For meeting on

15 NOVEMBER 2018

Agenda 2018

East Dunbartonshire Health & Social Care Partnership Board

A meeting of the East Dunbartonshire Health and Social Care Partnership Integration Joint Board will be held within the **Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT** on **Thursday, 15th November 2018** at **9.30 am** to consider the undernoted business.

Chair Jacqui Forbes
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 HSCP Board held on; 6th September 2018

Seminar: Unscheduled Care- Derrick Pearce/Frances McLinden – 9am

Item	Contact officer	Description	Page
		STANDING ITEMS	
1.	Jacqui Forbes	Expressions of Interest	**Verbal**
2.	Martin Cunningham	Minute of HSCP Board held on 6th September 2018	**1-8**
3.	Susan Manion	Chief Officers Report	**Verbal**
		GOVERNANCE ITEMS	
4.	Jean Campbell	Financial Performance Budget 2018/19 – Period 6	**9-36**
5.	Jean Campbell	Financial Planning 2019/20	**37-70**
6.	Fiona McCulloch	Quarter 1 Performance Report 2018-19	**71-104**
7.	Caroline Sinclair	Annual Chief Social Work Officer's Report	**105-140**
8.	Caroline Sinclair	Large Scale Investigation	**141-164**

9.	Caroline Sinclair	East Dunbartonshire Alcohol and Drugs Partnership Annual Report 2017 - 2018	**165-188**
10.	Jean Campbell	Audit Scotland –2017/18 East Dunbartonshire IJB Annual Audit Report	**189-230**
11.	Jean Campbell	East Dunbartonshire (Draft) Performance, Audit & Risk Committee minutes of 21st September 2018	**231-238**
12	Susan Manion	Appointment of Standards Officer	**239-246**
13.	Martin Brickley/Jenny Proctor	Public, Service User & Carer Representative Support Group report of the 1st October 2018	**247-252**
14.	Lisa Williams	East Dunbartonshire HSCP Clinical & Care Governance minutes of 9th October 2018 (Draft)	**253-262**
15.	Tom Quinn	East Dunbartonshire HSCP Minutes of Staff Partnership Forum of 17 September 2018 (Draft)	**263-270**
16.	Caroline Sinclair	East Dunbartonshire HSCP Professional Advisory Group minutes of 21st February 2018 and 12th September 2018 (Draft)	**271-280**
		STRATEGIC ITEMS	
17.	Jean Campbell	HSCP Transformation Plan 2018/19 Update	**281-292**
18.	Caroline Sinclair	Strategic Inspection of Adult Services	**293-300**
19.	Jean Campbell	2018/19 Directions to East Dunbartonshire Council and NHS Greater Glasgow & Clyde	**301-318**
20.	Caroline Sinclair	Mental Health Strategy Action 15 Final Delivery Plan 2018 – 2019	**319-330**
21.	Caroline Sinclair	Fair Access to Community Care (Adults) and associated Eligibility Criteria Policies	**331-376**
22.	Derrick Pearce	Draft HSCP Winter Plan 2018/19	**377-386**
23.	David Aitken	Carers (Scotland) Act 2016 – Short Breaks Statement	**387-404**
24.	Linda Tindall	Development of Vision, Values and Behaviours for the Health & Social Care Partnership	**405-410**

ITEMS FOR INFORMATION / NOTING			
25.	Susan Manion	East Dunbartonshire Council 'Working with the People of East Dunbartonshire Prioritising our Services, Prioritising our Resources'.	**411-422**
26.	Susan Manion	HSCP Board Future Agenda items	**423-424**
27.		Date (s) of next meeting (s)	
		Date (s) of next meeting **Thursday 17th January 2019 at 9.30am.** Council Committee Room, Southbank Marina **Future dates;** **21st March 2019**	

Minute of meeting of the Health & Social Care Partnership Board held within the Committee Room, 12 Strathkelvin Place, Kirkintilloch on **Thursday, 6 September 2018.**

Voting Members Present:	EDC Councillors **MECHAN, MOIR & MURRAY**
	NHSGGC Non-Executive Directors **FORBES, McGUIRE & RITCHIE**

Non-Voting Members present:

S. **Manion**	Chief Officer - East Dunbartonshire HSCP
A. **Bowman**	Acute Services Representative
M. **Brickley**	Service Users Representative
J. **Campbell**	Chief Finance and Resource Officer
W. **Hepburn**	Chief Nurse
A. **Jamieson**	Carer Representative - Substitute
A. **McCready**	Trades Union Representative
J. **Proctor**	Carers Representative
C. **Sinclair**	Acting Chief Social Work Officer / Head of Mental Health, Learning Disability & Addictions
I. **Twaddle**	Service User Representative – Substitute
L. **Williams**	Clinical Director

Jacqueline Forbes (Chair) presiding

Also Present:	M. **Cunningham**	EDC - Corporate Governance Manager
	F.P. **McLinden**	General Manager, Oral Health Lead Officer Dentistry GG&C
	D. **Pearce**	Head of Community Health & Care Services
	T. **Quinn**	Head of People & Change
	D. **Radford**	Health Improvement & Inequalities Manager

APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of Councillor Moir & Gordon Thomson, Voluntary Sector Representative.

As intimated at the last meeting, the Chief Officer welcomed Jacqueline Forbes as the new Chair of the HSCP Board. Jacqueline would chair the Board meetings until June 2019 in accordance with the Integration Scheme.

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.

