of our findings arising from the 2017/18 audit of East Dunbartonshire Integration Joint Board, hereby referred to as the 'IJB'.

2. The scope of our audit was set out in our Annual Audit Plan presented to the February 2018 meeting of the Audit Committee. This report comprises the findings from:

- an audit of the IJB's annual accounts
- consideration of the four audit dimensions that frame the wider scope of public audit set out in the *Code of Audit Practice 2016* as illustrated in Exhibit 1.

Exhibit 1
Audit dimensions

Source: *Code of Audit Practice 2016*

3. The main elements of our audit work in 2017/18 have been:

- obtaining service auditor assurances from the auditors of NHS Greater Glasgow and Clyde (NHSGGC) and East Dunbartonshire Council (EDC)
- an audit of the IJB's 2017/18 annual accounts including issuing an independent auditor's report setting out our opinions
- consideration of the four audit dimensions.

4. The IJB has primary responsibility for ensuring the proper financial stewardship of public funds. This includes preparing annual accounts that are in accordance with proper accounting practices.

5. The IJB is responsible for compliance with legislation, and putting arrangements in place for governance, propriety and regularity that enable it to successfully deliver its objectives.

6. Our responsibilities as independent auditor appointed by the Accounts Commission are established by the Local Government (Scotland) Act 1973, the Code of Audit Practice (2016), supplementary guidance, and International Standards on Auditing in the UK.

7. As public sector auditors we give independent opinions on the annual accounts. We also review and provide conclusions on the effectiveness of the IJB's performance management arrangements, suitability and effectiveness of corporate governance arrangements, and financial position and arrangements for securing financial sustainability. In doing this, we aim to support improvement and accountability.

8. The weaknesses or risks identified in this report are only those that have come to our attention during our normal audit work, and may not be all that exist.

9. Our annual audit report contains an agreed action plan at Appendix 1 setting out specific recommendations, responsible officers and dates for implementation. It also includes outstanding actions from last year and progress against these.

10. We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We can confirm that we have not undertaken any non-audit related services and therefore the 2017/18 audit fee of £24,000, as set out in our Annual Audit Plan, remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.

Adding value through the audit

11. Our aim is to add value to IJB by increasing insight into, and offering foresight on financial sustainability, risk and performance and by identifying areas of improvement and recommending / encouraging good practice. In so doing, we aim to help the IJB promote improved standards of governance, better management and decision making and more effective use of resources.

12. This report is addressed to both the board and the Controller of Audit and will be published on Audit Scotland's website www.audit-scotland.gov.uk.

13. We would like to thank all management and staff who have been involved in our work for their co-operation and assistance during the audit.

Part 1

Audit of 2017/18 annual accounts

Main judgements

In our opinion East Dunbartonshire IJB's financial statements give a true and fair view and were properly prepared.

Whilst this is the case, the unaudited financial statements misrepresented the financial position of the IJB as a £0.94 million surplus when £2 million of reserves had been used to fund the services. The revised financial statements now correctly disclose the £1.1 million deficit on delivering the services in the year.

The quality of the unaudited financial statements was disappointing with improvements identified through last year's audit being disregarded. The statements were updated and are now of an acceptable standard.

We have issued an unqualified Independent Auditor's Report on the East Dunbartonshire IJB's Annual Report and Accounts for 2017/18.

The annual accounts are the principal means of accounting for the stewardship of the board's resources and its performance in the use of those resources.

Audit opinions on the annual accounts

14. The annual accounts for the year ended 31 March 2018 were approved by the Performance, Audit & Risk Committee on 21 September 2018. We reported within our independent auditor's report that in our opinion:

- the financial statements give a true and fair view and were properly prepared
- the audited part of the remuneration report, management commentary, and annual governance statement were all consistent with the financial statements and properly prepared in accordance with proper accounting practices.

15. Additionally, we have nothing to report in respect of misstatements in information other than the financial statements, the adequacy of accounting records, and the information and explanations we received.

Submission of annual accounts for audit

16. We received the unaudited annual accounts on 11 June 2018 in line with our agreed audit timetable. Assurances over the hosts relevant governance arrangements were provided by each host, as part of the accounts preparation process. Information on year-end balances were provided by the IJB to NHSGGC by the pre-agreed timetable for NHS consolidation purposes.

17. Upon receipt of the 2017/18 unaudited annual accounts we identified a number of errors, the majority of which were the same as the errors we found during the audit of the 2016/17 annual accounts. This was due to the fact that the 2016/17 unaudited annual accounts had been used to produce the 2017/18 unaudited annual accounts instead of the 2016/17 audited annual accounts. As a result, financial disclosures had not been updated correctly in the 2017/18 unaudited annual accounts leading to a large number of changes being required throughout

the unaudited annual accounts. As this is our third year of our appointment, the reduction in the quality of the unaudited annual accounts is disappointing.

 Recommendation 1 (refer appendix 1, action plan)

18. The working papers provided with the unaudited annual accounts were of an adequate standard and finance staff provided good support to the audit team which helped ensure the audit process ran smoothly.

Risks of material misstatement

19. Appendix 2 provides a description of those assessed risks of material misstatement that were identified during the planning process, wider dimension risks, how we addressed these and our conclusions. These risks had the greatest effect on the overall audit strategy, the allocation of staff resources to the audit and directing the efforts of the audit team.

Materiality

20. Misstatements are material if they could reasonably be expected to influence the economic decisions of users taken based on the financial statements. The assessment of what is material is a matter of professional judgement. It involves considering both the amount and nature of the misstatement. It is affected by our perception of the financial information needs of users of the financial statements.

21. Our initial assessment of materiality for the annual accounts was carried out during the planning phase of the audit. We assess the materiality of uncorrected misstatements, both individually and collectively. The assessment of materiality was recalculated on receipt of the unaudited financial statements and is summarised in Exhibit 2.

Exhibit 2
Materiality values

Materiality level	Amount
Overall materiality	£1.568 million
Performance materiality	£0.941 million
Reporting threshold	£16,000

Source: Audit Scotland 2017/18 Annual Audit Plan

How we evaluate misstatements

22. We identified one area of material misstatement regarding the disclosure of the IJB's deficit, which is discussed in Exhibit 3 Significant findings from the audit in accordance with ISA 260

23. International Standard on Auditing (UK) 260 requires us to communicate significant findings from the audit to those charged with governance. These are summarised in Exhibit 3. Where a finding has resulted in a recommendation to management, a cross reference to the Action Plan in Appendix 1 has been included.

24. The findings include our views about significant qualitative aspects of the board's accounting practices including:

- Accounting policies
- Accounting estimates and judgements
- Significant financial statements disclosures
- Timing of transactions and the period in which they are recorded
- The impact on the financial statements of any uncertainties
- The effect of any unusual transactions on the financial statements
- Misstatements in the annual report and accounts
- Disagreement over any accounting treatment or financial statements disclosure

Exhibit 3

Significant findings from the audit of the financial statements

Issue	Resolution
1. Reserves netted against expenditure The unaudited statements misrepresented the financial position of the IJB as a £0.94 million surplus when £2million of reserves had been used. The revised statements now correctly disclose the £1.1 million Expenditure on Adult Services and Children and Criminal Justice Services was significantly understated in the Comprehensive Income and Expenditure Statement (CIES). This presentation was misleading and not in compliance with accounting guidance.	The financial statements were updated to reflect the Gross Expenditure of services, resulting in a £1.1 million deficit in the CIES. The transfer between General Fund and Earmarked reserves was appropriately disclosed within the Movement in Reserves Statement (MIRS).
2. Hospital acute services (set aside) The "set aside" budget is the IJB's share of the budget for delegated acute services provided by large hospitals, on behalf of the IJB. As per the previous financial year, a notional figure for the 'set aside', has been agreed with NHSGGC and included in the NHSGGC & IJB annual accounts. The budget and actual expenditure reported for the "set aside" are equal. The figure is based on 2015/16 activity levels for hospital inpatient and day case activity, as provided by NHS National Services Scotland's Information Services Division, adjusted to reflect 2017/18 costs. The set aside value disclosed in the accounts (£17.4 million) may not accurately reflect the actual hospital use in 2017/18.	The Comprehensive Income and Expenditure Account in the annual accounts correctly includes the set aside costs. This is a transitional arrangement which was agreed by the Scottish Government. Therefore, this disclosure has been accepted for 2017/18. Recommendation 2 (refer appendix 1, action plan)

25. Our audit identified a number of presentational and disclosure issues which were discussed with management. These were adjusted and reflected in the audited annual accounts.

Good practice in financial reporting

26. In the main, the annual accounts reflect good practice as set out in the Audit Scotland good practice note on '*Improving the quality of local authority accounts – integration joint boards*' (April 2018).

Follow up of prior year recommendations

27. We have followed up actions previously reported and assessed progress with implementation, these are reported in Appendix 1 and identified by the prefix b/f (brought forward).

28. In total, six agreed actions were raised in 2016/17. Of these:

- one has been fully implemented
- five are not actioned or have only partly been actioned.

29. Overall the IJB has made little progress in implementing these actions. For those actions not yet implemented, revised responses and timescales have been agreed with management in Appendix 1.

Part 2

Financial management and sustainability

Main judgements

The IJB has an established budgeting and budget monitoring process. Budget monitoring reports provide good quality information to facilitate scrutiny and challenge by members, however additional information on the achievement of savings targets would provide more transparency.

The IJB incurred a deficit of £1.1 million, with the budget for 2018/19 anticipating further use of reserves. The IJB now holds reserves of £2.1 million, which is below its strategic target of £3.1 million. Balancing the budget by using of reserves is not sustainable in the medium term.

The IJB has implemented a medium term financial plan up to 2021, but a long term financial plan has yet to be developed. In 2018/19 the IJB needs to make savings of £4.6 million, £1.7 million if this is considered high risk.

Key controls within the main financial systems of both partner bodies were operating satisfactorily.

Financial management

30. Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively. It is the Board's responsibility to ensure that its financial affairs are conducted in a proper manner.

Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

31. As auditors, we need to consider whether audited bodies have established adequate financial management arrangements. We do this by considering several factors, including whether:

- the Chief Finance & Resources Officer has sufficient status to be able to deliver good financial management
- standing financial instructions and standing orders are comprehensive, current and promoted within the IJB
- reports monitoring performance against budgets are accurate and provided regularly to budget holders
- monitoring reports do not just contain financial data but are linked to information about performance
- IJB members provide a good level of challenge and question budget holders on significant variances.

32. The IJB does not have any assets, nor does it directly incur expenditure or employ staff. All funding and expenditure is incurred by partner bodies and processed in their accounting records. The Chief Finance & Resources Officer was

in post throughout the accounting year and is responsible for ensuring that appropriate financial services are available to the IJB and the Chief Officer.

33. The IJB board formally approved the 2017/18 budget in June 2017. This comprised of contributions from EDC and NHSGGC of £51.7 million and £79.6 million respectively, with £17.4 million of funding set aside. This budget assumed a savings target of £5.1 million for the year, with £4.6 million being identified at the time of approval. With £5.3 million of brought forward reserves, there was sufficient capacity to absorb the anticipated savings gap for 2017/18.

34. The Board is responsible for scrutinising financial and operational performance and ensuring that prompt corrective actions are taken where appropriate. To discharge this duty, it needs timely and comprehensive budget monitoring information, including projections of the year end position. Five budget monitoring reports were reported to meetings of the Board during 2017/18. These reports identify the projected year-end outturn at the start of the year was a breakeven position although an increasing year-end overspend was projected throughout the year with the actual overspend at the year-end reflected in the annual accounts (£1.1 million).

35. Budget monitoring reports provide good quality information to facilitate scrutiny and challenge by members on the financial position of the IJB. The opportunity for comprehensive scrutiny could be further enhanced by combining performance reporting with financial reporting.

36. Currently, performance reporting and budget reporting are considered separately at meetings of the Joint Board and Performance, Audit & Risk Committee respectively. Having embedded financial and performance reporting, the IJB should take the opportunity to combine these to ensure that members have clear sight of the impact of variances against budget in terms of service performance.

 Recommendation 3 (refer appendix 1, action plan)

37. Although the IJB has good budget monitoring arrangements in place, improvements could be made by combining performance and budget reporting.

Financial performance in 2017/18

38. The IJB does not have any assets, nor does it directly incur expenditure or employ staff, other than the Chief Officer and Chief Finance and Resources Officer. All funding and expenditure for the IJB is incurred by partners' bodies and processed in their accounting records. Satisfactory arrangements are in place to identify this income and expenditure and report this financial information to the Board.

39. The financial outturn is analysed in Exhibit 4. Reserves have been utilised to cover the deficit of £1.1 million. The underspend within health services has been apportioned between earmarked and contingency funds. The Integration Scheme states that where a deficit is projected during the year, that a financial recovery plan must be agreed by all partners.

40. A financial recovery plan for 2018/19 was developed and approved by the Board in May 2018.

Exhibit 4
Performance against budget

IJB budget objective summary	Budget £m	Actual £m	Variance £m
NHS Greater Glasgow & Clyde	99.7	98.8	(0.9)
East Dunbartonshire Council	51.9	53.9	2.0
Total Net Expenditure/Deficit	151.6	152.7	1.1
Movement in Reserves to reflect deficit:			
- Earmarked reserves from health services			(0.7)
- Surplus from health services			(0.2)
- Deficit from care services			2.0

Source: East Dunbartonshire IJB Final Outturn Report 2017/18

41. The 2017/18 Financial Outturn Report was presented to the Board meeting in June 2018 and highlights the main reasons for the £1.1 million deficit as follows:

- £0.46 million underspend in relation to health services was primarily due to Oral Health Directorate. This surplus arose as a result of staff turnover and vacancies across the service. This saving has been allocated to earmarked reserves to be allocated in future years to a planned equipment replacement programme with primary care oral health services.
- £1.35 million overspend in Adult Social work budget. This was a result of demand pressures from children transitioning into adult learning disability and mental health services as well as some pressure in relation to care at home services for older people as the demands from this care group continue to rise.
- £0.67 million overspend in Children and Criminal Justice Services this is primarily due to residential and fostering placements for Children. This was due to a combination of additional demands and restrictions on places within our in-house residential provision being held during the year in the expectation that a number of Asylum Seeking children will be placed within East Dunbartonshire. This required the purchase of additional external placements to support children requiring residential care.

Financial sustainability looks forward to the medium and longer term to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered.

Efficiency savings

42. The IJB is required to make efficiency savings to maintain financial balance. In 2017/18 the IJB was expected to make efficiency savings of £5.1 million. However, the Financial Performance – Budget Outturn 2017/18 report which was presented to the Board in June 2018 does not provide details of the final efficiency savings achieved for the year.

43. Based on the proposed settlement from NHSGGC and EDC, it is anticipated that £4.6 million of savings will be required during 2018/19 and which have been identified. However, we noted that £1.7 million of these identified savings have the highest risk factor. Failure to achieve these savings may have serious implications to the delivery of core services for 2018/19 as there are no contingency reserves available. It is therefore crucial that the Board receive detailed efficiency savings

updates on a regular basis. The financial sustainability of the IJB should be a core focus during 2018/19.

 Recommendation 4 (refer appendix 1, action plan)

Financial Planning

44. At the May 2018 Board meeting, the Chief Finance & Resources Officer recommended that the IJB rejects the 2018/19 financial settlement offered by EDC based on the insufficient level of funding to deliver services. The Board raised concerns regarding the shift of balance of care from acute and institutional settings to services delivered within the community, and the impact this has on the budget of the IJB. Although the offer from EDC to underwrite any IJB overspends using EDC's reserves, the IJB considered this to be a short-sighted view. At the June 2018 Board meeting it was agreed the funds currently earmarked within the IJB reserves for transformational activity would be replaced by a commitment from EDC to support this activity going forward, thus allowing these earmarked reserves to be recategorised as general fund reserves. These funds would then be used to balance the 2018/19 budget.

45. The budget allocation to the IJB was agreed at the June 2018 Board meeting (£51.9 million from EDC and £77.2 million from NHSGGC which excludes the set aside for acute hospital sites), which identified a £4.6 million funding gap.

46. In our 2016/17 Annual Audit Report we highlighted the importance of a medium to long term financial plan to support longer term planning for the IJB. This was included as an action point in our report and the IJB agreed to develop this as part of its Strategic Plan 2018-2021, which was approved by the Board in April 2018. Although the IJB has made improvements by implementing a medium term financial plan, a long term (5 years and over) financial plan has yet to be developed. We acknowledge that longer term financial planning is challenging due to the IJB's reliance on uncertain financial settlements from partners. The action point from 2016/17 has been carried forward for implementation in 2018/19.

 Recommendation 5 (refer appendix 1, action plan)

Reserves strategy

47. The reserves policy of the IJB was approved at the Board meeting on 11 August 2016. The integration scheme and the reserves policy set out the arrangements between the partners for addressing and financing any overspends or underspends. Both documents highlight that underspends in an element of the operational budget arising from specific management action may be retained by the IJB to either fund additional in year capacity, or be carried forward to fund capacity in future years of the Strategic Plan. Alternatively, these can be returned to the partner bodies in the event of a windfall saving.

48. As a result of the deficit in 2017/18, reserves have fallen by £1.1 million. The IJB is forecasting that all of the remaining General Fund balance (£1 million) and the Earmarked Reserves of £1.1 million will be used to balance the 2018/19 budget. Going forward the IJB's financial position is precarious with no safeguards against unexpected costs.

49. The IJB's reserves policy provides for a minimum of 2% of net expenditure (£152.7 million in 2017/18) to be held in reserves which equates to approximately £3.1 million for the IJB. Following the expected £2 million drawdown in 2018/19, the closing reserves position will be £2.1 million which is below the minimum level, resulting in breach of the reserves policy. A breakdown of reserves of the IJB can be found in Exhibit 5. As noted in paragraph 40, a financial recovery plan for 2018/19 was developed and approved by the Board in May 2018 which

demonstrates that plans are in place to return to compliance with the reserves policy.

Exhibit 5
Summary of Reserves

Reserves	2016/17 £m	2017/18 £m
Earmarked Reserves 2017/18		
Scottish Govt. Funding – SDS	0.106	0.102
Mental Health project	0.036	0.036
Delayed Discharge	0.029	-
Service Redesign / Transformation	1.704	1.666
Keys to Life Funding	0.011	0.006
Autism Funding	0.019	-
Police Scotland – CPC Funding	0.005	-
Integrated Care / Delayed Discharge Funding	0.523	0.523
Oral Health Funding	0.138	0.600
Earmarked Reserves for 2018/19		
Primary Care Cluster funding	-	0.198
General Reserve		
Contingency	2.660	0.957
Total Reserves	**5.231**	**4.087**

Source: East Dunbartonshire IJB Financial Performance – Budget Outturn 2017/18

50. The CIPFA Local Authority Accounting Panel (LAAP) bulletin 99 provides guidance on the establishment and maintenance of reserves. It recognises that "earmarked" reserves are a valid way to meet known or predicted requirements. The IJB should ensure that where funds are earmarked for a specific purpose to support service transformation and delivery, that these are used timeously to deliver the intended service benefits. If not, they should not be classified as earmarked balances.

 Recommendation 6 (refer appendix 1, action plan)

51. We can conclude that with the drawdown of reserves anticipated in future years there is uncertainty over the financial sustainability of the IJB. The projected use of earmarked reserves to balance the 2018/19 budget puts at risk the pace of transformational change.

Systems of internal control

52. The IJB does not have any financial systems of its own. All financial transactions of the IJB are processed through the financial systems of NHSGGC and EDC. The key financial systems it relies upon include general ledger, trade payables, trade receivables and payroll.

53. As part of our audit approach we sought assurances from the external auditors of NHSGGC and EDC (in accordance with ISA 402) and confirmed that the key controls within the main financial systems of both partner bodies were operating satisfactorily and that no significant risks were identified.

Workforce planning

54. The IJB currently relies on the workforce plans of its partner bodies. The IJB is in the process of creating a Workforce and Organisational Development Plan for 2018-2021. A draft report was presented to the Board meeting in March 2018 and formally approved.

55. The Organisational Plan has been created to support both the delivery of the strategic plan and the development of the workforce. The current plan has four main themes, which are Developing our Culture, Values and Behaviours, Service Improvement, Integration and Leadership.

56. Within the development plan there is a workforce action plan to aid the delivery of the plan, however there are no owners or dates for completion included within the document, which will make the timely implementation of these actions challenging.

 Recommendation 7 (refer appendix 1, action plan)

57. Regular updates on workforce planning are presented to meetings of the Board during the year, including the minutes of meetings of the East Dunbartonshire Staff Forum whose membership includes staff from health and social care services and trade union officials.

Part 3

Governance, transparency and value for money

Main judgements

The IJB has appropriate governance arrangements in place that support the scrutiny of decisions by the Board.

Improvements could be made to the transparancy of the IJB, specifically with the accessability of Audit Committee papers.

The IJB published its annual performance report. However, it does not include evidence to demonstrate how the IJB's Best Value duties are being delivered.

Refreshed Strategic Plan

58. The Board approved the 2016-2019 Strategic Commissioning Plan in March 2016. In recognition of the plan entering its third and final year, a refreshed plan for 2018-2021 was approved by the Board in March 2018. The strategic plan outlines eight key priorities to be delivered over the next three years. These are:

- Promote positive health and wellbeing, preventing ill-health and building strong communities
- Enhance the quality of life and supporting independence for people, particularly those with long-term conditions
- Keep people out of hospital when care can be delivered closer to home
- Address inequalities and support people to have more choice and control
- People have a positive experience of health and social care services
- Promote independent living through the provision of suitable housing accommodation and support
- Improve support for carers enabling them to continue in their caring role
- Optimise efficiency, effectiveness and flexibility

59. The refreshed strategic plan aims to build on the experiences of the first two years of integration and reflects changes in national and local policies.

Governance arrangements

60. The integration scheme between EDC and NHSGGC sets out the IJB's responsibilities for the management and delivery of health and social care services in East Dunbartonshire. The IJB's governance arrangements and procedures are regulated by its Scheme of Delegation.

Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision-making and transparent reporting of financial and performance information.

61. Standing Orders for the IJB were approved when it was established in July 2015. Schemes of Delegation clarify the functions delegated by EDC and NHSGGC to the IJB. These delegate operational management of services to the IJB's Chief Officer.

62. The integration scheme also sets out the key governance arrangements. The Board is responsible for establishing arrangements for ensuring the proper conduct of the affairs of the IJB and for monitoring the adequacy of these arrangements. The Board comprises a wide range of service users and partners including three elected councillors nominated by EDC and three non-executive directors nominated by NHSGGC.

63. The IJB's Chief Officer provides overall strategic and operational advice and is directly accountable to the Board for all of its responsibilities. The Chief Officer is accountable to both the Chief Executive of EDC and the Chief Executive of NHSGGC. The Chief Officer also provides regular reports to both partners which include national and local developments in relation to the implementation of the Public Bodies (Joint Working) (Scotland) Act 2014.

64. The Board is supported by the Audit Committee, two Locality Planning Groups, a Clinical and Care Governance Group and the Strategic Planning Group. The Board and each of the groups met on a regular basis throughout the year. We reviewed Board minutes and Audit Committee minutes to ensure they are fulfilling their responsibilities. We also periodically attend meetings of the Audit Committee. Additionally, we attend selected Board meetings to observe how they perform and we concluded that these meetings are well attended and demonstrate an appropriate level of discussion and scrutiny.

65. The Clinical and Care Governance Group reports through the Chief Officer to the Board on a regular basis. The membership reflects the professional groups, including nursing, medical, social work and primary care colleagues. The role of the Clinical and Care Governance Group is to consider matters relating to Strategic Plan development, governance, risk management, service user feedback and complaints, standards, education, learning, continuous improvement and inspection activity.

66. Following the Local Elections in May 2017, the voting members from EDC changed. Seminars and training schemes were arranged to ensure an appropriate level of knowledge was obtained by each new member.

67. It was noted during planning, the financial regulations make reference to section 105 of the 1973 act when referencing the audit and publications timetable, when this should be the Local Authority Regulations 2014. In addition upon review of the Scheme of Delegation, it does not state who approves the audited financial statements. Based on the 2016/17 audit it should be updated to state that this is the responsibility of the IJB Audit Committee.

 Recommendation 8 (refer appendix 1, action plan)

Transparency

68. Transparency means that the general public has access to understandable, relevant and timely information about how the IJB is taking decisions and how it is using resources.

69. Full details of the Board meetings held by the IJB are available through the EDC website where access is given to partnership board papers and minutes of meetings. However, other committee/ group papers, such as the Audit Committee, are not publicly available. Although minutes are documented within the Board meeting minutes, these do not provide enough detail to allow stakeholders to obtain a full understanding on the matters discussed at these meetings. This was raised as an action point in our 2016/17 Annual Audit Report, and it was agreed that a review of arrangements for supporting the website would be carried out. It

was also agreed that this review would include arrangements for the regular publishing of reports for standing committee. As there has been no improvement in the publishing of minutes, this action point will be carried forward to 2018/19.

Recommendation 9 (refer appendix 1, action plan)

70. We feel that improvements can be made to the transparancy of the IJB, specifically in relation to the accessability of Audit Committee papers.

Internal audit

71. Internal audit provides the IJB Board and Accountable Officer with independent assurance on the IJB's overall risk management, internal control and corporate governance processes.

72. The internal audit function is carried out by the internal auditors at both EDC and NHSGGC. As part of our routine planning process we carry out an early assessment of the internal audit function to determine whether it has sound documentation standards and reporting procedures in place and complies with the requirements of Public Sector Internal Audit Standards (PSIAS). A review of the adequacy of the respective internal audit functions was carried out by the external auditors of the host bodies from which an assessment was made in relation to the IJB. We concluded that it operates accordance with PSIAS and has sound documentation standards and reporting procedures in place.

73. In 2016/17 we reported that the internal auditors of NHSGGC do not share copies of individual internal audit reports with the IJB or attend meetings of the IJB's Audit Committee. It has been noted that the internal auditors of NHSGGC remain unwilling to provide audit reports to the IJB Audit Committee. This action point will therefore be carried forward to 2018/19.

Recommendation 10 (refer appendix 1, action plan)

74. To avoid duplication of effort we place reliance on the work of internal audit wherever possible. In 2017/18 we placed formal reliance on internal audit's work in Homecare follow up and Carefirst payments. We also considered internal audit report findings as part of our wider dimension work including Social Work contract monitoring.

Standards of conduct and arrangements for the prevention and detection of bribery and corruption

75. The Board requires that all members must comply with the Standards in Public Life - Code of Conduct for Members of Devolved Public Bodies. In August 2016 the Board agreed to adopt the template Code of Conduct for Integration Joint Boards which had been produced by the Scottish Government.

76. Based on our review of these arrangements we concluded that the IJB has effective arrangements in place for the prevention and detection of corruption and we are not aware of any specific issues that we need to record in this report.

Other governance arrangements

77. The Scottish Government issued a Public Sector Action Plan on Cyber Resilience in November 2017. This requires all public sector bodies to carry out a review to ensure their cyber security arrangements are appropriate. As set out above, the IJB does not have any of its own systems so relies on the ICT arrangements in the partner bodies. The interim audit reports by the external auditors of NHSGGC and EDC noted that the partner bodies are on target to secure the Cyber Essentials and Cyber Essentials Plus accreditations respectively by October 2018 in accordance with the Scottish Government target.

78. The new General Data Protection Regulation (GDPR) came into force on 25 May 2018. Superseding the Data Protection Act 1998, the regulation introduced new and significantly changed data protection concepts pertaining to the processing of personally identifiable information.

79. Our review of Board papers and minutes identified that no papers have been presented in relation to GDPR, although there is a position statement on IJB's website. This implies that the IJB does not consider itself to be a controller of personal information, and is therefore reliant on its constituent partners, EDC and NHSGGC, for compliance with GDPR. As a minimum, we expect the IJB to formally to consider and report on its own responsibilities regarding GDPR in order to assess whether it is a controller of personal information and if so, identify and appoint a Data Protection Officer.

 Recommendation 11 (refer appendix 1, action plan)

Value for money and performance management

Value for money is concerned with using resources effectively and continually improving services.

80. Local government bodies, including Integrated Joint Boards, have a statutory duty to make arrangements to secure Best Value, through the continuous improvement in the performance of their functions. The characteristics of a Best Value organisation are laid out in Scottish Government Guidance issued in 2004.

81. While there is evidence of elements of Best Value being demonstrated by the IJB, there is no mechanism for formal review. Mechanisms and reporting arrangements should be implemented to provide assurance, to the Chief Officer and the Board, that partners have arrangements in place to demonstrate that services are delivering Best Value. This was raised as an action point in our 2016/17 Annual Audit Report and is included in appendix 1 as an outstanding action.

82. The Public Bodies (Joint Working) (Scotland) Act 2014 requires that an annual performance report is completed within four months of the year end (i.e. before 31 July 2018). The Board has received reports throughout the year on the proposed annual performance report for 2017/18, the final version of which was published on the IJB's website ahead of the statutory deadline. Our review of the annual performance report noted that, while it covers the majority of the key areas set out in the guidance, it does not provide details on how the IJB is delivering Best Value.

 Recommendation 12 (refer appendix 1, action plan)

83. The Board is provided with quarterly performance reports to update on progress against the proposed targets and measures, with narrative to describe progress and actions for improvement. We are satisfied with the format and the content of these reports which provide an adequate level of information to Board members.

84. Of the 25 national core indicators reported, at the end of 2017/18, 7 performance indicators were demonstrating improved performance,11 maintained levels of performance and 7 were showing negative performance against prior year.

National performance audit reports

85. Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2017/18 we published some reports which are of direct interest to the Board as outlined in Appendix 3. Processes are in place to ensure that all national performance reports and their impact are considered by the Board.

Health and Social Care Integration performance audit

86. Audit Scotland, as part of a series of reports, has undertaken a national study to examine the impact of the integration of health and social care services. The report is due to be published in November 2018 and will reflect on leadership and collaboration, integrated finances and strategic planning.

Appendix 1

Action plan 2017/18

2017/18 recommendations for improvement

No.	Issue/risk	Recommendation	Agreed management action/timing
1	**Quality assurance review** The quality of the draft 2017/18 unaudited accounts submitted for audit were of a lower than expected standard. **Risk** More audit time is spent identifying typographical and other errors and the audit fee may be increased as a result.	Prior to submission for audit, the IJB should carry out a quality assurance review of the unaudited accounts to identify and eliminate errors. Paragraph 17	Limited finance capacity to support the production of the Financial Accounts for 2017/18. Finance Structure to be enhanced to provide capacity to support partnership priorities. Chief Finance & Resources Officer April 2019
2	**Hospital acute services (set aside)** The total Joint Board expenditure includes “set aside” costs for hospital acute services. The figure is an estimate, based on 2015/16 activity levels. **Risk** In future years the sum set aside recorded in the annual accounts will not reflect actual activity levels.	NHSGGC and the IJB should prioritise revised processes for planning and performance management of delegated hospital functions and associated resources in 2017/18. Exhibit 3	Work is underway across NHSGGC with representation from partnership CFO’s, Acute Heads of Finance, Senior Finance representatives from the NHS Board and the SG to develop a financial framework for the set aside budget which links performance in the usage of acute services to financial performance to ensure compliance with the legislation. A framework is set to be in place by the 1 April 2019 for the financial year 2019/20. This is dependent on the NHSGG&C and agreement across the other partnerships on the model to be implemented. NHSGGC, SG, IJB CFO’s April 2019
3	**Budget and performance monitoring arrangements** Budget and performance monitoring arrangements are currently reported separately to the Board which means that it can be challenging to link the	The IJB should seek to combine these to ensure that members have clear sight of the impact of variances against budget in terms of service performance. Paragraph 36	A performance framework is in development for the IJB and consideration will be given to the options for aligning the financial performance for the partnership with that of the overall performance.

No.	Issue/risk	Recommendation	Agreed management action/timing
	impact of budget variances on service performance. **Risk** There is a risk that members are not fully sighted on the impact of budget variances on service performance.		Chief Finance & Resources Officer December 2018
4	**Efficiency savings** There is no formal mechanism in place to identify and report on whether savings targets are being met and how these are being achieved. In addition, savings identified for 2018/19 include £1.7 million that is considered as high risk and may not material. **Risk** Savings are not being delivered in accordance with decisions taken by the Board.	The IJB should develop a formal mechanism to demonstrate how planned efficiency savings are being met as well as the risk status and implications should these savings not be met. Paragraph 43	The progress on achievement of efficiencies for 2017/18 was reported as part of the financial monitoring reports. This has continued for 2018/19. Chief Finance & Resources Officer Complete
5	**Long term financial plans** There are no long term financial plans in place which demonstrate how the IJB will secure the financial sustainability of its services in the future. **Risk** The IJB is not planning adequately over the medium to long term to manage or respond to significant financial risks.	We recommend that a long term financial strategy (5 years and over) supported by clear and detailed financial plans (3 years and over) is prepared. This is increasingly important as demand pressures increase, financial settlements continue to reduce and fundamental service redesign over a longer time frame becomes necessary. Plans should set include scenario planning (best, worst, most likely). Paragraph 46	The financial plan aligned to the Strategic Planning timescales. Limited information available from partner agencies on future financial settlements to the partnership which are dependent on SG future financial settlements. A high level 5 year plan is to be developed. Chief Finance & Resources Officer December 2018
6	**Review of earmarked reserves** There is £3.13 million allocated as earmarked reserves. From our review we identified a few instances where reserves were being earmarked despite not meeting the criteria. **Risk** Unearmarked reserves do not represent a suitable level of	The IJB should undertake a thorough review of its earmarked reserves to ensure they have been earmarked for known or predicted requirements. Paragraph 50	Reserves are earmarked where monies are provided for a specific purpose from the SG. These are directed to meet partnership strategic priorities and are reviewed on a regular basis. Chief Finance & Resources Officer Complete

No.	Issue/risk	Recommendation	Agreed management action/timing
	contingency to mitigate the impact of unexpected events.		
7	**Workforce action plan** A draft workforce plan was approved by the Board in March 2018. Although there is a workforce action plan listing areas of improvement, it lacks of action owners and timescales for completion. **Risk** With a lack of targets and ownership, the completion of these actions will be at risk.	The IJB should ensure that the workforce action plan is updated with appropriate owners and achievable target deadlines included. Paragraph 56	Workforce action plan is monitored through the Workforce Co-Ordination Group with 6 monthly updates to the IJB on progress. Action plan will be refined to incorporate specific individuals and timescales. Head of People and Change December 2018
8	**Financial regulations** The financial regulations refer to incorrect legislation in relation to the audit and publication timetable, and the Scheme of Delegation does not declare whose responsibility it is to sign the audited financial statements. **Risk** Inappropriate legislation may be referred to and confusion from the lack of clarity within the Scheme of Delegation on the signing of the financial statements.	The IJB should update their regulations on a regular basis to ensure these are compliant with legislation. Paragraph 67	A review of the financial regulations for the partnership will be progressed. Chief Finance & Resources Officer March 2019
9	**Transparency** Although minutes and papers for each Board meeting are available through the IJB website, other committee/group papers are not publicly available. **Risk** Service users, member and staff have difficulty in accessing information. The IJB's status as leader in health and social care is diluted.	The IJB should enhance transparency by publishing papers submitted to standing committees and groups. Where papers include confidential information, these can be withdrawn or redacted as appropriate. Paragraph 69	The website for the IJB was developed during 2017/18, the publishing of papers for the Performance, Audit & Risk Committee to be incorporated on the website. Head of Administration October 2018
10	**Internal Audit** The internal auditors of NHSGGC do not share copies	The IJB should review internal audit arrangements to ensure that all internal audit reports	NHSGGC have appointed new internal auditors. Discussions underway as part of appointment to review

No.	Issue/risk	Recommendation	Agreed management action/timing
	of individual internal audit reports with the IJB or attend meetings of the IJB's Audit Committee **Risk** Board members may be unable to properly discharge their governance responsibilities.	affecting the IJB are presented to the IJB's Audit Committee. Paragraph 73	arrangements for reporting to IJB's. Chief Finance & Resources Officer/Chief Internal Auditor December 2018
11	**GDPR** The IJB has not formally considered and reported on its own responsibilities regarding GDPR in order to assess whether it is a controller of personal information and if so, whether it needs to identify and appoint a Data Protection Officer. **Risk** The IJB is in breach of GDPR legislation and is not taking responsibility for the safeguarding of personal data.	The IJB should formally consider and report on its responsibilities in relation to GDPR to ensure it is not in breach of relevant legislation. Paragraph 79	Responsibilities of the IJB are limited to information pertaining to the business of the IJB. Personal data in respect of service users and staff remain the responsibility of the respective partner agencies. A Records Management Plan (RMP) is under development and will be presented to the keeper in early 2019. A report will be presented to the IJB on the RMP which will include clarification on the responsibilities of the IJB. Chief Finance & Resources Officer January 2019
12	**Demonstrating best value** Although it was agreed that the annual performance report would include a section for best value, this has not been included within the 2017/18 report. **Risk** The IJB is not able to demonstrate that it is meeting its best value obligations.	The IJB should develop an approach to demonstrate that it is meeting its best value duties and report on this accordingly. Paragraph 82	Review to be progressed of the partnership performance against the SG's Best Value framework. Remit of the Audit Committee extended to include consideration of key performance issues. Chief Finance & Resources Officer March 2019

Follow up of prior year recommendations

b/f	**Hospital acute services (set aside)**		
	Arrangements for the sum set aside for hospital acute services under the control of the IJB are not yet operating	NHSGGC and the IJB should prioritise establishing revised processes for planning and performance management of delegated hospital functions and	Work is underway across NHS GG&C with representation from partnership CFO's, Acute Heads of Finance, Senior Finance representatives from

No.	Issue/risk	Recommendation	Agreed management action/timing
	as required by legislation and statutory guidance. A notional figure has been agreed and included in the annual report and accounts. This is based on 2014/15 activity levels uprated to reflect the 2016/17 price basis and therefore does not reflect actual hospital use. This is a transitional arrangement for 2016/17 agreed by the Scottish Government. **Risk** In future years the sum set aside recorded in the annual accounts will not reflect actual hospital use.	associated resources in 2017/18.	the NHS Board and the Scottish Government to develop a financial framework for the set aside budget which is more meaningful within the integration agenda and links performance in the usage of unscheduled acute care to financial performance and ensure compliance with the spirit of the legislation. Regular progress reports are provided within CFO/ Health Board Liaison meetings with a framework set to be in place by 1st April 2018 ahead of the 2018/19 financial year. Chief Finance and Resources Officer April 2018 **Audit update:** The Scottish Government consented to transitional arrangements being extended to 2017/18 so the accounting treatment applied within 2017/18 is in accordance with the guidance. This has been raised as issue in 2017/18 action plan above.
b/f	**Medium to long term financial plans** There are no medium to long term financial plans in place to demonstrate ow the IJB will secure the financial sustainability of its services in the future. **Risk** The IJB is not planning adequately over the medium to long term to manage or respond to significant financial risks.	We recommend that a long term financial strategy (5 years +) supported by clear and detailed financial plans (3 years +) is prepared. This is increasingly important as demand pressures increase, financial settlements continue to reduce and fundamental service redesign over a longer time frame becomes necessary. Plans should set out scenario plans (best, worst, most likely).	A financial plan for the partnership is in development with detailed projections of the requirements over the next 5 years alongside expected financial settlements from each partner agency to support the partnership deliver on its strategic objectives. This will form a key part of the Strategic Plan for 2018-2021 and will be presented for approval at a future meeting of the IJB. Expected to be in place by 1st April 2018. Chief Finance and Resources Officer April 2018 **Audit update:**

No.	Issue/risk	Recommendation	Agreed management action/timing
			Although the IJB have made improvements by implementing a medium term financial plan, there is still no financial planning long term (5 years and above). This has been raised as issue in 2017/18 action plan above.
b/f	**Internal Audit** The internal auditors of NHSGGC do not share copies of individual internal audit reports with the IJB or attend meetings of the IJB's Audit Committee **Risk** Board members may be unable to properly discharge their governance responsibilities.	The IJB should review internal audit arrangements to ensure that all internal audit reports affecting the IJB are presented to the IJB's Audit Committee.	The appointment of a Chief Auditor for the partnership will provide a platform for ongoing discussions with NHS Board Internal Audit function on the presentation of reports of interest to the ED Partnership. Further representation will be made to the NHS Board on more detailed information being presented to the partnership on areas of interest that require oversight by the partnership Audit Committee. Chief Finance and Resources Officer December 2017 **Audit update:** It was confirmed that the internal auditors of NHSGGC are still unwilling to provide full copies of internal audit reports to the IJB Audit Committee. The contract for Internal Audit at NHSGGC is currently being re-tendered and the new contract will contain a clause that notes that full copies of these reports must be made available in the public domain. This has been raised as issue in 2017/18 action plan above.
b/f	**Transparency** Although minutes and papers for each Board meeting are available through the Council, other committee/group papers are not publicly available. **Risk**	The IJB should enhance transparency by publishing papers submitted to standing committees and groups. Where papers include confidential information, these can be	The establishment of a website specific for the HSCP has only recently been put in place. A review of arrangements for supporting the website is underway and part of this will include arrangement for the

No.	Issue/risk	Recommendation	Agreed management action/timing
	Service users, member and staff have difficulty in accessing information. The IJB's status as leader in health and social care is diluted.	withdrawn or redacted as appropriate.	regular publishing of report for standing committee. Head of Administration December 2017 **Audit update:** Although the website for the IJB has been established, there are still no agendas and reports for other committees publicly available. This has been raised as issue in 2017/18 action plan above.
b/f	**Public accessibility** A number of public sector organisations broadcast meetings live on the web and/or make recordings of meetings available via their websites. **Risk** The Joint Board is seen as remote from its stakeholders.	A part of the commitment to openness and transparency the Joint Board should consider whether greater public engagement could be achieved through promotion of public attendance at meetings and/or the use of technology to reach a wider audience.	The partnership has recently developed a communications plan which was approved by the Board in August 2017. We are actively engaging with service users and carers as part of the development of the next iteration of the Strategic Plan and encouraging involvement in all levels of partnership planning including attendance at Board meeting and involvement in locality planning groups. Head of Strategic Planning & Performance April 2018 **Audit update:** Increased public engagement has underpinned the creation of the Strategic Plan which was approved in March 2018. Dates of future meetings are documented in the agenda of each committee meeting. **Action closed**
b/f	**Best Value** The IJB should have arrangements in place to demonstrate that it is delivering Best Value in the provision of services. **Risk**	The IJB should undertake a periodic and evidenced formal review of its performance against the Scottish Government Best Value framework.	The partnership will undertake a formal review of its performance against the Scottish Government's Best Value Framework. Chief Finance & Resources Officer

No.	Issue/risk	Recommendation	Agreed management action/timing
	Opportunities for continuous improvement are missed.		April 2018 **Audit update:** There is currently no formal best value framework in place to demonstrate that the IJB is meeting its statutory duty to deliver best value. This has been raised as issue in 2017/18 action plan above.

Appendix 2

Significant audit risks identified during planning

The table below sets out the audit risks we identified during our planning of the audit and how we addressed each risk in arriving at our conclusion. The risks are categorised between those where there is a risk of material misstatement in the annual accounts and those relating our wider responsibility under the Code of Audit Practice 2016.

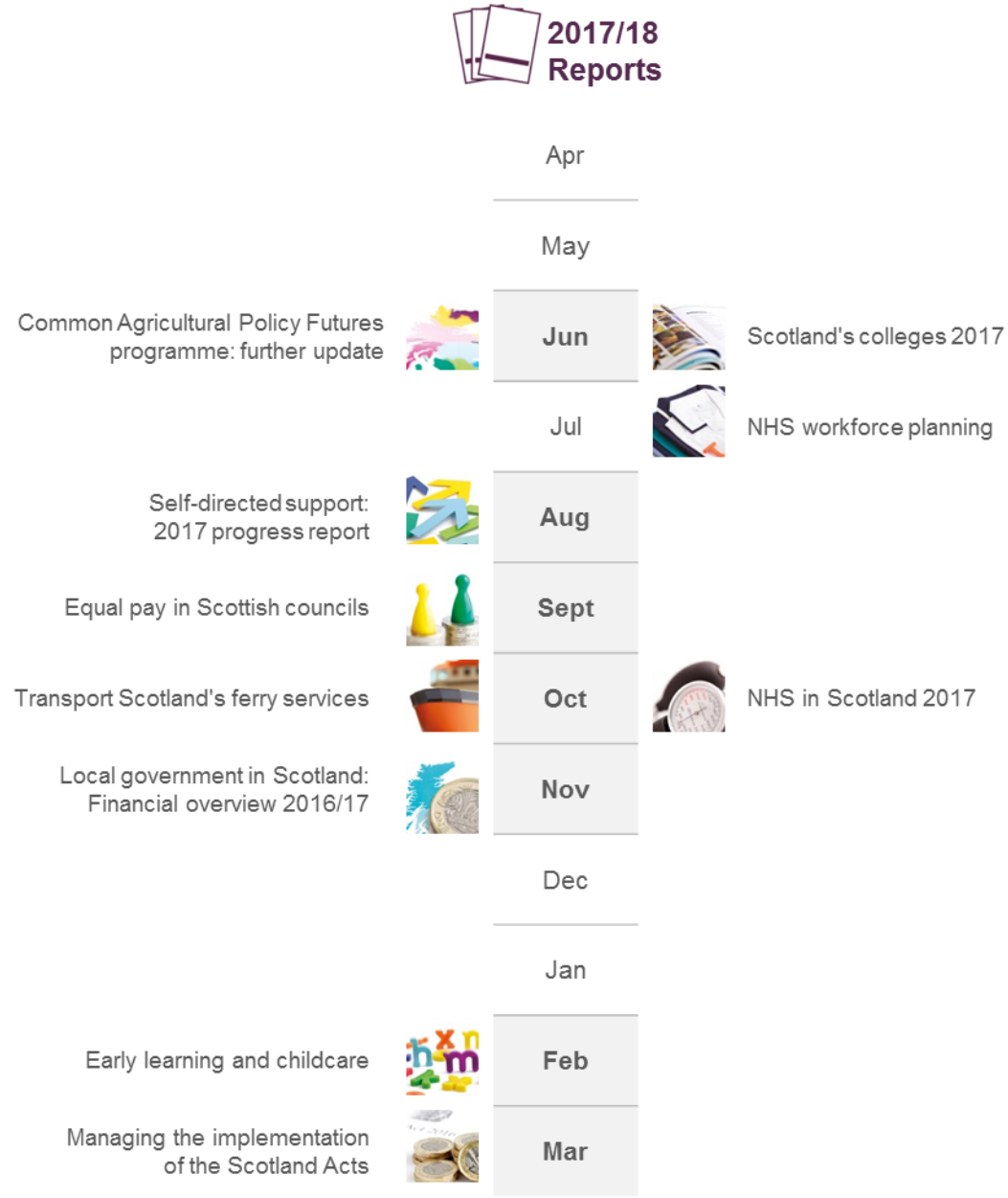
Audit risk	Assurance procedure	Results and conclusions
Risks of material misstatement in the financial statements		
1 **Management override of controls** ISA 240 requires that audit work is planned to consider the risk of fraud, which is presumed to be a significant risk in any audit. This includes consideration of the risk of management override of controls in order to change the position disclosed in the financial statements.	Detailed testing of journal entries Review of accounting estimates Focused testing of accruals and prepayments. Evaluation of significant transactions that are outside the normal course of business.	Satisfactory written assurances were received from the external auditors of EDC and NHSGGC regarding journal testing and accuracy, allocation and cut-off of IJB transactions.
2 **Risk of fraud over expenditure** The Code of Audit Practice expands the ISA assumption on fraud over income to aspects of expenditure. The expenditure of the IJB is processed through the financial systems of East Dunbartonshire Council (EDC) and NHS Greater Glasgow & Clyde (NHSGG&C). There is a risk that non IJB related expenditure is incorrectly posted to IJB account codes.	Obtain assurances from the auditors of East Dunbartonshire Council and NHSGG&C over the accuracy, completeness and appropriate allocation of the IJB ledger entries. Carry out audit testing to confirm the accuracy and correct allocation of IJB transactions, and that they are recorded in the correct financial year.	Satisfactory written assurances were received from the external auditors of EDC and NHSGGC regarding journal testing and accuracy, allocation and cut-off of IJB transactions.
3 **Hospital Acute Services (Set Aside)** The “set aside” budget is the Integration Joint Board’s share of the budget for delegated acute services provided by large hospitals on behalf of the Joint Board. The budget and actual expenditure reported for the “set aside” were equal in	Engaged with officers to ensure that a robust mechanism has been developed to quantify set aside income and expenditure. Monitored Scottish Government guidance on the treatment of set aside in the 2017/18 financial statements to establish whether the	The Scottish Government issued guidance in late 2017/18 which permitted IJBs and health boards to continue with transitional arrangements which was to take 2015/16 activity data compiled by ISD and uprate this for 2017/18 costs. This is the approach that has been taken in 2017/18. See Exhibit 3

Audit risk	Assurance procedure	Results and conclusions
2016/17: the amount set aside was based on 2014/15 activity levels and provided by NHS National Services Scotland's Information Services Division. There is a risk that the income and expenditure of the Joint Board is misstated in 2017/18 due to the lack of current activity information. There is a risk that the sum set aside recorded in the annual accounts will not reflect actual hospital use in the 2017/18 accounts	financial statements are compliant.	
Risks identified from the auditor's wider responsibility under the Code of Audit Practice		
4 Financial Management and Sustainability Based on the current 2017/18 budget monitoring (for the period to 30 November 2017) there is a projected overspend of £2.6 million. This is mainly due to overspends in Adult Social Care and Children's & Criminal Justice services. The IJB also needs to identify a further £0.5 million of savings. In addition, there are no medium to long term financial plans in place to demonstrate how the IJB will secure the financial sustainability of its services in the future. There is a risk that the IJB may not be able to generate sufficient efficiencies and cost savings to bridge the funding gap and that the IJB is not planning adequately over the medium to long term to manage or respond to significant financial risks.	We checked budget monitoring is robust and accurately reflects the financial position. Confirmation of agreement of funding and balances with host bodies.	The IJB incurred a deficit on provision of services of £1.1 million in 2017/18. This was due to £2 million overspends in Adult Social Care and Children & Criminal Justice services, with a £0.9 million underspend in health services. Reserves of £2 million are anticipated to be used to balance the 2018/19 budget, effectively using all of the general reserve, with the additional £1 million being reclassified from earmarked reserve. There is no plan in place to demonstrate how the IJB plan to manage the medium to long term financial risks and to generate future reserves. See recommendation 5 above.
5 Transparency Although minutes and papers for each Board meeting are available through the EDC website, other committee/group papers are not publicly available. Service users, members and staff may have difficulty in accessing information and there is a risk that the IJB's status as	A website specific for the IJB has recently been established which can be accessed through the EDC website. A review of arrangements for supporting the website is underway and part of this will include arrangement for the regular publishing of reports for standing committee.	Although the website for the IJB has been established, there are still no agendas and reports for other committees publicly available. See recommendation 9 above.

Audit risk	Assurance procedure	Results and conclusions
leader in health and social care is diluted.		
6 **Best Value** The statutory duty of Best Value applies to all public bodies in Scotland. Currently the Joint Board does not have systems and processes in place to ensure that it is able to demonstrate Best Value in service provision. There is a risk that the IJB is unable to demonstrate that it delivering Best Value.	The IJB will undertake a formal review of its performance against the Scottish Government's Best Value Framework.	There is currently no formal approach in place to demonstrate the delivery of Best Value. See recommendation 12 above.

Appendix 3

Summary of national performance reports 2017/18



Reports relevant to Integration Joint Boards

Self-directed support: 2017 progress report – August 2017

NHS in Scotland 2017 – October 2017

East Dunbartonshire IJB

2017/18 Proposed Annual Audit Report

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East Dunbartonshire Health & Social Care Partnership

Chief Officer: Mrs Susan Manion

Agenda Item Number: 4

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PERFORMANCE, AUDIT & RISK COMMITTEE

Date of Meeting	**21st September 2018**
Subject Title	**East Dunbartonshire IJB Annual Audited Accounts 2017/18**
Report By	**Jean Campbell, Chief Finance & Resources Officer**
Contact Officer	**Jean Campbell, Chief Finance & Resources Officer (0141 777 3311 Ext 3221)**

Purpose of Report	The purpose of this report is to present the East Dunbartonshire Health & Social Care Partnership Final Audited Annual Accounts 2017/18 for approval. These are contained in **Appendix 1**.

Recommendations	The Audit Committee is asked to: a) Approve the Final Annual Audited Accounts for 2017/18 and authorise the Chair, Chief Officer and Chief Finance & Resources officer to accept and sign the Final Annual Accounts on behalf of the IJB.

Relevance to HSCP Board Strategic Plan	The Annual Accounts reflect the partnership performance for the year passed and detail the reserves position to contribute to the strategic priorities for the partnership.

Implications for Health & Social Care Partnership

Human Resources:	Nil
Equalities:	Nil
Financial:	The Annual Accounts provide the financial performance of the partnership for 2017/18 and set the financial context within which the partnership will progress into future years.
Legal:	Nil
Economic Impact:	Nil
Sustainability:	The Accounts outline the financial landscape within which the partnership operates and a view on the going concern and viability of the partnership moving forward.
Risk Implications:	Nil.

