

For meeting on

12 NOVEMBER 2020

# Agenda 2020

## East Dunbartonshire Health & Social Care Partnership Board



Board will be held within the **Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT on Thursday 12<sup>th</sup> November 2020 at 9.30am** or via remote access during COVID Pandemic restriction arrangements to consider the undernoted business.

**Chair: Susan Murray**

East Dunbartonshire Health and Social Care  
Partnership Integration Joint Board

12 Strathkelvin Place  
KIRKINTILLOCH  
Glasgow  
G66 1XT  
Tel: 0141 232 8237

## A G E N D A

Sederunt and apologies

Any other business - Chair decides if urgent

Signature of minute of meeting for the HSCP Board held on; 17<sup>th</sup> September 2020

Item	Report by	Description	
<b>STANDING ITEMS</b>			
1.	Chair	Declaration of interests	
2.	Martin Cunningham	Minute of HSCP Board held on 17 <sup>th</sup> September 2020	<b>1-8</b>
3.	Caroline Sinclair	Chief Officer's Report	<b>verbal</b>
<b>STRATEGIC ITEMS</b>			
4.	Derrick Pearce	Woodhead Practice Proposed Closure of Branch Surgery	<b>9-50</b>
<b>GOVERNANCE ITEMS</b>			
5.	Caroline Sinclair	Chief Social Work Officer Report	<b>51- 94</b>
6.	William Kennedy	Community Justice Partnership Annual Report 2019-2020	<b>95- 126</b>
7.	Jean Campbell	Financial Performance Budget 2020/21 – Month 6	<b>127-158</b>
8.	Paul Treon	Clinical and Care Governance Minutes held on 19 <sup>th</sup> August 2020	<b>159- 164</b>
9.	Jean Campbell	Performance Audit and Risk Committee Minutes held on 28 <sup>th</sup> September 2020	<b>165-170</b>

10.	Derrick Pearce	Strategic Planning Group Minutes held on 6th August 2020	<b>171-178</b>
11.	Tom Quinn	Staff Forum Minutes held on 21 <sup>st</sup> September 2020	<b>179-190</b>
12.	Jenny Proctor/Gordon Cox	Public Service User & Carer Group Minutes held on 12 <sup>th</sup> October 2020	<b>191-198</b>
13.	Caroline Sinclair	East Dunbartonshire HSCP Board Agenda Planner	<b>199-200</b>
	Chair	Any other competent business – previously agreed with Chair  <a href="https://consult.gov.scot/health-and-social-care-integration/consultation-to-amend-the-civil-contingencies-act/">https://consult.gov.scot/health-and-social-care-integration/consultation-to-amend-the-civil-contingencies-act/</a>	<b>verbal</b>

### FUTURE HSCP BOARD DATES

Date of next meeting – 9.30am to 1pm if Seminar schedule start time will be 9am.

**Thursday 21<sup>st</sup> January 2021**

All held in the Council Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT or via remote access during COVID Pandemic restriction arrangements

Minute of virtual meeting of the Health & Social Care Partnership Board held on  
**Thursday, 17 September 2020.**

Voting Members Present: EDC Councillor **MOIR & MURRAY**

NHSGGC Non-Executive Directors **FORBES & RITCHIE**

Non-Voting Members present:

<b>C. Sinclair</b>	Interim Chief Officer - East Dunbartonshire HSCP
<b>J. Campbell</b>	Chief Finance and Resource Officer
<b>L. Connell</b>	Chief Nurse
<b>G. Cox</b>	Service User Representative
<b>A. McCready</b>	Trades Union Representative
<b>A. Meikle</b>	Third Sector Representative

**Councillor Susan Murray (Chair) presiding**

Also Present:	<b>D. Aitken</b>	Interim Adult Services Manager
	<b>C. Bell</b>	Trades Union Representative
	<b>A. Cairns</b>	Planning, Performance & Quality Manager
	<b>C. Carthy</b>	Interim Head of Children's Services & Criminal Justice
	<b>M. Cunningham</b>	Corporate Governance Manager
	<b>L. Johnston</b>	General Manager – Oral Health Directorate
	<b>R. Murphy</b>	Resources and Registered Services Manager HSCP
	<b>G. McConnachie</b>	Audit & Risk Manager
	<b>V. McLean</b>	Corporate Business Manager – East Dunbartonshire HSCP
	<b>D. Pearce</b>	Head of Community Health & Care Services
	<b>T. Quinn</b>	Head of Human Resources
	<b>P. Treon</b>	Associate Clinical Director

## **OPENING REMARKS**

The Chair welcomed Gordon Cox, newly appointed Service User Representative to his first meeting of the Partnership Board following the resignation of Martin Brickley. The Chair requested that thanks be recorded to Martin for his years of service as a regular contributor and wished him best wishes for the future. She also undertook to write to him conveying the appreciation and thanks of the Board of all his valuable contribution.

The Chair also welcomed Leanne Connell to her first meeting since moving into her temporary role as Chief Nurse.

In addition, she congratulated Lisa Johnston on her permanent position as General Manager, Oral Health Directorate.

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Furthermore, she advised that Ketki Miles had been appointed as a NHS Non-Executive Board Member and Ian Ritchie had also taken up the role of Joint Vice-Chair of GG&C Board.

**APOLOGIES FOR ABSENCE**

Apologies for absence were submitted on behalf of Councillor Meechan and J. Proctor, Carers Representative.

**SEMINAR – AUTISM STRATEGY**

A Report by the Interim Head of Adult Services, copies of which had been circulated, was presented to the HSCP Board advising on supports to individuals with autism in East Dunbartonshire and our local prevalence with regard to national statistics. The Report also advised of work undertaken to support individuals with autism across the lifespan and future areas of focus and development in line with Scottish Government policy. Full details were contained within the Report and attached Appendices.

Richard Murphy, Resources and Registered Services Manager provided a presentation on the Autism Strategy, followed by questions from the Board.

The Board thanked Richard Murphy for an informative presentation on Autism prevalence and provision in East Dunbartonshire, and areas of focus for 2020. Thereafter, the Board agreed to:-

- a) note the locally funded initiatives established through funding from the National Autism Strategy;
- b) note the establishment of support to early years and education to help support more effective diagnosis and support;
- c) note the autism prevalence in East Dunbartonshire in line with national statistics;
- d) note the difficulty in establishing a definitive figure regarding individuals affected by autism and the reasons for this;
- e) note current supports and resources for those affected by autism in East Dunbartonshire; and
- f) request further reports to the HSCP Board as required, to update on developments and progress with regard to the development and focus of the local ten year strategy.

**1. DECLARATION OF INTEREST**

The Chair sought intimations of declarations of interest in the agenda business. There being none received the Board proceeded with the business as published.

**2. MINUTE OF MEETING – 25 JUNE 2020**

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There was submitted and approved a minute of the meeting of the Health & Social Care Partnership (HSCP) Board held on 25 June 2020, subject to the undernoted amendment, copies of which had previously been circulated.

Page 13, include Andrew McCready's Apologies.

**3. INTERIM CHIEF OFFICER'S REPORT**

The Interim Chief Officer addressed the Board and summarised the national and local developments since the last meeting of the Partnership Board. Details included:-

- As everyone will be aware it has been a busy time delivering response to Covid-19 pandemic, trying to balance with recovery, and re-establish service provision.
- Looking to winter, this year a particular challenging factor will be delivering the flu vaccination programme on a larger scale.
- HSCP continue to provide a high level of support to Care Homes.
- Throughout the past 6 months working closely with the 6 Partnership Boards in the GG&C Health Board area, including delivery of Community Assessment Centres and Mental Health Services. There has been a very collaborative approach and services have been delivered more effectively.
- Working across all service areas in collaboration with partner organisations and across the whole area trying to support services.
- Reflect on huge efforts and hard work from our staff. Creative approach, new or different ways of working, undertaking work in different types of services, staff have been delivering an incredible amount of work.

Councillor Murray echoed the comments made relating to the efforts of staff and advised that the changes they had made to deliver services were greatly appreciated. She added that she regularly received positive comments in this regard. In terms of collaborative working, she commented that it was great to see improvements even during this time.

Ian Ritchie also welcomed the comments and the immense amount of hard work demonstrated within the papers and thanked all the staff.

The Board noted the information.

**4. HSCP STRATEGIC PLAN 2018-21: REVIEW**

A Report by the Interim Chief Officer, copies of which had previously been circulated, seeking approval for a proposed arrangement for the statutory process of review of the Strategic Plan. Full details were contained within the Report and attached as Appendix 1 was an Extract from the Public Bodies (Joint Working) (Act) 2014.

The Board heard from the Interim Chief Officer regarding the restrictions encountered in preparing a replacement Strategic Plan due to the impact of the Covid-19 pandemic and the proposal to develop a one year bridging document for 2020/21 following discussion with the Scottish Government and the other five HSCP's across Scotland that were also due to review their Strategic Plan by 31 March 2021.

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Following questions and further discussion, which included a request to ensure a bottom-up approach was captured, the Board approved the approach to reviewing the Strategic Plan 2018-21, as set out in the Report.

**5. COVID-19: RECOVERY AND TRANSITION PLAN**

A Report by the Interim Chief Officer, copies of which had previously been circulated, set out the approach East Dunbartonshire HSCP was taking to the transitional, post-emergency phase of the COVID-19 pandemic. Full details were contained within the Report and attached as Appendix 1 was a copy of the Covid-19 Recovery and Transition Plan.

The Board heard from Alan Cairns, Planning and Performance Manager regarding the ongoing approaches being developed in alignment with the recovery and transition planning activity by East Dunbartonshire Council, NHS Greater Glasgow and Clyde, other HSCP's across GG&C and at national level. He highlighted that the plan was built around flexibility to further waves of the virus given the ongoing changes week-to-week.

Following questions and further discussion around the flu vaccination, the Interim Chief Officer advised that there would be extensive advertising to encourage uptake of the vaccine. The Board noted the number of ways the vaccine was being delivered collaboratively in the community, with a separate programme for children, housebound individuals and within care home facilities. Thereafter, the Board agreed to:

- a) note the contents of the Report; and
- b) note the Recovery and Transition Plan at Appendix 1.

**6. DRAFT COMMUNICATIONS STRATEGY (2019 – 2022) AND ACTION PLAN**

A Report by the Head of Community Health and Care Services, copies of which had previously been circulated, advising the Board on the outcome of the consultation on the HSCP Communication Strategy, and the Participation and Engagement Draft Strategy, and presenting for approval the HSCP Communication Strategy and Action Plan and the East Dunbartonshire Health and Social Care Partnership Participation and Engagement Strategy final draft (2020-2023).

Following consideration, the Board agreed as follows:-

- a) to note the outcome of the aforementioned consultation;
- b) to approve the HSCP Communication Strategy and Action Plan; and
- c) to approve the East Dunbartonshire Health and Social Care Partnership Participation and Engagement Strategy.

**7. DRUG DEATHS TASKFORCE FUNDING UPDATE**

A Report by the Interim Head of Adults Services, copies of which had previously been circulated, providing the Board with an update on the Drugs Deaths Taskforce additional



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funding bid submitted to Scottish Government on Friday 26<sup>th</sup> June 2020 and the subsequent decision. Full details were contained within the Report.

The Board heard from David Aitken, Interim Head of Adults Services regarding the requirement of each Partnership to drive forward the recommendations from the Drug Deaths Taskforce to reduce drug deaths and drug related harm. The Board noted that funding of £37,153 had been made available to East Dunbartonshire to support provision of these services where they were not already in place for all those at risk in the local area.

Following consideration, the Board agreed to note the contents of the Report.

**8. OLDER PEOPLE'S HOUSING RESEARCH**

A Report by the Head of Community Health and Care Services, copies of which had previously been circulated, reporting progress on East Dunbartonshire HSCP's (and the Council's Land Planning & Development Service and Housing Service) jointly commissioned research on Older People and Specialist Housing Research. Full details were contained within the Report and a copy of the research study undertaken by Ameil Johnson was attached as Appendix 1.

The Board heard from the Head of Community Health and Care Services in relation to the outcomes of the research undertaken, initially to look at older people's housing needs and expanded to include those with specialist needs and younger people and how this would inform the manner in which East Dunbartonshire would require to respond to the different types of housing needs moving forward.

The Board welcomed the Report and the collaborative work undertaken which was timely given the contribution and impact on the Local Development Plan 2.

Following further discussions, the Board agreed:

- a) to note the contents of the Older People and Specialist Housing Research;
- b) to approve ongoing commitment to work with the Council's Land Planning & Development Service and Housing Service; and
- c) to seek an update report at a future date in one year's time to review the impact and changes made.

**9. HSCP ANNUAL PERFORMANCE REPORT 2019-20**

A Report by the Interim Chief Officer, copies of which had previously been circulated, presenting and seeking approval for the HSCP Annual Performance Report for the year 2019-20 that detailed progress in line with the Strategic Plan and National Health and Wellbeing Outcomes. Full details were contained within the Report and the full Annual Performance Report for 2019-20 was attached as Appendix 1.

Following consideration, the Board approved the Annual Performance Report 2019-20, set out at Appendix 1.

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**10. QUARTER 1 ANNUAL PERFORMANCE REPORT 2020-21**

A Report by the Interim Chief Officer, copies of which had previously been circulated, informing the Board of progress made against an agreed suite of performance targets and measures, relating to the delivery of the HSCP strategic priorities, for the period April to June (Quarter 1). Full details were contained within the Report and attached Appendix.

Following discussion, which included service delivery and the importance to continue to deliver care despite the challenges around Covid-19, the Board agreed to:

- a) note the contents of the Report 2019-20 attached as Appendix 1; and
- b) consider the Quarter 1 Performance Report 2019-20 at Appendix 1.

**11. FINANCIAL PERFORMANCE BUDGET 2020/21 – MONTH 3**

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, updating the Board on the financial performance of the partnership as at month 3 of 2020/2021. Full details were contained within the Report and Appendices 1 and 2.

The Board heard from the Chief Finance & Resources Officer regarding the significant pressure on the budget as a result of Covid related costs and the impact of this on the delivery of savings and transformation during 20/21. She added that in the event that further funding was received from the Scottish Government to fully fund these costs and impacts, the HSCP would deliver an underspend related to a significant downturn in care home and care at home placements. She also highlighted that the HSCP does not hold any general reserves to mitigate these pressures.

Thereafter, the Board agreed as follows:

- a) to note the projected Outturn position was reporting an over spend of £7.1m as at month 3 of 2020/2021 based on the level of SG funding confirmed to support Covid expenditure to date;
- b) to note the progress to date on the achievement of the current, approved savings plan for 2020/2021 as detailed in Appendix 1;
- c) to note the HSCP financial performance as detailed in Appendix 2; and
- d) to note the impact of Covid related expenditure during 2020/2021.

**12. CLINICAL AND CARE GOVERNANCE ANNUAL REPORT**

A Report by the Clinical Director, copies of which had previously been circulated, providing the Partnership Board with the Clinical & Care Governance Annual Report. The Partnership Board noted that the report required to be submitted annually to NHSGGC

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Clinical Governance Support Unit, to provide assurance to the Health Board, in respect of HSCP health & care services provided under direction by the Health Board & East Dunbartonshire Council, and operationally managed by the HSCP Chief Officer. Full details were contained within the Report and attached as an Appendix was the Draft Annual Performance Report.

The Board heard from Paul Treon, Clinical Director regarding the Report, during the course of which he highlighted that Specialist Children's Services would no longer be overseen by this group and the performance would no longer feature as part of this Report. He also advised that the membership of the Clinical & Care Governance Group had been reviewed and the agenda would change moving forward.

Following consideration, the Board noted the contents of the Draft Annual Performance Report attached as Appendix 1.

**13. WORKFORCE PLANNING 2020**

A Report by the Head of Human Resources, copies of which had previously been circulated, provided Members with the 6 monthly update on workforce demographics for the HSCP and an update on the Workforce Action Plan for 2020-21. In addition, the Report provided an update on the Scottish Government Guidance for workforce planning across Health & Social Care service and the revised actions by the Health & Social Care Partnership to develop and publish a 3 year Workforce Plan for 2022-25 which aligns with our Strategic Plan.

The Board heard from the Head of Human Resources. Following questions and further consideration, the Board agreed as follows:-

- a) to note the workforce demographics and action plan update;
- b) to note the revised actions to develop a robust workforce plan that meets with the Scottish Government Guidance and aligns with the 2022-25 Strategic Plan; and
- c) to seek a progress report on the development of the workforce plan in January 2021.

**14. PUBLIC, SERVICE USER & CARER (PSUC) REPRESENTATIVE SUPPORT GROUP**

A Report by the Service User Representative and the Carers Representative, copies of which had previously been circulated, describing the processes and actions undertaken in the development of the Public, Service User & Care Representative Group. Full details were contained within the Report and Appendix 1.

Gordon Cox advised the Board that Martin Brickley had resigned as the Service User Representative earlier in the week. He paid tribute to the tremendous amount of work that Martin had been involved in for 15 years. He also highlighted the important part Martin had played and his contribution within the Group over a long period of time.

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Thereafter, Gordon provided the Board with an overview of the Report. Following consideration, the Board noted the progress of the Public, Service User & Carer Representatives Support Group (PSUC).

**15. EAST DUNBARTONSHIRE, DRAFT PERFORMANCE AND AUDIT AND RISK COMMITTEE MINUTES HELD ON 18 JUNE 2020**

Providing the Board with an update on the business of the Performance, Audit & Risk Committee held on 18 June 2020. Full details were contained within the Report and Appendix 1.

Following consideration, the Board noted the contents of the minute of the Performance, Audit & Risk Committee held on the 18 June 2020.

**16. EAST DUNBARTONSHIRE HSCP BOARD AGENDA PLANNER**

The Interim Chief Officer provided an updated schedule of topics for HSCP Board meetings 20/21 which was duly noted by the Board. The Board also noted the Development Session arranged for 23<sup>rd</sup> September – Flu Vaccination Plan. She advised that this was an evolving document and encouraged members to get in touch by email with regards other items emanating from the development session they may wish to see presented.

A. Meikle also advised the Board that EDVA's AGM/Conference had been delayed and would now be held late January 2021.

**17. DATE OF NEXT MEETINGS**

The HSCP Board noted the next scheduled meeting for 2020/21 was as follows:

- Thursday, 12 November 2020.

Members noted that the meeting would be held within the Council Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT. If a seminar was scheduled, this would start at 9.00am prior to Board business commencing at 9.30 am.

Agenda Item Number: 4.

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

<b>Date of Meeting</b>	12 <sup>th</sup> November 2020
<b>Subject Title</b>	Application for closure of the Woodhead Medical Practice Satellite Surgery at Twechar Healthy Living & Enterprise Centre
<b>Report By</b>	Derrick Pearce, Head of Community Health & Care Services <a href="mailto:Derrick.Pearce@ggc.scot.nhs.uk">Derrick.Pearce@ggc.scot.nhs.uk</a> Tel: 0141 232 8216
<b>Contact Officer</b>	Gillian Notman, Change & Redesign Manager <a href="mailto:Gillian.Notman@ggc.scot.nhs.uk">Gillian.Notman@ggc.scot.nhs.uk</a> Tel: 07799 342363

<b>Purpose of Report</b>	<p>The purpose of this report is</p> <ul style="list-style-type: none"> <li>To inform the HSCP Board of a formal application received on the 11<sup>th</sup> June 2020 from Dr's Davda, Ness, Fraser &amp; McGroarty of Woodhead Medical Practice of their intention to close the satellite surgery at Twechar Healthy Living &amp; Enterprise Centre.</li> <li>To provide information to enable the HSCP Board to consider the issues and come to a decision as to whether or not it supports the proposal to close the satellite surgery.</li> </ul>
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<b>Recommendations</b>	<p>It is recommended that HSCP Board members:</p> <ul style="list-style-type: none"> <li>Consider the report and accompanying appendices;</li> <li>Make a decision for or against the proposal by Woodhead Medical Practice to close the satellite surgery at Twechar; Or</li> <li>Defer the decision to the next meeting of the HSCP Board should members consider that more information is required from Woodhead Medical Practice.</li> </ul>
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<b>Relevance to HSCP Board Strategic Plan</b>	The contents of this paper pertain to the delivery of Primary Care Family Medical Services which fits with Strategic Plan Priority 1 <i>Promoting positive health and wellbeing, preventing ill-health, and building strong communities</i>
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**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	There are no human resource implications arising directly from this report.
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<b>Equalities:</b>	A full Equalities Impact Assessment (EQIA) process has been undertaken and has been submitted to the NHS GG&C Equality & Diversity Team.
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<b>Financial:</b>	There are no financial implications arising directly from this report.	
<b>Legal:</b>	There are no legal implications arising directly from this report.	
<b>Economic Impact:</b>	There are no current economic implications.	
<b>Sustainability:</b>	There are no sustainability implications	
<b>Risk Implications:</b>	There will be no satellite surgery within Twechar but risk will be mitigated in the proposals put forward by Woodhead Medical Practice to provide general medical services from the main surgery in Kirkintilloch	
<b>Implications for East Dunbartonshire Council:</b>	There are no immediate implications for East Dunbartonshire Council arising from this closure.	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	Should it be decided that the Practice proposal be accepted there are implications for NHS Greater Glasgow and Clyde Practitioner Services function to support Woodhead Medical Practice to close the branch surgery	
<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	1. No Direction Required	<input type="checkbox"/>
	2. East Dunbartonshire Council	<input type="checkbox"/>
	3. NHS Greater Glasgow & Clyde	<input checked="" type="checkbox"/>
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	<input type="checkbox"/>

## 1.0 MAIN REPORT

- 1.1 A formal application was received by the HSCP on the 11<sup>th</sup> June 2020 from Dr's Davda, Ness, Fraser & McGroarty of Woodhead Medical Practice, Kirkintilloch advising of their desire to close their satellite surgery at Twechar Health Living & Enterprise Centre (HLEC) (**Appendix A**).
- 1.2 The Woodhead Medical Practice cites 10 main reasons for the proposed closure, including its inappropriateness as a medical facility.

## 2.0 CONTEXT

- 2.1 Woodhead Medical Practice is situated in Kirkintilloch within the Kirkintilloch Health Care Centre. There are four part time GPs, two part time practice nurses and administrative staff. The premises are purpose-built with access to other services, such as physiotherapy, dieticians and podiatry. As well as General Medical Services, the practice also provides Extended Hours and Contraceptive Implants from the Kirkintilloch site.
- 2.2 The practice also provides a weekly surgery on a Wednesday morning at the Twechar Healthy Living Centre (post code G65). This is a multi-purpose building, and the surgery is provided by a GP who accesses patient information from a secure laptop. The GP attends alone and there is no waiting room, patients wait in the café area to be seen. The room used for the satellite surgery is not purpose built and only basic examination is possible because of this. Twechar patients have always had to attend Kirkintilloch for other medical services such as chronic disease reviews, smears, phlebotomy and wound management, where suitable space and facilities are available.
- 2.3 Woodhead Medical Practice satellite surgery is the only GP surgery operating in Twechar. The distance from Twechar to the main Woodhead Practice is 4.5 miles. The proximity to other GP Practices within Kirkintilloch are as follows:

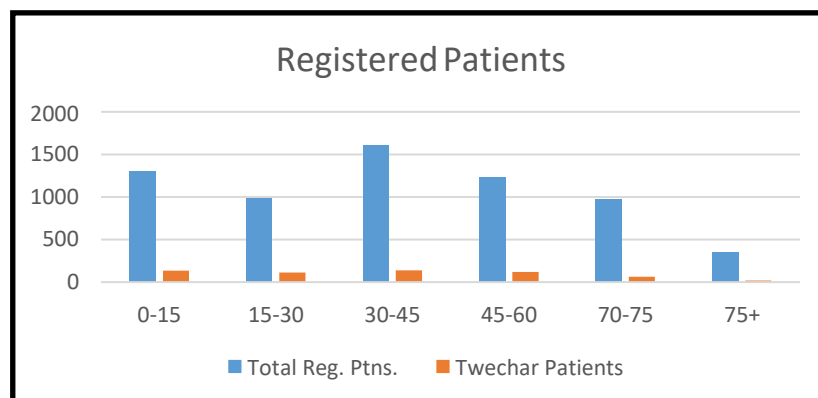
Practice	Distance (miles)
Turret Medical Centre	3.8
Regent Gardens Medical Centre	4.2
Peel View Medical Practice	4.2
Southbank Surgery	4.6

*\*\*Regent Gardens Medical Centre are the only other practice within the area who accept patients from this area.*

- 2.4 According to the Scottish Index of Multiple Deprivation (SIMD) which ranks areas from most deprived (ranked SIMD1) to least deprived (SIMD5) Twechar is considered as an SIMD1 area. Twechar's SIMD ranking is determined using 38 individual indicators across 7 domains, namely:

Domain	Rank	Deprivation
Income	2629	4 <sup>th</sup> most deprived
Employment	2932	5 <sup>th</sup> most deprived
Health	2310	4 <sup>th</sup> most deprived
Education	2153	4 <sup>th</sup> most deprived
Housing	1935	3 <sup>rd</sup> most deprived
Access to Services	570	1 <sup>st</sup> most deprived
Crime	2586	4 <sup>th</sup> most deprived

- 2.5 In total 6,447 patients are registered with Woodhead Medical Practice with 586 residing within the Twechar area. A breakdown including age range of total registered patients and those registered patients who reside in Twechar is illustrated in the chart below.



### 3. OPERATION OF THE SATELLITE SURGERY

- 3.1 The satellite surgery offers 10 pre bookable routine appointments, plus 2 emergency appointments over 1 session (half day) per week. With the exception of the 12 GP appointments over the 1 session per week, no other services are provided at the satellite surgery.
- 3.2 During the pandemic, the HSCP approved the temporary closure of the satellite surgery. For the safety of the patients, GPs and Practice staff, and to minimise the spread of COVID-19 telephone triage / screening was undertaken by the practice to establish if a face to face appointment was necessary, which would then be carried out at the main practice in Kirkintilloch.



- 3.3 In light of the pandemic, a range of technology was introduced into GP Practices where they were able to provide virtual consultations via NHS near me / Attend Anywhere or provide a telephone consultation in addition to face to face when required.
- 3.4 During this time Woodhead Medical Practice undertook an audit to look at face to face appointments used in February 2020 within the satellite surgery and retrospectively looked to see whether a virtual consultation could have been used. The outcome of the audit noted that of the 4 surgeries available that month (offering a total of 56 appointments), the Practice thought that:-
- 9 patients required to be seen face to face (22.5%).
  - 47 patients (77.5%) could have been dealt with via telephone or video consultation.

#### **4.0 CASE PUT FORWARD FOR CLOSURE OF THE SATELITE SURGERY**

- 4.1 Woodhead Medical Practice made representation to NHS Greater Glasgow & Clyde Primary Care Services, and the HSCP, on the 11<sup>th</sup> June 2020 requesting permission to withdraw their satellite service from Twechar HLEC. The GP Practice cited a range of reasons (listed below) as to why it was no longer appropriate / feasible to provide the service.
- No formal deep clean service in place;
  - No facilities for safe disposal/removal of clinical waste;
  - Concern regarding cross-contamination as the room is not dedicated solely to the GP Practice and is used by other individuals / services;
  - There is no security or formal reception staff at the centre, and with no other Practice staff on site there are safety issues concerns as the Surgery is covered by one GP;
  - No panic button;
  - There is no dedicated IT and connectivity is poor, due to the centre having a tin roof creating issues when trying to access electronic case files;
  - No mobile telephone coverage which could be a safety issue if the GPs required to summons assistance or communication back to the main practice;
  - Rapidly increasing list size within main Practice, so there is a greater need to focus resources;
  - High demand in Kirkintilloch, so lack of GP resources to be able to provide a weekly session;
  - Waiting area is the cafe so no control over social distancing/number of people attending the centre and concerns of confidentiality.

## 5.0 CONSULTATION PROCESS

- 5.1 As required in the prescribed process to support consultation with stakeholders on the proposal to close a branch surgery, the Health & Social Care Partnership and Woodhead Medical Practice facilitated two consultation processes. Woodhead Medical Practice and the Health & Social Care Partnership are required by regulations governing the provision of a contract with the General Medical Practice to undertake a consultation with service users and other interested parties. Consultation letters from both the Practice and the HSCP were sent simultaneously on the 27<sup>th</sup> July 2020 with an agreed consultation period of four weeks ending on 24<sup>th</sup> August 2020.
- 5.2 Consultation Responses – Woodhead Medical Practice  
The Practice wrote to all patients registered at the Satellite Surgery, enclosing a questionnaire to obtain their views regarding the closure (**Appendix B**). Where more than 1 patient resided at the same address, one letter and questionnaire was sent to the household and advised that responses would be accepted via email / telephone. Individuals could submit more than one questionnaire per household. The outcome of the questionnaire is noted within the Practice report (**Appendix C**).
- 5.3 230 letters and questionnaires were sent to households of all registered Twechar patients. 29 were returned either in person, by post or electronically (12.6% of all patients contacted provided a response). Of those 29 who responded:
- 68% (20) had attended the Twechar surgery in the last year.
  - 72% (21) stated that they had attended the Kirkintilloch site in the last 12 months.
  - 65% (19) stated it would be difficult for them to attend the Kirkintilloch site, with five stating specifically this would only be if they had a problem with their car.
- 5.4 A sample of comments returned by patients are included in Appendix 4.
- 5.5 A petition was handed in supported by the Twechar Community Action Group. This requested that the satellite surgery was reinstated as soon as guidance allowed. This was signed by 171 residents, 79 (46%) of which are registered with Woodhead Medical Practice. Due to GDPR, this document cannot be included in this report as it contains individual's names and addresses.
- 5.6 Consultation Responses – Health & Social Care Partnership  
The HSCP sought the views of a range of stakeholders (**Appendix D**) regarding the closure including:
- Local community groups via HSCP Public, Service Users & Carers Group
  - Local Medical Committee (GP Sub-committee)
  - Local Councillors, MSPs and MPs for those covering G65
  - GP Practices within the area

5.7

- 5.7 Eleven of the eighteen stakeholders contacted by the HSCP responded. Four responses supported the closure of the satellite surgery and seven did not support the closure.

	Stakeholder	Agree	Oppose	No Response	Appx
1	Twechar Healthy Living & Enterprise Centre		√		E
2	Rona Mackay, MSP		√		F
3	Stuart McDonald MP		√		G
4	Councillor John Jamieson		√		H
5	Councillor Susan Murray		√		I
6	Councillor Stewart MacDonald,		√		J
7	Local Medical Council / GP Sub Committee	√			K
8	Turret Medical Centre	√			L
9	Regent Gardens Surgery	√			M
10	Children & Families		√		N
11	District Nursing	√			Verbal
12	Mental Health			√	-
13	Patient. Service User & Carer Forum			√	-
14	Lennoxton Medical Practice			√	-
15	Peel View Medical Practice			√	-
16	Southbank Surgery			√	-

- 5.8 It should be noted that East Dunbartonshire Council has intimated the intention of members to agree a view in response to the proposals by Woodhead Medical Practice. This will be agreed at the meeting of East Dunbartonshire Council of 17<sup>th</sup> November 2020. The settled view of East Dunbartonshire Council is therefore not available for inclusion on this report at this time. Responses from individual East Dunbartonshire Council Elected Members are therefore included as individual views.

#### 5.9 Consultation Response Summary

Opposing and supporting views received from both the Practice and HSCP consultation exercise revealed similar themes which has been listed below.

Oppose	
1	Despite Twechar being situated on the border of two different Health Boards. Residents are unable to register with a GP Practice within the Lanarkshire area due to Kilsyth Medical Partnership closing their boundary and will not accept any registrations from Twechar residents.
2	Poor, unreliable & unsuitable transport.
3	There is a 0.5mile walk from the bus stop to the Woodhead Medical Practice at Kirkintilloch.

4	Concerns around using transport during current pandemic.
5	Additional travel expense for the residents of Twechar which is identified as a high deprivation area.
6	If the surgery is withdrawn, it may increase social isolation as patients will not be attending the HLEC and using the other services within the centre therefore not connecting with their local community.
7	Lack of consistent wifi access in the locality.
8	Lack of accessibility to Near Me/telephone appointments - at least 25% of patients having to return to face to face appointments in Kirkintilloch.
9	Risk of losing local pharmacy provision and the option for local drop in consultations with pharmacists.
10	High percentage of older people.
11	Increased housing within the area and it is thought that the surgery plays a significant part on the ongoing regeneration.
12	Concerns that those facing domestic violence/abuse will face further scrutiny if they are trying to video call a GP or attend a surgery in Kirkintilloch when previously, before Covid-19, they could pop down to the Healthy Living and Enterprise Centre locally and be seen by a GP without potentially raising suspicions.
13	Closure will lead to a decline in the general health in a community that still has former miners with respiratory health problems

Agree	
1	<p>The four GP partners are all in agreement with the practice proposal for closure of the Woodhead Medical Practice satellite surgery at Twechar. There are various elements to consider around clinician / patient safety, and on-going care, even if it's simply collecting a prescription given there's no Pharmacy in Twechar, or having to appoint for bloods etc.</p> <p>The partners here consider all of the above to be key elements in the decision being made and believe that given the Twechar surgery is only once per week, with no other attached elements or support, it is clear that patients must be managing to travel to KHCC where a full provision of care is provided in an environment which is safe for patients and clinicians alike, and also where GP's have full access to patient records and the support of other colleagues and disciplines to ensure patients receive the best standard of care at all times.</p>
2	<p>In response to your email of 27/7/20 regarding the closure of the Twechar Satellite Surgery I would like to fully support the decision of Woodhead surgery to consolidate their work at a single site especially as we are all reducing the number of face to face consultations and making increasing use of phone and video consultations which can be done anyway.</p> <p>We regularly have patients from Twechar registering with our surgery and therefore it would appear unlikely that the presence of a satellite surgery in Twechar is influencing choice of practice.</p>
3	<p>The GP Subcommittee Executive's view is that the application to close the Woodhead Medical Practice branch surgery in Twechar is appropriate. The GP Subcommittee Executive noted the practice want to consolidate services at their main site in Kirkintilloch where a full range of health care services will be available to</p>

those patients residing in Twechar. The GP Subcommittee Executive have also noted the satellite surgery is only staffed on a Wednesday morning and further noted the unsuitability of the premises to allow for the full range of health care services to be delivered at its satellite surgery. It is right that the practice is conducting a patient consultation and we welcome this.

- 5.10 Two of the most common reasons cited in opposition to the proposal was in relation poor, unreliable, unsuitable transport & poor connectivity within the area and the barriers this may cause for patients in attending the main practice or receiving a virtual consultation.
- 5.11 There is only one bus, (accessible to all) which runs from Twechar to Kirkintilloch. The contract for service 84 was renewed in July 2012 by Strathclyde Partnership for Transport (SPT), and is operated by McColl's Coaches. The service 84 provides an hourly service 7 days a week and ensures commuters have access to essential links between these communities. This service has been praised by a local [East Dunbartonshire Councillor](#) for providing key links for residents within the community.
- 5.12 Strathclyde Partnership for Transport also operate "My Bus", the M93 which covers Twechar and Kirkintilloch, however, patients require to register with the service initially.

## 6.0 CONCLUSION

- 6.1 The information contained within this report and the accompanying appendices are presented to the HSCP Board in order that members consider the issues to inform their decision for or against the proposal to close the Satellite Surgery within Twechar Healthy Living & Enterprise Centre

## APPENDICES

<b>A</b>	Application to close Satellite surgery
<b>B</b>	Woodhead Medical Practice Letter & Questionnaire consultation
<b>C</b>	Woodhead Medical Practice – Satellite surgery Consultation report
<b>D</b>	HSCP list of consultation recipients
<b>E</b>	Kirsty Ross, Chairperson, Twechar Community Action
<b>F</b>	Rona Mackay MSP
<b>G</b>	Stuart McDonald, MP response
<b>H</b>	John Jamieson MSP
<b>I</b>	Cllr Susan Murray's response
<b>J</b>	Cllr Stewart MacDonald's response
<b>K</b>	Local Medical Council / GP Sub Committee response
<b>L</b>	Turret Medical Practice response
<b>M</b>	Regent Gardens Surgery response
<b>N</b>	Children & Families Service response
<b>O</b>	Neil Bibby MSP <i>(provided response, following Technical Note, however, not part of original consultation process)</i>

From: GP43581 (NHS GREATER GLASGOW & CLYDE) [<mailto:gg-uhb.gp43581@nhs.net>]

Sent: 11 June 2020 15:13

To: Morrison, Patricia

Cc: DAVDA, Risha (WOODHEAD MEDICAL PRACTICE (43581)); Ness, Shona (NHSmail); FRASER, Catherine (WOODHEAD MEDICAL PRACTICE (43581)); MCGROARTY, Ainsley (NHSmail)

Subject: [ExternaltoGGC]Woodhead Medical Practice

Dear Patricia

We are writing to express our intention to terminate our satellite surgery held in the Twechar Healthy Living and Enterprise Centre.

The reasons we wish to stop holding a surgery there once per week are :-

We feel that the premises are not suitable as -

#### During Pandemic

- There is no formal deep cleaning
- The room is used by multiple different users so concern regarding cross-contamination
- No security staff
- No formal reception staff
- No other Practice staff on site
- Lone working female so safety issues
- IT not sufficient
- No panic button
- No NHS Near Me
- No mobile telephone coverage
- Waiting area is the cafe so no control over social distancing/number of people coming in
- High demand in Kirkintilloch, so lack of GP resources to be able to provide a weekly session
- No facilities for disposal/removal of clinical waste

#### Non-Pandemic

- There is no formal deep cleaning
- The room is used by multiple different users so concern regarding cross-contamination
- No security staff
- No formal reception staff
- No other Practice staff on site
- Lone working female so safety issues
- IT not sufficient
- Unable to prevent anyone wandering in and about
- No panic button
- No NHS Near Me
- No mobile telephone coverage
- Rapidly increasing list size so there is a greater need to focus resources in the main Practice
- Easy transport links – there is a bus directly to KHCC



- It is less than 4 miles from Twechar to Kirkintilloch

This was an historical arrangement which we feel is no longer fit for purpose, both in the short and long term. As you are aware, Kilysth made the decision last year to alter their boundary to exclude any new patients from Twechar from registering with them. This has put additional pressure on our already strained GP resources and we feel moving forward devoting one session of GP time to a small community making up less than 10% of our practice population is no longer practical.

Can we stress that we do not wish to give up the patients living in Twechar, we would continue to see them here in Kirkintilloch and obviously continue to do house visits for those who are housebound.

We hope the Board will look upon this request sympathetically.

We look forward to hearing from you in this regard.

Kind regards.

*Pauline Wilmoth*  
*Practice Manager*

*Woodhead Medical Practice*

*10 Saramago Street*

*Kirkintilloch G66 3BF*

*0141 776 2468*





Our ref: PW

Date as postmark

Patient(s) of Woodhead Medical Practice

Dear Patient(s)

CONSULTATION ON THE PROPOSAL TO REMOVE SATELLITE TWECHAR WEDNESDAY MORNING SURGERY FROM LOCATION WITHIN ROOM IN TWECHAR HEALTHY LIVING CENTRE AND THEREAFTER PRACTICE SOLELY FROM OUR PREMISES IN KIRKINTILLOCH HEALTH AND CARE CENTRE, KIRKINTILLOCH

As you may already be aware, Woodhead Medical Practice consults from two locations, our main site at Kirkintilloch and our satellite surgery at Twechar on a Wednesday morning.

The Practice is currently seeking permission from NHS Greater Glasgow & Clyde to consolidate service provision to its Kirkintilloch premises. This would require the removal of our Wednesday morning surgery from Twechar. All Twechar patients would continue to receive medical care from the surgery in Kirkintilloch. **There are no plans to withdraw GP services from the Twechar area**, only to have our service located in Kirkintilloch, where the full range of health care services are available. At present, all Twechar patients need to attend the Kirkintilloch surgery for many conditions, such as chronic disease reviews, blood taking, wound review, ear syringing, cervical smears and minor surgery as we cannot provide these services from Twechar as premises are not suitable.

On reviewing reasons why patients had attended the Twechar surgery, we noted that 75% of patients who had been seen there could have been managed by telephone or video appointments with a doctor, and avoided the need to have to attend the surgery. Many problems can be dealt with by telephone or video consultation, therefore reducing the need for a face to face appointment.

Due to the COVID-19 Pandemic, we have had to suspend services at the Twechar surgery in the meantime in line with current guidance.

In order to assist in the wide ranging consultation process that is required prior to such a decision being approved, the Practice has been asked to undertake a survey of those patients who currently attend at Twechar. This will give you the opportunity to make your views known on the proposal to withdraw the clinic from Twechar. We would be grateful if



you could return the attached questionnaire. The consultation process will be open until 24.8.20.

The consultation process will include your MP, MSP, Councillors, Public Participation Groups and Local Community Groups.

If you have any queries about the closure of our satellite surgery, please direct them to Mrs Pauline Wilmoth, Practice Manager.

Yours sincerely

Drs Davda, Fraser, McGroarty and Ness.



### **Twechar Patient Survey**

We would like to hear your views about the proposal in the attached letter.

Please complete the questions below and either:

- i) return by post
- ii) email your response
- iii) hand into the Kirkintilloch surgery

You must include your name and date of birth for identification as a resident of Twechar.

You should post your written responses to :

Woodhead Medical Practice,  
3 Saramago Street,  
Kirkintilloch,  
G66 3BF

Alternatively, you can email your response to : [twechar@woodheadmedicalpractice.co.uk](mailto:twechar@woodheadmedicalpractice.co.uk)

If emailing, please provide answers to all of the questions below in your message.

<b>Name</b>	
<b>Date of Birth</b>	DD / MM / YYYY
Have you attended the Twechar surgery in the last 12 months?	<b>YES / NO</b>
Have you attended the Kirkintilloch surgery in the last 12 months?	<b>YES / NO</b>
Would you find it difficult getting to the Kirkintilloch surgery?	<b>YES / NO</b>
Do you have any comments about the proposed changes?	

# Woodhead Medical Practice

## Review of Twechar Satellite Clinic

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*Report prepared by Dr Catherine Fraser : 27<sup>th</sup> August 2020*

### Introduction

Woodhead Medical Practice is situated in Kirkintilloch within the Kirkintilloch Health Care Centre. There are four part time GPs, two part time practice nurses and administrative staff. The premises within the Health Centre are purpose-built with access to other services, such as physiotherapy, dieticians and podiatry. As well as General medical services, the practice also provides Extended Hours and Contraceptive Implants from the Kirkintilloch site.

The practice also provides a weekly surgery on a Wednesday morning at the Twechar Healthy Living Centre. This is a multi-purpose building, and the surgery is provided by a GP who accesses patient information from a secure laptop. The GP attends alone and there is no waiting room, patients wait in the café area to be seen. The room is not purpose built and only basic examination is possible because of this. Twechar patients have always had to attend Kirkintilloch for other medical services such as chronic disease reviews, smears, blood taking and wound management, where suitable space and facilities are available.

The Twechar surgery is currently suspended due to the Covid-19 Pandemic. This is due to the room having multiple users with no formal deep cleaning and no facilities for disposal of clinical waste.

### Reasons for reviewing this service

The practice list size has continued to increase due to new housing developments. There has been a 9% increase in practice population in the last 18months, putting additional pressure on already strained resources.

With this in mind, the practice decided to review the workload from the Twechar surgery. The GPs who attend Twechar have no access to landlines and mobile phone access is unreliable. In addition, due to the distance from the Server in Kirkintilloch, IT services in Twechar are slow which can result in frustration and lost time. It was felt it would be prudent to assess whether the presence of a GP for a whole morning away from the main site was an appropriate usage of time in view of ever increasing demands upon the service.

In addition, there were safety concerns for GPs covering the satellite surgery. The doctors attend alone and there is no panic button or reception staff, unlike in the main site.

It has been a feeling from the GPs who currently provide this service (Drs Ness and Fraser) that many of the problems seen at the Twechar surgery could be dealt with via other means, such as telephone consultation or being Signposted to other services, such as pharmacy minor ailments.

To this end a review of all patients who attended the Twechar surgery during the month of February 2020 was performed (Appendix 1). This showed that 77.5% of all patients who had attended the satellite surgery could have had their care delivered via a telephone or video consultation. In addition, all the patients who had attended Twechar over the review period had been seen at the Kirkintilloch site on another occasion in the recent past.

Since lockdown began at the end of March 2020 the Twechar surgery has been suspended resulting in over 140 telephone consultations with Twechar residents, who have also been emailing the practice and having video consultations where appropriate.

During this time GPs have been reviewing working practices resulting in an increased use of more modern consultation methods (e.g. over video and telephone). On the whole this has been very successful and readily accepted by the majority of patients. The practice recognises the importance of adopting different ways of working in such challenging times. Face to face consultations will of course still be required but it is pertinent that these are done as necessary and in purpose-built premises.

With these factors duly considered, Woodhead Medical Practice approached the HSCP with the proposal to cease operations from the satellite surgery in Twechar and consolidate medical services wholly from the Kirkintilloch site. To be clear, there are no plans to withdraw GP services from the registered residents of Twechar, only to have premises located solely in Kirkintilloch, where the full range of health care services are available.

## Procedure

The HSCP outlined the steps the practice should take to progress this.