PRESENTATION – KEY ELEMENTS OF THE JOINT HEALTH IMPROVEMENT PLAN

David Radford, Health Improvement and Inequalities Manager provided an overview of the Joint Health Improvement Plan, with a cross reference to the recently approved NHS Greater Glasgow and Clyde Public Health Strategy and the HSCPs Strategic plan. The Joint Health Improvement plan also supports the outcome of the Council's Local Outcome Improvement Plan (LOIP) outcome 5 –

"Our people experience good physical and mental health and wellbeing with access to a quality built and natural environment in which to lead healthier and more attractive lifestyles."

The Board heard from David in response to questions and thereafter thanked him for an informative presentation on the public health agenda.

1. MINUTE OF MEETING – 28 JUNE 2018

There was submitted and approved the minute of the meeting of the HSCP Board held on 28 June 2018.

2. CHIEF OFFICER'S REPORT

The Chief Officer addressed the Board and summarised the national and local developments in relation to the implementation of the Public Bodies (Joint Working) (Scotland) Act 2014 since the last meeting of the Partnership Board. Details included:-

- Chief Social Work Officer (CSWO) Planned absence wish a speedy recovery. Caroline Sinclair- Interim CSWO and Claire Carthy Interim Head of Children and Families Criminal Justice
- Update on up and coming Inspections and timetable for reporting
- Regional West of Scotland HSCPs Plan still outstanding
- Impact of Industrial Action

Following consideration, the Board noted the Report.

3. FINANCIAL PERFORMANCE BUDGET 2018/19 – PERIOD 4

The Chief Finance and Resources Officer updated the Board on the financial performance and projected outturn of the partnership for the Year-end of 2018/19.

Following discussion and questions, relating to the NHS List of savings the Board and the Transformation Plan the Board agreed as follows:-

a. To note the projected Out-turn position is reporting an over spend of £806k as at period 4 of 2018/19.

b. To note the progress to date on the achievement of the approved savings plan for 2018/19 as detailed in **Appendix 1**.

c. To note the risks associated with the delivery of a balanced budget as detailed in 2.0 of the Report.

4. FINANCIAL MONITORING ARRANGEMENTS 2018/19

A Report by the Chief Finance & Resources Officer, copies of which had been circulated separately, updated the Board on financial planning for the Partnership in 2018/19.

The Chief Finance & Resources Officer summarised the actions since the last meeting and the joint working arrangements. It was proposed that the existing Audit & Risk Committee would have an extended remit (revised Terms of Reference) to cover oversight of planning and performance. This would be incorporated into the proposed Performance Audit & Risk Committee of the HSCP.

The Board then agreed as follows:-

- Approve the arrangements for monitoring and effective oversight of the Partnership financial performance and planning.
- Approve the revised Term of Reference for the Performance, Audit & Risk Committee.

5. EAST DUNBARTONSHIRE HSCP CLINICAL GOVERNANCE ANNUAL REPORT 2017

A Report by the Clinical Director, copies of which had previously been circulated, highlighted the Clinical and Care Governance activities across East Dunbartonshire.

The Clinical Director was heard in response to questions from the Board, particularly with regard to the support of all parties in the complaints process.

Thereafter the HSCP Board noted and approved the content of the report, as a true reflection of work ongoing within the HSCP, to ensure that service users were being provided with safe, effective and person-centred care.

6. PHARMACY OVERVIEW

The Report was presented by Carolyn Fitzpatrick, lead for Prescribing and Clinical Pharmacy copies of which had previously been circulated, provided the Board with an overview of all the activities of the Prescribing Team and to assure the Board of the work being done to support efficient and effective prescribing

The lead for Prescribing and Clinical Pharmacy . was heard in response and thereafter the HSCP Board noted the report.

7. PUBLIC SERVICE USER & CARER REPRESENTATIVE SUPPORT GROUP

A Joint Report by the Service User Representative and the Carers Representative, copies of which had previously been circulated, outlined the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUCRSG)

Following discussion and having heard the Service User Representative with further details, the Board noted the Report.

8. ED HSCP – CLINICAL & CARE GOVERNANCE GROUP – 25 JULY 2018 MINUTES

The Board noted the draft Minutes of the Clinical Care & Governance Group meeting of 25 July 2018.

9. ED HSCP PROFESSIONAL ADVISORY GROUP – 27 JUNE 2018 - MINUTES

The Board noted the Minutes of the ED HSCP Professional Advisory Group meeting of 27 June 2018.

10. EAST DUNBARTONSHIRE AUDIT COMMITTEE – 27 JUNE 2018 – DRAFT MINUTES

The Board noted the draft Minutes of the ED HSCP Audit Committee meeting of 27 June 2018.

11. EAST DUNBARTONSHIRE JOINT HEALTH IMPROVEMENT PLAN 2018 - 2021

A Report by the Interim Chief Social Work Officer / Head of Mental Health, Learning Disability and Addiction Services, copies of which had previously been circulated, presented the East Dunbartonshire Joint Health Improvement Plan 2018 - 21. The Plan had been prepared by the HSCP on behalf of the East Dunbartonshire Community Planning Partners and set out the core public health improvement priorities and approaches to be delivered over the next three years.

The Plan set out 5 key themes that reflected the draft outcomes within the National Public Health Review and the health and wellbeing needs of local residents.

Following discussion the Board noted the East Dunbartonshire Joint Health Improvement Plan 2018/2021.

12. EAST DUNBARTONSHIRE PRIMARY CARE IMPROVEMENT PLAN

A Report by the Head of Community Health and Care Services, copies of which had previously been circulated, presented the East Dunbartonshire Primary Care Improvement Plan (PCIP) associated with the new General Medical Services Contract (GMS) 2018-21 for formal approval.