Implications for East Dunbartonshire Council:	The Annual Accounts provide a picture of the financial position of the partnership.
Implications for NHS Greater Glasgow & Clyde:	The Annual Accounts provide a picture of the financial position of the partnership.

Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	**X**
	2. East Dunbartonshire Council	
	3. NHS Greater Glasgow & Clyde	
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	

MAIN REPORT

1.1 The IJB is specified in legislation as a "section 106" body under the terms of the Local Government Scotland Act 1973 and as such is expected to prepare annual accounts in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom.

1.2 The unaudited accounts were submitted to the External Auditors by the 11th June 2018 and there were a number of changes throughout the Audit process including changes to the reported performance of the partnership (under spend to overspend) for the year to remove the application of reserves in the income and expenditure statement, improvements to presentation, inclusion of relevant notes to the Accounts to achieve consistency across partnership reporting and clarification of the where the position had been restated for the prior year to reflect the change in treatment for hosted services. These changes have all been reflected in the Final Annual Accounts.

1.3 It has been determined that the financial statements have been compiled in accordance with the regulations and the IJB has received an unqualified opinion on the Annual Accounts for the year ended 31 March 2018.

1.4 The Annual Accounts present a year end deficit position for the partnership of ***£1.1m***. As reported to the IJB throughout the financial year, this required a drawdown from general reserves of ***£1.7m*** to cover the net impact of pressures in relation to Social Work services of £2m offset by capacity in relation to community health budgets and other budgets delegated to the partnership of £0.3m.

1.5 The earmarked reserves were supplemented with monies directed to the partnership in respect of Primary Care Cluster Funding, Carers Act funding and a surplus generated in relation to the delivery of oral health services, totalling £0.7m which will be directed to expenditure plans in these specific areas during 2018/19. There was a drawdown on earmarked reserves of £0.1m during 2017/18 for specific initiatives which were progressed in year resulting in a net increase to earmarked reserves of ***£0.6m.***

1.6 The partnership financial performance is set out on Page 9 of the Annual Accounts and the consequential movement in reserves detailed within the table on page 26.

East Dunbartonshire Health & Social Care Partnership

EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

Commonly known as the

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

ANNUAL ACCOUNTS

2017/18

CONTENTS

MANAGEMENT COMMENTARY

Introduction

This document contains the financial statements for the 2017/18 operational year for East Dunbartonshire Health & Social Care Partnership (HSCP).

The management narrative outlines the key issues in relation to the HSCP financial planning and performance and how this has provided the foundation for the delivery of the priorities described within the Strategic Plan. The document also outlines future financial plans and the challenges and risks that the HSCP will face in meeting the continuing needs of the East Dunbartonshire population.

The Health & Social Care Partnership

East Dunbartonshire Health and Social Care Partnership (HSCP) is the common name of East Dunbartonshire Integration Joint Board which was formally established in September 2015 in accordance with the provisions of the Public Bodies (Joint Working) (Scotland) Act (2014) and corresponding Regulations in relation to a range of adult health and social care services. The Integration Scheme was revised and approved by the Scottish Government in August 2016 to extend delegated functions in relation to NHS Community Children's Services; Children's Social Work Services; and Criminal Justice Social Work Services.

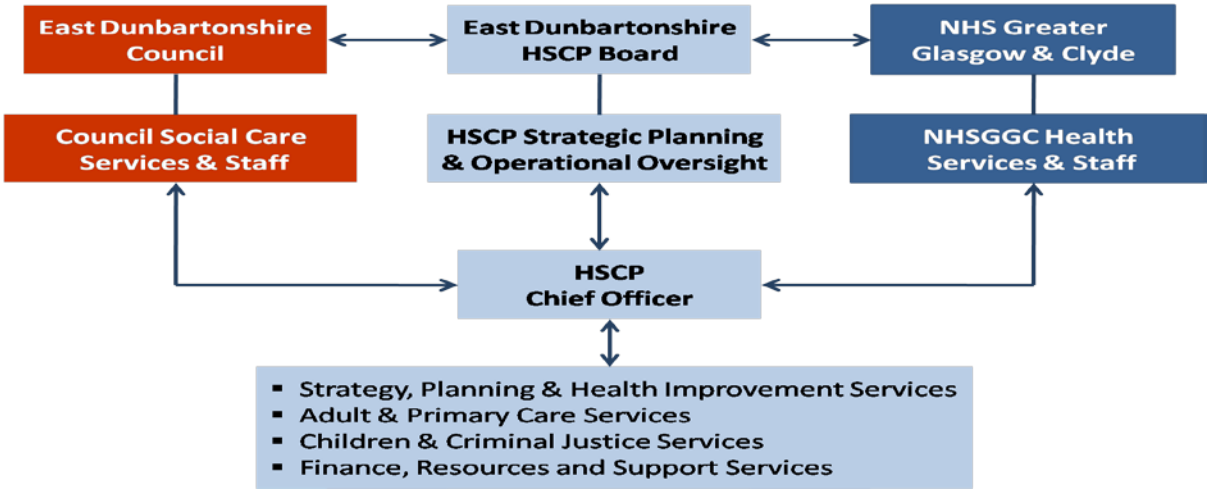
The HSCP Board, East Dunbartonshire Council (EDC) and NHS Greater Glasgow & Clyde (NHS GG&C) aim to work together to strategically plan for and provide high quality health and social care services that protect children and adults from harm, promote independence and deliver positive outcomes for East Dunbartonshire residents.

East Dunbartonshire HSCP Board has responsibility for the strategic planning and operational oversight of a range of health and social care services whilst EDC and NHSGGC retains responsibility for direct service delivery of social work and health services respectively, as well as remaining the employer of health and social care staff.

The HSCP Board's specific responsibility comprises of:

- Directions;
- Accounts;
- Strategic Plans;
- Strategic documents & governance papers.

Exhibit 1 (below) represents accountability arrangements for the planning and delivery of community health and social care services.



Our partnership vision is "Caring Together to make a Positive Difference" and is underpinned by 5 core values as set out below.

Exhibit 2

Our current Strategic Plan covers the period 2018 – 2021 and sets out eight strategic priorities which describe our ambitions to build on the significant improvements already achieved and to further improve the opportunities for people to live a long and healthy life, provide early support to families and young children and focus service on those most vulnerable in our communities.

These priorities are:-

- Promoting positive health & well-being, preventing ill health and building strong communities;
- Enhance the quality of life and supporting independence for people, particularly those with long term conditions;
- Keep people out of hospital when care can be delivered closer to home;
- Address inequalities and support people to have more choice and control;
- People have a positive experience of health and social care services;
- Promote independent living through the provision of suitable housing accommodation and support;
- Improve support for carers enabling them to continue in their caring role;
- Optimise efficiency, effectiveness and flexibility.

The Plan is underpinned by a detailed Strategic Needs Assessment that informs decisions regarding the type and distribution of services required to achieve maximum population benefit and effective and efficient use of resources. It has been designed to meet the outcomes and performance measures for integration within the Scottish Government's National Performance Framework, focussed on achieving the nine national health and wellbeing outcomes.

This is further supported by an Annual Business Plan outlining the key priorities for service redesign and transformation in delivery of the Strategic Plan and is supported by a range of operational plans, work-streams and financial plans to support delivery.

The Strategic Plan also links to the Community Planning Partnership's Local Outcome Improvement Plan (previously SOA), whereby the HSCP has the lead for or plays a significant role in delivering against Outcome 3 – "Our children and young people are safe, healthy and ready to learn", Outcome 5 – "Our people experience good physical and mental health and well being with access to a quality built and natural environment in which to lead healthier and more active lifestyles" and Outcome 6 – "Our older population and more vulnerable citizens are supported to maintain their independence and enjoy a high quality of life, and they, their families and carers benefit from effective care and support services"..

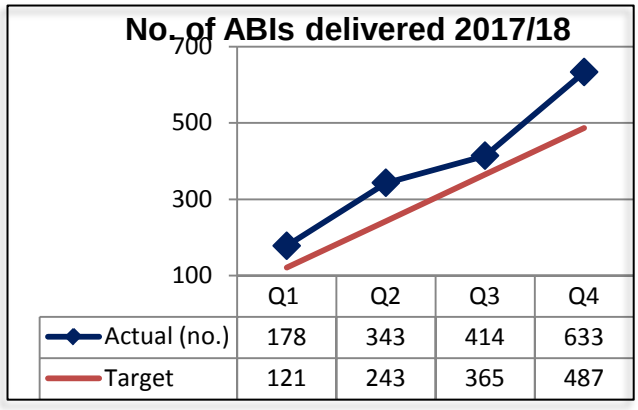
Performance is monitored using a range of performance indicators outlined in a performance management framework with quarterly performance reports to the HSCP Board, Community Planning Board and other committees. Service uptake, waiting times and other pressures are closely reviewed and any negative variation from the planned strategic direction is reported to the HSCP Board through exception reporting arrangements which includes reasons for variation and planned remedial action to bring performance back on track.

HSCP BOARD OPERATIONS FOR THE YEAR 2017/18

The HSCP achieved 50% of its performance indicator targets for 2017/18, with a further 12.5% showing improvement (based on Quarter 3 data), a decline of 18% on 2016/17. This reflects performance in delivery of the health & social care delivery plan, Social Care, the NHS delivery plan and in delivery of the nine national outcomes. This includes performance across all delegated functions to the partnership for Adults, Older People, Children and Criminal Justice Services.

In terms of Outcome 1, *people are able to look after and improve their own health and well-being and live in good health for longer*, there are a number of areas of positive performance for the Partnership that demonstrates effective delivery in this area. For example:

- **633** Alcohol Brief Interventions were delivered over the year, providing opportunity to highlight to people that their alcohol consumption was above recommended safe levels, and advise on reducing their alcohol intake.



- Developed an enhanced monitoring and weight management programme for adults with learning disabilities who are wheelchair users to monitor and support weight management and nutritional status. This service has supported **25** attendees since being established, removing barriers that prevent health equality for adults with learning disabilites. The service also provided an opportuniy to identify other health issues and take preventative measures.
- **287** local people attended a range of organised discussions and activities, with an emphasis on engaging with hard to reach groups, aimed at improving the public's awareness and confidence to encourage an increase in uptake of cancer screening.
- Recently secured accommodation and established a Men's Shed project in Bearsden and over **40** men have become members The Men's Shed provides opportunities to reduce social isolation for men living in the community and replicated the well established East Locality Men's Shed project.

All examples, above, point to a healthier population managing their own health outcomes.

In relation to Outcome 2, *people are able to live independently at home or in a homely setting in their community*, there are a range of good performance indications.

Of particular significance is the achievement of continued positive performance in the number of bed days in secondary care used by patients who have been admitted unexpectedly and the number of unplanned acute emergency admissions. In addition the number of homecare hours per 100 population aged 65+ and the numbers of people with intensive needs receiving care at home continue to be well above target pointing to an improvement in the balance of care with more people with increasing complexity supported at home.

There has been substantial investment in this area through delayed discharge funding, and in particular the development of an Intermediate care facility in Westerton Care Home which has had a positive impact on performance under this outcome.

Further investment through the Change Fund and then the Integration Fund has delivered positive performance in relation to the provision of homecare services for those

with intensive needs, during the evenings, overnight and over the weekend. The outcome of a review of homecare is supporting the delivery of services to those with more complexity and the ability to support more people at home.

There is also good performance in the area of Children's & Criminal Justice services in relation to increasing numbers of childcare Integrated assessments for SCRA completed within the 20 day timescales, child protection review conferences taking place within 3 months of registration and LAAC review timescales and reports to the Court for Criminal Justice Social Work.

All of these indicators exceeding targets during 2017/18.

There are some areas where improvement is required, most notably around the levels of delayed discharge and the numbers of people aged 65+ in permanent care home placements, the numbers of clients waiting longer than 3 weeks from referral to treatment for drug and alcohol services, the timescales for referral to treatment for child and adolescent mental health services and the balance of care for looked after children.

The business plan, approved by the HSCP Board will take forward a range of initiatives to improve performance in these areas as key priorities for the partnership. Elements of this will be linked to work underway across GG&C to ensure the set aside budget is more meaningful and linked to performance in facilitating earlier discharges and reductions in the number of unplanned acute emergency admissions. There are a number of priorities across Adults, Older People and Children's services to develop preventative, community based alternatives which keep people at home or in a homely setting.

The HSCP Board Performance Management Framework has been further developed to ensure we have a robust process for scrutinizing performance across the full range of objectives which are to be delivered through the HSCP.

Operational Highlights for 2017/18 include:-

- Development of a Strategy for Learning Disability and commencement of a review which will fundamentally change the way LD services are delivered across East Dunbartonshire. Aspects of this implemented in 2017/18 in relation to a review of sleepovers with reliance on technological solutions, development of provision to support a core and cluster model which supports people to live independently within the community and a review of day services to ensure people receive appropriate supports within East Dunbartonshire.
- Development of a Strategy for Daycare Services for Older People which builds capacity within local communities through a local area co-ordination model with day centre provision for those with complex needs.
- Continued development of community-led recovery-orientated resources to enable people with drug and alcohol difficulties or mental health issues to receive low intensity, often peer led support, and reduce reliance on formal services.
- Pathway developed between the Scottish Ambulance Service and Community Rehabilitation for referral of non injured fallers to prevent unnecessary conveyance to hospital.
- Established pilot Young Onset Dementia Womens' Group as it was identified that there was a higher proportion of young women with diagnosis of Young Onset Dementia. The group improved cognition and level of function, social connections and quality of life outcomes for these women. It also helped carers to find supports and delivered Psycho-education to improve resilience.
- A robust pathway has been developed to improve pathways for people affected by cancer, between primary and secondary care and for people with cancer to have improved access to community support services, and **55**

people were offered a full Holistic Needs Assessment as a component of their ongoing Cancer review programme.

- The conclusion of a pilot in relation to an Intermediate Care model within a local nursing home providing 8 step down beds for patients ready to be discharged from hospital. This has provided a better co-ordinated, more effective rehabilitation opportunity enabling more (>30%) of patients to return home, with fewer moving into long term care. The initial pilot has been evaluated and the service mainlined during 2017/18.
- Refurbishment of Kirkintilloch Health & Care Centre to facilitate integrated working across older people and adult health and social work services – bringing teams together to achieve better outcomes for our population. Initial discussions are underway on the potential development of an integrated health & social care centre in the West Locality of East Dunbartonshire.
- Development of an unscheduled care plan linked to a wider system approach to improving timeous discharge from hospital and prevention of admission to reduce the usage of acute hospital beds and ensure individuals receive care as close to home as possible. This is supported by an investment plan to facilitate service redesign and transformation through the use of earmarked reserves built up during previous years to ensure services are efficient, fit for purpose and sustainable moving forward.
- We have worked with service providers to ensure the Scottish Government requirements to pay the living wage and ensure quality services across the care home and care at home provision.
- We developed a strategic risk register for the HSCP Board which identifies the key areas of risk that may impact the partnership and have implemented a range of mitigating actions to minimise any impact.

HSCP BOARD'S FINANCIAL POSITION AT 31 MARCH 2018

The activities of the Health and Social Care Partnership are funded through an arrangement whereby the Council and Health Board agree their respective contributions and it is for the partnership thereafter to deliver on the priorities set out in the Strategic Plan. The scope of budgets agreed for inclusion within the HSCP for 2017/18 from each of the partnership bodies were:-

HSCP Board Budgets 2017/18 (from the 1st April 2017 to the 31st March 2018)

HSCP Board Health Budget	£82,340,000
HSCP Board Social Work Budget Adult Services	£39,383,000
HSCP Board Social Work Budget Children & Criminal Justice Services	£11,297,000
HSCP Board Social Work Budget Other	£ 1,230,000
Set Aside – Share of Prescribed Acute functions	£17,381,000
TOTAL	**£151,631,000**

The budget includes an element of funding provided by the Scottish Government to deliver on the key outcomes for the Partnership in the form of delayed discharge (£0.5m), integrated care funding (£0.7m) and Social Care funding (£6.1m).

The Health Budget includes an element relating to Oral Health Services (£10.1m) which is a service hosted by East Dunbartonshire HSCP and delivered across the other five partnership areas within GG&C.

The full extent of this budget is reflected in these accounts as prescribed within the Integration Scheme. There are services

hosted within other GG&C partnerships which have similar arrangements and which support the population of East Dunbartonshire such as MSK Physio, Podiatry, and Continence Care etc.

The extent to which these services (incl Oral Health) are consumed by the population of East Dunbartonshire is reflected below:-

2016/17 £000		2017/18 £000
524	MSK Physio	356
61	Retinal Screening	66
506	Podiatry	535
408	Primary Care Support	317
379	Continence	342
656	Sexual Health	631
91	Learning Disability	0
1,546	Mental Health Services	1,135
853	Oral Health	831
948	Addiction	939
153	Prison Healthcare	161
176	Healthcare in Police Custody	189
2,374	General Psychiatry	2,339
4,610	Old Age Psychiatry	1,927
13,285	**Total Cost of Services consumed within East Dunbartonshire**	**9,768**

The set aside budget relates to certain prescribed acute services including A&E, General Medicine, Respiratory care, Geriatric long stay etc. where the redesign and development of preventative, community based services may have an impact and reduce the overall unplanned admissions to the acute sector, offering better outcomes for patients and service users.

Work has commenced during the year to develop a more accurate costing framework for unscheduled care services to make this allocation more reflective of usage of these services and facilitates the resource shift required to deliver sustainable services within the community as opposed to a hospital setting. An allocation has been determined by NHS GG&C for East Dunbartonshire of £17.4m.

These remain notional budgets and are based on direct costs per bed day for each relevant speciality within the HSCP based on average activity for the 3 years 2011/12 – 2013/14 provided by NHSGGC Information Services department and cost for 2013/14 taken from the NHS Scotland Cost Book. Accident & Emergency outpatient attendances will be included at 3 year average activity and direct cost per attendance for 2013/14.

KEY RISKS AND UNCERTAINTIES

The period of public sector austerity and reduction in the overall level of UK public sector expenditure is anticipated to extend over the medium term horizon.

Future Scottish Government grant settlements remain uncertain with further reductions in government funding predicted to 2020/21. The EU referendum result on the 23rd June 2016 created some further uncertainty and risk for the future for all public sector organisations and this continues with negotiations ongoing.

The Partnership, through the development of an updated strategic plan, has prepared a financial plan aligned to its strategic priorities. The aim is to plan ahead to meet the challenges of demographic growth and policy pressures, taking appropriate action to maintain budgets within expected levels of funding and to maximise opportunities for delivery of the Strategic Plan through the use of earmarked reserves.

Additional funding of £66m has been provided to HSCPs for 2018/19 to support providers to pay the living wage to care workers, implement the Carers Act and has provided some capacity to address social care pressures.

The most significant risks faced by the HSCP over the medium to longer term are:-

- The increased demand for services alongside reducing resources. In particular, the demographic increases predicted within East Dunbartonshire is significant with the numbers of older people aged 65+ is set to increase by 54% over the period 2012-2037 (an average increase of 11% every 5 years).

  In addition, more significantly, older people aged 85+ set to increase by

201.4% over the period 2012-2037 (an average increase of 40% every 5 years).

East Dunbartonshire has a higher than national average proportion of older people, therefore any increases can have a significant impact on the need for services as people get older and frailer.

- The cost and demand volatility across the prescribing budget which has been significant during 17/18 as a result of a number of drugs continuing to be on short supply resulting in significant increase in prices. This will be particularly relevant for the partnership into 2018/19 with the cessation of the risk sharing arrangement across GG&C where the risks and cost pressures will have to be managed within the partnership.
- The achievement of challenging savings targets from both partner agencies that face significant financial pressure and tight funding settlements, expected to continue in the medium to long term.
- The capacity of the private and independent care sector who are struggling to recruit adequate numbers of care staff to support service users which is being felt more acutely south of the border but remains a concern locally.

Financial governance arrangements have been developed to support the HSCP Board in the discharge of its business. This includes financial scoping, budget preparation, standing orders, financial regulations and the establishment of an Audit Committee to ensure the adequacy of the arrangements for risk management, governance and the control of the delegated resources.

ANALYSIS OF THE FINANCIAL STATEMENTS (FINANCIAL PERFORMANCE)

The partnership's financial performance is presented in these Annual Accounts. The table, on page 25, shows a deficit on budget of £1.1m against the partnership funding available for 2017/18.

While this reflects an overall deficit position for the HSCP, as reported throughout the financial year, this was to be underwritten through the planned use of partnership general reserves to deliver a balanced year end position. This can be seen within the Reserves Statement detailed on page 26.

In terms of the functions delegated in respect of Social Work Services - there was significant pressure in relation to Adult and Children's Social Work services of £2m.

These pressures arose as a result of continued need for residential and fostering placements for children due to a combination of additional demands and restrictions on placements within our in-house residential provision with places held in the expectation that a number of Asylum Seeking children will be placed within East Dunbartonshire. This was offset to some extent through vacancy management within Children's SW Services.

In addition, pressures continue on Adult Social work budgets as a result of demand from children transitioning into adult learning disability and mental health services, challenging savings targets for these areas in anticipation of the outcome of a review of learning disability and mental health services and continued pressure on care at home services for older people.

These pressures within Social Work services have been offset by a favourable position for primary care services within the Oral Health Directorate due, largely, to staff turnover and vacancies across the service.

There was also a small under spend position in relation to NHS Community budgets as a result of some residual capacity within delayed discharge funding

and planned savings generated from staff turnover to mitigate pressures on prescribing which were not required in year. There were some pressures in respect of challenging staff turnover savings in some areas such as alcohol & drug services, adult community services and elderly mental health services which has offset the year end position.

There were additional monies allocated late in the year to support the development of GP Clusters as part of the Primary Care Transformation Fund which have been earmarked within reserves with planned expenditure during 2018/19. This will further the Partnership's earmarked reserves for specific initiatives, service re-design and transformation in furtherance of the priorities set out in the Strategic Plan and the need to maximise efficiencies across the partnership to manage these pressures going forward.

The general reserves position, which has previously provided some resilience for financial pressures and any slippage in savings targets, is expected to be eradicated in delivering a balanced budget for 2018/19.

The total level of partnership reserves is now £4.1m as set out in the table on page 26.

The HSCP continues to face significant financial pressures from demographic growth particularly amongst the elderly population placing demand on care at home and residential services, pressures in relation to increasing numbers of children transitioning into adult services generating demand and increased cost pressures across a range of adult social care services. This will be compounded during 2018/19 due to the cessation of the risk sharing arrangement across GG&C for prescribing, the anticipated demand from carers with the implementation of the Carers Act and the extension in entitlement to free personal care for those aged under 65 years old.

Both partner organisations continue to face significant financial challenge.

NHSGG&C has savings of +£87m to secure during 2018/19, largely within Acute Services, with a number of initiatives underway, through the Financial Improvement Programme (FIP) to deliver on this challenge. This assumes a breakeven position for HSCPs across GG&C. The settlement for 2018/19 provided uplift in funding of 1.5% in respect of payroll and contractual inflationary pressures with additional monies expected as a consequence of the Barnett formula whereby increased investment to support pay increases nationally for health services in England has a consequential impact for grant funding to Scotland. The significant area of risk moving forward will be in relation to ongoing prescribing pressures arising from certain medicines on short supply pushing up the cost per medicine and increasing demand within community services.

EDC is also facing significant challenges with £13.6m of efficiencies required to close the funding gap during 2018/19 (of which pressures for Social Work account for £5.6m of this gap). This will predominantly be delivered through the Council's transformation and budget reduction programme with the aim of protecting the provision of frontline service delivery. The financial settlement to the partnership is particularly challenging with a further £4.6m of savings to be delivered during 2018/19. This will require a level of bridging through the use of partnership reserves to balance the budget for 2018/19 in the expectation that further efficiencies will be identified to address the gap in future years. This will present a level of risk to the partnership as there will be no resilience to meet in year pressures and this will require close monitoring and early engagement with the constituent bodies throughout 2018/19.

In total the level of savings on Partnership budgets to be delivered is £5m for 2018/19 and it is expected that this position will continue for future years given the challenging financial settlements expected to both EDC and NHSGGC.

There is some recurring funding available to Health & Social Care Partnerships from the Scottish Government in 2018/19 in the form of Integration Funding (ED - £0.7m), Delayed Discharge Funding (ED - £0.5m) and Social Care Funding (ED - £7.4m, an increase of £1.3m from 2017/18). The latter is aimed at increasing the living wage across the care home, care at home and housing support sectors, supporting implementation of the Carers Act and the extension of entitlement to free personal care to those under the age of 65.

Ms J Forbes 21/9/18

HSCP Board Chair

Mrs S Manion 21/9/18

HSCP Chief Officer

Ms J Campbell 21/9/18

Chief Finance & Resources Officer

STATEMENT OF RESPONSIBILITIES

Responsibilities of the HSCP Board

The HSCP Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the Chief Finance & Resources Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature at a meeting of the Audit Committee on the 21st September 2018.

Signed on behalf of the East Dunbartonshire HSCP Board.

Ms J Forbes **21/9/18**
IJB Chair

Responsibilities of the Chief Finance & Resources Officer

The Chief Finance & Resources Officer is responsible for the preparation of the HSCP Board's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Finance & Resources Officer has:

- selected suitable accounting policies and then applied them consistently
- made judgements and estimates that were reasonable and prudent
- complied with legislation
- complied with the local authority Code (in so far as it is compatible with legislation)

The Chief Finance & Resources Officer has also:

- kept proper accounting records which were up to date
- taken reasonable steps for the prevention and detection of fraud and other irregularities

I certify that the financial statements give a true and fair view of the financial position of the East Dunbartonshire HSCP Board as at 31 March 2018 and the transactions for the year then ended.

Ms J Campbell **21/9/18**
Chief Finance &
Resources Officer

REMUNERATION REPORT

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified HSCP Board members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

Remuneration: IJB Chair and Vice Chair

The voting members of the HSCP Board are appointed through nomination by EDC and NHS GG&C in equal numbers being three nominations from each partner agency. Nomination of the HSCP Board Chair and Vice Chair post holders alternates between a Councillor and a Health Board Non-Executive Director.

The remuneration of Senior Councillors is regulated by the Local Governance (Scotland) Act 2004 (Remuneration) Regulations 2007. A Senior Councillor is a Councillor who holds a significant position of responsibility in the Council's political management structure, such as the Chair or Vice Chair of a committee, sub-committee or board (such as the HSCP Board).

The remuneration of Non-Executive Directors is regulated by the Remuneration Sub-committee which is a sub-committee of the Staff Governance Committee within the NHS Board. Its main role is to ensure the application and implementation of fair and equitable systems for pay and for performance management on behalf of the Board as determined by Scottish Ministers and the Scottish Government Health and Social Care Directorates.

The HSCP Board does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the HSCP Board. The HSCP Board does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. The details of the Chair and Vice Chair appointments and any taxable expenses paid by the HSCP Board are shown below.

Taxable Expenses 2016/17 £	Name	Post(s) Held	Nominated by	Taxable Expenses 2017/18 £
Nil	I Fraser	Chair (IJB) and Non- Executive Director June 2017 to March 2018 Vice Chair April 2017 to June 2017	NHS Greater Glasgow & Clyde	Nil
Nil	S Murray	Vice Chair (IJB) and Councillor June 2017 to March 2018	East Dunbartonshire Council	Nil
Nil	R. Geekie	Chair (IJB) and Leader of the Council April 2017 to May 2017	East Dunbartonshire Council	Nil
Nil	**Total**			**Nil**

The HSCP Board does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting HSCP Board members. Therefore no pension rights disclosures are provided for the Chair or Vice Chair.

Remuneration: Officers of the HSCP Board

The HSCP Board does not directly employ any staff in its own right; however specific post-holding officers are non-voting members of the Board. All staff working within the partnership are employed through either NHS GG&C or EDC and remuneration for senior staff is reported through those bodies. This report contains information on the HSCP Board Chief Officer and the Chief Finance & Resources Officer's remuneration together with details of any taxable expenses relating to HSCP Board voting members claimed in the year.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the HSCP Board has to be appointed and the employing partner has to formally second the officer to the HSCP Board. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the HSCP Board. The Chief Officer, Mrs Susan Manion, was appointed on the 12th December 2016 and is employed by NHS GG&C and seconded to the HSCP Board. The previous Chief Officer, Mrs Karen Murray retired on the 30th September 2016.

Other Officers

No other staff are appointed by the HSCP Board under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

The HSCP Board Chief Finance & Resources Officer is employed by NHS GG&C. The Council and Health Board share the costs of all senior officer remunerations.

Total 2016/17 £	Senior Employees	Salary, Fees & Allowances £	Compensation for Loss of Office £	Total 2017/18 £
28,000*(Part year from the 12 December 2016 - FYE 90,000)*	**S Manion** Chief Officer 12th December 2016 to present	94,150	0	94,150
61,000*(Part year from the 9 May 2016 – FYE 68,000)*	**J. Campbell** Chief Finance & Resources Officer 9th May 2016 to present	70,350	0	70,350
56,000 *(Part year until the 30th September 2016 - FYE 108,000*	**K. Murray** Chief Officer 1 April 2016 to 30 September 2016	0	0	0
145,000	**Total**	**164,500**	**0**	**164,500**

FYE = Full Year Equivalent

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the HSCP Board balance sheet for the Chief Officer or any other officers.

(An interim Chief Officer was appointed for the period September 2016 – December 2016, Mr James Hobson; however, the costs attaching to this secondment were met by NHS GG&C)

The HSCP Board however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the HSCP Board. The following table shows the HSCP Board's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Senior Employee	**In Year Pension Contributions**		**Accrued Pension Benefits**		
	For Year to 31/03/17 £	For Year to 31/03/18 £		Difference from 31/03/17 £000	As at 31/03/18 £000
S. Manion	4,000	14,000	Pension	2	0 – 5
Chief Officer December 2016 to March 2017			Lump sum	0	0
J. Campbell	9,000	10,500	Pension	1	0 - 5
Chief Finance & Resources Officer May 2016-March 2017			Lump sum	0	0
K. Murray	8,000	0	Pension	0	0
Chief Officer April 2016 to September 2016			Lump sum	0	0
Total	**21,000**	**24,500**	**Pension**	**3**	**0 - 10**
			Lump Sum	**0**	**0 - 10**

The officers detailed above are all members of the NHS Superannuation Scheme (Scotland). The pension figures shown relate to the benefits that the person has accrued as a consequence of their current appointment and role within the HSCP Board. The contractual liability for employer's pension contribution rests with NHS GG&C. On this basis there is no pension liability reflected on the HSCP Board balance sheet.

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees in Band 2016/17	Remuneration Band	Number of Employees in Band 2017/18
3	£50,000 - £54,999	2
2	£55,000 - £59,999	
2	£60,000 - £64,999	2
	£65,000 - £69,999	
3	£70,000 - £74,999	2
0	>£85,000	2

Ms J Forbes 21/9/18
IJB Chair

Mrs S Manion  21/9/18
Chief Officer

ANNUAL GOVERNANCE STATEMENT

Scope of Responsibility

The HSCP Board is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money and assets are safeguarded and that arrangements are made to secure best value in their use.

In discharging this responsibility, the Chief Officer has put in place arrangements for governance, which includes the system of internal control. The system is intended to manage risk to support the achievement of the HSCP Board's policies, aims and objectives. Reliance is placed on the NHS GG&C and EDC systems of internal control that support compliance with both organisations' polices and promotes achievement of each organisation's aims and objectives, as well as those of the HSCP Board.

The system of internal control is designed to manage risk to a reasonable level, but cannot eliminate the risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable but not absolute assurance of effectiveness.

The Governance Framework and Internal Control System

The system of internal control is based on a framework designed to identify and prioritise the risks to the achievement of the Partnership's key outcomes, aims and objectives and comprises the structures, processes, cultures and values through which the partnership is directed and controlled.

The system of internal control includes an ongoing process designed to identify and prioritise those risks that may impact the ability of the Partnership to deliver its aims and objectives. In doing so, it evaluates the likelihood and impact of those risks and seeks to manage them efficiently, effectively and economically.

Governance arrangements have been in place throughout the year and up to the date of approval of the statement of accounts.

Key features of the governance framework in 2017/18 are:

- The HSCP Board comprises six voting members – three non-executive Directors of NHS GG&C and three local Councillors from EDC. The Board are charged with responsibility for the planning of Integrated Services through directing EDC and the NHS GG&C to deliver on the strategic priorities set out in the Strategic Plan. In order to effectively discharge their responsibilities, board members are supported with a development programme aimed at providing opportunities to explore individual member and Board collective responsibilities and values that facilitate decision making, develop understanding of service provision within the HSCP and engage with staff delivering these services and specific sessions on the conduct of the business of the HSCP Board.

- HSCP Boards are 'devolved public bodies' for the purposes of the Ethical Standards in Public Life (Scotland) Act 2000, which requires them to produce a code of conduct for members. The members of the HSCP Board have adopted and signed up to the Code of Conduct for Members of Devolved Public Bodies and have committed to comply with the rules and regularly review their personal circumstances on an annual basis.

- The HSCP Board has produced and adopted a Scheme of Administration that defines the powers, relationships and organisational aspects for the HSCP Board. This includes the Integration Scheme (which was revised in January 2018 to implement the Carers Act 2016), Standing Orders for meetings, Terms of reference and membership of HSCP Board committees, the Scheme of Delegation to Officers and the Financial Regulations.

- The Strategic Plan for 2018-2021 was approved at the HSCP Board meeting on the 15th March 2018. The Strategic Plan outlines eight key priorities to be delivered over the next three years and describes for each priority what success will look like and the outcome measures to be used to monitor delivery. It sets out the identified strategic priorities for the HSCP and links the HSCP's priorities to National Health and Wellbeing Outcomes. There is an established Strategic Planning Group (SPG) which oversees the delivery of the Strategic Plan comprising legislatively determined membership. This is supported by a range of planning groups to take forward particular priorities which reports through the SPG and to the HSCP Board.

- Financial regulations have been developed for the HSCP in accordance with the Integrated Resources Advisory Group (IRAG) guidance and in consultation with EDC and NHS GG&C. They set out the respective responsibilities of the Chief Officer and the Chief Finance & Resources Officer in the financial management of the monies delegated to the partnership.

- The Risk Management Policy was approved and adopted in August 2017. This sets out the process and responsibilities for managing risk in the HSCP. The Corporate Risk Register was approved in November 2017 and is reviewed by the Senior Management Team twice each year.

- The Audit Committee advises the Partnership Board and its Chief Finance & Resources Officer on the effectiveness of the overall internal control environment.

- Performance Reporting – Regular performance reports are presented to the HSCP Board to monitor progress on an agreed suite of measures and targets against the priorities set out in the strategic plan. This includes the provision of exception reports for targets not being achieved identifying corrective action and steps to be taken to address performance not on target.

- Clinical and Care Governance arrangements have been developed and led locally by the Clinical Director for the HSCP and involving the Chief Social Work Officer for EDC.

- Information Governance – the Public Records (Scotland) Act 2011 (Section1 (1)) requires the HSCP Board to prepare a Records Management Plan setting out the proper arrangements for the authority's public records. In addition, under the Freedom of Information (Scotland) Act, the HSCP Board is required to develop a Freedom of Information Publication Scheme – this was published in March 2017.

- The HSCP Board is a formal full partner of the East Dunbartonshire Community Planning Partnership Board (CPPB) and provides regular relevant updates to the CPPB on the work of the HSCP.

Roles and Responsibilities of the Audit Committee and Chief Internal Auditor

Board members and officers of the HSCP Board are committed to the concept of sound internal control and the effective delivery of HSCP Board services. The HSCP Board's Audit Committee operates in accordance with CIPFA's Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities.

The Audit Committee performs a scrutiny role in relation to the application of CIPFA's Public Sector Internal Audit Standards 2017 (PSIAS) and regularly monitors the performance of the Partnership's internal audit service. The appointed Chief Internal Auditor has responsibility to review independently and report to the Audit Committee annually, to provide assurance on the adequacy and effectiveness of conformance with PSIAS.

The internal audit service undertakes an annual programme of work, approved by the Audit Committee, based on a strategic risk assessment. The appointed Chief Internal Auditor provides an independent opinion on the adequacy and effectiveness of internal control. East Dunbartonshire Council's Audit & Risk Manager is the *de facto* Chief Internal Auditor for the Partnership. In this role, their assurance is based on the EDC internal audit reports relating to the Partnership for which they have direct responsibility. Assurance is always from a variety of sources, and one of those sources is the summary of reports of the internal auditors (PwC) of NHS GG&C that relate to the partnership.

The Chief Internal Auditor has conducted a review of all EDC produced Internal Audit reports issued in the financial year and Certificates of Assurance from the EDC and partnership Senior Management Team. Although no system of internal control can provide absolute assurance nor can Internal Audit give that assurance, on the basis of the audit work undertaken during the reporting period, the Chief Internal Auditor is able to conclude that a reasonable level of assurance can be given that the system of internal control is operating effectively within the organisation. A number of recommendations have been made by the internal audit team in order to further improve controls, with action plans developed with management to address the risks identified.

The HSCP Board is not aware of any weaknesses within the NHS GG&C and EDC Accounts, internal control systems and has placed reliance on the individual annual governance statements where appropriate.

Review of Effectiveness

East Dunbartonshire HSCP Board has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control. This review is informed by the work of the Chief Officer and the Senior Management Team who have responsibility for the development and maintenance of the governance environment, the Annual Governance Report, the work of internal audit functions for the respective partner organisations and by comments made by external auditors and other review agencies and inspectorates.

The partnership has put in place appropriate management and reporting arrangements to enable it to be satisfied that its approach to corporate governance is both appropriate and effective in practice.

On the basis of internal audit work, a range of audit assignments have been completed that are relevant to the operation of internal controls of relevance to the HSCP Board. These were generally found to operate as intended with reasonable assurance provided on the integrity of controls. A number of recommendations have been made for areas for further improvement and action plans developed to address the risks identified.

There has been specific work undertaken by each partner's audit functions. The Council's internal auditors were able to provide reasonable assurance over the areas reviewed. The auditors acting for NHS GG&C provided an opinion that the adequacy and effectiveness of governance, risk management and control were generally satisfactory with some improvements required. Internal audit reviews of NHS GG&C as a whole reported the issue of Reporting and Monitoring Arrangements for Efficiency Savings as High Risk. This may pose a risk to the HSCP but the responsibility for the recommendations lie with NHSGGC.

The HSCP Board has various meetings, which have received a wide range of reports to enable effective scrutiny of the partnership's performance including regular Chief Officer Updates, financial reports, quarterly performance reports and service development reports, which contribute to the delivery of the Strategic Plan. There been a number of development sessions for members as well as service visits. This included a re-visiting of some areas as a result of the newly appointed Councillors to the HSCP Board following the local elections in May 2017.

Governance Improvement Plans

There are a number of areas of improvement identified for 2018/19 which will seek to enhance governance arrangements within the partnership:

- External Reports – the HSCP will take cognisance of external reports and develop action plans that seek to improve governance arrangements in line with best practice. Audit Scotland are due to publish a National report on the integration of health and social care in 2018. This will be reviewed for actions that, if implemented, would benefit East Dunbartonshire's HSCP.

- EDC Internal Audit Reports – There have been a number of areas subject to scrutiny through organisation internal audit processes including Social Work Commissioning, Homecare and Kinship Care, which are of interest to the HSCP. These highlighted areas requiring further improvement and formal action plans have been developed to mitigate the risks identified. These and earlier reports will continue to be monitored for compliance in 2018/19.

- The HSCP Board was provided in March 2018 with a draft of the Workforce and Organisational Plan. The plan provides an overview of the key priorities and challenges for the workforce as the HSCP strives to achieve the commitments in the HSCP Strategic Plan. Within the draft plan there are proposals for monitoring progress against the Workforce plan including 6 monthly updates being provided to the HSCP Board. The Workforce Co-ordination group has the local responsibility for monitoring progress and reporting to the Senior Management Team and local Staff forum.

- Further HSCP Board Development Sessions are planned. Anticipated topics include the New GP Contract and Unscheduled Care and time has been allocated for other Development Sessions on topics to be agreed.

- The Audit Committee will become the Performance and Audit Committee, with an expanded remit to include HSCP Performance, in order to enhance scrutiny in this area.

Assurance

The system of governance (including the system of internal control) operating in 2017/18 provides reasonable assurance that transactions are authorised and properly recorded; that material errors or irregularities are either prevented or detected within a timely period; and that significant risks impacting on the achievement of our strategic priorities and outcomes have been mitigated.

Systems are in place to continually review and improve the governance and internal control environment and action plans are in place to address identified areas for improvement.

Certification

It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the East Dunbartonshire HSCP Board's systems of governance and control.

Ms J Forbes 21/9/18

IJB Chair

Mrs S Manion 21/9/18

Chief Officer

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the cost of providing services for the year according to accepted accounting practices.

2016/17 Restated				2017/18		
Gross Expenditure *Restated* £000	Gross Income £000	Net Expenditure *Restated* £000		Gross Expenditure £000	Gross Income £000	Net Expenditure £000
			Local Authority Services			
57,268	(1,722)	55,546	Adults Services	59,592	(2,020)	57,572
7,598	(692)	6,906	Children & Criminal Justice Services	13,050	(1,074)	11,976
959	0	959	Other Council Services	1,198	0	1,198
65,825	(2,414)	63,411	Total Local Authority Services	73,840	(3,094)	70,746
			Health Services			
9,965	(842)	9,123	Community Health Services	11,559	(974)	10,585
44,715	(1,283)	43,431	Family Health Services	45,482	(1,285)	44,197
10,999	(782)	10,217	Hosted – Oral Dental Health Services	10,420	(788)	9,632
17,381		17,381	Set Aside for Delegated Services provided in Acute Services	17,381		17,381
83,060	(2,908)	80,152	Total Health Services	84,842	(3,047)	81,795
201		201	HSCP Board Operational Costs*(note 6)*	234		234
149,086	**(5,322)**	**143,764**	**Cost of Services Directly Managed by ED HSCP**	**158,916**	**(6,141)**	**152,775**
	(147,760)	(147,760)	Taxation and Non-Specific Grant Income *(note 8)*		(151,631)	(151,631)
149,086	**(153,082)**	**(3,996)**	**(Surplus) or Deficit on Provision of Services**	**158,916**	**(157,772)**	**1,144**
		(3,996)	**Total Comprehensive Income and Expenditure**			**1,144**

The HSCP Board was established on the 27th July 2015. Integrated delivery of health and care services did not commence until the 3rd September 2016 for all Adult health and Social Care services. There was as amendment to the Scheme of Establishment in August 2016 which brought all Children's Health, Social Work and Criminal Justice services within the responsibility of the HSCP Board. Consequently the 2017/18 financial year is the first fully operational financial year for the HSCP Board in the delivery of both Adult health and Social Care Services and Children's Health, Social Work & Criminal Justice services. The figures above reflect this position.

The figures for 2016/17 have been re-stated by £2.93m to reflect the change in accounting treatment for hosted services with the HSCP Board now considered as principal in the arrangement as opposed to acting as agent. Please see note 3.
The 2016/17 expenditure has also been re-stated to reflect a late adjustment of £48k to Adult services expenditure in relation to payroll costs associated with job evaluation.

Movement in Reserves Statement

This statement shows the movement in the year on the HSCP Board's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movements in Reserves During 2017/18	General Fund Balance	Ear-Marked Reserves	Total Reserves
	£000	£000	£000
Opening Balance at 31 March 2017	**(2,661)**	**(2,570)**	**(5,231)**
In Year drawdown of Reserves	0	0	0
Total Comprehensive Income and Expenditure	1,704	(560)	1,144
Increase or Decrease in 2017/18	**1,704**	**(560)**	**1,144**
Closing Balance at 31 March 2018	**(957)**	**(3,130)**	**(4,087)**

Movements in Reserves During 2016/17	General Fund Balance *Restated*	Ear-Marked Reserves	Total Reserves *Restated*
	£000	£000	£000
Opening Balance at 31 March 2016	**(1,177)**	**(211)**	**(1,388)**
In Year drawdown of Reserves	7	146	153
Total Comprehensive Income and Expenditure	(1,491)	(2,505)	(3,996)
Increase or Decrease in 2016/17	**(1,484)**	**(2,359)**	**(3,843)**
Closing Balance at 31 March 2017	**(2,661)**	**(2,570)**	**(5,231)**

The 2016/17 expenditure has been re-stated to reflect a late adjustment of £48k to Adult services expenditure in relation to payroll costs associated with job evaluation.

BALANCE SHEET

The Balance Sheet shows the value as at the 31st March 2018 of the HSCP Board's assets and liabilities. The net assets of the HSCP Board (assets less liabilities) are matched by the reserves held by the HSCP Board.

31 March 2017 *Restated* £000		Notes	31 March 2018 £000
5,242	Short term Debtors	9	4,087
	Current Assets		
(11)	Short-term Creditors	10	0
	Current Liabilities		
5,231	**Net Assets**		**4,087**
(2,661)	Usable Reserve: General Fund	11	(957)
(2,570)	Unusable Reserve: Earmarked	11	(3,130)
(5,231)	**Total Reserves**		**(4,087)**

The 2016/17 expenditure has been re-stated to reflect a late adjustment of £48k to Adult services expenditure in relation to payroll costs associated with job evaluation.

The unaudited accounts were issued on 28th June 2018 and the audited accounts were authorised for issue on 21st September 2018.

Ms J Campbell 21/9/18
Chief Finance &
Resources Officer

NOTES TO THE FINANCIAL STATEMENTS

1. Significant Accounting Policies

General Principles

The Financial Statements summarises the authority's transactions for the 2017/18 financial year and its position at the year-end of 31 March 2018.

The HSCP Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the HSCP Board will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the HSCP Board.
- Income is recognised when the HSCP Board has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

Funding

The HSCP Board is primarily funded through funding contributions from the statutory funding partners, East Dunbartonshire Council and NHS Greater Glasgow & Clyde. Expenditure is incurred as the HSCP Board commissions specified health and social care services from the funding partners for the benefit of service recipients in East Dunbartonshire.

Cash and Cash Equivalents

The HSCP Board does not operate a bank account or hold cash. Transactions are settled on behalf of the HSCP Board by the funding partners. Consequently the HSCP Board does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the HSCP Board's Balance Sheet.

Employee Benefits

The HSCP Board does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The HSCP Board therefore does not present a Pensions Liability on its Balance Sheet.

The HSCP Board has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31 March is accrued, for example in relation to annual leave earned but not yet taken.

Charges from funding partners for other staff are treated as administration costs.

Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the HSCP Board's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the HSCP Board's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

Reserves

The HSCP Board's reserves are classified as either Usable or Usable Ear-marked Reserves.

The balance of the General Fund as at 31 March 2018 shows the extent of resources which the HSCP Board can use in later years to support service provision and complies with the Reserves Strategy for the partnership.

The ear marked reserve shows the extent of resource available to support service re-design in achievement of the priorities set out in the Strategic Plan including monies which have been allocated for specific purposes but not spent in year.

Indemnity Insurance

The HSCP Board has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. The NHS GG&C and EDC have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the HSCP Board does not have any 'shared risk' exposure from participation in CNORIS. The HSCP Board participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration is provided for in the HSCP Board's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

2. Prior Year Restatement – Hosted Services

As detailed within the Management Commentary, the accounting treatment regarding Hosted Services changed in 2017/18 after consideration of the current management arrangements. Further details are provided under Note 3 Critical Judgements and Estimation Uncertainty.

3. Critical Judgements and Estimation Uncertainty

In applying the accounting policies set out above, the HSCP Board has had to make a critical judgement relating to complex transactions in respect of the values included for services hosted within East Dunbartonshire HSCP Board

for other HSCP Boards within the NHS GG&C area. In previous financial years the financial accounts have been prepared on the basis that the costs associated with activity for services related to non-East Dunbartonshire residents were removed and transferred to other HSCP Board's to reflect the location of the service recipients. Costs were also added to reflect activity for services delivered by other HSCP Board's related to East Dunbartonshire residents. The costs removed/added were based upon budgeted spend such that any overspend or under spend remains with the hosting HSCP Board.

In preparing the 2017-18 financial statements this adjustment will no longer be made. Within GG&C, each HSCP Board has operational responsibility for services, which it hosts on behalf of the other HSCP Board's. In delivering these services the HSCP Board has primary responsibility for the provision of the services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such the HSCP Board is considered to be acting as 'principal', and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which 2017-18 accounts have been prepared. This resulted in a re-statement of the 2016/17 position by removing the adjustment to the Accounts equating to £2.93m.

The set aside resource for delegated services provided in large hospitals is determined by analysis of hospital activity and cost information. The value included in the accounts is calculated by NHSGGC using the average of activity data for each partnership population covering to 2013 to 2015 and 2014/15 cost data, up rated for 1% annual inflation for each year. In 2017/18 a Working Group, with membership from NHSGGC, Glasgow HSCP and the Scottish Government, convened to consider how best to identify actual activity for each IJB and the associated cost. A data set should be agreed before the end of 2018. As such, the set aside sum included in the accounts remains at the notional level and does not reflect actual hospital activity in 2017/18.

4. Events After the Reporting Period

The Annual Accounts were authorised for issue by the Chief Finance & Resources Officer on 21st September 2018. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2018, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

5. Expenditure and Income Analysis by Nature

2016/17 *Restated* £000		2017/18 £000
	Health Services	
16,010	Employee Costs	17,624
2,256	Property Costs	358
1,389	Supplies and Services	2,758
1,222	Administrative Costs	893
44,802	Family Health Service	44,197
17,381	Set Aside	17,381
	Hosted Services (net)	
(2,908)	Income	(1,416)
80,152	Total Health Services	81,795
	Social Work Services	
16,958	Employee Costs	20,061
166	Property Costs	272
914	Supplies and Services	1,239
46,661	Contractors	50,931
900	Transport	1,135
225	Administrative Costs	202
(2,413)	Income	(3,094)
63,411	Total Social Work Services	70,746
201	HSCP Board Operational Costs	234
(147,760)	Partners Funding Contributions and Non-Specific	(151,631)
(3,996)	**Surplus or Deficit on the Provision of Services**	**1,144**

The figures for 2016/17 have been re-stated to reflect the change in accounting treatment for hosted services with the HSCP Board now considered as principal in the arrangement as opposed to acting as agent. Please see note 3.

The 2016/17 expenditure has been re-stated to reflect a late adjustment of £48k to Adult services expenditure in relation to payroll costs associated with job evaluation.

6. HSCP Board Operational Costs

2016/17 £000		2017/18 £000
184	Staff Costs	210
17	Audit Fees	24
201	**Total Operational Costs**	**234**

External Audit Costs

The appointed Auditors to ED HSCP were Audit Scotland. Fees payable to Audit Scotland in respect of external audit service undertaken in accordance with the Code of Audit Practice in financial year 2017/18 were £24k. Given the HSCP Board cannot physically pay for invoices, this will be paid through EDC or NHS GG&C and charged as a cost in the HSCP Board Accounts.

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7. Support Services

Support services were not delegated to the HSCP Board through the Integration Scheme and are instead provided by the Health Board and Council free of charge as a 'service in kind'. The support services provided is mainly comprised of: financial management and accountancy support, human resources, legal, committee administration services, ICT, payroll, internal audit and the provision of the Chief Internal Auditor.

All support services provided to the HSCP Board were considered not material to these accounts.

8. Taxation and Non-Specific Grant Income

2016/17 Restated £000		2017/18 £000
50,963	Funding Contribution from East Dunbartonshire Council	51,910
96,797	Funding Contribution from NHS Greater Glasgow & Clyde	99,721
147,760	**Taxation and Non-specific Grant Income**	**151,631**

The figures for 2016/17 have been re-stated to reflect the change in accounting treatment for hosted services with the HSCP Board now considered as principal in the arrangement as opposed to acting as agent. Please see note 3.

The funding contribution from the NHS GG&C shown above includes £17.4m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by NHS GG&C which retains responsibility for managing the costs of providing the services. The HSCP Board however has responsibility for the consumption of, and level of demand placed on, these resources.

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services. Such ring-fenced funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

9. Debtors

31 March 2017 Re stated £000		31 March 2018 £000
1,380	NHS Greater Glasgow & Clyde	2,267
3,862	East Dunbartonshire Council	1,820
	Non-public sector	
5,242	**Debtors**	**4,087**

The 2016/17 expenditure has been re-stated to reflect a late adjustment of £48k to Adult services expenditure in relation to payroll costs associated with job evaluation.

The short term debtor relates to the reported surplus on the respective health and social care expenditure and is money held by the parent bodies as reserves available to the partnership.

10. Creditors

31 March 2017 £000		31 March 2018 £000
0	NHS Greater Glasgow & Clyde	0
11	East Dunbartonshire Council	0
11	**Creditors**	**0**

There are no short term creditors for 2017/18.

11. Usable Reserve: General Fund

The HSCP Board holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the HSCP Board's risk management framework.

The table below shows the movements on the General Fund balance, analysed between those elements earmarked for specific planned future expenditure, and the amount held as a general contingency.