A letter and questionnaire was developed and content agreed with the HSCP (Appendix 2 and 3). This was sent to all Twechar residents registered with the practice, explaining the proposal and reasons for this and seeking their views. Patients could complete the questionnaire in paper form or send to the practice electronically via a dedicated email address. The practice website ([www.woodheadmedicalpractice.co.uk](http://www.woodheadmedicalpractice.co.uk)) was updated with the same information published as a news article prominent on the home page for the duration of the survey period. The practice had to relocate to other premises during this time to accommodate the Local Covid Assessment Centre. These alternative premises had no waiting room where a notice could be displayed. However, patients were given the opportunity to contact the practice manager to discuss any questions they had in relation to the proposal.

## Results

230 letters and questionnaires were sent to households of all registered Twechar patients. 29 were returned either in person, by post or electronically (12.6% of all patients contacted provided a response).

Of those 29 who responded:

- 68% (20) had attended the Twechar surgery in the last year.
- 72% (21) stated that they had attended the Kirkintilloch site in the last 12 months.
- 65% (19) stated it would be difficult for them to attend the Kirkintilloch site, with five stating specifically this would only be if they had a problem with their car.

A sample of comments returned by patients are included in Appendix 4.

A petition was handed in supported by the Twechar Community Action Group. This demanded that the satellite surgery was reinstated as soon as guidance allowed. This was signed by 171 residents, only 79 (46%) of which are registered with Woodhead Medical Practice. Due to GDPR, this document cannot be included in this report as it contains individual's names and addresses.

## Conclusion

The patient population of Woodhead Medical Practice has increased over the last 18 months and continues to do so. On reviewing the reasons for attending the satellite surgery over the study period, over 75% of consultations could have been managed appropriately by other methods. Twechar residents are required to attend the main site in Kirkintilloch for many services, including wound review, smears and blood taking. The room used in the Healthy Living Centre is not purpose built and therefore not suitable for any but basic medical examination. In addition, there are safety concerns for lone GP working without supportive practice staff or a panic button. Due to the distance from the server, IT in Twechar is slow and would not support the usage of NHS Near Me or emailing, both of which have been used very successfully during the Pandemic from the surgery in Kirkintilloch.

The practice concludes closure of Twechar satellite surgery would be a step to consolidate services from a sole site and allow optimum use of use of GP time to best provide care in a time of ever increasing demand.

Retrospective review of Appointments at Twechar in February 2020.

We decided to look at the type of clinical cases seen in Twechar during the month of February 2020. The surgery provides one clinical session to patients in Twechar from a multi-purpose room in the Healthy Living Centre. The GP attends alone, using a laptop and printer. There is no reception cover, panic button or mobile phone coverage. It had been observed by the GPs who currently provide this service (Drs Ness and Fraser) that many of the problems seen at the Twechar surgery could be dealt with via other means, such as telephone consultation or being Signposted to other services, such as pharmacy minor ailments.

With demand increasing for GP appointments and rising list size, we felt it was prudent to review our Twechar surgeries to see if our feeling about appointment usage was correct.

We reviewed Twechar surgeries in February 2020. This month was chosen as no GPs were on holiday and there were 4 surgeries over this time period, each offering 10 pre-booked appointment and 2 emergency appointments (48 appointments in total).

Each consultation was reviewed and a decision was made as to whether this would have been suited for a telephone or video consultation.

Results of this review are illustrated in the table below:

	Week 1	Week 2	Week 3	Week 4
Total appointments booked (numbers in brackets denotes number who failed to attend, DNAs)	12	9	12 (3)	12 (1)
Number of patients who needed to be seen	4	2	2	2
Number of patients who could have been dealt with by telephone/video	8	7	7	9

NOTE : All patients who had attended the Twechar surgery over this time (41 patients) had all attended the surgery in Kirkintilloch previously. This had been for either bloods, wound review, smear, chronic disease review or as an emergency. None of these services could be carried out at Twechar due to the limited medical services/facilities available.

## Conclusion

Of the 41 patients who had attended appointments at Twechar in February 2020, only 10 patients needed to be seen in the surgery (24%). The rest (76%) could have been dealt with via telephone or video consultation.

There is great pressure on GP appointments and we need to consider whether it is a good use of GP time in the current climate to continue to provide this service. There are good transport links to Kirkintilloch where our main surgery is. In addition, in Kirkintilloch there is access to a wider range of services such as Phlebotomy, chronic disease review and wound management.

We have also had on-going concerns regarding safety of a lone female GP working from such a site with no panic button and no mobile phone coverage.

Letter to patients of Woodhead Medical Practice resident in Twechar

Dear Patient(s)

CONSULTATION ON THE PROPOSAL TO REMOVE SATELLITE TWECHAR WEDNESDAY MORNING SURGERY FROM LOCATION WITHIN ROOM IN TWECHAR HEALTHY LIVING CENTRE AND THEREAFTER PRACTICE SOLELY FROM OUR PREMISES IN KIRKINTILLOCH HEALTH AND CARE CENTRE, KIRKINTILLOCH

As you may already be aware, Woodhead Medical Practice consults from two locations, our main site at Kirkintilloch and our satellite surgery at Twechar on a Wednesday morning.

The Practice is currently seeking permission from NHS Greater Glasgow & Clyde to consolidate service provision to its Kirkintilloch premises. This would require the removal of our Wednesday morning surgery from Twechar. All Twechar patients would continue to receive medical care from the surgery in Kirkintilloch. **There are no plans to withdraw GP services from the Twechar area**, only to have our service located in Kirkintilloch, where the full range of health care services are available. At present, all Twechar patients need to attend the Kirkintilloch surgery for many conditions, such as chronic disease reviews, blood taking, wound review, ear syringing, cervical smears and minor surgery as we cannot provide these services from Twechar as premises are not suitable.

On reviewing reasons why patients had attended the Twechar surgery, we noted that 75% of patients who had been seen there could have been managed by telephone or video appointments with a doctor, and avoided the need to have to attend the surgery. Many problems can be dealt with by telephone or video consultation, therefore reducing the need for a face to face appointment.

Due to the COVID-19 Pandemic, we have had to suspend services at the Twechar surgery in the meantime in line with current guidance.

In order to assist in the wide ranging consultation process that is required prior to such a decision being approved, the Practice has been asked to undertake a survey of those patients who currently attend at Twechar. This will give you the opportunity to make your views known on the proposal to withdraw the clinic from Twechar. We would be grateful if you could return the attached questionnaire. The consultation process will be open until 24.8.20.

The consultation process will include your MP, MSP, Councillors, Public Participation Groups and Local Community Groups.

If you have any queries about the closure of our satellite surgery, please direct them to Mrs Pauline Wilmoth, Practice Manager.

Yours sincerely

Drs Davda, Fraser, McGroarty and Ness.



Twechar patient survey

We would like to hear your views about the proposal in the attached letter.

Please complete the questions below and either:

- return by post
- email your response
- hand into the Kirkintilloch surgery

You must include your name and date of birth for identification as a resident of Twechar.

You should post your written responses to :

Woodhead Medical Practice,  
3 Saramago Street,  
Kirkintilloch,  
G66 3BF

Alternatively, you can email your response to :

twechar@woodheadmedicalpractice.co.uk

If emailing, please provide answers to all of the questions below in your message.

<b>Name</b>	
<b>Date of Birth</b>	DD / MM / YYYY
Have you attended the Twechar surgery in the last 12 months?	<b>YES / NO</b>
Have you attended the Kirkintilloch surgery in the last 12 months?	<b>YES / NO</b>
Would you find it find it difficult getting to the Kirkintilloch surgery?	<b>YES / NO</b>
Do you have any comments about the proposed changes?	

Sample of comments received in response to the questionnaire

*I am disheartened by the proposal to close the Twechar surgery. Although I drive parking at the Kirkintilloch Surgery is very poor and often there are no spaces available. I would struggle to walk the distance from the nearest bus stop to the surgery and back, the buses are also only once an hour therefore to arrive for your appointment on time you have to arrive in Kirkintilloch very early. Since the two surgeries merged there have been many issues trying to get appointments in advance, myself and my family have regularly been told to instead phone "on the day". The Twechar clinic is much more accessible both in terms of getting an appointment and to attend as it is local.*

\*\*\*\*\*

*I do not support the closing of the Twechar satellite surgery for several reasons. While I am able to visit the surgery under normal circumstances as I own a car, I find that when I visit the surgery parking is nigh on impossible. However, if I am not feeling able to drive, the Twechar satellite surgery is in easy walking distance for myself, and as the bus service here is infrequent, expensive (particularly if I have to bring my children with me), sometimes unreliable and a good distance from the stop to the surgery in Kirkintilloch, visiting the surgery in town is obviously more difficult.*

*I am also concerned about the impact this will have on older and less mobile residents who also face these challenges if forced to attend the surgery in town as opposed to seeing the GP here in Twechar, and the potential knock-on effect that ending the surgery may have on the pharmacy, which many residents of Twechar are reliant upon.*

*In addition to this, I feel that video and telephone consultations, while helpful in some cases, are not useful where, for instance, physical manipulation or closer examination may be required.*

\*\*\*\*\*

*I am against the proposed changes. I believe it will be of detriment to our community to remove the satellite GP surgery within Twechar HLEC and will impact disproportionately upon those who are vulnerable and elderly as they rely on this kind of service as a means of accessing much needed healthcare.*

\*\*\*\*\*

*Comments- problems with attending Kirkintilloch is infrequent public transfer which drops you a fair distance away from surgery, especially with if you have mobility issues. The parking at the surgery is atrocious, rarely can you find a space.*

*I would be happy for a telephone consultation at times but would request that a time frame of an hour or 2 be given as I usually have other commitments like work and grandchildren.*

*I appreciate general practice is going to change and adapt since Covid-19, but Twechar patients only have your surgery that covers the village so I do urge you to reconsider stopping the Twechar clinic.*

*I believe it is well Attended and is only once a week.*

*I would be concerned for you as a practice that housecalls could increase due to lack of transport.*

\*\*\*\*\*

*Even though I have not attended the Twechar surgery, I would this a more useful place to attend depending on my type of medical inquiry as with every medical condition might not be able to drive and the bus service from Twechar to Kirkintilloch is not reliable and this would be the only method available to me. This service would also benefit the elderly and people who don't drive especially with the current pandemic going on.*

\*\*\*\*\*

*The proposed changes would benefit patients, because if they have any underlying problems or symptoms they could save time, and be referred immediately to another member of medical staff or department the same day instead of having to make another appointment and have to attend the main surgery on another day*

\*\*\*\*\*

*In response to your letter I have found personally the benefits of the Twechar surgery in the past but also don't mind attending the main practice at Kirkintilloch Health Centre but think it has benefits for the elderly in the village especially due to Covid as not far for them to travel and less likely to come into contact with anyone that may have the virus*

\*\*\*\*\*

*I've not attended the twechar surgery in the last 12 months ive always attended the kirkintilloch surgery in the last 12 months .. no i don't find it difficult to attend or getting to the kirkintilloch surgery... and I dont have any proposed changes towards the surgery*

HSCP Consultees	
1	Twechar Healthy Living & Enterprise Centre
2	Rona Mackay, MSP
3	Stuart McDonald
4	Councillor John Jamieson
5	Councillor Susan Murray
6	Councillor Stewart MacDonald,
7	Local Medical Council / GP Sub Committee
8	Turret Medical Centre
9	Regent Gardens Surgery
10	Children & Families
11	District Nursing
12	Mental Health
13	Councillor Alan Moir
14	Councillor Sheila Meechan
15	Patient. Service User & Carer Forum
16	Lennoxtown Medical Practice
17	Peel View Medical Practice
18	Southbank Surgery

Rice, Dianne

---

Subject: FW: [ExternaltoGGC]Re: Twechar Satellite Surgery Consultation (FAO Pauline Wilmoth)

-----Original Message-----

From: Kirsty Ross [mailto:kirsty.ross@twecharhlec.org.uk]  
Sent: 20 August 2020 21:52  
To: Rice, Dianne <Dianne.Rice@ggc.scot.nhs.uk>  
Subject: [ExternaltoGGC]Re: Twechar Satellite Surgery Consultation (FAO Pauline Wilmoth)

Dear Dianne,

I write to you on behalf of Twechar Community Action to express our concern that Woodhead Medical Practise wish to close the satellite surgery provision based within Twechar Healthy Living and Enterprise Centre.

We as a community believe that this move would be detrimental to the health of our tenants and residents. In particular those who are elderly and those who are vulnerable who rely on the service to access vital healthcare.

Public transport links for those in Twechar have never been reliable and many individuals are currently, understandably, very apprehensive using these services to reach the practice in Kirkintilloch during these uncertain times. The Kirkintilloch bus service is notorious for having frequent breakdowns and is often unavailable due to this.

There is also no room on the bus for anyone with prams/buggies if there is a wheelchair user present, this in itself presents a huge issue for those trying to access healthcare on a service which already only runs hourly.

In addition the bus service terminates at Catherine Street which is almost half a mile from the surgery. When inputting this into popular map applications it shows that for an average person this is a 9 minute walk, if someone is unwell or has mobility issues this could create a barrier to accessing healthcare.

Many members of our community also do not have access to the internet or have internet connections which are unreliable at best, making video call forms of communication unhelpful for them contacting their local health practitioners.

We also have concerns that those facing domestic violence/abuse will face further scrutiny if they are trying to video call a GP or attend a surgery in Kirkintilloch when previously, before Covid-19, they could pop down to the Healthy Living and Enterprise Centre locally and be seen by a GP without potentially raising suspicions.

A petition which has collected more than 150 signatures of those living in Twechar who feel passionate about keeping the satellite surgery will be handed into the practise in due course.

I hope that this will make you reconsider your plans.

Kind regards,  
Kirsty Ross

Chairperson  
Twechar Community Action

Rice, Dianne

---

From: Mackay R (Rona), MSP <Rona.Mackay.msp@parliament.scot>  
Sent: 28 July 2020 15:06  
To: Rice, Dianne  
Cc: Sinclair, Caroline; twechar@woodheadmedicalpractice.co.uk  
Subject: [ExternaltoGGC]Twechar GP service

Categories: Complete

Dear Dianne,

Thank you for your email informing me that Woodhead Medical Practice wish to withdraw their weekly GP service from Twechar Healthy Living Centre.

On behalf of the very many residents who have contacted me since last night, I wish to express my shock and disappointment at this decision. The feedback I have had is that Twechar residents feel they are being abandoned by the loss of this vital service and I totally understand this.

Many have told me that the journey to Kirkintilloch can be fraught on public transport, due to the difficulties of the bus service, elderly people in wheelchairs and young parents with buggies which are restricted in number, one family has children who suffer from ADHD and cannot travel in buses or taxis and the inconvenience of having to do this when patients are feeling unwell is totally unacceptable.

Some residents have told me that having the GP service was one positive thing while living in a rural area, which we know is also classed as a deprived area suffering from a lack of amenities. This will only make the situation worse.

I understand the broadband coverage and reception in the village is poor, to the extent that even 4G cannot be accessed on mobiles. This would make virtual surgeries and appointments extremely difficult and at times non-existent.

The Health Board has a statutory duty to provide accessible health care in every area. This proposal would be a dereliction of that duty and I would urge you to consider replacing the same GP service after November with another practice if necessary.

I look forward to hearing from you.

Kind regards,  
Rona

Rona Mackay MSP  
Member of Parliament for the Strathkelvin and Bearsden Constituency

Parliament Office: M4.15, The Scottish Parliament, Edinburgh, EH99 1SP  
Constituency Office: 18a Townhead, Kirkintilloch, G66 1NZ



\*\*\*\*\*

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\*\*\*\*\*

From: Stuart McDonald <stuart.mcdonald.mp@parliament.uk>  
Sent: 24 August 2020 14:59  
To: Rice, Dianne  
Subject: [ExternaltoGGC](Case Ref: DJ/ZA12931)

Categories: Complete

Dear Ms Rice

**Re: closure of Woodhead Medical Practice satellite surgery in Twechar**

I am contacting you further to your recent email outlining that Woodhead Medical Practice wishes to withdraw their weekly GP satellite service from Twechar Healthy Living Centre.

On behalf of the residents of Twechar, I wish to express my real disappointment at this application and urge that it is rejected.

All correspondence that I have received from my constituents regarding this matter has outlined their understandable concerns regarding possible loss this vital service – concerns which I believe are significant enough to justify refusing the application. Indeed, if anything, we should be looking at possibilities to expand the services available at the Twechar satellite surgery, not contemplating its closure.

My constituents are clear that a requirement to travel to Kirkintilloch would create a barrier to many residents in Twechar accessing health care. The bus service, for example, has limited capacity to transport passengers with wheelchairs and buggies. The direct bus service to Kirkintilloch also leaves patients either having to switch to another bus, or to walk almost half a mile to the practice – far from ideal for the elderly or those with limited mobility. The bus service is hourly, meaning any problems with the service – including connections – could mean missed appointments. Others will end up waiting for significant periods in the surgery and/or significant periods for the return bus – again, far from ideal for sick patients.

This would leave many of the residents in Twechar with no option but to go to the added expense of using taxis to access essential health care advice. In addition to the logistical challenges and related costs, there is a clear moral argument against creating a situation where ill and disabled people are forced to travel further than is necessary to seek the advice of their GP.

In respect of this it is worth pointing out that according to the Scottish Index of Multiple Deprivation 2020, Twechar suffers from lower-income levels with a higher proportion of health conditions in comparison to other areas. Crucially, the SIMD also indicates that in terms of access to services Twechar is classed as being among the 10% most deprived areas in the country. The removal of local access to a GP will only exacerbate these figures, indeed the statistics go some way towards creating a convincing argument for increasing local access to services rather than removing them.

On a related point, many constituents point out that broadband coverage and mobile reception in Twechar is extremely poor. The challenges to virtual access to health care cannot, therefore, be underestimated and in this instance would not be a ready-made replacement for the current ‘face to face’ service. The justification offered by the practice for removing provision is totally underwhelming and not sufficient reason for allowing the application.

Finally, it is important to note that the concerns outlined above take place within the wider context of Twechar being in the unfortunate position of being situated on the border of two different Health Boards. Recently the Kilsyth Medical Partnership, in Lanarkshire Health Board, ceased accepting new patients from Twechar – and any existing patient that moves address in future, even within Twechar, will be removed from their list. Withdrawal of the Woodhead satellite service would, therefore, represent a double blow for Twechar people and further points to the need for better coordination between Health

Boards in order to better serve the Twechar community and other areas that find themselves in a similar position.

In short, the reasons offered by the practice for their application are incredibly limited and do not provide anywhere near sufficient justification. On the contrary, there are many good reasons for rejecting the application – and for looking to expand, rather than close, the satellite service.

Yours Sincerely,

Stuart McDonald  
MP for Cumbernauld, Kilsyth & Kirkintilloch East



Rice, Dianne

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From: John.Jamieson@eastdunbarton.gov.uk  
Sent: 30 July 2020 11:02  
To: Rice, Dianne  
Subject: [BlockedURL][ExternaltoGGC]Twechar SurgeryClosure

Categories: Complete

Good morning Dianne

As a local representative I would wish to enter a complaint regarding the proposal to end surgeries at the Twechar Healthy Living Centre.

It is ironic that the above location is where surgeries take place and I believe that this decision will lead to a decline in the general health in a community that still has former miners with respiratory health problems.

There is also the problems of a poor bus service to Kirkintilloch and Galasgow, there have been short periods when the service was suspended during my tenure.

I am also asked by constituents when a new communications mast will be erected in the village as mobile communication can be poor.

Although I am aware of GP shortages I still think a GP presence is essential as the population is growing with younger families arriving at new build housing.

Finally while Twechar has thankfully improved its deprivation staus there are still many poor families who fgind the cost of buses and taxis prohibitive.

Thank you for your consideration of this objection

Regards

John  
Councillor John Jamieson  
East Dunbartonshire Council  
12 Strathkelvin Place  
Kirkintilloch  
GLASGOW  
G66 1TJ  
Tel: 0141 578 8016 (Secretary)  
email: john.jamieson@eastdunbarton.gov.uk  
----- Forwarded by John Jamieson/Councillors/EDC on 29/07/2020 09:59 -----

From: Lynne O'Brien <lynneaobrien@sky.com>  
To: john.jamieson@eastdunbarton.gov.uk  
Date: 28/07/2020 16:50  
Subject: Re: Waverley Park Estate

---

Thanks John for the response, I am pleased there will be more police presence and cameras are being considered.

Is there a reason it would only be a temporary CCTV? We had a camera before and it was a deterrent and then when it was removed the trouble started up again.

Thanks

Lynne

Sent from my iPhone

On 28 Jul 2020, at 14:39, john.jamieson@eastdunbarton.gov.uk wrote:

Hello again Lynne,

I have been given assurances by police that extra patrols will operate in the area, there would obviously be a police presence anyway given the serious nature of the assault but this will be sustained.

A temporary CCTV camera installation is under consideration and an extension of the lighting time for the camera at the skatepark has been requested.

Regards

John

Councillor John Jamieson  
East Dunbartonshire Council  
12 Strathkelvin Place  
Kirkintilloch  
GLASGOW  
G66 1TJ  
Tel: 0141 578 8016 (Secretary)  
email: john.jamieson@eastdunbarton.gov.uk

---

From: Lynne O'Brien <lynneaobrien@sky.com>  
To: Stewart.macdonald@eastdunbarton.gov.uk, Susan.murray@eastdunbarton.gov.uk, John.jamieson@eastdunbarton.gov.uk  
Date: 27/07/2020 16:28  
Subject: Waverley Park Estate

Hi

I am writing to you all in the hope that you will be able to help with the serious anti-social behaviour we are experiencing within our nice estate. For years we have been plagued with noise abuse, people smashing bottles, fighting, sectarian singing and much more. None of this comes from the residents it comes from people walking through the estate from Kirkintilloch pubs or youths going to and from the skate park. We often have to clear debris, including broken glass from roads and pavements as otherwise damage would be caused to vehicles or even pets and children. I have also witnessed strange behaviour in cars parking in the estate and people coming and going from them. I am concerned that this is drug dealing related although I have no firm evidence of this.

Many times instances are reported to the police who sometimes attend but often miss the trouble. This is not addressing the root cause and we need support from you to eliminate this type of behaviour.

On Friday evening a major disturbance occurred. This resulted in property damage as well as injury to people. Many neighbours called the police and I believe this is being brought to the council's attention by them. This was a terrifying experience for myself and my neighbours.

I would add that all of this trouble is not caused by youths.

We need some proper deterrents and I am asking for your help. Can monitored camera's be installed at the entrance to the estate, the end of the canal path and the skate park entrance? Could we also have more police presence? You may also have some other ideas and myself and my neighbours would welcome any suggestions.

Thanking you in anticipation of a helpful reply.

Kind regards

Lynne

Sent from my iPhone

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**COUNCILLOR SUSAN MURRAY**

Members Services,  
12 Strathkelvin Place,  
KIRKINTILLOCH,  
Glasgow  
G66 1TJ

Telephone: 0141 578 8016

e-mail: susan.murray@eastdunbarton.gov.uk

24 August 2020

Dr Paul Treon,  
Clinical Director  
East Dunbartonshire HSCP  
HSCP HQ Office  
Kirkintilloch Health & Care Centre  
10 Saramago Street  
Kirkintilloch  
G33 3BF

Dear Dr Treon,

**Consultation on the Closure of Woodhead Medical Practice Satellite Surgery, Twechar**

*I am responding to this consultation as one of three local Councillors for the Kirkintilloch East & North and Twechar ward and basing my response on feedback from constituents. However, I am also mindful of my role as the Chair of East Dunbartonshire Health and Social Care Integrated Joint Board.*

*There are many new ways of doing things that have been adopted as a result of the Covid-19 pandemic which have been welcomed by service users. In particular, the Near Me video consulting has proved to be successful in freeing up GP time and improving the patient experience, particularly under Covid-19 restrictions, and many patients are in favour of this continuing.*

*When considering removing a Satellite Surgery in order to switch to using Near Me and telephone consultations for appropriate patients, one very basic factor must be taken into account, - the availability of a reliable wifi connection in the locality. Twechar is notorious for its lack of a reliable mobile phone signal and internet connectivity. I am aware of one constituent who has regularly to leave the house and go to the bottom of her garden to get a signal on a smart phone.*

*I have written to the Mobile Operators' Association who have a role in meeting government targets on the roll out of broadband requesting that they prioritise Twechar given its recent success in engaging local people, regenerating the area and the ongoing regeneration projects. Hopefully the situation will improve.*

*Your review of the GP service delivered in Twechar identifies that 75% of patients could have been dealt with successfully by telephone or video consultation - leaving 25% which would not. Do you have information on how many of the patients have access to a landline or rely smart phone internet access? There is a risk that the 25% who could not be dealt with successfully in this way could increase significantly.*

*The positive impact in terms of health and wellbeing for the local community has, at least in part, been down to bringing back local provision of services through Twechar Community Action/Twechar Healthy Living and Enterprise Centre (THLEC). An important part of this is the re-introduction of a part time pharmacy which was based on the provision of the GP Satellite Surgery.*

*Going forward, strict appointments are going to be the norm. As recovery progresses, good data on the actual accessibility of Near Me and telephone consultations for Twechar residents can be collected and the position monitored.*

*I support the increasing use of digital and telephone consultations and I am aware of good work being done by third sector organisations who are helping people in our communities to become more internet connected by providing tablets and tuition. However, this requires a good internet connection.*

*Therefore, for the reasons summarised below, I do not support the closure of the Satellite Surgery in Twechar at this time:*

- *Lack of consistent wifi access in the locality*
- *Lack of accessibility to Near Me/telephone appointments - at least 25% of patients having to return to face to face appointments in Kirkintilloch.*
- *Risk of losing local pharmacy provision and the option for local drop in consultations with pharmacists*

•  
*I know that THLEC has a reliable internet connection in the building and for EDC Councillors. A compromise, in the interim, may be to make the GP Room an "Internet Surgery" where patients without access to the internet at home could use a video link set up in the Centre.*

*Thank you for the opportunity to contribute to this consultation.*

*Yours sincerely*

**SUSAN MURRAY  
COUNCILLOR**



**COUNCILLOR STEWART MACDONALD**

Members Services,  
12 Strathkelvin Place,  
KIRKINTILLOCH,  
Glasgow  
G66 1TJ

Telephone: 0141 578 8016

e-mail: [stewart.macdonald@eastdunbarton.gov.uk](mailto:stewart.macdonald@eastdunbarton.gov.uk)

23rd August 2020

**Consultation on the closure of Woodhead Medical Practice satellite surgery, Twechar**

Dear Ms Rice

I am writing to ask that you do not recommend the closure of the Twechar GP Outreach Surgery as currently provided by Woodhead Medical Practice.

Villagers who had been registered with a GP in Kilsyth switched to Woodhead Medical Practice when the GP Outreach surgery opened in Twechar. They have been told they cannot register again with their Kilsyth GP. It seems unreasonable that they should be made to attend Kirkintilloch, which has poorer transport links for them.

The bus service between Twechar and Kirkintilloch is hourly and involves a 9-minute walk each way between the stop at Catherine Street and the Woodhead Medical Practice. The bus used is relatively small and, if carrying a couple of pushchairs, cannot accommodate a wheel chair. As it is an hourly service, it is difficult to get travel to coincide with medical appointments without leaving a substantial waiting period for each direction. If a bus is missed, or has been cancelled due to breakdown as often happens on this route, appointments will likely be missed.

The Healthy Living Centre hosts a range of social and welfare rights activities as well as a community café and a pharmacy. It is located centrally to the village and is easily accessible. This is particularly useful for patients of the surgery as it reduces social isolation and can help to make patients aware of further local support.

The internet service in Twechar is very poor with a low broadband speed. Accessing online services like NHS 24 can be problematic.

Twechar is a former mining village with a high proportion of elderly residents. Its surrounding rural area is ranked in the 4<sup>th</sup> percentile of the Scottish Index of Multiple Deprivation. Its Primary School is protected by Rural Schools Status.

Twechar has recently seen a significant investment in housing and its strong community has helped to regenerate the village which has in turn attracted a number of people to live there. Access to a GP in the village plays a significant part in this ongoing regeneration.

The villagers are appalled at the thought of losing their GP outreach. The loss of this service and poor transport links will be a significant barrier to accessing health care and dealing with social isolation.

An online and paper petition I have has raised 233 signatures. There is a very strong sense in the village of disappointment, especially as patients had switched from their previous GPs because of the Outreach surgery.

I have copied below some of the comments sent to me by Twechar villagers.

*“Hi Stewart after quite a bit of research into finding a practise for someone residing in Twechar. I managed to get registered at this practice, although I have not yet had to use the service at the centre (as I drive) I did find it useful to have the option should I ever require it. The bus service in the village is not the most reliable and therefore anyone having to use this to travel to Kirkintilloch to see their doctor when they are not feeling 100% would be at a massive disadvantage.*

*Myself and family have only used the service on maybe a few occasions as we drive. I do feel for the village it is an essential service especially for those who don't drive. The bus service when in service and not sitting in a lay by broken down (regular occurrence) would not be reliable for people to make appointments.*

*I do rely on this service as I'm 70, do not drive, suffer back problems and would need to rely on family and friends to get me to Kirkintilloch. I feel it takes away a wee bit of my independence to be able to go to doctors on my own and family and friends also work. So, if I can't get to Kirkintilloch, will I be assured of a house call if needed?*

*I am a newer resident, 3 years here, and chose this practice to register with because of the satellite service. I luckily have not had to use it yet but made my decision was based on a previous health condition; should that arise again it makes waiting around and travelling on a bus almost impossible. I can also see why this would be awful for other residents, based on other comments.*

*With my volunteer hat on, I know that the availability of a GP in the village is central to a lot of stuff connected to the centre's activities. It was a major part of the regeneration of the village, as well as funding the refurbishment of the Centre that we wanted, as well as needed, GP services in the community. It was also influential in securing the pharmacy as both were seen to be hand in hand. If Woodhead surgery are unwilling/unable to provide the service then I hope that the community, with the help of elected members from EDC, the MP and MSP can convince another local surgery to take over.*

*I as a resident attend my doctor once a month and I would love to have the convenience of attending the doctor at the centre, even though my doctors are in Kilsyth but the transport system is just a poor*

*My grandmother has to change doctor when they take this away as the Kirkintilloch surgery is too awkward for her to physically get to.*

*Hi Stuart you know my feelings on this first Kilsyth now this surgery what is it about our village and the government? After years of people being with Kilsyth when moved house they're now registered with this practice. And now the village is being hit again. I'm lucky to still be with Kilsyth for now and don't want to move as it's been our surgery for over 100 years. ‘*

*Stewart if you need to go to the Doctors in Kirkintilloch by bus you need to get a taxi from the bus stop as the bus stops at Catherine Street.*

*I'm not in that surgery, but still interested. Twechar, I'm sure, would be considered Rural and not Remote. Surely someone has a duty of care to provide satisfactory, acceptable access to clinical care? It's our basic human right. Cradle to grave care!!!! Nye Bevan will be turning in his grave.*

*I think it's a disgrace that they are going to have the last surgery on the 30th of August. It's a service that my family rely on and many families like us. The surgery is very well used. I still cannot get my head round why they would want to close a surgery on a Wednesday morning. The merging with another practice was to benefit both surgeries, not make things worse. Sorry about the rant*

*Disgrace, so difficult to get an appointment with the doctor, but you could virtually guarantee a Wednesday in the centre.*





*Seems yet again when cut backs need to be made, it's Twechar residents who suffer. Kilsyth made cut backs and made the decision to no longer accept new Twechar patients or allow existing patients to update their new address without being removed as a patient, despite being with the same doctors for over 30 years. Now Kirkintilloch are making cuts backs, they decide to target the one day we have local and handy. As others have mentioned, the service is a lifeline and allows elderly residents to gain a bit of independence and access a service they have a right to without having to rely on other people. Since being in the centre, this is a service that is used and appreciated by non-drivers who already have to deal with a very limited and poor bus service at the best of times.*

*The poor relative of every local authority/ council we have been part of, poor show, very disappointed !!!*

*I drive and usually visit the centre in Kirkintilloch if I can, but the surgery at the Healthy Living Centre is useful if I'm not feeling up to that or catching a bus (the latter, I would think, is particularly of concern during the current coronavirus crisis, too).*

*The one thing that has always been true of the surgery in Kirkintilloch, both now and previously, when it was Park surgery, is that finding a parking space is always hard if not sometimes completely impossible. This is going to make that even more of an issue. As others have said, the nearest bus route from Twechar is infrequent, isn't 100% reliable, and the stop is a good five or ten minute walk away. Which would be fine for someone fit and healthy, but I'd have thought that many of the people who need to visit their GP might not come into that category.*

*We rely on the service for the whole family, it's hard enough to get a parking space at the Doctors surgery in Kirkintilloch, and with soon to be 3 kids, we rely on the service. It is always full and it would be taking away a valued service for the whole community.*

*We have just recently purchased a property in Twechar and, as a young family, the existence of the surgery was one of the positive things about the rural area."*

I very much hope that the Health and Social Care Partnership can support the people of Twechar and recommend a refusal to close this service.

Yours sincerely

**STEWART MACDONALD**  
**COUNCILLOR**

# GP SUBCOMMITTEE

GREATER GLASGOW & CLYDE HEALTH BOARD  
AREA MEDICAL COMMITTEE

---

40 New City Road  
Glasgow G4 9JT  
Tel: 0141 332 8081  
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Email: admin@glasgow-lmc.co.uk  
mary.fingland@glasgow-lmc.co.uk

**Medical Secretaries:**  
Dr John Ip  
Dr Patricia Moultrie

**Chair:**  
Dr Alan McDevitt C.B.E.

1st September 2020

Paul Treon  
Clinical Director  
East Dunbartonshire HSCP  
Kirkintilloch Health and Care Centre  
10 Saramago Street, Kirkintilloch  
G66 3BF

Dear Paul,

## **APPLICATION TO WITHDRAW SERVICES FROM BRANCH SURGERY AT WOODHEAD MEDICAL PRACTICE SATELLITE SURGERY TWECHAR**

Thank you for writing to the GP Subcommittee of NHS GG&C Area Medical Committee regarding the above application. The GP Subcommittee Executive Committee discussed this issue at its meeting on Monday 31st August 2020.

The GP Subcommittee Executive's view is that the application to close the Woodhead Medical Practice branch surgery in Twechar is appropriate. The GP Subcommittee Executive noted the practice want to consolidate services at their main site in Kirkintilloch where a full range of health care services will be available to those patients residing in Twechar. The GP Subcommittee Executive have also noted the satellite surgery is only staffed on a Wednesday morning and further noted the unsuitability of the premises to allow for the full range of health care services to be delivered at its satellite surgery.

It is right that the practice is conducting a patient consultation and we welcome this.

Yours sincerely,



**Dr Alan McDevitt C.B.E.**  
**Chair GP Subcommittee**

## Rice, Dianne

---

From: JOHNSTONE, James (THE TURRET MEDICAL CENTRE (43044))  
<jamesjohnstone@nhs.net>  
Sent: 06 August 2020 16:45  
To: Rice, Dianne  
Subject: [BlockedURL][ExternaltoGGC]Feedback re Twechar satellite closure

Importance: High

Categories: Complete

Hi Dianne,

I know I recently replied saying we had no comments based on the fact that the closure wouldn't impact us but further to a meeting with my GP partners, they have asked me to submit the following as their collective response.

After reviewing the necessary information and considering the closure of the Twechar satellite surgery, the GP partners here all want to share that they fully support the decision being made by Woodhead. There are various elements to consider around clinician safety, patient safety, and on-going care, even if it's simply collecting a prescription given there's no Pharmacy in Twechar, or having to appoint for bloods etc.

The partners here consider all of the above to be key elements in the decision being made and believe that given the Twechar surgery is only once per week, with no other attached elements or support, it is clear that patients must be managing to travel to KHCC where a full provision of care is provided in an environment which is safe for patients and clinicians alike, and also where GP's have full access to patient records and the support of other colleagues and disciplines to ensure patients receive the best standard of care at all times.

Please ensure these comments are included along with any other responses.

Thanks,

James Johnstone | [Practice Manager](#) | [Turret Medical Centre\(G43044\)](#)

Direct dial: 0141 212 4725

Catherine Street  
Kirkintilloch  
G66 1JB

Practice tel: 0141 776 8200  
Fax: 0141 776 3170

[BLOCKEDturretmedical\[.\]co\[.\]ukBLOCKED](#)



Rice, Dianne

---

From: GILMORE, David (REGENT GARDENS MEDICAL CENTRE (43030))  
<david.gilmore@nhs.net>  
Sent: 06 August 2020 16:50  
To: Rice, Dianne  
Subject: [ExternaltoGGC]Consultation - Twechar Satellite Surgery Closure  
  
Categories: Complete

Hi Dianne

In response to your email of 27/7/20 regarding the closure of the Twechar Satellite Surgery I would like to fully support the decision of Woodhead surgery to consolidate their work at a single site especially as we are all reducing the number of face to face consultations and making increasing use of phone and video consultations which can be done anyway.

We regularly have patients from Twechar registering with our surgery and therefore it would appear unlikely that the presence of a satellite surgery in Twechar is influencing choice of practice.

Regards

David

Dr David Gilmore  
Regent Gardens Medical Centre  
18 Union Street  
Kirkintilloch  
GLASGOW  
G66 1DH

From: Hood, Lorna  
Sent: 12 October 2020 16:30  
To: Hood, Lorna <[Lorna.Hood@ggc.scot.nhs.uk](mailto:Lorna.Hood@ggc.scot.nhs.uk)>  
Subject: Re: Satellite Surgery closure report

Hi Gillian,

I have now reviewed the documents and discussed the proposal with Derrick.

I'm afraid having considered the impact on families with babies and young children from the Twechar area, I'm unable to support the application for withdrawal of this service based on the points highlighted below:

- Level of vulnerability within the local area (mental health, domestic abuse etc.).
- Lack of transport links and infrastructure (particularly challenging with prams)
- Increasing the level of Isolation for the local community.
- Poor connectivity creating challenges with care being delivered via IT platforms.
- Barriers for the local community in relation to addressing their health needs.
- Limited data provided to support withdrawal of the service.

While I understand and accept there are currently significant challenges with service delivery, I feel there is clearly a need for a scoping exercise to identify solutions for the issues highlighted, rather than withdrawal of a much needed support to the residents of this community.

Kind regards

Lorna

Lorna Hood

Senior Nurse Manager

C&F Team

East Dunbartonshire HSCP

[Lorna.hood@ggc.scot.nhs.uk](mailto:Lorna.hood@ggc.scot.nhs.uk)

Tel : 07733002453

From: Piggott C (Craig) <Craig.Piggott@parliament.scot>  
Sent: 21 August 2020 15:22  
To: Treon, Paul  
Cc: Rice, Dianne  
Subject: [ExternaltoGGC]Closure of Woodhead Medical Practice Satellite Surgery - Twechar

Categories: Complete

Dear Paul

I am writing to submit a formal consultation response to the proposed withdrawal of GP services from the Twechar Healthy Living Centre and for the Woodhead Medical Practice to solely provide GP Services from the Kirkintilloch Health and Care Centre.

After having discussed the matter with a number of residents of Twechar, Councillor Stewart MacDonald and over 233 people, around 20% of the village population, having signed a petition I am against the aforementioned proposal. The strength of feeling from local residents on this issue is clear, that the Outreach GP surgery is crucial for the village and the withdrawal of such a service would have a detrimental health and social effect on the residents of the village.

Twechar is a very rural and in many ways an isolated village with a large elderly population. It currently ranks in the second decile for Geographic Access to services according to the Scottish Index of Multiple Deprivation, something which will only be further exacerbated by the withdrawal of the Outreach GP surgery.

Given the large proportion of elderly people in the village, many residents rely on public transport. A large part of the isolation and lack of Geographical Access for the village is due to the lack of proper public transport links which many in the village would rely on in order to access GP services if this proposal goes ahead. There is only a single hourly bus service between Twechar and Kirkintilloch which according to local residents is often delayed or cancelled due to bus breakdowns for example. Without a regular and reliable bus service it will be difficult for residents to access GP services and will disincentive residents from attending the GP surgery even where it is necessary to do so. There will also be a high number of missed or late arrivals for appointments due to the unreliability of the bus service. The bus used is also unable to carry multiple wheelchair users or those with prams making it even more difficult for those groups of people to get to Kirkintilloch and therefore access GP services.

The Outreach GP surgery is currently located in the Twechar Healthy Living Centre which in many ways is the social heart of the village. The centre provides a pharmacy, which may be affected if the GP service is removed, a community café and a number of social and welfare events. This provides a boost to the social and mental welfare of residents who otherwise may face a high degree of social isolation. The centre provides a hub for residents to access vital services in an easily accessible location and maintaining this wide service offer is vital for individual residents and the village as a whole.

I would ask that the views of residents in the village are fully considered and that no decision on the removal of the Outreach GP surgery is taken without a full assessment on the impact it will have on residents and the village as a whole. This must include an assessment of access to Kirkintilloch for GP services and the impact a lack of a reliable public transport service will have on people's access to such services.

Kind regards,

Neil Bibby MSP

West Scotland

**Agenda Item Number: 5.**

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

<b>Date of Meeting</b>	12 November 2019
<b>Subject Title</b>	Chief Social Work Officer's Annual Report 2019/2020
<b>Report By</b>	Caroline Sinclair, Interim Chief Social Work Officer, Caroline.Sinclair2@ggc.scot.nhs.uk Tel: 0141 304 7435
<b>Contact Officer</b>	Caroline Sinclair, Interim Chief Social Work Officer, Caroline.Sinclair2@ggc.scot.nhs.uk Tel: 0141 304 7435

<b>Purpose of Report</b>	The purpose of this report is to present the Chief Social Work Officer's (CSWO) Annual Report for the period 2019 - 2020.
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<b>Recommendations</b>	Board members are asked to <ul style="list-style-type: none"> <li>• note the content of this report.</li> </ul>
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<b>Relevance to HSCP Board Strategic Plan</b>	Social Care and Social Work Services support the key priorities of the HSCP Strategic Plan.
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<b>Human Resources</b>	None
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<b>Equalities:</b>	None
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**Implications for Health & Social Care Partnership**

<b>Financial:</b>	The work described in this report is carried out within the financial resources allocated to social work and social care services.
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<b>Legal:</b>	This report relates to the delivery of statutory duties.
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<b>Economic Impact:</b>	None
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<b>Sustainability:</b>	None
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<b>Risk Implications:</b>	None
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<b>Implications for East Dunbartonshire Council:</b>	This report is intended to inform members and officers of East Dunbartonshire Health and Social Care Partnership about matters relating to social work and social care. This report was presented to East Dunbartonshire Council on 1 October 2020
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None
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<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	<b>Tick</b>
	<b>1. No Direction Required</b>	✓
	<b>2. East Dunbartonshire Council</b>	
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	

<b>1.0 MAIN REPORT</b>
<p>1.1 Each year, the CSWO is required to produce a summary report advising the Council of performance in relation to the discharge of statutory duties and responsibilities, as well as the functions of the CSWO. With the commencement of the Public Bodies (Joint Working) (Scotland) Act 2014, this reporting arrangement was extended to include Integration Authorities (IAs).</p> <p>1.2 The Chief Social Work Advisor to the Scottish Government developed a standardised framework for reporting in order to ensure consistency across Scotland. For the period covered by this report the standardised framework was streamlined, recognising the challenges in providing the report at the same time as responding to the significant additional demands placed on CSWOs, social care and social work services by the Covid-19 pandemic. This report utilises that streamlined framework and provides the annual report for the period 1 April 2019 to 31 March 2020. (Appendix 1).</p> <p>1.3 Local authorities are legally required to appoint a professionally qualified Chief Social Work Officer under section 3 of the Social Work (Scotland) Act 1968. The overall objective of the CSWO is to ensure the provision of effective professional advice to local authorities and Integration Authorities in relation to the delivery of social work services as outlined in legislation. The statutory guidance states that the CSWO should assist local authorities, IAs, which in the case of East Dunbartonshire is the Health and Social Care Partnership, and their partners in understanding the complexities and cross-cutting nature of social work service delivery, as well as its contribution to local and national outcomes.</p> <p>Key matters such as child protection, adult protection, corporate parenting and the management of high risk offenders are covered in this report.</p>



- 1.4 The information contained within the report reflects a summary of the key matters affecting Social Care and Social Work Services over the reporting period.
- 1.5 This report was submitted to East Dunbartonshire Council at the Full Council meeting of the 1 October 2020.

**Appendix 1: Chief Social Work Officer Report 2019 - 2020**



# **Chief Social Work Officer's Annual Report**

**1 April 2019 – 31 March 2020**

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## 1. Introduction

I am pleased to present the Chief Social Work Officer's Annual Report for East Dunbartonshire for the period 1 April 2019 to 31 March 2020.

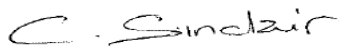
The purpose of this report is to provide East Dunbartonshire Council and other key stakeholders, including the East Dunbartonshire Health and Social Care Partnership Board, staff and people who use services, with information on the statutory work undertaken during the period 1 April 2019 to 31 March 2020. The report follows the suggested guidance and format provided by the Office of the Chief Social Work Advisor to the Scottish Government and is in a revised and light touch form this year, recognising the challenges of covid-19 response for social work and social care services at the time of preparing the report.

The Local Government (Scotland) Act 1994 requires every local authority to appoint a professionally qualified Chief Social Work Officer. The Chief Social Work Officer (CSWO) provides professional governance, leadership and accountability for the delivery of social work and social care services whether these are provided by the local authority or purchased from the third or independent sector. The Chief Social Work Officer is also responsible for duties and decisions relating to the curtailment of individual freedom and the protection of both individuals and the public. The specific role and functions of the CSWO are set out in guidance issued by Scottish Ministers, first issued in 2009, and updated in July 2016, for which a link is provided [here](#).