Following discussion and questions the HSCP Board, having noted the East Dunbartonshire draft PCIP, agreed as follows:-

- To note the PCIP submitted to the Scottish Government on the 31st July (Appendix 1)
- To note the initial phase of implementation for the PCIP would commence immediately with recruitment of posts to join primary care starting August 2018.
- To note that ongoing communication and engagement with key stakeholders would guide further iterations of the local PCIP;
- To note that regular updates would continue be provided to the HSCP Board on implementation progress and funding usage.

13. MENTAL HEALTH STRATEGY - ACTION 15 INITIAL DELIVERY PLAN 2018 – 2019

A Report by the Head of Mental Health, Learning Disability and Addiction Services, copies of which had previously been circulated, presented the high level Mental Health Strategy Action 15 Initial Delivery Plan 2018 – 2019, which was submitted to Scottish Government, as required, on 31 July 2018. A detailed and costed delivery plan would be submitted for consideration at the next HSCP Board meeting of 15 November 2018.

The Board heard from the Head of Mental Health, Learning Disability and Addiction Services and thereafter noted the information and agreed as follows:-

- To note the Scottish Government commitment of additional funding to support the delivery of the National Mental Health Strategy 2017 – 2027;
- To note the requirement for all HSCP’s to develop and present initial high levels plans for the use of this funding to Scottish Government by 31 July 2018;
- To approve the initial high level plan that has been developed and submitted for ED HSCP, attached as appendix 1 to this report; and
- To note the requirement for all HSCPs to develop and present final full costed plans for the use of the funding to the Scottish Government by 30 September 2018. This will be presented to the HSCP Board at its meeting of 15 November 2018.

14. EQUAL, EXPERT AND VALUED, ENHANCING CARER REPRESENTATIVE INVOLVEMENT ON INTEGRATION JOINT BOARDS, SECOND EDITION, FEBRUARY 2018

A Report by the Carer Representative, copies of which had previously been circulated, advised the Board of the outcome of the Public Service User and Carer Support Group’s (PSUCRSG) reflections and recommendations arising from the report, Equal, Expert and Valued, Second Edition.

Having heard the Carer Representative with further details from the Coalition of Carers, the Board noted the reflections of the (PSUCRSG) on the Equal, Expert and Valued report and thereafter approved the recommendations of the (PSUCRSG) arising from the report as under:-

1. Undertake a training needs analysis on the Public Service User and Carer group and develop a training provision that meets and enhances their needs
2. Discuss with the Senior Management Team of the Health and Social Care Partnership arranging for a Public Service User and Carer agenda 'slot' added to of each of the planning groups that the members attend
3. Confirm that the HSCP will reimburse all out of pocket expenses (including travel, substitute care cover, home printing costs and peripherals etc) and also scope out the provision of a 'Tablet' to use for receiving and storing relevant papers (if appropriate)
4. Update the current mentoring policy in the Public Service User and Carer Induction Pack
5. Provide each Public Service User and Carer member with a HSCP name badge and lanyard with their details and photo
6. Undertake a scoping exercise for suitable Carer awareness training to be delivered to board and planning group members
7. Enhance the awareness of the Public Service User and Carer group/members in East Dunbartonshire by having a 'Participation and Involvement' page added to the HSCP web pages with a 'biography' of each member with generic contact details (infopsuc@eastdunbarton.gov - *for example*)
8. Ascertain the Carers experience and knowledge to ensure an appropriate skills mix
9. Provide Public Service User and Carer members with a 'map' of the Senior Management Team and their affiliation to the Health and Social Care Partnership and associated Planning groups
10. Share the Public Service User and Carer induction pack with the Senior Management Team
11. Recruit new 'members' from 'hard to reach' groups by promoting the Public Service User and Carer at community events and also increased use of social media channels promoting the group.
12. A Carers engagement 'evaluation' form to be adopted

15. MOVING FORWARD TOGETHER

A Report by the Chief Officer, copies of which had previously been circulated, updated members on the development of NHS Greater Glasgow and Clyde's transformation strategy 'Moving Forward Together'

The Chief Officer advised that the Moving Forward Together strategy described a new system of care, organised in the most effective way to provide safe, effective person-centred and sustainable care to meet the current and future needs of the population and able to provide best value.

This new system proposed to:

- support and empower people to improve their own health
- support people to live independently at home for longer
- empower and support people to manage their own long-term conditions
- enable people to stay in their communities accessing the care they need
- enable people to access high quality primary and community care services close to home
- provide access to world class hospital-based care when the required level of care or treatment cannot be provided in the community

- deliver hospital care on an ambulatory or day case basis whenever possible
- provide highly specialist hospital services for the people of Greater Glasgow and Clyde, and for some services in the West of Scotland.

The Board noted the information.

16. EAST DUNBARTONSHIRE HSCP STRATEGIC PLANNING GROUP MINUTES OF 5TH JUNE 2018

A Report by the Chief Officer, copies of which had previously been circulated, provided the Strategic Planning Group Draft minutes for 5th June 2018 to inform the Board of the actions of the Strategic Planning Group

The Board noted the content of the minutes.

17. JULY 2018 - SCOTTISH ATTAINMENT CHALLENGE - CARE EXPERIENCED CHILDREN AND YOUNG PEOPLE FUNDING – EAST DUNBARTONSHIRE.

A Report by the Interim Chief Social Work Officer & Head of Mental Health, Learning Disability and Addiction Services, copies of which had previously been circulated, advised the Board of the Scottish Attainment Challenge - Care Experienced Children and Young People Funding – East Dunbartonshire, and the processes by which its use will be agreed.

Following discussion, the Board agreed as follows:-

a) To note the Scottish Government Scottish Attainment Challenge - Care Experienced Children and Young People Funding which will be made available to East Dunbartonshire;
b) To note the process by which its use would be agreed locally; and
c) To note that a report would be brought to a future meeting to outline the details of the use of the funding.