			2016/17				2017/18
Balance at 1 April 2016	Transfers Out 2016/17	Transfers In 2016/17 Restated	Balance at 31 March 2017 Restated		Transfers Out 2017/18	Transfers In 2017/18	Balance at 31 March 2018
£000	£000	£000	£000		£000	£000	£000
(86)	86	(106)	(106)	Scottish Govt. Funding - SDS	4		(102)
(36)	0		(36)	Mental Health project			(36)
(29)			(29)	Delayed Discharge	29		-
(60)	60		0	Communications Post			0
		(1,704)	(1,704)	Social Care Fund	73	(34)	(1,665)
0		(11)	(11)	Keys to Life Funding	5		(6)
0		(19)	(19)	Autism Funding	19		-
		(5)	(5)	Police Scotland – CPC Funding	5		-
		(523)	(523)	Integrated Care / Delayed Discharge Funding			(523)
			-	Primary Care Cluster funding		(198)	(198)
		(138)	(138)	Oral Health Funding		(462)	(600)
(211)	146	(2,506)	(2,571)	Total Earmarked	135	(694)	(3,130)
(1,177)	7	(1,490)	(2,660)	Contingency	1,955	(252)	(957)
(1,388)	**153**	**(3,996)**	**(5,231)**	**General Fund**	**2,090**	**(946)**	**(4,087)**

The 2016/17 expenditure has been re-stated to reflect a late adjustment of £48k to Adult services expenditure in relation to payroll costs associated with job evaluation.

12. Related Party Transactions

The HSCP Board has related party relationships with the NHS GG&C and EDC. In particular the nature of the partnership means that the HSCP Board may influence, and be influenced by, its partners. The following transactions and balances included in the HSCP Board's accounts are presented to provide additional information on the relationships.

Transactions with NHS Greater Glasgow & Clyde

2016/17 £000		2017/18 £000
(96,797)	Funding Contributions received from the NHS Board	(99,721)
80,152	Expenditure on Services Provided by the NHS Board	81,795
92	Key Management Personnel: Non-Voting Board Members	105
0	Support Services	0
(16,553)	**Net Transactions with the NHS Board**	**(17,821)**

Key Management Personnel: The non-voting Board members employed by the NHS Board and recharged to the HSCP Board include the Chief Officer and the Chief Finance & Resources Officer. These costs are met in equal share by the NHS GG&C and East Dunbartonshire Council. The details of the remuneration for some specific post-holders are provided in the Remuneration Report.

Balances with NHS Greater Glasgow & Clyde

31 March 2017 £000		31 March 2018 £000
1,380	Debtor balances: Amounts due from the NHS Board	2,267
0	Creditor balances: Amounts due to the NHS Board	0
1,380	**Net Balance with the NHS Board**	**2,267**

Transactions with East Dunbartonshire Council

2016/17 *Restated* £000		2017/18 £000
(50,963)	Funding Contributions received from the Council	(51,910)
63,411	Expenditure on Services Provided by the Council	70,746
98	Key Management Personnel: Non-Voting Board Members	105
0	Support Services	24
12,546	**Net Transactions with the Council**	**18,965**

The 2016/17 expenditure has been re-stated to reflect a late adjustment of £48k to Adult services expenditure in relation to payroll costs associated with job evaluation.

Key Management Personnel: The non-voting Board members employed by the NHS Board and recharged to the HSCP Board include the Chief Officer and the Chief Finance & Resources Officer. These costs are met in equal share by the NHS GG&C and East Dunbartonshire Council. The details of the remuneration for some specific post-holders are provided in the Remuneration Report.

Balances with East Dunbartonshire Council

31 March 2017 *Restated* £000		31 March 2018 £000
3,855	Debtor balances: Amounts due from the Council	1,820
(11)	Creditor balances: Amounts due to the Council	0
3,844	**Net Balance with the Council**	**1,820**

The 2016/17 expenditure has been re-stated to reflect a late adjustment of £48k to Adult services expenditure in relation to payroll costs associated with job evaluation.

13. Contingent Assets & Liabilities

A contingent asset or liability arises where an event has taken place that gives the HSCP Board a possible obligation or benefit whose existence will only be confirmed by the occurrence or otherwise of uncertain future events not wholly within the control of the HSCP Board. Contingent liabilities or assets also arise in circumstances where a provision would otherwise be made but, either it is not probable that an outflow of resources will be required or the amount of the obligation cannot be measured reliably.

Contingent assets and liabilities are not recognised in the Balance Sheet but disclosed in a note to the Accounts where they are deemed material.

The HSCP Board is not aware of any material contingent asset or liability as at the 31st March 2018.

14. VAT

The HSCP Board is not a taxable person and does not charge or recover VAT on its functions.

The VAT treatment of expenditure in the HSCP Board's accounts depends on which of the partner organisations is providing the service as these agencies are treated differently for VAT purposes.

The services provided to the HSCP Board by the Chief Officer are outside the scope of VAT as they are undertaken under a special legal regime.

Independent auditor's report to the members of East Dunbartonshire Integration Joint Board and the Accounts Commission

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice approved by the Accounts Commission, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of East Dunbartonshire Integration Joint Board for the year ended 31 March 2018 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the accounts, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18 (the 2017/18 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2017/18 Code of the state of affairs of the East Dunbartonshire Integration Joint Board as at 31 March 2018 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2017/18 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the East Dunbartonshire Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Finance & Resources Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about East Dunbartonshire Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Responsibilities of the Chief Finance & Resources Officer and East Dunbartonshire Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance & Resources Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance & Resources Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance & Resources Officer is responsible for assessing the East Dunbartonshire Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The East Dunbartonshire Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to achieve reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other information in the annual accounts

The Chief Finance & Resources Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other

information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit; or
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

Fiona Mitchell-Knight FCA
Audit Director,
Audit Scotland
4th Floor, The Athenaeum Building
8 Nelson Mandela Place,
Glasgow, G2 1BT
21 September 2018

East Dunbartonshire Health & Social Care Partnership

Chief Officer: Mrs Susan Manion

Agenda Item Number: 5

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PERFORMANCE, AUDIT & RISK COMMITTEE

Date of Meeting	**21 September 2018**
Subject Title	**EDC Internal Audit Progress Update 2018/19**
Report By	**Jean Campbell, Chief Finance & Resources Officer**
Contact Officer	**Gillian McConnachie, 0300 123 4510**

Purpose of Report	This report provides the Health & Social Care Partnership (H&SCP) Performance, Audit & Risk Committee with an update on the outputs for 2018/19 relevant to the H&SCP, covering the period from April 2018 to July 2018. The information contained in this report has been subject to scrutiny from the council's Audit and Risk Management Committee. This report provides details on the ongoing audit work, for information, and to allow consideration from the perspective of the H&SCP.

Recommendations	The Audit Committee is asked to: a) Note the Update on Internal Audit Progress.

Relevance to HSCP Board Strategic Plan	None directly.

Implications for Health & Social Care Partnership

Human Resources:	Nil
Equalities:	Nil
Financial:	Nil
Legal:	Nil
Economic Impact:	Nil
Sustainability:	Nil
Risk Implications:	Risks are highlighted to management in Action Plans appended to

	audit reports.

Implications for East Dunbartonshire Council:	Nil

Implications for NHS Greater Glasgow & Clyde:	Nil

Direction Required to Council, Health Board or Both	**Direction To:**	
	1.1 No Direction Required	**X**
	1.2 East Dunbartonshire Council	
	1.3 NHS Greater Glasgow & Clyde	
	1.4 East Dunbartonshire Council and NHS Greater Glasgow and Clyde	

MAIN REPORT

1.1 In the period of April to July 2018, the Audit and Risk Team have finalised and reported on the eleven areas as shown in Table 1.

1.2 Progress is being made against the 2018/19 plan, with 11 outputs completed, representing 31% completion of the 35 outputs planned for the year, having applied 29% of the resources allocated in the Plan, 33% through the year. An additional nine outputs are in progress.

1.3 No material issues have been identified which would impact on the ability of the team to deliver the plan or to provide an opinion at the year end at this stage.

Table 1 – Analysis of Audit and Risk Outputs in April to July 2018

	Audit Area and Title	Issues Noted	High Risk	Med Risk	Low Risk
Regularity					
1	Stock Count	**-**	-	-	-
2	Annual Governance Statements	**-**	-	-	-
3	Annual Audit and Risk Report	**-**	-	-	-
4	Annual Follow Up	**-**	-	-	-
Consultancy[1]					
5	Sustrans Grant Claim – Meadowburn Steps	**3**	-	-	-
6	Sustrans Grant Claim – Electrical Vehicle Charge	**3**	-	-	-

	Points				
7	Sustrans Grant Claim – Torrance PS Bike Shelter and Scooter Spaces	**-**	-	-	-
8	Sustrans Grant Claim – Westerhill Road Project	**-**	-	-	-
9	Sustrans Grant Claim – Lenzie to Bishopbriggs Cycleway	**-**	-	-	-
10	Sustrans Twechar Pathways	**-**	-	-	-
Irregularity					
11	School Funds Investigation	**2**	-	-	-

[1] **Consultancy Notes may not classify issues in terms of High / Medium / Low risk, due to the limited scope of these assignments.**

1.4 **Particular areas for Members to note include:**

1.5 **Annual Governance Statement –** The Annual Governance Statement was included in the H&SCP's draft financial statements presented to Members at the H&SCP's Audit Committee meeting on 27 June 2018. On the basis of Internal Audit work completed in 2017/18, the internal control procedures were generally found to operate as intended with reasonable assurance being provided on the integrity of controls. A number of recommendations have been made by the internal audit team in the year to further improve controls with action plans developed with management to address the risks identified.

1.6 **Annual Audit and Risk Report –** This report was presented to the Audit Committee on 27th June 2018. Members will recall that Auditors concluded that, based on the Audit & Risk Team's work for the year, reasonable assurance can be placed upon the adequacy and effectiveness of the Council's governance, risk management and control systems during the financial year ended 31 March 2018. This assurance is then provided to the Health & Social Care Partnership for those systems under their strategic control. In reaching the opinion, Internal Audit noted a number of high risk issues within those reports completed in the year and some risks still outstanding from previous years that require to be addressed**.**

1.7 **Annual Follow Up** – This report is considered as a separate agenda item. Auditors have drawn Council attention to those risks that continue to require management intervention in a number of areas. Of particular relevance to the H&SCP are the outstanding risks relating to Home Care, Carefirst, Direct Payments and Social Work Contract Monitoring. Progress will be followed up and reported on by Internal Audit in 2018/19.

1.8 **Work In Progress –** Work is continuing in a number of areas and work on the 2018/19 audit plan is ongoing, including the following audits: Freedom of Information, Direct Payments (in relation to Self Directed Support) and Carefirst (Social Work System) testing.

Appendix 1 – Summary of Audit Time and Outputs Four Months to 31st July 2018

	Audit Plan Monitoring						
	YTD Days			Outputs			
Appendix & Audit Area	Annual Plan Days Allocated	Actual Days at 31 Ju1 18	Days Remaining / (Overspent)	Planned Annual Outputs	Actual Total YTD	Actual Work in Progress	Percentage Completion
1 - System	265	115	150	9	-	4	0%
2 - Regularity	248	51	197	15	**4**	-	27%
3 - Irregularity	40	3	37	1	**1**	-	100%
4 - Performance	20	10	10	2	-	1	0%
5 - Consultancy	162	56	106	7	**6**	4	86%
6 - ICT	30	6	24	1	-	-	0%
7 - Development	220	42	178	-	-	-	N/A
- Training, Management, Admin	188	37	151				
- Quality Review	10	2	8				
- Performance Monitoring	22	2	20				
Direct Audit Time	**985**	**282**	**29%**	**35**	**11**	**9**	**31%**

East Dunbartonshire Health & Social Care Partnership

Chief Officer: Mrs Susan Manion

Agenda Item Number: 6

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PERFORMANCE, AUDIT & RISK COMMITTEE

Date of Meeting	**21 September 2018**
Subject Title	**EDC Final Follow Up Audit Review 2017/18**
Report By	**Jean Campbell, Chief Finance & Resources Officer**
Contact Officer	**Gillian McConnachie, 0300 123 4510**

Purpose of Report	The purpose of this report is to present Members of the Health & Social Care Partnership (H&SCP) Performance, Audit & Risk Committee with the Final Follow Up Review 17/18, prepared by the Internal Audit team. A copy of the Final Follow Up Report is included as Appendix 1.The information contained in this report has been subject to scrutiny from the council's Audit and Risk Management Committee. Auditors have drawn Council attention to those risks that continue to require management intervention in a number of areas. Of particular relevance to the HSCP are the outstanding risks relating to Home Care, Carefirst, Direct Payments and Social Work Contract Monitoring. Progress will be followed up and reported on by Internal Audit in 2018/19. This report provides details of the outstanding risks highlighted by audit, for information, and to allow consideration from the perspective of the H&SCP.

Recommendations	It is recommended that the Performance, Audit and Risk Committee: (a) Notes the contents of the Final Follow Up report as it relates to the Health & Social Care Partnership.

Relevance to HSCP Board Strategic Plan	None directly.

Implications for Health & Social Care Partnership

Human Resources:	Nil
Equalities:	Nil
Financial:	Nil
Legal:	Nil

Economic Impact:	Nil

Sustainability:	Nil

Risk Implications:	Risks are identified in the course of Internal Audit work are highlighted to management.

Implications for East Dunbartonshire Council:	Nil

Implications for NHS Greater Glasgow & Clyde:	Nil

Direction Required to Council, Health Board or Both	**Direction To:**	
	1.1 No Direction Required	**X**
	1.2 East Dunbartonshire Council	
	1.3 NHS Greater Glasgow & Clyde	
	1.4 East Dunbartonshire Council and NHS Greater Glasgow and Clyde	

(PROTECTED)

Final Follow-Up Report

2017/18

Prepared by:

Gillian McConnachie
Audit & Risk Manager
Audit & Risk Team
July 2018

1 INTRODUCTION

1.1 The 2017/18 Audit and Risk Plan included provision for the follow-up and evaluation of risks identified in all previously issued Internal Audit reports.

1.2 This final Follow Up report demonstrates the Council's ongoing commitment to maintain compliance with the Public Sector Internal Audit Standards. These require that the Audit and Risk Manager, as the Chief Audit Executive, *'establish a process to monitor and follow up management actions to ensure that they have been effectively implemented or that senior management have accepted the risk of not taking action'*. As part of this process, the following areas have also been considered:

- Where issues have been noted as part of the follow-up process the Audit & Risk Manager may consider revising the initial overall audit opinion,
- The results of monitoring management actions may be used to inform the risk based planning of future audit work; and,
- The review extends to all aspects of audit work including consulting engagements.

2 SCOPE and OBJECTIVES

2.1 The scope of the audit is to review those risks identified during the period April 2012 to the end of June 2018 and establish, through a combination of testing, corroboration and interview, whether the agreed control measures have been adequately implemented, and the associated risks addressed.

2.2 The objective of the review is to provide assurance to key stakeholders that management actions have been effectively implemented. Where this is not the case, auditors will establish the reasons for non-compliance, including consideration of the extent to which senior management have accepted the risk of inaction.

2.3 It would be impractical for auditors to detail all outstanding report issues. Instead, Appendix 1 provides a summary of all reports with overdue outstanding issues.

2.4 The purpose of this follow-up report is therefore as follows:-

- Provide a summary of outstanding audit issues, focussing on high risk issues. This includes detail of areas where significant progress has been made since the last follow-up report; and
- Provide a listing of outstanding reports with comments on progress and outstanding actions.

3 METHODOLOGY

3.1 Audit work evaluated the extent to which officers have mitigated individual risks allocated to them. In order to classify progress against audit reports and individual issues classifications have been developed to differentiate between audit reports and issues that have been fully addressed, work towards completion is on-going, limited progress has been made to date or where no progress has been made. These classifications are shown in *Table 1* below with further explanation below.

3.2 Auditors have tailored their approach to reviewing risks depending on the extent to which outstanding risks are complete.

- Where risks have been fully managed and closed off by management, auditors have sought to validate a sample of these actions and ensure that they mitigate the risk. Where there has been substantial progress in closing off a report that had identified a number of issues, Auditors may schedule a separate follow up review to allow time to consider these issues in detail. This may be beneficial when the original report was issued some time ago and when there have been significant changes in the system controls. For example, the 2018/19 audit plan makes provision for a detailed follow-up of Direct Payments (Social Work).
- Where substantial progress has been disclosed on a particular issue, auditors carried out a reasonableness check to establish whether the levels of completeness are reasonable and that tangible progress has been made.
- Where substantial progress has not been made, auditors highlight this as limited progress that requires further attention.

Table 1 – Classification and Definitions of Follow-Up Work

Status Description	Definition
Classified as 'Fully Complete' = 100%	Risk mitigated with control measures having been implemented.
Classified as 'In Progress' = ≥50%	Progress is substantially being made towards mitigation of risk.
Classified as 'Limited Progress' = < 50%	Substantial progress is not being made. Requires increased effort to mitigate risk.
Classified as 'No Progress' = 0%	No progress or lack of evidence that control measures are in place or being developed.

3.3 For those risks classified as being 'Limited Progress' or 'No Progress', auditors recommend that improvement plans are put in place to address any outstanding actions. These will continue to be pro-actively monitored by auditors throughout the course of the year and are highlighted in Table 2, by Depute Chief Executive accountability, for consideration.

4 FINDINGS - ALL RISKS DUE FOR COMPLETION

4.1 *Table 2* provides an evaluation of the current status of these where the timescales for implementation of risk control measures have now passed. This information is presented for the Council as a whole and explored on a Depute Chief Executive area basis. A total of 78 issues are outstanding.

Table 2 - Individual Audit Report Action Points by Depute Chief Executive Area

Depute Chief Executive area	In Progress	Limited Progress	Total Outstanding	Total Per Original Reports[1]
All	**48**	**30**	**78**	**152**
EPB	16	21	**37**	87
PNCA	7	3	**10**	20
HSCP	25	6	**31**	45

1 There were 152 issues raised in the original reports and 74 issues have since been closed. The figure of 152 only relates to the total number of issues originally raised in reports with outstanding audit actions. Reports for which all issues raised have been fully completed are not included in the figures to allow a focus on outstanding actions.

4.2 *Table 3* provides a synopsis of the 78 individual risks and improvement actions across the Council that were outstanding for implementation as of July 2018, by risk rating.

Table 3- Individual Audit Report Action Points by Risk Rating

Risk rating	In Progress	Limited Progress	Total Outstanding	Total Per Original Reports
All	**48**	**30**	**78**	**152**
High	12	4	**16**	30
Medium	35	23	**58**	109
Low	1	3	**4**	13

4.3 The four risks referred to in the above table that are classified as being High risk, with Limited progress relate to: the development of Business Continuity Plans; compliance with the Civil Contingencies Act 2004; authorisation prior to payment of Social Work Payments; and the recommendation to develop the Carefirst system to ensure that it is fit for purpose. Auditors have not yet seen adequate evidence that substantial progress has been made in these areas towards mitigating the risks. An audit of Carefirst payments is currently underway and Auditors will be able to provide an update following this. Auditors have been informed that redesign of the Business Continuity Plan (BCP) template is underway. Further work is required in these areas in order to mitigate the risk.

5 PROGRESS

5.1 Significant progress against reports is reported in this section, with auditors performing sample testing to confirm that risks have been mitigated.

5.2 *Review of Fleet Management 2014/15* – Auditors are pleased to note the implementation of the recommendation concerning driver and vehicle checks for grey fleet and now consider this report complete.

5.3 *Procurement Review 2012/13* – Auditors raised the issue that the council lacked effective procedures for identification and monitoring of off contract spend. This issue has been closed off, with management reporting that iProc processes capture non-contracted spend.

5.4 *ICT Asset Management 2013/14* – management has reported completion of four previously outstanding issues, relating to the system capturing disposals, reconciliations, licencing agreements and reporting. Auditors will review the progress made in this area.

5.5 *Complaints Management 2015/16* – progress has been reported in the area around Policies and Procedures, Training and Awareness, Performance Reporting and Completeness of Records. Auditors have requested evidence to support the progress reported.

5.6 *Review of Early Years Provision 2015/16* – management has advised that the Policies and Procedures and the Contract management monitoring issues are now complete. Auditors are liaising with management to verify progress.

5.7 Auditors have also performed a 'housekeeping' review of outstanding issues and where the same issue was raised in different reports, duplicate issues have been closed off. For example, the authorisation of Carefirst Payments was raised as an issue in both the Review of Shared Services report and in the Carefirst Payments testing report. One of these issues has been closed off.

6.0 RISKS ACCEPTED

6.1 Where management has previously accepted an audit issue and agreed actions, but subsequently decided not to take further action and instead accept the associated risks, this is reported to the Audit and Risk Management Committee.

6.2 The following risks have been accepted by management in the period since the last follow up report.

6.3 *School Excursions 2012/13* – in the original report, Auditors raised the issue that the equivalent of PVG checks are not performed on host families ahead of foreign exchange visits. Management are now comfortable with the procedures, which includes obtaining a letter of comfort from the host school and contact information being maintained. Any remaining risk is accepted.

6.4 *Review of SEEMIS controls 2014/15* – management has closed off this report, accepting any residual risk relating to SEEMIS security controls.

6.5 *System Administrator Privileges 2015/16* – two outstanding risks in relation to lockout controls and the process for amending users have been closed, with management accepting residual system risks present in current systems in the medium term before systems are replaced.

7.0 CONCLUSION

7.1 Our consolidated follow up work has identified that 16 overdue High risk issues remain outstanding. Of these, 12 are in progress, with the remaining 4 having little or no progress. 20 reports have outstanding actions associated with them. This demonstrates some progress from previously reported figures in our interim report, when 23 overdue High risk outstanding issues and 24 reports were outstanding.

7.2 Auditors are mindful, however, that these figures should be nil with officers agreeing realistic action plans and corresponding dates for completion. Progress should be focussed on the four High risk issues where limited or no progress has been made.

7.3 As part of this ongoing cycle of follow up work, auditors will seek to engage with the Depute Chief Executives and Managers to ensure that timescales for implementation remain reasonable and actions are taken mitigate the original risks. Auditors will seek to understand the reasons why risks have not been managed as originally agreed and that timescales for implementation remain reasonable.

7.4 Responding to the requirement of the Public Sector Internal Audit Standards, the Audit and Risk Manager has not revised any opinions previously reported to members. All residual issues will be considered in the 2018/19 follow-up reviews and in informing the 2019/20 audit plan.

Appendix 1 – List of Outstanding Audit Reports

The table below details the number of issues raised in the original Internal Audit reports, the number since closed and the total number of issues remaining open.

Report Name	Original issues	Closed	Remaining Risk			Total Open	Comments	Strategic Lead
			High	Med	Low			
Home Care Review	13	1	**4**	**7**	1	**12**	A follow-up report was produced on Home Care in 2017/18. Some progress has been made, including work performed by the Transformation team, but the risks have not yet been fully mitigated.	Chief Finance Officer HSCP
Carefirst Payments	4	1	**3**	**-**	-	**3**	This area continues to be subject to Transformational change. Substantive testing will be carried out by Auditors as part of the 2018/19 audit plan to confirm whether issues noted in previous years remain.	Organisational Transformation
Business Continuity and Civil Contingencies	7	1	**3**	**3**	-	**6**	Further work is required in this area. Redesign of the Business Continuity Plan template is underway. The new BCP document has been drafted to incorporate a Strategic Area plan with additional supplementary plans for each service area. This also includes an element of Impact Assessment.	Legal & Democratic Services
Direct Payments and Self Directed Support	12	9	**3**	**-**	-	**3**	The three outstanding issues relating to Risk assessments, financial monitoring returns and documentation of procedures. This area will be revisited by Auditors in the course of 2018/19 as part of the audit plan.	Customer & Digital Services / Chief Finance Officer HSCP
Social Work Contract Monitoring	10	-	**1**	**9**	-	**10**	This has been the subject of a recent follow-up audit report and scrutiny panel. Work is ongoing with further progress required to close off these issues.	Chief Finance Officer HSCP
Systems Administrator Privileges	7	5	**1**	**1**	-	**2**	Further progress towards completing the remaining two actions (Password controls and Concurrent Logons) has been noted.	Customer & Digital Services

Report Name	Original issues	Closed	Remaining Risk High	Remaining Risk Med	Remaining Risk Low	Total Open	Comments	Strategic Lead
Cash Collection at Hubs	6	5	**1**	-	-	**1**	The final outstanding issue relates to the site uplift of monies being undertaken without a contract in place. This was out for tender but did not return any options. It is noted that various Transformation projects (for example, cashless catering, cashless HUBs) will reduce the cash uplift requirements and so it is expected that the risk will reduce over time.	Customer & Digital Services
Review of Freedom of information	9	2	-	**6**	1	**7**	This has been subject to a recent in-depth follow-up by internal audit. Progress has been noted in some areas, particularly in compliance with timescales. However, risks remain surrounding the quality assurance process.	Legal & Democratic Services
Review of Shared Services	11	4	-	**5**	2	**7**	Five of the remaining seven outstanding actions are intended to be addressed as part of a Shared Services review being carried out by the Change team.	Customer & Digital Services
Climate Change Reporting	9	4	-	**5**	-	**5**	The issues raised are primarily 'In Progress'. They relate to issues such as verification of corporate emissions, monitoring through HGIOS, lack of post project benefits realisations reviews.	Land Planning & Development
Roads Maintenance	7	3	-	**4**	-	**4**	Within this report, auditors raised concerns about delays in job completion, system parameters and process for roads adoption. The Service have advised that the issues raised are now fully resolved. Internal Audit require evidence from the service to support the closing off of this report.	Roads & Transportation
Review of HR Processes	4	-	-	**4**	-	**4**	A separate Internal Audit of Payroll is planned for 2018/19 and the issues raised in this report will be considered as part of the review. It is noted that Payroll control issues have also been raised by Audit Scotland.	Organisational Transformation
Foster Care Payments	6	3	-	**3**	-	**3**	Further work is ongoing in the areas of Contractual Arrangements and Procedures. System requirements are also under consideration regarding the potential use of Carefirst for Foster Care Payments.	Customer & Digital Services / HSCP

Report Name	Original issues	Closed	Remaining Risk High	Med	Low	Total Open	Comments	Strategic Lead
Review of Whistleblowing Policy	5	2	-	**3**	-	**3**	Whistleblowing Policies and Procedures have been revised. Next steps will be for these to be publicised across the council.	Chief Finance Officer
Complaints Management	9	6	-	**3**	-	**3**	There has been some progress in this area. However, documentation of authorisation of stage 2 complaints and the feedback mechanism for customers requires further development.	Customer & Digital Services
Procurement Review	6	5	-	**1**	-	**1**	One issue in relation to training requires to be fully mitigated, with Procurement Governance Training ongoing.	Organisational Transformation
ICT Asset Management	8	7	-	**1**	-	**1**	The outstanding issue relates to the lack of contractual arrangements for disposal of ICT equipment. Requirements have been produced and work is ongoing in the pursuit of a joint contract with for paper disposal and ICT Asset Disposal. To be advertised.	Customer & Digital Services
Review of Planning Applications	4	3	-	**1**	-	**1**	One issue remains outstanding, relating to the Council's adherence to the 16-week major planning application timescales.	Land Planning & Development
Review of Early Years Provision	12	11	-	**1**	-	**1**	The remaining issue relates to Service Continuity. A key risk in this area is the potential failure of a partnership nursery.	Education
PCI DSS Compliance	3	2	-	**1**	-	**1**	One remaining issue requires to be completed; the submission of the self-assessment and development of the associated action plan.	Customer & Digital Services
Total	**152**	**74**	**16**	**58**	**4**	**78**		

Please note: To allow a focus on outstanding actions, the above table does not include reports that have been fully completed.
Therefore, the total closed issues figure does not give a complete picture of work undertaken to address audit issues raised.

East Dunbartonshire Health & Social Care Partnership

Chief Officer: Mrs Susan Manion

Agenda Item Number: 7

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PERFORMANCE, AUDIT & RISK COMMITTEE

Date of Meeting	**21 SEPTEMBER 2018**
Subject Title	**NHSGGC PwC Internal Audit Activity to June 18**
Report By	**Jean Campbell, Chief Financial Officer**
Contact Officer	**Gillian McConnachie, 0300 123 4510**

Purpose of Report	This report updates members on the NHSGCC report on audit work conducted by PwC on the NHSGGC.

Recommendations	The Audit Committee is asked to: a) Note the contents of the PwC Internal Audit Report.

Relevance to HSCP Board Strategic Plan	Management may wish to consider whether any risks identified by PwC could pose a risk to the ability of the H&SCP to achieve its Outcomes.

Implications for Health & Social Care Partnership

Human Resources:	Nil
Equalities:	Nil
Financial:	Nil
Legal:	Nil
Economic Impact:	Nil
Sustainability:	Nil
Risk Implications:	NHS internal audit findings potentially pose cross-over risks to the H&SCP.
Implications for East Dunbartonshire Council:	Nil.
Implications for NHS Greater Glasgow & Clyde:	NHS Management to continue to track and report progress against outstanding audit findings.

Direction Required to Council, Health Board or Both	**Direction To:**	
	1.1 No Direction Required	**X**
	1.2 East Dunbartonshire Council	
	1.3 NHS Greater Glasgow & Clyde	
	1.4 East Dunbartonshire Council and NHS Greater Glasgow and Clyde	

MAIN REPORT

1.1 PwC have completed audits of ten audit areas. Four of these were classified as Medium Risk (Gifts and hospitality compliance, Health and safety compliance, achieving financial balance and financial planning 2018/19), with the remainder classified as Low Risk.

1.2 The Achieving financial balance report highlighted a high risk issue – relating to the NHS's reliance on non-recurring support.

1.3 The full updated NHSGCC PwC Internal Audit Activity report is presented at **Appendix 1.**

NHS Greater Glasgow and Clyde
Internal Audit Activity Report for Integration Joint Boards – June 2018

1. Background

Integration Joint Boards direct both NHS Greater Glasgow and Clyde and the local authority to deliver services that enable the Integration Joint Board to deliver on its strategic plan.

Both NHS Greater Glasgow and Clyde and the local authority have internal audit functions that conduct audits across each organisation and report the findings of these to the respective audit committees.

Members of the Integration Joint Board have an interest in the outcomes of audits at both NHS Greater Glasgow and Clyde and the local authority that have an impact upon the Integration Joint Board's ability to deliver the strategic plan.

This report provides a summary for the Integration Joint Board of the internal audit activity within NHSGGC which has an impact upon the delivery of the strategic plan.

2. Summary of internal audit reviews

The Board's internal auditors, PwC, have completed their work programme for the year, and have reported to the NHSGGC Audit and Risk Committee on the following reviews:

Review	Report classification	Number of individual findings		
		High	Medium	Low
Key financial controls: payroll	Low	-	-	-
Clinical and care governance	Low	-	-	2
Public Health: screening programmes	Low	-	-	2
Information Governance	Low	-	1	2
Gifts and hospitality compliance	Medium	-	3	1
Programme management	Low	-	-	1
Health and safety compliance	Medium	-	3	-
Corporate risk management	Low	-	1	2
Achieving Financial Balance	Medium	1	-	-
Financial Planning 2018/19	Medium	-	2	1
Total findings		**1**	**10**	**11**

High risk indicates findings that could have a significant:
impact on operational performance; or
monetary or financial statement impact or
breach in laws and regulations resulting in significant fines and consequences; or
impact on the reputation or brand of the organisation.

Medium risk indicates findings that could have a moderate:
impact on operational performance; or
monetary or financial statement impact; or
breach in laws and regulations resulting in fines and consequences; or
impact on the reputation or brand of the organisation.

Low risk indicates findings that could have a minor:
impact on the organisation's operational performance; or
monetary or financial statement impact; or
breach in laws and regulations with limited consequences; or
impact on the reputation of the organisation.

3. Medium and high risk internal audit findings

Information Governance – low risk, 1 medium finding

The primary objective of this audit review was to examine the progress made to design and implement a Board-wide Information Asset Register, populate the Register with the right data for it to be an effective information source against which other data protection requirements can be fulfilled, and to establish the operational processes to ensure the Information Asset Register remains effective.

The medium risk finding was in relation to populating the IAR; over 350 information assets have been registered at the time of writing. The Information Governance Team continues to work with the wider Directors to ensure the work progresses, but as asset questionnaires are submitted there will be an ongoing need to review submissions and ensure the controls in place to protect personal and sensitive personal data assets are appropriate under GDPR requirements. It is important to be able demonstrate to the regulator that risk assessment of the controls around each asset has been undertaken, and remedial action has been taken. This 'paper shield' will be important in the event of a regulator audit or data breach. Management should ensure an assessment of the controls for each asset is documented against the health Board's information security standards and requirements for the protection of personal and sensitive personal data.

Gifts and hospitality compliance – medium risk, 3 medium findings

The Directorate for Health Finance of the Scottish Government instructed all Scottish Health Boards to consider a number of actions to provide assurance as to the extent and adequacy of controls that are in place for the notification and recording of gifts and hospitality. These were to commission an internal audit review of the processes for notification and recording of gifts and hospitality; to confirm that hospitality registers are up to date and conform to Standing Financial Instructions; to provide a reminder to staff that they must comply with these SFIs and ensure they are read and understood; and to invite Counter Fraud Services to present to key staff on provisions of the Bribery Act.

PwC's review covered the following areas: the guidance available in the Code of Conduct, additional guidance available to some staff groups (eHealth, Pharmacy, the Area Drugs and Therapeutic Committee and Procurement were considered), reporting and approval, maintenance of the register and governance arrangements.

They noted that there are areas where the current policies and procedures in relation to gifts and hospitality could be improved. The medium risk findings were:

- There were aspects of both the staff and Board Members' Codes of Conduct which could be strengthened - no timescale is specified in either Code of Conduct for how quickly declarations should be made following receipt of gifts/hospitality and for Board Members, nor is there a requirement to declare declined gifts/hospitality, which is inconsistent with the staff code of conduct.
- Some board members who had joined the Board had not yet completed a declaration of interests; Board Members' interests should be disclosed per the code of conduct.
- There was no procedure in place to ensure that items of gifts or hospitality are given approval timeously.

Health and safety compliance – medium risk, 3 medium findings

This review considered the steps taken by management to progress a sample of actions to address points raised by the Health & Safety Executive (HSE) and also considered the processes across Acute, Partnerships and Property Procurement and Facilities Management (PPFM) for identifying and undertaking investigations into any incidents which must be reported to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

The three medium risk findings were:

- Only the Partnerships H&S team had a formally documented process for the identification, reporting and investigation of RIDDOR incidents and there is an inconsistent approach taken across the Board's three H&S teams for conducting investigations into RIDDOR incidents. As a result of the inconsistencies noted, the processes in place within Acute and PPFM are considered less robust than the process in place within Partnerships.
- From a sample of twenty-five incidents reported to RIDDOR, it was found that seven of these were not reported to HSE within the required timescales.
- There is no consistent process in place to monitor progress against identified recommendations resulting from RIDDOR investigations, to provide oversight that required lessons learned are being taken and on a timely basis.

Corporate risk management – low risk, 1 medium finding

The purpose of this review was to consider the effectiveness of the Board's corporate risk management arrangements, including the work that was undertaken to revise the Corporate Risk Register.

The review identified one medium risk finding: PwC found that Datix could be used more effectively in the organisation. Inconsistencies were noted between updates that are being made 'offline' on a hard copy of the CRR and the information held on Datix, as updates are not being made to Datix on a timely basis. At a Directorate level, they also noted that risks were not being reviewed on Datix on a regular basis.

Achieving financial balance – medium risk, 1 high finding

Whilst the overall rating of this report was medium, there was a high risk finding. In successfully achieving financial balance in the year, the Board relied heavily on the use of non-recurring support. The percentage of total savings achieved which were on a non-recurring basis was approximately 70% in 2017-18, compared with around 40% in 2015-16. While non-recurring savings will always form part of a Board's savings, the lack of enduring savings increases future financial challenges and poses a risk to the NHS Board's financial sustainability. PwC noted that it was critical that the NHS Board puts in place a transformation plan that will deliver recurring savings and provide financially sustainability for the future. Measures recently put in place, such as the Financial Improvement Programme, should clearly and regularly communicate to the Finance and Planning Committee and the Board on the progress made to reduce the Board's recurring deficit.

Financial planning – medium risk, 2 medium findings

The scope of this review focussed on the planning process and key assumptions that underpin the Board's 2018/19 financial position. The process was to establish the Board's net cash efficiency challenge for 2018/19, and no service redesign or transformation assumptions were applied efficiency challenge.

The review concluded that overall, the planning process has been undertaken with an objective of transparency and there is clarity over the key assumptions underpinning the 2018/19 cash efficiency challenge. Addressing the two medium risk findings identified would also further strengthen the transparency of the financial planning process. The findings were:

- In the Board's key financial plan assumptions, the level of certainty that can exist for each assumption varies. This is a normal feature of the planning process, however given the extent of the financial challenge it is important that these areas of risk in the plan are clearly understood by the Board and are subject to regular monitoring.
- The Board's planning arrangements are intended to set out the total saving challenge to be addressed. In most cases the presentation of information is shown on a gross basis before any saving plans are applied. However, PwC noted that for primary care prescribing cost pressure is presented net of planned saving schemes.

4. Internal audit annual report 2017/18

The Annual Internal Audit Report outlined the internal audit work PwC carried out for the year ended 31 March 2018, and stated that the Head of Internal Audit was required to provide a written report to the Accountable Officer to inform the NHS Board's Governance Statement. The internal audit work carried out during the year was based on the internal audit annual plan for the year which had been approved by the Audit Committee.

The Head of Internal Audit Opinion was the same opinion as had been given in the previous year:

"Generally satisfactory with some improvements required. Governance, risk management and control in relation to business critical areas is generally satisfactory. However, there are some areas of weakness and non-compliance in the framework of governance, risk management and control which potentially put the achievement of objectives at risk. Some improvements are required in those areas to enhance the adequacy and effectiveness of the framework of governance risk management and control."

It was considered that the three audit findings identified during 2017-18 rated as high risk should be reported in the Governance Statement. These were in respect of Waiting Times Management, Achieving Financial Balance and Mental Health: Crisis management.

East Dunbartonshire Health & Social Care Partnership

Agenda Item Number: 8

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PERFORMANCE, AUDIT & RISK COMMITTEE

Date of Meeting	**21 September 2018**
Subject Title	**Inspection of Homecare Services**
Report By	**Susan Manion, Chief Officer**
Contact Officer	**Derrick Pearce, Head of Community Health and Care Services**

Purpose of Report	To update the Performance, Audit & Risk Committee on the outcome of a recent unannounced inspection of homecare services by the Care Inspectorate, and the resultant Action Plan

Recommendations	It is recommended that the Performance, Audit and Risk Committee: a) note the content of the Care Inspectorate Report b) note the content of the Action Plan in response to the inspection report. c) note the initiation of a service review of homecare in line with East Dunbartonshire Council's Approach to Transformation, and as set out in the HSCP Business Development Plan.

Relevance to HSCP Board Strategic Plan	The work of the homecare service touches on all the HSCP Strategic Plan Strategic Priorities, but has particular relevance for; **PRIORITY 2.** Enhance the quality of life and supporting independence for people, particularly those with long term conditions **PRIORITY 3.** Keep people out of hospital when care can be delivered closer to home **PRIORITY 6.** Promote independent living through the provision of suitable housing accommodation and support. **PRIORITY 7.** Improve support for Carers enabling them to continue in their caring role

Implications for Health & Social Care Partnership

Human Resources	There may be human resources implications from the Homecare Service Review which is descried in this paper.

Equalities:	There are no equalities implications from this report

Financial:	There are no financial implications from this report.

East Dunbartonshire Health & Social Care Partnership

Legal:	There are no legal implications from this report

Economic Impact:	There are no economic impact implications from this report

Sustainability:	There are no sustainability implications from this report

Risk Implications:	There are no risk implications from this report

Implications for East Dunbartonshire Council:	There are reputational implications for EDC from the outcome of the inspection which is described in this report.

Implications for NHS Greater Glasgow & Clyde:	There are no implications for NHSGG&C from this report.

Direction Required to Council, Health Board or Both	**Direction To:**	**Tick**
	1. No Direction Required	**X**
	2. East Dunbartonshire Council	
	3. NHS Greater Glasgow & Clyde	
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	

1.0 MAIN REPORT

1.1 Inspection of Homecare Services May 2018

1.1.1 The Care Inspectorate undertook an unannounced inspection of East Dunbartonshire Council/HSCP Homecare Services on 15th May 2018 which was concluded on 25th May 2018. The inspection looked at three quality themes and the Care Inspectorate has now published its determined grades as follows:

Quality of Care and Support Grade 3 (Adequate)
Quality of Staffing Grade 2 (Weak)
Quality of Management and Leadership 2 (Weak)

1.1.2 These grades represent a significant decline since the last inspection of homecare services in April 2017 – which were Grade 5 (very good) for Care and Support, and 5 (very good) for Management and Leadership. That inspection was announced, whereas the most recent inspection was not. There was also a significantly higher level of scrutiny in our most recent inspection (with 3 inspectors), which is welcomed in the interests of ensuring a good service is provided to customers.

1.1.3 The grades which have been applied following the most recent inspection are disappointing and do not represent the level of service the HSCP aspires to provide, not which Members and local customers should expect. Whilst the service takes the outcome of this inspection very seriously, it should be noted that the inspectorate recognised good practice by our carers and very positive feedback from customers. Thus, the service sees the inspection as an opportunity for reflection and development. The service will focus on learning and

quality improvement to ensure sustained change.

2. Inspection Outcome - Actions Taken

2.1 A number of factors account for the decline in inspection performance which are being actively reflected on with some immediate action being taken, including interim changes to management and leadership in the service. Factors include, ever increasing volume and complexity of caseloads in homecare, variable application of agreed processes, and capacity for focussed and consistent leadership.

2.2 A formal service review of homecare services had already been initiated jointly between the HSCP and EDC Organisational Transformation prior to the inspection. The review will focus on model of service delivery, staffing structure, management and leadership model and commissioning model. The review is designed to ensure service sustainability, efficiency and value for money, alongside aspirations towards service improvement and better outcomes for people.

2.3 An Action Plan requires to be developed by the service on the back of any inspection. This Action Plan has now been signed off internally and submitted to the Care Inspectorate who have accepted it.

The detail of the Action Plan relates to the following areas, where action has been articulated for member' information:

2.3.1 **Person centred assessment, support planning and review** – a process has been initiated to ensure reviews of current customers are undertaken in a timely manner, with new customers being supported through a robust process of support planning. Risk assessment processes are being tightened up.

2.3.2 **Customer/Carer involvement** – opportunities to increase customer and carer involvement in support planning and service development are being reviewed

2.3.3 **Staff vacancies and absence** – all vacancies have now been processed and advertised with interviews scheduled for 31st July and 1st August. HR Business Partners are actively supporting the service to ensure that the Councils Wellbeing at Work policy is being rigorously applied.

2.3.4 **Workload and Shift Rotas** – a locality model of workload and staff allocation is under development to ensure parity of workload across carer teams. A revised rota for the service consulted on some time ago with staff and agreed by the Unions will be implemented as a matter of urgency.

2.3.5 **Staff Induction, Registration and Supervision** – our induction process is being revised and fully implemented to ensure the best start for all new staff, and tie in with the Council's PDR process and Scottish Social Services Council (SSSC) registration requirements. The model of supervision used in the service is under review and changes to the way in which the service is organised will ensure consistent and regular supervision for all staff by their manager.

2.3.6 **Training** - a training needs analysis is being undertaken to accurately reflect current training needs of staff in line with role profile and PDRs. Specialist palliative care training is being delivered by our Community Nursing colleagues, and a programme of mandatory training is being implemented.

2.3.7 **Quality Assurance** – An oversight group for the service has been set up chaired by the Head of Service to ensure weekly monitoring of service activity, action plan progress and compliance with Health and Social Care Standards

3. Next Steps

3.1 The service will implementation the action plan and monitor the impact on service and quality improvement. The Care Inspectorate will re-visit the service at an agreed interval to follow up on the required action flowing from the inspection. The Action Plan implementation progress and the Care Inspectorate follow up will be reported to Social Work Forum and other relevant committees as required. The terms of the Homecare Review and progress again it will also be reported periodically.

Home Care Services - Mainstream Team
Housing Support Service

Kirkintilloch Health Care Centre
10 Saramago Street
Kirkintilloch
G66 3BF

Telephone: 0141 578 2101

Type of inspection: Unannounced
Inspection completed on: 25 May 2018

Service provided by:
East Dunbartonshire Council

Service provider number:
SP2003003380

Care service number:
CS2004082079

About the service

Home Care Services - Mainstream Team is registered as a care at home and housing support service. The provider of the service is East Dunbartonshire Council, and the office base is in Kirkintilloch. The service has been operating since 2004 and registered with the Care Inspectorate on 1 April 2011.

The service is provided to people living in the East Dunbartonshire area including older people, people with physical and sensory impairment, people with learning disabilities and people experiencing mental health problems. Over 1,200 people use the service. Five staff teams cover the area. The service provides support for, reablement, complex care, out of hours care, telecare and non complex care. The service provides short and long-term support.

The overall aims of the service are,
- to improve the lives of customers and the people who care for them
- to ensure the welfare and safety of vulnerable people in their own home
- to provide a quality local authority home care service to vulnerable people in their own home.

What people told us

We spoke with 16 people using the service when we visited them at home, and eight relatives. We visited people in Kirkintilloch, Torrance, Lenzie, Bearsden, Milngavie, and Bishopbriggs.
Thirty six people completed our questionnaire.

Overall, the majority of people were happy with the quality of the service, and staff were held in high regard. However, some people were not happy with some aspects of the service, such as the lack of consistency with staff, the lack of time allowed for support, and the lack of being consulted and informed.

Comments included,

"I got the help I needed when I needed it from a team of caring, pleasant people."
"I am happy with the service I receive."
"All carers excellent, friendly, attentive."
"The staff are always pleasant, patient and helpful. They have a good knowledge of the practical and medical problems I have."
"I know they would do everything possible to make my life easier for example; they have willingly bought me odds and ends like cards, this makes my life much easier."
"The service is invaluable."

Other comments made,

"Happy with support but says in care plan that you are entitled to 30 mins of care, this does not happen, only 15 mins max and usually less, this is my only concern."

"It's a shame that time is against them. Carers should have back up support when required."

"Takes ages to get through on phone. Person you want is usually unavailable messages not passed on or don't get back to you. Think managers could be doing better organizing carers, carers turn up when care has been cancelled, wasted journey."

Self assessment

We did not request a self assessment this year, instead we looked at the service's development plan as part of the inspection.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of staffing	2 - Weak
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

People experienced positive outcomes from the support they received which promoted their well-being. For example, people appreciated the very positive relationships with staff. This encouraged and improved people's social interaction. One person told us "Chatting to staff is important to me. I love to chat and we can talk about anything and everything."

Staff promoted and encouraged people's independence which supported people to be in control of their lives. One person commented they had input from staff for a six week period "and this helped me back to independent living". People told us how staff encouraged their independence, so much so that the visits were reduced as their independence was gained.

Some people described the service as a "Wonderful service". One person commented "My husband is treated with respect and dignity. I am grateful for the help they provide." The service was flexible to meet people's needs. For example, people told us that their visits were changed to a later time so they could have a long lie. The level of support changed as people's needs changed for example; some people told us about their support being increased and others that the support was reduced.

Not every one had positive experiences and some told us about a poor service. For example when staff were inconsistent. Or when staff did not have enough time to meet individual needs. Comments included, "some staff more aware of (my relatives) needs more than others, should get a shower everyday - doesn't always happen. It is clear there is a shortage of staff particularly at weekends, carer under pressure as they are covering someone else." "No continuity, 36 carers in 36 months - carers don't listen" (See quality of management and leadership).

People who had short term support, had goals and outcomes identified, however, this was the exception. Our concern was the lack of detailed information in support plans, and risk assessments that were informative to staff, and were person centred and outcome focussed. For example; we found people with complex care needs had little or no information about how staff should support them or what risks there might be, such as moving and assisting. Staff told us the information they received was limited (see requirement 1).

The majority of people we spoke to were unaware of having a support plan. One person commented, "I don't know what a support plan is.", another said, "I think it would be of great value to discuss the care plan and my (relatives) needs and preferences." We were concerned that people were not involved in a review of their support plan at least every six months as required by legislation. The service must involve people in reviewing their care and support to ensure people are fully informed (see requirement 1).

Requirements

Number of requirements: 1

1. To ensure that people's needs are met the provider must put in place the following action by the 1st December 2018.

Every person using the service must have a detailed personal plan and appropriate assessments, including risk assessments which are dated, signed, regularly reviewed and informative to staff.

The support plan must be person centred and outcome focussed.

People and/or their representative must be fully involved and informed about their support plan

Reviews must take place at least every six months with each person using the service.

This ensures care and support is consistent with the Health and Social Care Standards which state "my personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15). "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change" (HSCS 1.12). It also complies with Regulation 5(1) and 5(2)(b) Personal Plans of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

The service was not performing at the level we would expect. We have graded this quality theme as weak.

People overall thought very highly of the staff and this contributed to positive outcomes for people. The contact with familiar staff was very important to people. This helped people build trust and made them feel comfortable. People commented that staff were like friends or like their family. "They go that extra mile. There's a small pool of workers and we know them well." Staff were seen as respectful and as a "tonic".

We observed that staff were dedicated and had a desire to do a good job. Staff were kind, caring and compassionate, and held good values, they had a genuine desire to help people and to improve people's lives.

Staff had appropriate qualifications or were in the process of obtaining Scottish Vocational Qualifications (SVQ) so they could register with the Scottish Social Services Council (SSSC). It is important that staff have this qualification so they can be registered as professional workers. Obtaining this qualification will help staff to identify and improve outcomes for people.

Although there was a commitment to ensure staff had an appropriate qualification we were concerned that staff that should have been registered had not done so. This meant staff could not practice. We raised the issue with the Local Authority who acted promptly and took appropriate action. Nonetheless, it was a concern that this was not monitored. We were told that a new system would be used to monitor staff registrations with the SSSC. This will ensure people are safe, and that staff are appropriately registered with the professional body.

We had concerns that staff did not have an appropriate induction to support people using the service and to support them in their role at all levels. Some staff who had an induction told us this lasted an hour. Some new staff still required training to take place as part of their induction (see requirement 1).

To ensure people receive high quality care, improvements to staff induction and training were required. The majority of staff had not had training to up date their skills for a number of years. For example, Moving and assisting in 2010, Adult support and protection training also in 2010. Staff did not receive any specialist training to support people with dementia, and people who required end of life care and palliative care. One staff member commented "we deal with a lot of palliative care but have no proper training in it. It's tough at times, dealing with the tasks and also emotional families. I think we need better training in that." (see requirement 1).

We had concerns about the level of support staff had in their role at all levels. There was a lack of supervision by the manager to home care organisers. Some staff had had no supervision since taking up a new post, one person said they had two supervision sessions in six years. Although some staff had informal support on a daily basis from home care organisers, there was a lack of formal and meaningful supervision for the majority of staff. We saw little evidence of how staff's competency was assessed on a regular basis that linked to staff appraisal and their learning and development. Supervision can help staff to improve outcomes for people. For example by supporting them to reflect on their practice and discuss their development or training needs (see recommendation 1).

We were concerned that some staff did not have the opportunity to discuss people's support and best practice, within their teams. This would support staff to have a better understanding of people's needs, and be more confident in their practice. For example, staff were unclear about their responsibilities to register with the SSSC. One member of staff commented "We don't really get team meetings. We'd like them, they're a good way to speak to your manager and colleagues, hear about what's happening and share things. That's definitely missing." To promote good practice staff should have the opportunity to discuss and reflect on practice as part of the team. There was a lack of team meetings at a senior level, with the manager and home care organisers. Good communication should be promoted amongst all staff teams (see recommendation 2).

Requirements

Number of requirements: 1

1. To ensure that people receive high quality care from a skilled and competent workforce the provider must put in place the following actions by the 1st December 2018.

All new staff must have a meaningful and supportive induction programme that supports staff in their role, and ensures regular monitoring and assessment of competency.

A training needs analysis for all staff.

A training programme to evidence all mandatory staff training is up to date.

Evidence of specialist training in place for staff to support people with dementia, such as the Promoting Excellence training, and specialist training in end of life and palliative care.

This ensures care and support is consistent with the Health and Social Care Standards which state "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27). It also complies with Regulation 15 (b) Staffing of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Recommendations

Number of recommendations: 2

1. The provider should improve the support staff receive by putting in place the following actions,

All staff should have regular supervision to discuss and reflect on their practice in line with best practice

All staff should have an appraisal to support them in and to develop in their role.

All staff should have their competency assessed for the work they undertake on a regular basis which should form part of the supervision and appraisal system.

Direct observation of staff practice should be undertaken to ensure staff are competent in their practice.

This ensures care and support is consistent with the Health and Social Care Standards which state "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

2. The provider should improve how staff communicate through regular team meetings. This will give staff the opportunity to discuss people they support, to reflect on best practice and to be more involved.

This ensures care and support is consistent with the Health and Social Care Standards which state "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

The service was not performing at the level we would expect. We have graded this quality theme as weak.

There were some systems in place that were effective and supported best practice, for example, good practice guidance was followed to ensure staff were appropriately and safely recruited. There were very few complaints to the service and we saw that these were handled sensitively and within reasonable time scales. People were satisfied with the outcomes.

There had been some work done to involve staff in having a say through Imatter. A staff group was recently formed as part of a quality circle to look at improving staff development.

We had a number of concerns about the management and leadership of the service. We did not see a service where the focus was on improving outcomes for people or supporting staff.