Social work and social care services enable, support, care for and protect people of all ages in East Dunbartonshire, by providing or purchasing services designed to promote their safety, dignity and independence and by contributing to community safety by reducing offending and managing the risks posed by known offenders. Those services, which are required to meet national standards and provide best value, are delivered within a framework of statutory duties and powers. Where possible, services are delivered in partnership with a range of stakeholders, including people who use them.

Social work and social care services are delivered within a complex landscape of increasing demands, high levels of public expectation, economic uncertainty and a constantly evolving legislative and policy landscape. In addition, this year's report covers the early stages of the covid-19 pandemic response, which will be reflected in terms of impact on people and services, in ways that may not yet be fully understood, for a long time to come.

Within this complex context, the Chief Social Work Officer has a duty to champion a focus on delivery of front line services to our vulnerable community members wherever possible, and to advise where policy direction potentially compromises this core duty.



Caroline Sinclair  
Interim Chief Social Work Officer  
East Dunbartonshire Council



## 2. Governance and Accountability

Within East Dunbartonshire the duties of the CSWO were discharged by a Head of Service within the Health and Social Care Partnership senior management structure, up to 6 January 2020. From 6 January 2020, following secondment of the HSCP's Chief Officer to an alternative role within NHSGGC, the duties of the CSWO have been discharged by the Interim Chief Officer.

The CSWO has a key role to play in shaping the planning agenda for social work within the Council, the Health and Social Care Partnership and the Community Planning Partnership. The CSWO has also had the opportunity to influence budgetary decisions to ensure the needs of vulnerable people within our community are met, and resources are deployed effectively.

Within the Council and the Health and Social Care Partnership there are clear structures and processes that have enabled the CSWO to fulfil their role and function.

The CSWO attends a range of key internal and external partnership meetings including;

- East Dunbartonshire's Health and Social Care Partnership Board – the CSWO is a non-voting member of the HSCP Board
- East Dunbartonshire's Health and Social Care Partnership Strategic Planning Group, which reports to the Health and Social Care Partnership Board and receives reports from the partnership's locality planning groups
- East Dunbartonshire's Child Protection Committee – the CSWO is the Chair of the Committee
- East Dunbartonshire's Adult Protection Committee
- East Dunbartonshire's Multi Agency Public Protection Arrangements (MAPPA) Level 3 Meetings - the CSWO is the Chair
- the Community Planning Executive Group and Board
- East Dunbartonshire's Community Justice Partnership - the CSWO is the Chair of the partnership Board
- The CSWO meets regularly with the Chief Executive of East Dunbartonshire Council

The CSWO is also a key member of the HSCP's Clinical and Care Governance Group (CCGG). The Chair of the CCGG is the HSCP's Clinical Director and membership includes the Chief Officer and a range of senior health and social work professionals. The role of the CCGG is to provide the HSCP Board with assurance that services are delivering safe, effective, person-centred care to the residents of East Dunbartonshire. The CCGG group meets on a bi-monthly basis and has covered a variety of diverse issues including; the reviewing of significant clinical incidents, complaints, quality improvements and the reviewing of quality improvement activity undertaken within teams. The CCGG Annual Report 2019-20, which details the range of work undertaken, can be found on the Council and HSCP website. Within the CCGG we have been working hard to develop a balanced approach that provides scrutiny and assurance in equal measure across health, social work and social care services and believe we have made good progress in that area.

During 2019, East Dunbartonshire Council amended its Administrative Scheme to amalgamate oversight of elements of the Housing Services agenda into the Integrated Social Work Services Forum (ISWSF), creating a Housing and Social Work Forum. Due to the impact of temporary revised governance arrangements related to the covid-19 pandemic response, at the time of writing, this

combined forum had yet to have its first meeting however it is felt that it will provide an excellent opportunity to present these two important and mutually complementary agendas together, supporting effective joined up planning in these remits.

### **3. Service Quality and Performance**

East Dunbartonshire Council and the Health and Social Care Partnership Board have robust performance monitoring, management and quality assurance systems in place. Social work services report on a monthly, quarterly, six monthly and annual basis.

There are a range of fora within which performance data or management information was reported or discussed in 2019-20. These included;

The Health and Social Care Partnership Senior Management Team and Board

The Integrated Social Work Services (Elected Members) Forum

The Community Planning Partnership

Protection Chief Officer's Group

The Delivering for Children and Young People's Partnership (DCYPP)

The Child Protection Committee (CPC)

The Adult Protection Committee (APC)

The MAPPA Strategic Oversight Group (SOG)

A range of forums within NHS Greater Glasgow and Clyde including forums focussed on children's services, services for older people, mental health forums, and learning disability service forums amongst others.

East Dunbartonshire Council's Corporate and Strategic Management Team meetings and forums

Performance management systems utilised a range of data that informed the deployment of resources and the development of services. This included:

Statistical data highlighting patterns and trends

Outcomes from quality assurance activity

The outcome of case file audits – both thematic and case specific

Consultation activity involving service users and carers

Benchmarking activity

The outcome of external inspection by the Care Inspectorate and joint inspections.

We are making significant progress in embedding a culture of self-evaluation and continuous improvement across all services. During 2019-20, we implemented a new performance reporting framework across the HSCP, from front-line to Board. In addition, we developed an HSCP Quality Management Framework for application across all health, social care and social work sectors, building on work by the care inspectorate and Healthcare Improvement Scotland; this approach generated significant positive feedback from the Ministerial Strategic Group during its visit to East Dunbartonshire during 2019-20.

The HSCP Quality Management Framework provides the structure to ongoing and systematic case file audits and quality assurance processes, which have contributed to improved standards. We consider this to be a robust and valuable process, reflecting our commitment to continuous improvement and a culture of shared learning to support improvement.



Supervision and training also remains a key priority to ensure our staff are supported to maintain the knowledge and understanding required to deliver on our statutory functions.

Detailed below are a number of tables showing performance data for the reporting period 2019-20.

### Children's services

A review of our performance shows the following:

Performance Indicator	Target	2018/19 Delivery	2019-20 Delivery
% of child care Integrated Comprehensive Assessments (ICA) for Scottish Children's Reporter Administration (SCRA) completed within target timescales (20 days), as per national target	75%	64%	87%
% of first Child Protection review case conferences taking place within 3 months of registration	95%	96%	89%
% of first Looked After & Accommodated reviews taking place within 4 weeks of the child being accommodated	100%	94%	100%
Balance of Care for looked after children: % of children being looked after in the Community	89%	85%	87%

Performance in the area of submission of completed assessment to Scottish Children's Reporter Administration dropped during 2018-19 due to a number of factors outwith our control. Performance in this area improved significantly during 2019-20 as a result of Team Managers monitoring this indicator and supporting staff to ensure improved performance. Performance in other areas was generally close to target with areas of variation most often arising from relatively small case numbers translating into larger percentage variations.

## Case Study

An example of excellent practice was evaluated by the Care Inspectorate as a Grade 6. This related to the “Cycle Of Participation” developed and employed by the Community Support Team. Aims and Objectives

This is the Cycle of Participation for Stakeholders\* involved with the Community Support Team. The aims of the strategy are:

- To develop a robust, person-centred method of participation for our stakeholders
- To describe reasons for and benefits of effective participation
- To set out a clear plan of how the strategy will work and how change will be implemented

The objectives of the strategy are to achieve effective participation methods and to implement change to the service by consulting our stakeholders. We will do this by consulting with:

- Children, young people and their carers
- Other professionals i.e. Social Work staff, health, education.

The Community Support Team recognises that their stakeholders have the right to have a say on the support we provide.

### Principles of Participation

- To improve and to maintain effective service provision
- Person-centred approach
- Inclusion
- Promoting Positive Outcomes
- Joint Working
- Equality

## Looked After Children: Balance of Care

Placement Type	31 Mar 2016	31 Mar 2017	31 Mar 2018	31 Mar 2019	31 Mar 2020	% over 5 years
At Home with Parents	51	47	30	33	45	-12%
Semi-Independent Living / Supported Accom.	*	0	*	*	*	
With Friends/Relatives	54	52	40	41	47	
With Foster Carers	40	43	48	48	44	
With Prospective Adopters	*	0	*	*	*	
<b>Total Community</b>	<b>147</b>	<b>142</b>	<b>119</b>	<b>123</b>	<b>137</b>	<b>-7%</b>

<b>Placement Type</b>	<b>31 Mar 2016</b>	<b>31 Mar 2017</b>	<b>31 Mar 2018</b>	<b>31 Mar 2019</b>	<b>31 Mar 2020</b>	<b>% over 5 years</b>
Close Support Unit	*	0	*	0	0	
Hospital	*	0	0	0	0	
In Custody	*	0	0	0	0	
LA Children's Home	10	6	9	7	6	
Residential School	*	*	5	*	*	
Secure Accommodation	0	*	*	*	*	
Voluntary Children's Home	6	11	9	10	11	
<b>Total Residential</b>	<b>23</b>	<b>22</b>	<b>25</b>	<b>22</b>	<b>21</b>	<b>-9%</b>
<b>% COMMUNITY PLACEMENTS</b>	<b>86%</b>	<b>87%</b>	<b>83%</b>	<b>85%</b>	<b>87%</b>	

*Note - \* denotes a number <5. Details are not further disclosed in the interests of protection of confidentiality.*

The number of children and young people Looked After At Home has decreased by 25% over the last 3 years. This may be due to the fact that, following assessment of need and risk, more vulnerable families are engaging with their Social Workers on a voluntary basis. The Social Work Managers work in partnership with the Authority Reporter to ensure this is closely monitored and appropriate referrals are made to the Scottish Children's Reporter Administration when compulsory measures of care are deemed necessary.

The number of children and young people Looked After and Accommodated in Foster Care has increased over the same time period. It has been recognised that Foster Care can lead to very positive outcomes for children and young people who cannot remain safely at home. For the last two years a Foster Care recruitment campaign has been underway which has resulted in an increase in capacity.

Kinship Care placements also remain relatively high. If it has been assessed that a child or young person cannot remain safely at home it is often the most preferable option to stay with a friend or relative. Robust procedures have been developed for the assessment, support and review of Kinship Carers.

### **Criminal Justice Service**

A review of our performance shows the following:

<b>Performance Indicator</b>	<b>Target</b>	<b>2018/19 Delivery</b>	<b>2019-20 Delivery</b>
% of Criminal Justice Social Work Reports submitted to Court by due date	95%	100%	100%
The % of individuals beginning a work placement within 7 working days of receiving a Community Payback Order	80%	80%	87%

The % of cases allocated within 2 working days	100%	97.3%	99.5%
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Despite a challenging 12% increase, performance in Criminal Justice services continued to deliver a robust service. In 2019 - 2020 Criminal Justice Services furnished local Courts with 269 reports including assessments of risk and need to assist the sentencing process. In meeting the target set, Criminal Justice Services have in turn allocated resources to those on community sentences in terms of risk and need to ensure that East Dunbartonshire is a safe place to live and visit.

In 2019 - 2020 the trend regarding community payback orders also steadily increased, showing an overall increase of 65% since they were introduced in 2011. In the last year there has been a 20% increase to 242 offenders on community payback orders which required allocation of additional resources to ensure national outcomes were achieved. This increase is likely to be attributed to the presumption against 12 month sentences and as such have a range of complex needs re mental health and drug and/or alcohol issues which will require more intensive intervention to create stability and positive outcomes.

It is important that Community Payback Order placements begin in a timely manner after the individual's Court appearance to maintain public trust and the connection between the crimes, the Court's finding for the person, and their payback activity. In 2019 – 2020, East Dunbarton allocated significant resources to ensure 100% of all offenders subject to unpaid work were offered a place and lead to an improved performance as 87% began a placement within 7 working days. Attrition was due to factors out with the service control (imprisonment, ill health etc). Finally, East Dunbarton has continued to have one of the highest completion rates in Scotland which enable offenders' to complete orders in the hope they remain offence free.

Noted below are some of the key achievements in Justice in 2019/20

- ✓ Criminal Justice won the overall HSCP Award at the Greater Glasgow & Clyde Health Board 'Celebrating Success Awards 2019' held at the Radisson Blu Hotel in Glasgow on 4<sup>th</sup> November 2019 HSCP. This was for addressing a service gap by being a Scottish leader in commissioning, training and implementing an accredited intervention to target the risk men who perpetrate domestic abuse against women to address risk and build safer communities.
- ✓ Created new Treatment Manager post to establish a new groupwork service in order to quality assure delivery of accredited programmes aimed at addressing domestic and sexual violence to enhance public protection.
- ✓ EDC established co-producing Justice programme with Dr Beth Weaver from Strathclyde University to empower service user led service design.
- ✓ Training for Unpaid Work in new Community Justice professionalisation training programme.
- ✓ Refreshed the Justice Website to improve local community communication with an electronic form for community citizens to requests unpaid work for the improvement of the East Dunbartonshire community.
- ✓ Commission and workforce training for all criminal justice staff in the use of Justice Outcome Star assessment tool. This electronic tool provides robust intervention plans to address risk and addresses a national gap to provide robust outcome reporting to improved service development.

- ✓ Established an information sharing protocol between Justice Service and Scottish Prison Service before setting up a multi-agency Prisoner Release Operational to address people's needs prior to their release from a custodial sentence, this includes drugs and alcohol; mental health and wellbeing.
- ✓ Unpaid work service delivered a wide range of community projects throughout the year. This **totalled 17,000** hours of unpaid work invested in our communities. This equates to the value of around **£148,000** (based on National Living Wage at that time);
- ✓ Hosted the 2019 Community Justice East Dunbartonshire Conference focusing on safer communities;
- ✓ Unpaid work service delivered a wide range of community projects throughout the year. This **totalled 17,000** hours of unpaid work invested in our communities. This equates to the value of around **£148,000** (based on National Living Wage at that time)

### Prison Based Social Work

In the reporting year, Justice continues to meet expectation and deliver a high quality of service despite significant challenges. Low Moss is designed to house 784 prisoners and currently soon to experience an additional 100 prisoners increasing to 860. In 2018 - 2019 requirements for reports to the Parole Board and the Scottish Prison Service saw a 40% increase from 138 to 188. Furthermore contribution to case management work has seen an 18.25% increase from 400 to 475. The focus of this work is on public protection, alongside rehabilitation and reintegration, to promote safe and positive outcomes for those returning home to their communities.

#### Good Practice

##### **East Dunbartonshire Alcohol & Drug Service and Criminal Justice**

East Dunbartonshire's Justice Social Work Service won 2019 Health and Social Care Awards. There were 41 nominations acknowledging success from across the HSCP for a total of six awards.

The Justice Social Work team won two of the six awards and the overall winners in the Our Patients, customers and Service Users section and also in the Our Resources section.

The awards were given for the excellent joint working between the two services and the co-location of addictions staff within the justice team to strengthen a public health perspective to justice and facilitate instant access to clients to enable their needs to be met.

Following on from their success at the East Dunbartonshire HSCP awards, the Justice team were nominated for an award at the Greater Glasgow & Clyde Health Board 'Celebrating Success Awards 2019' held at the Radisson Blu Hotel in Glasgow on 4<sup>th</sup> November.

The team successfully picked up the overall winner in this category for developing the Up2U: Creating Healthy Relationships domestic abuse perpetrator programme service to ensure robust community based sentences are available to the court and address crimes pertaining to domestic abuse.

## Multi Agency Public Protection (MAPPA) (snapshot 31<sup>st</sup> March 2020)

Criminal justice continues to fulfil their responsibilities with respect to registered sex offenders (**RSO**) and MAPPA Arrangements. The majority of cases are managed at the lowest level of MAPPA, Level 1, with a very small number of cases falling in the two higher categories. MAPPA Level 3 cases are chaired by the CSWO. These cases require intensive planning and risk management strategies, reflecting the higher levels of risk presented. The table below is a snapshot, which indicates a reduction due to the number of men completing registration in March 2019. These figures are expected to increase again in line with local crime rates for sexual offending (mainly internet based) within the North Strathclyde area and in line with national figures.

Performance remains excellent. 100% of Level 2 MAPPA cases were reviewed within twelve weeks. MAPPA level 2 meetings were held within 20 days of receipt of referral by the MAPPA Coordinator and MAPPA Level 3 within 5 working days of receipt of referral by the MAPPA Coordinator. All stage 1 notifications were made within 3 working days of receipt of community sentences, stage 2 referrals were made within 5 working days.

East Dun	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	RSO	RSO	RSO	RSO	RSO	RSO	RSO
	35(+4)	38(+3)	44(+6)	37(-7)	44(+7)	34(-11)	49(+15)

## Adult and Older People's Services

The HSCP will report overall performance against the national core indicators in our Annual Performance Report, due for publication this year by the end of October 2020. The publication date this year has been delayed by the HSCP Chief Officer from its usual July timescale in exercise of the power granted to public authorities under the Coronavirus (Scotland) Act 2020 to do so. The staff who would have been involved in its preparation have been heavily engaged in supporting the Covid-19 pandemic response. The substantive Annual Performance report is to be considered by the HSCP Board for approval on 17 September 2020. An interim summary of 2019-20 performance can be found in the Health and Social Care Partnership pages of East Dunbartonshire Council's website [here](#). With adult unscheduled care, East Dunbartonshire was in the top two performing HSCPs in Great Glasgow & Clyde for accident and emergency attendances, emergency admissions and unscheduled bad days, and third placed for bed days lost to delayed discharge. This was facilitated in significant part through effective and speedy social work assessment and support planning. Service arrangements have quickly and successfully adapted during the Covid-19 pandemic to ensure consistency of service delivery, adoption of digital technologies and continued supervision and support of all staff teams through both collective and individual arrangements. Team specific solutions have been identified to ensure that services have been maintained and adapted as required to safeguard and meet local need.

The national Health & Social Care Experience survey, which is normally undertaken every two years, focuses on the importance of a personal outcomes focussed approach. The most recent survey return showed that the HSCP had improved or maintained performance against all outcome areas in 2017-18. The 2019-20 survey has not reported due to the Covid-19 pandemic crisis.

An extract of adult Social Work specific indicators and measures for 2019-20 is set out below:

<b>Performance Indicator</b>	<b>Target</b>	<b>2018/19 Delivery</b>	<b>2019-20 Delivery</b>
% of Adult Protection cases where the required timescales have been met	95%	86%	92%
% of customers (65+) meeting the target of 6 weeks from completion of community care assessment to service delivery	95%	99%	99%
Percentage of people 65+ indicating satisfaction with their social interaction opportunities	94%	95%	95%
Percentage of service users satisfied with their involvement in the design of their care packages	95%	98%	97%

Although the Adult Support and Protection process timescales fell below target during 2019-20, performance was much improved over the previous year. This is the highest level of performance since referral demand increased markedly in 2016. Improved management arrangements, processes and recording standards have been put in place in the past two years to enable this recovery in performance levels. Our performance against other indicators has continued to report above target for 2019-20.

A significant piece of work during 2019-20 has been the redesign of our Support Plan processes. The new approach is designed to offer the following benefits: they reflect the principles and mechanisms of the HSCP's Fair Access and Eligibility Criteria policies; they more clearly link assessed needs, risks and personal outcomes; they require practitioners to consider informal support opportunities first; they promote the maximisation of assistive technology; they build in access to early intervention and prevention to avert greater downstream personal and financial impact; they build in a mechanism to also include meeting ineligible needs informally (at no additional cost) to promote resilience, confidence and independence; they enable the reporting of personal outcome achievement, to permit individual and aggregate measures of success; and they require robust application of equivalency and charging. In short they seek to promote good social work, to bring improved procedural rigour and to better capture performance. Work was progressing well with the new Support Plan and Review forms developed and migrated over to Carefirst. A programme of operational testing was undertaken in early February, by which time supporting guidance was also drafted. Post-testing adjustments were underway when progress was interrupted by the Covid-19 crisis which has delayed finalisation and operational training and roll-out, but this will recommence in line with the HSCP's Recovery and Transition Plan.

During the year we have been working hard to ensure that individuals don't get admitted to, or remain in hospital, unnecessarily. During 2019-20, 92 people were discharged from hospital into the Health and Social Care Partnership's Intermediate Care Unit and the Hospital Assessment Team received over 631 referrals (approximately 50% higher than 2018-19). In 2019-20, the Home Care Service received 2338 referrals, delivering 367,191 in-house home visits in the year and the Rapid Response Service prevented around 27 admissions to hospital.

East Dunbartonshire Falls Collaborative Group continues to meet bi-monthly; bringing together a range of agencies working together to build on the last 10 years of work to ensure information and services can respond appropriately to those at risk of falls and fragility fractures.

The Group operate within the parameters of 'A Framework for Scotland', and more recently towards the (Draft) National Strategy for Scotland. The focus of the Strategy is building on good practice and maintaining, sustaining and developing our responses and responsiveness to people at risk of a fall, or who fall/have fallen.

Activity through 2020/21 by the group is planned to ensure staff and those in contact with people who fall are able to use pathways appropriately and routinely to prevent and manage falls and fragility fractures.

Over and above the maintenance of developed pathways; the following actions for the year were identified in January 2020 and continue to be a work in progress:

- Preventing Harm from Falls collaborative – ensuring the terms of reference reflect the developing national framework
- Place Standard in East Dunbartonshire.- ensuring people have access to information contributing to keeping them healthy and active e.g. Paths for All, Vitality Service, Leisure, Physical Activity guidance.
- Link further with Digital Health and Care Strategy; solutions for fallers/Fire Scotland/wearables/Apps, such as Thistle Assistance.
- Training – Training is made available on request to support maintenance to all services, including the Care Home Sector.
- Checklists distribution to promote self- assessment in Pharmacies and GP practices and Voluntary Sector.
- Connect with Frailty Collaborative work
- Physical Activity WHO guidelines- have been printed locally and made available for wider distribution.
- Work with partners in care eg: SAS – Link with April Lochhead Project in SAS to further develop this Partnership.

Covid-19 and the safe discharge from hospital has been a significant challenge for our Hospital Assessment team. The team moved to a seven day work rota in the initial stages of the pandemic and sought to ensure the safe and timely discharge for those who required community discharge in line with the public health guidance as provided and updated. The team has sought to utilise digital solutions wherever visiting and face to face contact has not been possible and utilised additional screening tools to ensure safeguarding and Covid-19 testing.

A continuing challenge has been the rise in numbers of people whose discharge from hospital is delayed because they do not have the ability to make their own decision about their best long term care options, where no other person is legally able to make that decision for them. Delays relating to the Adults with Incapacity (Scotland) Act 2000 have been particular challenge where mental ill health has been a feature within these delays particularly in view of the Covid-19 pandemic. These delays have been difficult to address as the legal process can be lengthy. We will welcome revisions to the legislation which we hope will improve this area however this will continue to be an issue affecting our ability to move people on from a hospital stay in a timely manner.

Partnership has been at the heart of dementia care across the course of the last year. The local Dementia Strategy Implementation Group participated in a quality improvement workshop to identify local priorities and opportunities for development. In response to the extraordinary and unprecedented demands of 2020, our Mental Health Care Home Liaison Nurses have become an



integral part of the wider Care Home Support Team leading on formulation led approaches in delivering psychological responses to Stress and Distress in Dementia. Maintaining the most vulnerable in our community to remain safely and effectively within their homely environments, has been of priority focus. Working relationships have been further developed and strengthened with our third sector and Public Protection Partners developing new and innovative ways to share information and develop Dementia Friendly Communities. Work across the coming year is being prioritised to include:

- Implementing Scottish Government Dementia Services Recovery Plan in line with local priorities
- Developing and embedding Mental Health Care Home Liaison Model
- Multi-agency roll out of Herbert Protocol

### **Drug and Alcohol Recovery Services**

The number of Alcohol Brief Interventions completed for 2019-20 was 610, 25% above target of 487. Despite this above-target performance, the HSCP aspires to a higher number of Alcohol Brief Interventions being achieved, but uptake within General Practice remains a challenge. The programme of ABIs continues to be developed across East Dunbartonshire, but may well be affected due to the impact of Covid19 public health constraints on social distancing and intervention methods.

The East Dunbartonshire Alcohol & Drugs Recovery Service (ADRS) has been working to improve the waiting times from referral to alcohol and drug treatment. The team has redesigned the referral process to improve performance, allocating all referrals for assessment within one week. The team aims to offer assessment appointments within three weeks, recognising the importance of providing a rapid and responsive service to people with drug and alcohol misuse issues. Significant progress has been made to this end, during 2019-20 with achievement of target rising 10% to 86% in the year. Work continues to improve this performance further, to achieve the target of 90% during 2020-21. In the past year the team have further developed partnership working with Homeless services, Criminal Justice and enhanced the Blood Borne Virus testing and treatment provision. Community based Alcohol Care and Treatment services have also been developed in partnership with Auchinairn Medical practice.

In addition, the team has been regularly scrutinising the circumstances around all local drug related deaths and working to further develop the preventative services that are available as well as ensuring the local provision of Naloxone to service users, family and carers in response to increasing demand; Naloxone blocks or reverses the effects of opioid overdose and is a vital harm reduction measure.

During the Covid 19 pandemic arrangements the team have quickly evolved to provide assessment by telephone which has enabled a quicker response time. Home visits and face-to-face assessments have still been undertaken when critical risks are identified such as in cases of Adult Support and Protection, Adults With Incapacity, Mental health distress/crisis, new start in Opiate Replacement Therapy or prison release. The service has created an on line referral form on the HSCP webpage, which enable people to make a referral to the service at any time out with office hours. The service has developed a prescriptions delivery service in response to Covid 19 which has enabled people to continue to access essential treatment. We are also in the process of developing a postal Naloxone delivery service as part of our preventative strategy to reduce drug related deaths.

## **Case Study**

### **East Dunbartonshire Alcohol and Drug Recovery Service (ADRS)**

Case study which demonstrates positive integrated service provision during Covid 19 restrictions in relation to a complex and legally challenging case about a 45 year old man with a lengthy history of alcohol misuse.

The service received a hospital referral following concerns regarding recent contact and alcohol misuse. An ADRS Assessment was completed by telephone consultation. Contact with the man's GP identified concern as to his level of cognition, with reports from his family that he was becoming more confused and forgetful. He had recently sustained a burn to his right foot after filling a bath with hot water and stepping in without adding any cold water. This led to him being admitted to ward hospital where he was subject to a Short Term Detention Certificate and was seen by Liaison psychiatry. He was also noticed to be suffering from possible alcohol withdrawals.

The case was allocated to an Addiction Nurse for alcohol care and treatment; alcohol detox, protective medications, and further cognitive assessment re possible Alcohol Related Brain Damage. He attended hospital with a further head injury and following this, a joint home visit by ADRS social worker and ADRS nurse was undertaken to further assess risks.

The case was discussed at a virtual Multi Disciplinary Team Meeting and agreed that an Adult Support and Protection inquiry would be completed by Social Work team members to assess risk and vulnerability and that a joint home visit by ADRS Consultant Psychiatrist and ADRS Nurse would also consider need for detention under the 2003 Act, and whilst following assessment no formal detention was required.

Following the completion of the Adult Support and Protection Investigation an Adult Support & Protection Case Conference was held to enable effective information sharing and future planning across all involved services. All partners were represented. No further action was required under Adult Support and Protection as voluntary admission to hospital was agreed with daily contact with ADRS workers, to monitor, assess and reduce risks.

A voluntary admission to hospital for alcohol detoxification and cognitive assessment was successfully secured and the case continues to be reviewed and will proceed under the Mental Health (Care & Treatment) (Scotland) Act 2003 or Adults With Incapacity Act 2000 depending on the outcome of this admission and assessment.

This case demonstrates the legal complexity and multi disciplinary nature of the work undertaken within the ADRS which has been sustained throughout Covid 19 arrangements and evidences the integrated working within the service to assess risk and reduce vulnerability.

## **Mental Health Services**

The Mental Health Social Work Service continues to see a high demand in requests for Mental Health Officer reports for private Welfare Guardianship applications during 2019 /2020. These requests range from younger Adults requiring supports in terms of transitions from school, to older Adults requiring support to move into nursing home care. These reports can be complex depending on the nature of the person's circumstances and their vulnerability. Over the last year, there have been 66 suitability reports completed by Mental Health Officers for court.

The Mental Health Officer service within the team, have been promoting best practice across social work teams within East Dunbartonshire Council in respect of the ongoing supervision of Welfare Guardianship Orders where the Local Authority have a legal duty to monitor and support Welfare Guardians. Enhanced recording and reporting has been developed to ensure accurate recording of Welfare Guardianship Orders and timeous Adults with Incapacity reviews are recorded on Carefirst. The Mental Health Officer Service continues to promote best practice in this area, across all social work services in East Dunbartonshire. Adults with Incapacity briefings are planned as part of ongoing development and improvement in this area.

During the year the team has reviewed our Adults with Incapacity cases and improved monitoring of cases where the Chief Social Work Officer is the legal welfare guardian. At present there are 21 people for whom the Local Authority has decision making responsibility. In addition, there are a further 216 private Financial and Welfare Guardianship Orders held for people in East Dunbartonshire and in these cases there is a legal duty to supervise and support those holding these legal powers. Statutory work under the Mental Health (Care & Treatment) Scotland Act continues to be challenging and complex in nature and there are 39 cases where a compulsory order is in place for someone in the community requiring social work management and intervention. Over the year there were a further 68 cases where a Mental Health Officer was required to consider a Short Term Detention and an additional rise in the use of Emergency Detention Certificates which mirrors national trends.

Legislative changes have been successfully implemented into practice and the service has continued to develop information protocols and a hospital admission information pack, which aims to ensure people who require a mental health in patient stay understand their rights and the basis on which their treatment is provided. The service has continued to promote the use of Advanced Statements, which are an effective means of ensuring that the person's wishes and preferences for care and treatment are understood by those supporting them in times of ill health.

The introduction of temporary legislative changes under the Coronavirus (Scotland) Act 2020, has affected Mental Health Officer practice both in terms of the Mental Health (Care and Treatment) Scotland Act 2003 and Adults with Incapacity Act (Scotland) Act 2000. Between the March and July 2020 there were 32 Short Term Detention Certificates granted, which was a particular challenge for our Mental Health Officer service, given the wider Covid-19 restrictions however our Mental Health Officer's have adapted to these changes positively developing digital solutions and practice which continues to meet our statutory requirements and safeguarding of our most vulnerable citizens. Our Mental Health service have faced additional challenges in terms of applications for Welfare Guardianship Orders due to restrictions on cases being heard at court during this time and this may impact on Mental Health Officer activities going forward as we work through outstanding applications and requests for suitability reports.

The provision of psychological therapies for people continues to be a key area of priority for services and it is very positive that the national target of 18 week from referral to the commencement of treatment has been met (97.4% for 2019-20). In order to achieve this excellent performance the team has adapted the way services are delivered, now offering a localised clinic, and evening clinic opportunities.

Whilst a particularly challenging period for our Mental Health services the following case study is included as a demonstration of positive Mental Health Officer practice affecting positive outcomes for a vulnerable adult during these circumstances.

## **Case Study**

### **Mental health Service Support During Covid-19 Crisis**

This case study has been chosen as a positive piece of practice during the Covid-19 pandemic, which demonstrates positive joint working arrangements between Social Work, Health and East Dunbartonshire Legal Services during a period of particular challenge with accessing people's homes, gaining medical assessments, legislative changes and access to the courts. This case study will provide a background to Ms L's circumstances, challenges to social work practice and an overview of the positive outcomes achieved through collective joint working arrangements and commitment of our staff.

Ms L is a 60 year old woman, who lives alone in Kirkintilloch, she has three adult children although retains very limited contact with her family, due to her alcohol misuse. Ms L's husband passed away in 2002. This appears to be the catalyst for Ms L's very significant alcohol related difficulties, and she has received support from the Addiction services since this time.

In early 2020 there were increasing concerns for Ms L's vulnerability, due to her personal neglect, her capacity to look after and care for herself and possible financial exploitation from others. Due to the increasing concerns for Ms L's safety and welfare Social Work arranged a multi-agency Adults with Incapacity Case Conference on the 24th March 2020; Ms L was formally assessed as lacking capacity to make decisions about her welfare.

There were particular challenges with progressing with a Local Authority application for Welfare Guardianship by the Mental Health Officer, due to restrictions on visiting Ms L during the lockdown period in relation to her understanding and also to seeking the required Adults With Incapacity medical report from the GP.

The Mental Health Officer and Social Worker arranged a home visit to Ms L, utilising appropriate PPE, and maintaining social distancing within Ms L's home. The Mental Health Officer also held discussions with Ms L's GP to update on Ms L's situation and also the risks to Ms L's safety without interventions from Health and Social Work.

The Mental Health Officer report was completed within the statutory timescales with significant support from Council Legal Services.

There were challenges due to the amendments to the Adult's with Incapacity Act 2000, with the introduction of the Coronavirus (Scotland) Act 2020. Legal services required to present the Adults with Incapacity application to the Sheriff by telephone, and specific criteria on the urgency of the application required to be met.

The Sheriff subsequently granted an interim order on the 11th June 2020, to allow social work to move Ms L to a residential setting in order to secure her safety, health and welfare and promote her mental health recovery. Ms L moved shortly thereafter to a care home in Glasgow for younger adults where she remains safe and has settled well. There were critical concerns for Ms L's health and safety, during a time of particular challenge which could otherwise have caused significant delays to safeguarding and progressing any positive change for Ms L.

## **Services for People with Learning Disabilities**

The Joint Learning Disability Team has continued to provide a quality service to over 400 individuals including individual care packages and a range of group work opportunities to assist people with learning disabilities to build their skills in managing the tasks of daily living, and looking after their health and wellbeing. Pre Covid-19 arrangements the team had delivered a number of specialist supports to colleagues in the private and voluntary sector by way of staff training and had developed a number of group work programmes to support both adults with learning disabilities and their carers.

Transitions work was being completed during the Covid-19 pandemic and this has been a particularly challenging area for the learning disability team this year with the withdrawal of congregate day care and respite care. There were seven young people transitioned from children's services to adult services. The support these young people require ranges from light touch levels of community support right through the continuum of supports to full 24 /7 care packages for one individual with very complex care needs.

The effectiveness of the transition more broadly has been where we continue to look to improve and develop our processes and service in this regard and we were in the process of a full review of our transition process and model which has been delayed as a consequence of Covid-19, and this remains an important area in which we wish to improve practice.

Prior to Covid-19 the day service provision for people with learning disabilities had been under review and agreement to consolidate and reconfigure the current staffing model to enable the service at Kelvinbank to offer enhanced levels of support had continued to enable the service to offer day placements to a number of additional people who would otherwise have had to access service out of area.

Agreement has been secured to develop a new building to replace the existing Kelvinbank Day Care Centre. This will be developed as a partnership and multi-use initiative with East Dunbartonshire Leisure and Culture which will see the development of a joint community day care resource centre and new sports centre complex. A number of successful consultation events were held which have outlined the proposals and an overview of the new build plans, which were well received by stakeholders. The proposal would have seen the works beginning in late 2020. This will continue to be an exciting area of work in the coming year.

Principles to underpin the further development of accommodation with support services have also been developed as part of our ongoing learning disability review and options are being finalised to modernise and develop our accommodation based support provision.

Covid-19 has been particularly challenging for our learning disability team who have worked to ensure that those most vulnerable and their carers are supported and safeguarded and a robust system to ensure that individuals and carers continued to receive consistent telephone and digital support was established by the team. From the 20<sup>th</sup> March to the 17<sup>th</sup> August the team undertook 3324 separate individual contacts with these individuals and their carers utilising a risk based identification system to seek to support contact with adults with learning disabilities and their carers.

Following on from a successful autism festival in East Dunbartonshire in 2019 which was our second 'Festival of Celebration', with a focus on art and music our Local Area Coordinators completed further bids to Creative Scotland and were successful in securing £10,000 in funding to continue with a further autism festival to include art, music, drama, training sessions and drop in events for carers and individuals affected by autism and for HSCP and Council staff. This funding aims to support the creation of 'autism friendly communities' as identified within our locality Autism Strategy The Local

Area Coordinators also made a bid to the Scottish Cinema fund and have received a grant of £6,500 to establish a film group for individuals with autism in Kilmardinny House in Bearsden.

### **Support for Carers**

It is estimated that there are around 788,000 people in Scotland who are caring for a relative, friend or neighbour. This includes 44,000 who are under the age of 18. The contribution of unpaid carers to the overall health and care service delivery landscape across Scotland can therefore not be underestimated and supporting carers and valuing their skills, abilities and opinions, is therefore a key area for all Health and Social Care partnerships.

The social care service user feedback demonstrates good performance in the provision of carer support, exceeding the local target. The partnership commissions a third sector organisation, Carer's Link, to provide support, information and advocacy to carers. During the year Carers Link had direct or telephone contact with 1,326 carers and completed 39 Carer Support Plans.

Significant partnership working has ensured that the Free Personal and Nursing Care Extension to Adults Aged Under 65 'Frank's Law' was successfully rolled out within East Dunbartonshire and since its introduction there have been a number of core and refresh training sessions provided to Social Work, Education and NHS staff. A Carers Partnership Group has been established which has overseen the implementation of our Carers Strategy.

During the Covid-19 pandemic our local carer support organisation Carers Link has continued to provide significant support to carers within East Dunbartonshire developing new and innovative ways of working utilising use of social media, podcasts and other digital initiatives. The service has been very successful in securing a number of grants to purchase devices and develop digital initiatives particularly for those most traditionally digitally excluded.

### **Performance of Registered Services**

The partnership commissions and provides a range of registered care services to meet assessed care needs. All registered care services are regulated and evaluated by the Care Inspectorate. The following grading system is used;

Grade 6 – Excellent	Grade 3 – Adequate
Grade 5 – Very good	Grade 2 – Weak
Grade 4 – Good	Grade 1 – Unsatisfactory

The grades of the services delivered by the Council and those purchased by the partnership are set out below. The grades below are the most recent assessed by the Care Inspectorate for services based in East Dunbartonshire, which covers the last two years.

The Care Inspectorate now applies new National Care Standards. These have introduced new quality themes which will eventually apply to all registered services. The Care Inspectorate has begun applying these new quality themes. In addition, an additional quality theme was added to inspect service response to Covid-19. The tables below have therefore separated out registered services by the framework of quality themes that were used as the basis of the inspections:

### New Inspection Model:

Service	Wellbeing (previously Care & Support)	Leadership (previously Management & Leadership)	Staffing	Setting (previously Environment)	Care Planning (new Category)
HSCP / Council In-house Services Registered as Care Homes					
Ferndale Care Home for Children & Young People	5	Not Assessed	Not Assessed	Not Assessed	6
John Street House	5	Not Assessed	Not Assessed	Not Assessed	6
Commissioned - Supported Accommodation					
Cornerstone Community Care	5	5	Not Assessed	Not Assessed	Not Assessed

Care Homes	Wellbeing (previously Care & Support)	Leadership (previously Management & Leadership)	Staffing	Setting (previously Environment)	Care Planning (new Category)	Covid (new Category)
Commissioned - Nursing Care Homes						
Abbotsford House	5	Not Assessed	Not Assessed	Not Assessed	5	Not Assessed
Milngavie Manor	5	Not Assessed	Not Assessed	Not Assessed	5	Not Assessed
Antonine House	5	4	5	5	4	Not Assessed
Birdston Care Home	5	Not Assessed	Not Assessed	Not Assessed	5	Not Assessed
Buchanan House	3	3	3	4	4	Not Assessed
Buchanan Lodge	4	Not Assessed	Not Assessed	Not Assessed	4	Not Assessed
Campsie View	3	3	3	3	3	Not Assessed

Care Homes	Wellbeing (previously Care & Support)	Leadership (previously Management & Leadership)	Staffing	Setting (previously Environment)	Care Planning (new Category)	Covid (new Category)
Lillyburn	6	Not Assessed	Not Assessed	Not Assessed	5	Not Assessed
Mavisbank	3	3	3	3	3	Not Assessed
Mugdock	6	Not Assessed	Not assessed	Not assessed	5	Not Assessed
Springvale	3	3	3	4	3	Not Assessed
Westerton	4	Not Assessed	Not Assessed	Not Assessed	3	Not Assessed
Whitefield Lodge	4	4	4	4	3	Not Assessed
Springvale	3	3	3	4	3	2
Commissioned – Specialist Care Homes						
Ashfield	5	Not Assessed	Not Assessed	Not Assessed	5	Not assessed
Campsie Neurological Care Centre	4	4	4	4	4	2

**Previous Inspection Model:**

Service	Care and Support	Environment	Staffing	Management and Leadership
HSCP / Council In-house Services				
Milan Day Service	5	Not Applicable	5	Not Applicable
Kelvinbank Day Service	5	Not Applicable	5	Not Applicable
Homecare Service	3	Not Applicable	3	3
Meiklehill & Pineview	5	Not Applicable	Not Applicable	5
Fostering Service	5	Not Applicable	5	4
Adoption Service	4	Not Applicable	5	4



Service	Care and Support	Environment	Staffing	Management and Leadership
Community Support Team for Children and Families	5	Not Applicable	Not Applicable	6
Ferndale Outreach for Children & Young People	5	Not Applicable	5	Not Applicable
Commissioned - Supported Accommodation				
Key Housing Association (Group registration covers Milngavie, Kirkintilloch, Clydebank, Alexandria & Dalmuir)	5	Not Applicable	Not Applicable	5
Living Ambitions (Group registration covers Glasgow North & West Services)	5	Not Applicable	4	4
Orems Care Services	4	Not Assessed	4	Not Assessed
Quarriers (Phase 3)	4	Not Applicable	4	Not Applicable
Quarriers (Phase 2)	4	Not Applicable	4	4
Quarriers (Phase 1)	5	Not Applicable	Not Applicable	5
Real Life Options	5	Not Applicable	5	Not Applicable
The Richmond Fellowship Scotland	5	Not Applicable	Not Applicable	5

Of particular note in the above table are the services assessed as providing lower quality services. The in-house Care at Home services is included in this cohort. Since the inspection visit that saw the grades reduced, considerable work has been underway to review the service arrangements and address the improvement areas identified in the inspection. Through this process, grades have improved and feedback has reflected an improving trend, but further work is underway to ensure this trajectory continues to its previous high quality grades

During the year an Adult Support and Protection Large Scale Investigation into the quality of care and services provided at Campsie View Care Home was concluded. The service remains under a level of scrutiny to ensure agreed improvements are sustained. Consideration was given to one further Large Scale Investigation however it proved possible to conclude the required improvements without having to take that further level of formal action.

On a positive note, the Pineview service, which provides residential care for adults with complex learning disabilities, has continued to make significant and dramatic improvements since the service was brought in-house from the previous third sector service provider. From a starting point in December 2016, when it was graded as 'Weak' it has improved to the point where the most recent inspection report from October 2018 graded the service as 'Very good'.

None of the HSCP's registered care services have been required to record any incidents of harm caused that would have been required to be disclosed under the new duty of candour.

## **Child Protection**

As noted earlier, the CSWO chairs East Dunbartonshire's Child Protection Committee. The Committee consists of representatives from a range of agencies including education, social work and housing services, Police Scotland, NHS Greater Glasgow and Clyde, the Scottish Children's Reporter's Administration and the third sector. The Chair and Committee are supported by the Council's Child Protection Lead Officer. Working in partnership, these representatives carry out the core functions of the CPC, which the National Guidance for Child Protection in Scotland (2014) and more recently the National Guidance for Child Protection Committees and Chief Officers Groups (2019) specifies as continuous improvement, public information, engagement and participation, strategic planning and connections and the addition of annual reporting on the work of the CPC. In 2019-2020 the multi-agency Committee moved to producing a 3-year business plan with annual Action Plan's and reviews. The committee manages the required work through four standing sub-groups:

- Management Information & Self-evaluation
- Joint Public Information & Communication (shared with the Adult Protection Committee)
- Joint Learning & Development (shared with the Adult Protection Committee)
- Initial and Significant Case Review Subgroup

### Key Developments in Child Protection

Key national developments have influenced the work of the Child Protection Committee over 2019-2020. The main focus continues to be the implementation of recommendations from the Child Protection Improvement Programme (March 2017) which has informed the work of Child Protection Committees Scotland [CPCS] and led to a comprehensive CPCS National Development Plan being agreed in this forum. East Dunbartonshire's Child Protection Committee (EDCPC) provides active representation within CPCS, National Lead Officers Group and West of Scotland Consortium. EDCPC has played an active role in responding to consultations and queries as well as having membership on the National Child Protection Learning and Development sub group, which actively considers the training needs for the national workforce.

In 2019-2020 session, EDCPC implemented the National Minimum Dataset, mirroring most CPC's across the country. The Minimum Dataset is a workbook with 17 indicators and accompanying scrutiny questions. Following the participation of some EDCPC members in nationally delivered training, the process is now embedded in the Management of Information and Self-Evaluation Quality Assurance calendar and will be reported 6-monthly to the CPC. Further work is ongoing nationally to consider the feasibility of using the dataset to benchmark data across the country.

Over 2019-2020 the Management of Information and Self-evaluation Subgroup continued to progress and oversee the implementation of a comprehensive quality assurance calendar. This included an IRD audit, the implementation of the Minimum Dataset as noted above, analysis of statistical information, evaluation of Child Protection Processes and work to support the implementation of a Consultation Framework for Child Protection.

Both the Public Information and Communication and the Learning and Development Subgroups are now joint with the Adult Protection Committee. This signals the broad movement towards a more joined up Public Protection agenda within East Dunbartonshire. The positive communication and relationships between both committees was demonstrated during the COVID-19 pandemic with the

temporary addition of a Public Protection Leadership Group which overseen regular policy changes, distributed a weekly staff bulletin, updated the Chief Officers Group on a weekly basis and analysed data for submission to Scottish Government.