18. HSCP BUSINESS PLAN / SCHEDULE OF TOPICS 2018/19

The Chief Officer provided an updated schedule of topics for HSCP Board meetings 2018/19.

19. DATE OF NEXT MEETING – 15 NOVEMBER 2018

The HSCP Board noted that the next meeting will be held on Thursday 15 November 2018 in the Council Chambers.

Chief Officer
Susan Manion

Agenda Item Number: 4

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	15th November 2018
Subject Title	Financial Performance Budget 2018/19 – Period 6
Report By	Jean Campbell, Chief Finance & Resources Officer
Contact Officer	Jean Campbell, Chief Finance & Resources Officer Tel: 0141 232 8216. Jean.Campbell2@ggc.scot.nhs.uk

Purpose of Report	To update the Board on the financial performance of the partnership as at period 6 of 2018/19.

Recommendations	The Integration Joint Board is asked to: a. Note the projected Out turn position is reporting an over spend of £972k as at period 6 of 2018/19. b. Note the progress to date on the achievement of the approved savings plan for 2018/19 as detailed in **Appendix 1**. c. Note and approve the updated devolved budget allocation to ED HSCP from NHS GG&C. d. Note the risks associated with the delivery of a balanced budget as detailed in 2.0.

Relevance to HSCP Board Strategic Plan	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.

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	The performance to date is showing that the budget is under pressure in respect of the financial allocation from the Council to meet the demand pressures for Social Work services. This will continue to be monitored as the year progresses.

Legal:	None.

Economic Impact:	None

Sustainability:	The financial position of the partnership provides for a level of sustainability in the short term, however acceleration of options for service re-design and robust financial planning is required to meet the financial challenges in the medium / longer term.

Risk Implications:	There are a number of financial risks moving into futures years giving the rising demand in the context of reducing budgets which will require effective financial planning as we move forward and in particular the cessation of the risk sharing arrangement for GP prescribing.

Implications for East Dunbartonshire Council:	Effective management of the partnership budget will give assurances to the Council in terms of managing the partner agency's financial challenges.

Implications for NHS Greater Glasgow & Clyde:	Effective management of the partnership budget will give assurances to the Health Board in terms of managing the partner agency's financial challenges

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

MAIN REPORT

1.1 The financial performance for the Health & Social Care Partnership is based on the period 6 reporting cycle for the period to the 30th September 2018. This is still relatively early in the financial year and given the volatility and demand led nature of these budgets, the position can vary throughout the year.

1.2 The position as at the 30th September 2018 is outlined in the table below:-

Partnership Expenditure	Annual Budget £000	YTD Budget £000	YTD Actual £000	YTD Variance	Projected Out-turn Variance £000
Alcohol & Drugs	1,366	612	710	(98)	7
Learning Disability (LD)	17,775	8,335	8,163	171	(399)
Mental Health (MH) – Adult Community	3,719	1,729	1,632	97	28
Planning & Health improvement	572	286	220	66	0
Adult Protection	101	50	48	2	(4)
Total Adult Services	**23,532**	**11,011**	**10,773**	**238**	**(368)**
Older People Community Services	36,432	16,517	16,531	(15)	(995)
Physical Disability	4,243	2,009	1,669	340	59
Mental health - Elderly	876	438	384	54	60
Integrated care Fund	686	6	6	0	0
Other	585	38	17	21	370
Total Older People & Physical Disability Services	**42,822**	**19,008**	**18,607**	**400**	**(506)**
Child Services – Community	13,071	6,645	6,263	382	(389)
Criminal Justice	257	130	152	(22)	0
Total Children & Families	**13,328**	**6,775**	**6,415**	**360**	**(389)**
Administration & Management	2,778	603	726	(123)	0
Resource transfer (net)	(3,106)	2,331	7,224	(4,893)	500
Planning & Commissioning	1,691	839	780	59	(209)
Total Business Support	**1,363**	**3,774**	**8,730**	**(4,957)**	**291**
Prescribing	18,725	9,474	9,474	0	0
GMS	13,461	6,748	6,748	0	0
Other	11,683	6,028	6,028	0	0
Total Family Health Services	**43,870**	**22,249**	**22,249**	**0**	**0**
Total Partnership Directly Managed Expenditure	**124,916**	**62,816**	**66,775**	**(3,959)**	**(972)**
Oral Health	9,902	4,824	4,451	284	540
Set Aside	19,116	9,558	9,558	0	0
Total Partnership Expenditure (incl. hosted + set aside)	**153,934**	**77,198**	**80,873**	**(3,675)**	**(432)**

HSCP Budget Outturn

1.3 The current position indicates a projected year end over spend on directly managed partnership budgets of £972k at this point in the financial year. This comprises pressures in relation to Social Work Older People, Learning Disability and Children's Services of £1.45m offset by under spends in relation to community health budgets of £0.48m. This is subject to change given the demand led nature of these budgets and the areas of highest risk in this regard relate to prescribing, care at home services for older people, transitions into adults services and care placements within childcare which will be closely monitored as the year progresses. This represents a slight worsening of the position reported at period 4, of £170k as a result of emerging pressures in relation to the impact on learning disability budgets from children transitioning into adult services.

1.4 The position for the total partnership budget when taking into account the set aside budget and oral health provides a projected over spend at year end of £432k. There are plans continuing within oral health to develop community based services for bariatric patients within the site of the Glasgow Royal Infirmary which may impact on the outturn for oral health and given this a hosted arrangement any surplus of monies would be earmarked for specific use within the area of oral health.

1.5 The set aside will be subject to in year allocations with actual expected to match budget – work is underway to find a more meaningful basis for allocating these costs based on usage of acute services by each partnership across GG&C. This is expected to be in operation for 2019/20, therefore for 2018/19 this remains a notional budget allocation.