There was a lack of monitoring to ensure good quality care and support was in place. For example, there were no audits seen on support plans, medication, accidents and incidents. We saw no systems in place to monitor staff induction, training, supervision, appraisal. There was a lack of quality assurance processes to ensure continuous improvement. For example, up to date questionnaires for people using all aspects of the service, up to date improvement plan (see requirement 1).

We spoke with 27 staff and the majority of staff said morale was low. For example, some staff told us they were overstretched. One person commented "I feel stressed and under pressure due to extra customers being put on us on a daily basis and we have to cut customer times to try and fit people in." Another person said "I feel its wrong to allocate 5-10mins in such a personal service, we are having to rush customers." Staff told us they were unhappy with the rotas although this was being reviewed. There was a reliance on overtime to ensure enough staff were in place. There was a high rate of sickness. There was evidence from people using the service that the service was understaffed especially at weekends (see recommendation 1).

There was some evidence that the service asked for feedback from people who had used the reablement service. The feedback we saw was very positive. However, there was a lack of appropriate systems in place to ensure all people were involved in improving the service (see recommendation 2).

To ensure people are safe and well supported we asked the manager to ensure that the Care Inspectorate was notified of incidents and accidents as this had not been done (see recommendation 3).

Requirements

Number of requirements: 1

1. To ensure people receive high quality care the provider must put in place an effective quality assurance system by 1 December 2018. This ensures care and support is consistent with the Health and Social Care Standards which state "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

It also complies with Regulation 4 (1)(a) Welfare of users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Recommendations

Number of recommendations: 3

1. The provider should ensure there are enough staff to meet the needs of people using the service. To ensure that people receive high quality care the provider should put in place the following actions,

Effective and efficient systems to ensure a consistent staff group are employed.

Improved and effective methods to monitor and manage staff sickness and absenteeism.

Monitoring of staff vacancies to ensure enough staff are recruited timeously to fill vacant posts.

This ensures care and support is consistent with the Health and Social Care Standards which state "I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation (HSCS 4.15). "I am supported and cared for by people I know so that I experience consistency and continuity" (HSCS 4.17).

2. The provider should improve the way it consults with people who use the service. All people using the service should have the opportunity to be involved. Regular feedback should be used to improve and develop the service.

This ensures care and support is consistent with the Health and Social Care Standards which state "I am actively encouraged to be involved in improving the service I use, in spirit of genuine partnership" (HSCS 4.7).

3. The provider should ensure that they inform the Care Inspectorate of any accidents and incidents and follow the guidance on notifications.

This ensures care and support is consistent with the Health and Social Care Standards which state "I use a service and organisation that are well led and managed" (HSCS 4.23).

Grade: 2 - weak

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

There are no outstanding requirements.

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

There are no outstanding recommendations.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history -

Date	Type	Gradings	
12 Apr 2017	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 5 - Very good
29 Apr 2016	Unannounced	Care and support Environment Staffing Management and leadership	6 - Excellent Not assessed 5 - Very good Not assessed
24 Apr 2015	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
30 Apr 2014	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 4 - Good 4 - Good
29 Apr 2013	Announced (short notice)	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 2 - Weak
31 May 2012	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
13 Dec 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good Not assessed

Date	Type	Gradings	
16 Feb 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 4 - Good 4 - Good
25 Aug 2008	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 3 - Adequate

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

eForms Document

Inspection Documents
Action Plan

Home Care Services - Mainstream Team

CS2004082079

General Information

General Information about the Inspection

Inspected by:	Iain McLellan
Type of Inspection:	Announced (Short Notice)
Inspection Completed on (date):	12 April 2017

Additional Information: What you enter in the text area below will be shown to the provider when the Action Plan is released. You will need to select Yes from the drop-down that is below the text area when you have finished entering your notes.
Do not select YES until you are ready for the document to be released to the provider - you cannot reverse this decision once you have clicked on "Save & Exit"

Information to provider

Release this form to the service provider?	Yes / ***No***

Requirements

Details of the following entries are included in the Appendix at the end of this document along with blank forms for adding new entries.

Quality Theme	Quality Statement	Requirement Number
Quality Of Care And Support	1	1
Quality Of Staffing	3	1
Quality Of Management And Leadership	4	1

Please enter responses for each of the requirements listed below
3 records

Quality Theme Quality of care and support

Quality Theme/Statement No 1

Requirement Number 1

To ensure that people's needs are met the provider must put in place the following action by the 1st December 2018.
Every person using the service must have a detailed personal plan and appropriate assessments, including risk assessments which are dated, signed, regularly reviewed and informative to staff.
The support plan must be person centred and outcome focussed.
People and/or their representative must be fully involved and informed about their support plan
Reviews must take place at least every six months with each person using the service.
This ensures care and support is consistent with the Health and Social Care Standards which state "my personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15). "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change" (HSCS 1.12). It also complies with Regulation 5(1) and 5(2)(b) Personal Plans of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Action Planned:
Review, develop and implement person centred support plans for all service users including Generic, Specific and Individual Risk Assessments with customer and carer involvement integral to the process. Building on the information and guidance from the Helen Sanderson Associates webpage on one page profiles advised in the 2017 Inspection Report.

Vacant Review Officer post to be advertised and filled to support HCO's to meet the 6 monthly Review Requirement. A Locality Based Model of Service Provision is being considered to support parity of workload throughout the service.

Timescale:
1st December 2018

Responsible Person:
Claire Proctor, Temp Home Support Manager

Quality Theme	Quality of staffing
Quality Theme/Statement No	3
Requirement Number	1

To ensure that people receive high quality care from a skilled and competent workforce the provider must put in place the following actions by the 1st December 2018.
All new staff must have a meaningful and supportive induction programme that supports staff in their role, and ensures regular monitoring and assessment of competency.
A training needs analysis for all staff.
A training programme to evidence all mandatory staff training is up to date.
Evidence of specialist training in place for staff to support people with dementia, such as the Promoting Excellence training, and specialist training in end of life and palliative care.
This ensures care and support is consistent with the Health and Social Care Standards which state "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27). It also complies with Regulation 15 (b) Staffing of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Action Planned:
The current Staff Induction Programme for all staff will be revised and fully implemented to link with Supervision and Personal Development Reviews. (see attached current Induction). PDR's are the Council's formal appraisal system. (31st August 2018).

A Training needs analysis was carried out in 2015/16 for all roles in the service. See attached Skills Matrix and Action Plan. The objectives in PDR's reflect this and each individual's personal training needs. Action Plan to be updated to reflect PDR's. (see attached PDR template for HCOs and Personal Carers) (1st Dec 2018)

A Programme for Mandatory Training is being implemented. Most recently recruited staff with no Moving and Assisting training are first priority followed by those carers who have had no refresher for more than 3 years. (see attached list of most recent attendees) Moving and Assisting training has been carried out on 28/29th June 2018 and further training is planned for 16/17th August and 30/31st August 2018. REHIS Food Hygiene training with the same priority for staff is planned with training intended to start on 1st August 2018.

Dementia Informed Training was carried out in 2015 and an updated plan for Dementia Skilled training is in place planning to commence on 4th September 2018. (see attached). (November 2018)

Work has begun to implement Palliative Care Training supported by colleagues in Adult Community Nursing. The next meeting is 16th July 2018.

Adult Support and Protection Training is planned through October 2018 to March 2019 commencing Tuesday 9th October 2018. (see attached plan)
(April 2019)

Timescale:
As stated above

Responsible Person:
Claire Proctor, Temp Home Support Manager

Quality Theme	Quality of management and leadership
Quality Theme/Statement No	4
Requirement Number	1

To ensure people receive high quality care the provider must put in place an effective quality assurance system by 1 December 2018. This ensures care and support is consistent with the Health and Social Care Standards which state "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19). It also complies with Regulation 4 (1)(a) Welfare of users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Action Planned:
The Service Delivery Improvement Officer to commence and complete implementation of the EFQM Excellence Model through Quality Scotland to support the service to introduce an effective quality assurance system by 1st December 2018.

An Oversight Group has been set up to address the management of the service with support and challenge from other managers and peers. This is chaired by the Head of Service.

We are also initiating a full review of the service with support from Council Corporate colleagues. The review will focus on our model of service delivery, staffing structure, management and leadership model and commissioning model.

Timescale:
Quality assurance system in place by 1st December 2018

Responsible Person:
Claire Proctor, Temp Home Support Manager

Recommendations

Details of the following entries are included in the Appendix at the end of this document along with blank forms for adding new entries.

Quality Theme	Quality Statement	Recommendation Number
Quality Of Staffing	3	1
Quality Of Staffing	3	2
Quality Of Management And Leadership	4	1
Quality Of Management And Leadership	4	2
Quality Of Management And Leadership	4	3

Please enter responses for each of the recommendations listed below
5 records

Quality Theme Quality of staffing

Quality Statement/Theme No 3

Recommendation Number 1

The provider should improve the support staff receive by putting in place the following actions,
All staff should have regular supervision to discuss and reflect on their practice in line with best practice
All staff should have an appraisal to support them in and to develop in their role.
All staff should have their competency assessed for the work they undertake on a regular basis which should form part of the supervision and appraisal system.
Direct observation of staff practice should be undertaken to ensure staff are competent in their practice.
This ensures care and support is consistent with the Health and Social Care Standards which state "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

Action Planned:

A Locality Based Model of Service Provision is being considered to support parity of workload throughout the service. This will be designed to enable HCO's to carry out regular supervision with all carers. This includes direct observation of staff practice and assessment of competency. (see attached Template)

Any remaining PDR's to be completed and recorded on iTrent. The objectives for Home Carers are under review by the Quality Circle, which is a representative group of Home Carers. It is a solution focused group which identifies issues and develops planned actions to address them. (September 2018)

Supervision, PDR's and Team Meeting dates to be scheduled to the year end. Team meetings will be between Manager and HCO's and HCO's and carers. (July 2018).

Timescale:
As above

Responsible Person:
Claire Proctor, Temp Home Support Manager

Quality Theme	Quality of staffing
Quality Statement/Theme No	3
Recommendation Number	2

The provider should improve how staff communicate through regular team meetings. This will give staff the opportunity to discuss people they support, to reflect on best practice and to be more involved.
This ensures care and support is consistent with the Health and Social Care Standards which state "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

Action Planned:
Team Meetings to be scheduled till year end. Team meetings will be between Manager and HCO's and HCO's and carers. (July 2018)
Quality Circle to continue to support carer involvement. (see attached)

Timescale:
July 2018

Responsible Person:
Claire Proctor, Temp Home Support Manager

Quality Theme	Quality of management and leadership

Quality Statement/Theme No 4

Recommendation Number 1

The provider should ensure there are enough staff to meet the needs of people using the service. To ensure that people receive high quality care the provider should put in place the following actions,
Effective and efficient systems to ensure a consistent staff group are employed.
Improved and effective methods to monitor and manage staff sickness and absenteeism.
Monitoring of staff vacancies to ensure enough staff are recruited timeously to fill vacant posts.
This ensures care and support is consistent with the Health and Social Care Standards which state "I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation (HSCS 4.15). "I am supported and cared for by people I know so that I experience consistency and continuity" (HSCS 4.17).

Action Planned:
Implementation of a new rota option awaiting sanction by the Trades Unions to support wellbeing and consistency of staff.

HR Business Partners support the service to monitor and manage staff sickness and absenteeism through Absence Monitoring and Wellbeing Support Policies and Procedures. There is a programmed series of regular meetings in place to implement the Wellbeing at Work policy.

Recruitment for vacant posts has been fast tracked. Posts advertised 9th July, closing date 23rd July and interviews scheduled for 31st July and 1st August 2018.

Timescale:
1st December 2018

Responsible Person:
Claire Proctor, Temp Home Support Manager

Quality Theme Quality of management and leadership

Quality Statement/Theme No 4

Recommendation Number 2

The provider should improve the way it consults with people who use the service. All people using the service should have the opportunity to be involved. Regular feedback should be used to improve and develop the service.
This ensures care and support is consistent with the Health and Social Care Standards which state "I am actively encouraged to be involved in improving the service I use, in spirit of genuine partnership" (HSCS 4.7).

Action Planned:
A Consultation with all Service users and their carers to be carried out to ascertain their chosen level of participation. Regular feedback to be sought through Satisfaction Surveys and Questionnaires for all aspects of the service.

Timescale:
1st December 2018

Responsible Person:
Claire Proctor, Temp Home Support Manager

Quality Theme	Quality of management and leadership
Quality Statement/Theme No	4
Recommendation Number	3

The provider should ensure that they inform the Care Inspectorate of any accidents and incidents and follow the guidance on notifications.
This ensures care and support is consistent with the Health and Social Care Standards which state "I use a service and organisation that are well led and managed" (HSCS 4.23).

Action Planned:
All HCO's have been reminded of the requirement to complete Accident and Incident Reports and of the guidance on notifications to the Care Inspectorate.

To be collated, actioned, signed off and monitored by the Home Support Manager.

Timescale:
Immediately

Responsible Person:
Claire Proctor, Temp Home Support Manager

Submission Declaration

Declaration I confirm that by submitting this action plan I have the authority of the service provider to complete the action plan.

Name:
Claire Proctor

I am: (Select an option)
The manager of the service / The owner of the service

East Dunbartonshire Health & Social Care Partnership

Chief Officer: Mrs Susan Manion

Agenda Item Number: 9

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PERFORMANCE, AUDIT & RISK COMMITTEE

Date of Meeting	**21 SEPTEMBER 2018**
Subject Title	**ADULT SUPPORT AND PROTECTION INSPECTION**
Report By	**Caroline Sinclair** **Interim Chief Social Work Officer** **Head of Mental Health, Learning Disability, Addiction & Health Improvement**
Contact Officer	**Caroline Sinclair** **Interim Chief Social Work Officer** **Head of Mental Health, Learning Disability, Addiction & Health Improvement, Tel: 0141 304 7435**

Purpose of Report	The purpose of this report is to provide information on the outcome of the recently concluded inspection of Adult Support and Protection services.

Recommendations	The Performance, Audit & Risk Committee is asked to: a) Note the contents of the Report.

Relevance to HSCP Board Strategic Plan	This report is relevant to the HSCP priorities; to promote positive health and wellbeing, preventing ill health, and building strong communities, and; to enhance the quality of life and support independence for people, particularly those with long term conditions. This report is also relevant to delivery of the HSCP's statutory duties.

Implications for Health & Social Care Partnership

Human Resources:	Nil

Equalities:	Nil

Financial:	Nil

Legal:	This report is relevant to delivery of the HSCP's statutory duties and the actions arising from the inspection support delivery of these duties.

Economic Impact:	Nil

Sustainability:	Nil

Risk Implications:	

Implications for East Dunbartonshire Council:	This report relates to work to ensure that the legal duties of public services are upheld and therefore supports the work of East Dunbartonshire Council as a statutory partner in the protection of adults.

Implications for NHS Greater Glasgow & Clyde:	This report relates to work to ensure that the legal duties of public services are upheld and therefore supports the work of NHS Greater Glasgow & Clyde as a statutory partner in the protection of adults.

Direction Required to Council, Health Board or Both	**Direction To:**	
	1.1 No Direction Required	**X**
	1.2 East Dunbartonshire Council	
	1.3 NHS Greater Glasgow & Clyde	
	1.4 East Dunbartonshire Council and NHS Greater Glasgow and Clyde	

MAIN REPORT

1.1 The Care Inspectorate led a joint inspection of adult support and protection supported by Her Majesty's Inspectorate of Constabulary for Scotland and Healthcare Improvement Scotland.

1.2 It is ten years since the commencement of the Adult Support and Protection (Scotland) Act 2007 and the inspection was the first time there has been independent scrutiny of adult support and protection in Scotland.

1.3 The main objective was to find out what adult protection partnerships were doing to make adults at risk of harm, safe, supported, and protected and to ascertain the effectiveness of this activity.

1.4 The final report consists of two parts; an overview of what was found across the six inspected partnerships and what that indicates about adult support and protection in Scotland in general, followed by findings for the partnerships individually.

1.5 The six partnerships were North Ayrshire, Highland, Dundee, Aberdeenshire, East Dunbartonshire and Midlothian.

1.6 Key findings felt to be applicable across Scotland were that whatever the partnerships' key processes to protect adults at risk of harm, the staff who operate these processes need a clear, well defined and well understood system within which to work. The more complex the system, the harder it is for staff to understand what they need to do. Overall the inspection found that staff across the adult protection partnerships were knowledgeable, skilled and highly motivated to carry out adult support and protection work. The inspection also concluded that adult protection work is complex and

challenging, being all about marginality and balance. The rights of adults at risk of harm to self-determination and choice must be balanced with the need to keep them safe and protect them from harm. The inspection found that staff working in adult support and protection skilfully walk a tightrope between risk mitigation and positive risk enablement. However, the inspection process also concluded that adult protection continues to lag behind child protection in terms of levels of the priority afforded to it, the maturity of the key underpinning processes, the commitment of the partners and the knowledge and skills of the frontline staff who carry out the critical work.

1.7 Key findings of the East Dunbartonshire specific inspection were that there was a great deal of good work going on locally to support adults at risk of harm. Formal findings were as follows:

1.7.1 Outcomes for adults at risk of harm were good, which meant that there were important strengths with some areas for improvement

1.7.2 Key processes for adult support and protection were good, and

1.7.3 Leadership for adult support and protection was good

1.8 The report made only one recommendation for action which is now being addressed. The recommendation was as follows:

- The partnership should make sure that social workers prepare well-balanced, valid chronologies for all adults at risk of harm who require them.

Appendix 1 – Review of Adult Support and Protection Report April 2018 Interactive
Appendix 2 – East Dunbartonshire Partnership
Appendix 3 – ASP Thematic Review – ED Partnership

JOINT INSPECTION OF **ADULT SUPPORT** AND **PROTECTION**

in these partnerships
North Ayrshire, Highland, Dundee City, Aberdeenshire, East Dunbartonshire and Midlothian

July 2018

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Contents

Foreword

The Care Inspectorate led this joint inspection of adult support and protection. Her Majesty's Inspectorate of Constabulary for Scotland was our main partner for this joint inspection. Healthcare Improvement Scotland assisted us to carry out this joint inspection.

It is ten years since the commencement of the Adult Support and Protection (Scotland) Act 2007. Scotland has been widely commended for the passing of this ground breaking legislation, which is unique within the United Kingdom.

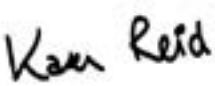
This is the first time there has been independent scrutiny of adult support and protection in Scotland. The main objective for our joint inspection of a sample of six representative partnerships across Scotland was to find out what adult protection partnerships were doing to make adults at risk of harm safe, supported, and protected and to ascertain the effectiveness of this activity. This report consists of two parts; we begin with an overview of what we found across the partnerships and what that tells us about adult support and protection in Scotland in general, followed by our findings for the partnerships individually.

We carried out proportionate scrutiny of adult support and protection in six partnerships, selected to reflect the geography and demography of Scotland. They were:

- North Ayrshire
- Highland
- Dundee
- Aberdeenshire
- East Dunbartonshire
- Midlothian

We would like to thank all of the partnerships for agreeing to be involved in our joint inspection. We would also like to thank all of the adults at risk of harm and their unpaid carers who kindly agreed to be involved in our joint inspection, as well as all of the partnerships' staff, whose co-operation and support was invaluable.

Our inspection has yielded important information about partnerships' efforts to implement the Adult Support and Protection (Scotland) Act 2007 and make adults at risk of harm safe, protected, and supported. Overall, the partnerships we inspected have made considerable progress with adult support and protection over the last 10 years. I commend this report to you and I am confident that it will make an important contribution to the development and improvement of adult support and protection in Scotland.



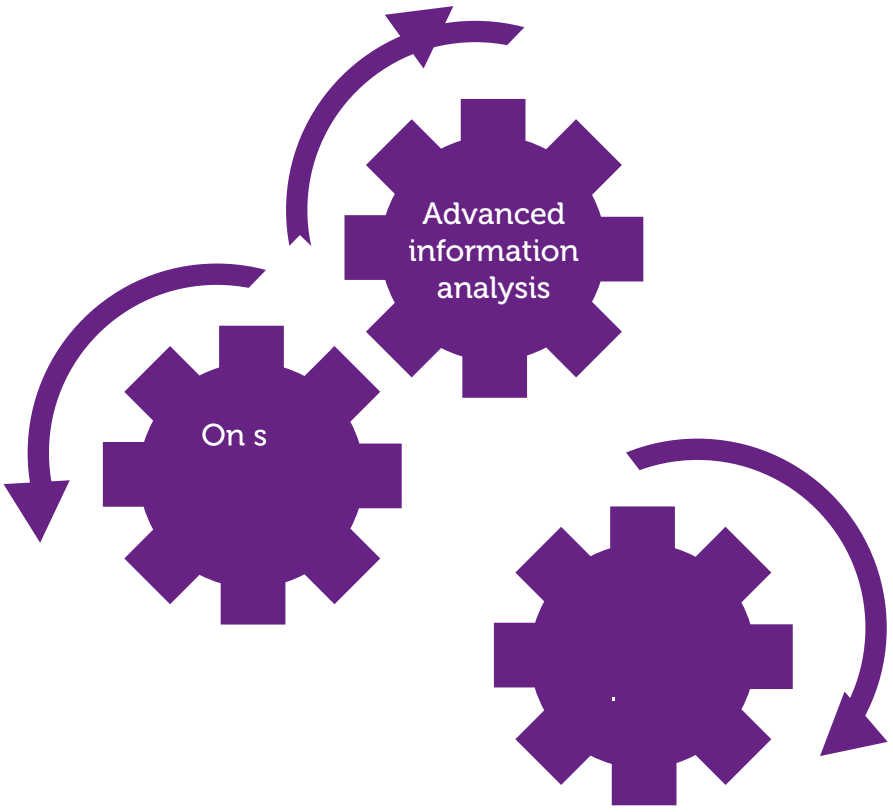
Karen Reid
Chief Executive

Introduction

This joint inspection was constituted pursuant to section 115 of the Public Services Reform (Scotland) Act 2010

Joint inpsection partners

Joint inspection methodology



The key precept that underpinned our methodology was: **need to do, not nice to do**. The minimum scrutiny activity undertaken for each partnership was the following.

> Need to do, not nice to do.

1. **Advanced analysis of partnership data.** We asked each partnership to submit documents that evidenced how it met our quality indicators and a short position statement.

2. **Analysis of redacted adult protection referrals.** Information submitted by each partnership included a sample of 50 adult protection concern referrals, whereby the partnership had taken no further action in respect of further adult protection related intervention beyond the duty to inquire stage. We developed a bespoke Microsoft Excel audit tool for the analysis of these referrals by our inspection team. This was new methodological development, which might have wider application to future thematic scrutiny.

> Our off-site analysis of redacted adult protection referrals enabled us to analyse the initial stage of adults at risk of harms' adult protection journey.

3. **Scrutiny and analysis of adults at risk of harms' social work and police records.** We scrutinised the social work and police records of individuals who were subject to each partnership's adult protection procedure. We read the police and social work records for 50 individuals.

4. **Specifying which adult protection records we would read.** We asked each partnership to provide us with records of all adults at risk of harm whose adult protection journey had progressed to at least the full investigation stage.

   We asked each partnership for information in order to stratify our sample by:
   - person characteristic – age, gender, ethnicity
   - client group
   - type of harm
   - the stage the person had reached on their adult protection journey – investigation, case conference or post case conference implementation of protection plan.

We asked for the numbers of adults at risk of harm that met our criteria at some point over the last two years – September 2015 to September 2017.

Our sample of the records of 50[1] adults at risk of harm constituted a significant percentage of the total population of adults at risk of harm that met our sample criteria. The figures for each partnership are shown in table 1.

[1] For three partnerships (Dundee, East Dunbartonshire and Midlothian) we read the records for 49 individuals

Partnership	Population of adults at risk of harm	Our sample constitutes this percentage of the total population
North Ayrshire	130	**38%**
Highland	172	**29%**
Dundee	260	**19%**
Aberdeenshire	172	**29%**
East Dunbartonshire	82	**60%**
Midlothian	207	**24%**

Table 1

The average percentage by partnership of records read per total population was 33%. This figure gives us a good level of confidence that the results from our file reading were representative of the individuals' records in the population.

The percentages above are different for each partnership. This is because each partnership's population of adults at risk of harm is different.

The stratification of our statistically valid sample was determined by the characteristics of the adults at risk of harm population for each partnership. This differed significantly across the six partnerships. This results in a very important caveat for the results of our file reading for each partnership – they stand-alone. Our file reading results should not be compared across the six partnerships because the stratification is different for each partnership you would not be comparing like for like.

We carried out 12 on-site scrutiny sessions in each partnership in the same week as our on-site file reading.

5. **Focus groups and individual interviews with adults at risk of harm and unpaid carers.** We met with people who were subject to adult support and protection procedures and interventions. We also met with unpaid carers whose cared for person was an adult at risk of harm.

6. **Multi-disciplinary focus group.** We met with frontline social work, police and health staff who carried out adult protection investigations and on-going work to support and protect adults at risk of harm.

7. **Multi-disciplinary focus group** – We met with first-line social work, police and health team managers and leaders (or equivalent) who carried out the operational management of adult protection investigations and on-going work to support and protect individuals at risk of harm .

8. **Multi-agency focus group.** We held a focus group that included the range of adult support and protection partners:
   - social work
   - police
   - health (including GPs, consultants in emergency medicine, clinical leads, acute and primary care staff and allied health professions).

- fire and rescue
- independent advocacy
- third sector partners
- independent sector partners
- trading standards.

Healthcare Improvement Scotland joined us to lead the multi-agency focus groups.

9. We met with each partnership's adult protection coordinator(or equivalent).

10. We met with the convener of each partnership's adult protection committee.

11. We met with representatives from each partnership's chief officers group and the chief social work officer.

Our **quality indicators** were:

Quality indicator 1: Outcomes – are adults at risk of harm safe, protected and supported?

Quality indicator 2: Key processes – referrals of adult support and protection concerns including physical and sexual abuse, neglect, emotional abuse and financial harm; initial and subsequent investigations; case conferences; adult protection plans; and the use of removal orders and banning orders.

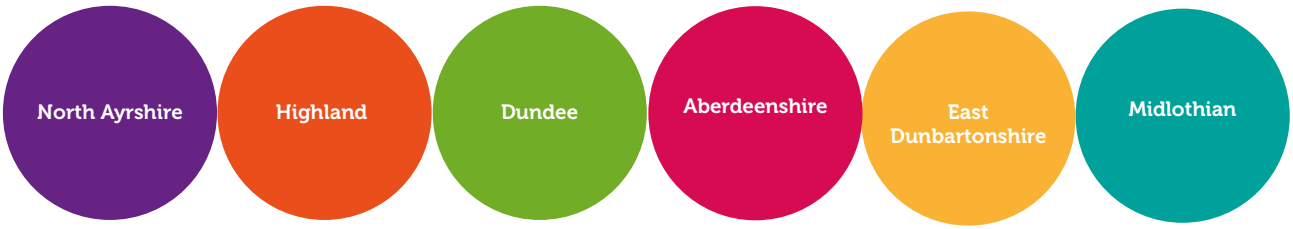
Quality indicator 3: Leadership and governance – leadership and governance for adult support and protection exercised by senior leaders and managers, the adult protection committee, the chief officers group and the chief social work officer. We were guided by the precept that leadership for adult support and protection should be inextricably linked to sound operational management and crucial key processes to make adults at risk of harm safe, supported and protected.

Our six-point scale and evaluation criteria

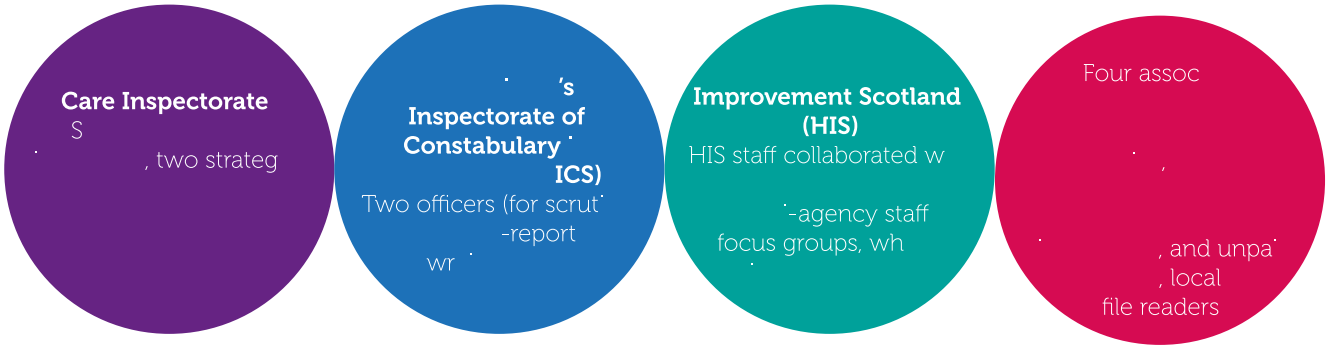
Evaluation	Criteria
EXCELLENT	outstanding, sector leading
VERY GOOD	major strengths
GOOD	important strengths with some areas for improvement
ADEQUATE	strengths just outweigh weaknesses
WEAK	important weaknesses
UNSATISFACTORY	major weaknesses

Selection of the six partnerships

Our selection of partnerships broadly reflects the diverse geography and demography of Scotland. We consulted with local area networks, led by Audit Scotland, on the six partnerships selected, about scrutiny proportionality and avoiding conflict with other planned scrutiny.



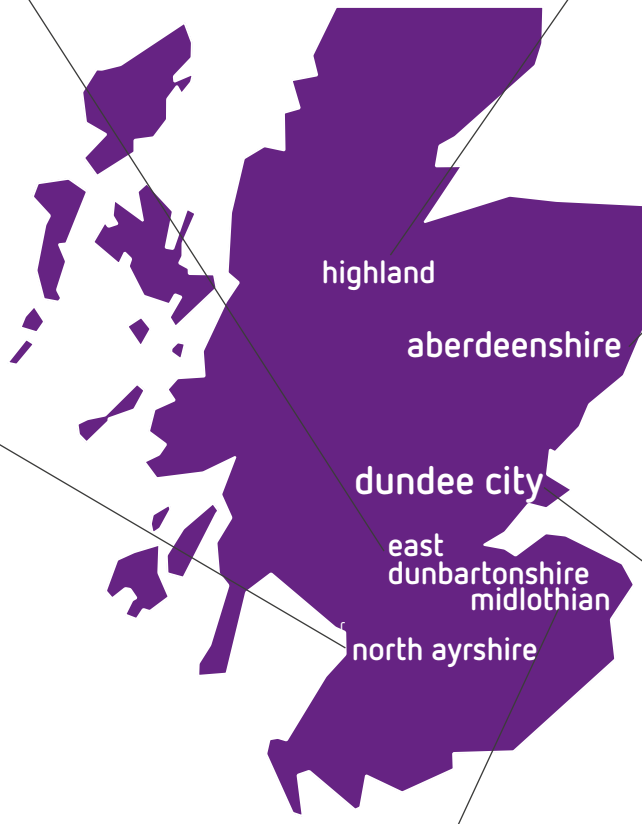
Our joint inspection team



Reporting

Report structure

This report gives an overview of our findings across the partnerships, followed by our findings for the partnerships individually. We have made recommendations for improvement for each of the partnerships. We will ask partnerships to prepare an improvement plan, and the Care Inspectorate link inspector will monitor implementation.



East Dunbartonshire

Population - 107,500

Area - 67km2

Unemployment - 5.8%

Average life expectancy - females 83.5

Average life expectancy - males 80.1

Highland

Population - 234,770

Area - 26,484km2 at low water

8 inhabited isalnds (Skye, has population of 10,008)

Unemployment - 3.2%

Average life expectancy - females 82.9

Average life expectancy - males 77.9

North Ayrshire

Population - 136,130

Area - 885km2

Unemployment - 9.3%

Average life expectancy - females 80.5

Average life expectancy - males 75.9

Aberdeenshire

Population - 261,960

Area - 6313km2

Unemployment - 2.7%

Average life expectancy - females 82.4

Average life expectancy - males 79.2

Dundee

Population - 148,210

Area - 60km2

Unemployment - 8.9%

Average life expectancy - females 79.6

Average life expectancy - males 74.5

Midlothian

Population - 87,390

Area - 354km2

Unemployment - 4.8%

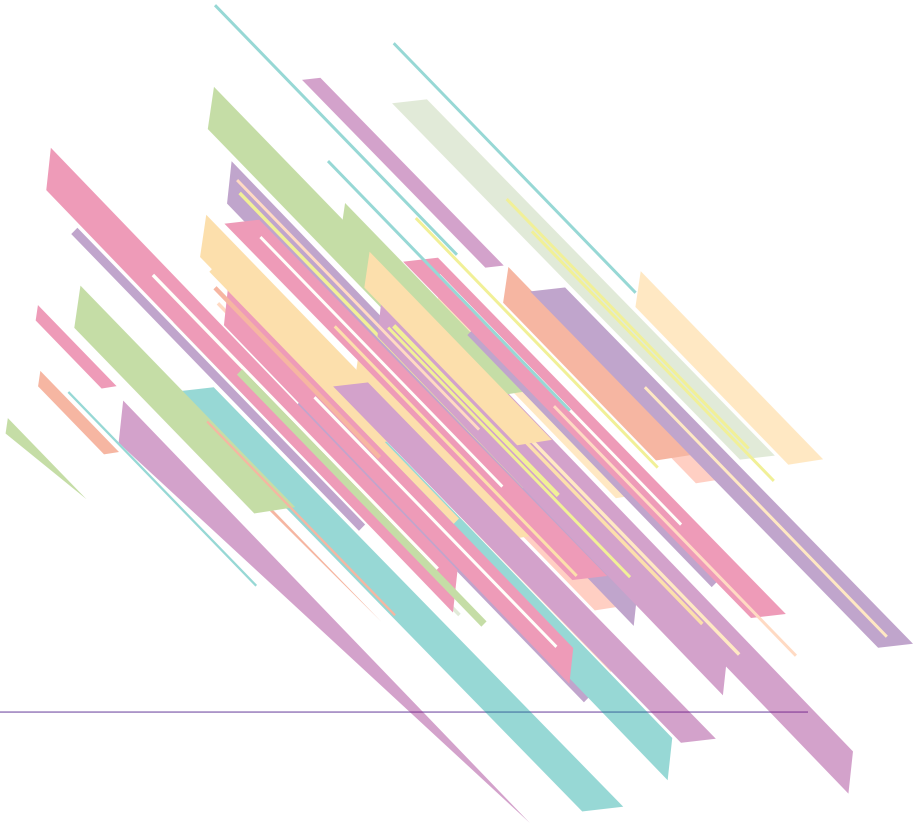
Average life expectancy - females 81.4

Average life expectancy - males 77.9

Sources, Life Expectancy for Areas within Scotland 2014-2016, National Records of Scotland, Mid-Year Population Estimates, Regional Employment Patterns In Scotland – Scottish Government 2016

The terms we use	
Terminology	**Meaning**
Adult Support and Protection (Scotland) Act 2007	This is the main statute that underpins adult support and protection. Most of the provisions of the Act commenced in 2008, hence the reference to 10 years after commencement.
Duty to inquire	S(4) of the Adult Support and Protection (Scotland) Act states: "A council must make inquiries about a person's well-being, property or financial affairs if it knows or believes— (a) that the person is an adult at risk, and (b) that it might need to intervene (by performing functions under this Part or otherwise) in order to protect the person's wellbeing, property or financial affairs".
Three-point test	This is set out in S(3) of the Adult Support and Protection (Scotland) Act 2007 "Adults at risk" are adults who: (1) are unable to safeguard their own wellbeing, property, rights or other interests (2) are at risk of harm, and (3) because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.
Adult at risk of harm	An adult is at risk of harm for the purposes of subsection (1) above if: (a) another person's conduct is causing (or is likely to cause) the adult to be harmed; or (b) the adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm.
Adult protection investigation	Further detailed inquiries carried out by council officers into the circumstances of the adult at risk of harm
Health and social care partnership	The Public Bodies (Joint Working) (Scotland) Act 2014 sets out how health and social care (includes social work) should integrate to deliver improved outcomes for individuals and seamless health and social care. The health and social care partnership is the name for the overarching partnership body. The governance body for these partnerships is the integration joint board.

Single agency model (unique to Highland)	Highland has a single agency model for integration of health and social care. Broadly speaking this means: • Health and social care services for adults are delivered by NHS Highland • Primary care health services for children and social care services for children are delivered by Highland Council
Council officer	Person – generally a social worker – who carried out adult protection investigations and other adult protection work
Independent advocacy	S(6) of the Adult Support and Protection (Scotland) Act sets out the duty of council to consider independent advocacy for adults.
Police concern hub	Each of the 13 Divisions in Police Scotland has a 'Concern Hub' where officers report information about concerns they have identified suggesting a child, young person or adult is vulnerable and at risk of harm. The Hub places this information onto the national Vulnerable Persons Database (VPD). This is then used to ensure that officers attending incidents or receiving reports from members of the public are aware of the previous history involving the vulnerable individual which may have been dealt with by other officers and can alert officers to relationships which may give rise to concerns for the safety and wellbeing of the vulnerable individual.



Definition of adult protection partnership

For the purpose of this thematic scrutiny of adult support and protection, our definition of what constitutes an adult protection partnership is as follows.

The group of partners who work together operationally and strategically to:

- receive all intimations of adult protect concerns
- determine which concerns require investigation and investigate them
- determine actions required to make sure that adults at risk of harm are safe, protected, supported, involved, and consulted;
- be responsible and accountable for the implementation of these actions.

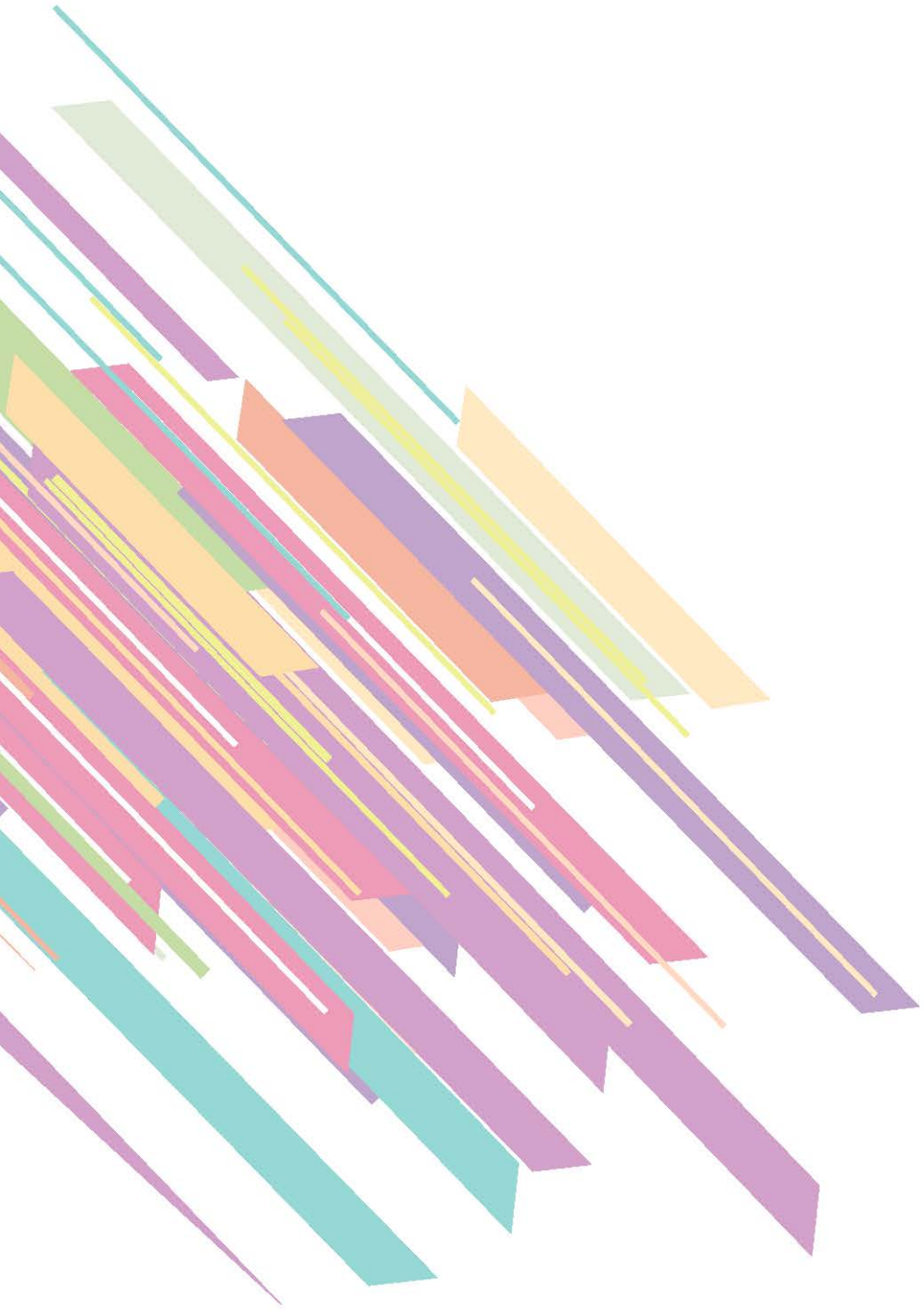
All of the foregoing is pursuant to the Adult Support and Protection (Scotland) Act 2007.

The core partners are:

- The local authority, which is required to discharge its duties under the Adult Protection (Scotland) Act 2007 and related legislation (includes associated bodies such as the community planning partnership and the chief officers group).
- Police Scotland (who also pursue and bring to justice perpetrators of harm to vulnerable adults).
- The NHS board (includes associated bodies such as integration joint boards and relevant contractors, such as GPs).

Other partners include:

- The adult protection committee, which provides leadership, oversight, and governance for adult support and protection.
- Third sector organisations (including those that deliver support to adults and risk of harm and their carers, and organisations that provide independent advocacy).
- Trading standards (in respect of financial harm to vulnerable adults).



Part one: Overview of key themes from our joint inspection

Progress with adult support and protection

It is 10 years after the commencement of the Adult Support and Protection (Scotland) Act 2007. People who work in the adult protection field often comment that adult support and protection is behind child protection in terms of:

- the priority afforded to it
- maturity of the key underpinning processes
- commitment of the partners
- knowledge and skills of the frontline staff who carry out the critical work.

The overwhelming evidence from our joint inspection of adult support and protection was that adult protection does somewhat lag behind child protection. Scotland has made good progress in 10 years to develop awareness of adult protection, create and train the workforce and put effective governance systems in place. The results of this are that many adults at risk of harm are safe, protected, and supported. Their wellbeing and quality of life has improved. We have come far but inevitably, there is further to travel.

Consistency

The partnerships gave effect to the provisions of the Adult Support and Protection (Scotland) Act 2007 differently. It is likely that this is also the case across adult protection partnerships in Scotland. Just because a partnership does things differently does not mean they are doing it wrong. Partnerships have tailored their adult and protection activity to local circumstances.

A key finding of our joint inspection was that whatever the partnerships' key processes to protect adults at risk of harm, the staff who operate these processes need a clear, well defined and well understood system within which to work. The more complex the system, the harder it is for staff to understand what they need to do.

Staff across the adult protection partnerships were knowledgeable, skilled and highly motivated to carry out adult support and protection work. This is likely to be the case across Scotland.

Adult protection work is complex and challenging. It is all about marginality and balance –The rights of adults at risk of harm to self-determination and choice must be balanced with the need to keep them safe and protect them from harm. Staff working in adult support and protection skilfully walk a tightrope between risk mitigation and positive risk enablement.

Successful development of police concern hubs

There was clear evidence that overall, the police concern hubs were a positive development and working effectively. There was a reduction in the numbers of adult protection referrals arising from the police referrals in some partnerships. This was due to effective screening and triage of reports of adult protection concerns carried out by the police concern hubs. Some of the partnerships had specific staff dedicated to this role. All of this led to a high percentage of police adult protection

referrals to the health and social care partnership that definitely required the initiation of an inquiry into the circumstances of the adult and the episode that engendered the suspicion that they were at risk of harm.

The impact of the concern hubs was very considerable. We discerned a number of positive effects.

- They were a central point for knowledge, information and skills about adult support and protection.
- They fostered good relationships and integrated working – some of the hubs had social workers working in them.
- They supported hard-pressed frontline police officers to do adult protection work.
- All of our evidence pointed to the critical requirement to support frontline police officers, given the burgeoning volume of adult protection and related work with all its myriad of complexities.
- They were an invaluable source of data about adult protection activity and its outcomes. Some of the hubs had audited this data and used the results to bring about improvement.
- They had the potential to act as a focus for innovation, development and improvement of adult support and protection practice.
- The creation of the concern hubs has corresponded to an increase in the time frontline police officers have to spend working with vulnerable individuals.
- Frontline police officers were spending increasing amounts of time looking after vulnerable individuals. There were issues in respect of the support they get from other partners, particularly health and the impact on other areas of policing.

Impact of new data sharing standards for Scotland

Under the Digital Economy Act 2017 and the General Data Protection Regulation (GDPR)[2] , new data sharing standards will apply in Scotland. It is important that their implementation does not detrimentally affect the concern hubs' (and adult protection partnerships generally) ability to share adult support and protection information effectively.

Role of health in adult support and protection

We are encouraged by the growing involvement of health in strategic activities for adult support and protection. Health representatives adopted an increasingly active and energetic role within adult protection committees. We consider this a welcome development. Health was more involved in planning and development for adult support and protection and senior health managers exercised heightened leadership for adult support and protection.

Adult support and protection referrals made by health

We found evidence of increasing numbers of adult support and protection referrals from health in some of the partnerships we inspected. This was from a low baseline of referral numbers.

[2] GDPR is a European Union Regulation

There was more training for health staff, which stimulated greater awareness of adult support and protection. Overall, there was some progress with the increasing contribution from health to adult support and protection but further progress is required.

Raising awareness of adult support and protection in accident and emergency units and the Scottish Ambulance Service.

In 2014, the Scottish Government carried out useful work designed to make sure that staff in accident and emergency units and the Scottish Ambulance Service know what to do if they suspect an adult might be at risk of harm[3]. Across Scotland, these services should utilise the helpful materials this initiative created.

Some excellent work to support adults from risk of harm

We were privileged to meet a number of people who had experienced an adult support and protection journey. Almost all said that adult support and protection had changed their lives inexorably for the better. Some adults at risk of harm we met gave powerful testaments about how adult protection made them safe, took away their fear, and enhanced their overall wellbeing and quality of life. Some adults at risk of harm told us how their confidence and quality of life had improved because they were no longer constantly afraid.

> "Because of adult protection, I'm still here".
>
> (Adult at risk of harm)

Some adults at risk of harm felt that adult support and protection had made things worse for them by interfering in their lives and restricting their freedom of choice. The fact that a few adults at risk of harm were dissatisfied in this way does not reflect on partnerships' actions. It is however an important tenet of adult support and protection that some adults at risk of harm will not view the efforts of officialdom to keep them safe, favourably.

> Adult protection ruined my life. Before my involvement with adult protection I had a girlfriend and control of my own money - now I don't"
>
> (Adult at risk of harm)

[3] http://www.gov.scot/Topics/Health/Support-Social-Care/Adult-Support-Protection/National-Priorities/AdultSupportProtectionAEsettings

Involvement, consultation, and measurement of outcomes for adults at risk of harm

Partnerships sought the views of adults at risk of harm about their experiences of adult support and protection. Partnerships acknowledged that more needed to be done in this area. Partnerships also sought the views of unpaid carers who cared for adults at risk of harm.

When adults at risk of harm have reached the end of their adult support and protection journey, partnerships should ask them about their experience of adult support and protection and the difference it has made to their lives. Questions should be in line with the national health and wellbeing indicators[4]. Responses should be electronically recorded in a manner that can be collated, aggregated and analysed. The aggregate data can be utilised as evidence of the effectiveness of adult support and protection activity, as well as a tool to drive improvement.

Contribution of social work and social workers to adult support and protection

Social work and social workers were very much "to the fore" in partnerships' work to ensure that adults at risk of harm were safe, protected and supported. Throughout this report, we emphasise the paramount need for agencies to collaborate and work in partnership to deliver positive outcomes for adults at risk of harm and their unpaid carers. Social work and social workers represent the "glue" that enabled all of the partners to work cohesively, consistently, and effectively. Social workers exercised a pivotal role in respect of:

- correctly identifying adults at risk of harm
- competently carrying out investigations to establish if an adult was at risk of harm
- convening and chairing well-balanced adult protection case conferences that analysed risks for the individual and effectively determining the way forward
- sensitively engaging with adults at risk of harm and their unpaid carers
- taking a lead role in managing risk and positive risk enablement.
- supporting adults at risk of harm to recover from trauma and move on to a safer, better quality of life
- working collaboratively to tackle financial harm to vulnerable adults
- working alongside police colleagues to disrupt the activities of perpetrators of harm to vulnerable individuals, and report alleged criminal offences to the Crown Office and Procurator Fiscal Service
- exercising operational and strategic leadership for adult support and protection
- developing and innovating adult support and protection practice.

[4] The National Health and Wellbeing Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care

Emergence of The Scottish Fire and Rescue Service as a core adult protection partner

A significant and positive development since the commencement of the Adult Support and Protection Act has been the increasing involvement of the Scottish Fire and Rescue Service as a key adult protection operational and strategic partner. Fire and rescue:

- carried out a large number of fire safety checks on the homes of vulnerable individuals
- carried out checks of properties that had a high fire loading, often as a result of the behaviour of the vulnerable occupant, which rendered the property more likely to go on fire
- carried out detailed risk assessments on the homes of vulnerable individuals who were at particular risk from the occurrence of a fire
- made appropriate referrals about adults at risk of harm

In some instances, fire and rescue assessed properties for risk of trips and falls and then carried out some minor work for example, taping down carpet edges to mitigate the risk of falls. We considered that this was a welcome, purposeful development of the role of the Scottish Fire and Rescue Service within the domain of adult support and protection.

The Fire and Rescue Service made more adult protection referrals to the health and social care partnership, when firelighters suspected that a vulnerable adult was at risk of harm.

At a strategic level, the Scottish Fire and Rescue Service was a member of the adult protection committee in all of the partnerships we inspected and it made an invaluable contribution to the work of these committees.

Overall, there was clear evidence that the work of fire and rescue delivered the following positive outcomes for adults at risk of harm:

- enhanced safety
- enhanced security.

In addition to this, the service delivered peace of mind for the unpaid carers of adults at risk of harm.

Dealing with financial harm

There was increasing positive involvement of trading standards and the banking and financial sector to tackle the pervasive problem of financial harm to vulnerable adults. Tackling financial harm can be a complex and time-consuming activity, with a requirement for specialist skillsets.

We found that financial harm was often accompanied by verbal coercion (threats) and or physical coercion in the form of assaults.

The police undertook some effective work to stop financial harm and disrupt the activities of perpetrators.

Advocacy and key role of advocates supporting adults at risk of harm

Section 6 of the Adult Support and Protection (Scotland) Act 2007 places a duty on councils to consider the provision of independent advocacy for adults at risk of harm. Independent advocacy has a vital role to play in adult support and protection. Independent advocates support adults at risk of harm to articulate their views and make sure they are taken on board by adult protection partners. Adults at risk of harm and unpaid carers were unanimous about the positive support they received from independent advocates to guide them successfully through their adult protection journey.

Independent advocates were particularly effective when there were disagreements between the adult at risk of harm and professionals who were trying to make sure the adult at risk of harm was safe. Equality of access to advocacy for all adults at risk of harm is important, irrespective of where they reside within a partnership, or to which vulnerable group they belong.

Non-electronic and electronic information sharing

Non-electronic information sharing

The general finding from our joint inspections was that adult protection partners shared information effectively. They did this by:

- face-to-face contact
- phone calls
- emails (this is electronic but not related to electronic client/patient record systems)
- attendance at adult protection case conferences and other meetings
- exchange of letters and other documents
- using the concern hub as a repository for adult protection information.

Electronic information sharing – shared access to computerised client/patient records

Electronic information sharing between social work and health was patchy and problematic, despite integration and development of health and social care partnerships.

There was some promising development of portal functionality, whereby an electronic space or platform is created that allows users to securely view selected screens in two or more computer systems. For example, a social work client records system, community-nursing system and an acute health care system. Integration of health and social care will not of itself solve all of the problems associated with electronic sharing of adult protection information. Frontline health and social work staff often express the "forlorn hope" that the inception of health and social care partnerships would make it easier to them to share adult protection information electronically. Despite integration and the development of integration joint boards it remains that case in the partnerships we inspected that social work staff do not have routine access to health computer systems and health staff do not have routine access to social work computer systems. There are exceptions to this, namely staff who work in integrated, co-located teams and staff who work in joint posts.

In our view, partnerships need to surmount the legal, procedural, and cultural barriers that prevent social work staff and health staff accessing key electronic repositories for information and intelligence about adults at risk of harm.

Crucial role of the adult protection case conference

Our joint inspection very much confirmed the intrinsic value of adult protection case conferences. These forums were invaluable to explore matters of risk and determine the best way forward to secure the safety, security, and support for the adults at risk of harm.

Partners' attendance at adult protection case conferences
Given the importance of adult protection case conferences, it is crucial that all of the relevant partners attend these forums and partners are well briefed about the nature of the adult protection concerns for the individual and the individual's overall circumstances. Quorate adult protection case conferences, where the views of all relevant partners are represented, best ensure adults at risk of harm are safe, protected and supported.