The Joint Public Information and Communication Subgroup has updated and distributed posters and promotional materials as well as moving towards regular social media campaigns. Moving forward, a particular focus will be to create the Vision Values and Aims for the CPC which would be supported by children, young people and their family's voices as well as the insights of stakeholders. In 2019-2020 the Joint Learning and Development sub group developed the first Joint Adult and Child Protection Learning and Development Calendar. The group faces challenges in 2020-2021 in producing a training calendar which features blended learning opportunities.

Following the success of the 2019 Joint Adult and Child Protection Conference, both Child and Adult Protection Committees agreed that the annual conference should continue and a planning group should be created. A group was established and the conference was planned for June 2020 with the theme of participation, named 'Good at Sharing? Participation, Partnership and Protection'. However, due to the COVID-19 pandemic, the conference was postponed indefinitely. Given the enthusiasm for a further joint conference and drive to promote participation in protection processes, it is hoped that the conference can go ahead when it is safe to do so.

2019-2020 has also seen the introduction of a Trafficking and Exploitation Working Group, responding to the national policy changes. This is a progressive move towards a joined up approach to exploring issues of Child Sexual Exploitation, Child Sexual Abuse and Human Trafficking across the lifespan. The membership of the group is broad and is currently working on updating policies and procedures as well as exploring current data trends. A Trafficking event was planned for March 2020 which was a joint venture across the CPC, APC and Community Justice Partnership. This event was also postponed indefinitely due to COVID-19 and it is hoped it can rescheduled in the near future given the high level of interest from across partner agencies.

### **Case Study**

Following a case file audit, 5 small tests of change groups were established to take forward the improvement actions. The groups worked with Improvement Science methods in implementing small changes, reviewing and learning. The groups met for the period of the year and have now concluded most workstreams which have led to improved Child Protection process, procedure and paperwork.

The tests of change groups were multi agency and reported directly to the Child Protection Committee.

The tables below provide a broad overview on the number of children and young people with whom East Dunbartonshire's Child Protection Services have had contact over the past 5 reporting periods. The number of child protection investigations decreased in 2019/20 with subsequent decreases in the number of children being placed on the child protection register. This means there were fewer children on the Child Protection Register at year end.

#### Child Protection Statutory Activity 2019 - 20

	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>
CP Investigations	171	185	215	170	157
Children subject to CP Conference	313	294	336	353	284

CP Registrations	83	73	102	84	57
CP De-registrations	73	83	101	71	84
<b>Total on CP Register at Year End</b>	<b>50</b>	<b>40</b>	<b>41</b>	<b>54</b>	<b>27</b>

<b>Type of Case Conference</b>	<b>Number of Children Subject to Case Conference</b>
Pre-birth	6
Initial	80
Review	195
Transfer In	3
<b>TOTAL</b>	<b>284</b>

*Note - \* denotes a number <5. Details are not further disclosed in the interests of protection of confidentiality.*

*A detailed breakdown of additional information including length of registrations is available via the Child Protection Committee information on the web*

### Trends

The above tables indicate a number of key trends within Child Protection locally some of which are reflected nationally. Overall, there has been a general decrease in Child Protection investigations over the past 5 years although figures are affected by the high level during 2017/18. Case conferences and numbers of children subject to child protection registration have seen a downward trend over the last year;

- 8% decrease in the number of children subject to CP Investigation in 2019/20
- 19% decrease in the number of children subject to a CP Case Conference in 2019/20
- 32% decrease in the number of children subject to CP Registration in 2019/20
- 50% decrease in the number of children on the CP Register at year end 2019/20

### **Adult Support & Protection**

Work around adult protection is grounded in the Adult Support and Protection (Scotland) Act 2007. There is a statutory duty to set up and support East Dunbartonshire's Adult Protection Committee; to make inquiries where an adult is suspected to be at risk of harm; and to apply for protection orders where these are required to safeguard the adult. The lead duties have been delegated to the Health and Social Care Partnership, with the establishment of East Dunbartonshire Integration Joint Board. Qualified social workers and occupational therapists continue to be trained and authorised to carry out "Council Officer" duties in East Dunbartonshire, as required by the legislation.

The Adult Protection Committee is independently chaired and has representation from all key agencies. The convenor and Committee are supported by the Council's Adult Protection Coordinator. A report on the Committee's activity is submitted to the Scottish Government on a biennial basis, most recently on 31 October 2018. The Committee's governance structure was

further developed in 2019-2020, and is now supported by four standing sub-groups in respect of its statutory functions:

- Continuous Improvement
- Quality and Development Partnership
- Joint Learning & Development (shared with the Child Protection Committee)
- Joint Public Information and Communication (shared with the Child Protection Committee)
- The Significant Case Review sub-group is convened when required.

### Key Developments in Adult Support and Protection

As discussed elsewhere, there was further alignment of the different public protection strands in East Dunbartonshire into a common framework overseen by the Chief Officers Group. Following review, the Adult Protection Committee's existing biennial planning and improvement cycle was extended to three years and adopted the current timeframe of both the national ASP improvement plan and the local Child Protection business improvement plan. The establishment of the joint sub-committees led to the production of a multi-agency public protection training programme for 2019-20; the formation of a joint Trafficking and Child Sexual Exploitation working group; and a project to design a public-facing website and expand public protection messaging via social media, which has been crucial to maintaining communication and engagement with partners and the public through the COVID-19 civil emergency.

Work has continued to implement the local improvement plan put in place further to the national thematic review of adult support and protection in 2017. The plan aims to progress the recommendation '*The partnership should make sure that social workers prepare well-balanced, valid chronologies for all adults at risk of harm who require them*'. The plan includes actions to secure appropriate oversight and governance, improve information and recording systems, develop policy and guidance to improve practice, and measure and monitor progress. Practice development work taken forward by a practitioner-led task group concluded in early 2020 and will feed into a multi-agency review of adult risk assessment and management policy now planned for 2020-21. A review of current recording systems concluded that further development is contingent upon the replacement of the client database, which is the subject of an ongoing project on the part of the Council.

Having undertaken three Initial Case Reviews in the early part of the year, the Adult Protection Committee decided to review its Significant Case Review (SCR) procedure to incorporate learning from the ICR process. This meant that it was well placed to ensure that local protocols were consistent with national guidelines when these were launched in November 2019, and work was also undertaken to harmonise Adult Protection and Child Protection SCR processes. East Dunbartonshire formally contributes to two workstreams within the national ASP improvement plan: a new national dataset which has a greater focus on adult support and protection outcomes data, and the development of national training on Large Scale Investigations (LSIs).

The Adult Protection Committee has an established approach to annual multi-agency case file audit, multi-agency learning events and stakeholder consultation. The 2020 audit took place immediately prior to the introduction of COVID-19 business continuity arrangements to manage service delivery in March. Although the audit identified a range of areas for review by partners, the deployment of the entire workforce to support the public protection response during the pandemic has hindered the early development of an action plan to respond to the audit's findings. A stakeholder consultation exercise is embedded in the Committee's annual conference, and this tradition continued within the joint annual conference held in partnership with the Child Protection Committee in June 2019. The conference planned for June 2020 was cancelled due to the pandemic response, which meant that the Committees were unable to gather stakeholders' views on the effectiveness of their work and areas for strategic attention this year. Similarly, the joint annual training programme was not

delivered in the last four months of the cycle. It is anticipated that significant challenges for training delivery will continue over the coming year.

A number of additional interventions have been introduced over the year to support adults including; Working with Police Scotland and NHS GGC to implement a formal Inter-agency Referral Discussion (IRD) process for East Dunbartonshire

A whole service project to review East Dunbartonshire's Access to Care Records procedures for care experienced adults, which was informed by the work of the Scottish Child Abuse Inquiry and inputs from care experienced adults.

Piloting a supervision tool to support staff and managers in all partner agencies to review their ASP practice and decision-making

The performance of the social work service in respect of ASP activity is reported regularly via the Adult Protection Committee to the Chief Officers Group, providing a reliable indicator of demand on, and the efficiency of, our systems and processes.

#### Adult Support and Protection Statutory Activity 2019-20

Nature of Activity	Number 2018/19	Number 2019/20
Duty to Inquire	434	<u>437</u>
Planning meetings (including those convened under the Repeat Referrals Protocol)	5	<u>7</u>
Investigations	34	<u>21</u>
Case conferences	18	<u>20</u>
Review case conferences	10	<u>7</u>
Protection plans initiated	6	<u>9</u>
Temporary Banning Orders	*	<u>0</u>
Banning Orders	0	<u>0</u>

*Note - \* denotes a number <5. Details are not further disclosed in the interests of protection of confidentiality.*

A detailed breakdown of additional information will be available in the forthcoming Adult Support & Protection Biennial Report for the 2018-20 period, which will be published on East Dunbartonshire Council's Adult Protection webpage.

#### Adult Support and Protection (ASP) Trends

Although inquiry levels appear stable, ASP referral figures show a sustained increase since the Act was implemented in 2008. Analysis shows that the increase in overall referral numbers is caused by a continual rise in referrals for people aged over 75. A significant proportion of ASP inquiries for this age group involve people with dementia who are resident in care and nursing homes in the area. Although the majority of reported incidents involve the behaviour of one resident towards another, poor standards of care as well as potential neglect and actual harm in the part of nurses and care staff were also reported. In one case, a pattern of this type of concerns in one local nursing home resulted in a Large Scale Investigation (LSI). East Dunbartonshire's model and approach was further developed during this LSI to refine operational and strategic strands: for example, the

implementation of a multi-agency investigation team which met daily to plan and evaluate individual and service level inquiries. The core of this team comprised social work and nursing, with regular information-sharing session with allied health professionals, the Care Inspectorate and Police Scotland. The value and benefit of a whole systems approach to LSI from its inception in terms of robust information-sharing and prompt joint action where required, resulted in a further revision of the model to involve Police Scotland and the Care Inspectorate in the daily operational group meetings. The risk profile for older adults living in the community was more diverse, with harm more likely to be caused by family members or themselves. One issue carrying particularly high risks for older adults with dementia is going absent or missing from their homes. A multi-agency working group was set up to improve information-sharing about older adults who go missing, and as a result, Police Scotland G Division's Missing Person Unit extended a pilot scheme promoting use of the Herbert protocol to East Dunbartonshire. Evaluation of this initiative was halted because of COVID-19 redeployment measures and will resume in 2020-21.

### **Self-Directed Support**

East Dunbartonshire Health and Social Care Partnership has seen an increase in the uptake of one particular option within Self Directed Support, Option 3. The remaining options have remained fairly static across 2018-19 and 2019-20. There may be a number of reasons contributing towards the lesser uptake of Options 1 and 2 which include lack of available social care providers, lack of flexibility offered by provider organisations, and personal financial contributions required from customers due to the differences between the agreed individual budget and the rates charged by the customer's choice of provider. This is evident, particularly under Option 1, where a greater percentage of customers and carers choose to directly employ Personal Assistants.

The Self Directed Support Lead has continued to focus on the action plan associated with the second year of the Self Directed Support Strategy (2018 – 2021). The three year action plan contained within the strategy focused on achieving four outcomes:

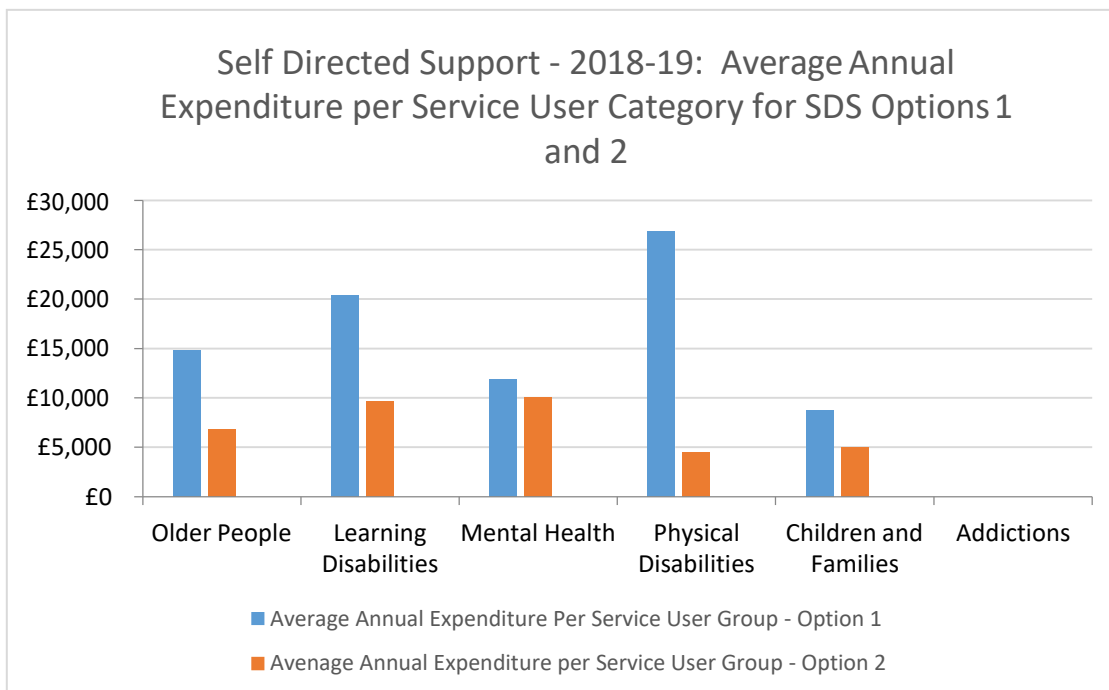
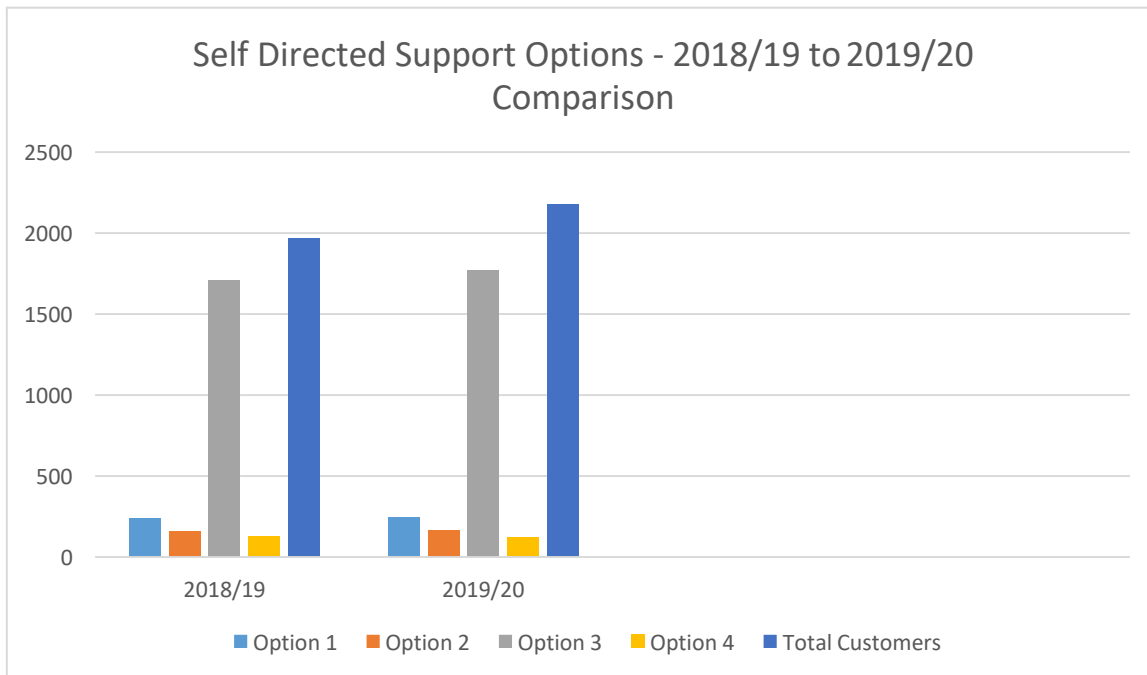
- Supported people and carers have more choice and control;
- Workers are confident and valued;
- Commissioning is more flexible and responsive;
- Systems are more widely understood, flexible and less complex.

The Action Plan for 2019 – 2020 while in the main achieved, where disrupted late in the financial year (March 2020) by the onset of the COVID-19 pandemic. Adjustments to the Self Directed Support activities particularly around communication had to focus very quickly on moving towards electronic means of liaison. The actions for 2019-20 which were implemented from the Strategy included:

- Ensure that social care providers and third sector organisations operating within East Dunbartonshire were offered training opportunities relating to self directed support.
- In partnership with the third sector organisations, offering self directed support information and awareness sessions to local customers, carers and the general public.
- Each annual Self Directed Support Newsletter features a customer or carer's experience of choosing and using a self directed support option.
- Continued delivery of self directed support training to social work and health practitioners.

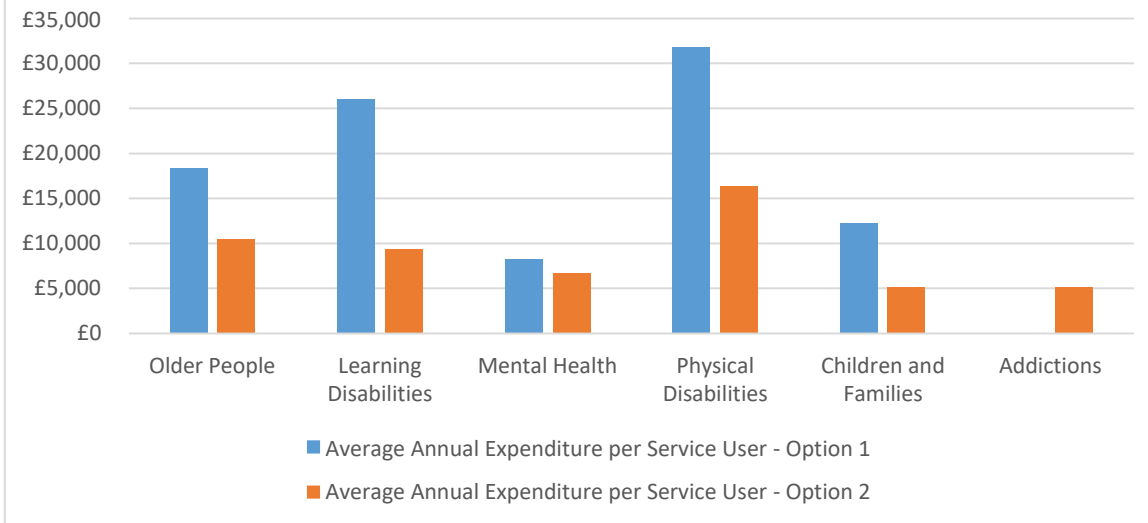
- Updating the self directed support operational procedures to ensure that they continue to be fit for purpose and aligned with other local HSCP policies.

The change in Self Directed Support usage can be seen from 2018-2019, to 2019–2020 as follows





Self Directed Support - 2019-20: Average Annual Expenditure per Service User Category for SDS Options 1 and 2



### Key Risks to Delivery

The Health and Social Care Partnership maintains a risk register and regularly updates and monitors this. In addition, at the outset of the Covid-19 pandemic additions were made to the risk register to take account of the substantial unknowns the pandemic brought. In addition, a separate public protection covid specific risk register which is reviewed and overseen by the Public Protection Chief Offices Group.

The key risks to highlight can be broadly summarised as follows

Financial risks, arising from a combination of growth in service demand, challenges delivering a transformational change agenda in the absence of any pump priming resources, socio economic uncertain and most latterly, additional and ultimately unknown covid cost implications.

Service profile usage risks, relating to specific additional demands on services arising from both the local demographics but also the impact of covid, and covid responses (eg lockdown and impact on service deliverability of strategies such as physical distancing) on mental and physical wellbeing.

Provider market risks, including the possible impact of covid on service sustainability for smaller services and the process of transitioning to purchase of services through Scotland Excel as far as possible.

#### 4. Resources

Managing public sector austerity and reducing financial resources within a climate of increasing demand for services is a key risk area for the Council and the Health and Social Care Partnership. Like other local authorities, East Dunbartonshire Council has faced increasingly difficult financial challenges over recent years, and the reduction in public sector budgets will continue over at least a medium term financial planning period. In addition, there are aspects of the covid-19 pandemic response that have financial implications that are as of yet unclear. The Scottish Government has given a commitment to meeting 'all reasonable' additional covid costs however at the time of writing the long term impact, and realistic financial impact, is not yet known.

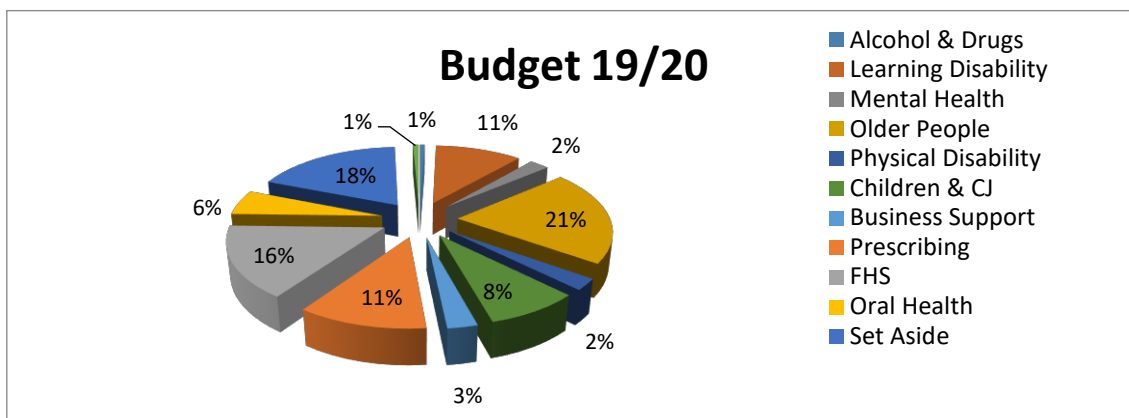
The financial performance of the Health & Social Care Partnership is regularly reported to the Health and Social Care Partnership Board and to both East Dunbartonshire Council and NHS Greater Glasgow and Clyde, as the key funding partners.

#### **Financial Pressures 2019/20**

The HSCP Budget available for 2019/20 was £176.3m and is set out below:

	Original Budget 19/20 £000	In Year Adjustments £000	Final Budget 19/20 £000
Functions Delegated by East Dunbartonshire Council	55,154	606	55,760
Functions Delegated by NHS GG&C	78,364	9,896	88,260
Set Aside – Share of Prescribed Acute functions	19,602	12,645	32,247
<b>TOTAL</b>	<b><u>153,120</u></b>	<b><u>23,147</u></b>	<b><u>176,267</u></b>

The budget is split across a range of services and care groups as depicted below:-



## **FINANCIAL PERFORMANCE 2019/20**

The partnership's financial performance provided a deficit of £1.090m against the partnership funding available for 2019/20.

The pressures on the partnership budget related in the main to social work services of £1.9m which were mitigated in part through under spends on community health budgets of £0.8m with reserves applied to manage the remaining gap to deliver a balanced budget at the year end.

This required the transfer of £0.041m from general reserves and £1.049m from earmarked reserves.

The financial out turn included £0.4m of expenditure related to the emerging impact from Covid-19 for increased prescribing, personal protective equipment (PPE), community assessment centre set up, equipment and additional social care supports to support carers and as an alternative to day centres which closed during the pandemic. This was funded through additional monies made available from the Scottish Government.

As part of the approval of the 2019/20 Budget in March 2019, the HSCP Board approved a Transformation and Service Redesign programme of £3.9m to deliver a balanced budget for the year. This was a hugely challenging programme to deliver in year and required a process of service review across a number of work-streams, consultation and engagement with key stakeholders and dependencies with complimentary work across a number of fronts. This led to slippage within the programme which caused budget pressures across the range of HSCP services but primarily within Older Peoples services where the focus of service redesign was targeted. In addition the demand increases for Older People's services resulted in this presenting as a significant area of budget pressure for the partnership during 2019/20.

A recovery plan was approved by the HSCP Board in September 2019 comprising robust vacancy management, limits to essential areas of spend only across the range of services delivered through the HSCP and identification of additional efficiency measures to be implemented throughout the year. The recovery plan did not extend to measures which delivered reductions in service provision, cessation of services or which would lead to a diminution in service performance such as in the areas of bed days occupied and delayed discharges. The recovery plan delivered a positive contribution towards mitigating the anticipated budget pressures, however did not manage this completely.

This has had a significant impact on the available reserves of the partnership moving into future years with no general reserve available to act as a contingency to manage delivery of transformation and in year unplanned budget pressures, and earmarked reserves limited to those where funding has been made available by the Scottish Government for specific initiatives such as PCIP, Mental Health Action 15 and support to alcohol and drug services.

A small balance remains to lever in transformational change, however this is limited and seed funding to deliver transformation will need to be sought from other sources where available. Limited reserves also increases the risk of having to rely on partner agency additional contributions beyond that agreed at the setting of the annual budget in March 2020.

The main areas of budget pressure for the HSCP during the year are set out below:

### **Older People Services (£3.3m over spend)**

The overall pressures relate to ongoing demand and cost pressures exceeding the available budget for 2019/20, particularly in the area of older people's social care.

These were a result of payroll pressures particularly in relation to homecare as a consequence of reliance on overtime and use of agency to ensure continuity of service delivery to cover vacancies, sickness and absence; challenging savings plans predicated on the redesign of homecare services and which were not achieved in year; increased activity levels placing demand pressures on older people care homes, homecare, supported living and day-care (alternatives) and contractual increases in relation to the care at home framework and national care home contracts beyond that which was provided for within the budget. These pressures arose as a direct result of the growing demand from an ageing population requiring support from social work services to maintain independent living within the community or within a care home setting.

A review of care at home services during the year has determined that a locality based approach supported through a balance of usage of externally purchased services will deliver a sustainable care at home service going forward. This is in the process of being implemented internally with external provision subject to re-tendering exercise with resort to the national Scotland Excel Framework to deliver this element of the service.

#### Adults – Learning Disability, Mental Health, Addiction Services (£0.1m over spend)

There were some pressures in the area of learning disability in relation to the impact of the delay in delivering savings within the Pineview service, taxi provision to support individuals with a learning disability to access services and costs associated with agency staff to cover statutory mental health officer functions. This was offset through a downturn in residential accommodation within addiction recovery services, recharges for fleet provision and savings achieved through vacancies across community health services within this care group area. The implementation of the new Access to Transport policy and progression of the learning disability review will mitigate pressures in this area going forward.

#### Children & Families (£0.3m under spend)

There were some pressures in relation to externally purchased foster placements, kinship payments and health visiting staff costs, this was offset through robust vacancy management across Children's social work and residential services.

#### Business Support (£1.2m under spend)

There were some pressures on accommodation costs within the Kirkintilloch Health & Care Centre and Lennoxton Hub, this was offset through additional funding above anticipated levels in relation to the improved health offer, continuing care, support to veterans, carers funding and the positive impact of improved bad debt provisions.

#### Prescribing (£0.5m under spend)

There were pressures with cost per drugs increasing offset by a downturn in volumes compared to forecasted levels and savings accruing from discounts (patented drugs) and discount clawback (generic drugs) in 2019/20 which had a positive impact on this budget

#### Other Services (£0.4m under spend)

There was a positive variation on other budgets delegated to the partnership relating to private sector housing grants and care & repair services delivered through the Council's housing service.

#### Financial Planning / Modelling

The HSCP continues to face significant financial pressures from demographic growth particularly amongst the elderly population placing demand on care at home and care home provision, pressures in relation to increasing numbers of children moving on into adult services generating

demand, and increased cost pressures across a range of adult social care services. This will be compounded during 2020/21 due to anticipated costs associated with the re-tendering of the Care at Home Framework, increased costs associated with the national care home contract, pressures in the delivery of the Scottish Living wage, continued prescribing demand and cost pressures and extremely challenging savings plans associated with service redesign, income generation, fairer access and eligibility to services.

In setting the budget for 2020/21, the partnership had a funding gap of £6m following an analysis of cost pressures set against the funding available to support health and social care expenditure in East Dunbartonshire, this is set out in the table below:

	Delegated SW Functions (£m)	Delegated NHS Functions (£m)	Total HSCP (£m)
Recurring Budget 2019/20 (excl. Set aside)	54.838	81.802	136.640
Financial Pressures	7.645	1.942	9.587
2020/21 Budget Requirement	62.483	83.744	146.227
2020/21 Financial Settlement	56.768	83.405	140.173
Financial Challenge 20/21	5.715	0.339	6.054
Budget Savings 19/20 - F/Y Impact	(1.020)	(0.200)	(1.220)
Financial Challenge Measures	(0.577)	(0.339)	(0.916)
<u>Efficiency Measures</u>			
- turnover analysis	(0.445)	0.000	(0.445)
Transformation Plan 20/21	(0.701)	0.000	(0.701)
<b>Residual Financial Gap 20/21</b>	<b>2.973</b>	<b>(0.200)</b>	<b>2.773</b>

Savings plans of £3.2m were identified to mitigate the financial pressures which left a remaining gap of £2.8m to be funded through a process of collaborative working with Council Transformation Leads to identify further transformation activity to address the gap in full.

The Council continues to underwrite the delivery of the transformation programme. In the event of this being unachievable suitable provision will need to be made by the Council with the reserves position serving as the ultimate backstop.

The IJB may be asked to consider a recovery plan in the event that pressures extend beyond the assumptions set out in the financial plan for 2020/21. A range of options have been developed which focus on service reductions, extension to waiting times, placement management, staffing reductions, funding reductions to 3<sup>rd</sup> sector to align with statutory minimums and further charging options.

There has been a significant delay in progressing this work as a result of resources re-directed to manage the effects of the Covid-19 pandemic and this is expected to continue.

The HSCP, along with other HSCPs across Scotland, have developed a mobilisation plan to manage the impact of the pandemic along with a financial assessment of the likely costs associated with these planned responses. This includes the anticipated shortfall in the HSCP transformation planning for 2020/21.

The other areas of cost pressures arising from the pandemic relate to personal, protective equipment (PPE), additional costs to social care providers including staffing, PPE and sustainability support, development of a local assessment centre and cost to support carers, alternatives to daycare. It is assumed that the cost implications associated with managing the Covid-19 pandemic

will be met through funding from the Scottish Government. However this remains a key risk to the HSCP for 2020/21.

Both partner organisations continue to face significant financial challenge and these impact the consideration of the financial settlement to the partnership in the delivery of its key strategic priorities and the delivery of the services delegated to it.

The NHS settlement to the HSCP provided an uplift of 3% on pays and general expenditure which provides a real terms increase on 2019/20 baseline funding.

The EDC settlement to the HSCP provided a flat cash position for pays and general expenditure with specific funding from the Scottish Government in relation to funding for health and social care totalling £100m across Scotland representing an additional £1.9m for the HSCP.

The challenging levels of savings on Partnership budgets is expected to continue for future years given the challenging financial settlements expected to both EDC and NHS GG&C.

The partnership is therefore planning for the period 2020/21 to 2024/25 for a potential funding gap of £3.4m to £21.4m (being best and worst case scenarios) in the context of reducing resources set against increasing cost and demand pressures and a 'do nothing' approach to service redesign. This represents the scale of the challenge to be met through transformation over the next 5 years.

The partnership will focus on a Transformation Plan for 2020/21 and beyond based upon a set of fundamental principles initiating a new way of working within health and social care services in East Dunbartonshire based around:

- Local and community led.
- Digital first.
- Shared ownership and shared care.
- Sustainable.
- Empowered practice
- Maximised independence.

## **5. Workforce**

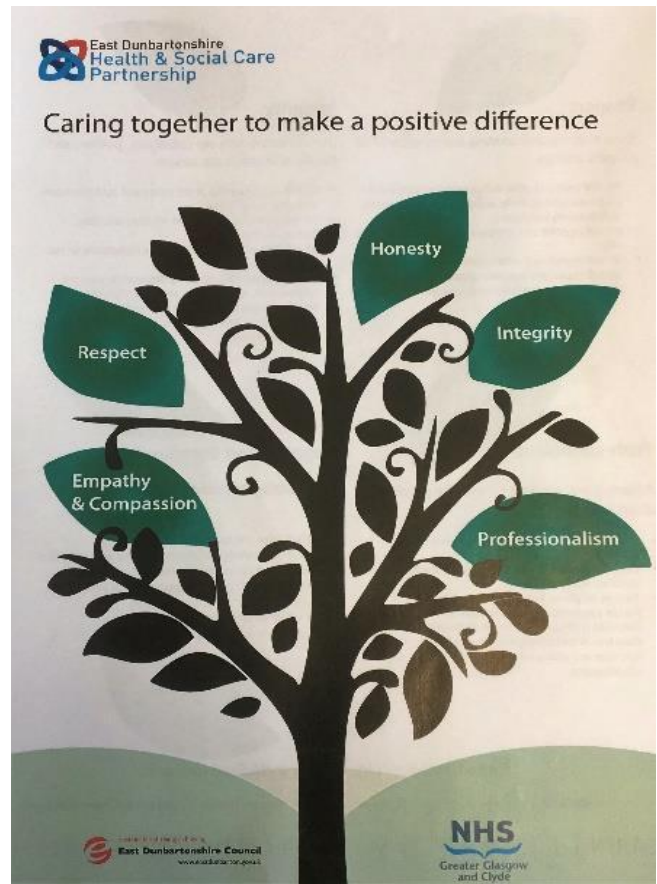
East Dunbartonshire Council and NHS Greater Glasgow and Clyde have systems for staff performance appraisals: respectively Personal Development Reviews (PDRs) and Employee – Skills and Knowledge Framework (e-SKF), replaced by TURAS. These are important processes for ensuring that staff are supported in maintaining their skills and knowledge to effectively undertake their roles.

With respect to training, the CSWO Chairs the Social Work Training Sub Group, which considers the training requirements of staff and sets out the training plan to meet existing and future demands. This plan serves as a focus for planning with colleagues in human resources and finance.

During the year national work commenced on reviewing the approach to social work training and post qualification training and learning opportunities. The CSWO is engaged as a member of the national strategy group and will therefore be well placed to make a good connection between the emerging national direction of travel and local objectives, and to influence national strategy. This work will continue into the coming year.

In terms of local professionally qualified social work workforce challenges the key issue remains the recruitment and retention of Mental Health Officers. Mental Health Officers are qualified social workers who have undertaken a formal post qualifying award to enable them to undertake the statutory functions set out in a range of legislation. Mental Health Officer numbers are of national concern and succession planning for them is a key issue, recognising the age profile of the existing Mental Health Officer workforce. East Dunbartonshire has a good track record of successfully recruiting potential Mental Health Officers to the training course, and through their qualification process, however retention is a significant issue as nearby areas offer enhanced levels of pay for those holding the award. We are actively working with our human resources colleagues on options to address this issue and look forward to resolution in the near future as the workforce challenge is now such that it is increasingly difficult to meet current statutory requirements. We have also been successful in securing additional specific grant from a new Scottish Government ring fenced resources to support training for further Mental Health Officers.

During the year there has also been a significant amount of work undertaken to roll out and raise awareness of the shared vision and set of values developed in the previous year. This is represented in the Vision and Values tree.





## 6. Covid-19

At the outset of the covid-19 pandemic substantial work was undertaken to develop established business continuity plans to suit the unique scenario covid presented. This business continuity planning approach has underpinned the planning and delivery of services across the full range of social work and social care business.

From the outset, all staff who could work from home were asked to do so, and a range of digitally enabled ways of working were brought into place such as the at-pace and at-scale roll out of equipment to allow virtual case discussions using NHS Near Me. Personal Protective Equipment (PPE) also became a much more dominant feature of services planning than it had been previously, with a much expanded demand for PPE which looks set to be a feature for substantial time to come. The HSCP has established a PPE Hub to ensure adequate access to all services within East Dunbartonshire, including unpaid carers and Personal Assistants of those who arrange their own care via self-directed support.

We have been fortunate to be able to say that staff absence levels did not reach a level that required services to be scaled back and most direct care services continued to be delivered unchanged. There were however notable exceptions which include the closure of all local communal care services such as day services, and provision of overnight respite. Where possible, alternative forms of outreach day time one to one support were provided for those most at need. The additional pressure that these types of service reduction brings for families and carers is not to be underestimated and should Scotland be obliged to re-enter a locked down stage at a point in the future, a repeat of this approach would require careful consideration.

Support for the care home sector has been one of the key areas of work for the HSCP since the pandemic was announced, this is in recognition of the vulnerability of this client group to the pandemic. East Dunbartonshire was well placed to provide this addition support, already having in place a care home liaison nursing service and a positive working relationship between the care homes themselves and our Planning and Commissioning Team.

Looking ahead, it may be that service for the future need to look different if they are to be able to be delivered safely, with pandemic an ongoing risk. To date, service users and families have shown a preference for one to one, individualised services, over group settings, as these are felt to be safer in terms of reducing virus transmission options. However over time preferences may change again, as the impact of lack of group interaction, stimulation, and its associated positive mental wellbeing impact, begins to come to the fore. It is beyond the timeframe referred to in this report to explore this further.



Agenda Item Number: 6.

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

<b>Date of Meeting</b>	12 <sup>th</sup> November 2020
<b>Subject Title</b>	Community Justice East Dunbartonshire Annual Report 2019-2020
<b>Report By</b>	Claire Carthy, Interim Head of Children's Services & Criminal Justice
<b>Contact Officer</b>	Willie Kennedy Community Justice Coordinator <a href="mailto:william.kennedy@eastdunbarton.gov.uk">william.kennedy@eastdunbarton.gov.uk</a>

<b>Purpose of Report</b>	The purpose of this report is to provide members with a copy of the Community Justice Annual Report template produced by the Community Justice East Dunbartonshire partnership and submitted to Community Justice Scotland on 25th September 2020.
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<b>Recommendations</b>	The Partnership board is asked to: <ul style="list-style-type: none"> <li>Note the contents of the Annual report</li> </ul>
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<b>Relevance to HSCP Board Strategic Plan</b>	The multi-agency approach taken by the CJED partnership contributes to the health and wellbeing throughout people's lives. Despite cutting across the majority of the priority areas, there is specific reference to Community Justice in Priorities 1 and 5 of the plan.
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**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	None
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<b>Equalities:</b>	The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report as the report is for noting. If required following implementation, the actual
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	impact of the recommendations and the mitigating actions will be reviewed and monitored.
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<b>Financial:</b>	None
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<b>Legal:</b>	None
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<b>Economic Impact:</b>	None
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<b>Sustainability:</b>	None
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<b>Risk Implications:</b>	None
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<b>Implications for East Dunbartonshire Council:</b>	Community Justice East Dunbartonshire is one of the delivery groups for Local Outcome 4 Safer and Stronger Together Strategy.
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	As a statutory partner of Community Justice east Dunbartonshire, there are a number of areas within the CJOIP and Delivery Plan that will impact on NHS GG&C.
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Direction Required to Council, Health Board or Both	Direction To:	Tick
	1. No Direction Required	
	2. East Dunbartonshire Council	
	3. NHS Greater Glasgow & Clyde	
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	√

<b>1.0 MAIN REPORT</b>
<b>1.1 Background</b>
<p>Section 27 of the Community Justice (Scotland) Act 2016 requires Community Justice Scotland (CJS) to publish an annual report that assesses the collective performance of all local authority community justice partnerships. This is based on partnership's annual reports completed against local plans and focuses specifically on progress towards the national outcomes. This report is laid in the Scottish Parliament for Scottish Ministers. The annual report template document attached to this report at (Appendix 1) is the information, provided by Community Justice East Dunbartonshire partnership, to CJS as part of this process.</p>
<b>1.2 Annual Report 2017/18</b>
<p><b>1.2a</b> Section 11 of the Community Justice (Scotland) Act 2016 requires Community Justice Scotland (CJS) to prepare and publish an annual report as soon as</p>

reasonably practicable after the end of each financial year. The report must provide information on the exercise of Community Justice Scotland's functions.

- 1.2b** In preparing the report, Community Justice Scotland must engage with each of the community justice partners. Community Justice Scotland must send a copy of the report to the Scottish Ministers who must lay it before the Scottish Parliament. Once the report is laid before the Scottish Parliament, Community Justice Scotland must publish it.
- 1.2c** To facilitate this process Community Justice Scotland produced a template which was circulated to the local authority community justice partnerships for completion. The content of these templates outlining each local authority's progress against the Community Justice Outcome Improvement Plan (CJOIP) 2109/20 would then be used to produce the annual report that would be sent to the Scottish Ministers.
- 1.2d** Following a period of consultation with partners and CJS, the Community Justice East Dunbartonshire's Annual Report 2019/20 (attached **Appendix 1**) was submitted to CJS on 25<sup>th</sup> September 2020.





**Community Justice Scotland**  
Ceartas Coimhearsnachd Alba

**Community Justice Outcome Activity Across Scotland  
Local Area Annual Return Template and Guidance  
2019-20**

April 2020

## 1. Background

The introduction of the Community Justice (Scotland) Act 2016 triggered the formal implementation of the new model of Community Justice in Scotland. A number of key documents are associated with the Act including the National Strategy, Justice in Scotland: Vision & Priorities and the Framework for Outcomes, Performance and Improvement.

The 2016 Act places a duty on community justice statutory partners to produce a Community Justice Outcome Improvement Plan (CJOIP) which outlines key local needs and priorities and the plans and actions to address these against a backdrop of the documents noted above. Beyond this, the partners are also tasked with reporting, on an annual basis, the community justice outcomes and improvements in their area, again with reference to the associated strategy and framework documents and, when complete, submit those annual reports to Community Justice Scotland.

Community Justice Scotland is committed to working in partnership with community justice partners and have designed the template and guidance to support local areas in reporting on their annual outcomes and improvements in a meaningful way that captures necessary data in an effective and efficient manner.

## 2. Statement of Assurance

The information submitted to Community Justice Scotland using this template is for the purpose of fulfilling the requirement under s27 of the Community Justice (Scotland) Act 2016 for Community Justice Scotland to produce a report on performance in relation to community justice outcomes across Scotland.

The data submitted using this template will be used for this reporting purpose only. In the report, local authority areas will only be specifically identified with their consent. However, Community Justice Partnerships should be aware that any information held by Community Justice Scotland is subject to statutory Freedom of Information obligations.





### 3. General principles of the template

The template is designed to capture a range of important data in a way that allows local partners to highlight key aspects of community justice activities, outcomes and improvements over the specified period without it being onerous or time and resource demanding.

Most of the template is self-explanatory and, where this is the case, there is little guidance required. In the sections that require more direction for completion, please refer to the template completion guidance which was issued alongside this reporting template. The text (in blue) will outline what is expected in terms of reporting.

It would be helpful if responses in each of the “evidence and data” boxes within section 4 of the template (“performance reporting”) is held to a maximum of 300 words per indicator to ensure the main points are captured. This allows for an efficient analysis by Community Justice Scotland on return. The use of bullet points in your answers is acceptable.

Where the template asks for evidence, a written response will suffice and there is no expectation that you send additional supporting documentation – if there are any aspects Community Justice Scotland is unclear on it will be our responsibility to request clarification where necessary.


If any response or evidence requires details about people with lived experience (e.g. evidence in respect of someone’s life story) please **NO NOT** include any personal sensitive information (as outlined in Schedules 2 & 3 of the Data Protection Act 1998) as Community Justice Scotland does not require such information. If this is unavoidable then please ensure that the data is fully anonymised.

This is the third iteration of the template and guidance.



#### 4. Template Completion

1. Community Justice Partnership / Group Details	
Community Justice Partnership / Group	Community Justice East Dunbartonshire
Community Justice Partnership Group Chair	Caroline Sinclair
Community Justice Partnership / Group Co-ordinator	Willie Kennedy
Publication date of Community Justice Outcome Improvement Plan (CJOIP)	19.9.18

2. Template Sign-off
<p>The content of this annual report on community justice outcomes and improvements in our area has been agreed as accurate by the Community Justice Partnership / Group and has been shared with our Community Planning Partnership through our local accountability arrangements.</p> <p>Signature of Community Justice Partnership / Group Chair :                      Date : 24.9.20</p> <p style="text-align: center;"></p> <p>...</p>

3. Governance Arrangements
<p>Please outline below your current governance structure for the community justice arrangements in your area :</p> <ul style="list-style-type: none"> <li>• Community Justice East Dunbartonshire (CJED) is aligned with the Community Planning Partnership; Local Outcome Improvement Plan (LOIP) Outcome 4 (<i>'East Dunbartonshire is a safe place in which to live, work and visit'</i>) in collaboration with the Community Safety Partnership and Empowered (Violence against Woman and Girls) partnership through the <i>'Safer and Stronger Together Strategy'</i>.</li> <li>• The tri-partnership reports through LOIP Outcome 4 to the Community Planning Executive Group (CEG). This group in turn reports into the Community Planning Partnership Board.</li> <li>• Monitoring and development of the plan is facilitated jointly through the Community Planning Partnership and the Health &amp; Social Care Partnership (HSCP).</li> <li>• CJED is aligned to the HSCP Strategic Plan 2018 -2021 and reports to the HSCP partnership Board.</li> <li>• Operational responsibility for implementation of the plan sits predominantly with the HSCP. Governance of the delivery through the HSCP is in line with that of other HSCP services as set out in the HSCP Performance Framework.</li> <li>• The CJED partnership is chaired by the Interim Chief Officer and Chief Social Work Officer of the HSCP, which gives the partnership direct line of governance as outlined above.</li> <li>• The vice chair of CJED is the Police Scotland Area Commander for East Dunbartonshire.</li> <li>• A Terms of Reference has been agreed and signed for the partnership.</li> <li>• A baseline of evidence was developed that enabled the partnership and stakeholders to identify priority areas for the 2018-2021 Community Justice Outcome Improvement Plan (CJOIP).</li> </ul>





- A Strategic Needs and Strength Assessment will be developed to inform the next CJOIP from 2021.