.

1.6 The year to date position is showing a negative variance on budget of £3.7m relating to a delay in processing the resource transfer from health to social work, however £5.2m has been processed during period 7 which will bring the year to date position in line with the expected financial position at this point in the year. The impact of vacancies across the partnership continue to contribute to positive year to date variances and the impact of the payment of the Scottish living wage is still to be fully implemented for which funding was made available through the Scottish Government.

1.7 Management actions agreed as part of the financial plan for 2018/19, in an effort to address the continuing demand pressures on Social Work services, are still in place with limits on expenditure to that which is deemed essential spend only and a robust process for vacancy management which prioritises frontline and registered services.

1.8 The programme of service redesign and transformation continues which includes a range of priorities in support of delivery of the strategic plan as well as efficiencies and initiatives agreed as part of the budget process for 2018/19. The delivery of a balanced outturn position for the partnership is dependent on the achievement of a challenging savings programme to deliver efficiencies and service redesign during 2018/19. The progress on the delivery of these savings programmes in included as **Appendix 1**.

1.9 Adult Services

The projected outturn for adult services is that of **an over spend of £368k**. This represents an adverse movement of £461k since the position reported at period 4 and relates in the main to the impact of children transitioning into adult learning disability budgets, often with complex needs, which require a package of care to support living independently in the community as young adults. There continue to be some vacancies

within community health services and a downturn in residential placements and care at home support for individuals with mental health issues which is offsetting this pressure to some extent. The impact of children transitioning into adult services continues so this has yet to be fully reflected within projections and may change the overall position. This represented a significant pressure in previous years.

1.10 Older People & Physical Disability Services

The projected outturn for older people services is that of **an overspend of £506k**. This represents an adverse movement of £300k since the position reported at period 4 and relates to increasing pressures in the delivery of care at home services for older people. The areas of significant pressure arise within payroll costs for agency staff within the hospital assessment team and overtime and challenging turnover savings within homecare. This is offset to some extent with a downturn in demand for supported accommodation, care at home and daycare services to individuals with a physical disability and capacity within the delayed discharge allocation which will be considered during the year to support the delivery of the un-scheduled care plan. In addition work is underway to review and consolidate the integrated structure for older people which will place less reliance on agency staff and there is a process of filling vacancies within homecare which will reduce the dependency on overtime.

1.11 Children & Families Services

The projected outturn for Children's Services is that of **an over spend of £389k.** This represents a slight worsening of £28k since the position reported at period 4 relating to additional pressures in respect of increasing fostering placements for children and un budgeted costs associated with a number of services to support vulnerable children in relation to a Functional Family Therapy service, Parenting Capacity Assessment service and support to vulnerable families to sustain children safely in the community and avoid accommodation. Children's social work services remain a high risk area due to the level of volatility within residential accommodation and fostering placements.

1.12 Business Support

The projected outturn for business support is that of **an under spend of £291k**. This represents a positive movement of £622k relating in the main to the reflection of the full extent of income expected to transfer from the Social Care Fund to support areas of social work expenditure and a re-evaluation of the performance of savings identified to support a balanced budget. The former will support, primarily, the pressures in respect of older people services and the impact of the costs associated with delivering the Scottish living wage more widely.

1.13 Family Health Service (FHS)

The projected outturn for FHS is that of **a breakeven** at this stage in the financial year. The actual projected expenditure relating to GMS and Other are expected to match budget throughout the year.

GP Prescribing costs are not available until two months after the month in which prescriptions are dispensed which means expenditure is available for April – July 2018

(4 months). While it is too early to project with any certainty what the outturn for this area will be, the current position is starting to indicate emerging pressures for East Dunbartonshire (£93k over spend) in contrast to other partnership areas and work is underway to establish the nature of this pressure. There are some general pressures is relation to the level of income expected from rebates and discounted patents, the rate for which is determined nationally and is set to be less than previous years causing a pressure on budget of £3m across the six GG&C HSCPs (ED Share is approx £0.26m). In addition there is a requirement to return budget to the Scottish Government in relation to tariff adjustments which equates to a further £0.4m which is causing further pressure in this area. Provision was made within the 2018/19 financial plan to meet prescribing pressures and there is a level of contingency to meet any in year cost pressures, this is currently sufficient to meet the existing pressure and will be closely monitored as the year progresses.

.

1.14 Oral Health

The projected outturn for Oral health is that of **an under spend of £540k**. This relates to vacancies across the services and in particular within medical & dental staffing, administration and clerical as well as some capacity in relation to property costs. There are expenditure plans being developed which may change this position including the purchase of equipment within the Gorbals health centre and the development of community based service provision within the Glasgow Royal Infirmary which will reduce the variation for Oral Health.

1.15 Set Aside

The set aside will be subject to in year allocations with actual expenditure expected to match budget for 2018/19. A GG&C wide group has been established including representation from partnerships, acute and the Scottish Government to develop a framework for allocating costs on an acute bed usage basis. This is expected to be in operation for 2019/20.

The notional allocation for set aside has remain unchanged since 2015/16, however this has been uplifted by 1.5% in line with the Scottish Government financial settlement and based on activity levels for 2017/18 has been determined to be £19.1m for East Dunbartonshire.

1.16 Scottish Government Funding

The Scottish Government has an ambitious programme of reform in both primary care and mental health services and additional allocations have been made in respect of Primary Care Improvement Programme (£624k) and Mental Health Action 15 (£140k) monies which are now reflected within the budget. This is a challenging programme involving large scale recruitment across the system and partnerships have been asked to develop programmes for delivering this agenda and spending plans for this money. The SG have released 70% of this funding for 2018/19 in the expectation that the remaining 30% will slip into future financial years, this will be closely monitored for impact within ED.