Frontline staff should be listened to, valued and supported

Valuing and supporting frontline staff, who carry out highly challenging adult protection work, is critical. Support includes:

- experienced, competent operational management and leadership
- proficient supervision or its equivalent
- high-quality, joint training.
- adult protection procedures that are up to date and fit for purpose
- ICT (information and communication technology) that is capable, efficient and user friendly
- operational and strategic managers and leaders who actively seek the views of frontline staff and respond swiftly and robustly to their expressed needs and concerns.

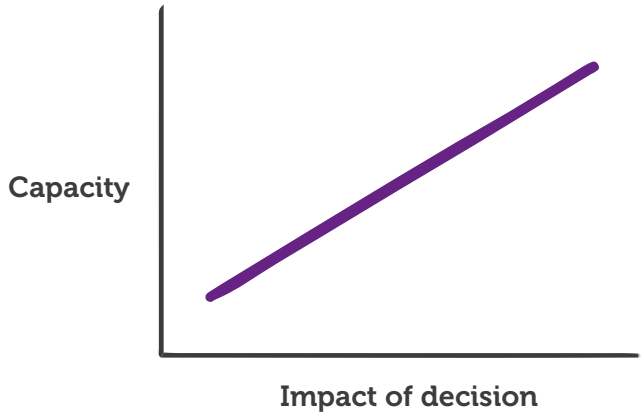
Capacity assessments

Partnerships sometimes experienced delays obtaining assessments of individuals' capacity. This could be problematic when they needed a capacity assessment quickly to establish the correct route to secure the safety and wellbeing of individuals. Partnerships may wish to consider obtaining an agreement with the relevant clinicians about timescales for carrying out assessments of individuals' capacity.

Our scrutiny of individuals' records highlighted some issues about capacity.

- Capacity can fluctuate depending on the person's condition.
- Capacity is relative, not absolute. The amount of capacity a person needs to make a decision is proportionate to the impact of the decision on their life. A person may have capacity for straightforward day-to-day decisions, such as financial transactions for daily necessities. However, they may lack the capacity to make major, life-changing decisions, such as getting married, selling a house, or beginning an intimate relationship with a potentially violent, abusive partner. (Figure 1)

Figure 1



Perpetrators of harm

The key issues for partnerships in respect of perpetrators of harm to vulnerable individuals are:

- stopping perpetrators continuing to maltreat adults at risk of harm
- bringing criminal perpetrators to justice
- prevention
- contradiction that perpetrators can also be carers.

Partnerships' first priority, in terms of making adults at risk of harm safe, is quickly stopping perpetrators harming them. This is achievable in a number of ways such as:

- separating the adult at risk of harm from the perpetrator, and the possible use of protection orders, or the adult at risk of harm supported to move to a different residence
- deployment of additional supports for the adult at risk of harm
- warning the perpetrator about the consequences of their behaviour
- arrest and charge of the perpetrator
- dismissal or disciplinary action against the perpetrator if they are a member of staff.

Whatever action the partnership takes against the perpetrator, this must be timely and decisive to stop the perpetrator continuing to maltreat the adult at risk of harm. The requirements of criminal investigations or disciplinary investigations should not detract from the imperative to keep the adult at risk of harm safe.

In some instances, partnerships worked collaboratively to bring perpetrators to justice. It is important that if perpetrators commit alleged criminal offences then they appropriately experience the full force of criminal law.

Partnerships worked to prevent harm to vulnerable adults. They did this by:

- raising public awareness about adult support and protection
- raising staff awareness about adult support and protection
- encouraging staff awareness and vigilance to spot adult protection risk and address it before harm could happen

- preventive activity carried out by trading standards and the financial sector
- robust early action at the first signs that an adult is at risk of harm.

The perpetrator of harm can also be the unpaid carer for the adult at risk of harm and this is challenging. The relationship between the perpetrator and the adult at risk of harm may involve close ties of familial love and affection. If a perpetrator who is also an unpaid carer withdraws, or is forced to withdraw, the care that they give, the results of this might be catastrophic for the adult at risk of harm.

Staff who look after adults at risk of harm need to negotiate such situations with sensitivity and skill. It might be possible to support a stressed carer to mitigate the risk they pose to the adult at risk of harm. This option is not always applicable. Partnerships might need to take robust action to interdict the harmful behaviours of perpetrators who are also carers. Partnerships should follow the precept that there should be no detriment to the adult at risk of harm due to the necessary cessation of care from a carer who is also a perpetrator of harm. This is likely to involve the provision of alternative care and support to the adult at risk of harm.

There is a link to self-directed support. Adults at risk of harm, whose unpaid carer is no longer able to perform this role due to harmful behaviours, should be offered the self-directed support options[5] for the care and support they need to deliver their desired personal outcomes. We have come across instances where self-directed support has effectively enabled adults at risk of harm to remain living independently at home in line with their choice, with boosted wellbeing and enhanced quality of life.

Chronologies, risk assessment and risk management

There is an inextricable link for chronologies, risk assessment and effective risk management. A comprehensive, up-to-date and well-balanced chronology should underpin the associated risk assessment and risk management or protection plan. The Care Inspectorate has produced a helpful guide for staff on the preparation of chronologies.[6]

The Report of The Inspection of Borders Council Services for People Affected by Learning Disabilities (2004)[7] stressed the critical importance of the lack of an up-to-date valid chronology for the adult at risk of harm at the centre of the 30 years of abuse tragedy that unfolded for this individual and for the other individuals involved.

We have encountered a number of computer programmes designed to create chronologies However we have found these tended not to be effective. This is because they populate the chronology with pulled through case records, which creates duplicate case records rather than a valuable chronology.

[5] direct payment, individual chooses the service and the service provider, local authority arranges the service, a mixture of any of the previous three options.

[6] http://www.careinspectorate.com/images/documents/3670/Practice%20guide%20to%20chronologies%202017.pdf

[7] Report of the Inspection of Borders Council Services for People Affected by Learning Disabilities (2004) SWSI , Scottish Government

The creation of a suitable chronology requires regular input by a member of staff to:

- analyse all of the available information and insert only relevant information into the chronology
- make sure that the entries in the chronology strike a balance between being succinct and providing enough information so that the reader is clear about the meaning and impact on the adult at risk of harm
- avoid non-specific phrases such as 'inappropriate behaviour' (this is very common), and state precisely what has occurred.

We consider that all adults at risk of harm should have a risk assessment and an associated risk management plan. There might be occasional circumstances when they are not required, such as when harm has occurred to a person, but there is no likelihood of recurrence of the harm for example, if the harmer is deceased. In general, the default position for all adults at risk of harm is that they should have:

- a suitable, up-to-date chronology
- an up-to-date risk assessment
- an up-to-date risk management or protection plan.

Significant case reviews and initial case reviews

Adult support and protection is an activity that carries significant risks. It is important when there is an adverse occurrence for an adult, or group of adults, at risk of harm that partnerships review the management of the case and the adult protection journey. The Scottish Government is preparing national guidance for significant case reviews for adults that will bring adults into line with children, where there has been guidance in place since 2015. The planned guidance will include:

- criteria and thresholds for significant case reviews for adults
- how partnerships should carry out significant case reviews for adults and who should be involved
- advice and guidance on reporting and optimal dissemination of the learning from significant case reviews.

Publication of this guidance might result in an overall increase in the number of significant case reviews for adults. This will enhance our collective knowledge of how best to keep adults at risk of harm safe, protected and supported.

We saw few significant case reviews related to adult protection across the six partnerships we inspected. Partnerships had conducted a number of adult protection related initial case reviews and decided not to proceed to the significant case review stage.

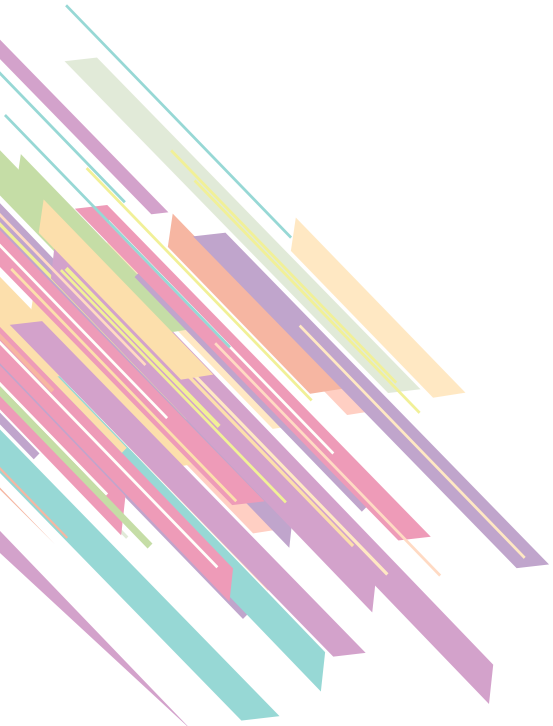
All adult protection partnerships should adopt a proactive approach to significant case reviews as a means of learning and improving. Partnerships should ensure that the lessons learned from case reviews are widely disseminated and incorporated into improvement plans. Execution of related improvement activity should be robust and timely.

Harm to self and self-neglect

Overall, 28% of the adults at risk of harm whose records we scrutinised were adults at risk from harm to self or self-neglect[8]. Partnerships expended a considerable degree of effort in this area. Some adults at risk from harm to self or self-neglect meet the three-point test and some do not. Individuals who met the three-point test benefited from adult support and protection legislation and the partnerships own procedures and protocols. Partnerships diverted individuals who did not meet the three-point test along alternative pathways to support them to attain their desired personal outcomes.

It is important that partnerships adopt a holistic multi-agency approach to supporting adults at risk of harm to self or self-neglect. Independent advocacy has an important role to play – as do third sector partners. Adults at risk of harm to self or self-harm might respond better to the involvement of third sector agencies, as opposed to statutory agencies. We came across this a number of times during our joint inspection.

Overall, supporting adults at risk of harm to self or self-neglect is a developing area of practice. We have already commented on the work of the fire and rescue services for the purposeful support that they give to this group of people. In the future, partnerships are likely to find innovative, least intrusive ways to support adults at risk from self-harm and self-neglect that make them safe, enhance their wellbeing and improve their quality of life.



[8] They may have been at risk of other types of harm as well

Some key messages for all adult protection partnerships

From our joint inspection of adult support and protection, we have a number of key messages for the adult support and protection sector as a whole.

1. Systematically measure outcomes for adults at risk of harm and their unpaid carers.
2. Regularly elicit the lived experiences of adults at risk of harm and their unpaid carers.
3. Support adults at risk of harm to be included and involved throughout their adult protection journey.
4. Support unpaid carers (where appropriate) to be included and involved in the adult protection journey of their cared for person.
5. Ensure the key processes for adult support and protection are as clear and simple as possible so all of the stakeholders understand them, and consistently execute key activities.
6. Council officers and other staff more effectively operate key processes for adult support and protection when the stages of the adult protection journey are clearly defined.
7. Setting out clear, unambiguous timescales for the completion of work related to each phase of the adult protection process is crucial to prevent delays, which could have a seriously adverse impact on the adult at risk of harm.
8. Frontline staff involved in adult support and protection require regular, high-quality, rigorous and knowledgeable supervision and support.
9. Comprehensive and up-to-date chronologies, risk assessments and risk management plans or protection plans for adults at risk of harm are crucial to keep adults at risk of harm safe.
10. All of the required partners should attend adult protection case conferences, particularly police and health.
11. The fast-developing roles of fire and rescue and trading standards should be encouraged.
12. Financial harm is a developing area for integrated practice. The efforts led by trading standards to prevent financial harm stop vulnerable individuals experiencing it. It is also highly cost effective to prevent financial harm happening in the first place, rather than having to deploy staff to the complex and time-consuming task of stopping it once firmly established.
13. Self–evaluation of adult support and protection enables partnerships to sustain and improve best practice.
14. Regular audits of adult protection records determine key areas for improvement.
15. As the volume and pace of adult support and protection increases alongside legislative and practice developments, the leadership within partnerships needs energy, drive, grip and commitment to partnership working.

Next steps

In order to support partnerships' self-evaluations of adult support and protection, we will make our inspection methodology and tools (such as our electronic application for scrutinising adult protection records) available to them.

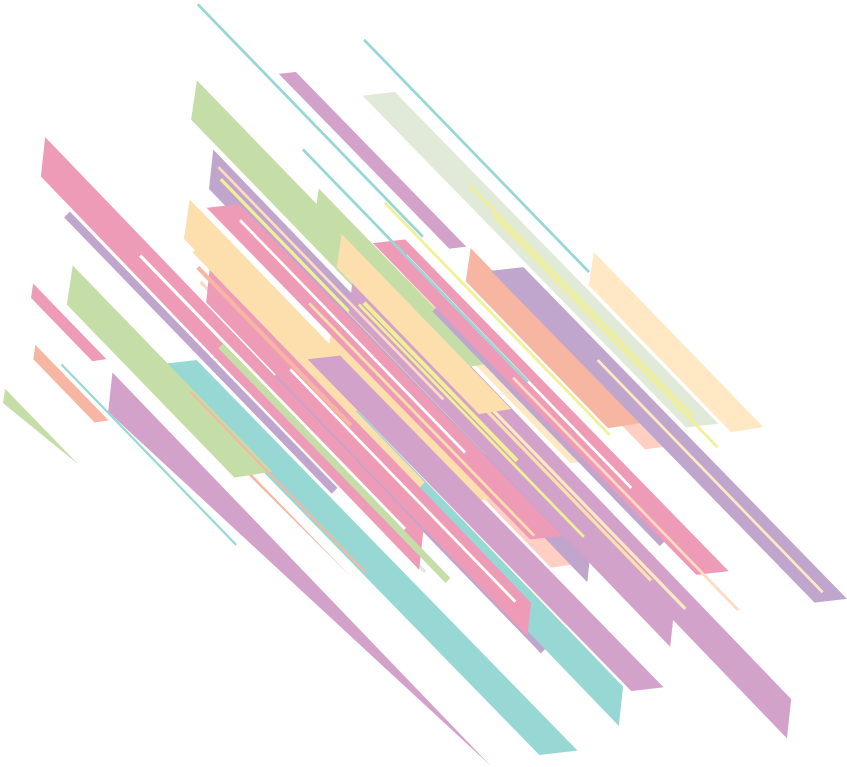
The Care Inspectorate and Her Majesty's Inspectorate of Constabulary in Scotland (HMICS) are committed to working with the Scottish Government and other stakeholders, to disseminate the key messages from our joint inspection. This will inform and support the planning, delivery and evaluation of adult support and protection across Scotland.

We will ask the six partnerships we inspected to prepare an action plan for implementing our recommendations and the other areas we identified as requiring improvement. The Care Inspectorate will jointly monitor and support the delivery of action plans.

In addition to the six partnerships inspected, we would hope that this first independent scrutiny of adult support and protection in Scotland should be used to inform developments in adult support and protection in:

- the Scottish Government
- all other adult protection partnerships in Scotland
- the wider health and social care sector
- Police Scotland.

We have obtained copious invaluable information about adult support and protection. We encourage all adult support and protection stakeholders to make full use of this report to take forward continuous improvement of adult support and protection in Scotland.



Part two: inspection of individual partnerships

North Ayrshire partnership

Outcomes for adults at risk of harm were

GOOD — important strengths, some areas for improvement

because:

The partnership made sure that the choices of adults at risk of harm were respected and adult protection intervention was pursued in the least restrictive manner. In general, adults at risk of harm were safer, had enhanced wellbeing and an improved quality of life, which was consequential of their adult protection journey.

The partnership had undertaken sound work to identify and measure outcomes for adults at risk of harm. In addition, this was used systematically to drive improvement. There was evidence of some effective work carried out with the perpetrators of harm to vulnerable adults.

Recommendations for improvement: The North Ayrshire partnership

1. **Minutes of adult protection case conferences should be sent to the police concern hub, where they should be retained and the relevant information extracted and appropriately recorded.**
2. **The partnership should extend the offer of an independent advocate to all adults at risk of harm.**

1. Outcomes for adults at risk of harm in North Ayrshire

The partnership pursued least restrictive options and respected choice

1.1. The partnership performed well on making sure that all adult support and protection activity was conducted within the general principles set out in Section 2 of the Adult Support and Protection (Scotland) Act 2007. Adults at risk of harm we met strongly confirmed this.

1.1.1. The partnership adopted the least restrictive approach to adult protection intervention, and made sure the adult at risk of harm was consulted and involved at every stage of their adult support and protection journey. Again, adults at risk of harm we met confirmed this.

1.1.2. Adults at risk of harm we met attested that they were treated with dignity and respect at every stage of their adult support and protection journey.

1.1.3. The following were quotes from adults at risk of harm we met.

> "At first I was unhappy about being subject to adult protection procedures I changed my mind dramatically as things developed".
>
> "The police responded immediately when I pressed my panic button. They were very good".
>
> "Adult protection made me feel much safer".
>
> "I understand why adult protection has placed restrictions on me. But, at this point in time I don't agree with any of it"
>
> "I had to cease contact with family members to keep me safe".

1.1.4. Our file reading revealed that in a number of instances the partnership had tried hard to balance individuals' rights to make their own choices against the partnership's obligations to make sure that they were safe and protected. This was often a very difficult balancing act, which partnerships have to deal with on a daily basis.

Timely multi-agency response to adult protection concerns

1.2. The partnership responded to adult protection referrals in a timely and relatively well-integrated manner. Adult protection partners were clear about how to pursue an adult protection referral.

1.2.1. We met representatives from the third sector and the independent sector. For the most part, they expressed the view that adult protection referral processes were clear and user friendly. Some said that they did not get feedback on the outcomes of their referral. They did acknowledge that there were limitations to the feedback information that the partnership could give for reasons of confidentiality.

1.2.2. The partnership had made strenuous efforts to engage with members of the public about adult support and protection.

1.2.3. The partnership submitted information, including information about the People in Distress project[9], which evidenced good joint working and a multi-agency response to adult protection referrals. The partnership effectively audited the timeliness of interventions.

1.2.4. One of the important developments in adult support and protection since the commencement of the Adult Support and Protection Act in 2008 was the development of the roles of fire and rescue and trading standards and the enhanced positive outcomes that they bring about for adults at risk of harm. We saw evidence of this for the North Ayrshire partnership.

Involvement of adults at risk of harm and unpaid carers

Involvement of adults at risk of harm

- **94%** of adults at risk of harm's views sought and taken into account at initial inquiry stage
- **98%** had views sought and taken into account at investigation stage
- **88%** had views sought and taken into account at implementation of protection plan and review stage.

1.3. The evidence from our file reading was that in the main, adults at risk of harm and their unpaid carers were consulted, involved, and included throughout the journey of the adult at risk of harm.

1.3.1. A few unpaid carers we met said that they did not feel consulted and involved in the adult protection activities undertaken by the partnership for the adult at risk of harm they cared for.

1.3.2. We met with a few adults at risk of harm who did not consider that the partnership's adult protection interventions delivered their desired personal outcomes. Rather they considered these interventions were intrusive and restrictive. Adults at risk of harm who held negative views about the adult protection process tended to be at an early stage in their adult protection journey.

[9] This was an initiative for vulnerable individuals who did not meet the three-point test

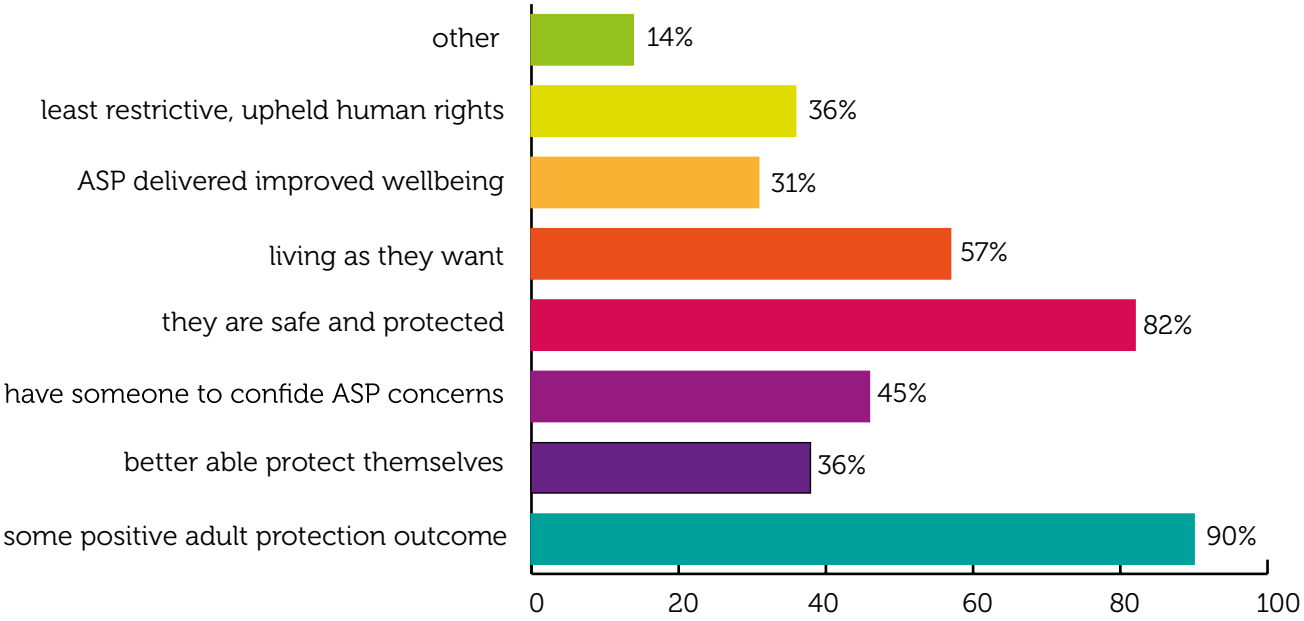
"Adult protection changed my life for the better. I am not afraid anymore"

(Adult at risk of harm)

Outcomes for safety, protection and support

1.4. The partnership carried out effective work to determine the outcomes that it delivered for adults at risk of harm. The partnership submitted this work as part of its advanced evidence. The partnership had undertaken purposeful work on outcomes measurement, audits of adult protection records and eliciting the lived experiences of adults at risk of harm and their unpaid carers. This contributed considerably to positive outcome delivery for individuals, highly effective adult protection processes and focused leadership for adult support and protection. This was an important overarching finding for the North Ayrshire partnership.

Figure 2: outcomes for adults at risk of harm in North Ayrshire[10]



Compliance with integration delivery principles and delivery of national health and wellbeing outcomes

1.4.1. Section 54 of the Public Bodies (Joint Working) Scotland Act 2014 set outs the duty of the Care Inspectorate in respect of "reviewing and evaluating the extent to which the social service is complying with the integration delivery principles and contributing to achieving the national

[10] This chart for the North Ayrshire partnership, and its equivalent for the other five partnerships, shows the positive outcomes file readers were able to discern directly from the records, using their professional judgement. 82% individuals safe and protected does not imply 18% were not. The foregoing applies to the other results.

health and wellbeing outcomes". The integration delivery principles include provision that "improves the safety of service-users". The outcome data we obtained from our file reading (Figure 2) broadly showed that for adults at risk of harm partnerships complied with the integration delivery principles in respect of improving the safety of service users and the realisation of national health and wellbeing outcomes.

1.4.2. Some of the adults at risk of harm we met gave powerful testament to the life-changing. positive outcomes that the partnership delivered for them. Adult protection interventions had secured their safety, enhanced wellbeing and freed them from fear of harm. Their quality of life had improved immeasurably. Some adults at risk of harm we met did say that it had taken some time for them to fully appreciate that the partnership's actions had kept them safe and improved their wellbeing and quality of life. Initially, at the start of their adult protection journey, they had been resistant to the partnership's efforts to help and support them.

Financial harm

- **32%** of cases there was evidence of financial harm to the individual.
- **32%** of cases this was greater than £10,000 - 6% over £50k.
- **94%** of cases evidenced that the partnership had acted to stop the abuse.
- **73%** of cases showed that this had been effective.
- **38%** of cases rated the effectiveness of the partnerships actions as good or better.

1.4.3. Our file reading revealed the partnership carried out effective work to stop financial harm to vulnerable individuals. This improved outcomes for adults at risk of harm by alleviating the trauma and loss of amenity that results from this type of harm.

One-third of the cases of financial harm involved amounts of over £10,000.

Remedial work with perpetrators (harmers)

1.5. The partnership carried out some valuable remedial work with perpetrators of harm to vulnerable adults. In some instances, the partnership found it hard to positively engage with perpetrators.

1.5.1. Evidence from our file reading was that the partnership took some effective action to interdict the behaviours of perpetrators of harm to adults at risk.

Perpetrators

- **62%**of cases evidenced that there was a perpetrator (alleged perpetrator) of harm to the individual.
- **61%**of cases showed that the partnership had taken actions/sanctions against the alleged perpetrator.
- **100%** of cases that we considered appropriate showed that the partnership carried out work with the perpetrator.
- **71%** of cases rated this work as good or better.

We found a very positive emerging role of the fire and rescue service supporting adults at risk of harm and ameliorating their circumstances.

North Ayrshire partnership

Key processes for adult support and protection were

VERY GOOD — **major strengths**

because:

There was effective operational management for adult protection. Adult protection initial inquiries and investigations were undertaken competently, skilfully, and timeously and staff attained meritorious practice. Risk assessment and protection planning were carried out to a high professional standard, as were adult protection case conferences.

The partnership acknowledged that the capacity of independent advocacy to work with all adults at risk of harm was an area for improvement.

2. Key processes for adult support and protection in North Ayrshire

Operational management of adult support and protection

2.1. All of our evidence pointed to the partnership's decisive and consistent operational management of adult support and protection.

2.1.1. The partnership's adult protection procedures were clear and fit for purpose.

Progressing of adult protection referrals

ASP referral handling

- **92 %** correctly applied three- point test.
- **94%** recorded application of three-point test.
- **43%** ASP referral handling rated good or better.
- **2%** showed delays in processing (in **20%** we could not discern timescales).
- **73%** evidenced communication among partners, **27%** did not.
- **43%** referral handling rated good or better. **53%** adequate.

2.2. The partnership's initial response to adult protection referrals was timely and effectual. This was the first time we have asked partnerships to prepare a redacted version of highly confidential material, which presented a number of challenges. This is the likely explanation for the 20% timescale not evident figure given above. We did not see evidence of delays in the records we read at our on-site file reading stage.

2.2.1. There was a suitable single point of contact (an email account) for all adult protection referrals and related reports.

2.2.2. Effective communication among partners was an area for improvement. This might reflect an issue with the referral redaction process.

2.2.3. Positively, adult protection referrals from the NHS had doubled across Ayrshire from a low base. The appointment of a health link worker was a contributory factor to this improvement.

2.2.4. Our analysis of redacted adult protection referrals and police and social work records for adults at risk of harm showed that in almost all cases the partnership correctly and consistently applied the three-point test and clearly recorded its application.

2.2.5. The police concern hub generally screened reported adult protection concerns in a proficient manner.

2.2.6. Health did not make many adult protection referrals, but was alerting social work of adult support and protection concerns through duty systems. This frustrated social workers who were left to complete referral information on forms.

2.2.7. Performance reporting of adult protection activity data and making maximum use of electronic performance reports were areas for improvement for the police concern hub.

2.2.8. Police officers spent a very substantial amount of time supporting vulnerable adults – some of whom met the three-point test and some of whom did not. Officers expressed frustration with mental health triage services that they considered could be unhelpful. Community psychiatric nurses assessed distressed and vulnerable individuals over the telephone and determined if they needed to be taken to the accident and emergency unit. Health staff felt this kept people away from hospital and at home.

2.2.9. Accident and emergency staff said they would appreciate if it were easier to find what other professionals were involved when an adult at risk of harm presented to them, as they did not always have access to the relevant information.

Information sharing

Police records

- **59%**of police records had all information about adult support and protection incidents.
- **5%** of police records contained case conference minutes.
- **49%** of police records contained a chronology.
- **60%** of records contain a police vulnerable person's database report.
- **70%** of the vulnerable person's database entry contains details of adult protection concerns.

2.3. There was compelling evidence that, in general, practitioners shared adult protection information appropriately.

2.3.1. Adult protection case conference minutes were not always put on the vulnerable person's database unless they contained police actions. The partnership acknowledged this was an area for improvement.

Recommendation for improvement
Minutes of adult protection case conferences should be sent to the police concern hub, where they should be retained and the relevant information extracted and appropriately recorded.

2.3.2. GPs and consultants were at times reluctant to give views about risk or undertake capacity assessment work. Capacity assessments were sometimes delayed while GPs' fees were sorted out.

Initial inquiries (duty to inquire)

2.4. The partnership carried out relatively competent and cohesive multi-agency initial inquiries into referrals of adult protection concerns.

Full adult protection investigations

Adult protection investigation

- **98%** of adults at risk of harm had a full adult protection investigation.
- **100%** of cases the full investigation effectively determined if the individual was at risk of harm.
- **83%** of investigations quality - rated good or better.

2.5. We were highly impressed with the manner in which the partnership carried out and recorded its investigations into adult protection concerns. Partnership staff carried out adult protection investigations in a highly competent, meticulous, and skilful manner and these investigations effectively determined the right course of action for the adult at risk of harm going forward.

2.5.1. Reports of adult protection investigations were predicated on risk throughout. Council officers completed reports of adult protection investigations to a consistent, commendably high standard.

> We were impressed with this partnership's risk-focused investigations.

Chronologies, risk assessment and risk management

Chronologies

- **94%**of adults at risk of harm had a chronology when we considered they should have had one.
- **82%** of chronologies were of an acceptable standard.

Risk assessment and protection plans

- **98%** of adults at risk of harm had a risk assessment.
- **84%** of risk assessments we rated good or better – over half rated as very good.
- **86%** of adults at risk of harm who required one had a risk management plan.
- **90%** of risk management plans / protection plans rated good or better.

2.6. Overall, the partnership managed the risks for adults at risk of harm in an accomplished manner. This was evidenced in high-quality chronologies, risk assessments, risk management, and associated protection plans that we analysed.

Large-scale investigations

2.7. We read reports from a number of large-scale investigations. The partnership carried out these investigations commensurate with the Scottish Government's code of practice. Where appropriate, Care Inspectorate staff were involved in large-scale investigations. These were episodes where there were potentially multiple adults at risk of harm. These large scale investigations involved adults who generally lived in the same place and or received their care and support from the same service.

2.7.1. The partnership carried out multi-agency, large-scale investigations to a high standard. They engendered positive outcomes for the adults at risk of harm who were the subject of the investigation. They were safe, protected and had enhanced wellbeing as a result of the large-scale investigation activity.

Adult protection case conferences

Adult protection case conferences

- **95%**of cases the partnership convened an adult protection case conference for the individual.
- **94%** of case conferences rated good or better - over half very good.
- **82%** attended by adult at risk of harm where invited.
- **94%** of case conferences effectively determined right actions to protect adult at risk of harm.

2.8. Adult protection case conferences effectively analysed all of the circumstances of the adult at risk of harm and determined the best way forward.

2.8.1. The partnership successfully included and supported adults at risk of harm at the case conferences, which discussed the circumstances of their lives. One adult at risk of harm told us *"We felt included and listened to. Any jargon or technical language was explained to us so we understood it."*

2.8.2. Our file reading showed police and health attendance at adult protection case conferences was an area for improvement.

- Thirty-two per cent of adult protection conferences did not have a police representative in attendance.
- Thirty-eight per cent of adult protection conferences did not have a health representative in attendance.

2.8.3. There was persuasive evidence from our focus group with police officers that the partnership needed to make sure that frontline police officers who attended adult protection case conferences were suitably trained and were well briefed on the circumstances of the subject of the case conference.

Independent advocacy

Independent advocacy

- **53%**individuals offered advocacy when needed. **42%** of them received advocacy support.
- **47%** of individuals who should have been offered advocacy were not.
- **100%** of cases showed evidence that advocacy has helped the individual articulate their views.

2.9. The partnership was only able to offer independent advocacy to adults at risk of harm who had a diagnosed mental health problem. This was due to lack of capacity within independent advocacy services. This service was not available to adults at risk of harm who did not have a mental health problem. This was an area for improvement acknowledged by the partnership.

2.9.1. In the instances where they were deployed, independent advocates played a very important role in respect of guiding the adult at risk of harm through the adult support and protection process. Advocates made sure that the views of adults at risk of harm were paramount at all stages of the adult support and protection process.

Recommendation for improvement
The partnership should extend the offer of an independent advocate to all adults at risk of harm who require it.

Staff knowledge and use of legislation

2.10. Partnership staff were skilled and knowledgeable about legislation related to adult support and protection. One said insightfully *"We are getting better at making use of the Adult Support and Protection Act to make people safe and protected".*

2.10.1. There were some instances of delays in carrying out capacity assessments for adults at risk of harm. This was an area for improvement.

> "We are getting better at making use of the Adult Support and Protection Act to make people safe and protected".

Support for adults at risk of harm to achieve personal outcomes other than adult protection

2.11. In general, the partnership delivered (in addition to adult protection outcomes) the desired personal outcomes for adults at risk of harm, in terms of living independently, enhanced wellbeing and quality of life.

Review adult protection case conferences

2.12. The evidence from our file reading was the partnership carried out adult protection review case conferences appropriately and cogently. One hundred percent of adults at risk of harm who required a review case conference got one timeously.

North Ayrshire partnership

Leadership for adult support and protection was

VERY GOOD **major strengths**

because:

Strategic leaders within the partnership strove to engender good partnership working across the adult protection partnership. There was a pervasive embedded culture for adult support and protection. There was unequivocal evidence that self-evaluation activity had delivered significant improvement to adult protection practice on the ground. There was sound governance for adult support and protection exercised by senior leaders and the various forums in which they were involved.

3. Leadership for adult support and protection in North Ayrshire

Leaders support for partnership working

3.1. Representatives of the chief officers group demonstrated a mature, supportive and appropriately challenging partnership and a passionate commitment to making sure adults at risk of harm were safe, protected and supported.

3.1.1. The chief officers group (up to 20 delegates attending) understood the inextricable links between adult protection and child protection and agendas for their meetings reflected this.

3.1.2. We were highly impressed with the leadership exercised by the chief officers group in respect of their knowledge, commitment, and improvement focus in relation to adult support and protection.

> "The culture was right to support good (adult support and protection) practice across partnership".
>
> (multi-agency focus group)

3.1.3. The partnership had a positive, well-embedded culture for adult support and protection. Partnership staff we met were acutely aware of how critical this work was and afforded it a high level of priority.

3.1.4. There was ample evidence of this positive culture at all levels in the partnership, from the senior management and leadership teams to the frontline staff. This positive culture was an important contributory factor to the positive safety, support and protection outcomes that the partnership delivered for adults at risk of harm.

3.1.5. There was evidence from a number of focus groups of the commendable emergence of fire and rescue as a key adult protection partner, which was making an important contribution to delivering positive outcomes for adults at risk of harm.

Vision

3.2. Partnership leaders we met clearly articulated and promoted a cogent, aspirational, and motivational vision for adult support and protection.

3.2.1. Overall, there was a comprehensive suite of aspirational strategic plans and improvement plans for adult support and protection. A comment from one of the multi-agency focus groups was "the health and social care partnership's strategic plan was developed in a very inclusive manner".

Leadership for delivery of adult protection practice

3.3. Representatives of the chief officers group we met displayed strong commitment to staff training and staff development in respect of adult support and protection.

3.3.1. We found that the council officers (who carry out adult support and protection investigations and other work) and mental health officers we met were well trained, highly motivated to carry out adult support and protection work, knowledgeable, very confident about their role and committed to integrated adult support and protection practice.

3.3.2. Chief officers group representatives acknowledged that the police processes to support officers to attend adult protection case conferences were not as efficient and well developed as they were for child protection case conferences. The frontline police focus group we held strongly confirmed this.

3.3.3. Senior clinicians said that awareness of adult protection and practice among accident and emergency staff was improving.

3.3.4. The adult protection committee was exploring the partnership's adoption of the 'Rochdale' model for escalating high-risk adult protection cases to senior officers. Workers could refer a case to a senior officer panel when they had taken all reasonable steps to mitigate the risks to the individual, but significant risks remained. This process ensured managerial accountability and support for frontline staff.

Quality assurance

3.4. The chief officers group and the adult protection committee had engendered a suite of self-evaluation and audit activities (for example, a number of adult support and protection case record audits). These had been used successfully to identify areas for improvement and to drive progress.

3.4.1. The partnership carried out an innovative (and possibly unique) exercise to map adult protection referrals on to areas of multiple deprivation in North Ayrshire. They analysed the data for patterns. They planned to use this to inform their planning of adult support and protection.

3.4.2. The partnership developed and implemented an initiative to elicit the lived experience of adults at risk of harm. The results showed that adults at risk of harm thought:

- staff who worked with them were respectful, helpful, and professional
- they were safer as a result of their adult protection journey.

The partnership determined a number of areas for improvement from this exercise.

3.4.3. The chief officers group and the adult protection committee were acutely conscious of the relatively low number of adult support and protection referrals from health. One of a number of actions to address this was the appointment of an adult protection coordinator for acute health

services. Training for GPs was proffered by the chief officers group as another factor improving the adult support and protection referral rate from health.

Leadership exercised by the adult protection committee and chief officers group

3.5. The independent convener of the adult protection committee was perceived as a key strength by representatives of the chief officers group.

3.5.1. Our perception was of a strong, confident, competent and committed independent convener of the partnership's adult protection committee.

3.5.2. The health clinical director, who was also a GP, attended the adult protection committee. The partnership rightly perceived this as a catalyst for the continuous improvement of an integrated approach to adult support and protection.

3.5.3. There were industrious and effective sub groups to deliver key aspects of the role of the adult protection committee, such as service user and unpaid carer involvement, and policy and procedure development.

3.5.4. The adult protection committee engendered a recent and productive training initiative to improve adult protection practice among staff in certain care homes. These care homes generated a high number of adult protection referrals, many of which the partnership perceived as inappropriate.

3.5.5. Our evidence pointed to an effective, well-functioning chief officers group, which afforded appropriate priority to adult support and protection.

3.5.6. We noted that no adult protection cases perceived to have adverse elements had prompted a significant case review. Seven adult support and protection cases were subject to initial case reviews, and the reports of these were submitted by the partnership as advanced evidence. These initial case reviews were carried out competently.

3.5.7. Some council officers expressed the view that audits of adult support and protection case records focused too much on social work, with not enough focus on the adult support and protection related activities of police and health. Council staff did allude to some excellent work by the police on securing convictions for perpetrators of harm to vulnerable adults.

The role of the chief social work officer

3.6. The chief social work officer carried out their role in respect of adult support and protection competently and professionally.

> Vigorous, improvement-focused leadership for adult support and protection in North Ayrshire had had a positive impact on outcomes for adults at risk of harm and the key processes to make them safe.

Highland partnership

Outcomes for adults at risk of harm were

ADEQUATE — **strengths, just outweigh weaknesses**

because:

The partnership made sure that the choices of adults at risk of harm were respected and adult protection intervention was pursued in the least restrictive and beneficial manner. There were improved outcomes for adults at risk of harm in terms of safety, wellbeing and quality of life. The police concern hub operated efficiently and effectively and made a considerable contribution to the safety of adults at risk of harm. The partnership was not doing enough to elicit the lived experiences of adults at risk of harm on their outcomes and experience of their adult protection journey. Outcomes measurement for adult support and protection was patchy and not systematic. Deficits in the partnership's adult protection key processes had the potential for an adverse impact on the outcomes for adults at risk of harm.

Recommendations for improvement: The Highland partnership

1. **The partnership should make sure that all adult protection referrals are processed timeously.**
2. **The partnership should make sure that social workers prepare well-balanced, valid chronologies for all adults at risk of harm who require them.**
3. **The partnership's review of the governance of adult support and protection should streamline the governance landscape and strengthen the links between the chief officers group and the adult protection committee.**

1. Outcomes for adults at risk of harm in Highland

Partnership pursues least restrictive options and respects choice

1.1. The partnership supported least restrictive options and respected the choices of adults at risk of harm. This was evidenced from case record reading. One adult at risk of harm said **"I think my wishes were taken into consideration, they wanted to protect me and not restrict me too much".**

1.1.1. The partnership was trying to rationalise the number of meetings adults at risk of harm and unpaid carers were exposed to and make processes much more proportionate.

1.1.2. The police acknowledged they still had challenges with the understanding and application of consent, capacity and the three-point test by frontline officers. They were working to address these issues.

Timely multi-agency response to adult protection concerns

1.2. The partnership responded to adult protection referrals collaboratively. Our analysis of redacted referrals evidenced communication among partners for almost all referrals. See 2.2 for our findings on delays in the partnerships processing of adult protection referrals. In the main, adult protection partners were clear about how to pursue adult protection referrals. Accident and emergency unit staff were an exception to this.

1.2.1. Fire and rescue had undertaken over 3,000 home safety visits and estimates that 50% of the people visited were "high risk". They worked very closely with the council's telecare staff.

1.2.2. Fire and rescue had a rapidly growing positive role in respect of adult support and protection.

> **Fire and rescue had carried out over 3,000 fire safety checks on the homes of vulnerable people.**

1.2.3. Trading standards planned a festive season campaign for adult support, protection about scams that targeted vulnerable people. They had secured good involvement from the banks and trading standards on the adult protection committee financial harm group.

1.2.4. There was a new trading standards and police financial concern pathway, which had a positive impact on collaboratively identifying those at risk.

1.2.5. There had recently been a productive adult support and protection training event for 50 GPs. This was part of a wider tranche of GP training.

1.2.6. The police concern hub dealt very efficiently with vulnerable-person reports. This had the potential to strengthen the identification of adults at risk of harm and deliver positive outcomes for them.

1.2.7. Questionnaire responses from adults at risk of harm and unpaid carers evidenced a person-centred approach. Not all respondents welcomed intervention under adult support and protection. However, individuals who were less positive about their adult protection journey still reflected an inclusive approach in meetings, where they felt they could share their opinions.

1.2.8. Independent advocacy for adults at risk of harm and their unpaid carers had a strong, positive and highly active role in this partnership. Unpaid carers expressed the following views.

> "We would never have got through this situation without advocacy."
>
> "I was able to talk to my advocate and she would help with things I found difficult to explain. I could speak to her."
>
> "Both carer and user advocates played key roles. They made an incredible noise and banged the drum on our behalf but nobody listened."

1.2.9. Some advance practitioners who chaired case conferences tried to meet with the adult at risk of harm and unpaid carers immediately before the case conference and to build breaks into the discussion. We considered this was a beneficial approach.

1.2.10. Meeting timescales for convening case conferences timeously was a challenge. In one district, only two of the last five case conferences were held on schedule.

1.2.11. Fire and rescue had undertaken about 10 reviews of fatal or near fatal fires. A number of staff who had attended these said they provided a good opportunity for joint learning.

Involvement of adults at risk of harm

- **88%**of adults at risk of harm's views sought and taken into account at initial inquiry stage.
- **94%** had views sought and taken into account at investigation stage.
- **78%** had views sought and taken into account at implementation of protection plan and review stage.

Involvement of adults at risk of harm and unpaid carers.

1.3. In general, the partnership made sure that adults at risk of harm were included and involved throughout their adult protection journey.

1.3.1. Some unpaid carers rated adult support and protection intervention highly, but in terms of outcomes, they said the benefits were marginal.

> "At the meetings everyone was really good. I get help quickly, when I need it. I raise the alarm and things happen. Things were perfect for a few days after I complain but it goes back to how it was."
>
> "I come out full of hope then I get disappointed because it doesn't last. They just need to learn to care."

1.3.2. Eighty per cent of respondents to an internal survey said adult protection had effectively mitigated the risks that were extant.

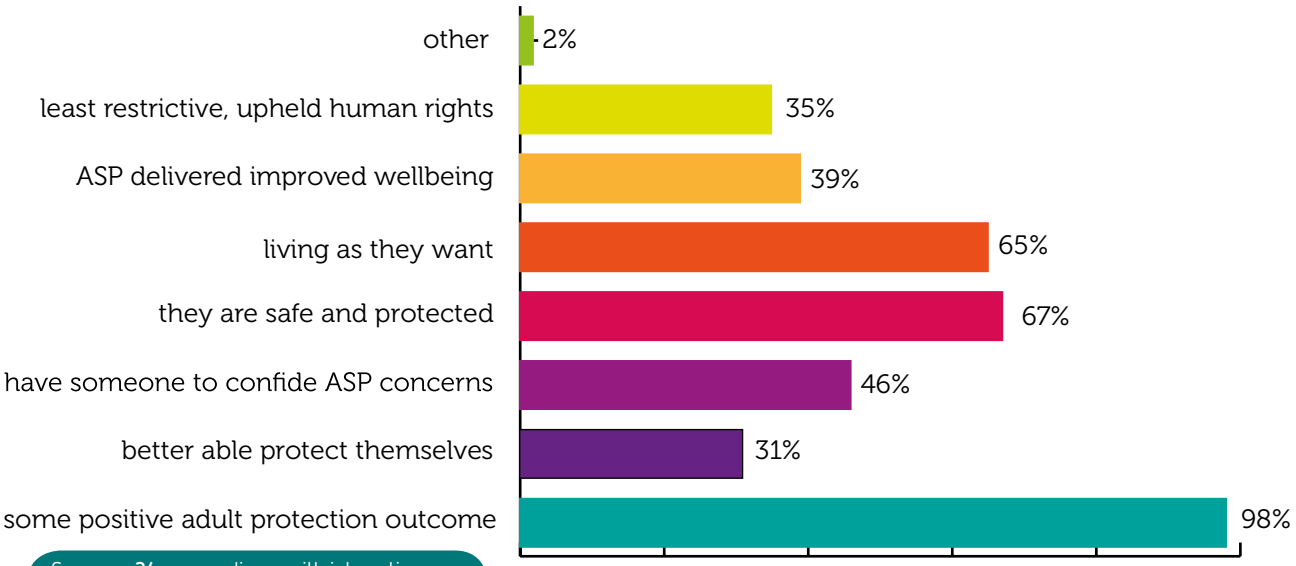
1.3.3. Monthly adult support and protection performance reports focused entirely on quantitative activity data. There was no outcome related data.

Outcomes for safety, protection and support

1.4. Overall, the partnership delivered safety, protection and support to adults at risk of harm (Figure 3). We considered that the areas for improvement we identified in the partnership's key processes had the potential for adverse impact on adults at risk of harm and their unpaid carers.

1.4.1. Large-scale investigations were robust and comprehensive. There was strong evidence of good outcomes for residents in terms of safety and enhanced wellbeing for the adults at risk of harm involved.

Figure 3: outcomes for adults at risk of harm in Highland



See **page 34** on compliance with integration delivery principles and delivery of national health and wellbeing outcomes.

1.4.2. The partnership acknowledged it needed to do more to elicit the lived experiences of adults at risk of harm. There was no systematic approach to asking adults at risk of harm about their outcomes. There was no system for the aggregation and digitisation of outcome data for adults at risk of harm. This was an area for improvement.

1.4.3. A coalition of partners – police, social work, trading standards and the financial sector – collaborated in an increasingly adept manner to tackle financial harm to vulnerable adults, thereby delivering positive outcomes for them.

Financial Harm

- **16%**of cases there was evidence of financial harm to the individual.
- **63%** of cases this was greater than £1000.
- **100%** of cases evidenced that the partnership had acted to stop the abuse.
- **100%** of cases showed that this had been effective.

Remedial work with perpetrators (harmers)

1.5. The evidence from our file reading was that the partnership carried out some efficacious work with perpetrators of harm to vulnerable adults.

Perpetrators

- **58%**of cases there was a perpetrator.
- **72%** applicable episodes partnership took action against perpetrators.
- **33%** of actions rated good.

Highland partnership

Key processes for adult support and protection were

ADEQUATE

strengths just outweigh weaknesses

because:

The partnership acknowledged the key process deficits that we identified from analysis of individuals' adult protection records, and interviews with the staff who operated and managed them. Deficits in the recording of initial adult protection inquiries and investigations could cause delays in the processes designed to make sure that adults at risk of harm were made safe and protected. The partnership had recently made improvements in this domain, which we considered was a necessary and positive development. Risk assessment and risk management practice was variable. Adult protection case conferences operated in a constructive and productive manner to analyse all of the circumstances of the adult at risk of harm and determine the optimal way forward.

2. Key processes for adult support and protection in Highland

Operational management of adult support and protection

2.1. The partnership evinced competent operational management of adult support and protection. The recently revised adult support and protection procedures were broadly clear and fit for purpose, apart from failing to set timescales for the completion of adult protection investigations.

Progressing of adult protection referrals

Adult protection referrals

- **96%**referrals had evidence of communication among partners.
- **90%** applied three-point test correctly.
- **47%** of ASP referrals recorded the application of the three-point test.
- **69%** referrals progressed timeously.
- **29%** of referrals evidenced delays in processing.
- **53%** referral handling rated good or better, **47%** adequate or worse.

2.2. Overall, the effectiveness of the partnership's systems to process adult protection referrals was variable.

2.2.1. Our analysis of redacted adult protection referrals determined there were delays in the processing of referrals in just under one-third of them. The partnership needed to improve on this to make sure all adult protection referrals were progressed in a timely manner.

Recommendation for improvement
The partnership should make sure that all adult protection referrals are processed timeously.

2.2.2. The partnership consistently applied the three-point test, but did not always record its application on Care First, making scrutiny and quality assurance challenging.

2.2.3. The partnership had recently reviewed its adult protection procedures. They contended these would address the weaknesses we found in the inspection.

2.2.4. In this partnership, adult support and protection stages (for example, referral, duty to inquire, investigation and case conferences) were not clearly separated and defined; they tended to overlap.

2.2.5. The partnership populated observations fields (case progress notes) rather than investigation report forms (AP3) to record details of the investigation process and findings, including the assessment of risk.

2.2.6. When the partnership carried out formal adult support and protection investigations, quite a lot of information gathering and risk assessment activity occurred in the duty to inquire phase.

2.2.7. There were sometimes delays with frontline staff filling in the adult support and protection forms – reports of initial inquiries, reports of investigations.

2.2.8. There were sometimes delays with nominated officers (managerial role) filling in the adult support and protection form, resulting in a backlog.

2.2.9. Managers acknowledged the quality of the completion of the adult support and protection forms was variable. There was no stated timescale for the completion of adult support and protection investigations. We considered this was an area for improvement and prescribed clear timescales.

2.2.10. More work was needed to improve police officers' understanding of consent and capacity and how to apply them accurately when attending adult protection related incidents.

2.2.11. Accident and emergency unit medical staff we met said that they commonly made adult protection referrals. However, they expressed a strong view that, for them, structures and pathways into adult support and protection pathways were not clear.

Information sharing

Police records

- **73%** of police records contain all information about adult support and protection related incidents.
- **59%** of police records contain case conference minutes.
- **66%** of police records contained a chronology.
- **81%** of records contained a police vulnerable person's database on file.
- **90%** of the vulnerable person's database entry contains details of adult protection concerns.
- **64%** of the vulnerable person's database entry contained a chronology.

2.3. The police concern hub shared information timeously, appropriately and succinctly.

2.3.1. The police were confident social work responded well to their vulnerable persons' database reports and said that if certain priority cases arose they phoned social work as well as passing on the vulnerable person's report. Responses were typically very positive.

2.3.2. They had a daily multi-agency clinical 'huddle' at Newcraigs psychiatric unit, which they considered worked effectively, including productive discussions about application of the three-point test.

2.3.3. The police risk and concern hub introduced additional escalation protocols to supplement the national requirements. These management reports provided enhanced risk identification and prioritisation tools.

2.3.4. Police reported that due to the Highland single-agency model, incidents they attended resulting in an adult's referral to other services (such as health) removed the need to submit the relevant police concern report. Police managers intimated this was subject to appropriate quality assurance.

Initial inquiries (duty to inquire)

2.4. The partnership accepted there was a significant area of overlap between what constituted duty to inquire activity and what constituted investigation activity. Figure 4 illustrates the process we saw in most of the records we read; Figure 5 illustrates the revised and improved process.

Figure 4

ASP1 - referral form
ASP2 - report of initial inquiry
ASP 3 - investigation report
ASP4- - protection plan

ASP 1 - staff member recorded the details of the adult protection referral

ASP 2 - Council officer apppointed to carry out initial inquiry, nominated officer completed and signed off the ASP 2

- Could be delay in nominated officer completing and signing off forms.
- Nominated officer recorded the outcome of initial inquiry rather than an account (narrative) of inquiry.
- Account of inquiry might be included in observations (case notes) by allocated worker.

ASP 3 - if episode to proceed to investigation council officer appointed. Second person appointed. Council officer completed ASP 3

- ASP 3s we read tended to contain a risk assessment and outcome of the investigation, rather than an account of the investigation. Account might be in observations.
- No timescale for the completion of invstigations.

ASP 4 - this contained the risk management plan / protection plan (post ASP case conference)

Figure 5

ASP 1- staff member records details of adult protection referral

ASP 2 - council officer apppointed to carry out initial inquiry, council officer completes ASP 2, nominated officer signs off

ASP 3 - if episode to proceed to investigation council officer appointed. Second person appointed. Council officer completes ASP 3

- Still no timescale for the completion of investigations.

ASP 4 - this contains the risk management plan / protection plan (post ASP case conference)

Full adult protection investigations

Adult protection investigations

- **98%**of investigations effectively determined if the adult was at risk of harm.
- **67%** of investigations rated good or better.
- **33%** of investigations rated adequate or worse.