4. Performance Reporting – National Outcomes

**NATIONAL OUTCOME ONE**  
Communities improve their understanding and participation in community justice

Indicator	Evidence and Data (max 300 words per indicator)	
	Please describe the activity	Then describe the impact
Activities carried out to engage with 'communities' as well as other relevant constituencies	<p>A number of events were organised and hosted by the Community Justice East Dunbartonshire Partnership in 2019/20:</p> <p><b>Annual Conference</b> The second annual conference took place, successfully, on 21st November 2019. The theme of the conference was '<b>Building the Bridges of Relationships</b>' The aim of the conference was to provide a number of high quality presentations reflecting the diversity of community justice that would inspire and create reflection, but also provide useful learning that delegates could take away and use in the workplace. The conference was attended by circa 150 people from across the community justice family and wider community. This year saw attendance from a wider range of community based people including secondary schools, befrienders, family members of service users and service users to name but a few. An invitation was extended to the 218 service to market and sell their HOPE social enterprise products. Their stall was available during lunch and feedback from people who purchased the products was very positive. Feedback from the women, mainly from East Dunbartonshire, was that the sale of the products made £3000 in 45 minutes. A post conference report was compiled and circulated to all attendees</p>	<p>The annual conference is a key part of the communication strategy to increase awareness of Community Justice across East Dunbartonshire. Both reports below highlight the impact that the conference has on delivering the Community Justice public health approach message and increasing the awareness within the community</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">               Conference Feedback.pdf         </div> <div style="text-align: center;">               post conference report 2019.pdf         </div> </div>



	<p><b>Hard Edges Event</b></p> <p>Community Justice East Dunbartonshire hosted a half day workshop attended by 50 multi-agency staff and volunteers as well as community based service users. Dr Hannah Carver, an expert in the fields of criminology; substance use; vulnerable populations; health inequalities; harm reduction and homelessness provided a helpful insight to frame participants thinking. Participants reflected on national policy, learning and good practice as well as taking part in table top exercises using vignettes and reflecting on: <i>'What does the hard edges findings mean to you; your service and East Dunbartonshire?'</i></p> <p><b>Balfron High School Presentation</b></p> <p>The Community Justice Coordinator delivered a presentation along with the Team Manager, Care Planning &amp; Placement Team to 6<sup>th</sup> year pupils at Balfron High School on ACEs and Justice. Although not officially in East Dunbartonshire, the invitation was accepted</p>	<p>The event focused peoples' thinking of the harsh reality of being caught up in the system and not making progress and how Severe and Multiple Disadvantages (SMD) affect people. The event highlighted that there are issues and SMDs in all areas in East Dunbartonshire. A post event 'Survey Monkey' was distributed to attendees, some feedback comments were:</p> <p><i>'The event was organised in a manner that allowed all to make a positive contribution to the discussions that took place.'</i></p> <p><i>'I gained knowledge re other professionals' roles with the local authority and we discussed possible sharing of knowledge and resources.'</i></p> <p><i>'A follow up session to attempt to put into action some of the things which were discussed and agreed at the event.'</i></p> <p><i>'Collective work in relation to some of the problem areas highlighted to improve delivery of services and tackle inequalities.'</i></p> <p>This presentation was well received by the pupils who asked pertinent searching questions. It also increased the profile of Community Justice and the complex interconnecting issues that can affect and influence people in, and on the cusp of entering, the Justice System</p>
Consultation with communities as part of community justice planning and service provision	The Partnership wrote a three year Community Justice Outcome Improvement Plan (CJOIP) in 2018. During 2019/20 the focus was on the delivery phase of the planning cycle; however the ethos of consultation is firmly embedded which is evidenced in the events cited above.	The focus has been on delivering initiatives to improve the collaboration between partners and to improve people's access to the appropriate services. There was also a focus on increasing the profile of Community Justice.



	The Coordinator and partners attend an event hosted by the TSI called 'Sharing Time'. This networking event brings together community groups and voluntary organisations as well as public and 3 <sup>rd</sup> sector partners to discuss and share initiatives and knowledge.	
Participation in community justice, such as co-production and joint delivery	<p><b>Inclusive Justice: Co-producing Change</b></p> <p>On the 31/1/20 East Dunbartonshire Justice Social Work Services, as a member of Community Justice East Dunbartonshire, embarked on an inclusive justice co-producing change initiative. This initiative has the collaborative support of Dr Beth Weaver. The initial internal workshop brought people together to explore opportunities and share ideas about developing service user involvement in East Dunbartonshire Justice Social Work Services. The output from the workshop which included current and past service users was an action plan to improve Justice Services including the physical environment.</p> <p>Another step in the initiative was feedback focus groups for both Unpaid Work and Supervision clients. These were facilitated by the Community Justice coordinator with reports developed and issued to the Justice Team and Service managers. These reports contributed to the Justice Service improvement plan.</p> <p>CJED ensure that there is representation from people with experience of the topics being discussed. We ensure that there is joint delivery at our organised events and workshops. This was evidenced through our annual conferences, both in the speakers and workshop facilitators as well as the delegates and the Hard Edges event.</p>	<p>A plan was developed following the initial workshop with a focus on the physical environment of the Justice Services buildings. This included interview room décor; furnishings and soundproofing; the reception area; the unpaid work building was also scheduled for redecoration following discussions with clients. This work has started and will continue throughout the current restrictions albeit at a slower pace.</p> <p>Attendees hear 1st hand the impact that complex issues have on people's lives and their experiences of trying to navigate the complex system. It highlights the dichotomy of thinking between service providers and service users. This helps to focus services thinking and approach when dealing with clients.</p>
Level of community awareness of / satisfaction with work undertaken as part of a CPO	<p>There is a process in place to capture; publicise and act on feedback from unpaid work recipients, and clients. This information appears in the form of letters thanking staff and clients for the jobs undertaken by unpaid work; 'Thank You' cards received from the community; as well as contact by telephone with a number of people that the unpaid work (UPW) team carry out projects for.</p> <p>This area is reported as part of the Chief Social Work Officer's (CSWO) annual report. The relevant core quality indicators re performance are regularly reported to the Council and the HSCP through the How Good is Our Service process and the HSCP's Performance Framework.</p>	<p>The feedback is displayed in the UPW building along with photographs of work carried out. This gives individuals on orders a sense of achievement and pride. It also allows people starting orders to see previous work; thanks/praise etc.</p> <p>UPW staff also get a boost from the feedback which reflects positively on their work and on the service as a whole.</p>



<p>Evidence from questions to be used in local surveys / citizens' panels and so on</p>	<p>This area will be explored as part of the communications plan going forward. Agreement has already been reached to use the local HSCP Strategic Planning Group (SPG) as a consultation and awareness raising forum. The SPG has representation from a wide range of stakeholders including people who use services and their unpaid carers as well as representation from the HSCP locality planning group, allowing access to local level views. A questionnaire on community justice in local areas was developed and issued at the local Canal festival.</p>	<p>It is imperative to gather public opinion on service delivery and issues that they feel important. This will enable CJED in future when writing the local annual report to report you said; we did and this was the impact. This information will also influence the SNSA.</p>
<p>Perceptions of the local crime data</p>	<p>The data is useful as underlying quantitative data as part of the Strategic Needs assessment to inform service provision. It is also used in presentations; reports etc to highlight any particular issues. However it is not used to measure any positive progress. The data mainly used comes from Scottish Government Statistical Bulletins and datasets, and any local data that is collected.</p>	<p>Can be used to focus resources in a particular area, particularly with our Police and public protection partners.</p>
<p><b>Other information relevant to National Outcome One</b></p>		
Empty cell for other information		



<b>NATIONAL OUTCOME TWO</b> Partners plan and deliver services in a more strategic and collaborative way		
Indicator	Evidence and Data (max 300 words per indicator)	
	Please describe the activity	Then describe the impact
Services are planned for and delivered in a strategic and collaborative way	<ul style="list-style-type: none"> <li>As described in the governance section, CJED is in a tri partnership agreement under Local Outcome 4, working in collaboration with the Community Safety Partnership and the Empowered (violence against women and girls partnership). The leads for these three partnerships meet on a regular basis to report on progress towards LO4. The leads also sit on each of the partnerships to ensure a consistent approach and maintain good collaborative working.</li> <li>The chair of the ADP is a member of CJED. There is also representation from CJED partners on the ADP and its sub groups.</li> <li>The CJ Coordinator sits on the East Dunbartonshire Employability Action Group enabling improvements in employability and training prospects for CJ clients.</li> <li>There is CJED representation via the coordinator on the Greater Glasgow and Clyde Community Justice Health Improvement Group chaired by Glasgow City HSCP Head of Health Improvement and Equalities.</li> <li>As a response to the national debate and changes in the approach to Diversion from Prosecution, CJED convened a multi-agency Diversion sub group to consider a local response to the changes. There is representation from COPFS on this sub group through the Principal PF Depute, COPFS National Initial Case Processing Team.</li> <li>The CJ Coordinator and Justice Service manager represent East Dunbartonshire on the North Strathclyde and Glasgow COPFS engagement with Community Justice Lead’s meetings.</li> <li>Community Justice and Justice Social Work Services in collaboration with Child Protection and Educational Psychology were instrumental in establishing the East Dunbartonshire</li> </ul>	<p>This ensures a collaborative approach to dealing with issues and service delivery within East Dunbartonshire. The cross representation on partnerships ensures all aspects of a person’s life are addressed if necessary. Community Justice is integrated across East Dunbartonshire.</p> <p>This meeting provides a focussed and collaborative approach across NHS GG&amp;C on Community Justice matters and initiatives in local areas. It provides the opportunity for joint initiatives such as the current CJ HNA project proposal.</p> <p>The group enables attendees to understand the Diversion from Prosecution from the PF and the service providers’ points of view and to gain a common understanding. The group has the right service providers round the table and will operate in a similar way to the PROG.</p> <p>Attendance at these meetings provides a collaborative approach and enables attendees to discuss and debate ongoing issues that arise</p> <p>EDATC, as the strategic group responsible for implementing the NES psychological framework in East Dunbartonshire is responsible for standardising and quality assuring all ACEs and Trauma informed</p>





	<p>ACEs and Trauma Collaborative (EDATC). This multi-agency group has met on a regular basis and has continued to take forward the long term strategic vision to implement the NHS Education for Scotland (NES) psychological framework to create an ACE (Adverse Childhood Experience) aware and Trauma informed community within East Dunbartonshire.</p> <p>EDACT group therefore follows the proposed framework and has started to set up 3 sub-groups to cover the key areas promoting transformation.</p> <ul style="list-style-type: none"> <li>• Environment;</li> <li>• People and Training;</li> <li>• Systems and Processes</li> </ul> <ul style="list-style-type: none"> <li>• The Community Justice Coordinator sits on the Trafficking and Exploitation Working group of the Child Protection Committee.</li> <li>• As part of the partnership development session, some comments from partners on this particular indicator included:</li> </ul> <p><i>'Built positive working relationships &amp; broke down barriers'</i></p> <p><i>'Established the working group, developed subgroups/short life working group'</i></p> <p><i>'To achieve more as a collective - joining up the agenda &amp; improve integrated working'</i></p> <p><i>'To gain commitment from partner agencies &amp; involve the right people'</i></p>	<p>initiative across the authority in line with the framework. This ensures that there is a consistent approach across East Dunbartonshire.</p> <p>This ensures that there is a joined up approach across the authority on child protection, trafficking and exploitation issues.</p> <p>The partnership was committed throughout this year to maintain and build on the commitment and momentum from last year. To support the most vulnerable families. Have holistic approaches for adults and improve outcomes for children whilst supporting young people to have positive outcomes</p> <p>The partnership feels that there has been progress in these areas.</p>
<p>Partners have leveraged resources for community justice</p>	<ul style="list-style-type: none"> <li>• East Dunbartonshire Justice Service, as a key partner in the management of people on orders in the community, has made a significant contribution to the partnership over the last year.</li> <li>• Over the year the venue for the partnership meeting has been facilitated by East Dunbartonshire Council; East Dunbartonshire HSCP; East Dunbartonshire Voluntary Action and East Dunbartonshire Leisure &amp; Culture.</li> </ul>	<p>These examples have enabled the partnership to maintain and build on the commitment and momentum stated above. Partners have taken ownership and responsibility.</p>



	<ul style="list-style-type: none"> <li>• East Dunbartonshire Voluntary Action (EDVA) hosted an externally facilitated partnership development session in May 2019.</li> <li>• Police Scotland; East Dunbartonshire HSCP, Community Protection and EDVA provided facilities for CJED sub group meetings.</li> <li>• CJ partners devote time to chair and attend sub group meetings over and above full partnership meetings.</li> <li>• There have been joint funding applications submitted e.g. the successful application to Lankelly Chase to hold a new conversation about severe and multiple disadvantage.</li> <li>• An advisor from the Lennox Partnership the delivery agency for Fairstart Scotland in east Dunbartonshire, is co-located within Justice Services one day per week.</li> <li>• An Alcohol and Drugs Recovery Service Nurse Practitioner has been successfully co-located in the Justice Services Office and fully integrated into the team in partnership with ADRS and ADP.</li> <li>• The HMP Low Moss Recovery Café was established through ADP funding with a bid processed through CJED.</li> </ul>	
<p>Development of community justice workforce to work effectively across organisational/professional/geographical boundaries</p>	<ul style="list-style-type: none"> <li>• A one day Up2U follow up refresher session was delivered to the original attendees at the two course in 2018 reported last year.</li> <li>• Following on from the successful pilot in East Dunbartonshire and Argyll and Bute. Unpaid Work staff development days were organised and delivered jointly to East Dunbartonshire; Argyll &amp; Bute; east Renfrewshire; West Dunbartonshire and Renfrewshire staff. East Dunbartonshire hosted one of the events. The days were facilitated by CJS LD&amp;I leads. The output from these sessions was to increase the knowledge of the unpaid work supervisors on the wider aspects of criminal justice.</li> <li>• Workforce training for all criminal justice staff in the use of Justice Outcome Star assessment tool. This tool looks at 10 areas of the client's life, including accommodation; living skills and self-care; mental health and wellbeing; friends and</li> </ul>	<p>These initiatives have enabled the sharing of knowledge across agencies and geographical boundaries. They have also enhanced relationships across boundaries. The UPW training enhances the knowledge of supervisors in a number of key areas.</p> <p>The training of staff in the use of Justice Outcome Star will enable practitioners and clients to chart progress through the journey of change across the 10 areas of their life. This will increase opportunities to refer people to the appropriate service and address their issues to eventually become self-reliant.</p>



	<p>community; relationship and family; parenting and caring; drugs and alcohol; positive use of time; managing strong feelings; a crime free life, and maps their journey of change whilst accessing services.</p> <ul style="list-style-type: none"> <li>• Following on from the highly successful one day multi-agency trauma awareness session and the Level 3 trauma informed practice training, a one day follow up session took place in August 2019, delivered by Dr Dawn Harris and Alex O'Donnell.</li> <li>• The Community Justice Coordinator; Child Protection lead officer and Adult protection coordinator worked in collaboration to organise a 'Human Trafficking' half day event on 25<sup>th</sup> March 2020. Unfortunately due to the pandemic this event was cancelled.</li> </ul>	
<p>Partners illustrate effective engagement and collaborative partnership working with the authorities responsible for the delivery of MAPPAs</p>	<p>This is captured in the Multi Agency Public Protection Arrangements (MAPPAs) annual report which is a multi-authority arrangement as North Strathclyde, which clearly highlights the collaborative partnership working across local authority boundaries and across agencies.</p>	<p>Contributes to Public Protection within the constituent local authorities.</p>



Other information relevant to National Outcome Two



<b>NATIONAL OUTCOME THREE</b> People have better access to the services that they require, including welfare, health and wellbeing, housing and employability		
Indicator	Evidence and Data (max 300 words per indicator)	
	Please describe the activity	Then describe the impact
Partners have identified and are overcoming structural barriers for people accessing services	<ul style="list-style-type: none"> <li>• Introduction of the multi-service/agency Prisoner Release Operational Group (PROG) to address any barriers for residents prior to release from prison. The PROG will engage with community partners and appropriate agencies and services to assist people in (i) accessing any necessary service provision, (ii) establishing/re-establishing prosocial relationships, (iii) influencing and motivating change. Partners in public and third sector will work together in ensuring adequate support has been identified and referrals have been made for prisoners prior to liberation (i.e. housing, mental health, employability, welfare, addictions). This will be based on individual needs.</li> <li>• Fairstart Scotland employability initiative is delivered by the Lennox Partnership in East Dunbartonshire, joint work throughout the year has established this employability pathway into community justice in East Dunbartonshire. An advisor from the Lennox Partnership is co-located within Justice Services one day per week.</li> <li>• Through attendance at the Employability Action Group there is a good relationships with the Employability Pipeline to allow access to suitable clients.</li> <li>• In partnership with the ADP and East Dunbartonshire Alcohol and Drugs Recovery Service (ADRS), access to the service for individuals on CPOs was highlighted as an area of concern last year. To address this an Alcohol and Drugs Recovery Service Nurse Practitioner has been successfully co-located in the Justice Services Office and fully integrated into the team in partnership with ADRS and ADP.</li> <li>• In 2019/20 there were 60 cases open to both Justice Social work and Alcohol and Drug Recovery Services.</li> </ul>	<p>The group uses the information from the data sharing agreement between the SPS and East Dunbartonshire to identify residents that are due for release 12 weeks prior to their liberation date and case conference any identified barriers to address these prior to liberation. It will ensure that all individual's leaving custody and reintegrating back into the East Dunbartonshire communities are assessed to provide bespoke packages of care and screened to ensure any adult or child protection issues are addressed. This will include those being liberated from SPS establishments out with the East Dunbartonshire region.</p> <p>The advisor can talk to clients either individually or in groups about the service that is provided and support individuals when attending the Justice Office for supervision or unpaid work requirements. This step was taken to overcome the barrier of clients attending appointments at the Lennox partnership office.</p> <p>Any clients with addiction recovery issues can be seen by the nurse practitioner when attending the Justice Office for supervision or unpaid work. This step was taken to overcome the barrier of clients not attending appointments at the Alcohol and Drugs Recovery Service.</p>



Existence of joint-working arrangements such as processes / protocols to ensure access to services to address underlying needs	<ul style="list-style-type: none"> <li>• Agreement by East Dunbartonshire to sign the Data Sharing Agreement (DSA) with the Scottish Prison Service.</li> <li>• Development of the multi-service Prisoner Release Operational Group (PROG) to address any barriers for residents prior to release from prison. The PROG will engage with community partners and appropriate agencies and services to assist people in (i) accessing any necessary service provision, (ii) establishing/re-establishing prosocial relationships, (iii) influencing and motivating change. Partners in public and third sector will work together in ensuring adequate support has been identified and referrals have been made for prisoners prior to liberation (i.e. housing, mental health, employability, welfare, addictions). This will be based on individual needs.</li> <li>• The HMP Low Moss Prisoner Support Pathway (PSP) was a partnership delivering a service to coordinate support services by PSP case workers and peer mentoring to people with convictions, from third and public sector organisations.</li> <li>• Unfortunately the decision was taken to cease the operation of this bespoke PSP during the reporting year.</li> <li>• Discussions are currently underway to introduce the 'New Routes' service delivered by the Wise Group into HMP Low Moss</li> </ul>	<p>The DSA underpins the reintegration of people back into East Dunbartonshire. The information provided allows statutory services to adopt a multi-agency approach to support the successful reintegration of individuals back into the community and address any barriers quickly and efficiently prior to the persons release</p> <p>The PROG uses the information from the data sharing agreement between the SPS and East Dunbartonshire to identify residents that are due for release 12 weeks prior to their liberation date and case conference any identified barriers to address these prior to liberation. It will ensure that all individual's leaving custody and reintegrating back into the East Dunbartonshire communities are assessed to provide bespoke packages of care and screened to ensure any adult or child protection issues are addressed. This will include those being liberated from SPS establishments out with the East Dunbartonshire region.</p> <p>When in operation, the PSP provided a cohesive well-coordinated range of resettlement provision available for short-term prisoners returning to their community. PSP staff work with prisoners as they approached their liberation date. Staff actively engage in planning for release and supporting prisoners to attend the range of appointments with housing staff, Department of Work and Pensions as well as community based social work when licence and supervision arrangements are in place. This service had been working with around 100 prisoners as they neared liberation and a further 80</p>
Initiatives to facilitate access to services	As described above, there are several initiatives underway that improves people's access to services and allows support.	
Speed of access to mental health services	<ul style="list-style-type: none"> <li>• There is no quantitative data available to support this indicator.</li> <li>• However the Commitment 15 Action plan was finalised and submitted to Scottish Government by the HSCP. There is commitment to psychological interventions in prison ; borderline personality disorder, services in police custody</li> </ul>	



	<p>and mental health and suicide prevention training over the next 5 years, which will enhance the access to services for people with mental health issues in a justice setting.</p> <ul style="list-style-type: none"> <li>• A suite of training opportunities are available covering topics such as positive mental health, self-harm, mental health stigma, recovery, suicide prevention and mental health inequalities.</li> <li>• Reporting on this area would be through the HSCP.</li> </ul>	
<p>% of people released from a custodial sentence :</p> <p>a) registered with a GP</p> <p>b) have suitable accommodation</p> <p>c) have had a benefits eligibility check</p>	<ul style="list-style-type: none"> <li>• There is no information or data for people registered with a GP on liberation to East Dunbartonshire.</li> <li>• Voluntary Assistance is offered to all residents of East Dunbartonshire, who are not a statutory case, on liberation from a custodial sentence. In 2019/20 there was no uptake of this service.</li> <li>• In contrast there were 46 residents subject to statutory throughcare in East Dunbartonshire during the same time period.</li> <li>• With the introduction of the PROG, all people released to East Dunbartonshire will have suitable accommodation to go to.</li> <li>• Jobcentre plus prison staff provide employability and benefit support prior to release however they do not record any statistics for the number of people receiving a benefit eligibility check.</li> <li>• It is the intention that the PROG will address all the areas in this indicator and hopefully collect available statistics going forward.</li> </ul>	<p>Ensuring that people have access to these three areas gives them the basics on release from prison. We will however ensure that all the individuals' needs are met over and above these three areas.</p>
<p>Targeted interventions have been tailored for and with an individual and had a successful impact on their risk of further offending</p>	<ul style="list-style-type: none"> <li>• This is recorded and reported through other routes. CJSW will carry out an in-depth LSCMI assessment for 100% of individuals on a community based order based on Risk Needs and Responsivity. These are taken into account when putting a case management plan in place.</li> <li>• The introduction of Justice Outcome Star will enable practitioners and clients to chart progress through the journey of change across the 10 domains.</li> </ul>	<p>The proof of the impact of a service comes from the feedback from the people who use the service. Some comments from the exit questionnaires were:</p> <p><i>'Supervisors very understanding regarding health issues.'</i></p> <p><i>'It's helped get me motivated and interested in public work'</i></p> <p><i>'Most of the work was painting and decorating and by the end I had picked up skills and tips that will stay with me. Seeing the</i></p>



- In 19/20, 94% of people completing an unpaid work requirement and 100% on a supervision requirement, of a CPO stated in their exit questionnaire that all their circumstances were taken into account, thus a tailored intervention approach.
- 94% of people on unpaid work and 100% of people on supervision stated that being on a CPO had helped them to stop or reduce their offending.
- A women only group, 'JustCre8' a creative arts and craft programme is available for any women on a CPO or having been in contact with Justice Services.

*work completed and how the clients reacted would definitely make a person think twice about offending.'*

*'I'm not as angry now as I was when I was drinking. My family life is a lot better.'*

*'they made sure that I was receiving all help necessary always making sure that I was well informed'*

*'I feel terrible for the crimes and realise they must have had a big impact on the victims.'*

*'I feel like I grew into a mature person and realised my mistakes Everything has improved.'*

**Other information relevant to National Outcome Three**





NATIONAL OUTCOME FOUR Effective interventions are delivered to prevent and reduce the risk of further offending		
Indicator	Evidence and Data (max 300 words per indicator)	
	Please describe the activity	Then describe the impact
Use of 'other activities requirements' in CPOs	<ul style="list-style-type: none"> <li>• Only 11% of clients completing an exit questionnaire stated that they had carried out other activities.</li> <li>• However they all found that the activities were useful.</li> <li>• This is an area that Justice Services UPW are working on enhancing along with the Service user involvement group.</li> <li>• Intended activities are fishing group; Art group; walking group; gym activities; online courses etc.</li> <li>• Following the success of the first Firereach programme, a joint venture between unpaid work and SFRS, it is the intention to continue to deliver this programme.</li> </ul>	This will allow clients to participate in an agreed other activity for up to 30 hours of their order to support them to improve their chances of desistance by providing them with an opportunity to develop interpersonal and vocational skills to enhance their employability prospects and to address their offending behaviour.
Effective risk management for public protection	<ul style="list-style-type: none"> <li>• CJSW carry out risk assessment when compiling CJSWRs for the courts.</li> <li>• MAPPA arrangements are in place across North Strathclyde.</li> </ul>	
Quality of CPOs and DTTOs	<p>An assessment of Justice Social Work Exit questionnaires focused on CPOs both supervision and unpaid work in 19/20 showed the following key findings:</p> <ul style="list-style-type: none"> <li>• 45 exit survey questionnaires were completed and returned</li> <li>• 100% felt that they had been treated with respect and courtesy</li> <li>• 96% thought that all their circumstances had been taken into account</li> <li>• 96% said that they were seen on time if they attended on time.</li> <li>• 100% said that their order was fully explained to them</li> <li>• 29 out of 36 (81%) of people on UPW said that the unpaid work carried out helped improve their skills.</li> <li>• 100% on supervision said they had looked at why they had offended</li> <li>• 100% on supervision said that they had considered the impact of their offending on victims.</li> </ul>	<p>There are healthy and respectful person centred relationships between CPO clients and staff.</p> <p>People's life chances are improved through needs, including health and wellbeing, financial inclusion, housing and safety, being addressed</p> <p>People on CPOs develop positive relationships and learn new skills to assist them in future employment.</p> <p>The main impact can be witnessed through the comments from people who have been on a CPO :</p> <p><i>'Everyone I have been in contact with have been brilliant; very courteous and always had a good word to say '</i></p> <p><i>'I have had time to reflect on why things happened. I feel now I am back on track'</i></p>



	<ul style="list-style-type: none"> <li>• 96% of both Supervision and UPW clients said that their attitude to offending had changed during the course of the CPO.</li> <li>• 96% thought that the CPO helped them to reduce or stop offending.</li> </ul> <p>Client feedback groups were facilitated by the CJ Coordinator for both people on unpaid work and supervision. The findings from the sessions were put into reports and presented to the staff groups. Aspects of the feedback were used to change service delivery and put into the Justice Services delivery plan.</p> <p>DTTO is currently delivered by West Dunbartonshire for East Dunbartonshire clients, however discussions have been progressed to transfer the service back to East Dunbartonshire.</p>	<p><i>'Allowed me to discuss deeper personal problems and try to build my confidence up'</i></p> <p><i>'Supervisors and the rest of the staff have been a pleasure to work with and get to know'</i></p> <p><i>'I was happy how I was dealt with and listened to'</i></p> <p><i>'Now working will think twice about offending'.</i></p> <p><i>'Most of the work was painting and decorating and by the end I had picked up skills and tips that will stay with me. Seeing the work completed and how the clients reacted would definitely make a person think twice about offending.'</i></p> <p><i>'I feel like I grew into a mature person and realised my mistakes Everything has improved.'</i></p> <p>The impending transfer of the DTTO service back to East Dunbartonshire will enable ease of access for clients without having to travel to Dumbarton often in a chaotic state.</p>
<p>Reduced use of custodial sentences and remand :</p> <p>a) Balance between community sentences relative to short custodial sentences under one year</p> <p>b) Proportion of people appearing from</p>	<ul style="list-style-type: none"> <li>• Statistics are kept for the East Dunbartonshire population in custody and on community orders.</li> <li>• Unfortunately there are no Local authority statistics on sentences under 12 months for 2019/20, however using experimental statistics produced by Justice Analytical Service on Criminal Proceedings and postcode, the latest figures which cover 2018/19, indicate that in East Dunbartonshire, 63 % of all custodial sentences imposed were under 12 months.</li> <li>• During 2019/20 the average number of :</li> <li>• males in custody was 58</li> <li>• male remands was 13</li> <li>• females in custody was 1</li> <li>• female remands was 1</li> </ul>	<p>The benefits and impact of keeping someone out of prison, where a short sentence would have been imposed, are well documented.</p> <p>There is still an imbalance between the recommendations of a justice social worker when writing and submitting a CJSWR and the views of the sentencer when passing sentence. This difference, however, appears to be narrowing.</p>



custody who are remanded	<ul style="list-style-type: none"> <li>• There were 169 Community Payback Orders during this period.</li> <li>• 269 CJSWRs were submitted from East Dunbartonshire justice services.</li> <li>• 12 recorded a preferred outcome of custody</li> <li>• 23 had a main outcome of custody</li> <li>• 158 recorded a preferred outcome of a CPO</li> <li>• 128 had a main outcome of a CPO</li> </ul>	
The delivery of interventions targeted at problem drug and alcohol use [NHS Local Delivery Plan (LDP) Standard]	<ul style="list-style-type: none"> <li>• The quality of these services is monitored and reported through the Alcohol and Drugs Partnership. Co representation across both CJED and the ADP means that people in contact with the justice system in East Dunbartonshire are included in any interventions.</li> <li>• In partnership with the ADP and East Dunbartonshire Alcohol and Drugs Recovery Service (ADRS), access to the service for individuals on CPOs was highlighted as an area of concern last year. To address this an Alcohol and Drugs Recovery Service Nurse Practitioner has been successfully co-located in the Justice Services Office and fully integrated into the team.</li> <li>• HMP Low Moss Recovery Café was established through SDP funding with a bid processed through CJED. On average, fifteen prisoners attend the weekly Recovery Café meetings along with an additional four prisoners who are the committee members</li> <li>• A review of the referral pathway was carried out to increase efficiency and enable direct referral to the Foundry, a community based rehabilitation service for the East Dunbartonshire area for individuals who have experienced addiction problems either in the past or currently, for people in contact with Justice services. This initiative was in partnership with East Dunbartonshire Voluntary Action.</li> </ul>	East Dunbartonshire residents in contact with the Justice system can access support for recovery through a number of routes.



	<ul style="list-style-type: none"> <li>• There were in excess of 1000 ABIs carried out across justice settings in East Dunbartonshire during 2019/20.</li> </ul>	
<p>Number of Police Recorded Warnings, police diversion, fiscal measures, fiscal diversion, supervised bail, community sentences (including CPOs, DTTOs and RLOs)</p>	<ul style="list-style-type: none"> <li>• During the reporting period, there were 46 referrals received for Diversion from Prosecution. Following robust risk assessment, 29 (64%) cases were commenced. Of these 29, 22 (76%) were successfully completed.</li> <li>• There were 5 Fiscal Work Order assessments undertaken, with 3 (60%) cases commenced with 100% completion.</li> <li>• There were 169 CPOs during the period with 144 terminations, 114 (79%) successful completions.</li> <li>• There was no supervised bail in East Dunbartonshire</li> </ul> <p>Using experimental statistics produced by Justice Analytical Service on Criminal Proceedings and postcode, the latest figures cover 2018/19, in East Dunbartonshire there were:</p> <ul style="list-style-type: none"> <li>• 99 Anti-Social Behaviour Fixed Penalty Notices a 25% reduction on the previous year.</li> <li>• 236 Recoded Police warnings, a 57% increase on the previous year.</li> <li>• 198 Fiscal fines a 15 % reduction on 2017/18.</li> <li>• 102 fiscal fixed penalty, a 17% increase on 2017/18</li> <li>• There were 689 people convicted through the courts from East Dunbartonshire.</li> <li>• 9% ( 60) received a custodial sentence</li> <li>• 19% (128) received a community sentence</li> <li>• 59% (409) received a financial penalty</li> <li>• 13% (92) received other penalty</li> </ul>	<p>The data is useful as underlying quantitative data, to inform the SNSA. However it is not used to measure any positive progress. This data is readily available through Scottish Government statistical bulletins and data sets. Given the variation in timeframes and production dates for all the various data sources, it causes issues building a complete picture of the area at a certain point in time. With the debate and impending increase of Diversion from Prosecution these statistics are monitored closely, as the capacity to deliver a quality service with limited resource will have an impact.</p> <p>It should be noted that this data is experimental and still in the development stage, however it provides an indication of the number of convictions and sentences/penalties imposed.</p>
<p>Number of short-term sentences under one year</p>	<ul style="list-style-type: none"> <li>• Using experimental statistics produced by Justice Analytical Service on Criminal Proceedings and postcode, the latest figures which cover 2018/19, indicate that in East Dunbartonshire, 63 % of all custodial sentences imposed were under 12 months.</li> <li>• 22% of sentences imposed during this period were under 3 months.</li> </ul>	<p>This has been used as part of the evidential data to determine possible increase in workload for services with the introduction of PASS. It has been used to shape services and pathways for short term prisoners on release</p>



#### Other information relevant to National Outcome Four

At the East Dunbartonshire Health and Social Care Partnership Staff Awards for Excellence event in Kilmardinney House on the 9th October 2019. There were 41 nominations acknowledging success from across the HSCP for a total of six awards. The Justice Social Work team scooped three of the six awards as overall winners in the following categories:

##### OUR PATIENTS/CUSTOMERS/SERVICE USERS

The team successfully picked up the overall winner in this category for developing the Up2U: Creating Healthy Relationships Domestic Abuse perpetrator programme service to ensure robust community based sentences are available to the court and address crimes pertaining to domestic abuse.

All the award winners pictured, with the Justice team displaying their awards.

##### OUR PEOPLE

Gordon Smith, a prison based social worker, picked up the award for his continuous commitment to carrying out extra duties as well as his continuous personal development which saw him selected, from a national pool of applicants, as trainer for a specialised risk assessment tool to address harm. He also graduated to become a lead trainer for social work practice teacher training course.

##### OUR RESOURCES

East Dunbartonshire Alcohol & Drug Service and Criminal Justice picked up this award for the excellent joint working between the two services and the co-location of addictions staff within the justice team to strengthen a public health perspective to justice and facilitate instant access to clients to enable their needs to be met.

Following on from their success at the East Dunbartonshire HSCP awards, the Justice team were nominated for an award at the Greater Glasgow & Clyde Health Board 'Celebrating Success Awards 2019' held at the Radisson Blu Hotel in Glasgow on 4th November 2019.

The Justice Service successfully picked up the overall winner in the 'building safer communities' category as they were instrumental in working in partnership with the programme author and Portsmouth City Council to ensure the evidenced based intervention aligned with national policy, and enabled the programme: Up2U: Creating Healthy Relationships to be delivered to service users who exhibit harmful behaviour to women and children. The main aim is to create safer families and communities.



<b>NATIONAL OUTCOME FIVE</b> Life chances are improved through needs, including health, financial inclusion, housing and safety, being addressed		
Indicator	Evidence and Data (max 300 words per indicator)	
	Please describe the activity	Then describe the impact
Individuals have made progress against the outcome	<ul style="list-style-type: none"> <li>• Nationally it has been noted there is no accredited outcome tool identified to meet this outcome, and therefore a key priority within the national leadership group.</li> <li>• East Dunbartonshire Justice Services trained the workforce and introduced Justice Outcome Star at the latter end of this reporting period.</li> <li>• Once fully operational, this tool will map against the 10 star domains:                          accommodation;                          living skills and self-care;                          mental health and wellbeing;                          friends and community;                          relationship and family;                          parenting and caring;                          drugs and alcohol;                          positive use of time;                          managing strong feelings;                          a crime free life                          This will allow clients with support from the practitioner to measure progress against their journey of change.</li> </ul>	Measuring client's progress will enable them to have a visual representation of their journey against the areas of their life that they are stuck in. This will with support make clients self-reliant. The use of the outcome tool will also assist in assessing the efficacy of initiatives.
<b>Other information relevant to National Outcome Five</b>		



<b>NATIONAL OUTCOME SIX</b> People develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities		
Indicator	Evidence and Data (max 300 words per indicator)	
	Please describe the activity	Then describe the impact
Individuals have made progress against the outcome	<ul style="list-style-type: none"> <li>Nationally it has been noted there is no accredited outcome tool identified to meet this outcome, and therefore a key priority within the national leadership group.</li> <li>East Dunbartonshire Justice Services trained the workforce and introduced Justice Outcome Star at the latter end of this reporting period.</li> <li>Once fully operational, this tool will map against the 10 star domains:                             <ul style="list-style-type: none"> <li>accommodation;</li> <li>living skills and self-care;</li> <li>mental health and wellbeing;</li> <li>friends and community;</li> <li>relationship and family;</li> <li>parenting and caring;</li> <li>drugs and alcohol;</li> <li>positive use of time;</li> <li>managing strong feelings;</li> <li>a crime free life</li> </ul> </li> </ul> <p>This will allow clients with support from the practitioner to measure progress against their journey of change</p> <ul style="list-style-type: none"> <li>The co-location of the Fairstart Scotland advisor with Justice social Work services will enhance people’s opportunities.</li> </ul> <p>As outlined previously in this report;</p> <ul style="list-style-type: none"> <li>There are healthy and respectful person centred relationships between CPO clients and staff.</li> <li>People on CPOs develop positive relationships and learn new skills to assist them in future employment.</li> </ul>	<p>Measuring client’s progress will enable them to have a visual representation of their journey against the areas of their life that they are stuck in. This will with support make clients self-reliant. The use of the outcome tool will also assist in assessing the efficacy of initiatives.</p>
<b>Other information relevant to National Outcome Six</b>		



**NATIONAL OUTCOME SEVEN**

Individuals' resilience and capacity for change and self-management are enhanced

Indicator	Evidence and Data (max 300 words per indicator)	
	Please describe the activity	Then describe the impact
Individuals have made progress against the outcome	<ul style="list-style-type: none"> <li>• East Dunbartonshire Justice Services trained staff and introduced Justice Outcome Star at the latter end of the reporting period.</li> <li>• Once fully operational, this tool will map against the 10 star domains accommodation; living skills and self-care; mental health and wellbeing; friends and community; relationship and family; parenting and caring; drugs and alcohol; positive use of time; managing strong feelings; a crime free life will measure progress against the clients journey of change.</li> </ul>	Measuring client's progress will enable them to have a visual representation of their journey against the areas of their life that they are stuck in. This will, with support, make clients self-reliant.
<b>Other information relevant to National Outcome Seven</b>		





## 5. Priority Areas of Focus

The priorities for CJED are set out in the CJOIP 2018/21 and are informed by the baseline assessment. As outlined above in the report there were some key areas of focus during 2019/20. CJED has continued to focus on :

- Developing the partnership.
- Addressing gender based violence through the work around Up2U.
- Workforce development, particularly in Trauma Informed practice and Justice Outcome Star.
- Organisation and delivery of the Annual CJED conference.
- Introducing Justice Outcome Star
- COVID-19 recovery planning

## 6. Case Studies

### **Prisoner Release Operational Group**

Through a partnership approach involving colleagues in the Council, HSCP, Police Scotland and the Third sector, Community Justice East Dunbartonshire took a multi-agency approach to plan for the reintegration of residents returning to East Dunbartonshire on release from prison.

The Prisoner Release Operational Group (PROG) is a multi-agency group involving Justice Social Work Services, Alcohol and Drugs Recovery Services, Homelessness, Youth Justice and Young People; Police Scotland, the Scottish Prison Service, the Wise Group 'New Routes' mentoring service and Families Outside.

This group was initiated to address any needs highlighted through analysis of the information received through the Data Sharing Agreement between the SPS and the Local Authority/ HSCP which provides information on scheduled releases back to East Dunbartonshire for the subsequent 12 week period.

The PROG is a major step as it allows partners to meet to discuss individuals and their needs and plan for release, as well as addressing any barriers for residents prior to release from prison, thus providing a humanitarian approach.

The PROG will engage with community partners and appropriate agencies and services to assist people in :

- accessing any necessary service provision,
- establishing/re-establishing prosocial relationships,
- influencing and motivating change.

Partners in the public and third sector will work together in ensuring adequate support has been identified and referrals have been made for prisoners prior to liberation (i.e. housing, mental health, employability, welfare, addictions). This will be based on individual needs.

The group will ensure that all individual's leaving custody and reintegrating back into the East Dunbartonshire communities are assessed to provide bespoke packages of care and screened to ensure any adult or child protection issues are addressed.

For a quick and effective response Justice Services are providing a comprehensive list of services and contact numbers prior to release, as well as a single point of contact for people needing support once back in the community, utilising unpaid work staff to coordinate this wrap round service.



## 7. Challenges

- Public sector cuts and the capacity of services to deliver services effectively.
- The extension of PASS and the impact on community teams, particularly with an increase in CPOs with unpaid work and the ongoing impact of Covid 19 restrictions.
- Increase in Diversion from Prosecution numbers and the capacity of Justice Services and partners to deliver effective support and interventions, although they will rise to the challenge even during these unprecedented times.
- Year on year funding and the current allocation pathway for Community Justice. Longer term funding 3 – 5 years would ensure stability and allow long term planning
- Recovery from the impact of the Covid 19 pandemic, which hit at the end of this reporting period. All services have responded to start delivering services in innovative ways. The majority of personnel are working from home and working tirelessly to maintain contact and relationships with clients; families and victims as well as ensuring vulnerable people get the support and services they require at an extremely difficult time. It is uncertain the timescale for this pandemic however the resilience that the workforce has displayed and the leadership shown through these troubled times will ensure all of the aforementioned continues.

## 8. Additional Information



**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

<b>Date of Meeting</b>	12 <sup>th</sup> November 2020
<b>Subject Title</b>	Financial Performance Budget 2020/21 – Month 6
<b>Report By</b>	Jean Campbell, Chief Finance & Resources Officer <a href="mailto:Jean.Campbell2@ggc.scot.nhs.uk">Jean.Campbell2@ggc.scot.nhs.uk</a> Tel: 0141 232 8216
<b>Contact Officer</b>	Jean Campbell, Chief Finance & Resources Officer

<b>Purpose of Report</b>	To update the Board on the financial performance of the partnership as at month 6 of 2020/21.
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<b>Recommendations</b>	<p>The Board is asked to:</p> <ol style="list-style-type: none"> <li>a. Note the projected Out turn position is reporting an over spend of £0.4m as at month 6 of 2020/21 based on the level of SG funding confirmed to support Covid expenditure to date.</li> <li>b. Note the HSCP financial performance as detailed in <b>(Appendix 3)</b>.</li> <li>c. Note the progress to date on the achievement of the current, approved savings plan for 2020/21 as detailed in <b>(Appendix 5)</b>.</li> <li>d. Note the impact of Covid related expenditure during 2020/21</li> </ol>
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<b>Relevance to HSCP Board Strategic Plan</b>	The Strategic Plan is dependent on effective management of the partnership resources and directing monies in line with delivery of key priorities within the plan.
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**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	None
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<b>Equalities:</b>	None
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<b>Financial:</b>	The financial performance to date is showing that the budget is under significant pressure as a result of Covid related costs and the impact of this on the delivery of savings and transformation during 20/21. In the event that these costs and impacts are fully funded by the Scottish Government (SG), the HSCP would deliver an under spend of £2.2m related to a significant downturn in care home and care at home placements. The HSCP does not hold any general reserves to mitigate these pressures in year.
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<b>Legal:</b>	None
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<b>Economic Impact:</b>	None
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<b>Sustainability:</b>	The sustainability of the partnership in the context of the current financial position and lack of reserves require a fundamental change in the way health and social care services are delivered within East Dunbartonshire going forward in order to meet the financial challenges and deliver within the financial framework available to the partnership.
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<b>Risk Implications:</b>	There are a number of financial risks moving into future years given the rising demand in the context of reducing budgets which will require a radical change in way health and social care services are delivered which will have an impact on services users / carers, third and independent sector providers and staffing. The risks are set out in paragraph 5.0.
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<b>Implications for East Dunbartonshire Council:</b>	Effective management of the partnership budget will give assurances to the Council in terms of managing the partner agency's financial challenges.
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	Effective management of the partnership budget will give assurances to the Health Board in terms of managing the partner agency's financial challenges.
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<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	1. No Direction Required	
	2. East Dunbartonshire Council	
	3. NHS Greater Glasgow & Clyde	
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	X

## 1.0 MAIN REPORT

### Budget 2020/21

- 1.1 The budget for East Dunbartonshire HSCP was approved by the IJB on the 26<sup>th</sup> March 2020. This provided a total net budget for the year of £173.099m (including £32.944m related to the set aside budget). This included £3.2m of agreed savings (including management actions, turnover savings and transformation activity) and a £2.8m financial gap which required the identification of additional transformation activity to deliver a balanced budget for the year and moving forward into future financial years.
- 1.2 There have been a number of adjustments to the budget since the HSCP Board in March 2020 which has increased the annual budget for 20/21 to £185.1m. A breakdown of these adjustments are included as **Appendix 1**. These adjustments along with recurring funding streams identified during the year end process for 19/20 and in the initial monitoring periods of the budget for 20/21 have reduced the financial gap to £2.1m.
- 1.3 Due to Covid-19 revised governance arrangements the NHSGGC Board had been delayed to formally approve the IJB Budget allocations. The letter from NHS GG&C confirming the allocations for 2019/20 has now been received and is in line with the indicative notification received in March 2020 and on which the IJB approved the budget position for the HSCP. This letter is attached for information as **Appendix 6**.