1.17 **Appendix 2** provides a detailed breakdown of the partnership budget performance for the year to the 30th September 2018.

1.18 **Appendix 3** provides a detailed breakdown of the partnership NHS budget performance for the year to the 30th September 2018.

1.19 **Appendix 4** provides a detailed breakdown of the partnership Social Work budget performance for the year to the 30th September 2018.

1.20 Partnership Reserves

The balance on the partnership reserves remains the same as that previously reported:-

2018/19 Balance at 31 March 2018 £000		Transfers Out 2018/19 £000	Transfers In 2018/19 £000	2018/19 Balance at 31 Oct 2018 £000
(102)	Scottish Govt. Funding - SDS			(102)
(36)	Mental health Project			(36)
(1,665)	Service Redesign / Transformation	900		(765)
(6)	Keys to Life Funding			(6)
(523)	Integrated Care / Delayed Discharge			(523)
(198)	Primary Care Cluster funding			(198)
(600)	Oral Health Funding	200		(400)
(3,130)	**Total Earmarked**	**1,100**	**0**	**(2,030)**
(991)	Contingency – General Reserve	991	0	0
(4,121)	**General Fund**	**2,091**	**0**	**(2,030)**

1.21 An exercise is underway to review the extent of earmarked reserves under each of the category headings to establish if monies can be re-directed to create a contingency to act as a means of addressing the ongoing pressure on the partnership budgets in the event that the recovery plan does not meet the extent of the financial challenge for 2018/19. This would also allow the partnership to move to create a level of general reserve in line with the approved Reserves policy which sets a prudent level of 2% (or £3m) based on the size and complexity of the HSCP budget.

2.0 Financial Planning Update 2018/19

2.1 NHS GG&C have progressed work for 2018/19 to update the notional set aside allocation for the six HSCP's across GG&C. The revised allocation for East Dunbartonshire is £19.1m and is based on the previous year notional budget for the acute specialities delegated to HSCP's .plus the 1.5% uplift and allocated on updated bed day usage information provided through ISD.

2.2 The letter includes some further adjustments to the prescribing budget, which is now fully delegated to HSCP's, which were not known at the time the budgets were considered for 2018/19. These relate to the delegation of income budget for rebates and discounts, budget returned to the Scottish Government in respect of tariffs and the return of property budgets previously held within the Estate and facilities Directorate.

2.3 A copy of the letter from NHS GG&C is enclosed as **Appendix 5.**

3.0 Financial Risks

The most significant risks that will require to be managed during 2018/19 are:

- Prescribing Expenditure - Prescribing cost volatility represents the most significant risk within the NHS element of the partnership's budget. For 2017/18 this was mitigated through the risk sharing arrangement in place across GG&C, however this terminated from the 1st April 2018. The pressure in relation to the short supply of certain drugs has presented a significant risk to this budget in previous years.
- Achievement of Savings Targets – there are challenging savings targets to deliver efficiency and transformational change to achieve a balanced budget position for 2018/19. There are significant dependencies and complexities to be considered in order to effectively deliver on these.
- 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 action has been exhausted.
- Demographic Pressures - Increasing numbers of older people is placing additional demand on a range of services including Home Care. In addition, achieving the required reductions in delayed discharges and hospital bed usage is creating increased demand on older people services and resulting in increased levels of self-directed support payments. These factors increase the risk that overspends will arise and that the partnership Board will not achieve a balanced year end position.
- 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 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 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.
- Living Wage – the costs associated with implementing the living wage are subject to ongoing negotiation with care providers and there are elements around sustainability and future sleepover arrangements which will have recurring cost implications.
- The implementation of the Carers Act from the 1st April 2018 could result in significant increase in demand from carers for services to enable them to continue in their caring role.
- The extension of the entitlement to free personal care for those aged under 65 will present significant additional demands, potentially from a population who are previously not known to Social Work services.
- Independent / Private Providers – the sustainability of independent and private providers to effectively support the provision of a range of social care services presents risks to the delivery of services for the partnership. There are a range of contracts that are due for renewal over the short term where there is an expectation of increases in the rates paid for services to align with neighbouring local authority areas.