2.5. Team leaders confirmed that the detail of investigations was recorded in the CareFirst observations screens rather than in the requisite form (AP3), which tended to only contain very limited detail of the investigation process and findings. They agreed that this meant that staff from other agencies who attended case conferences only received limited information in advance of the case conference.

2.5.1. The partnership acknowledged current adult support and protection key processes needed to be changed, hence the revised process shown in Figure 5. Staff were consulted on this and they have been trained. They agreed the revised process was an improvement on the current key process.

2.5.2. The issue of capacity was a challenge, particularly where capacity fluctuated. There were no real issues with requesting capacity assessments although there were sometimes delays; on occasion, this could be weeks.

2.5.3. Mental health officers required two weeks' notice to attend adult protection case conferences[11]. If it took two weeks to assign a mental health officer to an adult protection case, this meant that the stated 10-day timescale (on completion of the investigation stage) for the convening of an adult protection case conference would not be met.

> "The council officer's role once the investigation commenced was excellent. They put the family at the centre. Everything was made clear, except timescales".
>
> (Unpaid carer)

Chronologies, risk assessment and risk management

Chronologies

- **60%** of adults at risk of harm had a chronology when we considered they should have had one.
- **40%** of adults at risk of harm did NOT have a chronology when one should have been present.
- **89%** of chronologies were of an acceptable standard.

[11] Mental health officers also required two week's notice to attend case conferences related to the Adults with Incapacity (Scotland) Act 2000

Risk assessment and management

- **98%** of adults at risk of harm had a risk assessment.
- **53%** of risk assessments rated good or better.
- **96%** of individuals who required a risk management plan had one.
- **56%** of risk management plans rated good or better.

2.6. The partnership performed well on preparing risk assessment and risk management plans (protection plans) for adults at risk of harm. The quality of risk assessments and risk management practice was variable.

2.6.1. The partnership completed valid chronologies for just over half of the adults at risk of harm who required one. We considered this was an area for improvement.

Recommendation for improvement
The partnership should make sure that social workers prepare well-balanced, valid chronologies for all adults at risk of harm who require them.

2.6.2. Managers spoke of a strong multi-agency focus on actions to increase protective factors. They confirmed that they were unable to use the chronology screen on CareFirst.

2.6.3. GPs were frustrated about requests for capacity assessments as a matter of routine, where no medical concern was evident. This sidetracked them from providing treatment. The police expressed some frustration that it continued to be challenging getting capacity assessments.

Large-scale investigations

2.7. The partnership undertook large-scale investigations appropriately and conducted them in a very thorough and professional manner. They delivered outcomes of enhanced safety and wellbeing for the adults at risk involved.

Adult protection case conferences

Adult protection case conferences

- **96%** appropriate cases the partnership convened an adult protection case conference for individual.
- **81%** of relevant professional parties were invited.
- **51%** more than half, of the invited parties failed to attend the case conference.
- **56%** of case conferences invited the adult at risk of harm.
- **63%** of adults at risk of harm attended if invited.
- **72%** of case conferences rated good or better.

2.8. Almost all of the interested parties viewed adult protection case conferences very positively. Case conferences diligently pulled together all of the relevant information about the circumstances of the adult at risk of harm and then determined how best to protect and support the adult at risk of harm. There was good involvement from third sector and independent sector providers.

2.8.1. Our file reading showed police and health attendance at adult protection case conferences was an area for improvement.

- Nineteen per cent of adult protection conferences did not have a police representative in attendance.
- Thirty-three per cent of adult protection conferences did not have a health representative in attendance.

2.8.2. Unpaid carers who attended case conferences said their views were listened to and taken on board.

2.8.3. Some adults at risk of harm and their advocates said that despite attending the case conference at the specified time, they were kept waiting and only invited into the meeting once a decision had been made.

2.8.4. On a positive note, one adult at risk of harm said **"I had spoken to some of the people before the meeting. They encouraged me to talk at the meeting. I knew it was to keep me safe"**. Another expressed a more negative view "Too many people at the meeting, the room was small and hot and I felt overwhelmed by it all. I started to feel paranoid".

Independent advocacy

Independent advocacy

- **43%** individuals who needed advocacy were offered it.
- **57%** of individuals who needed advocacy were not offered it.
- Only **54%** of individuals offered advocacy actually received it.
- **80%** of individuals who got advocacy were supported to articulate their views.

2.9. Independent advocacy played a vital role in making sure that the views of adults at risk of harm and their unpaid carers were articulated and taken into account by the partnership. This was particularly important when there was tension between adult protection professionals and the adult at risk of harm or the unpaid carer. Ensuring the appropriate offer and deployment of independent advocacy to adults at risk of harm was an area for improvement.

Staff knowledge and use of legislation

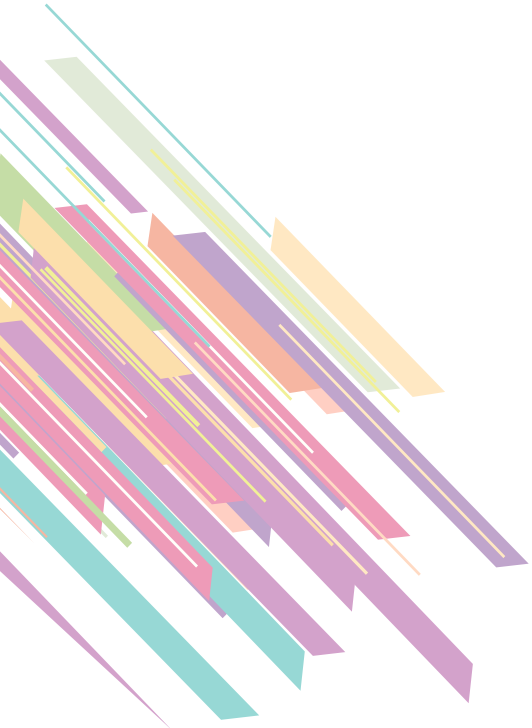
2.10. In general, council officers and other staff were suitably knowledgeable about the legislation applying to adult protection. They received good support with this from adult protection managers.

Support for adults at risk of harm to achieve personal outcomes other than adult protection

2.11. The partnership generally delivered positive (non-protection) desired personal outcomes for adult at risk of harm.

Review adult protection case conferences

2.12. In the main, adult protection review case conferences were convened timeously and appropriately. These were conducted regularly and appropriately, where the three-point test still applied to the adult at risk of harm.



Highland partnership

Leadership for adult support and protection was

ADEQUATE

strengths just outweigh weaknesses

because:

There was some evidence to support leaders' assertions that the Highland single agency model delivered benefits for adult support and protection – particularly communication between social workers and health professionals. Despite the single agency model, challenges around electronic information sharing between social work and health staff remained a persistent challenge. Chief officers' governance of adult support and protection was an area for improvement, which leaders acknowledged. The governance and associated quality assurance and performance management roles of the adult support and protection committee needed to be refreshed and strengthened, as did the links between the adult protection committee and the chief officers group.

3. Leadership for adult support and protection in Highland

Leaders support for partnership working

3.1. There was evidence from, among others, the chief officers group of the benefits (added value for adult protection) resultant from the single agency model.

3.1.1. Senior managers asserted that conversations for example, between police and health, which would not have happened under the previous structure, were happening regularly now.

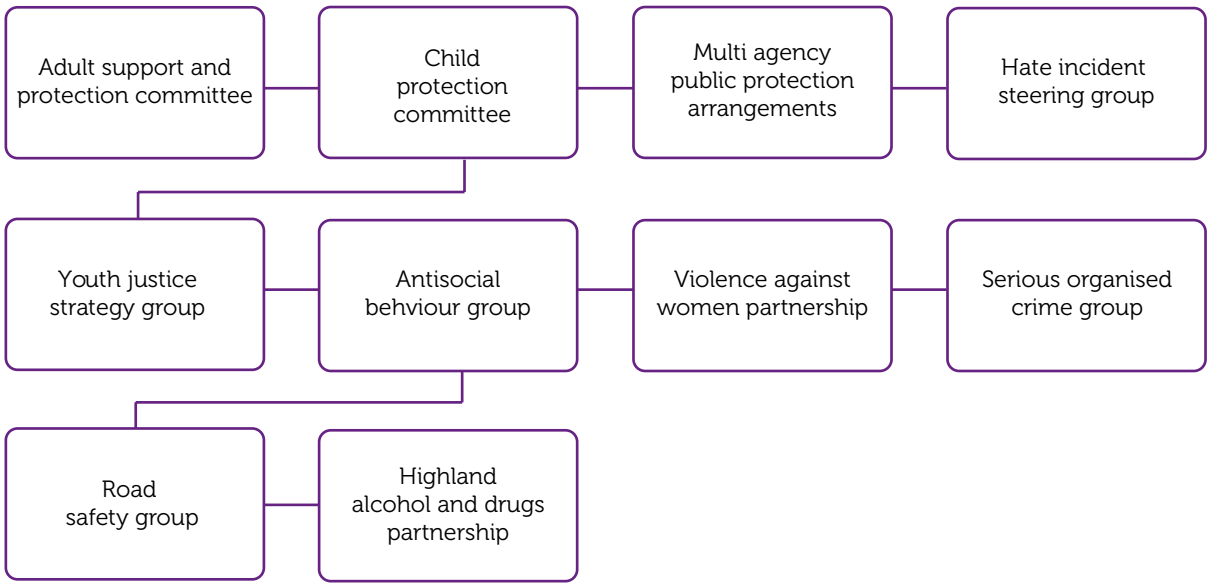
3.1.2. The single budget, single management model has created shared responsibility and while adult support and protection was previously viewed as a social work issue, this was now a shared adult services responsibility. Adult support and protection was well established as a high priority.

3.1.3. There was recognition that the role of the adult support and protection committee was not just about social work – much of their work was with the police. The Adult Support and Protection Committee had a very good working relationship with colleagues in the police.

"I just have to pick up the phone."

Vision

3.2. The partnership had clearly articulated its vision for adult support and protection. The complex structure of the Safer Highland grouping did not always best facilitate the promulgation of this vision.



Safer Highland Grouping 1

Leadership for delivery of adult protection practice

3.3. There was joint training involving police officers and council officers. They have had 'crossing the acts' training, about the suite of legislation pertaining to adult support and protection.

3.3.1. Members of the adult support and protection committee attested to the need to train staff who worked in NHS accident and emergency units. Those emergency medicine doctors we met intimated they knew little about adult protection compared to the knowledge and experience that they had about child protection.

3.3.2. Our evidence from the focus group of frontline police officers was of high morale and motivation to carry out adult support and protection work. While some specialist areas felt well trained in relation to adult protection, frontline officers were not confident about consent, capacity, and the three-point test.

3.3.3. Team leaders and council officers considered that the recently revised adult support and protection procedures were clear and helpful.

3.3.4. There were well-established escalation protocols in place that delivered a joint and robust decision making framework even where individuals were out of services reach and harm was difficult to prevent.

3.3.5. Adult support and protection training was well received, and deemed helpful by staff from different agencies and disciplines.

Quality assurance

3.4. Senior police officers were very positive about their risk and concern model and described the risk and concern hub as the "engine that drives the police adult protection activity". The staff working in the concern hub were very well motivated.

> Police concern hubs have been a very positive development.

3.4.1. The partnership was reaching the end of the implementation phase of the current adult support and protection improvement plan. There would be a new plan. One of the actions in the plan was the preparation of a refreshed adult support and protection procedure and significant changes to the adult support and protection processes and recording (see graphics on pages 57 and 58). There was a drive to deliver improvement with the much-needed changes to adult support and protection key processes.

3.4.2. The police used audits successfully to engender improvement, rather than expose poor practice.

3.4.3. The police audited 178 adult protection episodes for one month. Concern hub officers gave feedback to shift officers about good work and this was very well received by them.

3.4.4. The concern hub made good use of performance data to inform and drive improvement.

3.4.5. The fire control group worked well to review and learn from significant fires. The work of this group had attracted national recognition.

Leadership exercised by adult protection committee and chief officers group

3.5. Adult support and protection committee members recognised the committee needed to find out about the difference adult support and protection activity made to the lives of adults at risk of harm. We considered relatively little had been done to give effect to this.

3.5.1. The adult support and protection committee did initiate some self-evaluation and audit activity but this was somewhat lacking in direction, leadership and implementation of required improvements.

3.5.2. The adult support and protection committee had played a leading and positive role in the development of adult protection training.

3.5.3. The adult support and protection committee was effectual in its promotion of partnership working with the third sector and partnership working in general.

3.5.4. Third sector partners we met said "all adult committee meetings were productive".

3.5.5. The improvement group (sub group of the adult support and protection committee) did exercise a governance and oversight role for adult support and protection. It initiated audits of adult support and protection case records, prepared an improvement plan, and attempted to drive and deliver the required improvements. But there was a clear disconnect between this group and the wider membership of the adult support and protection committee .

3.5.6. Adult support and protection committee members acknowledged that Highland has never had a significant case review related to adult protection. They recently had an initial case review, which they decided not to progress to a significant case review. We considered the partnership should include significant case reviews in its review of the governance arrangements for adult support and protection.

This partnership acknowledged governance of adult support and protection needed to be reviewed the refreshed.

3.5.7. There was a degree of disconnect between the chief officers group and the adult support and protection committee.

3.5.8. Partnership leaders acknowledged that the Safer Highland grouping (see graphic on page 65) was complex and encompassed a wide range of issues and stakeholders. This had implications for the sound governance of adult support and protection.

3.5.9. On a positive note, police were very clear about the need for the governance arrangements for adult protection to be reviewed and streamlined. Other members of the chief officers group strongly supported this view.

Role of the chief social work officer

3.6. The chief social work officer asserted that the professional leadership of social work and social workers was well established and embedded. This included leadership for the social work role and contribution to adult support and protection.

3.6.1. The chief social work officer asserted that the single agency model – some social workers were employed by Highland Council and some were employed by NHS Highland - was no barrier to exercising effective leadership and support for social workers.

> The partnership thought that the single agency model was no barrier to exercising of leadership for social work.

Dundee City partnership

Outcomes for adults at risk of harm were

ADEQUATE — strengths, just outweigh weaknesses

because:

The partnership made sure that the choices of adults at risk of harm were respected and adult protection intervention was pursued in the least restrictive manner. In general, adults at risk of harm were safer, had enhanced wellbeing and an improved quality of life, which was consequential of their adult protection journey. The partnership had not undertaken enough work to identify and measure outcomes for adults at risk of harm. The deficiencies in the partnership's adult protection key processes – readily accepted by the partnership – had the clear potential to have an adverse impact on the outcomes for adults at risk of harm.

Recommendations for improvement: The Dundee City partnership

1. **The partnership should make sure that its key processes for adult support and protection follow a clearly defined path, which council officers and other staff fully understand and implement.**
2. **The partnership should make sure that full implementation of its ICT system is achieved in order to meet the user needs of council officers and other users to record all adult protection information clearly and effectively.**
3. **The partnership should make sure that it prepares valid chronologies, risk assessments and risk management plans for all adults at risk of harm who require them.**

1. Outcomes for adult support and protection in Dundee City

Partnership pursues least restrictive options and respects choice

1.1. Practitioners were well aware of their obligation to pursue the least restrictive protective options for adults at risk of harm that benefited the individual and respected their choice.

Timely multi-agency response to adult protection concerns

1.2. There was compelling evidence of a timely, multi-agency response to adult protection referrals. In the main, adult protection partners were clear about how to pursue an adult protection referral. Accident and emergency unit staff were an exception to this.

1.2.1. Frontline police officers considered adult protection pathways through the police and their services had become clearer. They perceived they were required to support increasing numbers of marginalised individuals.

1.2.2. The police response to adult protection concerns was more timely and effective as they had increased resources to clear their backlog of adult protection referrals and implemented a revised triage system.

1.2.3. All unpaid carers we met said that once an adult support and protection issue was identified, professionals from different agencies and disciplines reacted in a timely and effective way.

1.2.4. Adult protection referrals from banks were increasing. There was a banking network. This was a good response from the banking sector that delivered good outcomes for adults at risk of financial harm.

Involvement of adults at risk of harm and unpaid carers

Involvement of adults at risk of harm

- **93%** of adults at risk of harm's views sought and taken into account at initial inquiry stage.
- **79%** had views sought and taken into account at investigation stage.
- **90%** had views sought and taken into account at implementation of protection plan and review stage.

1.3. In general, the partnership supported involvement and inclusion for adults at risk of harm.

1.3.1. In general, unpaid carers said that they had been appropriately involved in the partnership's efforts to delivering personal outcomes for the adult at risk of harm.

1.3.2. On occasions, adults at risk of harm wanted to attend case conferences but staff advised them that it was not in their best interests. More could be done to overcome barriers to adults at risk of harm attending case conferences.. The partnership should consider the needs of adults at risk of harm when setting venues for case conferences.

1.3.3. The chief officers group considered that measuring outcomes for adults at risk of harm and responding to the pace of change had been challenging.

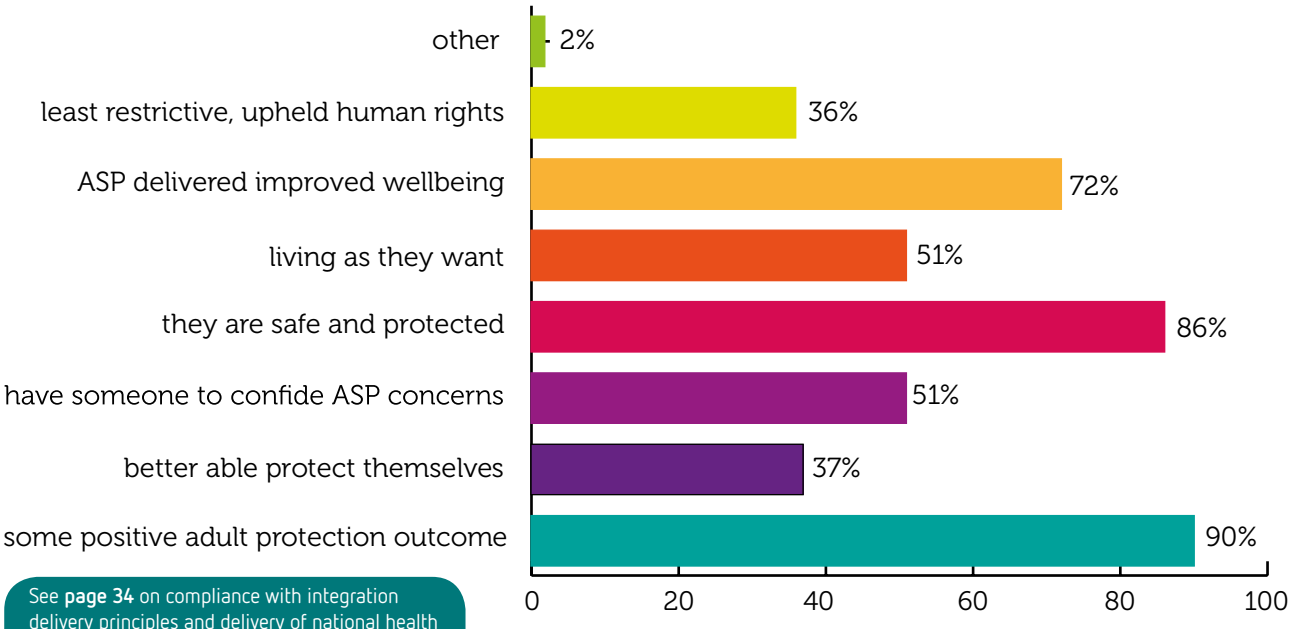
1.3.4. There was compelling evidence that The Fire and Rescue Service delivered positive enhanced outcomes for adults at risk of harm. They made an important contribution to assessing and managing risk to vulnerable individuals.

1.3.5. The integrated substance misuse service successfully assessed and managed the risks for many vulnerable individuals who did not meet the three-point test.

Outcomes for safety, protection and support

1.4. Overall, the partnership delivered positive outcomes for adults at risk of harm (Figure 5). They were made safe and had enhanced wellbeing and quality of life. They no longer lived in a state of fear and anxiety.

Figure 6: outcomes for adults at risk of harm in Dundee City



See **page 34** on compliance with integration delivery principles and delivery of national health and wellbeing outcomes.

1.4.1. The partnership had developed a lead-agency model for vulnerable people who were not subject to adult support and protection but did have complex needs and continually presented to services. This model delivered improved outcomes for these individuals. We considered this was a commendable development.

1.4.2. All unpaid carers we met reported that the person they cared for was safe and protected as a consequence of the partnership's adult protection interventions.

1.4.3. The revised police triage system contributed to a process that provided reassurance that adults at risk of harm were made safe and protected as a consequence of police actions.

1.4.4. The partnership's internal adult protection evaluation work found that outcomes for adults subject to adult support and protection were positive. However, it found that delivery of key processes was not as strong as it could be and evidence to support decision making was often absent from files. This self-assessment by the partnership was entirely congruent with our analysis.

Financial harm

- **27%** of cases there was evidence of financial harm to the individual.
- **54%** of case this was greater than £1000.
- **77%** of cases evidenced that the partnership had acted to stop the abuse.
- **80%** of cases showed that this had been effective.

1.4.5. The partnership did effective work on financial harm. This stopped the harm and ended the trauma and loss of amenity for the victims.

Remedial work with perpetrators (harmers)

Perpetrators

- **63%** of cases evidenced that there was a perpetrator of harm to the individual.
- **77%** of cases showed that the partnership had taken actions against the alleged perpetrator.
- **100%** of cases showed that the partnership carried out work with the alleged perpetrator where appropriate.

1.5. The partnership carried out some effective work with the perpetrators of harm to vulnerable adults.

Dundee City partnership

Key processes for adult support and protection were

because:

The partnership readily acknowledged the deficiencies in their key processes that we identified. Indeed, their own internal audits had shown similar deficits. The pace of improvement activity had been relatively slow. For most adult protection episodes, all of the partnership's adult protection activity was squeezed into the duty to inquire stage and there was no clear and consistent delineation between the adult protection stages of initial inquiry, investigation, case conferences, post case conference protection activities and implementation of protection plans. The partnership acknowledged it had not convened enough adult protection case conferences, but this was improving, with increased numbers of case conferences. Chronologies, risk assessments and risk management plans for adults at risk of harm were key areas for improvement. The partnership was optimistic that its relatively new ICT system would support improvement in key processes for adult support and protection. But implementation was beset with a number of significant problems that required to be rectified. Despite the issues outlined above, adults subject to adult support and protection were generally safe and protected.

2. Key processes for adult support and protection in Dundee City

Operational management of adult support and protection

2.1. Operational management for adult support and protection was variable. This was reflected in a number of key process deficits, which both the partnership and we considered were areas for improvement.

2.1.1. Frontline practitioners were confident there was decisive and consistent operational management of adult support and protection.

2.1.2. The partnership's adult support and protection procedures had recently been revised and they addressed some of the key process issues that we discerned at our file reading.

2.1.3. The partnership had placed many of its aspirations for key process improvement in the setting up of its new ICT system, Mosaic[12]. Unfortunately, from a frontline practitioner perspective, the new system and its implementation was beset with teething problems, which were proving difficult and time consuming to rectify.

> There were significant issues with the full implementation of the main partnership IT system.

2.1.4. We found evidence that the adult support and protection procedures and associated documentation were not readily accessible online to staff from across the partnership. We considered this was an issue that the partnership could quickly rectify.

Progressing of adult protection referrals

ASP referral analysis

- **94%** showed communication between partners.
- **89%** applied three-point test correctly.
- **90%** recorded application of three point test.
- **95%** of referrals processed timeously.
- **54%** of referral handling rated good or better.
- **46%** rated adequate or worse.

[12] The health and social care partnership's ICT issues were related to how it had configured the Mosaic system for users to record adult protection information. This does not constitute any criticism whatsoever of the system itself.

2.2. The evidence from our analysis of redacted referrals was that the partnership processed adult protection referrals timeously.

2.2.1. The police concern hub operated effectively to assess, triage and pass on the abundance of information about adults at risk of harm it received.

2.2.2. Police focus groups highlighted frontline officers' lack of understanding of consent, capacity and the three-point test.

2.2.3. In general, we found that the partnership correctly applied the three-point test for adult protection referrals and it clearly recorded its application.

2.2.4. We considered that the early screening group (which the partnership had positively evaluated) made a valuable contribution to making sure that intimations of concern about adults at risk of harm were dealt with appropriately.

Information sharing

Police records

- **74%** of police records contain all information about adult support and protection related incidents.
- **0%** of police records contain case conference minutes.
- **59%** of police records contain a chronology.
- **77%** of records contain a police vulnerable person's database on file.
- **68%** of the vulnerable person's database entry contains details of adult protection concerns.
- **65%** of the vulnerable person's database entry contains a chronology.

2.3. The main electronic information sharing issue for the partnership was in addressing information security and governance concerns that acted as barriers to achieving full implementation of the Mosaic system across all relevant staff groups. We considered this was an area for improvement.

Recommendation for improvement
The partnership should make sure that full implementation of its ICT system is achieved in order to meet the user needs of council officers and other users to record all adult protection information clearly and effectively.

2.3.1. Accident and emergency unit staff at Ninewells Hospital did not know if an individual was subject to adult protection. This was a clear gap in the system for adults at risk of harm and this constituted a definitive area for improvement.

2.3.2. In the main, the police concern hub shared and recorded adult protection information relatively effectively.

2.3.3. Police adult protection records did not contain minutes of adult protection conferences. Police managers intimated this was due to the decision not to include these minutes in the bundle of police records prepared for our joint inspection.

Figure 7

Dundee and its protracted intial inquiry stage (IRD stage)

Initial inquiry

- This stage could be somewhat protracted and in some instances involve a number of interviews with the adult at risk of harm.

Initial referral discussion (IRD) meetings

- In Dundee, all of the stages of the adult protection process were frequently squeezed into the IRD stage.
- These were quasi ASP case conferences, without the presence of the adult at risk of harm, unpaid carers or independent advocates. In some cases there were three or four IRD meetings required to identify whether or not the adult met the criteria for intevention under the Act and to establish if they had capacity.
- The adult at risk of harm's adult protection journey often stopped at this point.

Full investigation stage

- We did not see many reports of full investigations at file reading.

Adult protection case conference

- The partnership acknowledged there had been a limited number of adult protection case conferences. Our file reading results were skewed by that fact that we had to analyse 15 reserve records to find adult protection case conferences. This was changing and staff reported more case conferences were convened.

Post ASP case conference protection activity

- We saw very few protection plans and implementation thereof at file reading.

Initial inquiries (duty to inquire)

2.4. Figure 7 sets out the key process deficits we identified for the partnership. The partnership concurred with our analysis of what key processes needed to improve.

Recommendation for improvement
The partnership should make sure that its key processes for adult support and protection follow a clearly defined path, which council officers and other staff fully understand.

Full adult protection investigations

Adult protecton investigations

- **79%** of individuals subject to ASP investigation.
- **21%** should have had an investigation but did not.
- **100%** of investigations effectively determined if the adult was at risk of harm.
- **83%** of investigations rated good or better.

2.5. The partnership carried out fewer adult protection investigations than we considered it should. Where it did, they were carried out to a high standard.

Chronologies, risk assessment and risk management

Chronologies

- **66%** of adults at risk of harm had a chronology when we considered they should have had one.
- **44%** of adults at risk of harm who should have had a chronology did NOT have one.
- **65%** of chronologies were of an acceptable standard, **35%** were not of an acceptable standard.

Risk assessment and protection planning

- **57%** of adults at risk of harm had a risk assessment.
- **43%** of adults at risk of harm who should have had a risk assessment did not have one.
- **67%** of risk assessments rated good or better.
- **65%** adults at risk of harm had risk management plan if required.
- **30%** of the adults at risk of harm who should have had a risk management plan did not have one.
- **61%** of risk management plans rated good or better.

2.6. Our file reading results indicated that there was considerable scope for improvement for:

- chronologies
- risk assessments
- risk management/protection plans.

2.6.1. The fact that 43% of the adults at risk of harm did not have a risk assessment was not conducive to their safety. We considered that this was a critical area for improvement.

Recommendation for improvement
The partnership should make sure that it prepares valid chronologies, risk assessments and risk management plans for adults at risk of harm who require them.

Large-scale investigations

2.7. The partnership had comprehensive guidance for conducting large-scale investigations and it executed them competently. We read about a number of large-scale investigations at our file reading. Our analysis of one was *"The large-scale investigation delivered a safer environment in the care home for the adult at risk of harm and for all of the other residents".*

> *"The large-scale investigation delivered a safer environment in the care home..."*

Adult protection case conferences

Adult protecton case conferences

- **94%** case conferences convened when required (see skewed).
- **32%** of invited parties did not attend.
- **38%** of case conferences, adult at risk invited.
- **58%** of adults at risk attended if invited.
- **85%** of case conferences rated good or better for effectivness.

2.8. Within this partnership, initial referral discussions operated more or less as case conferences. We saw comparatively few case conference reports at our file reading. This was changing and staff reported more case conferences were convened for adults at risk of harm who clearly met the three-point test. It was too early to tell if this welcome change to the key processes was effective.

2.8.1. Our file reading showed health attendance at adult protection case conferences was an area for improvement. Commendably, the police attended almost all adult protection case conferences.

- Six per cent of adult protection conferences did not have a police representative in attendance.
- Twenty-six per cent of adult protection conferences did not have a health representative in attendance.

2.8.2. All bar one of the unpaid carers we met who had attended a case conference were well prepared for this experience by social work. However, our file reading evidence demonstrated that unpaid carer attendance at case conferences was an area for improvement (almost half of those who should have been invited were not).

2.8.3. Supporting adults at risk to attend adult protection case conferences was another area for improvement.

Independent advocacy

Independent advocacy

- **90%** of adults at risk of harm were needed advocacy were offered it.
- **78%** of them received advocacy, **22%** did not.
- **94%** of individuals who received advocacy were supported to articulate their views.

2.9. The partnership performed reasonably well on delivery of independent advocacy to adults at risk of harm.

2.9.1. Advocates expressed a desire to participate in joint training to enhance mutual understanding of roles, and break down barriers.

2.9.2. The partnership elicited some feedback from independent advocacy services, but did not always respond to this timeously. The partnership acknowledged this was an area for improvement.

Staff knowledge and use of legislation

2.10. In general, staff were knowledgeable about legislation applicable to adult support and protection.

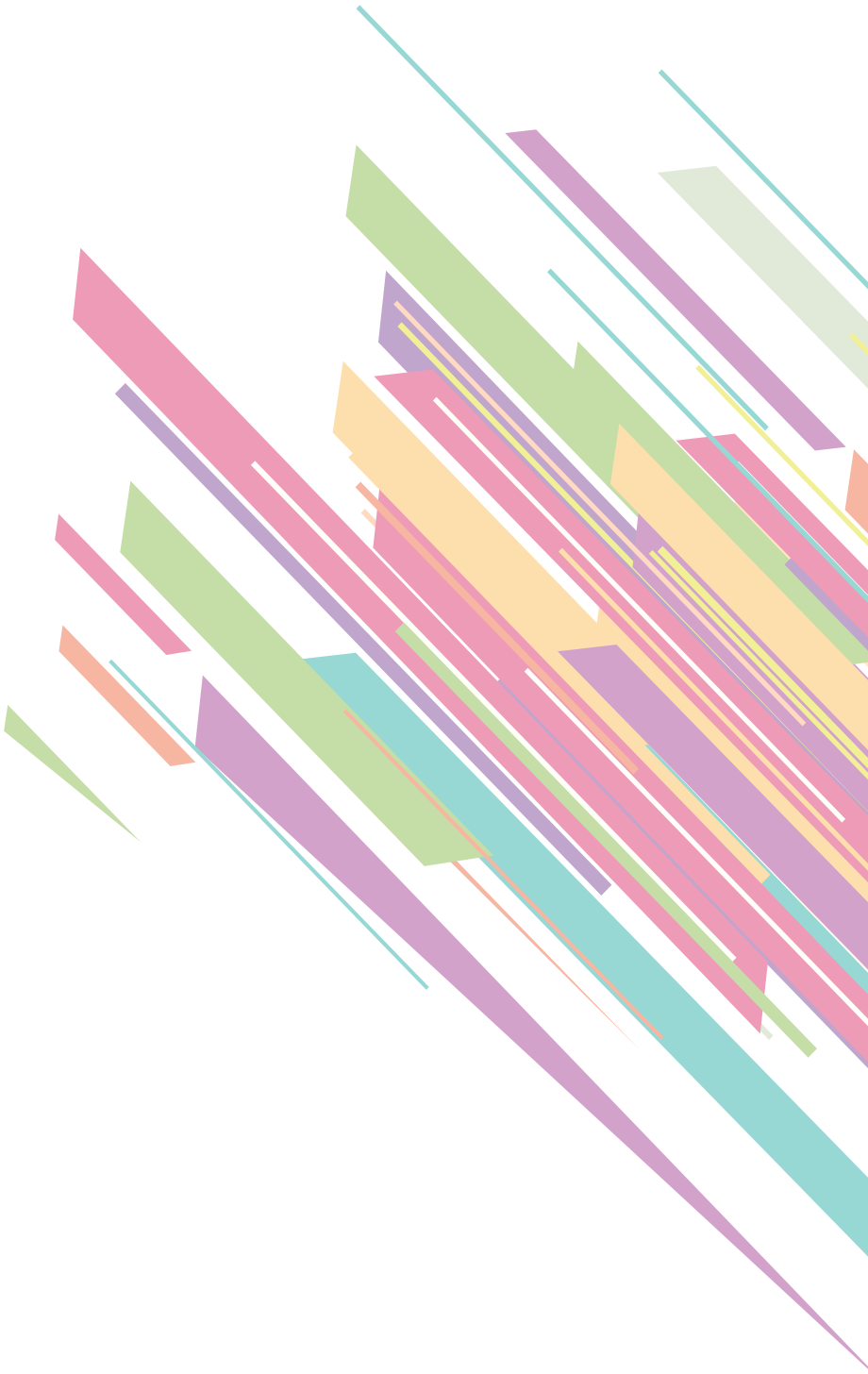
2.10.1. There was a mixed picture about access to capacity assessments for adults at risk of harm. There were delays obtaining an assessment in some cases – to the potential detriment of the adult at risk of harm.

Support for adults at risk of harm to achieve personal outcomes other than adult protection

2.11. In the main, the partnership deployed suitable services and support to successfully deliver desired personal outcomes for adults at risk of harm that were not related to protection.

Review adult protection case conferences

2.12. The partnership mainly conducted adult protection review case conferences timeously and appropriately.



Dundee City partnership

Leadership for adult support and protection was

ADEQUATE — **strengths just outweigh weaknesses**

because:

The adult protection committee and the chief officers group afforded positive leadership for adult protection. Leaders within the partnership accepted all of the findings of our joint inspection and recognised that they needed to stimulate improvement in a number of critical domains. We considered this was a very helpful approach, which was commensurate with delivering progress with adult support and protection in the partnership. The adult protection committee actively promoted the welcome development of admirable initiatives to promote safety and fairness for vulnerable individuals in Dundee.

3. Leadership for adult support and protection in Dundee City

Leaders support for partnership working

3.1. Leaders within the partnership afforded a high priority for adult support and protection and effectively promulgated this to all levels of the partnership.

3.1.1. Evidence for this included the favourable views of frontline police officers we met.

> "Adult support and protection is high priority from top to bottom."
>
> "We see people we refer to social work helped within a couple of hours."
>
> "Historical barriers to sharing information are down. This was happening before adult support and protection legislation but this has consolidated the cultural shift well."
>
> "There is a positive culture of leadership in the partnership."

3.1.2. The health and social care partnership had cemented strong strategic relationships with the police, which modelled supported and developed good partnership working.

Vision

3.2. Staff from across the partnership were able to articulate a clear vision and cogent strategy for adult protection.

3.2.1. The police showed commendable commitment to improvement, by deployment of additional resources to clear a backlog of vulnerable person reports.

Leadership for delivery of adult protection practice

3.3. Partnership leaders accepted our findings on deficits in key adult protection processes. This was a positive indicator of capacity for improvement.

3.3.1. Partnership leaders acknowledged that previously identified adult protection key process deficits had not been subject to a robust and timely drive for improvement.

Quality assurance

3.4. There was evidence that the partnership carried out the following performance management, self-evaluation and related audit activities:

- balanced scorecard
- small sample audits of adult protection case records
- self-evaluation of adult protection.

3.4.1. Leaders intimated they were very keen to try to elicit information about outcomes from adults at risk of harm but this had proved elusive and difficult. Despite this, operational staff indicated that were no specific fields in the Mosaic system to record outcomes for adults at risk of harm (that is, data that could be digitised and aggregated). We considered this was an area for improvement.

3.4.2. The health and social care locality manager with a portfolio lead for protecting people and the NHS adult protection lead jointly chaired the adult support and protection and public protection quality assurance group. We considered this reflected a strengthening approach to partnership working.

3.4.3. The partnership needed to make sure that when it identified areas for improvement, this was followed up with robust action.

Leadership exercised by adult protection committee and chief officers group

3.5. Governance for the quality of adult support and protection and other public protection activity was in transition following the newly introduced health and social care partnership strategic planning and delivery structures.

3.5.1. The adult protection committee had overseen a number of positive developments for adult support and protection.

3.5.2. Trading standards had appointed a dedicated officer to work on financial harm to vulnerable adults and to enhance the partnership between trading standards and the other adult protection partners.

3.5.3. There was a representative from the banking sector on the adult protection committee. We considered this was a very positive development.

3.5.4. The convener considered that the work with the banking sector to prevent and stop financial harm to vulnerable adults had not yet reached its full potential.

3.5.5. The banks were keen to get information from the adult protection partnership about who the vulnerable individuals were. Understandably, this presented confidentiality challenges for the partnership.

3.5.6. The multi-agency roles and responsibilities training (initiated by the adult protection committee) had been relatively successful.

3.5.7. Members of the adult protection committee were aware that under the revised adult support and protection key processes there should be more case conferences and less initial referral discussion activity.

3.5.8. The adult protection procedures had not been updated commensurate with the inception of the Mosaic ICT system, and this caused confusion for operational staff. The partnership was in the process of addressing this.

3.5.9. The partnership undertook productive work with GPs, which improved their knowledge of adult protection and their involvement in it.

3.5.10. There were briefing sessions for key staff across all agencies. There was a practitioner forum that included staff from every sector, which frequently discussed adult support and protection matters.

3.5.11. There was a representative from independent advocacy services who attended and made a valuable contribution to the adult protection committee.

3.5.12. Independent advocacy services strategic managers were proactive in representing their service, and highlighting adult support and protection issues at various forums both locally and nationally.

3.5.13. The adult protection committee had championed the development of the Dundee Safe Place Initiative (designated town centre venues where vulnerable individuals were assured of safety and help) and the Dundee Fairness Commission (which sought to enhance and develop equality, equity and inclusion in Dundee).

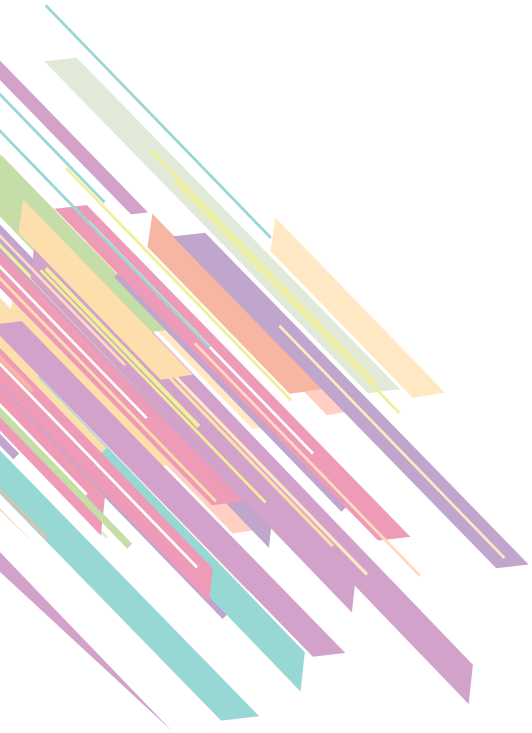
3.5.14. Fire and rescue was now a full member of the adult protection committee. It fulfilled a very positive role on delivering the outcomes of safety, security and enhanced wellbeing to adults at risk of harm and peace of mind to their unpaid carers.

3.5.15. There were no significant case reviews in respect of adult protection over a three-year period. Relatively recently, there had been one completed significant case review and one that was in the process of completion. There was one episode where they decided to go down the route of the NHS adverse event procedure.

3.5.16. The chief officers group evidenced good working relationships and an associated, developing capacity to exercise governance over adult support and protection.

Role of the chief social work officer

3.6. The chief social work officer exercised leadership and support for partnership staff who carried out adult support and protection work.



Aberdeenshire partnership

Outcomes for adults at risk of harm were

ADEQUATE — **strengths, just outweigh weaknesses**

because:

The partnership made sure that the choices of adults at risk of harm were respected and adult protection intervention was pursued in the least restrictive manner. In general, adults at risk of harm were safer, had enhanced wellbeing and an improved quality of life, which was consequential of their adult protection journey. There was an inconsistent approach to adult support and protection across the varied and at times highly rural localities in Aberdeenshire. The partnership needed to do more to measure outcomes for adults at risk of harm and elicit their lived experiences. There was evidence of some effective work carried out with the perpetrators of harm to vulnerable adults.

Recommendations for improvement:
The Aberdeenshire partnership

1. **The partnership should make sure that all adult protection referrals are processed timeously.**
2. **The partnership should make sure that adult protection key processes are applied consistently across the partnership.**
3. **The partnership should set specific timescales for the prompt completion of each phase of the adult protection process.**
4. **The partnership should make sure that social workers prepare well-balanced, valid chronologies for all adults at risk of harm who require them.**
5. **The partnership should make sure that council officers and other staff are appropriately trained to carry out all adult support and protection work.**

1. Outcomes for adult support and protection in Aberdeenshire

Partnership pursues least restrictive options and respects choice

1.1. The partnership adopted a least-restrictive approach to adult protection interventions, which they perceived would benefit the adult at risk of harm and respect their wishes and choices.

1.1.1. Some carers we interviewed were very positive about the partnership's approach, indicating that interventions were appropriate and that the adults at risk and they themselves were included and treated with respect throughout the adult protection process.

1.1.2. Some unpaid carers considered adult protection should have been implemented much sooner for the individual they cared for and this had a detrimental impact on the adult at risk of harm.

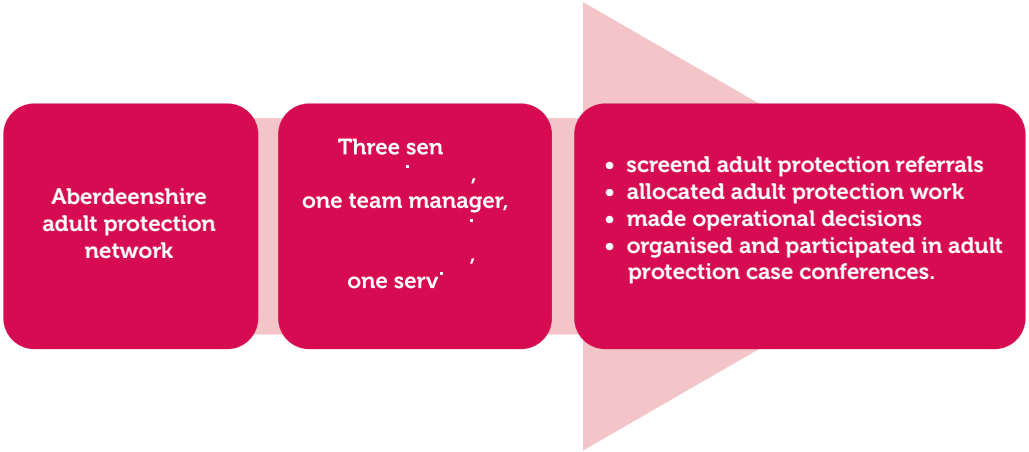
1.1.3. The partnership operated a tiered response to adult protection and concern referrals. The lowest tier offered screening, advice and guidance to referrers, including signposting where applicable. The partnership considered this was effective in providing preventative input and support to individuals, thereby reducing the need for statutory involvement. The partnership was evaluating this approach.

1.1.4. Our analysis of redacted adult protection referrals demonstrated that in 100% of episodes the partnership adhered to the general principles of the Adult Support and Protection (Scotland) Act 2007.

Timely multi-agency response to adult protection concerns

1.2. Partnership staff dealing with adult protection referrals communicated together effectively, to execute a multi-agency response to adult protection referrals. Adult protection partners were clear about how to pursue an adult protection referral.

Adult protection network



1.2.1. Multi-agency staff across the partnership attested to good working relationships. Overall, the single point of contact through the concern hub and adult protection network provided an informed approach to prioritising adult support and protection concerns and a coordinated, focused and proportionate response.

1.2.2. The introduction of virtual community wards had a positive impact on information sharing with frontline staff. They met daily to discuss the needs of vulnerable individuals. This approach efficiently promoted early identification of harm and prevention of harm.

1.2.3. The health Datix was an adverse event reporting system. Health staff used it relatively effectively to engender adult protection referrals.

1.2.4. The NHS Grampian public protection intranet site informed health staff about adult protection and when to make an adult protection referral.

1.2.5. Timely involvement of advocacy service was an issue, whereby the adult at risk of harm sometimes did not receive the required advocacy support throughout their adult protection journey.

1.2.6. The partnership identified challenges obtaining timely capacity assessments. Staff confirmed this and viewed it as a significant barrier to timely intervention to protect adults at risk of harm.

1.2.7. While there was evidence of awareness-raising activity amongst adult support and protection stakeholders, the impact of this within the community was negligible. All the adults at risk of harm and unpaid carers we interviewed said they had little knowledge of adult protection before their direct involvement in it.

1.2.8. The most recent citizen's panel questionnaire indicated that perceptions were mixed about the council's performance in raising public awareness of adult protection issues.

- Most respondents indicated they would contact police or the council if they suspected an adult was being harmed.
- Only 27% of respondents gave a positive rating about the council's performance of raising public awareness of adult support and protection.
- Only 21% respondents positively rated the council provided enough information on what to do if you suspected an adult was at risk of harm.

1.2.9. While these results were somewhat disappointing, we considered that it was commendable that the partnership carried out this survey.

Involvement of adults at risk of harm and unpaid carers

ASP referral analysis

- **93%** of adults at risk of harm's views sought and taken into account at initial inquiry stage.
- **98%** had views sought and taken into account at investigation stage.
- **85%** had views sought and taken into account at implementation of protection plan and review stage.

1.3. In the main, the partnership supported adults at risk of harms' inclusion and involvement at each stage of their adult protection journey.

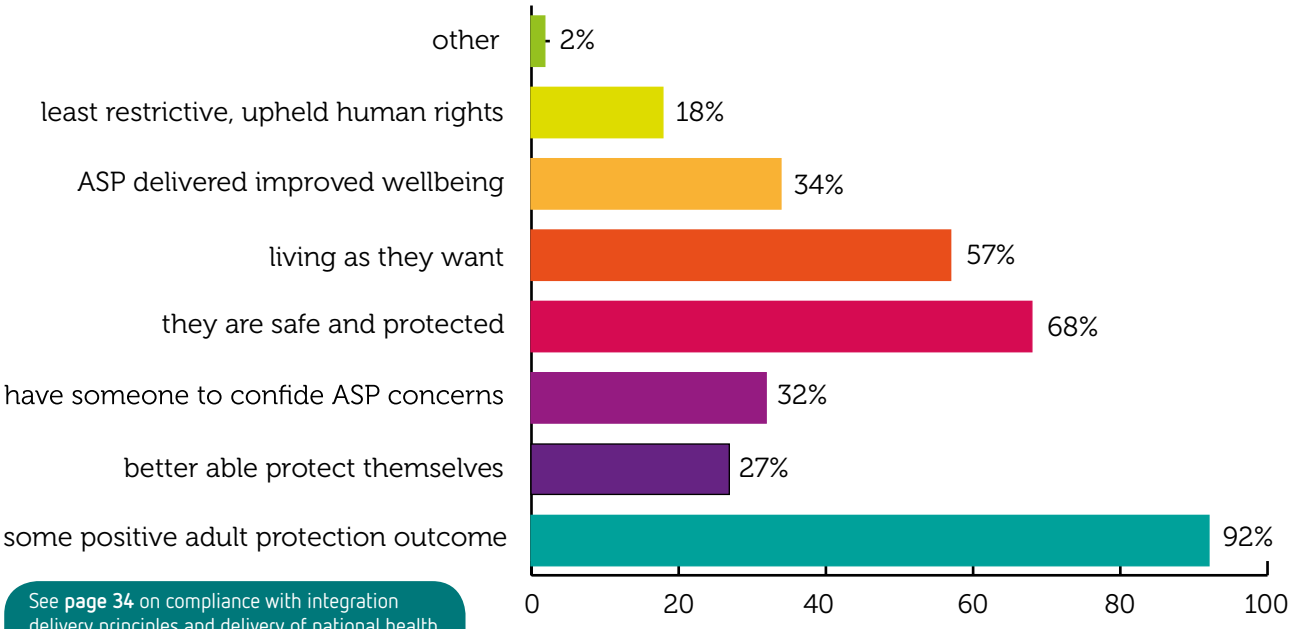
1.3.1. Generally, there was a good sense of consultation, involvement, and provision of information for adults at risk of harm and carers to facilitate participation in adult support and protection processes.

1.3.2. Council officers confirmed that the views of individuals and carers were sought. Carers we interviewed during inspection confirmed that they were included throughout, as was the adult at risk. They were provided with timely information, which allowed them to participate in meetings.

1.3.3. Advocates were of the view that more could be done to involve them more regularly and at an earlier stage, to ensure that individuals were supported to be involved as fully as possible in the adult protection process.

Outcomes for safety, protection and support

Figure 8: outcomes for adults at risk of harm in Aberdeenshire



See **page 34** on compliance with integration delivery principles and delivery of national health and wellbeing outcomes.

1.4. The partnership generally delivered good outcomes for individuals and unpaid carers involved in adult support and protection processes. Adults at risk of harm were safer, had enhanced wellbeing and an improved quality of life.

1.4.1. Figure 8 shows the partnership engendered a range of positive safety, wellbeing and quality-of-life outcomes for adults at risk of harm.

1.4.2. Unpaid carers we met were clear that desired outcomes were achieved (by the partnership) for individuals in relation to safety, wellbeing and support to remain healthy.

1.4.3. The partnership acted relatively cohesively to stop financial harm to individuals. This enhanced their safety and wellbeing.

1.4.4. The partnership struggled to generate specific aggregate data on outcomes for adults at risk of harm.

1.4.5. The partnership had a mechanism to elicit feedback from adults at risk of harm about outcomes. The response rate was relatively low.

1.4.6. The partnership had undertaken work with vulnerable adults targeted by serious and organised crime groups. Police Scotland and the council worked collaboratively to break the cycle of exploitation by criminals.

In one-third of cases, financial harm to individuals was over £1000.

Financial harm

- **16%** of cases there was evidence of financial harm to the individual.
- **38%** of case this was greater than £1000.
- **88%** of cases evidenced that the partnership had acted to stop the abuse.
- **57%** of cases showed that this had been effective.
- **26%** of cases rated the effectiveness of the partnership's actions as good or better.

Remedial work with perpetrators (harmers)

1.5. Independent advocates attested to successful work undertaken with perpetrators of harm that preserved relationships and mitigated the risk of harm. For example, where formal interventions were put in place to reduce financial harm.

Perpetrators

- **48%** of cases evidenced that there was a perpetrator of harm to the individual.
- **50%** of cases showed the partnership had taken actions against the alleged perpetrator.
- **89%** of appropriate cases showed the partnership carried out work with the alleged perpetrator (harmer).
- **38%** of cases rated this work as good.

Half the individuals whose records we read were victims of a perpetrator of harm.

Aberdeenshire partnership

Key processes for adult support and protection were

ADEQUATE

Strengths just outweigh weaknesses

because:

The partnership had significant challenges maintaining a consistent and equitable approach to adult support and protection for all of the adults at risk of harm in Aberdeenshire. The partnership did not process all adult protection referrals in a timely manner. The partnership needed to set out clear timescales for each phase of the adult protection process to prevent deleterious delays. The partnership was not giving sufficient attention to ensuring its council officers were able to carry out adult support and protection work in a knowledgeable, skilled and proficient manner. Over half of the adults at risk of harm who should have had a chronology did not have one. This needed to improve. The police concern hub operated effectively and made an ultimately invaluable contribution to the drive to make sure adults at risk of harm were safe, protected, supported, and freed from fear. The concern hub needed to avoid backlogs with progressing vulnerable persons database reports.

2. Key processes for adult support and protection in Aberdeenshire

Operational management of adult support and protection

2.1. There were up-to-date and detailed Grampian interagency policy and procedures in place - although they lacked timescales for completion of work.

2.1.1. Generally, staff across the partnership were clear about how and where to raise adult protection concerns.

2.1.2. Council officers were supported by their line managers and by the adult protection network throughout the adult support and protection process. The establishment of the adult protection network brought a more consistent approach to operational management of adult support and protection.