### 2.0 Partnership Performance Summary

- 2.1 The overall partnership position is showing a projected year end over spend on directly managed partnership budgets of £0.4m at this point in the financial year. This includes estimated expenditure of £4.6m related to the Covid response where discussions continue on the various components making up the local mobilisation returns with a further announcement made in September resulting in further allocations for each HSCP across GG&C. In the event that funding is available to cover the full extent of these costs, the partnership would deliver an under spend on budget of £4.2m.
- 2.2 However, in terms of scenario planning and based on current indications that elements related to unachieved savings / offsetting savings have not been covered at this stage and NHS elements based on the lower of actuals and NRAC shares, then there could be an overall shortfall on income in the region of £3.5m. Discussions and representation continue to be made to SG with an expectation of further clarification in November or possibly as late as January 2021, following consideration of the next round of LMP returns. In the event that this shortfall on income materialises, this would present the HSCP with an overall underspend of £0.7m based on the known commitments and assumptions at this stage in the financial year.
- 2.3 This uncertainty around funding to support Covid expenditure continues to represent a significant risk to the HSCP in the event that the full costs and impact related to Covid are not fully funded. The biggest element of risk within the mobilisation plan relates to the non-delivery of savings identified as part of the

budget process for 2020/21 including a £2.1m gap to be funded through the identification of further transformation activity. Given the focus has been on responding to the Covid pandemic over recent months, then activity to deliver savings or identify further transformation has not progressed as planned.

- 2.4 The SG have made a number of funding announcements to support Covid related expenditure to date:

SG Announcement	Scotland Amount	ED HSCP Share
1 <sup>st</sup> Tranche – 12 <sup>th</sup> May	£50m	£0.976m
2 <sup>nd</sup> Tranche – 3 <sup>rd</sup> Aug	£25m	£0.488m
3 <sup>rd</sup> Tranche – late Aug	£8m	£1.600m
4 <sup>th</sup> Tranche – 29 <sup>th</sup> Sept	£47m	£2.111m
<b>TOTAL Funding to Date</b>		<b>£5.175m</b>

- 2.5 The funding received to date has been for the purposes of supporting the social care sector with additional costs related to Covid and specifically provider sustainability during this period. The 4<sup>th</sup> tranche will be the first allocation to support NHS expenditure related to Covid. A copy of the letter from SG (29<sup>th</sup> September 2020) is attached as **Appendix 2**.
- 2.6 Initial analysis and indications suggest that of the £47m, approx. £2.1m will be allocated to ED HSCP. At this stage, expenditure related to Social Work (Qtr 1) has been fully funded with projected expenditure for Qtr 2-4 funded to 50% with the exception of un-achieved savings). PPE and test & protect expenditure is also fully funded for Qtr 1 with projected expenditure funded on 70% of projected actuals for Qtr 2-4. There have been exclusions related to unachieved savings / offsetting savings and NHS elements have been limited to the lower of actuals / NRAC share. The NHS elements have been funded to 70% for Qtr 2-4 with some elements related to equipment, primary care (CAC / MHAU) and additional staffing funded based on a 70% NRAC share.
- 2.7 It is expected there will be further clarification of HSCP funding levels in November following the next round of LMP returns as actual costs become known with more certainty. There continues to be representation to the Scottish Government (SG) with regard to non-achievement of savings / offsetting savings and NHS elements capped at NRAC shares.
- 2.8 The totality of the Local Mobilisation Plan expenditure for East Dunbartonshire is £9.7m. This continues to be an evolving picture and is heavily caveated as these costs will change as we move from high level assumptions, to more refined estimates as activity becomes clearer and through to actual costs incurred; the financial impacts and implications will continue to be reported to the IJB throughout the year.

2.9 A breakdown of Covid related expenditure captured within the latest Local Mobilisation Plan (LMP) submission is set out in the table below:

	Revenue 2020/21	Body Incurring Cost
<b>Consolidated HSCP costs</b>		
Personal protective equipment	602,630	NHS / LA
COVID-19 screening and testing for virus	163,877	NHS
Estates & Facilities cost including impact of physical distancing measures	56,093	NHS
Additional staff Overtime and Enhancements	657,044	NHS / LA
Additional temporary staff spend - Student Nurses & AHP	15,409	NHS
Additional temporary staff spend - All Other	422,830	NHS / LA
Social Care Provider Sustainability Payments	2,606,148	LA
Additional costs to support carers	66,068	LA
Mental Health Services	208,764	NHS
Additional FHS Prescribing	529,691	NHS
Community Hubs	638,330	NHS
Loss of income	521,100	NHS / LA
Equipment & Sundries	85,977	NHS
Other - Flu Programme Delivery Costs	60,120	NHS
Other - Support to vulnerable service users food	1,559	LA
Other - alternatives to day care	23,575	LA
Other - other social care	349,504	LA
Offsetting cost reductions - HSCP	(578,435)	LA
<b>Total</b>	<b>6,430,286</b>	<b>-</b>
Expected underachievement of savings (HSCP)	3,305,098	LA
<b>Total</b>	<b>9,735,384</b>	
<b>Income:</b>		
Tranche 1 - Share of £50m announced 12th May 2020	(976,000)	
Tranche 2 - Share of £25m announced 3rd August 2020	(488,000)	
Tranche 3 - Share of £25m announced 3rd August 2020	(1,600,000)	
Tranche 4 - Indicative Share of £47m announced 29th Sept 2020	(2,111,000)	
<b>Net Expenditure</b>	<b>4,560,384</b>	

2.10 Work continues through the regular LMP returns to SG to evidence the ongoing impact from Covid with an expectation that further tranches of funding will be made available.

2.11 The projected year end overspend across care group areas is set out in the table below:



Care Group	Annual Budget Total (£000)	Projected Variance Total (Mth 6)	Projected Variance Total (Mth 3)	Movement positive / (negative)
Mental Health, Learning Disability, Addictions & Health Improvement	26,182	359	(118)	477
Community Health & Care Services	44,462	810	11	799
Children & Criminal Justice Services	14,118	(233)	(1,078)	845
Business Support	3,236	(132)	(349)	217
Other Non SW - PSHG / Care & Repair/Fleet/COG	1,348	469	145	324
FHS - Prescribing	20,410	(86)	(420)	334
FHS - GMS / Other	29,241	0	0	0
Oral Health - hosted	10,084	0	0	0
Set Aside	32,944	0	0	0
Covid	3,064	(1,571)	(5,309)	3,738
<b>TOTAL Per Care Group</b>	<b>185,090</b>	<b>(384)</b>	<b>(7,118)</b>	<b>6,734</b>
<b>Anticipated SG Income to support Covid</b>	<b>0</b>	<b>4,560</b>	<b>9,355</b>	<b>(4,795)</b>
<b>Projected Year End Variance</b>	<b>185,090</b>	<b>4,176</b>	<b>2,237</b>	<b>1,939</b>

2.12 The main variances to budget identified at this stage in the financial year relate to:

- Mental Health, Learning Disability, Addiction Services (projected £0.4m under spend, a positive movement of £0.5m since that reported at period 3) – this relates to a loss of income in respect of daycare and transport charging due to service closures during Covid both to other local authorities and to service users, this is reflected within the LMP for which income is expected from the SG. This is currently being offset by a continuing downturn in care packages within this care group, a downturn in the provision of taxis and transport to support individuals to access services and some positive payroll variation due to reduced staffing levels within Pineview due to a void placement.
- Community Health & Care Services (projected underspend of £0.8m, a positive movement of £0.8m since that reported at period 3) – This is showing a favourable variance at this stage related to a combination of slippage in recruitment on Elderly Mental Health Services and a significant downward trend in care home placements and care at home packages. This area is covering the full extent of the budget gap at this stage, however in the event that there is an upward trend in placements beyond predicted levels then this would present a pressure on the HSCP budget. This downward trend in placements continues as care home capacity continues to decline and positive adjustments to overtime projections as vacancies across the homecare service are recruited to.
- Children & Criminal Justice Services (projected £0.2m overspend, a positive movement of £0.8m since that reported at period 3) – these relate to payroll pressures as a result of challenging turnover savings and a number of additional residential and fostering placements since agreeing the budget in March 2020. In addition the impact of delays in attaining budget savings related to the 'House Project' are reflected here. The positive movement relates to an improved position in relation to vacancy management and a number of placements have ceased since the last report.
- Prescribing (projected overspend of £0.082m, a positive movement of £0.34m since that reported at period 3) - Projected overspend on prescribing as a result of the short supply of Sertraline. Further risks exist around the tariff swap and likelihood of board wide/local savings which will not be achieved given



pharmacy staff focussed on Covid efforts. There are also some risks around whether horizon scanning costs associated with the delivery of specific savings initiatives will materialise as some may not be implemented. The positive movement results from a continued downward trend in volumes of prescribing which will offset the repayment of monies from the SG to support prescribing pressures from 2019/20 of £344k in the expectation that a surge in March related to Covid would be followed by a downward trend on volumes during April / May 2020.

- Business Support (projected overspend £0.1m, a positive movement of £0.2m since that reported at period 3) – Projected overspend relates to the level of resource transfer from the NHS to local authority is less than expected due to assumed savings not being achieved on NHS prescribing offset by staff savings within planning and commissioning support. The positive movement relates to previously reported accommodation pressures related to KHCC and Lennoxton Hub being met from recurring funding options identified within the NHS budget.

2.13 Housing Aids and Adaptations and Care of Gardens

There are a number of other budgets delegated to the HSCP related to private sector housing grants, care of gardens and fleet provision. These services are delivered within the Council through the Place, Neighbourhood & Corporate Assets Directorate.

- 2.11 The summary position for the period to 30 September 2020 is set out in the table below and projects a favourable variance on budget in respect of fleet provision, private sector housing grants, care & repair and care of gardens. This is due to a downturn in demand and activity across all of these areas. These will now be monitored and reported through the HSCP Board to provide effective oversight on the performance of these budget areas:-

Care Group Analysis	Annual Budget 2020/21	Forecast Full Year Spend £000	Forecast Full Year Variance Mth 6	Forecast Full Year Variance Mth 3	Variance %age
Private Sector Housing Grants	634	340	294	0	46%
Care & Repair	30	0	30	0	100%
Care of Gardens*	90	87	3	3	4%
Fleet*	593	452	141	141	24%
Net Expenditure	1,348	879	469	144	

- 2.12 The partnership no longer holds a contingency reserve to mitigate unexpected pressures during the year and will therefore be required to consider a recovery plan in the event that budget pressures materialise which cannot be reasonably managed in year due to demand and cost pressures as experienced in previous financial years.

2.13 This is compounded in 20/21 as a result of the budget approved for the HSCP including a financial gap of £2.8m. The mitigation of this gap was dependent on further work to identify transformation activity being progressed in collaboration with Council colleagues. This work has had to post-poned as a result of the re-direction of leadership capacity to managing the impact of the Covid pandemic. The financial gap has reduced to £2.1m as a result of the application of a number of funding streams identified as part of year end processes and through revenue monitoring in the initial months of this year. However, this remains a risk to the HSCP in the event that SG funding is not sufficient to cover this aspect of Covid impact for 2020/21 and on a recurring basis moving into future financial years.

2.14 The consolidated position for the HSCP is set out in **Appendix 3**. The detailed budget monitoring reports for the NHS budgets and SW budgets delegated to the partnership are provided in **Appendix 4**.

### 3 Savings Programme 2020/21

There is a programme of service redesign and transformation which was approved as part of the Budget 20/21. Progress and assumptions against this programme are set out in **Appendix 5**.

### 4 Partnership Reserves

4.11 The position, as at the 31<sup>st</sup> March 2020, with regard to partnership reserves is set out below:-

<b>Earmarked Reserves</b>	
SG - SDS Training & Support (prior year)	77,000
SG - Integrated care / Delayed Discharge Funding (prior year)	307,000
SG - Primary Care Cluster Funding (prior year)	39,000
SG - Action 15 Mental Health	108,000
SG - Alcohol & Drug Partnership	38,000
SG - Primary Care Improvement Programme	78,000
SG - GP Premises	90,000
SG - PC Support	27,000
TEC Funds	11,000
Infant Feeding	13,000
CHW Henry Programme	15,000
<b>Total Earmarked</b>	<b>803,000</b>
<b>General reserves</b>	-
<b>Total Reserves</b>	<b>803,000</b>

4.12 This provides for no general / contingency reserves to mitigate in year fluctuations in budget and £803k of earmarked reserves for specific initiatives for which the SG has provided funding for.

## 5 Financial Risks

5.1 The most significant risks that will require to be managed during 2020/21 are:

- Confirmation of Scottish Government funding to cover the additional costs and impact related to Covid as set out in the LMP submission.
- The ongoing impact of managing Covid as we move through the recovery phase and the recurring impact this may have on frailty for older people, mental health and addiction services moving forward.
- Delivery of the savings programme identified as part of the Budget process for 2020/21.
- Further transformation activity to be identified to mitigate the financial gap of £2.1m and recurring impact into future financial years.
- Prescribing budget which is extremely volatile and the single largest budget delegated to the HSCP – pressures experienced from drugs moving onto short supply plus a number of other factors which will have a bearing on this budget related to delivery of savings, tariff swap, volumes and further issues of short supply.
- Non-recurring funding related to the Dental Bundle £4.6m –there is a risk that full funding is not transferred and there is normally no uplift given on bundled funding which will have to be managed within Oral Health services.
- Confirmation of funding from SG to support other strategic priorities including PCIP, ADP and MH Action 15 and potential impact assumed from Covid.
- Impact of Brexit is yet to be felt with expected impact on funding streams, staffing and the supply of goods and services.
- General Reserves – the lack of general reserves held by the partnership will provide limited ability to manage any in year financial pressures or smooth the impact of savings plans where there are unexpected delays in implementation. This will place a reliance on the constituent bodies to provide additional resource where management actions have been exhausted.
- Contractual Price increases – assumptions were built into the budget for contractual price increases, however these increases are subject to procurement processes for the care at home framework and the national care home contract respectively. The former has yet to be concluded and may present further increases, which given the scale of the budget involved could be significant.
- Un Scheduled Care - The pressures on acute budgets remains significant with a large element of this relating to pressure from un-scheduled care. If there is no continued improvement in partnership performance in this area (targeted reductions in occupied bed days) then there may be financial costs directed to partnerships in delivery of the board wide financial improvement plan.
- Children's Services - managing risk and vulnerability within Children's Services is placing significant demand pressures on kinship payments, external fostering placements and residential placements which will increase the risk of overspend which will impact on achieving a balanced year end position.
- Financial Systems – the ability to effectively monitor and manage the budgets for the partnership are based on information contained within the financial systems of both partner agencies. This information needs to be robust and current as reliance is placed on these systems for reporting budget performance to the Board and decisions on allocation of resources throughout the financial year.

East Dunbartonshire HSCP  
Consolidated Budget Reconciliation 2020/21

	NHS £000	Local Authority £000	Total £000
<b>2020/21 Budget Reconciliation</b>			
<b>Budget Approved at HSCP Board on 26 March 2020</b>	<b>83.405</b>	<b>56.750</b>	<b>140.155</b>
Set Aside	32.944		32.944
Rollover Budget Adjustment	1.267		1.267
<b><i>Budget Adjustments to Period 3</i></b>			
PSHG / Care & Repair Adjustment to HSCP		0.664	0.664
SG - Scottish Living Wage Contribution	0.215		0.215
Covid Funding	3.065		3.065
Covid - Return of 19-20 Allocation	-0.344		-0.344
<b><i>Budget Adjustments to Period 6</i></b>			
Dental Bundle	4.614		4.614
MH Strategy - Action 15	0.197		0.197
ADP	0.271		0.271
PCIF including GP Premises	0.885		0.885
Outcomes Framework Cut 5% (Dental, HepC, BBV)	-0.084		-0.084
FHS Adjustments	1.220		1.220
Appropriate Adults (carry forward)		0.009	0.009
Whole Systems Approach to Youth Justice (carry forward)		0.013	0.013
			0.000
			0.000
			0.000
<b>Revised 2020/21 Budget = Period 6</b>	<b>127.654</b>	<b>57.436</b>	<b>185.090</b>
<i>Anticipated Covid Funding Tranche 4 (Received M07)</i>	<i>2.111</i>		<i>2.111</i>
<i>Anticipated Covid Funding Outstanding</i>	<i>4.560</i>		<i>4.560</i>
<b><i>Anticipated 2020/21 Budget</i></b>	<b><i>134.325</i></b>	<b><i>57.436</i></b>	<b><i>191.761</i></b>

**East Dunbartonshire HSCP**  
**Consolidated Financial Performance 2020/21 - Month**  
**Period to the 30th September 2020**

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Care Group Analysis	Annual Budget 2020/21 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Variance %age
Strategic & Resources	3,236	1,494	1,560	(66)	3,368	(132)	-4.07%
Older People & Adult Community Services	39,670	17,962	17,123	839	39,013	657	1.66%
Physical Disability	4,792	2,209	2,017	191	4,639	154	3.20%
Learning Disability	20,596	9,299	8,738	561	20,330	267	1.30%
Mental Health	4,090	1,911	1,782	130	3,971	119	2.91%
Addictions	948	444	376	69	975	(27)	-2.88%
Planning & Health Improvement	548	253	205	48	548	0	0.00%
Childrens Services	13,769	6,839	6,821	18	14,098	(329)	-2.39%
Criminal Justice Services	349	149	21	128	253	96	27.50%
Other Non Social Work Services	1,348	332	274	58	879	469	34.77%
Family Health Services	29,241	14,977	14,977	0	29,241	0	0.00%
Prescribing	20,410	9,375	9,368	8	20,496	(86)	-0.42%
Oral Health Services	10,084	5,048	4,881	167	10,084	0	0.00%
Set Aside	32,944	16,472	16,472	0	32,944	0	0.00%
Covid Expenditure	3,064	3,064	2,935	129	4,635	(1,571)	-51.26%
<b>Net Expenditure</b>	<b>185,090</b>	<b>89,829</b>	<b>87,549</b>	<b>2,280</b>	<b>185,474</b>	<b>(384)</b>	<b>-0.21%</b>

Subjective Analysis	Annual Budget 2020/21 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Variance %age
Employee Costs	43,514	21,552	21,950	(399)	43,943	(429)	-0.99%
Property Costs	316	158	163	(5)	316	(1)	-0.18%
Supplies and Services	3,050	1,399	1,648	(248)	3,107	(58)	-1.89%
Third Party Payments (care providers)	55,347	25,181	25,023	158	57,339	(1,992)	-3.60%
Transport & Plant	739	365	96	268	530	209	28.32%
Administrative Costs	5,529	3,920	4,188	(268)	7,142	(1,613)	-29.18%
Family Health Services	29,440	14,976	14,979	(3)	29,440	0	0.00%
Prescribing	20,410	9,375	9,368	8	20,496	(86)	-0.42%
Other	(327)	(164)	0	(164)	0	(327)	100.00%
Resource Transfer	18,649	9,324	9,325	(0)	18,649	0	0.00%
Set Aside	32,944	16,472	16,472	0	32,944	0	0.00%
Gross Expenditure	209,610	102,559	103,212	(653)	213,906	(4,296)	-2.05%
Income	(24,520)	(12,730)	(15,663)	2,933	(28,432)	3,912	-15.96%
<b>Net Expenditure</b>	<b>185,090</b>	<b>89,829</b>	<b>87,549</b>	<b>2,280</b>	<b>185,474</b>	<b>(384)</b>	<b>-0.21%</b>

Care Group Analysis	Annual Budget 2020/21 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Forecast Full Year Spend £000	Forecast Full Year Variance £000	Variance %age
Strategic & Resources	19,186	9,506	9,545	(39)	19,200	(14)	-0.07%
Older People & Adult Community Services	7,303	3,806	3,669	138	7,179	124	1.70%
Learning Disability	660	327	317	10	660	0	0.00%
Mental Health	1,641	717	700	17	1,641	0	0.00%
Addictions	353	132	131	0	353	0	0.00%
Planning & Health Improvement	548	253	205	48	548	0	0.00%
Childrens Services	2,220	1,093	1,083	9	2,220	0	0.00%
Family Health Services	29,241	14,977	14,977	0	29,241	0	0.00%
Prescribing	20,410	9,375	9,368	8	20,496	(86)	-0.42%
Oral Health Services	10,084	5,048	4,881	167	10,084	0	0.00%
Set Aside	32,944	16,472	16,472	0	32,944	0	0.00%
Covid Expenditure	3,064	3,064	4,034	(969)	4,712	(1,648)	-53.78%
Net Expenditure	127,654	64,770	65,381	(611)	129,278	(1,624)	-1.27%

Subjective Analysis	Annual Budget 2020/21 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Forecast Full Year Spend £000	Forecast Full Year Variance £000	Variance %age
Employee Costs	22,006	11,125	11,610	(485)	21,948	57	0.26%
Property Costs	315	158	161	(3)	321	(6)	-1.97%
Supplies and Services	2,057	961	798	163	1,595	462	22.45%
Third Party Payments (care providers)	373	186	190	(4)	379	(6)	-1.58%
Transport & Plant				0	0	0	
Administrative Costs	4,595	3,797	3,919	(123)	6,313	(1,718)	-37.39%
Family Health Services	29,440	14,976	14,979	(3)	29,440	0	0.00%
Prescribing	20,410	9,375	9,368	8	20,496	(86)	-0.42%
Other	(327)	(164)	0	(164)	0	(327)	100.00%
Resource Transfer	18,649	9,324	9,325	(0)	18,649	0	0.00%
Set Aside	32,944	16,472	16,472	0	32,944	0	0.00%
Gross Expenditure	130,462	66,210	66,821	(611)	132,085	(1,624)	-1.24%
Income	(2,807)	(1,440)	(1,440)	0	(2,807)	0	0.00%
Net Expenditure	127,654	64,770	65,381	(611)	129,278	(1,624)	-1.27%

East Dunbartonshire HSCP

Local Authority Financial Performance 2020/21 - Month

6

Period to the 27th September 2020

Care Group Analysis	Annual Budget 2020/21 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Variance %age
Strategic & Resources	(15,950)	(8,012)	(7,984)	(28)	(15,833)	(118)	0.74%
Older People & Adult Community Services	32,367	14,156	13,454	702	31,834	533	1.65%
Physical Disability	4,792	2,209	2,017	191	4,639	154	3.20%
Learning Disability	19,937	8,972	8,421	551	19,670	267	1.34%
Mental Health	2,449	1,194	1,082	112	2,330	119	4.86%
Addictions	595	313	245	68	622	(27)	-4.59%
Childrens Services	11,549	5,747	5,737	9	11,878	(329)	-2.85%
Criminal Justice Services	349	149	21	128	253	96	27.50%
Other Non Social Work Services	1,348	332	274	58	879	469	34.77%
Covid Expenditure	0	0	(1,098)	1,098	(77)	77	
Net Expenditure	57,436	25,059	22,168	2,891	56,196	1,240	2.16%

Subjective Analysis	Annual Budget 2020/21 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Variance %age
Employee Costs	21,509	10,426	10,340	86	21,995	(486)	-2.26%
Property Costs	1	0	2	(2)	(5)	6	1126.00%
Supplies and Services	992	439	850	(411)	1,512	(519)	-52.33%
Third Party Payments (care providers)	54,974	24,995	24,833	162	56,960	(1,986)	-3.61%
Transport & Plant	739	365	96	268	530	209	28.32%
Administrative Costs	934	123	269	(146)	829	105	11.22%
Family Health Services	0	0	0	0	0	0	
Prescribing	0	0	0	0	0	0	
Other	0	0	0	0	0	0	
Set Aside	0	0	0	0	0	0	
Gross Expenditure	79,148	36,349	36,391	(43)	81,820	(2,672)	-3.38%
Income	(21,712)	(11,290)	(14,223)	2,933	(25,624)	3,912	-18.02%
Net Expenditure	57,436	25,059	22,168	2,891	56,196	1,240	2.16%





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Jane Grant  
Chief Executive  
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29 September 2020

Dear Jane,

Thank you for all that you and your team at NHS Greater Glasgow & Clyde have done in setting out your plans against the Remobilise, Recover, Redesign Framework and for the subsequent discussion we had on 09 September.

Our key priorities for the next phase are:

1. Securing exit from the acute pandemic phase through an effective mass population vaccination programme;
2. Suppressing the virus through sustainable precision public health measures such as Test and Protect, Surveillance and Response;
3. Keeping people alive and well through provision of essential health and social care services including those that promote wellbeing; and
4. Supporting people through incentives and clear communication to comply with public health guidance.

### **Test and Protect and Seasonal Flu and Covid Vaccine programmes**

As outlined above, Test and Protect and Vaccination programmes are amongst our top priorities. John Connaghan wrote to all NHS Boards on 18 September reminding them of the requirement to have in place defined levels of Contract Tracing Workforce from 8am to 8pm, 7 days per week. This is a requirement to ensure that all NHS Boards are in a position to contribute to the national effort, and to enable the National Contact Tracing Capacity to manage demand and capacity across the system. As we see daily index cases increasing we will continue to work with NHS Boards to review the capacity and sustainability of the system, and to identify improvement and productivity gains. Work is currently underway to enable us to confirm expectations on workforce numbers and associated investment for the coming weeks and months and we will provide further details on the results of this work in the next few days.

Thank you for submitting your Board's plans for the extended seasonal flu campaign. We have been through a process of reviewing all NHS Board plans for extended flu and assessing the extent to which we will be able to build on these plans to deliver Covid vaccines. We will be in touch to follow up on any issues emerging from this and to confirm funding for the programme.

Caroline Lamb wrote to all NHS Boards on 25 September reminding them of the importance of ensuring that they have sufficient staff in place both to administer appointments for seasonal flu and to deliver the vaccinations.





## Remobilising Planned Care

The restart of previously paused elective services is well underway in NHS Greater Glasgow & Clyde.

Both the ability to sustain this activity and the pace of progress in restarting elective services will be determined by our success in suppressing the virus. Infection prevention and control (IPC) is a key element of restarting services safely and it is important that all Boards review current practices to ensure that plans are put in place to implement the most up to date guidance and associated information from Health Facilities Scotland.

The issue of reduced capacity resulting from the continued implications of living with Covid was an issue we spent some time discussing at our meeting. Various opportunities have since been discussed between the Board and SG Access Support Team. In addition I am aware that further opportunities for utilising cross-border initiatives and mutual support are being discussed and progressed on a weekly basis.

In order to support the Board with additional capacity for elective services, I can confirm that **£18.06 million** of non-recurring revenue funding will be made available to the Board to support additional activity in relation to outpatients, TTG and diagnostics. The detail of the agreed activity levels that this will support is set out in **Annex 1**.

The usual conditions will be applied to this funding allocation, in that the Access Support Team reserves the right to withhold or withdraw all or part of the funding provided if funds are not used for the purpose intended, or if improvements/activity are not delivered. NHS Boards must be able to demonstrate that utilisation of specific waiting time funding represents additionality and value for money.

We appreciate NHS Greater Glasgow & Clyde's support in working collaboratively with the Access Support Team to achieve best possible outcomes for patients.

During the meeting you highlighted the impact that Waiting Times Improvement Plan activity has on the baseline picture when comparing current activity against previous years and we are committed to taking that into account in making any such comparison and to considering how this might be resolved in a nationally consistent manner for the future.

## Mental Health Services

In relation to Mental Health services, virtual contact with patients has played a key role in keeping services going. It was encouraging to note that the Board is pioneering new models in Mental Health Unscheduled Care and leading discussions on national development of these services.

Consideration should also continue to be given to the additional mental health impact of the pandemic on those with long-term conditions, including chronic pain, in service planning for mental health support.

We are keen to obtain some further details from you on the planning of your mental health services and colleagues from SG Mental Health team will continue to liaise direct with the Board in this regard.

## Chronic Pain Services

I also wish to highlight the importance of ensuring services, which support the health and wellbeing of patients are also treated as a priority as part of essential care. I refer you to the recently published 'Framework for the Recovery of Pain Services' which sets out the expectation that Health Boards will take immediate action to support the safe and rapid remobilisation of both specialist and

community/primary care based pain management services. You will have received a separate letter from the Cabinet Secretary for Health and Sport seeking a response on this matter.

### **Reforming Urgent Care**

Despite the work underway to redesign Urgent Care models, attendances at Emergency Departments in NHS Greater Glasgow & Clyde are currently rising (although they are still below pre-Covid levels) and some performance challenges were noted, particularly at the Queen Elizabeth University Hospital (QUEH). We agreed that you would continue to liaise with Helen Maitland on the plans in place to address these issues.

The ongoing work the Board has been doing on a hub model has been noted and we will be in touch separately to confirm the next steps Redesign of Urgent Care Programme.

### **Planning for Concurrent Risks**

Health boards have a duty to plan and prepare for a range of emergency situations in order to ensure health services are resilient and minimise disruption to patients and staff. Your Re-mobilisation Plan references various methods to support the Board's business continuity, and engage and collaborate with key partners and agencies over the period to 31 March 2021.

Boards should continue to proactively promote, review and maintain robust and appropriate business continuity and resilience arrangements across all services to support delivery of this Re-mobilisation Plan. This will be particularly important over the winter period, and plans should take into account potential concurrent impacts of EU Exit and Covid-19.

As set out in previous letters, Boards should continue to make provision to re-purpose 3,000 beds as surge capacity to support Covid-19 as required. In addition, NHS Boards should retain the ability to double their ICU capacity within one week, treble in two weeks and, if required, extend this to over 700 in extremis. NHS Boards should also plan to provide non-invasive ventilatory (CPAP) support out with the ICU setting, e.g. High Dependency Unit (HDU), Respiratory Wards. NHS Boards capacity to provide CPAP for Covid Pneumonia out with ICU should match ICU surge capacity.

It was noted that comprehensive winter planning is ongoing within NHS Greater Glasgow & Clyde.

### **Escalation**

I can confirm that, as per Malcolm Wright's letter dated 1 April this year, at present NHS Greater Glasgow & Clyde's escalation status remains in place in relation to both performance and QUEH/RHC. However as detailed in that letter, the recovery process has not been progressed in the intervening period. We would intend to review the Board's current position taking into account progress resolving issues at QUEH/RHC and the national picture on performance and update you on NHS Greater Glasgow & Clyde's position as soon as practicable.

### **Emergency Footing**

As you will be aware, the Cabinet Secretary has now announced that, given the current indications regarding the resurgence of the virus, the health and social care system will continue to operate on an emergency footing until the end of March 2021. This step has not been taken lightly, but is considered necessary to ensure we are able to continue to support the Boards and their partners as effectively as possible in delivering the four key priorities outlined above.

## Finance

Following close working with NHS Boards, Integration Authorities, and COSLA, we have developed a funding allocation to reflect actual costs incurred in Quarter 1 and to agree parameters to support ongoing activity throughout this financial year. Following the Cabinet Secretary's announcement to Parliament this morning of **£1.089 billion** to support health and social care costs, we are now allocating funding for your Board and Integration Authorities as set out at **Annex 2**. This funding is made in line with the following approach:

- It is essential that all action is taken to mitigate additional financial pressure as far as possible and to make best use of resources across the system. We are requesting that all Boards and Integration Authorities reassess **options for savings** that can be delivered in this financial year and beyond. We request that a formal reassessment is submitted following Quarter 2, and will revisit at that point our approach for provision of financial support. We are therefore not making any funding allocation at present in recognition of under-delivery of savings.
- Funding is allocated in line with **actual expenditure** where spend disproportionately impacts on specific Boards/Integration Authorities and where there is a significant uneven distribution. This includes funding for PPE, Louisa Jordan, planned care, and also includes funding for social care. We will also allocate all funding for National Boards based on actual expenditure levels.
- Funding is allocated **up to an NRAC share** to cover spend that is incurred across all Territorial Boards/Integration Authorities and where there is a higher level of consistency between Board areas. This would include staffing costs and overtime, equipment, investment in digital, additional beds, and community hubs. We expect, in principle, that funding is allocated between NHS Boards and Integration Authorities on the basis of the tables of the Annex, however Boards and Integration Authorities may agree to allocate funding flexibly between categories to better recognise local pressures and priorities. We will keep this under review in the coming months.
- We recognise that **further funding** may be required to meet costs that have been in excess of formula shares, and we will review reasonable requests for further financial support to meet such pressures. In the meantime we expect NHS Directors of Finance and Integration Authority Chief Finance Officers to consider recharging for cross boundary flow in order to address funding variances.
- Given the level of uncertainty that is currently reflected in financial assumptions, the allocation for funding beyond Quarter 1 reflects a **general contingency of 30%** that will be retained by the Portfolio at this stage. We will continue to work closely with Boards and Integration Authorities over the coming months to review and further revise financial assessments, and as part of this we intend to make a **further substantive funding allocation in January**. This will allow identification of the necessary additional support required, and realignment of funding in line with actual spend incurred.

In terms of **social care**, further work is currently progressing with Integration Authorities and with COSLA to identify financial implications of actual spend incurred and ongoing commitments, including sustainability payments for providers. Given the level of uncertainty reflected in current estimates, the funding allocation at present is based on Quarter 1 actual spend and 50% of forecast spend for the remainder of the year. This is intended to support ongoing sustainability across the sector, and to allow time in the coming weeks for further assessment of spend to be undertaken. We will return to the social care allocation in November and make the funding adjustments that are required.

Any initial queries on individual allocations should be directed in the first instance to your regional member of the Corporate Finance Network Peer Review Group.

## Finalising the Plan

I can confirm that this concludes the review phase of the NHS Greater Glasgow & Clyde's Re-mobilisation Plan, which can now be published on your website, along with your response to the actions set out in this letter.

A Winter Planning team will work with Boards and delivery partners to ensure that we are as prepared as we can be for the months ahead. You will be aware that an updated set of Covid-19 resurgence scenarios issued to Boards on 18 September highlighting a potential peak of Covid cases in late autumn, and a further peak in spring 2021. I would ask that you re assess your plans and risks in light of those scenarios. As is normal practice, you will also be asked to review your winter preparedness (including on Covid resurgence) through a winter planning self-assessment process. Also, there will be a series of tabletop Winter Planning events in the next few weeks to share expectations and good practice and further detail on these events will be provided as soon as available.

As a key part of the quarterly review process outlined in my commissioning letter of 3 July, I would be grateful if you could prepare an updated set of data templates which reflect the actions in this letter and the associated investment in the remainder of this year. The updated data templates should reflect the actual levels of activity achieved during Quarter 2 (to end September 2020) and updated activity projections for the remaining two quarters of the financial year 2020/21. I would expect to receive that information by Friday 16 October.

If you have any queries relating to any the subjects covered in this letter, I would be grateful if you could submit these to the AOP mailbox so that we can ensure they receive a prompt response: [NHSAnnualOperatingPlans@gov.scot](mailto:NHSAnnualOperatingPlans@gov.scot).

Yours sincerely



**CHRISTINE MCLAUGHLIN**  
Director of Planning

## Elective Care

### Funding and Activity Detail

NHS Board	Projected Additional Activity						Funding £
	New Outpatient		Inpatient & Daycase		Diagnostics		
	Q3	Q4	Q3	Q4	Q3	Q4	
Greater Glasgow & Clyde	7,323	7,323	313	312	5,360	6,032	£18,063,725

Given the challenging financial and operational healthcare environment, it is important that we maximise the available resource to ensure the best possible delivery of healthcare services. It is recognised, that various unforeseen issues may impact the delivery of activity, and should this occur, there would be a requirement for the underutilised funding to be returned to SG in order that this can be reallocated to priority areas. Accordingly, appropriate measures require to be put in place to monitor the spend and associated activity to provide the necessary level of assurance.

### Accompanying core data sets for return by Boards

#### 1. Monthly Planned v Actual Activity Summary Update

Please complete all of the planned activity columns from the attached template to allow us to understand the increase in activity this funding will provide. This will be an update to the previous template 2 you submitted with the remobilisation plan at the end of July 2020, now broken down by month. I would ask that this be completed and returned by 16 October 2020 to [ttgreports@gov.scot](mailto:ttgreports@gov.scot). This will show specialty activity forecasts monthly.

An update to this template with actual activity figures will be required from the Boards by the 5th day of the following Month. The template should be signed off every month by the Waiting Times lead for the Board. Previous monthly activity and planned activity figures should not be revised. The updated templates should be sent to [ttgreports@gov.scot](mailto:ttgreports@gov.scot) with the Boards Regional Access Performance Manager copied in.

#### 2. Quarterly Spend to Date Return

Spend to date Quarterly return to be submitted to Boards Regional Access Performance Manager on the 08 January 2021 and the 09 April 2021. Specific hot issues to be raised at the regular monthly meetings or before if urgent.

	NHS Greater Glasgow and Clyde (£000s)			Total
	Allocation Basis	Health Board	HSCP	
<b>Q1 Total as per COVID-19 Finance Return</b>		49,357	56,602	105,958
<i>Less Exclusions</i>				
Social Care Spend	Actuals	-	(40,836)	(40,836)
Underachievement of savings	N/A	(21,750)	(4,698)	(26,448)
Offsetting Savings	N/A	5,975	2,520	8,496
Personal protective equipment	Actuals	(1,344)	(1,828)	(3,172)
Hospice Loss of Income	N/A	-	(507)	(507)
FHS Payments	N/A	-	(5,401)	(5,401)
Louisa Jordan Costs	Actuals	(1,475)	-	(1,475)
<b>Q1 Spend for NRAC calculation</b>		30,763	5,851	36,615
<b>NRAC Share of Total</b>		<b>22.28%</b>		<b>31,603</b>
<b>Q1 Calculated Allocation (Lower of NRAC/Actual)</b>		26,552	5,051	31,603
<i>Add back:</i>				
Social Care Spend	Actuals	-	40,836	40,836
Personal protective equipment	Actuals	1,344	1,828	3,172
Louisa Jordan Costs	Actuals	1,475	-	1,475
<b>Q1 Allocation</b>		<b>29,371</b>	<b>47,715</b>	<b>77,086</b>
<b>Q2-4 Total as per COVID-19 Finance Return</b>		153,982	53,171	207,153
<b>Allocations- 70% of actuals or NRAC share</b>				
PPE	Actuals	966	748	1,713
Social Care (payments to third parties, DD reduction)- 50%	Actuals	-	7,137	7,137
Elective/Planned Care (100% allocated)	Actuals	18,064	-	18,064
Test and Protect	Actuals	9,011	287	9,297
Hospital scale up - Staffing and beds	Actuals	21,389	-	21,389
Loss of income	Actuals	10,346	1,439	11,785
Louisa Jordan	Actuals	126	-	126
Equipment and Maintenance costs	NRAC	3,808	251	4,059
Other	NRAC	2,067	113	2,180
Primary care	NRAC	-	4,974	4,974
Digital transformation	NRAC	1,047	202	1,249
Remobilisation	NRAC	2,236	-	2,236
Additional HSCP staffing costs	NRAC	-	4,408	4,408
Public Health Measures (including flu)	NRAC	4,004	-	4,004
<b>Total allocation for Q2-4</b>		<b>73,065</b>	<b>19,558</b>	<b>92,622</b>
<b>Difference between Q2-4 Forecast and allocation</b>				(114,531)
<b>Reconciling Items</b>				
Underachievement of savings				(57,777)
Offsetting Cost Reductions				11,718
Social Care (payments to third parties, DD reduction)				(7,137)
FHS Payments				(343)
Hospice Funding				(3,921)
Winter Planning				(7,088)
Unscheduled Care				(3,600)
30% forecast adjustment				(28,895)
NRAC adjustment				(20,999)
Planned Care Adjustment				3,511
<b>Calculated Allocation Q1-4</b>		<b>102,436</b>	<b>67,272</b>	<b>169,708</b>
Less social care funding previously allocated		0	20,244	20,244
<b>Total Allocation Q1-Q4</b>		<b>102,436</b>	<b>47,028</b>	<b>149,464</b>
<b>Confirmed Capital Funding</b>				<b>905</b>

**SOCIAL WORK FUND REVENUE MONITORING 2020/21**  
**DETAILED FINANCIAL POSITION as at Period 06: 27 September 2020**

<b>Annual Budget £000</b>	<b>Budget Period 06 £000</b>	<b>Expenditure Period 06 £000</b>	<b>Projected Annual £000</b>	<b>Variation Period 06 £000</b>	<b>Projected Year End Variation £000</b>
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	Annual Budget £000	Budget Period 06 £000	Expenditure Period 06 £000	Projected Annual £000	Variation Period 06 £000	Projected Year End Variation £000
<b>INTEGRATED HEALTH AND SOCIAL CARE</b>						
<b>COMMUNITY HEALTH &amp; CARE SERVICES (ALL)</b>						
<b>1 Employee Costs</b>	9,187	4,436	4,342	9,384	-95	197
At this stage projections show that there will be an unfavourable year end variation to budget. They assume vacancies will be filled with commencement dates as discussed with managers. The current projection is based on overtime and other pay are based on profiles of spend. Payroll variations will continue to be monitored as an area of recurring pressure.						
<b>2 Property Costs</b>	0	0	11	0	11	0
No variation on budget is expected						
<b>3 Supplies and Services</b>	681	285	266	685	-19	4
Budgets relate to Homecare PPE (personal protective equipment) , telecare costs and homecare related disabled adaptations. Additional costs relate to diaries purchased for the Homecare service.						
<b>4 Agencies and Other Bodies</b>	28,566	12,701	11,811	27,508	-890	-1,058
At this stage there is a reduction in the commitment against all types of service package, however, mainly in Residential accommodation and Homecare. Covid has had a substantial impact in this area. The budget assumed a 5% demographic increase, however, Residential placements have seen a vast reduction in number, at the start of the financial year, due to Covid related deaths. The projections include an estimate for packages still to go onto the Carefirst system including an estimated increase throughout the year. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments. This does not include any additional future unknown costs that may be a result of the impact of Covid on individuals. At this stage it can be assumed that unallocated savings will not be achieved this financial year. This has been reported on the Local Mobilisation Plan.						
<b>5 Budget Savings</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>6 Transport and Plant</b>	23	12	1	23	-11	0
At this stage, no variation on budget is being reported. The impact of Covid on this area will, however, be reviewed, in a future reporting period.						
<b>7 Admin and Other Costs</b>	247	11	121	211	109	-37
The variation within this area is in relation to an assumed reduction in Fleet recharges. Fleet recharges are to be reviewed. It can be assumed that charges will be in line with last financial year until this review has been completed. Due to Covid there was no Care of Gardens service this year, however, as seasonal staff had already been recruited, the charges still apply. Underspends in independent living fund expenditure are also expected.						
<b>8 Health Board Resource Transfer Income</b>	-7	-4	-4	-7	0	0
No variation on budget is expected						
<b>9 Other Income</b>	-1,314	-1,077	-963	-1,141	115	174
It is anticipated that Daycare services will gradually resume. Recharge income in this area will be substantially reduced as a result of Covid. This variation has been reported through the Mobilisation plan and therefore may be funded by the Scottish Government. This will be reviewed in future reports.						
<b>Total - Community Health &amp; Care Services</b>	<b>37,383</b>	<b>16,364</b>	<b>15,585</b>	<b>36,664</b>	<b>-780</b>	<b>-720</b>
<b>MENTAL HEALTH, LEARNING DISABILITY, ADDICTIONS &amp; HEALTH IMPROVEMENT (ALL EDC only)</b>						
<b>1 Employee Costs</b>	5,816	2,829	2,568	5,470	-261	-346
At this stage projections show that there will be a favourable variation to budget. Projections assume some vacancies will be filled with commencement dates as discussed with managers. At this stage it is assumed that staff turnover savings will be achieved. Projected overspends in overtime and other pay are based on profiles of spend. This report assumes that the vacancies within the Pineview service will not be filled this financial year, while one client placement remains void. Payroll variations will continue to be monitored.						
<b>2 Property Costs</b>	0	0	-5	-7	-5	-7
Property Costs variations relate to prior year water rates credits.						
<b>3 Supplies and Services</b>	116	57	20	108	-37	-9
In year savings on supplies and services can now be anticipated.						
<b>4 Agencies and Other Bodies</b>	17,710	7,890	7,538	17,724	-353	14
At this stage there is a minimal overall increase in the Commitments against Care Packages within this Service area. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments.						
<b>5 Budget Savings</b>	0	0	0	0	0	0