East Dunbartonshire HSCP
Budget Performance 2018/19
Month 6

	Annual Budget			YTD Budget			YTD Actual			YTD Variance				Projected Variance			Comment
	Health	SW	Total	Health	SW	Total	Health	SW	Total	Health	SW	Total		Health	SW	Total	
Adult Services																	
Alcohol & Drugs	698.9	667.0	1,366	291.5	320.0	611.5	268.6	441.0	709.6	22.9	(121.0)	(98.1)		0.0	7.0	7.0	
Learning Disability Community	627.6	17,147.0	17,775	313.8	8,021.0	8,334.8	281.4	7,882.0	8,163.4	32.4	139.0	171.4		50.0	(449.0)	(399.0)	Pressure relates to emerging pressures in respect of children transitioning into adult services with complex needs requiring care packages to support independent living and access to daycare opportunties. This is compounded by a number of care packages requiring to be increased in response to increasing needs and changes to service delivery models.
Mental health - Adult Community	1,317.0	2,402.0	3,719	587.5	1,141.0	1,728.5	594.5	1,037.0	1,631.5	(7.0)	104.0	97.0		0.0	28.0	28.0	This relates to a downturn in demand within residential accomodation, supported living and daycare for this care group following a robust process of review and updated needs assessments.
Planning & Health Improvement	571.7		572	285.9		285.9	220.3		220.3	65.6	0.0	65.6		0.0		0.0	
Adult Protection		101.0	101		50.0	50.0		48.0	48.0	0.0	2.0	2.0		0.0	(4.0)	(4.0)	
	3,215.2	20,317.0	23,532	1,478.7	9,532.0	11,010.7	1,364.8	9,408.0	10,772.8	113.9	124.0	237.9		50.0	(418.0)	(368.0)	
Older People Services																	
Older People Community Services	4,415.3	32,017.0	36,432	1,850.7	14,666.0	16,516.7	1,846.4	14,685.0	16,531.4	4.3	(19.0)	(14.7)		0.0	(995.0)	(995.0)	Year end variance relates to worse case scenario for OP services - relates to agency workers within HAT and overtime / non achievement of turnover savings within homecare services - this will be subject to variation as vacancies within homecare are filled with less reliance on overtime.
Physical Disability		4,243.0	4,243		2,009.0	2,009.0		1,669.0	1,669.0		340.0	340.0			59.0	59.0	Relates to a downturn in demand within supported accomodation / living and daycare.
Mental Health - Elderly Services	876.1		876	438.2		438.2	384.3		384.3	53.9	0.0	53.9		60.0		60.0	Relates to vacancies within the service.
Integrated Care Fund	686.0		686	5.6		5.6	5.6		5.6	0.0	0.0	0.0		0.0		0.0	
Other	510.0	75.0	585	-	38.0	38.0	-	17.0	17.0	0.0	21.0	21.0		370.0	0.0	370.0	Relates to delayed discharge - monies to be allocated in year which may change this position.
	6,487.4	36,335.0	42,822	2,294.5	16,713.0	19,007.5	2,236.3	16,371.0	18,607.3	58.2	342.0	400.2		430.0	(936.0)	(506.0)	
Children & Families																	
Child Services - Community	1,483.4	11,588.0	13,071	797.1	5,848.0	6,645.1	792.1	5,471.0	6,263.1	5.0	377.0	382.0		0.0	(389.0)	(389.0)	Variance relates to un budgeted costs in respect of support services for children and emerging pressures in relation to increasing numbers of children requiring foster care.
Criminal Justice		257.0	257		130.0	130.0		152.0	152.0	0.0	(22.0)	(22.0)		0.0	0.0	0.0	
	1,483.4	11,845.0	13,328	797.1	5,978.0	6,775.1	792.1	5,623.0	6,415.1	5.0	355.0	360.0		0.0	(389.0)	(389.0)	
Business Support																	
Administration & Management	2,778.3		2,778	603.1		603.1	725.7		725.7	(122.6)	0.0	(122.6)		0.0		0.0	
Resource Transfer	15,131.1	- 18,237.0	- 3,106	7,459.4	- 5,128.0	2,331.4	7,459.4	- 235.0	7,224.4	0.0	(4,893.0)	(4,893.0)		0.0	500.0	500.0	Additional income expected in relation to the Social Care Fund / ICF / DD monies not factored into the budget.
Planning & Commissioning / Strategy		1,691.0	1,691		839.0	839.0		780.0	780.0	0.0	59.0	59.0		0.0	(209.0)	(209.0)	Includes unallocated savings relating to assumed savings from changes to terms & conditions which will now not materialise, and PCM removed at CCLS stage as opposed to contributing to overall savings.
	17,909.4	- 16,546.0	1,363	8,062.5	- 4,289.0	3,773.5	8,185.1	545.0	8,730.1	(122.6)	(4,834.0)	(4,956.6)		0.0	291.0	291.0	
FHS - Prescribing	18,725.0		18,725	9,473.6		9,473.6	9,473.6		9,473.6	0.0	0.0	0.0		0.0		0.0	
FHS - GMS	13,461.3		13,461	6,748.0		6,748.0	6,748.0		6,748.0	0.0	0.0	0.0		0.0		0.0	
FHS - Other	11,683.3		11,683	6,027.8		6,027.8	6,027.8		6,027.8	0.0	0.0	0.0		0.0		0.0	
	43,869.6	-	43,870	22,249.4	-	22,249.4	22,249.4	-	22,249.4	0.0	0.0	0.0		0.0	0.0	0.0	
Total Partnership Exepnditure	72,965.0	51,951.0	**124,916**	34,882.2	27,934.0	**62,816.2**	34,827.7	31,947.0	**66,774.7**	54.5	(4,013.0)	**(3,958.5)**		480.0	(1,452.0)	**(972.0)**	
Oral Health - hosted	9,902.1		9,902	4,824.0		4,824.0	4,540.5		4,540.5	283.5	0.0	283.5		540.0		540.0	Relates to vacancies within the service in year - expenditure plans being developed which may change this position including development of community based service provision within the Glasgow Royal Infirmary.
Set Aside	19,116.0		19,116	9,558.0		9,558.0	9,558.0		9,558.0	0.0	0.0	0.0		0.0		0.0	
Total Partnership Expenditure (Incl hosted + Set Aside)	**101,983.1**	**51,951.0**	**153,934**	**49,264.2**	**27,934.0**	**77,198.2**	**48,926.2**	**31,947.0**	**80,873.2**	**338.0**	**(4,013.0)**	**(3,675.0)**		**1,020.0**	**(1,452.0)**	**(432.0)**	