Progressing of adult protection referrals

ASP referral analysis

- **86%** of referrals demonstrated communication among partners.
- **94%** correctly applied three-point test.
- **90%** clearly recorded application of three-point test.
- **68%** of referral handling rated good or better.
- **32%** rated adequate or worse.
- **28%** of referral episodes had time delays with progressing - **10%** of them were significant time delays.

2.2. Time delays in the partnership's progressing of nearly one-third of adult protection referrals was a significant deficit. We considered this was an area requiring prompt and robust improvement action.

Recommendation for improvement
The partnership should make sure that all adult protection referrals are processed timeously.

2.2.1. The partnership did not have a formal system in place to gather data that measured timeframes for response and intervention. We considered there should be a more structured approach to measuring and evaluating their performance to ensure timely and effective response.

2.2.2. The partnership effectively applied the three-point test and recorded its application.

2.2.3. Standardised national concern hub business processes were in place for the triage, research, assessment and proportionate information sharing. These arrangements were effective.

2.2.4. There was a backlog of over 200 vulnerable persons' database reports. However, this included all concern types (including child, adult and domestic abuse). All were standard and medium priority. The police deployed additional staff to clear this backlog. We considered this was an area for improvement.

2.2.5. There was a systems analyst in the concern hub in Aberdeen who was dedicated to the vulnerable persons' database. Their role included preparing performance management reports for local police operational managers to consider further protective and prevention action. This was a critical post for identifying patterns and trends.

2.2.6. Police Scotland's deployment of a full-time member of support staff as adult protection co-ordinator had made a positive impact on the co-ordination and development of adult protection business and its delivery. A coherent process was in place within Police Scotland where, during triage, concern reports were separated into high, medium, and standard priority, based on the range of relevant factors. Adults at risk of harm who met the three-point test were assigned the appropriate priority.

2.2.7. National escalation policies were in place for appropriate management of repeated adult protection concerns.

2.2.8. Partnership staff were sometimes unclear about how they should apply adult protection processes and there was a lack of consistency across the partnership. For example, different staff groups interpreted the purpose of adult protection meetings (multi-agency meetings and adult protection case conferences) differently.

2.2.9. There was a need to re-introduce and embed Grampian interagency adult protection policy and procedures across the partnership to ensure:

- clarity of the role and remit for all adult protection meetings
- agreed, clearly stated timescales for each of the phases of the adult protection process – duty to inquire, investigation and case conference.

2.2.10. Team managers introduced local practice to meet local need and the volume of adult support and protection work. This detracted from embedding a more consistent approach to adult support and protection.

2.2.11. There were designated adult support and protection posts within Police Scotland, the NHS, as well as social work within the health and social care partnership.

2.2.12. Issues of capacity within the adult protection network over the last 18 months had adversely impacted on their ability to provide timely support to council officers when they needed it.

2.2.13. The partnership's position was that the adult support and protection process was person-centred and therefore, prescribed timescales for adult protection activities were not helpful. We considered that clearly prescribed timescales were essential.

Recommendation for improvement
The partnership should make sure it applies adult protection key processes consistently across the entire partnership.

Recommendation for improvement
The partnership should set specific timescales for the prompt completion of each phase of the adult protection process.

Information sharing

Police records

- **90%** of police records contain all information about adult support and protection related incidents.
- **35%** of police records contained case conference minutes.
- **81%** of police records contain a chronology.
- **86%** of records contain a police vulnerable person's database on file.
- **93%** of the vulnerable person's database entry contains details of adult protection concerns.

2.3. Partners shared adult protection information effectively.

2.3.1. Some partnership staff were co-located, and there were well-established, integrated teams. This supported good information sharing for adult protection.

2.3.2. Some GPs had undertaken some positive, productive work with joint home visits with council officers.

2.3.3. The police concern hub was an invaluable resource for efficient sharing of adult protection information.

Initial inquiries (duty to inquire)

2.4. Managers acknowledged issues with recording processes not supporting progression from initial inquiry to investigation timeously. Staff sometimes did not conclude the inquiry phase timeously thereby delaying investigations.

2.4.1. Council officers' responses to adult protection referrals could vary across the partnership, depending on the particular team and the locality.

2.4.2. Lack of prescribed timescales for completion of adult protection processes adversely affected practice in a range of ways. There could be a time gap between the initial inquiry stage and the investigation stage.

Full adult protection investigations

Adult protection investigations

- **86%** of records had investigation.
- **93%** of investigations effectively determined if the individual was at risk of harm.
- **86%** of investigations rated good or better.

2.5. Council officers confirmed they carried out adult protection investigations and that they were accompanied by a second person. They felt supported by their line manager.

2.5.1. Adult protection network staff were responsible for calling professionals together for meetings. This approach avowedly provided continuity and consistency of practice across the partnership but our findings were that this remained a significant challenge.

2.5.2. Our file reading determined that the partnership carried out adult protection investigations competently and to a good professional standard.

2.5.3. Council officers we met were concerned at a lack of joint interview training. They professed to lacking confidence in their abilities to lead an investigation. This is incongruent with our file reading analysis, which suggests they were more confident than they thought.

Chronologies, risk assessment and risk management

Chronologies

- **45%** of individuals had a chronology when we considered one should be present.
- **55%** of individuals who should have had one did not have a chronology.
- **73%** of chronologies present were of an acceptable standard.

Risk assessment and protection plans

- **77%** of adults at risk of harm who should have had a risk assessment had one.
- **23%** adults at risk of harm who should have a risk assessment did not have one.
- **90%** of risk assessments rated good or better – over half rated as good.
- **97%** of adults at risk of harm who required a risk management plan had one.
- **74%** of risk management plans rated good or better.

2.6. The partnership had a risk assessment policy and tools, which were included in care management documentation.

2.6.1. There was no specific guidance for the creation of chronologies and staff we met confirmed the IT system did not support the creation of a credible, useful chronology. Over half of adults at risk of harm who should have had a chronology did not have one. We considered this was an area for improvement.

Recommendation for improvement
The partnership should make sure that social workers prepare well-balanced, valid chronologies for all adults at risk of harm who require them.

2.6.2. Our file reading results indicated that the presence and quality of risk assessments and risk management plans was variable. Over one-fifth of the adults at risk of harm who should have had a risk assessment did not have one.

2.6.3. The partnership's internal file audits found that risk assessments varied across records and they identified this as an area for consistent monitoring and improvement. Our file reading results were entirely congruent with the partnership's self-assessment.

Large-scale investigations

2.7. The partnership competently carried out six large-scale investigations in the last two years. Staff attested to very good partnership working, with invaluable contributions from the health and social care partnership's commissioning team and the Care Inspectorate. These large-scale investigations delivered enhanced safety and wellbeing outcomes for the adults at risk of harm involved.

Adult protection case conferences

Adult protection case conferences

- **96%** of adult protection episodes that warranted a case conference got one.
- **68%** of case conferences all invited parties did not attend.
- **91%** case conferences effectively determined right actions to make the adult at risk of harm, safe, protected and supported.

2.8. The partnership purposefully convened and conducted adult protection conferences.

2.8.1. Our file reading showed police and health attendance at adult protection case conferences was an area for improvement.

- Twenty-nine per cent of adult protection conferences did not have a police representative in attendance.
- Sixty-two per cent of adult protection conferences did not have a health representative in attendance.

The fact that nearly two-thirds of adult protection case conferences did not have a health representative in attendance was insupportable.

2.8.2. Some unpaid carers spoke very positively about their experience of adult protection case conferences. Information was accessible and staff explained things to them. They received papers in advance, which allowed them to prepare for case conferences.

2.8.3. GP attendance at adult protection case conferences was variable.

Independent advocacy

Independent advocacy

- **22%** of cases evidenced that the individual was offered independent advocacy when needed.
- **73%** of cases evidenced that when offered the individual received advocacy support.
- **100%** of cases showed evidence that advocacy has helped the individual articulate their views.

2.9. We found independent advocacy was not routinely offered to adults at risk of harm or always available if they wanted it. We heard from a range of professionals about tension with advocacy.

2.9.1. Advocacy confirmed that referrals to its service were low. They tended to receive referrals at the case conference stage rather than at the initial stages in the process.

2.9.2. The partnership's internal file audits also highlighted deficits in offering and delivering independent advocacy to adults at risk of harm. We considered this was an area for improvement.

Staff knowledge and use of legislation

2.10. There was evidence from our file reading and from discussions with staff that banning orders had been used productively. The partnership used the Adults with Incapacity (Scotland) Act 2000 effectively.

Support for adults at risk of harm to achieve their desired personal outcomes other than protection

2.11. In the main, the partnership deployed appropriate supports to deliver adults at risk of harms' desired (non-protection) personal outcomes of enhanced wellbeing and quality of life.

Review adult protection case conferences

2.12. The partnership consistently carried out adult protection case conference reviews within the prescribed six months' timescale.

Aberdeenshire partnership

Leadership for adult support and protection was

ADEQUATE

strengths just outweigh weaknesses

because:

Chief officers' governance of adult support and protection was an area for improvement, Partnership leaders acknowledged this and had commissioned a report, which recommended a joint governance framework for support adult support and protection. Progress to implement the report's recommendations was slow. Staff were unclear at times about their adult protection role, as recent restructuring had changed responsibilities, and the extent of these changes was not fully embedded. Adult protection training opportunities were not routinely available.

The chief social worker arrangements were not working as effectively as they should, despite the introduction of the lead social work officer post.

3. Leadership for adult support and protection in Aberdeenshire

Leaders support for partnership working

3.1. The chief officers group had commissioned a report completed in April 2017, which proposed the development of a joint governance framework to support adult support and protection work on a multi-agency, multi-professional basis. It was intended to be practical and helpful to frontline staff and build confidence in making the right decisions. We considered this was a potentially productive initiative.

Vision

3.2. The partnership had an aspirational vision for adult support and protection, which it communicated to stakeholders.

Leadership for delivery of adult protection practice

3.3. The adult protection network held the lead for allocation of work and decision making. Staff were unsure at times of the role that they were asked to perform when conducting adult protection investigations.

3.3.1. The adult protection network processed adult protection referrals, arranged all formal meetings and case conferences, and was responsible for minute taking. The adult protection network and council officers made operational decisions about adults at risk of harm. We considered that the partnership needed to make sure the adult protection network had sufficient capacity to fulfil its designated role and remit.

3.3.2. The NHS Grampian public protection intranet site – only accessible to NHS staff - was informative. It had ecard downloads covering a range of public protection themes such as adult protection, prevent duty, female genital mutilation and human trafficking.

3.3.3. There was mandatory adult support and protection training for NHS staff. Routine refresher courses were offered every few years.

3.3.4. GP trainees received comprehensive adult protection training and at graduate level. We considered that this was a promising development.

3.3.5. Advocates received regular refresher training and considered they were highly skilled and well trained. Advocacy contributed meaningfully to the training of partnership staff.

3.3.6. Although adult protection training could be accessed through Aberdeen City Council, there were no guaranteed places. Some staff considered that there was insufficient numbers of staff trained in adult support and protection. The partnership should monitor this.

3.3.7. No adult protection training for council officers had taken place over the last year. We considered this was an area for improvement.

Quality assurance

3.4. The partnership purposefully carried out multi-agency reviews of aspects of adult support and protection, and effectively shared the learning from these.

3.4.1. Health used learning from large-scale investigations to influence health training. It had developed a useful document about the thresholds for initiation of adult protection referrals. Care homes used this document constructively.

3.4.2. The partnership had made limited progress systematically seeking feedback from adults at risk of harm. We considered this was an area for improvement.

3.4.3. From April 2017, adults at risk of harm were asked to complete a questionnaire on their experience of their adult protection journey. Numbers completed were very low, but nonetheless we considered this was a pleasing development.

3.4.4. There was a lack of co-ordination across the partnership so, while the north locality provided learning opportunities for its council officers, this was not replicated across the partnership.

3.4.5. The practice of carrying out audits of adult protection case records was variable across the partnership. This was another example of inconsistency across the partnership.

Leadership exercised by the adult protection committee and chief officers group

3.5. The convener of the adult protection committee[13] had no contact with team managers, who were not fully aware of what the committee did. We considered that communication between the adult protection committee and frontline managers responsible for managing operational adult support and protection practice was an area for improvement.

[13] Aberdeenshire adult protection committee shared its convener with the Aberdeen City adult protection committee.

3.5.1. The adult protection committee had an action plan covering seven areas for achievement. Some actions did not have a specific responsible lead identified. In the document submitted by the partnership, 36% of actions were assigned a green rating for progress, 28% were assigned an amber rating for progress, and 36% were assigned a red rating for progress.

3.5.2. The chief officers group was well-established and its members had cemented good working relationships over time. The group was overseeing the creation of the remit for a planned public protection review, which was to include adult support and protection, and child protection.

Role of the chief social work officer

3.6. The chief social work officer was not a full member of the partnership's senior management team. The role was aligned within education and children's services.

3.6.1. The chief social worker arrangements were not working as effectively as they should. The partnership needed to clearly set out the roles, responsibilities, and accountabilities for adult support and protection across the partnership.

3.6.2. The partnership had carried out five initial case reviews into adverse occurrences for adults at risk of harm. The partnership had not carried out a significant case review related to adult protection.

The partnership needed to improve frequency of adult protection training.

East Dunbartonshire partnership

Outcomes for adults at risk of harm were

GOOD → important strengths, some areas of improvement

because:

The partnership made sure that the choices of adults at risk of harm were respected and adult protection intervention was pursued in the least restrictive manner. In general adults at risk of harm were safer, had enhanced wellbeing and an improved quality of life, which was consequential of their adult protection journey. The partnership carried out some effective, collaborative work to tackle financial harm. The partnership acknowledged the following areas for improvement:

- seamless transition of vulnerable young people to the adult support and protection system
- systematic measurement of outcomes for adults at risk of harm and capturing their experience of their adult support and protection journey.

Recommendations for improvement:
The East Dunbartonshire partnership

1. **The partnership should make sure that social workers prepare well-balanced, valid chronologies for all adults at risk of harm who require them.**

1. Outcomes for adult support and protection in East Dunbartonshire

Partnership pursues least restrictive options and respects choice

1.1. The partnership invested in learning and development opportunities for staff, equipping them with knowledge and understanding of the principles of the Adult Support and Protection (Scotland) Act 2007.

1.1.1. Staff groups described a proportionate approach to intervention and demonstrated knowledge and understanding of wider safeguarding legislation. Legal services support and advice was available for staff. Our redacted referral analysis confirmed that almost all referrals were progressed in line with the general principles of the Adult Support and Protection (Scotland) Act. Adults at risk of harm and unpaid carers we interviewed confirmed that involvement was proportionate and beneficial.

Timely multi-agency response to adult protection concerns

1.2. In the main, adult protection partners executed a timely, multi-agency response to adult protection referrals. Adult protection partners were clear about how to pursue an adult protection referral.

1.2.1. There was good evidence of timely and effective support to adults at risk of harm. There was active participation from a range of partners including social work, advocacy, police and health colleagues. Good joint working arrangements were in place for statutory partners and advocacy services. East Dunbartonshire Council legal services team was flexible and responsive.

1.2.2. The partnership was proactive in its work with GP colleagues to reduce barriers to participation, which had resulted in improved communication and year-on-year improvement of GP involvement in multi-agency meetings (55% in 2016).

1.2.3. The partnership had instituted adult protection threshold guidance for residential establishments to inform them about when to make an adult protection referral. Its impact on reducing numbers of inappropriate referrals from care homes was variable.

Involvement of adults at risk of harm and unpaid carers

Involvement of adults at risk of harm

- **94%** of adults at risk of harm's views sought and taken into account at initial inquiry stage.
- **85%** had views sought and taken into account at investigation stage.
- **91%** had views sought and taken into account at implementation of protection plan and review stage.

1.3. Adults at risk of harm, unpaid carers, and independent advocates we met felt that the partnership meaningfully consulted and included them in its activities to secure safety and protection for adults at risk of harm.

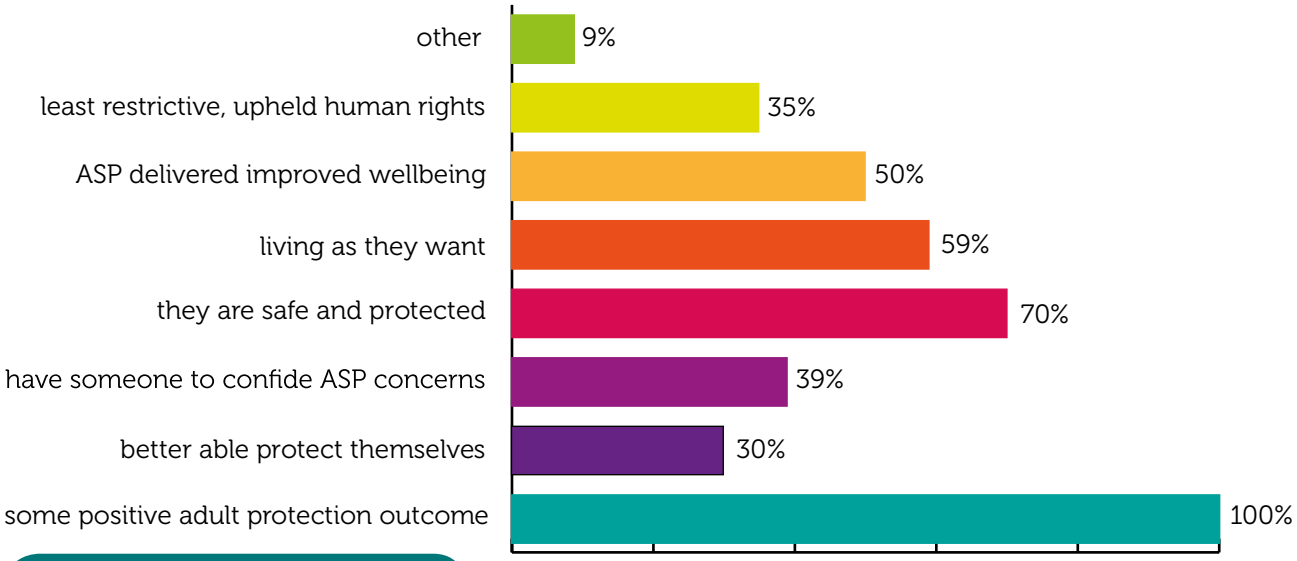
1.3.1. The evidence from our file reading was that less than one-third (26%) of adults at risk of harm had their views sought and taken into account at the adult protection case conference stage. We considered this was an area for improvement.

1.3.2. Adults at risk of harm said that delays to appropriate psychiatric assessment and treatment resulted in poor mental health outcomes for them.

1.3.3. The partnership identified the transition of vulnerable young people to adult services as an issue. They did this by eliciting their views. The partnership acknowledged this was an area for improvement.

Outcomes for safety, protection and support

Figure 9: outcomes for adults at risk of harm in East Dunbartonshire



See **page 34** on compliance with integration delivery principles and delivery of national health and wellbeing outcomes.

1.4. The partnership delivered positive outcomes for adults at risk of harm for safety, enhanced wellbeing, and improved quality of life (Figure 9).

1.4.1. We received positive feedback from adults at risk of harm, unpaid carers and advocates that desired outcomes were achieved for individuals through a partnership approach.

1.4.2. The partnership recognised that gathering and reporting data on outcomes for adults at risk of harm was work in progress.

1.4.3. The partnership intended that adults at risk of harm's evaluations of the impact of adult support and protection would be evident in their annual self-evaluation exercise from 2018.

1.4.4. The partnership had undertaken positive work to lessen the impact of the high-level of bogus callers and unscrupulous workers. This was done through awareness raising and effective joint working with Trading Standards.

1.4.5. Our file reading revealed that the partnership acted collaboratively and effectively to stop financial harm. Thereby ending the trauma and loss of amenity that this causes for vulnerable individuals.

1.4.6. Adults at risk of harm and unpaid carers confirmed that independent advocates and social workers supported them to be fully involved in the adult support and protection process. They were provided with information and support and their views and choices were respected.

Financial harm

- **20%** of cases there was evidence of financial harm to the individual.
- **60%** of cases this was greater than £1,000.
- **100%** of cases evidenced that the partnership had acted to stop the abuse.
- **90%** of cases showed this was effective.

Remedial work with perpetrators (harmers)

1.5. Partners provided anecdotal evidence of work undertaken with perpetrators and were clear that this was an important part of addressing and reducing risk. Criminal justice social work confirmed that work was undertaken with perpetrators when they have been convicted of an offence and subject to an order.

Perpetrators

- **51%** of cases evidenced that there was a perpetrator (alleged perpetrator) of harm to the individual.
- **56%** of appropriate cases showed that the partnership had taken actions/sanctions against the alleged perpetrator.
- **86%** of appropriate cases showed that the partnership carried out work with the alleged perpetrator (harmer).
- **34%** of cases rated weak or unsatisfactory.

East Dunbartonshire partnership

Key processes for adult support and protection were

GOOD

Important strengths, some areas of improvement

because:

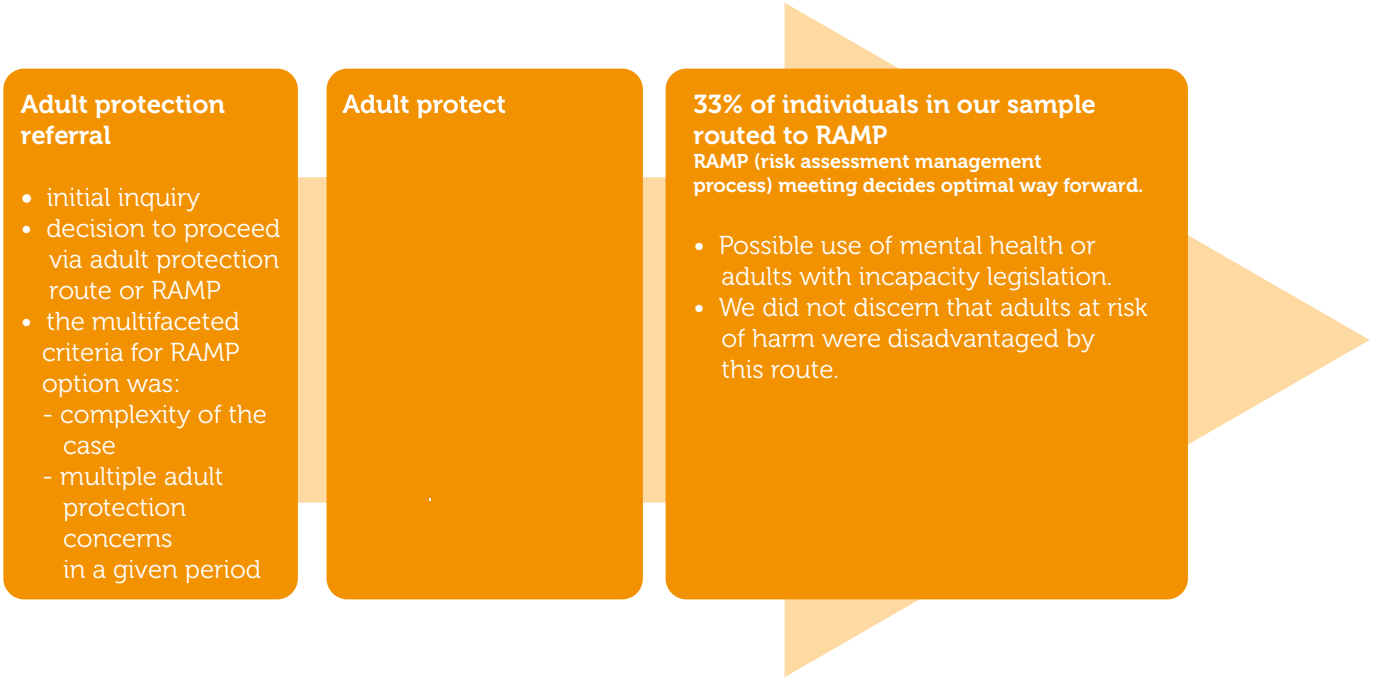
The partnership's key processes for adult support and protection made adults at risk of harm safe and protected. The co-location of social work and health staff in integrated teams afforded productive sharing of adult protection information. The partnership had a unique adult protection process that had two routes; the adult protection route and the RAMP (risk assessment management process) route. Preparation of well-balanced valid chronologies for adults at risk of harm was an area for improvement.

2. Key processes for adult support and protection in East Dunbartonshire

Operational management of adult support and protection

2.1. The partnership exercised relatively decisive operational management for adult support and protection.

Figure 7 The partnership's two routes for ASP concerns



2.1.1. Generally, staff from across the agencies were clear about how and where to raise adult support and protection concerns. There were guidance and procedures for adult support and protection and related activity – for example the RAMP (**risk assessment management process**).

2.1.2. We considered the RAMP procedure was complicated and might be hard for staff to comprehend. Thirty-three per cent of the individuals in our sample of adult protection records were routed via the RAMP process. We did not discern that adults at risk of harm were disadvantaged by this route.

2.1.3. We found that in some cases planning meetings (professionals' meetings) were used as an alternative to adult protection case conferences.

2.1.4. Council officers and team leaders were well supported by service managers and the adult protection co-ordinator.

Progressing of adult protection referrals

ASP referrals

- **73%** evidenced communication among partners.
- **27%** did not evidence communication among partners.
- **84%** application of three-point test correct.
- **88%** application of three-point test recorded.
- **10%** showed time delays in progressing referral.
- **54%** referral handling rated good or better (**32%** very good), **46%** adequate or worse.

2.2. The partnership's response to most adult protection referrals was timely. The partnership correctly applied the three-point test for most referrals and clearly recorded its application. Communication among partners was an area for improvement.

2.2.1. The police concern hub had the standardised national concern hub business process in place. This set out the processes for the triage, research, assessment, and appropriate proportionate information sharing of all adult concern reports. This allowed a full review and therefore a reduction in forwarding inappropriate referrals to social work.

2.2.2. All adult protection referrals went through the adult intake team. This provided a useful overview of referral activity. Senior practitioners in social work teams (except the older people team) helped ensure continuity for the screening and progression of adult protection referrals.

2.2.3. Police Scotland had constructively introduced a national escalation protocol for multiple-repeat adult protection concern reports within a 30-day period. Multiple-repeated concerns triggered a multi-agency discussion.

2.2.4. Social work staffs' view was that although the proportion of "inappropriate" police adult support and protection referrals had reduced, this could be further improved.

Information sharing

Police records

- **46%** of police records contain all information about adult support and protection related incidents.
- **2%** of police records contain case conference minutes.
- **36%** of police records contain a chronology.
- **60%** of records contain a police vulnerable person's database on file.
- **81%** of the vulnerable person's database entry contains details of adult protection concerns.
- **56%** of the vulnerable person's database entry contains a chronology.

2.3. Co-location of health and social work staff within the health and social care partnership improved information sharing between health and social work.

2.3.1. Some partnership staff were able to share adult protection information electronically. Co-location had also supported other aspects of multi-agency working. Partnership staff and the GPs' representative attested to good information sharing, including prompt response to phone calls.

2.3.2. Police officers acknowledged some problems with vulnerable persons databases and delays (for example where consent was not clearly recorded and also in instances of domestic abuse). However, they thought it was better than the previous system, because it is a national system that allows cross-boundary viewing of vulnerable persons databases.

2.3.3. Communication and information sharing with health staff who were not located in the health and social care partnership office was less prevalent and more challenging.

2.3.4. Social work staff were reasonably positive about information sharing with the police.

2.3.5. A number of stakeholders (for example, accident and emergency staff[14] and independent sector care providers) said they rarely received feedback on the outcome of adult support and protection referrals they have made. NHS Greater Glasgow and Clyde had invested heavily in adult protection training for accident and emergency staff. We considered that the partnership providing timely appropriate feedback to partners who make adult protection referrals was an area for improvement.

Initial inquiries (duty to inquire)

2.4. The partnership carried out initial inquiries into adult protection concerns effectively.

2.4.1. The adult duty team held any new short-term work arising from adult support and protection referrals for a three-month period (there was some flexibility around this) before transfer to the other teams. This arrangement worked well.

2.4.2. The partnership did not use initial referral discussions. Some staff and managers expressed an interest in adopting initial referral discussions. But, surprisingly, social work staff were unaware that the police were actively developing an initial referral discussion approach for consideration in East Dunbartonshire.

[14] There are no accident and emergency units in East Dunbartonshire.

Full adult protection investigations

Adult protection investigations

- **40%** of cases proceeded to full investigation.
- **95%** of cases the full investigation effectively determined if the individual was at risk of harm.
- **95%** of full investigations rated good or better for quality.

2.5. When the partnership carried out a full investigation, this was done professionally, competently and effectively.

2.5.1. Two council officers normally undertook investigations. They had received training in investigative interviewing.

2.5.2. Staff considered that when they were involved in investigations they were well briefed and supported by line managers. Our file reading data showed that the partnership undertook relatively few adult protection investigations. Partnership staff said this was because they undertake detailed initial inquiries, including interviewing the adult at risk of harm.

2.5.3. The partnership relatively frequently (one-third of the individuals in our file reading sample) invoked the RAMP (risk assessment management process) as an alternative to the adult protection route. We considered that this was one likely reason why less than half of the adult protection episodes in our sample proceeded to the full investigation stage (from our file reading analysis).

Chronologies, risk assessment and risk management

Chronologies

- **57%** of records had a chronology when we considered one should be present.
- **33%** of records did not contain a chronology when we considered they should have.
- **71%** of chronologies present were of an acceptable standard.

Risk assessment and risk management

- **90%** of adults at risk of harm had a risk assessment.
- **75%** of risk assessments rated good or better.
- **95%** of adults at risk of harm who required a risk management plan had one.
- **94%** of risk management plans rated good or better.

2.6. Risk assessment and risk management practice was of a good standard. The preparation of well-balanced, valid chronologies for adults at risk of harm was an area for improvement. One-third of the adults at risk of harm who should have had a chronology did not have one.

Recommendation for improvement
The partnership should make sure that social workers prepare well-balanced, valid chronologies for all adults at risk of harm who require them.

Large-scale investigations

2.7. The partnership carried out one large-scale investigation in the last year. The partnership considered this went well. We concurred with this view.

Adult protection case conferences

Case conferences

- **29%** of case conferences invited the adult at risk of harm.
- **67%** of case conferences were attended by the adult at risk of harm if invited.
- **100%** if they attended, the adult at risk of harm was effectively supported to participate.
- **100%** case conferences effectively determined what needed to be done to ensure the adult at risk of harm was safe, protected and supported.
- **87%** of case conferences were rated as good or better.

2.8. Adult support and protection case conferences were well structured and proficiently chaired. They were chaired by a service manager, who effectively identified the risks and the protection actions required. Staff produced minutes quickly and to a good standard.

2.8.1. Our file reading showed health attendance at adult protection case conferences was an area for improvement. Laudably, the police attended all adult protection case conferences.

- All adult protection conferences had a police representative in attendance.
- Thirty per cent of adult protection conferences did not have a health representative in attendance.

2.8.2. Staff made good efforts to encourage and support the attendance of adults at risk of harm and unpaid carers at case conferences.

2.8.3. Frontline police officers who attended case conferences sometimes lacked understanding of their role and the purpose of the case conference.

Independent advocacy

Independent advocacy

- **53%** of cases evidenced that the individual was offered independent support or advocacy when needed.
- **62%** of cases evidenced that the individual received advocacy support if this was offered.
- **88%** of cases showed evidence that advocacy helped the individual articulate their views.

2.9. We saw evidence of the purposeful involvement of independent advocacy services. This included their attendance at relevant case conferences. Comments from staff about Ceartas advocacy service were generally very positive.

2.9.1. Adults at risk of harm we met said they benefited greatly from independent advocacy and their relationship with their advocate.

"The greatest help I have received was from my advocate".

Staff knowledge and use of legislation

2.10. Council officers and other staff we met were knowledgeable about legislation pertaining to adult support and protection and were skilled in its application. Staff were positive about timely and positive support from the council's legal services.

2.10.1. Police officers' knowledge of the relevant legislation was variable. They were well informed on application of the three-point test. Although they still had a tendency to record episodes involving vulnerable individuals as adult support and protection rather than adult wellbeing.

Support for adults at risk of harm to achieve their desired personal outcomes other than protection

2.11. Staff concluded that assessment and care planning for adults at risk of harm included the provision of practical and financial support, and that this generally engendered individuals' desired personal outcomes.

Review adult protection case conferences

2.12. Case conference reviews took place within the required and appropriate timescales. There had been an issue with this and the partnership had made the necessary improvements.

East Dunbartonshire partnership

Leadership for adult support and protection was

because:

Strategic leaders modelled and promoted productive partnership working for adult support and protection. There was sound and effective oversight of multi–agency adult protection practice. The partnership constructively used self-evaluation and audit of adult support and protection to identify areas for improvement. The partnership exercised relatively strong informed governance over adult support and protection.

3. Leadership for adult support and protection in East Dunbartonshire

Leaders support for partnership working

3.1. Strategic leaders promoted cohesive partnership working and support for adult protection operations. The partnership evidenced a strong commitment to council officer training and succession planning. There was an organisational expectation that newly qualified social workers would progress to act as council officers after 12 months in post.

3.1.1. The partnership recently conducted a staff survey. This found that staff morale in the teams was generally good, although there were some concerns about workloads and structural changes.

Vision

3.2. The partnership had a clear and articulate vision for adult support and protection, and pervasive ownership of it.

Leadership for delivery of adult protection practice

3.3. The partnership strongly endorsed the RAMP (risk assessment and management process). One of the consequences of this was relatively low numbers of adult protection case conferences.

3.3.1. Our file reading found that in 28 cases where a case conference should have been convened, five (18%) were not convened and in these cases, the partnership followed the RAMP route.

3.3.2. In this way, the partnership sometimes used the RAMP process as an alternative to adult protection case conferences[15]. The partnership was aware of the issue and the chief officers group commented on the need for monitoring. We considered this was constructive and an important area for chief officers' continued attention. In our view, the key issues for the partnership to review were:

- the rationale for around one-third of adults at risk of harm routed via the RAMP
- clarity of RAMP procedure
- individuals' safety outcomes from adult support and protection route and RAMP route.

3.3.3. Police frontline and concern hub staff reported good operational management. Their economic crime unit had the overview on financial harm. We considered this was a constructive approach.

[15] As previously stated, we discerned no detriment to individuals subject to the RAMP.

3.3.4. The partnership expected all children and families social workers to undertake adult support and protection training. We considered this was an example of valuable positive practice.

Quality assurance

3.4. The partnership asserted that they build quality assurance into processes. The adult protection co-ordinator reviewed case conference minutes to promote consistency.

3.4.1. Laudably, the partnership determined its priorities for adult support and protection from regular file audits. The annual multi-agency file audit began in 2013.

3.4.2. The adult protection committee priorities were capacity and sexual harm – they emerged from the file audit.

3.4.3. The partnership's senior managers meaningfully took account of the views of adults at risk of harm and their unpaid carers.

3.4.4. Team leaders were positive about the quality of the performance management reports they received. These reports allowed them to monitor their team's performance for a number of key adult protection processes. Team leaders were required to read and sign off the various adult support and protection reports. This was how they productively assured adult the quality of support and protection activity.

3.4.5. The partnership produced quarterly adult protection performance reports. The quality of the reports had improved significantly since they went electronic and the adult protection committee had to spend much less time checking the data accuracy. The partnership made the required improvements when its performance data revealed delays convening adult protection case conferences.

Leadership exercised by adult protection committee and chief officers group

3.5. Adult protection committee members said that person-centred policies and procedures were operational. They emphasised proportionate and least-restrictive approaches. They were confident that East Dunbartonshire was a "robust adult protection environment" and that there were positive relationships and joint working between agencies. The chief officers group strongly endorsed this view.

3.5.1. The adult protection committee received presentations from other areas and was cognisant on crosscutting adult protection themes. At least one annual conference was held, focusing on a particular theme.

3.5.2. Advocacy services felt recognised and valued by the partnership, which invited their participation in developing consultation groups.

3.5.3. The chief officers group considered the annual self-evaluation of inter-agency practice and service delivery evidenced consistency and timely action to protect adults at risk of harm. In general, we concurred with this view.

3.5.4. The chief officers group had set a number of self-evaluation targets for improvements to adult support and protection. Commendably, most of these were achieved.

3.5.5. There were less robust arrangements for quality assurance of adult protection case records than for reports. Team leaders did not routinely scrutinise records as part of their staff supervision. The partnership identified this as an issue in its annual self-evaluation exercise and acknowledged it was an area for improvement.

3.5.6. The adult protection committee was a relatively strong, cohesive partnership with mature working relationships. Tension within the partnership was unusual and quickly resolved.

3.5.7. Multi-agency staff groups were confident that the community safety partnership was improvement-focused. The partnership was committed to joint training. Examples of training sessions delivered included domestic violence, dementia and self-directed support. These areas reflected the partnership's adult protection strategic priorities.

3.5.8. The independent convener of the adult protection committee had been in post for two years and had not met with the chief officers group. There was a lack of clarity about the route to be taken for adult support and protection issues to be considered by the chief officers group. The partnership acknowledged this was an area for improvement.

3.5.9. A review of Police Scotland's attendance at the adult protection committees was underway, with a view to improving the consistency of police participation in them.

Role of the chief social work officer

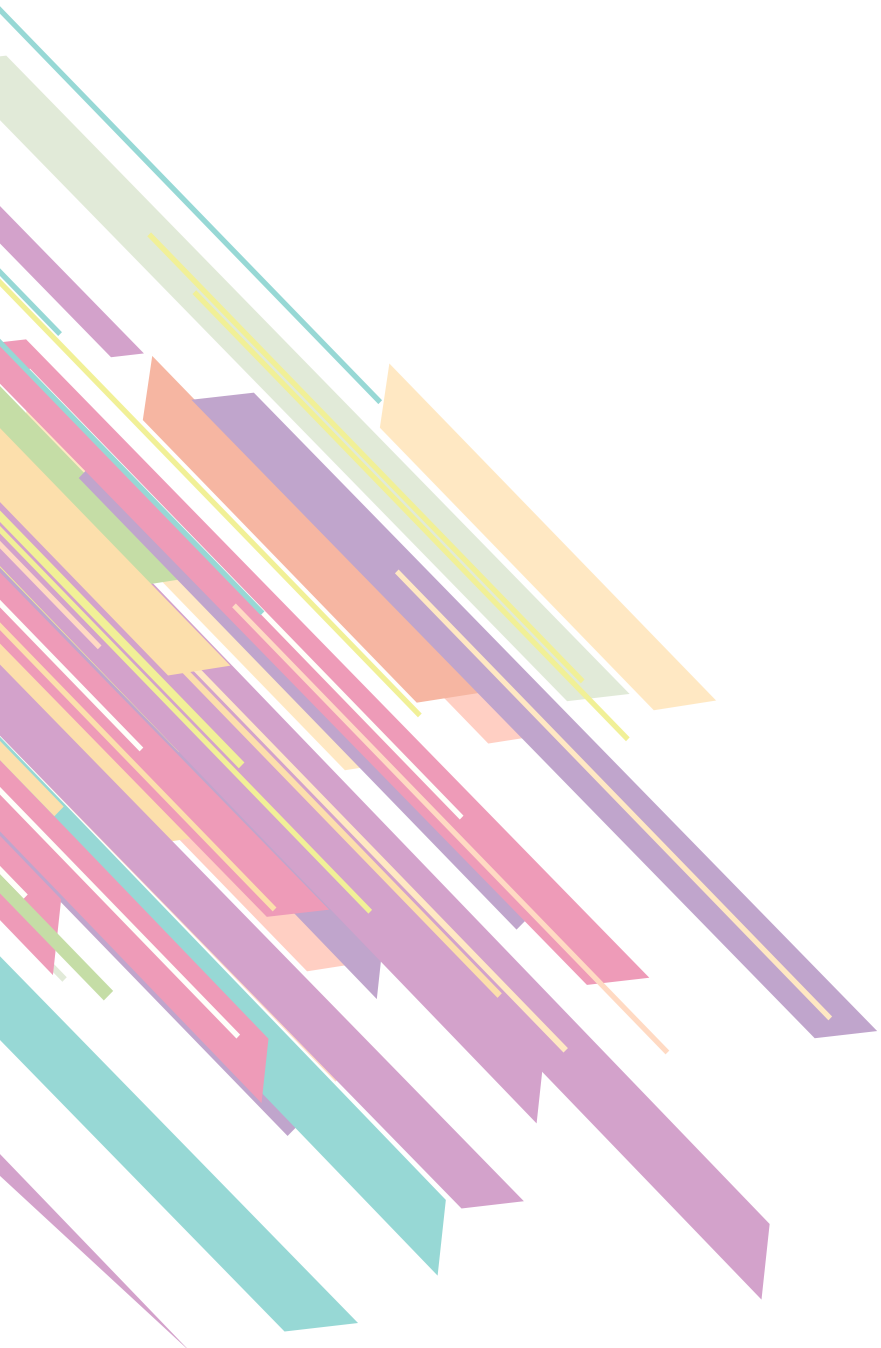
3.6. The chief social work officer had a critical role in improving understanding of adult support and protection and implementation of adult support and protection procedures and strategic improvement plans.

3.6.1. The clinical and care governance group, which incorporated social care chief officers, health and third-sector partners, oversaw professional and clinical practice. Staff viewed this as a positive development. We considered it was a valid, constructive response to health and social care integration.

3.6.2. The chief social work officer was a member of the adult protection committee, the child protection committee and the community planning committee, and was active on all in promoting the partnership's learning and development strategy.

3.6.3. There was purposeful use of a deputy chief social work officer to ensure consistent advice was available to staff.

3.6.4. The chief social work officer was responsible for delivering the annual adult support and protection stakeholders' awareness-raising conference. We considered that this event was a very positive effort to increase the profile of adult support and protection.



Midlothian partnership

Outcomes for adults at risk of harm were

GOOD

Important strengths, some areas for improvement

because:

The partnership pursued the least restrictive interventions that benefited adults at risk of harm. Adults at risk of harm had their views and choices taken into account. In the main, adults at risk of harm were made safe, had enhanced wellbeing and improved quality of life because of the partnership's adult support and protection efforts. The partnership needed to do more to elicit the lived experiences of adults at risk of harm and their unpaid carers.

Recommendations for improvement: The Midlothian partnership

1. **The partnership should make sure that all adult protection referrals are processed timeously.**
2. **The partnership should make sure that social workers prepare well-balanced, valid chronologies for all adults at risk of harm who require them.**

1. Outcomes for adult support and protection in Midlothian

Partnership pursues least restrictive options and respects choice

1.1. There was evidence that the partnership took the appropriate action where required to protect adults at risk of harm. And in most cases, they pursued the least restrictive protective options, respected individuals' choice and took account of individuals' abilities and backgrounds.

1.1.1. The partnership's internal audit findings, confirmed they were effective in providing preventative input and support to adults at risk of harm, which reduced the need for statutory involvement while appropriately addressing the risk.

1.1.2. Our analysis of redacted referrals demonstrated that 100% of cases were handled in line with the principles of the Adult Support and Protection (Scotland) Act 2007.

1.1.3. The partnership's own audits also found compliance with the principles of:

- least restrictive interventions
- appropriate action that benefited the adult at risk of harm, and adults' views were listened to and respected.

1.1.4. The partnership recognised the challenge balancing its statutory duties against the rights of individuals. They saw this as an area for continued professional development.

1.1.5. Staff were confident that they took appropriate action when required and they received good support from legal services. All of the adults at risk of harm and the carers we met were very positive about the partnership's approach, confirming their intervention was appropriate and they were included throughout.

Timely multi-agency response to adult protection concerns

1.2. There was compelling evidence that the partnership's multi-agency responses to referrals of adult protection concerns were effective.

1.2.1. There was a quality and improvement group and a performance framework with a suite of indicators, which monitored and supported the partnership's proportionate and timely response to adult protection referrals. But see our findings on delays in the progressing of adult protection referrals in 2.2.

1.2.2. Some adults at risk of harm we met said they felt it took too long for adult support and protection processes to be triggered and this intervention should have happened sooner. Professionals were actively involved with them long before the adult protection process commenced.

"Adult protection could have moved quicker".

(Adult at risk of harm)

1.2.3. Generally, other partners were confident about the processes in place to support timely and effective responses to adult protection concerns. Third sector partners had a clear and well-understood pathway to make referrals. Multi-agency staff across the partnership described very positive working relationships.

1.2.4. The police lead officer and the lead social work team manager provided a consistent approach to the handling of adult protection concerns. The establishment of some co-located and integrated teams afforded continuity of multi-agency response to adult protection concerns.

1.2.5. The partnership acknowledged the need to improve some of the performance indicators. It intended to change the target for the number of inquiries completed within five working days from 75% to 90%. It also acknowledged the need to deliver regular adult support and protection training to contact centre staff.

1.2.6. There was some evidence to suggest that timely involvement of advocacy services could be improved.

Involvement of adults at risk of harm and unpaid carers

Involvement of adults at risk of harm

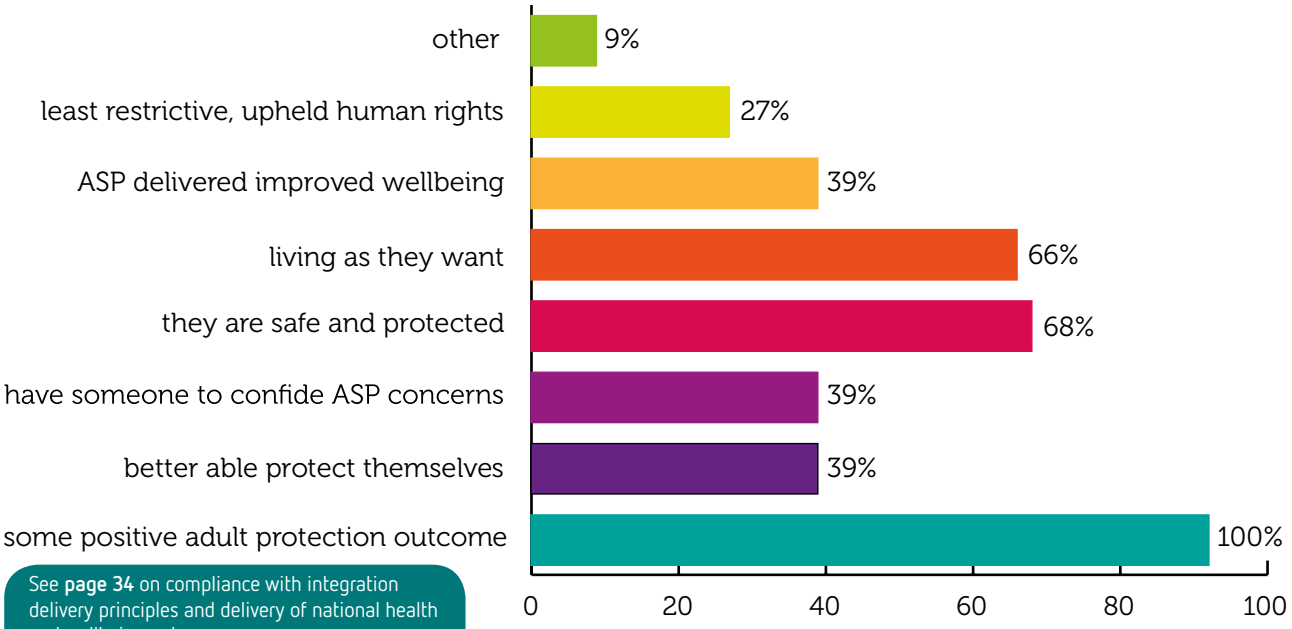
- **95%** of adults at risk of harm's views sought and taken into account at initial inquiry stage.
- **98%** had views sought and taken into account at investigation stage.
- **82%** had views sought and taken into account at implementation of protection plan and review stage.

1.3. Adults at risk of harm and unpaid carers we met were clear that they had been consulted, involved, informed and included throughout the adult support and protection process. They said they were provided with information timeously and given copies of all minutes and reports.

1.3.1. The partnership strived to ensure that adults at risk of harm and their unpaid carers were included and involved at each stage of the adult at risk of harm's adult protection journey.

Outcomes for safety, protection, and support

Figure 10: outcomes for adults at risk of harm in Midlothian



See **page 34** on compliance with integration delivery principles and delivery of national health and wellbeing outcomes.

1.4. We were impressed with the partnership's commitment to working in an outcome-focused manner. Some of its audit activity evidenced improved outcomes for adults at risk of harm. The partnership was able to provide invaluable, aggregate, quantitative data about the personal outcomes for adults at risk of harm.

1.4.1. The partnership generally delivered good outcomes for adults at risk of harm and unpaid carers (Figure 10). Adults at risk of harm were safer, protected and supported, and had the burden of fear lifted from them. They had enhanced wellbeing and improved quality of life.

1.4.2. Adults at risk of harm confirmed they felt much safer – one young person asserted that because of adult protection, "I'm still here".

> "I'm still here, because of adult support and protection".
>
> (Adult at risk of harm)

1.4.3. The partnership had tried issuing questionnaires to adults at risk of harm, but response rates were poor. The lead officer was to undertake evaluations of individuals' experience of their adult protection journey.

1.4.4. Adults at risk of harm indicated that they were treated with dignity and respect. We also met a few adults who were well-supported after adult support and protection intervention ended.

1.4.5. Adults at risk of harm, who had gone through the adult support and protection process, were generally very positive about the whole experience. Some did comment they *"found the volume of paperwork overwhelming".*

Financial harm

- **33%** of cases there was evidence of financial harm to the individual.
- **50%** of cases this was greater than £1,000.
- **87.5%** of cases evidenced the partnership had acted to stop the abuse.
- **79%** of cases showed that this had been effective.
- **20%** of cases the effectiveness of the partnerships actions rated good or better.

1.4.6. Trading standards carried out effective work on scams that targeted vulnerable individuals. Thereby preventing financial harm to vulnerable adults, and sparing them the trauma financial harm causes.

1.4.7. Our file reading showed the partnership worked productively to stop financial harm to some vulnerable adults. This delivered outcomes of enhanced:

- safety
- wellbeing
- amenity
- peace of mind and freedom from fear.

Remedial work with perpetrators (harmers)

1.5. The partnership had taken action to interdict and disrupt the behaviour of perpetrators for half of the adults at risk of harm who were victims of a perpetrator. We considered this was an area for improvement.

1.5.1. The partnership carried out some effective work with the perpetrators of harm to vulnerable adults.

Perpetrators

- **75%** of cases evidenced that there was a perpetrator (alleged perpetrator) of harm to the individual.
- **50%** of cases showed that the partnership had taken actions against the perpetrator.
- **100%** of appropriate cases showed that the partnership carried out work with the perpetrator.
- **100%** of cases work rated as adequate.

Midlothian partnership

Key processes for adult support and protection were

GOOD → **Important strengths, some areas of improvement**

because:

The partnership's key processes operated effectively to create a coherent protective framework for adults at risk of harm. Operationally, partners worked effectively and collaboratively to support the adult protection journey of adults at risk of harm and make them safe. Timely processing of adult protection referrals was an area for improvement, as were the police concern hub's processes for:

- screening and triaging adult protection concerns and then making appropriate onward referral to the health and social care partnership
- implementing the standardised national concern hub business process.

Nearly one-third of adults at risk of harm who should have had a chronology did not have one.

2. Key processes for adult support and protection in Midlothian

Operational management of adult support and protection

2.1. There were inter-agency procedures that were up to date and detailed, and council staff were clear about their implementation. Multi-agency staff agreed that adult support and protection guidance was up to date and fit for purpose.

2.1.1. A dispute resolution protocol was in place however, this had yet to be used as the partnership was able to resolve differences of opinion without recourse to the protocol.

2.1.2. Generally, staff across the partnership attested to sound operational management for adult support and protection. They were clear about how and where to raise adult support and protection concerns.

2.1.3. Council officers were supported well by their line managers. They regularly participated in a rota that provided regular practice experience and opportunity to develop their knowledge and skills.

Progressing of adult protection referrals

ASP referral analysis

- **86%** showed communication among partners.
- **88%** showed correct application three-point test.
- **80%** application three-point test recorded.
- **76%** of referral handling rated good or better, 24% adequate or worse.
- **20%** of referral episodes showed time delays.

2.2. There were too many delays (in one-fifth of the referral episodes we analysed delays were extant) in the partnership's processing of adult protection referrals. We considered this was an area for improvement.

Recommendation for improvement
The partnership should make sure that all adult protection referrals are processed timeously.

2.2.1. There was some scope for improvement with partner communication at the initial response stage.

2.2.2. The partnership correctly applied the three-point test and recorded this appropriately for most adult protection referrals, although there was some scope for improvement. Adult support and

protection referrals that did not meet the three-point test were screened and signposted to relevant services.

2.2.3. The police concern hub was well established, worked relatively effectively and had an experienced and well-motivated staff team. There was normally no backlog of vulnerable persons databases. An escalation protocol was in place and was used effectively.

2.2.4. The police considered adult protection systems worked less well out of hours, where social work cover was provided by City of Edinburgh Council. The police purposefully used the TRACK management information system to compensate for this and to check what happened out of hours then liaise with social work.

2.2.5. All adult support and protection referrals went through the dedicated social work mailbox and were screened by the same social work team leader. This provided a consistent overview of referral activity.

2.2.6. Unlike other police divisions, the triage of adult protection concern reports was not undertaken by a supervisory officer. Although the guidance allowed experienced officers to perform this role, we considered the removal of a supervisor from the triage process was a retrograde step and an area for improvement.