**SOCIAL WORK FUND REVENUE MONITORING 2020/21**  
**DETAILED FINANCIAL POSITION as at Period 06: 27 September 2020**

	<b>Annual Budget £000</b>	<b>Budget Period 06 £000</b>	<b>Expenditure Period 06 £000</b>	<b>Projected Annual £000</b>	<b>Variation Period 06 £000</b>	<b>Projected Year End Variation £000</b>
No variation on budget is expected						
<b>6 Transport and Plant</b>	<b>644</b>	<b>318</b>	<b>83</b>	<b>434</b>	<b>-234</b>	<b>-209</b>
Transport is being regularly reviewed and at this time a variation of £0.209m is forecast however this will be monitored as the year progresses.						
<b>7 Admin and Other Costs</b>	<b>161</b>	<b>6</b>	<b>29</b>	<b>123</b>	<b>23</b>	<b>-38</b>
Fleet recharges are to be reviewed. It can be assumed that charges will be in line with last financial year until this review has been completed. In year savings can now be expected within Conferences and courses budget lines.						
<b>8 Health Board Resource Transfer Income</b>	<b>-508</b>	<b>-254</b>	<b>-254</b>	<b>-508</b>	<b>0</b>	<b>0</b>
No variation on budget is expected						
<b>9 Other Income</b>	<b>-810</b>	<b>-369</b>	<b>-203</b>	<b>-606</b>	<b>165</b>	<b>204</b>
Due to Covid, it is anticipated that Day services will resume at a gradual pace in the second half of the financial year. This will result in a loss of income recharges for Daycare, Lunch clubs and Transport. Income projections are based on Scottish Government phasing in respect of resumption of service. This variation has been reported through the Mobilisation plan and therefore may be funded by the Scottish Government. Additional Income has been received. This is in relation to Mental Health Capacity funding. Estimated projections for support services also show an anticipated increase.						
<b>Total - Mental Health, Learning Disability, Addictions &amp; Health Improvement</b>	<b>23,129</b>	<b>10,478</b>	<b>9,776</b>	<b>22,737</b>	<b>-702</b>	<b>-392</b>

SOCIAL WORK FUND REVENUE MONITORING 2020/21  
 DETAILED FINANCIAL POSITION as at Period 06: 27 September 2020

	Annual Budget £000	Budget Period 06 £000	Expenditure Period 06 £000	Projected Annual £000	Variation Period 06 £000	Projected Year End Variation £000
<b>CHILDREN &amp; FAMILIES AND CRIMINAL JUSTICE (ALL)</b>						
<b>1 Employee Costs</b>	5,684	2,758	2,735	5,851	-23	167
Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers. At this stage projections show that there will be an overspend in this budget as some staff turnover savings will not be achieved.						
<b>2 Property Costs</b>	1	0	-7	2	-7	2
The variation reported is in relation to prior year water rates costs and review of costs in relation to Criminal Justice funding.						
<b>3 Supplies and Services</b>	190	93	25	134	-69	-55
The variation reported relates to anticipated expenditure required for the Life Changes Trust project and review of costs in relation to Criminal Justice funding.						
<b>4 Agencies and Other Bodies</b>	7,086	3,539	3,715	7,332	176	246
Projections are indicating pressures mainly in Fostering (additional placements) and Children's residential where there is an assumed delay in respect of savings in alternative accommodation options to meet the needs of throughcare / care leavers. There is also a pressure in relation to Voluntary organisations where it can be assumed that only 25% of the budget saving will be achieved.						
<b>5 Transport and Plant</b>	72	36	12	72	-23	0
At this stage, no variation on budget is being reported. The impact of Covid on this area will, however, be reviewed, for the next reporting period.						
<b>6 Admin and Other Costs</b>	214	89	63	253	-26	39
Fleet recharges are to be reviewed. It can be assumed that charges will be in line with last financial year until this review has been completed. Expenditure relating to external funding is expected however this will be offset by income below.						
<b>7 Income</b>	-1,314	-620	-778	-1,488	-158	-173
Additional income is expected in relation to Children and young People's Mental health and Wellbeing, Life Changes Trust Project and Unaccompanied Asylum Seeking Children's Funding Streams Also within the Justice service additional Scottish Government funding and Low Moss recharges are anticipated.						
<b>Total - Children &amp; Families and Criminal Justice</b>	<b>11,932</b>	<b>5,896</b>	<b>5,764</b>	<b>12,157</b>	<b>-131</b>	<b>226</b>
<b>SOCIAL WORK STRATEGIC / RESOURCES</b>						
<b>1 Employee Costs</b>	822	403	383	747	-20	-74
Detailed analysis of costs to date continue. At this point projections assume that there will be a variation to budget.						
<b>2 Property Costs</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>3 Supplies and Services</b>	6	3	-0	5	-3	-0
No variation on budget is expected						
<b>4 Agencies and Other Bodies</b>	948	533	566	1,010	33	63
The variation on budget expected is in relation to payments to voluntary organisations. There has been a delay, due to Covid, in implementing the 3rd Sector grants saving so only 25% saving has been assumed at this stage.						
<b>5 Budget Savings</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>6 Transport and Plant</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>7 Admin and Other Costs</b>	311	16	56	240	40	-71
Fleet recharges are to be reviewed. It can be assumed that charges will be in line with last financial year until this review has been completed.						
<b>8 Health Board Resource Transfer Income</b>	-16,541	-8,270	-8,270	-16,541	0	0
No variation on budget is expected						
<b>9 Other Income</b>	-1,217	-696	-667	-1,088	29	129
A reduction in assumed health savings income of £0.200m is anticipated, however, there will be additional recharges to the NHS in relation to interim management structure changes.						
<b>Total - Social Work Strategic / Resources</b>	<b>-15,672</b>	<b>-8,012</b>	<b>-7,932</b>	<b>-15,625</b>	<b>79</b>	<b>47</b>

SOCIAL WORK FUND REVENUE MONITORING 2020/21  
 DETAILED FINANCIAL POSITION as at Period 06: 27 September 2020

	Annual Budget £000	Budget Period 06 £000	Expenditure Period 06 £000	Projected Annual £000	Variation Period 06 £000	Projected Year End Variation £000
<b>Housing (Disabled Adaptations / Care &amp; Repair)</b>						
<b>1 Employee Costs</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>2 Property Costs</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>3 Supplies and Services</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>4 Agencies and Other Bodies</b>	664	332	74	340	-258	-324
Due to Covid, a reduction in productivity will result in an estimated underspend in this area. This is a broad estimate, will be reviewed over future reports, as productivity levels change over the latter six months of the year.						
<b>5 Budget Savings</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>6 Transport and Plant</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>7 Admin and Other Costs</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>8 Health Board Resource Transfer Income</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>9 Other Income</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>Total - Housing (Disabled Adaptations / Care &amp; Repair)</b>	<b>664</b>	<b>332</b>	<b>74</b>	<b>340</b>	<b>-258</b>	<b>-324</b>
<b>COVID</b>						
<b>1 Employee Costs</b>	0	0	313	542	313	542
April to September based on actuals, remainder of the year assumes additional overtime / agency cover for in-house care at home provision - absence levels not as high as initially expected with levels for March 2020 at 11% used as a proxy for the duration of the Covid pandemic. Actual overtime costs running a month in arrears with staff working remotely to collate / process claims. Assumes standard phasing. Additional staffing includes 2 agency workers one for inreach to hospital to facilitate discharge, one agency MHO, addl Childcare Mgt/ residential cover - assumes standard phasing.						
<b>2 Property Costs</b>	0	0	4	0	4	0
No variation on budget is expected						
<b>3 Supplies and Services</b>	0	0	539	579	539	579
PPE - April to September based on actuals. Assumes an average £50k per month per standard phasing over the the remaining 6 months with a bulk purchase for masks in April, delivery delayed until May. Going forward assume normal procurement routes for PPE at increased levels for Covid with backstop of NSS for items not available through normal procurement routes per new model for community hubs.						
<b>4 Agencies and Other Bodies</b>	0	0	1,129	3,045	1,129	3,045
Based on sustainability calculator for care homes and actual invoicing April - June (£520K) assumed to continue at June / July levels until Sept and an expectation that care homes will recover in medium / longer term with a phased reduction in payments from Sept to Nov with payments to cease from end Nov. Additional payments based on audit of provider claims submitted so far plus an assumption for similar levels on outstanding provider claims - assumed to continue at similar levels for the remainder of the financial year phasing down gradually post Sept 2020.. Additional care packages / support hours put in place to support carers / prevent carer breakdown - spend based on actual for April / May/ June assumed to continue at similar level for the duration of 20/21 based on standard phasing. Relates to care packages / respite which has had to continue due to individual having Covid symptoms and unable to be moved. Also includes additional mileage for care at home service due to changes required in use of pool cars during this period. Relates to additional care at home packages to support individuals who would otherwise be at day centres. Based on actuals at April/ May / June, assumed to continue at a similar level for the remainder of 20/21 based on standard phasing.						
<b>5 Budget Savings</b>	0	0	0	0	0	0
If Covid continues then additional savings identified through the budget process are not expected to be met. These are identified within the different service areas.						
<b>6 Transport and Plant</b>	0	0	0	0	0	0

**SOCIAL WORK FUND REVENUE MONITORING 2020/21**  
**DETAILED FINANCIAL POSITION as at Period 06: 27 September 2020**

	<b>Annual Budget £000</b>	<b>Budget Period 06 £000</b>	<b>Expenditure Period 06 £000</b>	<b>Projected Annual £000</b>	<b>Variation Period 06 £000</b>	<b>Projected Year End Variation £000</b>
No variation on budget is expected						
<b>7 Admin and Other Costs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>
Relates to emergency payments from S12 for food / electricity. Based on actuals at April /May/ June, assumed to continue at a similar level for the remainder of 20/21 based on standard phasing.						
<b>8 Health Board Resource Transfer Income</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
No variation on budget is expected						
<b>9 Other Income</b>	<b>0</b>	<b>0</b>	<b>-3,084</b>	<b>-4,246</b>	<b>-3,084</b>	<b>-4,246</b>
Three tranches of Income have been received from the Scottish Government with a further tranche expected following notification from Cab Sec on the 29th Sept. This has provided full funding for Qtr 1 to support SW activity (excluding non achievement of savings / offsetting savings at this stage). Qtr 2-4 has been funded at 50% with an expectation of further funding announcements in November and January once actual costs are known with more certainty. Representation continues to be made to SG on un achieved savings and other aspects related to health expenditure which have not been fully funded at this stage - further announcements and updates are eexpected.						
<b>Total - COVID</b>	<b>0</b>	<b>0</b>	<b>-1,098</b>	<b>-77</b>	<b>-1,098</b>	<b>-77</b>
<b>Total Integrated Health and Social Care Variances</b>	<b>57,436</b>	<b>25,059</b>	<b>22,168</b>	<b>56,196</b>	<b>-2,891</b>	<b>-1,240</b>
	<b>56,772</b>	<b>24,727</b>	<b>22,094</b>	<b>55,856</b>	<b>-2,633</b>	<b>-916</b>

NHSGG&C - East Dunbartonshire HSCP - Period Ending 30th September 2020 (Month 6)

Care Group	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000	Forecast Spend £'000	Forecast Variance £'000	Forecast Variance %	Summary Variance Analysis
Alcohol+drugs Recovery Service	391.4	169.7	169.3	0.4	391.4	0.0	0.0%	Assumes overall break even for 20/21. Current vacancy offsetting potential Band 6 pressure for unfunded Care & Treatment post. ADP funding less £38k EMR drawdown now received.
Adult Community Services	6,296.8	3,349.9	3,318.4	31.5	6,296.8	0.0	0.0%	Assumes overall break even for 20/21. Unknowns around trends as result of covid, underlying equipu pressure reduced Apr - Jun, costs now starting to increase from July as services are remobilised, continuing care charges for Apr/May reduced, now starting to return to normal. Tranche 1 PCIP funding received from SG to cover current costs over and above EMR drawdown, assumes additional £921k funding received to cover full year forecast costs for 20/21.
Child Services - Specialist	482.0	241.0	222.2	18.9	482.0	0.0	0.0%	Assumes break even for 20/21. Income from EDC Education department assumed at £278k - still tbc. Risk when Band 7 vacancy filled Jan 21 as £50k Education cut from 19/20 starts to become a pressure.
Child Services - Community	2,029.0	1,008.0	1,017.6	(9.6)	2,029.0	0.0	0.0%	Assumes break even for 20/21. Potential risk around graduates being allocated to service if no vacancies exist. Graduates - 38 from Jan 21, if no vacancies pressure £31k 20/21, FY £123k. HSCP contribution to ongoing trainees £27k p.a pressure. Still under discussion.
Fhs - Prescribing	20,410.0	9,375.4	9,367.9	7.5	20,496.0	(86.0)	-0.4%	Projected overspend on prescribing as a result of the short supply of Sertraline - prices over and volumes under - price for Setraline to come down from Oct. Projection based on prices continuing to be over by 3% and volumes under by 1%. Further risks around the tariff swap and likelihood of Boardwide/ Local savings being achieved, unknowns around whether horison scanning costs will be as high as some measures which result in additional costs may not be implemented. Volumes for Q1 down which will offset the return of the SG funding to the cover additional prescribing costs from covid 19/20.
Fhs - Gms	14,820.6	7,790.5	7,790.5	0.0	14,820.6	0.0	0.0%	
Fhs - Other	14,616.4	7,184.3	7,184.3	0.0	14,616.4	0.0	0.0%	
Learn Dis - Community	659.8	327.2	317.2	10.1	659.8	0.0	0.0%	Assume overall LD budget will break-even in 20/21. Costs for rental/ security of Waterloo Close being charged to this service from May until decision made on use of premises.
Men Health - Adult Community	2,004.3	953.0	935.9	17.1	2,004.3	0.0	0.0%	Assume overall Adult Mental Health budget will break-even in 20/21. Funding allocated for MH drugs pressure to allow recruitment to full establishment
Men Health - Elderly Services	1,244.5	618.6	512.4	106.2	1,120.6	123.9	10.0%	Slippage in recruitment assumed for Apr - Sep, assumed full establishment in post from Nov. Staffing list sent to manager for update on recruitment
Oral Health	11,140.4	5,476.1	5,308.7	167.4	11,140.4	0.0	0.0%	Assumes overall budget will break-even in 20/21. Review of current wte in post v funding required. Non-recurring funding Dental Bundle £4.6m received from SG this month. New national contract for clinical waste started 14th Sept - dental estimated at £518k - £245k more than £273k budget available - some of increase could be covid related - Plan required to fund balance.
Administration + Management	1,653.6	755.4	838.8	(83.4)	1,820.4	(166.8)	-10.1%	Pressure in accommodation budget KHCC & Lennoxton - review of funded establishment required and estimated charge for Lennoxton HUB to be clarified. Estimated pressure at M6 assumed for full year.
Planning & Health Improvement	575.1	280.0	232.1	48.0	575.1	0.0	0.0%	Assumed overall breakeven for 20/21. £68k savings pressure for 19/20 now funded. Reduced non-pay spend as a result of covid, likely to reduce when staff return to normal duties, potential transfer of smoking cessation funding to corporate.
Resource Transfer - Local Auth	17,835.3	9,025.0	9,025.1	(0.1)	17,835.3	0.0	0.0%	
Financial Planning + Reserves	3,358.2	3,184.1	4,108.6	(924.4)	3,205.5	152.7	1.9%	Covid costs £969.4k in ledger to M06 (£1,351.1k LMP - difference £381.7k FHS costs) shown as YTD pressure but partial funding received and will be recognised from month 7 with further funding to cover costs anticipated from SG, FYE projection £2,597m (as per LMP). Other anticipated funding showing as negative budget within financial planning and assumed into Care Groups above (risk if not received - Infant Feeding £46k). Balance of £152.7k in financial planning available to be realigned to cover ongoing pressures eg. accommodation. Review of pressures in progress with funding to be realigned to relevant Care Group shortly.
<b>Expenditure</b>	<b>97,517.4</b>	<b>49,738.2</b>	<b>50,349.0</b>	<b>(610.4)</b>	<b>97,493.6</b>	<b>23.8</b>	<b>0.0%</b>	
Alcohol+drugs Recovery Service	(38.1)	(38.1)	(38.1)	0.0	(38.1)	0.0	0.0%	
Adult Community Services	(78.2)	(78.2)	(78.2)	0.0	(78.2)	0.0	0.0%	
Child Services - Specialist	(278.5)	(143.4)	(143.4)	0.0	(278.5)	0.0	0.0%	
Child Services - Community	(13.0)	(13.0)	(13.0)	0.0	(13.0)	0.0	0.0%	
Fhs - Other	(195.6)	1.9	1.9	0.0	(195.6)	0.0	0.0%	
Men Health - Adult Community	(363.5)	(235.7)	(235.7)	0.0	(363.5)	0.0	0.0%	
Men Health - Elderly Services	(160.5)	(83.9)	(83.9)	0.0	(160.5)	0.0	0.0%	
Oral Health	(1,056.1)	(428.0)	(428.0)	0.0	(1,056.1)	0.0	0.0%	
Administration + Management	(211.4)	(182.8)	(182.8)	0.0	(211.4)	0.0	0.0%	
Planning & Health Improvement	(27.5)	(27.5)	(27.5)	0.0	(27.5)	0.0	0.0%	
Resource Transfer - Local Auth	(347.4)	(173.7)	(173.7)	0.0	(347.4)	0.0	0.0%	
Financial Planning + Reserves	(37.6)	(37.6)	(37.6)	0.0	(37.6)	0.0	0.0%	
<b>Income</b>	<b>(2,807.4)</b>	<b>(1,440.0)</b>	<b>(1,440.0)</b>	<b>0.0</b>	<b>(2,807.4)</b>	<b>0.0</b>	<b>0.0%</b>	
<b>East Dunbartonshire Hscp</b>	<b>94,710.0</b>	<b>48,298.2</b>	<b>48,909.0</b>	<b>(610.4)</b>	<b>94,686.2</b>	<b>23.8</b>	<b>0.0%</b>	



Ref	Workstream	Action	Description	HOS Lead / Approver	Project Lead / Author	Financial Impact 20/21 (£000) - per UB 26th March 20	Financial Impact 20/21 (£000) - 16th July 2020	Financial Impact 20/21 (£000) - Sept 2020	Financial Impact 20/21 (£000) - Oct 2020	RAG Status	Dependencies	Comments
<b>19/20 Savings C/wd</b>												
19/20/01	Digital	CM2000 External Providers	Implementation of a scheduling system for external homecare providers to support payment for services on actual service delivery as opposed to planned.	Derrick	Gillian Healey	300	0	0	0	Red	SXL Contract Award, Planned vs Actual reconciliation	Linked to the award of the Care at Home framework through SXL National contract - potential delay until 21/22. Project meetings to be re-started (DP) to plan for go live date of 1st April 2021.
19/20/02	Charging	Day Care /Transport Charging	Increases in charging for daycare services to £20.80 per day and for transport to £4.20 per day.	Jean	Jean Campbell	50	0	6.25	6.25	Amber	Re start of daycare services in line with SG route map.	Daycare / transport services ceased during Covid and will not resume to previous levels due to social distancing measures within day centre provision. Increases set to apply from the 28th Sept 2020, level of saving achieved dependent on timing and levels of daycare services to resume post covid response period.
19/20/03	Policy	Fair Access to CC	Implementation of Fair Access to Community Care Policy which ensure an open, transparent and equitable access to community care services.	David	Stephen McDonald	200	100	50	50	Amber		Review team now established, prioritisation of work underway including the re start of services (where these have ceased / reduced) and development of a schedule of rates. Risk narrative to be developed.
19/20/04	Service Change	Transport Policy	Implementation of Assistance with Transport policy across adult and children's services.	David / Claire	Stephen McDonald (Adults/Older People)	50	25	12.5	12.5	Amber		As above
19/20/05	Charging	Fully Implement Existing Charging Policies	Implementation and application of non residential charging policy to all individuals determined to fall within the criteria for incurring a charge for the services they receive.	Jean	Jean Campbell	26	0	6.5	6.5	Amber	Linked to the prioritisation of work through the review team.	As above
19/20/06	New Model	Sleepovers	Review of sleepover arrangements with a view to maximising opportunities for technological solutions.	David	Stephen McDonald	50	25	25	25	Amber		As above
19/20/07	Efficiency	3rd Sector Grants	Review of 3rd sector commissioned spend to maximise efficiencies across the sector.	Gillian H	Gillian Healey	185	92.5	46.25	46.25	Amber	Part of provider reconciliation exercise, planned vs actual, review of needs assessment for alcohol & drugs support services.	Engagement with 3rd sector delayed during Covid response - discussion to resume with lessons learned during Covid response to inform new ways of working across the sector. Meeting to be established to link into Drug & Alcohol needs assessment (GH).
19/20/08	Service Change	Review of Daycare East	Conclusion of review of daycare provision within the East locality.	Derrick	Kelly Gainty	25	25	25	25	Amber	Linked to planning for the recovery of day centre provision.	Daycare services ceased during Covid response, consideration of guidance on safe restart to congregate services underway - savings resulting from supplies & services / transport expenditure in short term pending conclusion of review.
19/20/09	Service Change	Review of Independent Mobility Assessment	Review of process to access a mobility assessment to support entitlement to blue badge.	Derrick	Fiona Munro	18	9	9	9	Green		Review completed - balance of saving into the equipment line.
19/20/12	Service Change	Review staffing levels in registered services across HSCP	Review of staffing within Ferndale, John Street and Pineview registered provision in line with care commission levels to ensure maximum efficiency in the deployment of staff within these services.	Claire	Claire Carthy	52.5	26.25	26.25	0	Red		Review of staffing levels in Ferndale, Pineview and John Street completed - final report to be completed (CC) - no scope for savings as reduced staffing levels prompt higher levels of overtime to maintain care inspectorate staffing levels and rotas.
19/20/13	Efficiency	Tighter Control of Equipment Ordering	Review of equipment ordering across health and social team teams with a view to streamlining provision.	Derrick	Fiona Munro	33	33	33	33	Green		In progress.
19/20/15	Service Change	Review of MH / Addictions Commissioning following outcome of needs assessment	Conclude needs assessment and implement outcomes to ensure robust service models to support individuals within addiction and mental health through recovery.	David	Gillian Healey	0	0	0	0	Amber	Review of 3rd sector and related dependencies within project 19/20/07	Outcome of needs assessment not conclusive. Initial thinking around an overarching service with some services supporting this - develop and conclude new model locally
<b>Sub Total 19/20 Savings C/wd</b>						<b>989.5</b>	<b>335.75</b>	<b>239.75</b>	<b>213.5</b>			
<b>Service Redesign 20/21</b>												
20/21/01	Assets	Scope possible alternative accommodation options to meet the needs of throughcare / care leavers	Development of 'house project' and access to funding through Life Changes Trust to implement within East Dunbartonshire.	Claire	Raymond Walsh	400.0	200.0	200.0	200.0	Amber	Accommodation through housing.	In progress - funding approved, contract with legal services, Co-ordinator appointed and recruitment of 2 facilitators underway, work with housing to identify tenancies underway.
20/21/02	Service Change	Withdraw from Canal Project	Re-provisioning of housing support delivered through the Canal Project from Social Work to housing service.	Claire	Claire Carthy	276.0	276.0	276.0	276.0	Green		Costs have now being met through housing department.
20/21/03	Workforce / Practice	Upskill staff to provide evidence based interventions (Just Enough Support)	Training and upskilling staff to support evidenced based approach to assessment.	David	Kelly Gainty	0.0	0.0	0.0	0.0	Amber		Endowment application completed to progress training - no savings anticipated.
20/21/04	Workforce / Practice	Upskill staff to provide evidence based interventions (Signs of Safety)	Training and upskilling staff to support evidenced based approach to assessment.	Claire	Suzanne Greig	0.0	0.0	0.0	0.0	Amber		As above
20/21/05	Access	Develop Digital Access to service option	Development and implementation of a digital strategy to support service delivery models going forward.	Derrick	Derrick Pearce	0.0	0.0	0.0	0.0	Amber		Scope further opportunities in light of new working during Covid - to be anchored through Digital Strategy Group (DP)
20/21/06	Workforce / Practice	Develop and deliver locality based working with two teams	Develop and deliver locality based working with two teams	Derrick	Derrick Pearce	0.0	0.0	0.0	0.0	Amber		Review use of Milngavie Clinic in light of social distancing requirements, progress use of Enterprise House to locate west locality teams (DP)
20/21/10	New Models / Practice Enabler	Develop and implement resource management bureau for Adult and Older People Services	Develop and implement resource management bureau for Adult and Older People Services	Derrick	Derrick Pearce	0.0	0.0	0.0	0.0	Amber		Re-visit paper and develop flowchart for RSG process and submit through SMT for approval and implementation (KG / SMC / DA / DP)
20/21/15	Digital	Digital alternative to homecare med prompt calls	Scope potential digital solutions to ensure safe and effective med prompts for individuals in receipt of support from homecare services.	Derrick	Derrick Pearce	0.0	0.0	0.0	0.0	Green		Not viable given the lack of technology awareness of cohort and increased complexity of need limiting numbers where there is a med call only.
20/21/16	New Model	Tailored Moving & Handling	Tailored Moving & Handling	Derrick	Derrick Pearce	0.0	0.0	0.0	0.0	Amber		In progress (DP)
20/21/17	New Model	Implementation of East Dunbartonshire Strategic Cancer Partnership	Implementation of East Dunbartonshire Strategic Cancer Partnership	Derrick	David Radford	0.0	0.0	0.0	0.0	Green		Approved through HSCP Board and implementation in progress
<b>Sub Total Service Redesign 20/21</b>						<b>676.0</b>	<b>476.0</b>	<b>476.0</b>	<b>476.0</b>			
<b>TOTAL Deliverable Programme 2021</b>						<b>1,665.50</b>	<b>811.75</b>	<b>715.75</b>	<b>689.50</b>			

**Projects Paused for 20/21 - to be reviewed for 21/22**

19/20/10	Efficiency	Review Approach to Prescribing	Review of local prescribing practice and benchmarks to identify opportunities for further efficiencies in the prescribing of medicines across ED.	Derrick		200	0	0	0	Red	Board wide savings programme, staff re-directed to Covid response.	Number of risks for prescribing for 20/21 - number of drugs moving onto short supply causing price increases, additional funding for 19/20 for 20% increase in March to be repaid in 20/21 as volumes for April / May show a compensating reduction - monitor closely. In addition pharmacy staff redeployed to Covid effort impacting delivery of local savings.
19/20/11	Efficiency	Improved management of allocated fleet and pool cars	Improved efficiency in the use of fleet / pool cars to reduce the reliance on the use of mileage.	Derrick		30	15	15	15	Amber	Impact of social distancing requirements on fleet use	Anticipate increased mileage for homecare during Covid period and impact on ongoing transport provision in adherence to social distancing requirements.
19/20/14	Access	Re Invigorate On Line Asset Map	Re establish work to scope and capture community resources across East Dunbartonshire to support self management and sign posting for individuals seeking to access support.	Derrick		0	0	0	0	Amber	Digital Strategy	Work paused - priority directed to covid response. To be delivered through Digital & Care Board
20/21/07	Service Change	Deliver locality based access points and community led support	Deliver locality based access points and community led support	Derrick		0.0	0.0	0.0	0.0	Amber		As above
20/21/08	Service Change	Redesign HSCP Staffing and mgt structure to support new ways of working	Redesign HSCP Staffing and mgt structure to support new ways of working	Caroline		25.0	12.5	0.0	0.0	Amber		Linked to HSCP delivery model going forward
20/21/09	New Models / Practice	Pilot family group decision making model	Pilot family group decision making model	David		0.0	0.0	0.0	0.0	Red		Not progressed during Covid period
20/21/11	New Models / Practice	Scope potential for residential care beds in East Dun / new residential care home	Scope potential for residential care beds in East Dun / new residential care home	Derrick		tbc	tbc	tbc	tbc	Amber		Business case on hold during Covid response
20/21/12	Service Change	Evaluation of Care at Home revised service model	Evaluation of Care at Home revised service model	Derrick	Richard Murphy	0.0	0.0	0.0	0.0	Red		Full implementation of new model on hold during Covid period - establish evaluation 6 months after full implementation.
20/21/13	Service Change	LD Supported Accommodation Review (In House Service)	Review of in house service delivery models to support individuals with a learning disability requiring residential accommodation	David	David Aitken	0.0	0.0	0.0	0.0	Amber		LD Review on hold during Covid response.
20/21/14	Service Change	LD Supported Accommodation Review (Commissioned Services)	Review of externally purchased service delivery models to support individual with a learning disability requiring support within a supported accommodation model.	David	Gillian Healey	0.0	0.0	0.0	0.0	Amber		LD Review on hold during Covid response.
<b>TOTAL Programme Approved March 2020</b>						<b>1,920.50</b>	<b>839.25</b>	<b>730.75</b>	<b>704.50</b>			
<b>Shortfall 20/21</b>								<b>1,189.75</b>	<b>1,216.00</b>			

## Greater Glasgow and Clyde NHS Board

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Dear Caroline

### **2020/21 Financial Allocation to East Dunbartonshire Health and Social Care Partnership**

Further to my letter in March I can now confirm the Board's allocation to the HSCP for 2020/21.

#### **Annual uplift to NHSGGC**

The annual general uplift is provided by the Scottish Government to support Boards in meeting expected additional costs related to pay, supplies (which includes prescribing growth and utilities charges) and capital charges. The Board's uplift for 2020/21 is 3.0% totalling £68.9m.

#### **The HSCP Settlement**

The Scottish Government's funding allocation letter issued on 6 February 2020 states that "*In 2020-21, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 3.0% over 2019/20 agreed recurring budgets*".

The total allocation uplift to all six HSCPs should therefore be £25.6m based on the recurring budget at 31 March 2020 and the partnership's share of this allocation is included in **Appendix 1**.

#### **Set Aside Budget**

During 2019/20 work has continued to identify the actual budgets and costs of unscheduled care services and these have been used as the basis for the set aside allocation for 2020/21. This is based on the final out-turn for 2019/20 uplifted by 3.0%. This figure represents the estimated actual usage of in scope Acute services. This will continue to be a notional allocation until commissioning plans are in place between HSCPs and the Board.

#### **Recharges to HSCPs**

The following items will continue to be charged to the HSCP during 2020/21:

- The HSCP's proportional share of the Apprenticeship Levy based on your HSCP's payroll cost; and
- The HSCP's proportional share of the annual cost arising from the change in accounting treatment of pre 2010 pension costs as the non recurring funding generated from this change was used to provide non recurrent support to all service areas in 2016/17.

Non recurring allocations including Scottish Government allocations for COVID-19 for both health and social care expenditure will be passed directly to the partnership when received by the Board.

Yours sincerely

A handwritten signature in black ink, appearing to read 'James Hobson', with a long horizontal flourish extending to the right.

**James Hobson**  
Assistant Director of Finance  
NHS Greater Glasgow and Clyde



## Appendix 1 – Financial Allocation 2020/21

Spend Categories	East Dunbartonshire Hscp
	£000s
Family Health Services *	28,239
Fhs Income*	(1,496)
<b>Family Health Services Budget (Net)</b>	<b>26,743</b>
Prescribing & Drugs	19,340
Non Pay Supplies	4,038
Pay	15,082
Other Non Pay & Savings	17,398
Other Income	(931)
<b>Budget - HCH incl Prescribing</b>	<b>54,927</b>
<b>Total Rollover budget - NET</b>	<b>81,670</b>
<b>Adjustments:</b>	
Non Recurring bud allocated to base	(1,854)
Realignment of Specialist Children's Services	198
<b>Budget Eligible for HCH &amp; Prescribing uplift</b>	<b>53,271</b>
<b>Uplifts</b>	
Scottish Government allocation	1,598
<b>Revised Budget</b>	<b>83,465</b>
<b>Set Aside Budget</b>	
Out-turn for 2019/20	32,247
Uplift at 3%	967
<b>Allocation for 2020/21</b>	<b>33,214</b>



**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

<b>Date of Meeting</b>	12 <sup>th</sup> November 2020
<b>Subject Title</b>	East Dunbartonshire HSCP Clinical & Care Governance Annual Report
<b>Report By</b>	Paul Treon, Clinical Director
<b>Contact Officer</b>	Paul Treon, Clinical Director <a href="mailto:Paul.Treon@ggc.scot.nhs.uk">Paul.Treon@ggc.scot.nhs.uk</a> Telephone: 0141 232 8237

<b>Purpose of Report</b>	To share the minutes of the Clinical & Care Governance Group meeting held on 19 <sup>th</sup> August 2020.
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<b>Recommendations</b>	The Partnership Board is asked to:  1. note the content of the Clinical and Care Governance meeting of 19 <sup>th</sup> August 2020.
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<b>Relevance to HSCP Board Strategic Plan</b>	None
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**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	None
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<b>Equalities:</b>	None
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<b>Financial:</b>	None
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<b>Legal:</b>	None.
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<b>Economic Impact:</b>	None
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<b>Sustainability:</b>	None
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<b>Risk Implications:</b>	None
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<b>Implications for East Dunbartonshire Council:</b>	None
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None
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<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	<b>1. No Direction Required</b>	<b>x</b>
	<b>2. East Dunbartonshire Council</b>	
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	

**Agenda Item Number: 8a  
Appendix 1**

**Minutes of  
East Dunbartonshire Health & Social Care Partnership Clinical & Care Governance Sub Group  
Wednesday 19<sup>th</sup> August 2020, 3pm  
Microsoft Teams Meeting**

**Members Present**

<b>Name</b>	<b>Designation</b>
Paul Treon	Clinical Director, (Chair)
David Aitken	Interim Head of Adult Services and Deputy CSWO
Claire Carthy	Interim Head of Children's Services & Criminal Justice
Michael McGrady	Consultant in Dental Public Health
Leanne Connell	Chief Nurse
Carolyn Fitzpatrick	Lead for Clinical Pharmacy and Prescribing, (Vice-Chair)
Fiona Munro	Team Manager, OPMH, CRT, COT
Gillian Notman	Change & Redesign Manager

**In Attendance**

<b>Name</b>	<b>Designation</b>
Dianne Rice	Clinical & Care Governance Support Officer

**Apologies**

<b>Name</b>	<b>Designation</b>
Caroline Sinclair	Interim Chief Officer and CSWO
Derrick Pearce	Head of Community Health & Care Services
Fraser Sloan	Clinical Risk Analyst
Raymond Carruthers	Operational Service Manager, Oral Health
Lorraine Currie	Operations Manager, Mental Health

No.	Topic	Action by
1.	<b>Welcome and Apologies</b>	
	<p>Apologies are noted on page 1</p> <p>Paul Treon opened the meeting and explained the purpose of this meeting was to discuss the Clinical &amp; Care Governance Annual Report and the change in chair, vice chair and members.</p> <p>Paul advised that the meeting had been previously chaired by Val Tierney, Chief Nurse who has since accepted a secondment position within West Dunbartonshire. Paul and the members present congratulated Leanne Connell who will now replace Val as Chief Nurse within the HSCP.</p>	
2.	<b>Minutes of Previous Meeting</b>	
	<p>The previous meeting took place and the standard agenda was replaced to discuss arrangements, policies, procedures &amp; guidance which had been established during the COVID-19 pandemic.</p> <p>With the exception of one amendment, it was noted that the previous minutes were an accurate reflection of the meeting.</p> <p>Amendment: Pg. 7 – “at this time” to be added after the sentence “We have only one individual in East Dunbartonshire matching this criteria”.</p>	DR
3.	<b>Rolling Action List</b>	
	The group reviewed and commented on the rolling action list. Dianne Rice will update the list for the next meeting.	DR
4.	<b>Matters Arising</b>	
	The members agreed that all matters arising were covered within the agenda.	
5.	<b>Membership of Group</b>	

<p>Paul expressed his intention to streamline the group. To ensure governance within their service all work from the group will be coordinated through Heads of Service. This will ensure governance within their service and they will provide the CCGG members with updates at each meeting.</p> <p>The proposed membership of the group is as follows:  Paul Treon, Chair  Carolyn Fitzpatrick, Vice Chair  Caroline Sinclair, Interim Chief Officer  Leanne Connell, Chief Nurse  David Aitken, Head of LD, MH / Chief Social Work Officer  Claire Carthy, Head C&amp;F, Criminal Justice  Derrick Pearce, Head of Community Health &amp; Care Services  Michael McGrady, Consultant in Dental Public Health, Oral Health  Raymond Carruthers, Operational Service Manager, Oral Health  Hugh Russell, Lead Optometrist  Lorraine Currie, Operations Manager Mental Health  Vandrew McLean, Corporate Business Manager  Fraser Sloan, Clinical Risk  **Other members may be asked to attend the meeting on an ad-hoc basis.</p>	<b>HoS</b>
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<p>Paul asked the attendees at the meeting today if they had any objections or suggestions on the proposed membership. Fiona Munro suggested that the membership may be missing an Allied Health Professional (AHP) rep, however, was unsure of who this would be. Paul asked Dianne Rice to check if there was an AHP rep within the Primary Care &amp; Community Partnerships Governance Group.</p> <p>Pending confirmation of AHP rep, all members present agreed the proposed membership.</p>	DR
<b>6. Chair / Vice Chair Roles</b>	
<p>Paul advised that he would be chair of the group as the HSCP Clinical Director. Carolyn Fitzpatrick was asked to be Vice Chair of the group as it was felt that Carolyn had more of an advisory position within her role.</p>	
<b>7. Future Meetings</b>	
<p>Paul informed that 2 dates had previously been set for the remainder of the year, however, proposed that these be removed and replaced with the following dates:</p> <p>7<sup>th</sup> October 2020  2<sup>nd</sup> December 2020</p> <p>It was noted that there will also be a change in the times of the meeting, to accommodate a change in minute support. The meetings will now take place between 9.30 – 11.30am.</p>	
<b>8. Clinical &amp; Care Governance Annual Report</b>	
<p>The draft annual report was circulated prior to the meeting for members to review and comment. All members agreed the content of the report.</p>	
<b>9. Any other business</b>	

	There was no other competent business to report	
<b>10.</b>	<b>Date and time of next meeting</b>	
	Wednesday 7 <sup>th</sup> October 2020, 9:30am, Microsoft Teams Post meeting note – changed to Wednesday 21 <sup>st</sup> October 2020 via MS Teams	

DRAFT



**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

<b>Date of Meeting</b>	12 <sup>th</sup> November 2020
<b>Subject Title</b>	East Dunbartonshire Draft Performance, Audit & Risk Committee Minutes of the 28 <sup>th</sup> September 2020
<b>Report By</b>	Jean Campbell, Chief Finance & Resources Officer <a href="mailto:Jean.Campbell2@ggc.scot.nhs.uk">Jean.Campbell2@ggc.scot.nhs.uk</a> Telephone : 0141 232 8216
<b>Contact Officer</b>	Jean Campbell, Chief Finance & Resources Officer

<b>Purpose of Report</b>	To provide the Board with an update on the business of the Performance, Audit & Risk Committee held on the 28 <sup>th</sup> September 2020.
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<b>Recommendations</b>	The Integration Joint Board is asked to:  a. Note the contents of the minute Performance, Audit & Risk Committee held on the 28 <sup>th</sup> September 2020 – <b>Appendix 1</b> .
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<b>Relevance to HSCP Board Strategic Plan</b>	This committee provides support to the IJB in its responsibilities for issues of performance, risk, control and governance and associated assurance through a process of constructive challenge and provides a robust framework within which the objectives within the Strategic Plan are delivered.
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**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	None
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<b>Equalities:</b>	N/A
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<b>Financial:</b>	None
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<b>Legal:</b>	None
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<b>Economic Impact:</b>	None
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<b>Sustainability:</b>	None
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<b>Risk Implications:</b>	N/A
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Implications for East Dunbartonshire Council:	N/A
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Implications for NHS Greater Glasgow & Clyde:	N/A
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Direction Required to Council, Health Board or Both	Direction To:	
	1. No Direction Required	<b>x</b>
	2. East Dunbartonshire Council	
	3. NHS Greater Glasgow & Clyde	
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	

Agenda Item Number: 9a.

**Minutes of  
East Dunbartonshire HSCP Performance, Audit & Risk Committee Meeting  
Date: Monday 28 September 2020  
Location: Via MS Teams**

<b>Present:</b>	<b>Jacqueline Forbes (Chair) (JF)</b>	<b>Fiona Mitchell-Knight (FM)</b>
	<b>Susan Murray (SM)</b>	<b>Jean Campbell (JC)</b>
	<b>Caroline Sinclair (CS)</b>	<b>Peter Lindsay (PL)</b>
	<b>Derrick Pearce (DP)</b>	<b>Ketki Miles (KM)</b>
	<b>Gillian McConnachie (GM)</b>	<b>Kenneth McFall (KMcf)</b>
	<b>Vandrew McLean (VM)</b>	<b>Claire Carthy (CC)</b>

**In attendance: Siobhan McGinley (Minutes)(SMc)**

No.	Topic	Action by
1.	<b>Welcome and Apologies</b>	JF
	Chair welcomed all, apologies from Alan Moir.	
2.	<b>Minutes of previous meeting – 18 June 2020 and Matters Arising</b>	JC/JF
	JF asked about the extra column in the Business Plan discussed at the last meeting. JC advised that adapting this is being considered and that the reporting of transformation will be progressed in line with the Council performance reporting structures through Pentana – this work is in progress.	
3.	<b>Audit Scotland Proposed Annual Audit Report 2019_20</b>	FM/KMcF
	<p>FM noted and referred to all 3 items attached, a package concluding reports in 2019/20. FM advised that the Audit appointment has been extended for one year due to the COVID - 19 pandemic, now making it a 6 year appointment and thanked the finance and audit team for all of the work they have input allowing the accounts to be approved and signed off. KMcF commented on the report itself, page 16 highlighting conclusions on Financial Statements, Financial Management and sustainability of the HSCP. Accounts are showing a clear and accurate review. Some changes have been made to accounts in agreement and discussion with JC. IJB current deficit sits at £1.1m meaning all allocated reserves have been used. Current projected overspend is around £6.3M, £5.3m of which is due to COVID overspend which will hopefully be covered by additional Government funding. There is a requirement to complete a medium to long term financial plan to demonstrate financial sustainability. An action plan has been developed based on best value self-assessment and is demonstrating good progress so far. Exhibit 3 highlights significant findings from the financial statements audit and the deficit reported has increased from £182,000 to £1.1m, due to an adjustment to correct reserves accounting within the draft accounts, but has had no impact on year end reserves position. Appendix 1 is the action plan for 2019/20 and follow up of prior year recommendations. Two of the actions relate to developing a long-term financial plan and the requirement to meet savings target in 2020/21.</p> <p>SM asked how the Audit Report and issues highlighted therein compares to that in other IJBs. FM advised that the issues faced within this IJB are similar to those experienced by other IJBs particularly with the challenges brought on by the pandemic.</p> <p>JF had 3 questions within the governance statement relating to pages 30, 33 and 38 of the papers. One question was regarding page 30 of the report where there is reference made to follow up reports for Care First Testing, Home Care Review and Social Work contact monitoring, is there a time scale for those? GM provided feedback on the first question.</p>	

	<p>Care First Testing and Home Care Reviews have not yet been completed due to the impact of COVID but that these outstanding audits will be revisited within the next 6 months. The original plan around Social Work monitoring was that it would have been completed by end of December 2020 however due to the continued impact of the pandemic the timescale has fallen behind but hopes a further update will be brought to the next Committee meeting.</p> <p>Second question was regarding a comment on Financial Information not being added, (para 68), was this due to COVID or is there another reason? JC advised this has still to be reviewed and concluded.</p> <p>Third question was regarding when the first draft of the 5 year plan would be available? JC spoke about the 5 year medium term financial strategy which would go before the Board in March 2021 and hoped it would be brought before the Committee in Jan 2021 which is when the next meeting will be held. Some engagement with partner agencies would need to take place to ensure we are in line with the assumptions that are being made and that work with the Transformation Planning is something which will require to be resumed in conjunction with Council and Health colleagues prior to the first draft.</p>	
<b>4.</b>	<b>East Dunbartonshire IJB Annual Audited Accounts 2019 20</b>	<b>JC</b>
	<p>JC provide an update on these papers presented to the Board for approval and to authorise the Chair, Chief Officer and Finance &amp; Resource Officer to sign off. Some points to note were that a £1.1m deficit had been incurred, details of this are within the annual accounts. There had been an over spend on Social Work services of £1.9m which was mitigated in underspend on Community Health budget (£0.9M) and had all been reported through the Board. The biggest financial pressure has been in Older People's Services. Lessons learned from last year - transformation programme being over ambitious, this year has been more realistic and will continue to be tracked throughout the course of the year. Contributions relied heavily on re-designation of earmarked reserves. The set aside budget is a much more realistic reflection of actual expenditure in acute and activity levels now reflect more accurate figures. The sum of £0.8m of reserves is available within earmarked provision to support work around Primary Care improvement and ADP. Sustainability will be key in financial plan going forward.</p> <p>JF commended everyone who was involved in the production of a very comprehensive paper.</p>	
<b>5.</b>	<b>HSCP Annual Internal Audit Report 2019 20</b>	<b>GM</b>
	<p>GM provided an overview on this report which specifically provides assurance over the HSCP's Governance Risk Management and Control framework, the first time the assurance has been presented in this format. It represents a positive step in the Governance arrangements for the HSCP. GM emphasised item 1.10 of the cover report where reference is made to significant issues raised by internal audit that require to be addressed. 1.11 makes reference to the impact which the COVID 19 pandemic has had on the Governance arrangements in place. In Appendix A of the main report, the opinion is provided which includes the details of sources of assurance to support the opinion.</p> <p>JF asked whether mechanisms in terms of controlling year end out turns had been implemented to prevent a repeat in future.</p> <p>JC advised that information on activity levels along-side financial information, regular budget meetings looking at bad debt provision throughout the year and routine reporting are being implemented to minimise what had arisen during the previous year end last year from occurring again. Many of the recommendations made last year have been reflected upon and are now being incorporated in the way in which monitoring and reporting to Board is carried out.</p>	
<b>6.</b>	<b>Internal Audit Progress Update to August 2020</b>	<b>GM</b>
	<p>GM provided an update on the HSCP, EDC and NHSGGC internal audit activity. With reference to paragraph 2.1 referring to the Council's Audit Committee, no date has been confirmed as yet however it is hoped that this can be diarised sometime in the next 2-3 months where a more detailed update can be provided. Appendix 1 details timescales for</p>	

	those audits which are underway and those planned in the near future.	
<b>7.</b>	<b>Internal audit annual report for 2019 20 on NHSGGC</b>	<b>GM</b>
	<p>Report provided slightly later than usual due to pandemic. Conclusion is reasonable assurance except in those areas detailed below:</p> <ul style="list-style-type: none"> <li>• Service Redesign – Acute Stroke Services;</li> <li>• Operational Planning;</li> <li>• Medicines Reconciliation in Hospital;</li> <li>• Sickness Absence Follow Up; and</li> <li>• IT Security.</li> </ul> <p>The opinion provides assurance both for HCSP Annual Internal Audit Report and the Governance Statement included in the Annual accounts, these documents refer to specific issues as outlined as areas of improvement.</p> <p>JF was pleased to report that having been present at another PAR committee Board meeting recently it appears this Board are taking a more thorough and in depth look at what is being monitored internally within the Board and the Council and at the NHS papers.</p>	
<b>8.</b>	<b>HSCP Transformation Plan 2020 21 Update</b>	<b>JC</b>
	<p>JC advised that this update is a more detailed report on transformation activity to date than had been presented to the Board previously. Significant transformation activity identified this year has been impacted by COVID resulting in unavoidable delays in delivering a number of projects. Some elements have resumed, some are in green, the majority are amber and some are red resulting in some areas which will not be achieved as anticipated by March 2021. Focus will remain on areas where there is a greater chance of progressing the projects as intended. A £2.8m gap was identified initially in the transformation plan which has been mitigated to £2.1m and work will continue in conjunction with council and NHS colleagues to identify what is realistic in terms of transformation to close this gap. It is unlikely that the full extent of the financial gap will be achieved this year so the expectation is that through revenue monitoring and development of a recovery plan, the Board will be brought up to date in the next cycle or the following cycle, to try to deliver a balanced budget.</p> <p>SM commented on the question raised at the development session last week which was what had allowed the progression of change to take place so quickly? In response - the answer was that there was permission to act and assurances that the finance would follow. SM questioned whether the key factors have been identified for the change in pace and are we able to apply these to this transformation plan if finance is not an issue and are there other key factors?</p> <p>CS commented that during the pandemic across all HSCPs and NHSGGC were given a very clear direction for the roll out of priorities such as Attend Anywhere which moved at pace. This is quite different in our own local transformation plan which is focussed around local needs. COVID specific responses had been prioritised which took time away from delivering transformation projects however most of these projects had a dependency on other organisations and people-activity out with our direct control. These other organisations on whom we depend for delivering the transformation projects were simultaneously pulled to fulfil their own COVID response so very little on the list is directly within the HSCPs control. SM advised that finding areas of collaboration could be key to all 6 Boards moving forward more effectively. Could this be developed? CS advised that throughout the COVID response this collaborative approach has been undertaken and regular meetings have taken place to discuss the response, this is evident in the shared approach to the Flu immunisation programme. JF referred to page 155, item 133 there are 32 priorities to be delivered but there are no numbers on the RAG status, will this be established? JC advised that there had been an outstanding piece of work on this however</p>	



	<p>to update, 7 are at red, 22 at amber and 3 at green. Those identified at red will be moved for future consideration and efforts will be focussed on those at amber. JF commented on the 'House project' where funding has been approved but it is still at amber. Is there another issue preventing it being progressed to green? CC updated that there has been a slight delay due to COVID and work around job evaluation and recruitment being carried out however a co-ordinator for the project has now been appointed. Approval has recently been given to recruit facilitators for the project also.</p> <p>Another question from JF was to what extent have some of the initiatives been captured from the COVID exercises that can be translated into the plan to help speed up the pace and simplify processes going forward? DP advised of a number of work streams are up and running across the 6 Partnerships related to response or identified around recovery but moved back to response status given the changes, particularly around the delivery of Care at Home services and Day Time Support. EDHSCP runs Board-wide groups for both of these and have pulled together lessons learned from other areas and models of practice in place in other areas and how we can move forward instead with each other. Consistency in moving forward as well as changes in the way in which services are delivered are vital and will benefit from best practice identified within the other areas. In some aspects, East Dunbartonshire has best practice and to share and support other areas to emulate some of our practices will help with consistency going forward. KM echoed earlier questions raised by JF and SM around what can be realistically achieved in the financial and transformation plan initiatives, a statement to the Board would be helpful to be clear on where dependency on both the NHS and Council lies as this is not clear in the papers. Also are the resources available for both the COVID challenges and delivery on the financial plan? CS agreed with the need for the SMT to step back and reframe the transformation programme and look at what can reasonably be expected to be achieved.</p>	
9.	<b>Audit Scotland Guide for Audit &amp; Risk Committee</b>	JC/PL
	JC spoke about these published documents by Audit Scotland which were developed in response to COVID. These are being brought before the Board to provide a level of assessment in where this Board is placed in terms of our response and what, if anything should be factored into scrutiny during this time. PL added a thanks for completing the self-assessment. JF raised a concern about funding being held back from the Government and hopes it will filter through eventually.	
10.	<b>Covid-19 Support to Care Homes</b>	JF
	DP presented the current position on the Care Homes in East Dunbartonshire. SM had a question on the increased demands being placed on Care Homes. DP commented that the level of requirement and compliance has been far greater due to COVID, infection prevention control and social distancing measures have been very different from any routine measures previously used and it has been very challenging to implement these measures. JF commended the care home staff on their efforts to look after this group of vulnerable individuals.	
11.	<b>Future Agenda Items</b>	SM
	SM wanted to reinforce the request for additional information within the papers.	
12.	<b>A.O.C.B</b>	
	No discussion	
13.	<b>Date of next meeting – 5 January 2021</b>	

Agenda Item Number: 10.

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

<b>Date of Meeting</b>	12 <sup>th</sup> November 2020
<b>Subject Title</b>	East Dunbartonshire HSCP Strategic Planning Group – Minutes of Monday 6 <sup>th</sup> August 2020
<b>Report By</b>	Derrick Pearce, Head of Community Health and Care Services
<b>Contact Officer</b>	Derrick Pearce, Head of Community Health and Care Services <a href="mailto:Derrick.Pearce@ggc.scot.nhs.uk">Derrick.Pearce@ggc.scot.nhs.uk</a> Tel: 0141 232 8233

<b>Purpose of Report</b>	To share the minutes of the HSCP Strategic Planning Group held on Monday 6 <sup>th</sup> August 2020
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<b>Recommendations</b>	The Partnership Board is asked to:  1. note the content of the HSCP Strategic Planning Group on Monday 6 <sup>th</sup> August 2020.
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<b>Relevance to HSCP Board Strategic Plan</b>	None
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**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	None
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<b>Equalities:</b>	None
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<b>Financial:</b>	None
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<b>Legal:</b>	None.
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<b>Economic Impact:</b>	None
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<b>Sustainability:</b>	None
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<b>Risk Implications:</b>	None
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<b>Implications for East Dunbartonshire Council:</b>	None
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None
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<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	<b>1. No Direction Required</b>	<b>x</b>
	<b>2. East Dunbartonshire Council</b>	
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	



Agenda Item Number: 10a.  
Appendix 1

**EAST DUNBARTONSHIRE HSCP**

**Minute of the Strategic Planning Group held  
on 6<sup>th</sup> August 2020 at 1.30pm via MS Teams**

**Present**

Derrick Pearce	Head of Community Health & Care Services
Fiona McManus	Carers Representative
Bernadette Laffey	Policy Officer (Housing Rep)
David Radford	Health Improvement & Inequalities Manager
Alan Cairns	Planning, Performance & Quality Manager
Linda Tindall	Senior Organisational Development Adviser
Gillian Notman	Change & Redesign Manager
Susan Frew	Clinical Services Manager Oral Health
Claire Carthy	Head of Children's Services & Criminal Justice
Joni Mitchell	Partnership Development Officer
Gillian Healey	Team Manager – Planning and Service Development
Leanne Connell	Chief Nurse
Stephen Russell	Senior Addiction Worker (SW Practitioner Rep)

**Attending:**

Andrew McLinden	MacMillan Project Manager
Bill Clark	MacMillan Patient Experience Expert
Ian Brodie	Team Leader - Housing Strategy and Development
Gillian Lunn	Team Leader - Housing Operations
Alison Laurence	Team Leader Land Planning Policy
Stewart McNally	Policy Planner
Catriona Burns	Minute Taker

**Minutes**

- |  |                      |
|--|----------------------|
| <p>1. <b>Introductions &amp; Apologies</b></p> <p>Apologies: Caroline Sinclair, Jenny Proctor, Alex Meikle; Alex O'Donnell, Avril Jamieson, Lisa Johnston, Laura Coia,</p> | <p><b>Action</b></p> |
| <p>2. <b>Notes of Previous Meeting</b></p> <p>The minutes of the previous meeting were approved.</p>   |                      |

### 3. Matters Arising

DP asked everyone to introduce themselves and advised that he would be chairing this meeting for Caroline Sinclair. DP advised that we would deviate from the agenda issued. Bill Clark & Andy McLinden will present on Improving Cancer Journey within East Dunbartonshire, then the Housing Presentation from BL, IB & GL, followed by Items, 7, 8, 9 & 5. Updates will be by exception only and all updates are to be emailed to Cat for inclusion in the minute.

### 7. Improving Cancer Journey in East Dunbartonshire



06. SMT Macmillan  
SPG Proposal Aug 20.d

DR introduced Andy McLinden & Bill Clark from McMillan Cancer Support. The HSCP & McMillan Cancer Support have been working jointly to create an Improving Cancer Journey Partnership and Action Plan within East Dunbartonshire. The attached paper details the key stages of the proposal and the governance role of the SPG in the new Partnership.

It was agreed that the Improving Cancer Journey Programme would be added to the end of the SPG Agenda as a standing item. Any questions can be sent directly to David Radford.

**ACTION – Add ICJ Oversight to SPG Agenda as Standing Item**

### 4. Housing Presentation

Iain Brodie gave an overview of recent changes to Housing structure, explaining his role and introducing Gillian Lunn to the meeting.



Final Local Housing  
Strategy Annual Upda

BL and IB gave background to presentation, giving the detail of the 5 priority outcomes of LHS, the challenges faced and the impact of COVID pandemic.

DP thanked BL & IB for a very comprehensive presentation. It was very impressive and the links are clear between Housing, HSCP & the Local Development Plan.

### 8. Final Draft Local Development Plan 2



Proposed LDP2 -  
Word Version.pdf

AL shared EDC's proposed local development plan which will be presented to Council on 20<sup>th</sup> August 2020. Consultation will begin in September once approval

has been given and there will be digital and non-digital options available. AL shared the key points of interest. The Working group was paused therefore any comments from the Working Group will be included in the supplementary guidance produced. Following discussions all were keen to establish the Working Group

DP stated the SPG were concerned about new Housing developments and the impact on the capacity of local H&SC services. AL advised that the SPG still have the ability to influence the plan and that this will be included in the supplementary guidance

#### 9. **Final Report – Research in Housing for Older People and people with additional needs**

This useful reference document is the result of joint working between EDC & HSCP which provides information around the needs of local people with additional housing needs, not just older residents but people who have different living requirements. This will ensure that EDC is suitable for all. This document will go to the IJB on 17<sup>th</sup> Sept 2020 and through the EDC governance structure. Once approved we will look at the next steps.

GN welcomed the reinstatement of the workshop to establish actions. Practitioners need to begin conversations early in the process.

CC stated that Social Work have strong links with housing working together to support the needs of young people leaving care and persons leaving prison. There is a strong corporate parenting approach in EDC and we aim to have no intentional youth homelessness. There is strong partnership work in assisting vulnerable families. Children's wellbeing is paramount and we work with Housing collaboratively. There is a new project starting which could be a future agenda item. The aim is to improve the outcomes for care leavers and this will in turn save council money.

DP stated that this crossover project would require careful planning to ensure that the governance is coming from the correct sources.

SR reported that people in recovery are being housed in areas where they have no support and access to transport is problematic. The high rental cost of private temporary accommodation for those who are still working needs to be considered. One client reported having to consider leaving a job in order to get his rent paid. Working is an important part of recovery and some find they are unable able to work but because of high rents.

#### 10. **Land Planning/Development Contributions**



HSCP Strategic  
Planning Group 06 Au

SMcN gave a short presentation on developers' contributions and impact on Health provisions.

DP requested that the workshop looks at development contributions around H&SC and lessening the impact.

**ACTION - GN & DP will provide names for the virtual workshop**

## 6. Strategic Plan Update

AC gave an update on the current position with the review of the Strategic Plan which was due to be updated next year. The review process for all HSCP's has been affected by Covid and there have been ongoing discussions with Scottish Government on how to progress. The Scottish Government has proposed that all 5 HSCPs develop a 1 year bridging document to encapsulate the review, how well each Partnership has done, recognising the challenges in replacing the plan and incorporating Covid & Recovery. This proposition will go to next Board and work will commence to prepare a document. The existing plan will be brought to a future SPG to allow for reflection on what needs to be done and take into account of any items of Covid response. FM agreed that it is important to review all that has been done over last 3 years, and celebrate what has worked well.

Any questions to be sent to Cat to incorporate into minute

## 5. Updates

### 5.1 East & West LPG

Both East and West Locality Planning Groups held virtual meetings a few weeks ago. We had an informal catch up on how people were doing and on what services were currently active or not. What came out of both groups was the flexibility of working and undertaking different roles during the pandemic. There were multiple examples of good practice, particularly around volunteering. The challenges on getting day care services back up and running and what this could look like with the legislative requirements on social distancing was discussed in some detail. Going forward community groups may look quite different.

Derrick Pearce described a new model for locality working. The vision being that where possible, there would be a cohort of practitioners assigned in to localities. The aim being that it would improve effectiveness, personal centeredness and efficiency and in doing so on a locality focussed basis then the multi-disciplinary team would be best suited to respond to need. It is also proposed that locality planning should be more tactical in its approach whereby locality planning groups could use their collective experience and resources to help problem solve and maximise assets assisting practitioners meet need on both an individual and community-wide basis. These ideas received positive responses from the groups.

## 5.2 3<sup>rd</sup> Sector Update

### **OPAL/EDVA Shopping & Prescription Assistance Service**

Due to significantly lower levels of calls to the service is now reduced to Mon to Fri. CAB will continue to provide a referral service on Saturday mornings. We are keeping a close eye out on the possibility that some form of Lockdown may be re-imposed and, if so, the option for resumption of a seven-day service will be reviewed.

### **Volunteer Community Groups**

Working with the local volunteer community groups to explore the options for them to become constituted and develop into Community Anchor Organisations that will enable them to:

- Receive funding
- Continue with the shopping and prescription service
- Recruit and support volunteer drivers
- Develop other areas of activity in their local communities

### **Third Sector Recovery: New Survey**

EDVA will be carrying out a survey in August to ascertain the impact COVID-19 has had on the day to day working of 3rd Sector Organisations in East Dunbartonshire. The survey will look at what additional funding and resources organisations have tried to access to mitigate the impact of COVID and what their plans are for recovery as Lockdown restrictions are progressively eased to identify focus areas for the coming months.

## 4.3 Independent Sector Update – no update available

## 4.4 PS&UC Update

FM advised that the PSUC are producing a film on what happens when you now go to GP. This will be published on social media and aims to relieve any anxieties

## 4.5 Housing Update

(1) The Housing Operations Team is now part of the Care 4 People. There continues to be just over 1000 vulnerable households (including those vulnerable tenants who were on the shielding list) who have been contacted. Approximately 80% of households are tenants, including some in sheltered housing and temporary accommodation. Of these vulnerable tenants and residents, approximately 20% have been referred to receive weekly food parcels and 5% have received weekly social isolation calls. There weren't any new referrals of vulnerable tenants and residents during July. At the 6th August, no mainstream lets were undertaken.

(2) The Homelessness and Prevention Team continue to work remotely. Homelessness numbers continue to be relatively low during lockdown. During August the Homelessness Team took a further 28 applications. The new Unsuitable Accommodation Order introduced in May 2020 restricts the use of bed



and breakfast or unsuitable accommodation for all households. Previously this unsuitable accommodation order was just for households with children etc. The Homelessness and Prevention Team are currently liaising with the Scottish Government and other local authorities in relation to the impact that this change has on the Homeless Service. Guidance is due to be published during September/October. The Homeless of Out of Hours Service has been extremely busy with over 140 calls to date (in comparison to 160 received in 2019/20 full year).

(3) The Housing Strategy and Development Team are completing developments at

- Kilmardinny, Bearsden
- Bencloch Road, Lennoxton
- David Grey Drive and Armour Drive, Kirkintilloch

Shortly Commencing at

- Former Lairdsland Primary, Kirkintilloch
- Former Tom Johnson House, Kirkintilloch
- Blackthorn Avenue, Lenzie
- The Loaning, Kirkintilloch

#### 4.6 Primary Care Update not available

#### 4.7 Public Health Improvement Team

Transitioning into recovery phase and team is planning for both immediate and short term programme outcomes.

The HSCP has secured Partnership arrangements with MacMillan Cancer Support to develop a form Improving Cancer Journey strategic and operational approach for East Dunbartonshire.

The HIT have 40% of the team presently seconded to NHS GGC to support the roll out of the National Test and Protect programme. The secondments are due to run until end Aug.

#### Future SPG Topics

DP asked for suggestions for future topics to be sent to Cat. CC suggested the National House Programme.

#### Date of Next Meeting

The next meeting is 15<sup>th</sup> October 2020 at XXXX via MS Teams

Agenda Item Number: 11.

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

<b>Date of Meeting</b>	12 November 2020
<b>Subject Title</b>	Staff Forum Minutes – 21 September 2020
<b>Report By</b>	Tom Quinn, Head of Human Resources <a href="mailto:Tom.quinn@ggc.scot.nhs.uk">Tom.quinn@ggc.scot.nhs.uk</a> 07801302947
<b>Contact Officer</b>	Tom Quinn, Head of Human Resources <a href="mailto:Tom.quinn@ggc.scot.nhs.uk">Tom.quinn@ggc.scot.nhs.uk</a> 07801302947

<b>Purpose of Report</b>	To provide re-assurance to the Board that Staff Governance is an integral part of the governance activity within the HSCP
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<b>Recommendations</b>	Board members are asked to <ul style="list-style-type: none"> <li>• note the content of the minutes</li> </ul>
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<b>Relevance to HSCP Board Strategic Plan</b>	Key component of Workforce
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<b>Human Resources</b>	Compliance with the NHS Reform act 2002
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<b>Equalities:</b>	None
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**Implications for Health & Social Care Partnership**

<b>Financial:</b>	None
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<b>Legal:</b>	None.
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<b>Economic Impact:</b>	None
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<b>Sustainability:</b>	None
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<b>Risk Implications:</b>	None
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Implications for East Dunbartonshire Council:	None
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Implications for NHS Greater Glasgow & Clyde:	None
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Direction Required to Council, Health Board or Both	Direction To:	Tick
	1. No Direction Required	✓
	2. East Dunbartonshire Council	
	3. NHS Greater Glasgow & Clyde	
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	

<b>1.0 MAIN REPORT</b>
<p>1.1 This is the first Staff Forum meeting to have a formal minute taken since March 2020 as we had been using an action note given that the frequency of meetings was fortnightly to ensure that everyone was updated.</p> <p>1.2 Key items discussed included:</p> <ul style="list-style-type: none"> <li>- Updated activity on the work underway to provide a safe environment for those staff needing to access our buildings, the current risk assessment activity being undertaken in partnership with our accredited staff side Health &amp; safety representatives</li> <li>- Update on the Wellbeing Group activity and its relationship with both NHSGGC and National Groups. Highlighted was the Z-card which has been distributed to all staff for information; information on the “Mental health – Check-in” being undertaken by NHSGGC and the current usage of the National “PromiS” website</li> <li>- Update on Workforce Planning activity, looking at current demographics and the draft outline of activity to comply with the expected revised guidance from Scottish Government (Appendix 2)</li> </ul>

**Appendix 1:** Minute of the Staff Forum of 21 September 2020

**Appendix 2:** Scottish Government Update on Workforce Planning Guidance



**Agenda Item Number: 11a.  
Appendix 1**

**Minutes of the Staff Forum**

**(Via MS Teams – Monday 21 September 2020, 12 noon)**

<u>Item</u>	<u>Subject</u>
1.	<p>Welcome &amp; Confirmation of Attendees</p> <p>Present</p> <p>Craig Bell (Chair), Tom Quinn, David Aitken, Brian McGinty, Sharon Mackle, Margaret Hopkirk, Jean Campbell, Anne McDaid, Simon MacFarlane, Caroline Smith, Andrew McCready, Claire McCarthy, Derrick Pearce</p> <p>Apologies</p> <p>Leanne Galasso, Mags McCarthy</p>
2.	Rolling Action Plan - All complete.
3	<p>Transition Planning</p> <p>a) Building Audit and Review update</p> <p>Jean gave an updated position and talked to papers previously circulated.</p> <ul style="list-style-type: none"> <li>- Work continues through Accommodation Group re Risk Assessments. Council done RA for KHCC which will go to Accommodation group.</li> <li>- Focus on Hand sanitisation, signage, staff comms, wearing masks in public places.</li> <li>- Remembering that some services have continued to function throughout pandemic therefore some staff have been in/out of building.</li> <li>- Reviewing who needs a presence in building – managers been sent template.</li> <li>- Recommendation went to SMT re space allocation. Very much home working by default unless critical.</li> <li>- Work is progressing to look at developing of video of buildings to know what to expect ie washing hands, room allocation numbers, signage, restrictions. This is to support staff on their safe return.</li> <li>- Default position: Continue to work at home where can.</li> <li>- Looking at how we can restart some building based visiting services</li> </ul> <p>b) Recovery &amp; Transition Plan</p> <p>Caroline – spoke to paper already circulated. Main difficulty is due to changing criteria with the pandemic, can't write a specific plan with dates. Looking at what challenges we may have and implications on demand as a result of COVID. The paper sets out what is at the forefront of thinking at</p>

	this time.
4	<p>Finance Update</p> <p>Jean spoke to papers previously circulated, Craig advised that it was a very comprehensive paper.</p> <p>Jean updated that we had received further funding from Scottish Gov which has helped. Hopefully if we get all covid funding applied for this will help.</p> <p>Simon – If there is going to be a potential underspend is there going to be an increase in homecare spend.</p> <p>Jean – the report shows overspend of £7.1M – we are seeing some recovery in care home. We are looking to support patients where we can in keeping patients at home where we can. Looking at ‘Care at Home’ will be a priority.</p>
5	<p>Annual Report</p> <p>Caroline spoke to the Annual Report previously circulated advising that it was pre-COVID data.</p> <p>The report covers the period April 2019- March 2020, also included in the plan are the main strategic inspections that took place throughout 2019-20 and their associated action plans.</p> <p>We would expect 2020-21 Annual report to look very different</p>
6	<p>Staff Well-being Activity –</p> <p>Tom took the group through a number of areas linked under the banner of “Staff Wellbeing”</p> <p>a) Local group activity</p> <p>Z Cards has been updated to give latest info on help &amp; support available to staff. Hard copies available to be distributed.</p> <p>OU Course – here’s free course available. This is open to all the population.</p> <p>b) Wellbeing “Check-in” (NHSGGC Area)</p> <p>Survey being done locally – week 1; 500+, over 300 triggered an alert to further assessment. Our Phycology service following through on agreed actions.</p> <p>c) Everyone Matters (National)</p> <p>National Survey – 35% email responses in. Still to get homecare hard copies put in. Email version closes 23/9/20. Paper copies we have until 30/9/20</p> <p>d) National Wellbeing Hub</p> <p>Promis website – lots of information available. We need to keep promoting. Available 24/7.</p> <p>Caroline advised that EDC wellbeing pages are now live on Employee Zone.</p>
7	<p>Flu Immunisation Plan</p> <p>Derrick – Requirement is for mixed model of delivery of flu vac. SMT has</p>

	<p>agreed we will staff as far as possible and pay overtime. Operating 9-5 for 8 weeks, 2<sup>nd</sup> phase for 6 weeks.</p> <p>Email gone out to all staff. Derrick thanked everyone for their help in participating in Community Clinics.</p> <p>Craig as chair passed on his thanks to all involved in the work to make sure people get access to flu immunisation.</p>
8	<p><b>KHCC – Car Parking</b></p> <p>Jean spoke to document previously circulated and updated advising that it had been delay in proceeding due to contractors been off-site, hopefully this will conclude in next few weeks. Final review of Car Parking policy. Looking to issue fobs soon.</p> <p>Andrew – Section 5, Disabled service parking – I don't think we can request proof people are disabled.</p> <p>Jean – receipt of Blue Badge is what we are looking for but if we have staff parking in the space and alleging we need evidence. Craig – only people entitled to look at Blue Badge is someone of Authority – in East Dun it is Anne – is there going to be signage for staff?</p> <p>Jean – staff will get info on this.</p> <p>Simon – Does it need to be clearer it is first come, first served.... Don't see anything re GDPR / data...what happens to it.</p> <p>Jean – The fob will be like the building – ie number attributed to that. Will get this referenced to this.</p> <p>Number of spaces are limited – fob doesn't guarantee you a space. First come first served.</p>
9	<p><b>Care Homes Update</b></p> <p>Derrick gave a verbal update including:</p> <p>Continue to operate oversight group. MDT meets daily, Wednesday overview group looks at how to support care homes. Providing factual information re visiting.</p> <p>Provide guidance, clinical info. Got one large scale investigation ongoing in our area.</p> <p>Everyone else is in Green. No reported Covid-19 in any care homes. Some staff are self-isolating.</p>
10	<p><b>Update Congregate Services</b></p> <p>David provided a verbal update – services with more than 2 people attending, mainly LD. KelvinBank / Milan Centre. Facilities remain closed across the board. Updated guidance recently received from Scottish Gov.</p>
11	<p><b>Workforce update</b></p> <p>Tom spoke to the papers previously circulated</p> <p>The attached paper went to the Board last week – update @ 30<sup>th</sup> June 2020.</p> <p>2<sup>nd</sup> paper sets out plan on how we will develop 21-22 Workforce Plan, then 22-25 Workforce plan to align with the 2022-25 Strategic Plan.</p> <p>Looking for staffside representation from EDC/NHS to join the workforce</p>

	<p>group.</p> <p>Caroline Smith - has worked with Tom on the papers and work jointly in the process.</p> <p>Simon – Age distribution, low numbers on Age 24 &amp; below, what are the plans going forward? Where is EDC with this? Is there information in Ethnic background? Tom – Age distribution is likely due to the qualifications required for staff; they are age 22-23 before they leave University. We would hope the Workforce group will look at Graduate / apprenticeships. Maybe this will help. Also “selling” Health &amp; Social Care as a good place to work, which might be easier given the public perception after COVID-19.</p> <p>Ethnicity – we have information on what people tell us but its not usually 100%.</p> <p>Simon – Would be good to see if there is route in for Modern Apprentices? Homecare is an avenue to do Vocational Training at work. How does our staffing profile compare to Community profile re Ethnic background.</p> <p>Anne McDaid – can you supply date for Workforce meeting.</p>
	<p>Date of Next Meeting:</p> <p>Monday 26th October 2020, 12noon via MS Teams</p>



Dear Colleagues,

## UPDATE ON REVISED WORKFORCE PLANNING GUIDANCE

### **Purpose**

1. This letter informs Integration Joint Board Chief Officers and other relevant stakeholders about changes to the publication timescales for local NHS Board Workforce Plans laid out in the Revised Workforce Planning Guidance published by the Scottish Government. These changes recognise the significant ongoing challenges faced by NHS Boards during the pandemic in modifying the current requirement to develop and deliver a 3 year Workforce Plan, while continuing to ensure practical, robust and effective workforce planning arrangements remain in place.

### **Background**

2. As part of the first Integrated Health and Social Care Workforce Plan, published in December 2019, the Scottish Government's Health and Social Care Workforce Planning Unit issued revised guidance<sup>1</sup> for NHS Scotland Health Boards and Integration Authorities (IAs) on how workforce planning should be undertaken.

3. The purpose of the revised guidance was to support an approach to workforce planning which considered the needs of an integrated health and social care workforce, including the impact of third and independent sector care provision as part of an overall planning process.

4. In addition to the above, a key aim of the revised guidance was to co-ordinate operational service developments and financial planning processes with the workforce planning arrangements set out in the guidance. Workforce plans are intended to closely link to Annual Operational Plans (AOPs) submitted by Health Boards, providing Scottish Government with confirmation that NHS Boards and their partners' plans are in place and demonstrating how they would continue to deliver safe, high quality and accessible care. AOPs are required to be aligned to local Integration Authorities' strategic commissioning plans, and reflect ongoing work on service transformation and regional planning.

DL(2020)28

15 October 2020

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### **Addresses**

#### For action

Integration Joint Board  
Chief Officers

#### For information

National Workforce  
Planning Group Members;  
National Workforce  
Planning Programme  
Board; COSLA; SSSC;  
SPDS

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### **Enquiries to:**

Grant Hughes  
Scottish Government  
Health Directorates  
Health Workforce  
Ground Floor Rear  
St Andrew's House  
Regent Road  
Edinburgh EH1 3DG

Tel: 0131-244 2206

E-mail:  
Grant.hughes@gov.scot

## **Covid-19 – Changes Required to the Development of Local Workforce Plans**

5. The Scottish Government recognises that the Covid-19 pandemic has radically altered the planning environment for health and social care services from that envisaged at the time of publication of the revised workforce planning guidance.

6. The pandemic will continue to influence the demand for, and deployment of, the health and care workforce for the foreseeable future. This will shape the way in which services are delivered over the longer term as the implications of Covid -19 for the workforce become more fully understood.

7. These circumstances create a series of potential challenges for local NHS Boards and Integration Authorities (IAs) in delivering the first of the 3 year workforce plans under the existing publication schedule. Recognising this, the Scottish Government has, in discussion with its key partners and stakeholders, decided to amend the submission timelines and process to better reflect the current circumstances and Covid-19 related priorities.

**8. As a result we are introducing a new submission timescale and are delaying publication of the first version of 3 year Workforce Plans, originally outlined in the revised workforce planning guidance published in December 2019.**

9. The rationale for this approach is that:

- A deferred publication date should provide additional time for NHS Boards/IAs to emerge from the Covid-19 pandemic, reflect arrangements for remobilisation of services and reconstitute local workforce planning groups, including stakeholders from primary care and the third and independent sectors;
- Having exited the Covid-19 pandemic period, NHS Boards/HSCPs should be able to fully reflect service remobilisation and redesign developments within their first 3 year plans, and this should improve the quality of their workforce plans;
- The new publication timescale should enable 3 year workforce plans to align with the next 3 year National Financial Planning cycle which is due to commence in April 2022; and
- The new timescale should also align with the current rolling 3 year Annual Operating Plan submission timescale.

**Integration Joint Board Chief Officers should note the actions below:**

<b>Actions for Integration Authorities</b>
<ul style="list-style-type: none"><li>• <b>Integration Authorities are now requested to ensure that a 3 year Workforce Plan is developed no later than 31<sup>st</sup> March 2022</b></li><li>• <b>These plans should cover the period 1<sup>st</sup> April 2022 until 31<sup>st</sup> March 2025</b></li></ul>

- **Integration Authorities' Workforce Plans should be published on organisations' websites by 31st March 2022, and a link to each Plan should be forwarded to the Scottish Government's National Health and Social Care Workforce Planning Programme Office [WFPPMO@gov.scot](mailto:WFPPMO@gov.scot) by this date.**

### **Interim Workforce Planning Arrangements**

10. It is recognised that now, more than ever, workforce planning is a key part of the work underway across NHS Boards, Integration Authorities and other Primary Care and 3<sup>rd</sup> and Independent Sector organisations to address the challenges presented by Covid-19.

11. In the period prior to the new publication date for the first 3 year plan, it will still be necessary for organisations to provide workforce information which supports Scottish Ministers' decisions on health and social care services in understanding planned future models of care; assessing actual and likely supply and demand factors; and gauging and addressing the potential impacts of these factors on their continued efforts to recruit, train, deploy and retain a skilled and sustainable workforce.

12. The new arrangements set out in this letter should ensure that ongoing work:

- continues to deliver a clear picture of local level workforce planning activity;
- is capable of aggregation at regional and national levels; and
- allows fully informed responses to ongoing scrutiny requirements for Parliamentary and audit purposes.

**13. In recognising the significant ongoing challenges presented by the Covid-19 pandemic to stakeholders involved in workforce planning, a **Short Life Working Group - comprised of representatives from the Scottish Government, the National Workforce Planning Group and wider stakeholders - will be established to develop a template workforce plan document to cover the period 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022.****

14. The template workforce plan document will allow NHS Boards and IAs to produce consistent workforce planning documents that, while shorter and more concise than full 3 year workforce plans, are sufficient to meet the purposes set out in paragraph 12. outlined above.

15. The Short Life Working Group will convene in October 2020 and will issue a template workforce plan in December 2020 for completion and submission by Health Boards and IAs no later than 31<sup>st</sup> March 2021.

16. The December 2019 guidance noted that a small number of Integration Authorities had already published 3 year workforce plans which did not directly align with the original publication timescale (i.e. publication of the first 3 year workforce plan in March 2021). In such cases, the guidance advised that the relevant HSCPs should maintain their existing workforce plan publication schedule.

17. The new publication date of March 2022 should remove this as an issue and in effect should mean that all HSCPs' workforce plan publication timescales now align. **In confirming that this is the case, we are now seeking information about existing IA workforce plan publication timescales in the short proforma attached to this letter.**

#### Actions for Integration Authorities

**Integration Authorities Chief Officers are requested to**

- **Note the timescales for development of a template Workforce Plan to cover the period 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022**
- **Complete the attached proforma requesting details on existing local workforce plans and processes and return to the Scottish Government's National Health and Social Care Workforce Planning Programme Office [WFPPMO@gov.scot](mailto:WFPPMO@gov.scot) by Friday 23<sup>rd</sup> October 2020.**

#### Third and Independent Sector/Primary Care

18. While the new publication timescale for workforce plans directly affects Health Boards and Integration Authorities, there are strong interconnections between strategic commissioning, service procurement and workforce planning, as previous guidance has noted.

19. Third and Independent Sector social care service providers are typically commissioned, primarily by Local Authorities or IAs, to deliver a service for a fixed period of time. This process can make longer-term, proactive workforce development and planning difficult for Third and Independent care providers as employers.

20. To support longer term workforce planning, Third and Independent sector providers will need strategic commissioning and workforce plans to be clear about what kind of care and support will be required in order that they can plan and develop their workforce appropriately.

**21. NHS Boards and IAs should therefore ensure that representatives from Third and Independent Sector and primary care partners continue to be included as key stakeholders in the development of their workforce plans.**

#### Future Actions

22. As well as the revised timelines and processes referred in this letter, we will also consider any further changes which may be required in future to reflect the impact of Covid-19 pandemic on other policy initiatives and commitments referenced in the December 2019 workforce planning guidance. These include:

- Introduction of the Health and Care (Staffing) (Scotland) Act;



- Development of the TURAS Data Intelligence Platform;
- Refinement of the NHS Board Workforce Projections process;
- National commitments to build further workforce planning capacity.

23. Any further revisions will also reflect work under discussion with service and financial planning colleagues to develop a whole-system approach to planning recognising the complex and ongoing interactions between these three strands.

Yours sincerely,

**Sean Neill**  
**Director for Health Workforce, Leadership and Service Reform**

## Appendix 1

### National Health and Social Care Workforce Planning Unit

#### Integration Authority (HSCP) Workforce Plans and Processes

Please return the completed pro-forma to the Scottish Government's Workforce Planning Policy Unit [wfpmmo@gov.scot](mailto:wfpmmo@gov.scot) by Friday 30<sup>th</sup> October 2020.

1. Response on behalf of

**(Insert HSCP details)**

2. Does the HSCP have a published Workforce Plan?

**(Insert YES/NO)**

**(If YES please insert link to document)**

3. When is a new HSCP Workforce Plan due for publication?

**(Insert date as appropriate)**

4. Senior Responsible Officer for HSCP Workforce Planning?

**(insert name and contact details for nominated SRO)**

5. HSCP Workforce Planning Lead/Contact?

**(insert name and contact details if different from above)**

Agenda Item Number: 12.

## EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

<b>Date of Meeting</b>	12 November 2020
<b>Subject Title</b>	Public, Service User & Carer (PSUC)
<b>Report By</b>	Jenny Proctor (Carers Representative) and Gordon Cox (Chair of PSUC and Service User Representative)
<b>Contact Officer</b>	David Radford Health Improvement & Inequalities Manager <a href="mailto:David.radford@ggc.scot.nhs.uk">David.radford@ggc.scot.nhs.uk</a> 0141 355 2391

<b>Purpose of Report</b>	The report describes the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUC)
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<b>Recommendations</b>	It is recommended that the HSCP Board note the progress of the Public, Service User & Carer Representatives Support Group.
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<b>Relevance to HSCP Board Strategic Plan</b>	The report supports the ongoing commitment to engage with the Service Users and Carers in shaping the delivery of the HSCP priorities as detailed within the Strategic Plan.
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### Implications for Health & Social Care Partnership

<b>Human Resources</b>	None
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<b>Equalities:</b>	None
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<b>Financial:</b>	None
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<b>Legal:</b>	None
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<b>Economic Impact:</b>	None
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<b>Sustainability:</b>	None
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<b>Risk Implications:</b>	None
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<b>Implications for East Dunbartonshire Council:</b>	None
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None
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<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	<b>1. No Direction Required</b>	<b>x</b>
	<b>2. East Dunbartonshire Council</b>	<input type="checkbox"/>
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	<input type="checkbox"/>
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	<input type="checkbox"/>

<b>1.0 Main Report</b>	
1.1	The attached report details the actions and progress of the PSUCRSG, highlighting their progress as detailed in <b>Appendix 1</b> .
<b>2.0 SUMMARY</b>	
<b>21</b>	The PSUC have held 4 meetings in 2020, the last meeting took place on the 12 October 2020 and was held on Microsoft Teams.
<b>22</b>	At the latest PSUC meeting, the members received a presentation from Anthony Craig (HSCP Development Officer) on the progress of the flu vaccination programme in East Dunbartonshire HSCP.
<b>23</b>	The PSUC group also received a presentation from Anthony Craig on current Power of Attorney (PoA) uptake figures for East Dunbartonshire.
<b>24</b>	The PSUC group have revised their 2020/1 action plan to incorporate the PoA actions, highlighting the importance of PoA's through a multi-faceted communication approach.
<b>25</b>	The PSUC members reviewed and approved their latest series of information films which have now been circulated widely across East Dunbartonshire.
<b>26</b>	The purpose of these films is to inform residents on the current arrangements and plans around GP and Primary Care appointments. (See <b>Appendix 2</b> for film descriptions and links).
<b>27</b>	The PSUC group to date (2020) have discussed and agreed the content for their next quarterly newsletter which will be issued Nov/Dec 2020.

**3.1** It is recommended that the HSCP Board:

- Note the progress of the Public, Service User & Carer Representatives Support Group.



## Appendix 1

Public Service User and Carer Support Group – 12 October 2020 – Virtual Meeting

Attending; David Bain, Suzanne McGlennan Briggs, Martin Brickley, Gordon Cox, Sandra Docherty, Linda Jolly, Fiona McManus, Michael Rankin  
 Apologies; Karen Albrow, Avril Jamieson, Mary Kennedy, Indira Pole, Jenny Proctor, Frances Slorance  
 HSCP Staff in attendance; Anthony Craig

Action points agreed at meeting:

Action	By who	When	G	A	R
PSUC group have requested that HSCP officer again liaise with Interim Head of Children's Services to scope current patient/parent participation pathways and to advise group for future working links.	AC	01/12/2020			
HSCP officer to share the DRAFT East Dun POA figures (paper) with members for comment.	AC	By 12/10/2020			
PSUC group have requested that their 2020/21 Action Plan – reflects proposed PoA campaign for 2020-2021	AC	By 12/10/2020			
PSUC group have requested that their 2020/21 (updated) Action Plan be shared with group for further comment	AC	By 12/10/2020			
PSUC members have asked the HSCP officer to share the 'improving cancer journey' project paper as discussed at the previous SPG meet.	AC	By 01/11/2020			
HSCP officer to send out a date for the next PSUC meet for early December 2020	AC	01/11/2020			





## **Appendix 2**

East Dunbartonshire PSUC group information films.

Film no 1 is aimed at preparing patients, carers and service users on the 'new normal' when they attend an appointment in a GP Practice or Health Centre  
<https://www.youtube.com/watch?v=OgCerN9JDR0>

Film no 2 asks 'Are GP's putting up barriers and stepping back from face to face appointments'  
<https://www.youtube.com/watch?v=JB-gEDYp4K4>

Film no 3 asks 'Can a Carer accompany who they Care for to an appointment', "How will patients who need blood tests 6 months down the line be accommodated" and finally a "Cancer screening question"  
<https://www.youtube.com/watch?v=VVg-tSYY0pY>

Film no 4 asks about 'The flu vaccination, its importance and the various categories and ways and means this will be administered'  
<https://www.youtube.com/watch?v=HZmg4L0jZ6o>



Agenda Item: 13.

**East Dunbartonshire HSCP Board Agenda Planner  
Meetings – March 2020 to February 2021**

**Updated 30/10/20**

<b>Standing items (every meeting)</b>
Declaration of Interests
Minutes of last meeting (CS)
Chief Officers Report (CS)
HSCP Board development Session – 23rd September 2020 9am – 10.30am
Unscheduled care
Prescribing
Primary Care Improvement Plan
<b>HSCP Board Agenda Items – 17 September 2020</b>
Seminar Topic – Autism Strategy (Richard Murphy)
Workforce Update
Performance Reports
Financial Reports
Transition/Recovery Planning
Clinical and Care Governance Annual Report
HSCP Strategic Plan 2021 – 2023 Development and Consultation Process
HSCP Board development Session – Thursday 5 <sup>th</sup> November 2020 10am – 12pm via MS Teams
Transformation Plan - update
HSCP Strategic Plan 2021 – 2023 Priorities
Care Home Support
Review of Strategic Plan

Business Continuity Covid-19 - Annex
<b>HSCP Board Agenda Items – 12 November 2020</b>
Performance Reports
Financial Reports
Transition/Recovery Planning
Chief Social Work Officers Annual Report
Community Justice Partnership Annual Report 2019-2020 (Willie Kennedy)
Woodhead Practice Proposed Closure of Branch Surgery (Paul/Derrick) – Dianne/Gillian
<b>HSCP Board Agenda Items – 21 January 2021</b>
Topic Specific Seminar – Staff Governance
Performance Reports
Financial Reports
Transition/Recovery Planning
HSCP Strategic Plan 2021 – 2023 Draft
<b>Sexual Health Service Review Implementation Plan (agreed at Board meeting January 2020 – hold to January 2021)</b>
East Dunbartonshire HSCPs Primary Care Improvement Plan for year 3
Health Visiting (paper from Chief Nurse)
Corporate Risk Register
Directions Report
HSCP Board development Session – Tuesday 2 <sup>nd</sup> February 2021 2pm – 4pm via MS Teams
HSCP Board Member review
HSCP Board Members Standards
HSCP Board Members Code of Conduct



<b>ED HSCP BOARD - DISTRIBUTION LIST</b>		
<b>ED HSCP BOARD MEMBERS - VOTING</b>		
<b>Name</b>	<b>Designation</b>	
Susan Murray	Chair - EDC Elected member	1
Jacqueline Forbes	Vice Chair -EDC Elected member	1
Sheila Mechan	EDC Elected member	1
Alan Moir	EDC Elected member	1
Ketki Miles	NHS non-executive Board Member	1
Ian Ritchie	NHS non-executive Board Member	1
<b>ED HSCP BOARD MEMBERS - NON VOTING</b>		
Caroline Sinclair	Interim Chief Officer	1
Jean Campbell	Chief Finance & Resources Officer	1
Alex Meikle	Voluntary Sector Representative	1
Gordon Cox	Service User Representative	1
Jenny Proctor	Carers Representative	1
Leanne Connell	Chief Nurse Representative	1
Andrew McCready	Trades Union Representative	1
Craig Bell	Trades Union Representative	1
Paul Treon	Clinical Director for HSCP	1
Adam Bowman	Acute Services Representative	1
<b>ED HSCP SUPPORT OFFICERS - FOR INFORMATION</b>		
Linda Tindall	Organisational Development Lead	<b>e-copy only</b>
Gillian McConnachie	Chief Internal Auditor HSCP	<b>e-copy only</b>
Karen Donnelly	EDC Chief Solicitor and Monitoring Officer	<b>Paper copy / e-copy</b>
Martin Cunningham	EDC Corporate Governance Manager	7
John Hamilton	Head of NHS Board Administration	<b>e-copy only</b>
Lisa Johnston	General Manager, Oral Health Directorate	<b>Paper copy / e-copy</b>
Tom Quinn	Head of Human Resources	<b>e-copy only</b>
Derrick Pearce	Head of Community Health and Care Services	1
Claire Carthy	Interim Head of Children's Services & Criminal Justice	1
<b>For information only (Substitutes)</b>		
Councillor Mohrag Fischer	EDC Elected member	<b>e-copy only</b>
Councillor Graeme McGinnigle	EDC Elected member	<b>e-copy only</b>
Councillor Rosie O'Neil	EDC Elected member	<b>e-copy only</b>
Suzanne McGlennan Briggs	Carers Representative	1 copy
Mary Kennedy	Service User Representative	1 copy