2.2.7. Large numbers of referrals that did not meet adult support and protection criteria took up a lot of team leader resource to screen and dispose of appropriately. There was a high volume of adult support and protection referrals from care homes. Multi-agency staff were clear that more could be done by the partnership to support care homes and reduce referrals.

Information sharing

Police records

- **77%** of police records contain all information about adult support and protection related incidents.
- **10%** of police records contain case conference minutes.
- **82%** of police records contain a chronology.
- **86%** of records contain a police vulnerable person's database on file.
- **81%** of the vulnerable person's database entry contains details of adult protection concerns.
- **71%** of the vulnerable person's database entry contains a chronology.

2.3. The partnership shared adult protection information smoothly and effectively. Electronic systems were in place to facilitate this and staff indicated that good relationships fostered good information sharing.

2.3.1. Social work staff said that Mosaic worked well generally and supported adult support and protection processes. Co-located integrated health and social work teams such as the mental

health team supported very good informal and formal opportunities to share information timeously.

2.3.2. The police concern hub was central to the smooth, efficient flow of information about adults at risk of harm.

2.3.3. The police concern hub recently implemented the resilience matrix (October 2017). The standardised national concern hub business process was not yet embedded. The delay implementing and embedding the resilience matrix was detrimental to the continuous improvement of information sharing.

2.3.4. Our redacted referral analysis demonstrated evidence of communication among adult support and protection partners in 86% of cases.

2.3.5. Where consent to share information was not recorded by frontline police officers or was refused by the adult at risk of harm, authority to override was in place, depending on the nature and level of concern.

2.3.6. There was an information-sharing protocol in place that staff described as reasonable and proportionate. When an investigation was triggered, social work could ask for police information, even though an initial referral discussion was not deemed necessary.

Initial inquiries (duty to inquire)

2.4. The partnership's initial referral discussion process – between police and social work – generally worked well. Health was not routinely involved in initial referral discussions. Health struggled to identify a single person to be the initial referral discussion link contact, although there was a named NHS adult support and protection specific point of contact, who could be contacted when necessary.

2.4.1. Social work staff expressed mixed views about the use of initial referral discussions. There was some confusion among social work staff about the purpose of them.

2.4.2. Police partners were much clearer about the purpose of initial referral discussions and the approach was well embedded.

2.4.3. Frontline police officers could be inconsistent in obtaining and recording the consent of the adult at risk of harm to share information. Concern hub staff sometimes contacted the frontline officer to clarify the position however, this did not always happen.

2.4.4. Staff experienced challenges in relation to GP contact at all stages of adult support and protection work. The partnership's performance reports showed that exceptions to meeting the timescale for adult protection inquiries were mainly due to delays in information sharing by GPs. Council officers emailed GPs and this was an improvement over previous arrangements.

2.4.5. Social work staff said that periodic failures to meet timescales for initial inquiries was due to:

- service capacity (a team leader post was vacant)
- delays receiving health information
- delays completing capacity assessments.

Full adult protection investigations

Adult protection investigations

- **94%**of records showed a full investigation conducted.
- **93%** of cases the full investigation effectively determined if the individual was at risk of harm.
- **84%** of investigations - quality rated good or better.

2.5. Investigations were largely robust, detailed and competently conducted. Investigations demonstrated details of the process, initial risk assessment and analysis in preparation for a case conference where appropriate.

2.5.1. Council officers reported that investigations were carried out in a robust and timeous manner. They were now recorded on a single form, which they regarded as an improvement on previous practice. A team leader supervised investigations.

2.5.2. Council officers had undertaken valuable investigative interviewing training.

2.5.3. The adult protection procedure advised that the deployment of a second investigative interviewer was at the discretion of the operational manager and staff confirmed this. The partnership was reviewing this practice.

Chronologies, risk assessment and risk management

Chronologies

- **71%**of individuals who should have had a chronology had one.
- **29%** of individuals who should have had a chronology did not have one.
- **60%** of chronologies present were of an acceptable standard, **40%** were not.

Risk assessment and protection planning

- **94%**of individuals who should have had a risk assessment had one.
- **71%** of risk assessment rated good or better.
- **100%** of individual who should have had a risk management plan had one.
- **78%** of risk management plans rated good or better.

2.6. The quality of risk assessments and risk management plans was generally good. Council officers confirmed there was specific, cogent risk assessment and risk management guidance for adult support and protection. Council officers advised that multi-agency risk assessments and risk management plans were completed and appropriately shared.

2.6.1. Multi-agency staff felt that their practice was personalised and person- centred and they made great effort to work with individuals, rather than doing things to individuals. Staff were good at engaging with adults at risk of harm whose situations were chaotic or complex. They appropriately utilised support from third sector and other partners.

2.6.2. Council officers were expected to complete chronologies prior to case conference. But these quite often only included information relating to the adult support and protection concerns, rather than a thorough comprehensive chronology. This meant that worrying patterns of harm to individuals might not be apparent.

2.6.3. Users reported the recording of chronologies on Mosaic was "clunky". They uploaded Word documents rather than populating the designated system for chronology creation.

2.6.4. The partnership aimed to move to multi-agency chronologies by January 2018. This was a highly ambitious target. Health partners did not participate in the chronology process.

2.6.5. The partnership acknowledged that completion of apposite chronologies was an area for improvement. This was strongly congruent with our analysis.

Recommendation for improvement
The partnership should make sure that social workers prepare well-balanced, valid chronologies for all adults at risk of harm who require them.

Large-scale investigations

2.7. A detailed multi-agency large-scale investigation protocol was in place. This was clear and afforded sound guidance to staff. Generally, staff were aware of the protocol and some had used this. Large-scale investigation practice was well established and there were good working relationships with all partner agencies. Staff were confident about carrying out large-scale investigations.

2.7.1. The partnership carried out three large-scale investigations in the last year. There were two-multi-agency strategy group meetings to discuss concerns about specific care homes. We considered that the partnership carried out large-scale investigations competently, comprehensively and productively.

2.7.2. Team leaders said that there were challenges in making staff available for large-scale investigations.

Adult protection case conferences

Adult protection case conferences

- **74%**of case conferences invited the adult at risk of harm.
- **50%** of case conferences were attended by the adult at risk of harm where invited.
- **100%** if they attended, the adult at risk of harm was effectively supported to participate.
- **96%** case conferences effectively determined what needed to be done to ensure the adult at risk of harm was safe, protected and supported.
- **77%** of case conferences were rated as good or better.

2.8. The partnership's audit processes revealed an issue with meeting timescales for adult protection case conferences. This had been addressed and performance was stated to be improving.

2.8.1. Our file reading showed police and health attendance at adult protection case conferences was an area for improvement.

- Thirty-three per cent of adult protection conferences did not have a police representative in attendance.
- Thirty-seven per cent of adult protection conferences did not have a health representative in attendance.

2.8.2. Police acknowledged that there were some instances when there was no police presence at case conferences. They always submitted reports for case conferences.

2.8.3. Attendance at case conferences was challenging for health staff. Social work staff confirmed that case conferences were more robust when health partners and GPs were able to attend.

2.8.4. Staff said that adults at risk of harm were always invited to attend adult protection case conferences and that support was offered to them. Police confirmed that when adults at risk of harm attended case conferences, they were well supported to fully express their views.

2.8.5. Many staff said that adult protection case conferences were poorly attended. They felt that some agencies did not attend case conferences, as they had "no more to tell". Some inquorate case conferences had to be cancelled and reconvened. Social work staff perceived partners did not always understand that the case conference was not only for sharing information but also for multi-agency decision making about the optimal way forward to secure safety and support for the adult at risk of harm.

2.8.6. Most other professionals agreed that the absence of health staff rendered the case conference process less robust. Resource issues made attendance challenging for health professionals. The partnership constructively attempted to secure GP attendance by holding case conferences in GP surgeries.

2.8.7. Attendance at case conferences by adults at risk of harm was challenging, despite council officers attempting to reduce barriers to attendance.

Independent advocacy

Independent advocacy

- **39%** of cases evidenced that the individual was offered independent support or advocacy when needed.
- **47%** of cases evidenced that the individual received advocacy support if this was offered.
- **57%** individuals offered advocacy did not receive it.
- **88%** of cases showed evidence that advocacy helped the individual articulate their views.

2.9. The adult protection investigation form prompted council officers to consider a referral to independent advocacy. There were positive relationships between advocacy and social work services. Advocacy services were accessible and responsive.

2.9.1. Two of the three advocacy services indicated that they received a low volume of referrals and that these were often received too late in the process. Advocacy services would prefer to be involved at an earlier stage. Referrals were mainly received from social workers and mental health officers.

Staff knowledge and use of legislation

2.10. Staff were knowledgeable about statutory powers to protect adults at risk of harm. They reported securing two banning orders recently and that one prevented the harmer from contacting the victim, while the other did not.

2.10.1. There was a positive relationship with local authority legal services, who gave sound advice timeously.

2.10.2. Training on the 'three acts'[16] was well attended and well received by multi-agency groups, including GPs.

2.10.3. NHS Lothian had helpfully developed a decision specific assessment tool for capacity assessment, which was accessible to council officers requesting capacity assessments.

[16] The Adult Support and Protection (Scotland) Act 2007, The Adults with Incapacity (Scotland) Act 2000 and The Mental Health Care and Treatment (Scotland) Act 2003

2.10.4. Staff had mixed experiences of obtaining capacity assessments. It could be difficult to obtain them timeously for some adults at risk of harm, where capacity was an issue.

Support for adults at risk of harm to achieve their desired personal outcomes other than protection

2.11. In general, adults at risk of harm received support to deliver their non-protection desired personal outcomes of health, wellbeing and enhanced quality of life.

Review adult protection case conferences

2.12. Adult protection case conference reviews (where appropriate) were convened regularly and within appropriate timescales. They constructively determined the optimal way forward for adults at risk of harm.

Midlothian partnership

Leadership for adult support and protection was

VERY GOOD — **Major strengths**

because:

Senior leaders within the partnership modelled and promoted accomplished partnership working for adult support and protection. Our evidence was that the partnership's public protection approach worked well and was well embedded. There was a conjoined Midlothian and East Lothian adult protection committee and child protection committee, which was called the public protection committee. Thus, four committees were conjoined into one. Governance and oversight of adult support and protection was robust and effective. The partnership had carried out a number of purposeful audits of adult support and protection practice. And this was reflected in our overall findings on the good quality of the partnership's key processes for adult support and protection. The partnership had a suite of meaningful performance indicators related to adult support and protection.

3. Leadership for adult support and protection in Midlothian

Leaders support for partnership working

3.1. There was a generally strong and robust approach to partnership working.

3.1.1. Midlothian and East Lothian had worked together on adult support and protection and broader public protection for almost 10 years. There was evidence that this partnership had evolved and strengthened over time, and that there were benefits in terms of shared capacity, economies of scale and shared learning.

3.1.2. The public protection unit based in Musselburgh in East Lothian was an example of this joint approach. The approach also afforded opportunities for benchmarking and peer review.

3.1.3. The joint, combined approach to public protection in the partnership worked relatively well. The partnership prioritised adult support and protection in a well-balanced manner.

3.1.4. The critical services oversight group worked collaboratively to exercise governance over adult support and protection.

3.1.5. The Fire and Rescue Service and Trading Standards made an invaluable contribution to the partnership and to the delivery of enhanced positive outcomes for adults at risk of harm and their unpaid carers

Vision

3.2. Leaders ensured that there was a compelling, clearly articulated vision for adult support and protection, and this was communicated effectively across the partnership.

"It's everyone's responsibility to support and protect people at risk of harm."

Leadership for delivery of adult protection practice

3.3. Generally, staff we met were well supported by their managers (for example, council officers and police officers involved with the public protection unit and the concern hub.

3.3.1. At a strategic level, there was a protection lead for health at directorate tier (this was a Lothian initiative). This individual chaired the public protection committee.

3.3.2. Although advocacy representatives described positive joint working relationship with health and social work services at the operational level, advocacy services were not represented on the public protection committee or any of its subgroups.

3.3.3. Staff groups we met highlighted specific initiatives to raise the profile of adult support and protection (for example, financial harm). Generally, staff had a clear understanding of their and their agency's role in adult support and protection.

3.3.4. Public protection unit and concern hub officers we met were not very well informed about some of the national and divisional initiatives related to adult protection for example, disruption of the activities of bogus workmen.

3.3.5. In the main, the critical services oversight group, public protection committee, public protection unit and concern hub worked collaboratively and effectively. Partners shared information appropriately and delivered most adult protection processes in a timely, competent and proportionate manner.

3.3.6. There was a good level of both single and multi-agency adult protection training. The vast majority of references to adult support and protection training and development we encountered were very positive.

Quality assurance

3.4. Laudably, the partnership was committed to carrying out audits of adult support and protection. The police had been involved in national audits.

3.4.1. The partnership's current file audit activity was single-agency, rather than multi-agency and largely focused on social work activity. However, the partnership recognised the need to address this. The sample size of social work case file audits was relatively small.

3.4.2. The group that oversaw initial referral discussions operated effectively as a quality assurance mechanism for reviewing decision making at initial referral discussions.

3.4.3. There were a number of examples where quality assurance and audit activity led to improvements. These included:

- improved management and delivery of case conferences within timescales
- council officers seeking to meet with adults at risk two weeks after a case conference in an effort to improve user feedback
- improvements to the completion of chronologies supported by chronology training.

3.4.4. The partnership's assertion of improvement in chronology preparation does not fully resonate with our file reading findings. Only 71% of the records we thought should have contained a chronology did so, meaning 29% of adults at risk of harm who should have had a chronology did not.

3.4.5. The critical services oversight group had undertaken two purposeful self-evaluation events, one of which was supported by a specialist corporate facilitator.

Leadership exercised by adult protection committee and chief officers group

3.5. There was a well-established and effective public protection committee. We did not hear any comments to the effect that adult protection was the poor relation in to child protection.

3.5.1. The two public protection committee subgroups worked well. Again, the benefits of the broader public protection approach outweighed any disadvantages. Officers did not have to attend multiple different committee meetings.

3.5.2. The convener of the public protection committee provided energetic and positive leadership. The convener was a partnership employee and therefore not an independent chair. For this partnership, we could not discern any obvious disadvantages from this arrangement.

3.5.3. The critical services oversight group had a clear understanding of the roles and responsibilities of this group. They had a sound grip of the strategic adult support and protection agenda.

3.5.4. The partnership had a well-developed set of performance indicators and a performance framework. It was positive that the partnership was reviewing this, with completion of the review due in 2018.

3.5.5. The partnership had made a number of improvements to its adult support and protection procedures and processes in the last two years. Senior leaders, including the chief social work officer, were closely involved in driving this improvement activity.

3.5.6. The partnership had not carried out any significant case reviews related to adult protection in the previous two years. They said this was because there had not been any adult protection cases with adverse elements that met the significant case review criteria. The partnership had carried out a number of initial case reviews and disseminated any lessons learned.

Role of the chief social work officer

3.6. The chief social work officer chaired a 'changing lives' overview group. The focus of this energetic group was the maintenance of high standards of professional social work practice. Public protection was a standing item on the agenda.

3.6.1. The chief social work officer provided solid professional leadership for social work in Midlothian and for the exercise of the social work role and contribution to adult support and protection.

Appendix 1: Quality indicators for adult support and protection

QI-1: Outcomes: is the at-risk adult safe and supported as a result of our (see page 13 for our definiton of adult protection partnership) **activity?**

QUALITY INDICATORS FOR ADULT SUPPORT AND PROTECTION

1.1 We pursue least restrictive protective options and respects individuals' choice.

1.2 Our multi-agency response to referrals of adult protection concerns was timely and effective to create a proportionate, protective framework for adults at risk of harm and others for whom risk was identified, including children. We strive to identify adults at risk of harm.

1.3 We deliver the desired personal outcomes for adults at risk of harm - enhanced safety, wellbeing, and support to keep healthy. They and their unpaid carers (if appropriate) were involved throughout. Adult protection outcomes and general health and wellbeing outcomes were inextricably linked.

1.4 Adults at risk of harm, subject to physical, sexual, emotional, financial harm, neglect, self neglect, and harm to self were safe and protected as a consequence of our actions.

1.5 We carry out effective work with perpetrators (harmers) when necessary.

QI-2:
Key processes: How good were our parternship's policies, procedures and practice for referral handling, screening, effective initial response to secure safety of adult at risk of harm, investigation of adult protection concerns intimated to our partnership? And how effective were our actions to secure sustained safety, protection, and support for adults at risk of harm?

2.1. There was decisive and consistent operational management of ASP cases.

2.2. We have a valid system for timely, accurate screening of all adult protection concerns intimated to it. The three-point test was correctly and consistently applied.

2.3 We share information (electronic and non electronic) about adults at risk of harm effectively and timeously. Robust protocols were in place.

2.4. We carry out timely and cohesive initial investigations of adult protection concerns - including ASP concerns related to regulated services - which competently determine whether to proceed to a full investigation. And any other measures to protect and support the adult at risk of harm.

2.5. We carry out competent, timely, multi-agency, in-depth investigations into adult protection concerns that correctly identify the way forward. These were timeously and fully recorded.

2.6. We prepare detailed risk assessments and risk management plans - including chronologies - for adults at risk of harm, who require them.

2.7. We conduct large-scale inquiries (large scale investigation) competently, commensurate with the national code of practice. These exercises ensure the adults currently at risk of harm were safe and protected, and diminish the risk of future harm to individuals.

2.8. We correctly convene multi-agency case conferences for adults at risk of harm. These effectively determine what needs to be done to secure the individuals' ongoing safety and other positive personal outcomes. Adults at risk of harm and their carers were invited and supported to attend.

2.9. Independent advocacy is offered to individuals and was available if they want it. Staff are fully aware of role of advocacy. Appropriate adults were deployed when required.

QI-2:
Key processes: How good were our parternship's policies, procedures and practice for referral handling, screening, effective initial response to secure safety of adult at risk of harm, investigation of adult protection concerns intimated to our partnership? And how effective were our actions to secure sustained safety, protection, and support for adults at risk of harm?

2.10. We make timely effective use of statutory powers to protect adults at risk of harm, pursuant to the:
- Adult Support and Protection (S) Act 2007
- Adults with Incapacity (S) Act 2000
- Mental Health Care and Treatment (S) Act 2003.

Competent assessments of capacity were done when required.

2.11. We carry out multi-agency assessments of need and prepare care plans that were focused on individuals' desired personal outcomes. Apposite services and supports deployed as a result. Care plans were reviewed periodically.

2.12. Regular reviews were carried out for adults at risk of harm, reviews were timeously convened if there were significant changes of circumstances.

QI-3: Leadership: How good were our leadership and governance?

3.1. Our strategic leaders model, support, and develop good partnership working.

3.2. Our leaders ensure there was a clearly articulated vision and a cogent, cohesive strategy for adult support and protection within our partnership.

3.3 Our leaders ensure the delivery of robust, competent, and effective adult protection practices.

3.4. Our leaders ensure sound quality assurance and audit processes were extant within our partnership. Our partnership carries out periodical self-evaluations of ASP. And delivers improvements identified. Our leaders ensure the views of adults at risk of harm and their carers were integral to policy and planning.

3.5. Our adult protection committee and the Chief Officers Group (or equivalent) competently fulfil their statutory roles, supports and drives improvement, and exercises sound oversight and governance over adult support and protection within our partnership. They were instrumental in the development of harm-prevention strategies.

3.6. In respect of adult support and protection, our Chief Social Work Officer exercises cogent, cohesive leadership for:

- The delivery of professional support to council officers and other staff working in the field of adult support and protection.
- The maintenance of high standards of professional social work adult protection practice.
- Driving improvements in professional social work adult protection practice where necessary.
- Ensuring that systems were in place to learn from critical adult protection incidents that occur – including the convening of initial case reviews (ICR) and significant case reviews (SCR) where this was appropriate.
- Carrying out the statutory duties of Chief Social Work Officer for adults at risk of harm, who may require appointment of a proxy, pursuant to Adults with Incapacity (Scotland) Act 2000.

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Part two: inspection of individual partnerships

East Dunbartonshire partnership

Outcomes for adults at risk of harm were

GOOD → important strengths, some areas of improvement

because:

The partnership made sure that the choices of adults at risk of harm were respected and adult protection intervention was pursued in the least restrictive manner. In general adults at risk of harm were safer, had enhanced wellbeing and an improved quality of life, which was consequential of their adult protection journey. The partnership carried out some effective, collaborative work to tackle financial harm. The partnership acknowledged the following areas for improvement:

- seamless transition of vulnerable young people to the adult support and protection system
- systematic measurement of outcomes for adults at risk of harm and capturing their experience of their adult support and protection journey.

Recommendations for improvement:
The East Dunbartonshire partnership

1. **The partnership should make sure that social workers prepare well-balanced, valid chronologies for all adults at risk of harm who require them.**

1. Outcomes for adult support and protection in East Dunbartonshire

Partnership pursues least restrictive options and respects choice

1.1. The partnership invested in learning and development opportunities for staff, equipping them with knowledge and understanding of the principles of the Adult Support and Protection (Scotland) Act 2007.

1.1.1. Staff groups described a proportionate approach to intervention and demonstrated knowledge and understanding of wider safeguarding legislation. Legal services support and advice was available for staff. Our redacted referral analysis confirmed that almost all referrals were progressed in line with the general principles of the Adult Support and Protection (Scotland) Act. Adults at risk of harm and unpaid carers we interviewed confirmed that involvement was proportionate and beneficial.

Timely multi-agency response to adult protection concerns

1.2. In the main, adult protection partners executed a timely, multi-agency response to adult protection referrals. Adult protection partners were clear about how to pursue an adult protection referral.

1.2.1. There was good evidence of timely and effective support to adults at risk of harm. There was active participation from a range of partners including social work, advocacy, police and health colleagues. Good joint working arrangements were in place for statutory partners and advocacy services. East Dunbartonshire Council legal services team was flexible and responsive.

1.2.2. The partnership was proactive in its work with GP colleagues to reduce barriers to participation, which had resulted in improved communication and year-on-year improvement of GP involvement in multi-agency meetings (55% in 2016).

1.2.3. The partnership had instituted adult protection threshold guidance for residential establishments to inform them about when to make an adult protection referral. Its impact on reducing numbers of inappropriate referrals from care homes was variable.

Involvement of adults at risk of harm and unpaid carers

Involvement of adults at risk of harm

- **94%** of adults at risk of harm's views sought and taken into account at initial inquiry stage.
- **85%** had views sought and taken into account at investigation stage.
- **91%** had views sought and taken into account at implementation of protection plan and review stage.

1.3. Adults at risk of harm, unpaid carers, and independent advocates we met felt that the partnership meaningfully consulted and included them in its activities to secure safety and protection for adults at risk of harm.

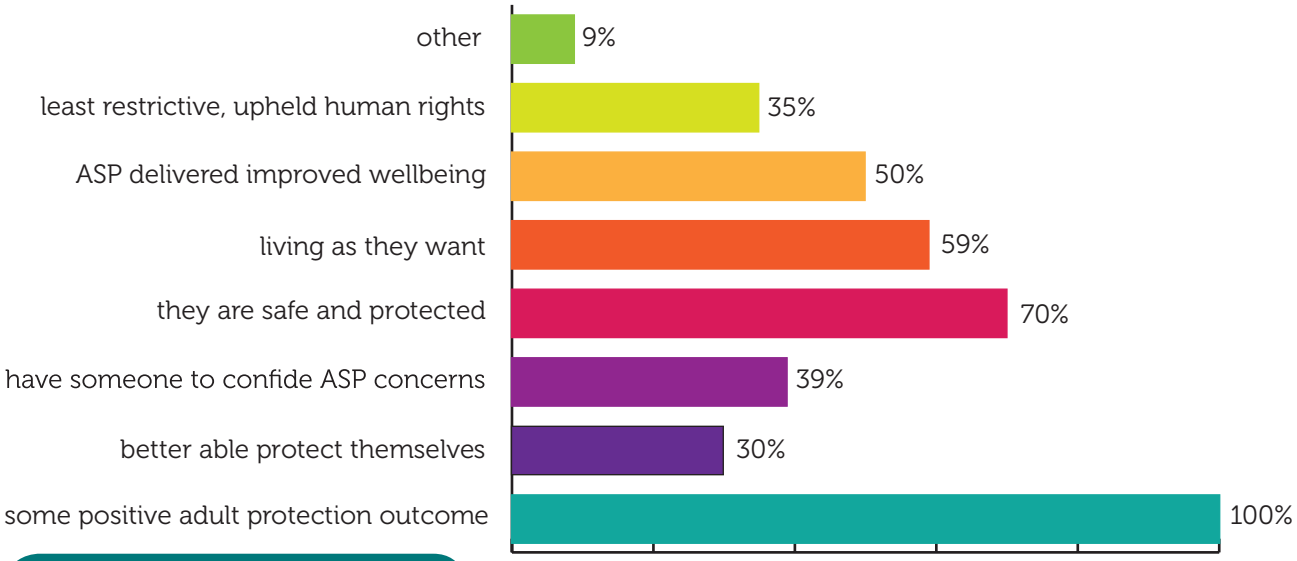
1.3.1. The evidence from our file reading was that less than one-third (26%) of adults at risk of harm had their views sought and taken into account at the adult protection case conference stage. We considered this was an area for improvement.

1.3.2. Adults at risk of harm said that delays to appropriate psychiatric assessment and treatment resulted in poor mental health outcomes for them.

1.3.3. The partnership identified the transition of vulnerable young people to adult services as an issue. They did this by eliciting their views. The partnership acknowledged this was an area for improvement.

Outcomes for safety, protection and support

Figure 9: outcomes for adults at risk of harm in East Dunbartonshire



See **page 34** on compliance with integration delivery principles and delivery of national health and wellbeing outcomes.

1.4. The partnership delivered positive outcomes for adults at risk of harm for safety, enhanced wellbeing, and improved quality of life (Figure 9).

1.4.1. We received positive feedback from adults at risk of harm, unpaid carers and advocates that desired outcomes were achieved for individuals through a partnership approach.

1.4.2. The partnership recognised that gathering and reporting data on outcomes for adults at risk of harm was work in progress.

1.4.3. The partnership intended that adults at risk of harm's evaluations of the impact of adult support and protection would be evident in their annual self-evaluation exercise from 2018.

1.4.4. The partnership had undertaken positive work to lessen the impact of the high-level of bogus callers and unscrupulous workers. This was done through awareness raising and effective joint working with Trading Standards.

1.4.5. Our file reading revealed that the partnership acted collaboratively and effectively to stop financial harm. Thereby ending the trauma and loss of amenity that this causes for vulnerable individuals.

1.4.6. Adults at risk of harm and unpaid carers confirmed that independent advocates and social workers supported them to be fully involved in the adult support and protection process. They were provided with information and support and their views and choices were respected.

Financial harm

- **20%** of cases there was evidence of financial harm to the individual.
- **60%** of cases this was greater than £1,000.
- **100%** of cases evidenced that the partnership had acted to stop the abuse.
- **90%** of cases showed this was effective.

Remedial work with perpetrators (harmers)

1.5. Partners provided anecdotal evidence of work undertaken with perpetrators and were clear that this was an important part of addressing and reducing risk. Criminal justice social work confirmed that work was undertaken with perpetrators when they have been convicted of an offence and subject to an order.

Perpetrators

- **51%** of cases evidenced that there was a perpetrator (alleged perpetrator) of harm to the individual.
- **56%** of appropriate cases showed that the partnership had taken actions/sanctions against the alleged perpetrator.
- **86%** of appropriate cases showed that the partnership carried out work with the alleged perpetrator (harmer).
- **34%** of cases rated weak or unsatisfactory.

East Dunbartonshire partnership

Key processes for adult support and protection were

GOOD

Important strengths, some areas of improvement

because:

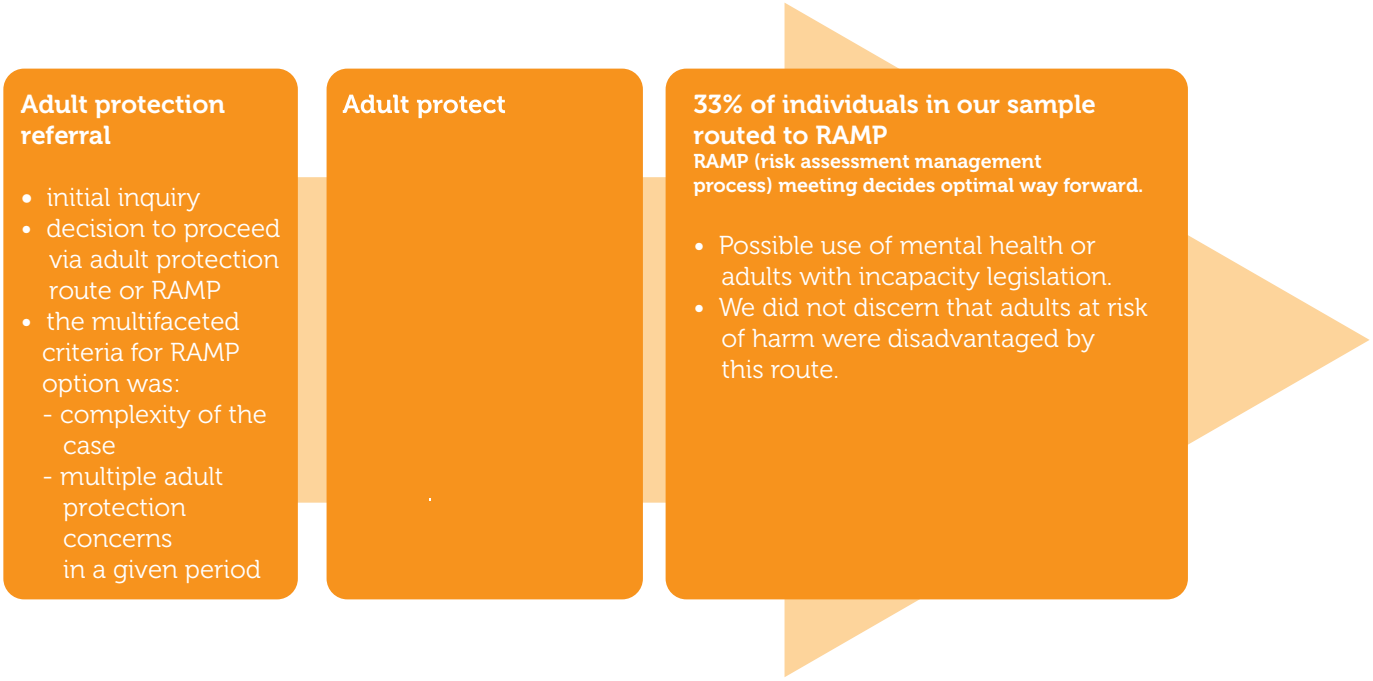
The partnership's key processes for adult support and protection made adults at risk of harm safe and protected. The co-location of social work and health staff in integrated teams afforded productive sharing of adult protection information. The partnership had a unique adult protection process that had two routes; the adult protection route and the RAMP (risk assessment management process) route. Preparation of well-balanced valid chronologies for adults at risk of harm was an area for improvement.

2. Key processes for adult support and protection in East Dunbartonshire

Operational management of adult support and protection

2.1. The partnership exercised relatively decisive operational management for adult support and protection.

Figure 7 The partnership's two routes for ASP concerns



2.1.1. Generally, staff from across the agencies were clear about how and where to raise adult support and protection concerns. There were guidance and procedures for adult support and protection and related activity – for example the RAMP (**risk assessment management process**).

2.1.2. We considered the RAMP procedure was complicated and might be hard for staff to comprehend. Thirty-three per cent of the individuals in our sample of adult protection records were routed via the RAMP process. We did not discern that adults at risk of harm were disadvantaged by this route.

2.1.3. We found that in some cases planning meetings (professionals' meetings) were used as an alternative to adult protection case conferences.

2.1.4. Council officers and team leaders were well supported by service managers and the adult protection co-ordinator.

Progressing of adult protection referrals

ASP referrals

- **73%** evidenced communication among partners.
- **27%** did not evidence communication among partners.
- **84%** application of three-point test correct.
- **88%** application of three-point test recorded.
- **10%** showed time delays in progressing referral.
- **54%** referral handling rated good or better (**32%** very good), **46%** adequate or worse.

2.2. The partnership's response to most adult protection referrals was timely. The partnership correctly applied the three-point test for most referrals and clearly recorded its application. Communication among partners was an area for improvement.

2.2.1. The police concern hub had the standardised national concern hub business process in place. This set out the processes for the triage, research, assessment, and appropriate proportionate information sharing of all adult concern reports. This allowed a full review and therefore a reduction in forwarding inappropriate referrals to social work.

2.2.2. All adult protection referrals went through the adult intake team. This provided a useful overview of referral activity. Senior practitioners in social work teams (except the older people team) helped ensure continuity for the screening and progression of adult protection referrals.

2.2.3. Police Scotland had constructively introduced a national escalation protocol for multiple-repeat adult protection concern reports within a 30-day period. Multiple-repeated concerns triggered a multi-agency discussion.

2.2.4. Social work staffs' view was that although the proportion of "inappropriate" police adult support and protection referrals had reduced, this could be further improved.

Information sharing

Police records

- **46%** of police records contain all information about adult support and protection related incidents.
- **2%** of police records contain case conference minutes.
- **36%** of police records contain a chronology.
- **60%** of records contain a police vulnerable person's database on file.
- **81%** of the vulnerable person's database entry contains details of adult protection concerns.
- **56%** of the vulnerable person's database entry contains a chronology.

2.3. Co-location of health and social work staff within the health and social care partnership improved information sharing between health and social work.

2.3.1. Some partnership staff were able to share adult protection information electronically. Co-location had also supported other aspects of multi-agency working. Partnership staff and the GPs' representative attested to good information sharing, including prompt response to phone calls.

2.3.2. Police officers acknowledged some problems with vulnerable persons databases and delays (for example where consent was not clearly recorded and also in instances of domestic abuse). However, they thought it was better than the previous system, because it is a national system that allows cross-boundary viewing of vulnerable persons databases.

2.3.3. Communication and information sharing with health staff who were not located in the health and social care partnership office was less prevalent and more challenging.

2.3.4. Social work staff were reasonably positive about information sharing with the police.

2.3.5. A number of stakeholders (for example, accident and emergency staff[14] and independent sector care providers) said they rarely received feedback on the outcome of adult support and protection referrals they have made. NHS Greater Glasgow and Clyde had invested heavily in adult protection training for accident and emergency staff. We considered that the partnership providing timely appropriate feedback to partners who make adult protection referrals was an area for improvement.

Initial inquiries (duty to inquire)

2.4. The partnership carried out initial inquiries into adult protection concerns effectively.

2.4.1. The adult duty team held any new short-term work arising from adult support and protection referrals for a three-month period (there was some flexibility around this) before transfer to the other teams. This arrangement worked well.

2.4.2. The partnership did not use initial referral discussions. Some staff and managers expressed an interest in adopting initial referral discussions. But, surprisingly, social work staff were unaware that the police were actively developing an initial referral discussion approach for consideration in East Dunbartonshire.

[14] There are no accident and emergency units in East Dunbartonshire.

Full adult protection investigations

Adult protection investigations

- **40%** of cases proceeded to full investigation.
- **95%** of cases the full investigation effectively determined if the individual was at risk of harm.
- **95%** of full investigations rated good or better for quality.

2.5. When the partnership carried out a full investigation, this was done professionally, competently and effectively.

2.5.1. Two council officers normally undertook investigations. They had received training in investigative interviewing.

2.5.2. Staff considered that when they were involved in investigations they were well briefed and supported by line managers. Our file reading data showed that the partnership undertook relatively few adult protection investigations. Partnership staff said this was because they undertake detailed initial inquiries, including interviewing the adult at risk of harm.

2.5.3. The partnership relatively frequently (one-third of the individuals in our file reading sample) invoked the RAMP (risk assessment management process) as an alternative to the adult protection route. We considered that this was one likely reason why less than half of the adult protection episodes in our sample proceeded to the full investigation stage (from our file reading analysis).

Chronologies, risk assessment and risk management

Chronologies

- **57%** of records had a chronology when we considered one should be present.
- **33%** of records did not contain a chronology when we considered they should have.
- **71%** of chronologies present were of an acceptable standard.

Risk assessment and risk management

- **90%** of adults at risk of harm had a risk assessment.
- **75%** of risk assessments rated good or better.
- **95%** of adults at risk of harm who required a risk management plan had one.
- **94%** of risk management plans rated good or better.

2.6. Risk assessment and risk management practice was of a good standard. The preparation of well-balanced, valid chronologies for adults at risk of harm was an area for improvement. One-third of the adults at risk of harm who should have had a chronology did not have one.

Recommendation for improvement
The partnership should make sure that social workers prepare well-balanced, valid chronologies for all adults at risk of harm who require them.

Large-scale investigations

2.7. The partnership carried out one large-scale investigation in the last year. The partnership considered this went well. We concurred with this view.

Adult protection case conferences

Case conferences

- **29%** of case conferences invited the adult at risk of harm.
- **67%** of case conferences were attended by the adult at risk of harm if invited.
- **100%** if they attended, the adult at risk of harm was effectively supported to participate.
- **100%** case conferences effectively determined what needed to be done to ensure the adult at risk of harm was safe, protected and supported.
- **87%** of case conferences were rated as good or better.

2.8. Adult support and protection case conferences were well structured and proficiently chaired. They were chaired by a service manager, who effectively identified the risks and the protection actions required. Staff produced minutes quickly and to a good standard.

2.8.1. Our file reading showed health attendance at adult protection case conferences was an area for improvement. Laudably, the police attended all adult protection case conferences.

- All adult protection conferences had a police representative in attendance.
- Thirty per cent of adult protection conferences did not have a health representative in attendance.

2.8.2. Staff made good efforts to encourage and support the attendance of adults at risk of harm and unpaid carers at case conferences.

2.8.3. Frontline police officers who attended case conferences sometimes lacked understanding of their role and the purpose of the case conference.

Independent advocacy

Independent advocacy

- **53%** of cases evidenced that the individual was offered independent support or advocacy when needed.
- **62%** of cases evidenced that the individual received advocacy support if this was offered.
- **88%** of cases showed evidence that advocacy helped the individual articulate their views.

2.9. We saw evidence of the purposeful involvement of independent advocacy services. This included their attendance at relevant case conferences. Comments from staff about Ceartas advocacy service were generally very positive.

2.9.1. Adults at risk of harm we met said they benefited greatly from independent advocacy and their relationship with their advocate.

"The greatest help I have received was from my advocate".

Staff knowledge and use of legislation

2.10. Council officers and other staff we met were knowledgeable about legislation pertaining to adult support and protection and were skilled in its application. Staff were positive about timely and positive support from the council's legal services.

2.10.1. Police officers' knowledge of the relevant legislation was variable. They were well informed on application of the three-point test. Although they still had a tendency to record episodes involving vulnerable individuals as adult support and protection rather than adult wellbeing.

Support for adults at risk of harm to achieve their desired personal outcomes other than protection

2.11. Staff concluded that assessment and care planning for adults at risk of harm included the provision of practical and financial support, and that this generally engendered individuals' desired personal outcomes.

Review adult protection case conferences

2.12. Case conference reviews took place within the required and appropriate timescales. There had been an issue with this and the partnership had made the necessary improvements.

East Dunbartonshire partnership

Leadership for adult support and protection was

because:

Strategic leaders modelled and promoted productive partnership working for adult support and protection. There was sound and effective oversight of multi–agency adult protection practice. The partnership constructively used self-evaluation and audit of adult support and protection to identify areas for improvement. The partnership exercised relatively strong informed governance over adult support and protection.

3. Leadership for adult support and protection in East Dunbartonshire

Leaders support for partnership working

3.1. Strategic leaders promoted cohesive partnership working and support for adult protection operations. The partnership evidenced a strong commitment to council officer training and succession planning. There was an organisational expectation that newly qualified social workers would progress to act as council officers after 12 months in post.

3.1.1. The partnership recently conducted a staff survey. This found that staff morale in the teams was generally good, although there were some concerns about workloads and structural changes.

Vision

3.2. The partnership had a clear and articulate vision for adult support and protection, and pervasive ownership of it.

Leadership for delivery of adult protection practice

3.3. The partnership strongly endorsed the RAMP (risk assessment and management process). One of the consequences of this was relatively low numbers of adult protection case conferences.

3.3.1. Our file reading found that in 28 cases where a case conference should have been convened, five (18%) were not convened and in these cases, the partnership followed the RAMP route.

3.3.2. In this way, the partnership sometimes used the RAMP process as an alternative to adult protection case conferences[15]. The partnership was aware of the issue and the chief officers group commented on the need for monitoring. We considered this was constructive and an important area for chief officers' continued attention. In our view, the key issues for the partnership to review were:

- the rationale for around one-third of adults at risk of harm routed via the RAMP
- clarity of RAMP procedure
- individuals' safety outcomes from adult support and protection route and RAMP route.

3.3.3. Police frontline and concern hub staff reported good operational management. Their economic crime unit had the overview on financial harm. We considered this was a constructive approach.

[15] As previously stated, we discerned no detriment to individuals subject to the RAMP.

3.3.4. The partnership expected all children and families social workers to undertake adult support and protection training. We considered this was an example of valuable positive practice.

Quality assurance

3.4. The partnership asserted that they build quality assurance into processes. The adult protection co-ordinator reviewed case conference minutes to promote consistency.

3.4.1. Laudably, the partnership determined its priorities for adult support and protection from regular file audits. The annual multi-agency file audit began in 2013.

3.4.2. The adult protection committee priorities were capacity and sexual harm – they emerged from the file audit.

3.4.3. The partnership's senior managers meaningfully took account of the views of adults at risk of harm and their unpaid carers.

3.4.4. Team leaders were positive about the quality of the performance management reports they received. These reports allowed them to monitor their team's performance for a number of key adult protection processes. Team leaders were required to read and sign off the various adult support and protection reports. This was how they productively assured adult the quality of support and protection activity.

3.4.5. The partnership produced quarterly adult protection performance reports. The quality of the reports had improved significantly since they went electronic and the adult protection committee had to spend much less time checking the data accuracy. The partnership made the required improvements when its performance data revealed delays convening adult protection case conferences.

Leadership exercised by adult protection committee and chief officers group

3.5. Adult protection committee members said that person-centred policies and procedures were operational. They emphasised proportionate and least-restrictive approaches. They were confident that East Dunbartonshire was a "robust adult protection environment" and that there were positive relationships and joint working between agencies. The chief officers group strongly endorsed this view.

3.5.1. The adult protection committee received presentations from other areas and was cognisant on crosscutting adult protection themes. At least one annual conference was held, focusing on a particular theme.

3.5.2. Advocacy services felt recognised and valued by the partnership, which invited their participation in developing consultation groups.

3.5.3. The chief officers group considered the annual self-evaluation of inter-agency practice and service delivery evidenced consistency and timely action to protect adults at risk of harm. In general, we concurred with this view.

3.5.4. The chief officers group had set a number of self-evaluation targets for improvements to adult support and protection. Commendably, most of these were achieved.

3.5.5. There were less robust arrangements for quality assurance of adult protection case records than for reports. Team leaders did not routinely scrutinise records as part of their staff supervision. The partnership identified this as an issue in its annual self-evaluation exercise and acknowledged it was an area for improvement.

3.5.6. The adult protection committee was a relatively strong, cohesive partnership with mature working relationships. Tension within the partnership was unusual and quickly resolved.

3.5.7. Multi-agency staff groups were confident that the community safety partnership was improvement-focused. The partnership was committed to joint training. Examples of training sessions delivered included domestic violence, dementia and self-directed support. These areas reflected the partnership's adult protection strategic priorities.

3.5.8. The independent convener of the adult protection committee had been in post for two years and had not met with the chief officers group. There was a lack of clarity about the route to be taken for adult support and protection issues to be considered by the chief officers group. The partnership acknowledged this was an area for improvement.

3.5.9. A review of Police Scotland's attendance at the adult protection committees was underway, with a view to improving the consistency of police participation in them.

Role of the chief social work officer

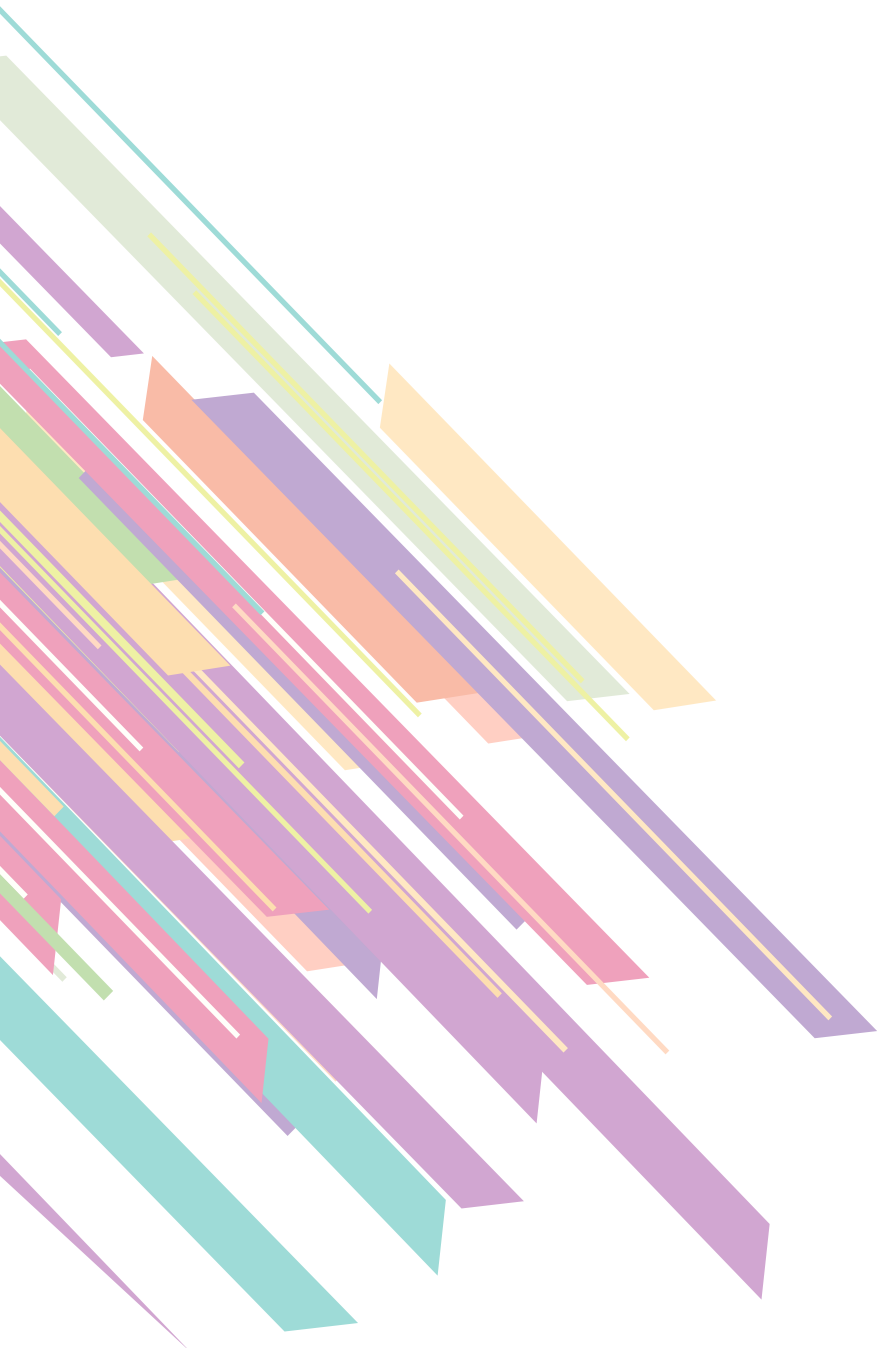
3.6. The chief social work officer had a critical role in improving understanding of adult support and protection and implementation of adult support and protection procedures and strategic improvement plans.

3.6.1. The clinical and care governance group, which incorporated social care chief officers, health and third-sector partners, oversaw professional and clinical practice. Staff viewed this as a positive development. We considered it was a valid, constructive response to health and social care integration.

3.6.2. The chief social work officer was a member of the adult protection committee, the child protection committee and the community planning committee, and was active on all in promoting the partnership's learning and development strategy.

3.6.3. There was purposeful use of a deputy chief social work officer to ensure consistent advice was available to staff.

3.6.4. The chief social work officer was responsible for delivering the annual adult support and protection stakeholders' awareness-raising conference. We considered that this event was a very positive effort to increase the profile of adult support and protection.



Adult Support & Protection Inspection - East Dunbartonshire Improvement Action Plan

The partnership should make sure that social workers prepare well-balanced, valid chronologies for all adults at risk of harm who require them

Required actions	Tasks	Timeframe/milestones	How partnership will measure improvements – self-evaluation activities, audits of records of adults at risk of harm.	Responsible/Task Lead	Financial implications	Rationale	Any salient risks for the partnership	What partnership considers success will look like
1. Ensure appropriate governance and oversight arrangements are in place	**a. Devise and gain agreement for improvement action plan from HSCP (EDC), APC & COG**	August-September 2018	N/A	Head of Adult Services, HSCP and Head of Health & Community Care Services, HSCP				**1.Improvement plan agreed and monitored by governance groups**
	b. Update reports to be supplied at each APC and COG meeting for the duration of the improvement project. To include findings of annual casefile audits in 2019 and 2020	August 2018- January 2021		Head of Adult Services, HSCP and Head of Health & Community Care Services, HSCP				
	c. Submit a project closure report to the appropriate governance groups.	Mar-21		Head of Adult Services, HSCP and Head of Health & Community Care Services, HSCP				

Required actions	**Tasks**	**Timeframe/milestones**	**How partnership will measure improvements – self-evaluation activities, audits of records of adults at risk of harm.**	**Responsible/Task Lead**	**Financial implications**	**Rationale**	**Any salient risks for the partnership**	**What partnership considers success will look like**
2. Improve functionality of electronic recording systems to support the preparation, shareability and maintenance of active case chronologies.	**d. Scope potential functionality of next Carefirst version to support the preparation and monitoring of active case chronology records.**	October 2018-September 2019	N/A	OLM and EDC's Carefirst Team	Costs of upgrading Carefirst to improve finctionality in respect of recording active case chronologies	The current Adult Services case chronology form is not fit for purpose as live risk management tool since it cannot be amended/updated as new information emerges. A new version of Carefirst has been proposed by OLM. Its level of functionality iro case chronologies requires to be established. There is no date for implementation in East Dunbartonshire.	**OLM are unable to deliver added functionality to support the recording of active case chronologies in the new version of Carefirst.**	**2.Social Workers have access to a fit-for purpose tool to share and maintain active case chronologies.**

	e. Review current team-based SW electronic client record system	October 2018-September 2019	N/A	HSCP Joint Service Managers, IMLO, EDC Information & Management Team		Because of the lack of functionality provided by Carefirst, staff were instructed to cease using the Adult Services case chronology form in April 2017 and instead to record chronologies on word documents which are saved to the customer's electronic file on the server.		
Required actions	**Tasks**	**Timeframe/milestones**	**How partnership will measure improvements – self-evaluation activities, audits of records of adults at risk of harm.**	**Responsible/Task Lead**	**Financial implications**	**Rationale**	**Any salient risks for the partnership**	**What partnership considers success will look like**
3. Improve completion rates and overall quality of adult case chronologies prepared by social workers	**f. Scope potential for joint improvement work (a) with other inspected partnerships and (b) with East Dunbartonshire Child Protection Committee.**	July-August 2018	N/A	Adult Protection Coordinator		Identify common challenges and potential solutions, and achieve improvements as economically as possible		**3.Interim measure: By December 2019, 80% of cases where a chronology is required will have on in place. 85% of these will be of an acceptable standard. Final measure: By December 2020, 90% of cases where a chronology is required will have one in place. 85% of these will be of an acceptable standard.**
	g. Scope potential for collaboration with an HEI to research case chronology practice	July-December 2018	N/A	Adult Protection Coordinator		Develop theoretical base to support best practice		

g. Survey social workers and managers about current enablers and barriers to completion/quality assurance of adult chronologies.	Oct-18	N/A	Adult Protection Coordinator			
h. Establish task group with frontline practitioner and manager representation to review current procedures and guidance for Adult Services Case Chronologies and develop training programme for social workers and their managers.	November 2018 – January 2019	N/A	Adult Protection Coordinator, Joint Service Managers (Adults/Older People)			
i. Establish current baseline	Dec-18	Annual Adult Social Work Casefile Audit	EDC Performance, Information & Research Team		The need for, completion and quality of of adult case chronologies are regularly monitored through the annual adult SW casefile audit. The next audit is cheduled for December 2018. This will come too soon to measure performance improvements which can be attributed to implmentation of this imrpovement plan, but it will confirm the current practice benchmark. The impact of improvement action should then be more reliably evidenced within the 2019 and 2020 casefile audits	

	j. Launch guidance and run training programme.	February - May 2019	N/A	Joint Service Managers (Adults/Older People)	Costs to deliver and release all social workers and their managers to attend training. A minimum of 4 x 1/2 day session is envisaged			
	k. Measure progress towards meeting interim targets . Review and agree amendments to improvement action plan as required.	Dec-19	Annual Adult Social Work Casefile Audit	EDC Performance, Information & Research Team, HSCP Heads of Service				
	l. Measure progress towards meeting final targets.	Dec-20	Annual Adult Social Work Casefile Audit	EDC Performance, Information & Research Team				