East Dunbartonhsire HSCP
Budget 2018/19

APPENDIX 1

Savings Proposals	Savings type	Status	Saving Agreed 2018/19	Saving Expected 2018/19	Projected Shortfall 2018/19	Description	Delivery Update - October 2018
Budget / Resourcing efficiencies							
Line by line Analysis	Efficiency	Green	252,000	252,000		A range of budgets where spend has been lower than expected and this looks set to continues - includes property costs, mileage, SDS Funding.	
Review of Current Service Package Committment	Efficiency	Green	240,000	240,000		Re-costing of care packages for care home, care at home and supported living services	
Review of Consultancy & Salary Costs	Efficiency	Green	214,000	214,000		Consultancy costs will be project specific and managed within overall resources. All salary costs reviewed and refined	
Review of Contractual Inflation	Efficiency	Green	158,000	158,000		Review and re-alignment of contractual inflation applied to service provision	
Vacancy Resourcing	Efficiency	Amber	379,000	379,000		Analyis of vacancies across the SW service and where continuing vacancies can be considered for deletion going forward.	
Total Budget / Resourcing Efficiencies			1,243,000	1,243,000	-		Budget lines adjusted
Original Efficiencies / Service redesign Proposals							
Review Sleepovers	Efficiency	Amber	50,000	25,000	25,000	Review of sleepovers through the identification of technological options where appropriate.	Proposal relates to half year saving - RAG status determined and the 'green' pakcages have been concluded, awaiting idenitification of an individual(s) to undertake sleepover reviews for those requiring more complex service changes.
Review of Meiklehill Rd	Efficiency	Green	50,000	50,000	-	Development of a recharge mechanism to other local authorities for individual service provision	Complete
Review of Support Services	Efficiency	Green	50,000	50,000	-	Review of support services to individuals with mental health issues to ensure effective referral and recovery routes are maximised.	Complete
Review of EDADS	Efficiency	Amber	15,000	-	15,000	Review of support structure to those individuals suffering from addiction which maximises the levels of support at each tier in the recovery process through the re-configuration of team structures to more effectively deliver.	Proposal relates to review of staffing structure for EDADS which will require support from Council transformation - not yet commenced. Staff absence within the team is causing an impact on ability to dlliver services to this care group and measures have been put in place to mitigate the risk, hwoever this will impact on the progression of this initative.
CM2000	Efficiency	Amber	100,000	100,000	-	Introduction of a monitoring system for externally provided homecare services - key dependencies re Carefirst / Care at Home Contract	Proposal part of Council transformation programme - initial scoping undertaken - limited progress. Assumes December start date.
Review of Daycare in West Locality	Efficiency	Amber	50,000	50,000	-	Review of centre based daycare provision and development of local area co-ordination model to expand community capacity to more effectively support older people.	Complete - contract terminated end July 2018
Personal Care Manager	Efficiency	Green	50,000	-	50,000	Deletion of vacant post	Post deleted as part of earlier budget work.
Address Balance of Care for residential childcare	Efficiency	Amber	200,000	200,000	-	Review external residential school placements and fostering placements with a view to repatriating children to East Dunbartonshire, within mainstream education and alternative local service provision.	Review of care placements underway - full year saving expected, impact of new demand to be closely monitored.
New Monies - Life Changes Trust	Efficiency	Amber	75,000	75,000	-	Consider requirements of successful bid and whether this can be achieved within existing resource and monies re-directed to meet priorities for Children.	Awaitng confirmation of funding for 2018/19.
Review of Fostering	Efficiency	Amber	100,000	100,000	-	Review external residential school placements and fostering placements with a view to repatriating children to East Dunbartonshire, within mainstream education and alternative local service provision.	complete

Review of Charging - Daycare / Transport	Charging	Amber	*50,000*	50,000	-	Review of charging options for daycare and transport in line with benchmarking information which aligns charges with other Local Authority areas.	Proposal will require approval through the Council. Work undertaken as part of Council budget proposal - limited progress. Consideration of a longer term strategy for daycare charging - additional income accrued from other areas will address the shortfall for 2018/19.
					-		
New Efficiency / Service Redesign Proposals					-		
Terms & Conditions	Efficiency	Red	100,000	-	100,000	Council budget proposal - to be assessed in terms of impact / achievability	Through a process of negoatiation with the Trades unions, terms and conditions will remain in place across a number of areas which will impact on the delivery of planned savings in this area.
Living Wage	Efficiency	Amber	320,000	320,000	-	Adjustment of Living Wage Uplift to 2.8% reflecting increase to payroll element of provider rates.	Complete
Total Efficiencies / Service Redesign Proposals			1,210,000	1,020,000	190,000		
Total Efficiencies			**2,453,000**	**2,263,000**	**190,000**		

NHSGG&C - East Dunbartonshire HSCP - Period Ending 30th September 2018 (Month 6)

Care Group	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000	Period Budget £'000	Period Actuals £'000	Period Variance £'000
Alcohol + Drugs - Community	698.9	291.5	268.6	22.9	48.6	38.1	10.5
Adult Community Services	4,415.3	1,850.7	1,846.4	4.3	308.8	310.8	(2.0)
Integrated Care Fund	686.0	5.6	5.6	0.0	1.0	1.0	0.0
Child Services - Community	1,483.4	797.1	792.1	5.0	179.1	131.4	47.7
Fhs - Prescribing	18,725.0	9,473.6	9,473.6	0.0	1,436.3	1,436.3	0.0
Fhs - Gms	13,461.3	6,748.0	6,748.0	0.0	1,419.6	1,419.6	0.0
Fhs - Other	12,968.7	6,736.6	6,736.6	0.0	1,145.0	1,145.0	0.0
Learn Dis - Community	627.6	313.8	281.4	32.4	52.3	49.9	2.4
Men Health - Adult Community	1,544.8	702.5	709.5	(6.9)	117.6	119.7	(2.2)
Men Health - Elderly Services	1,013.9	507.1	453.2	53.9	85.8	79.3	6.5
Oral Health	10,686.0	5,216.9	4,933.2	283.7	865.9	839.9	26.0
Administration & Management	3,356.3	603.1	725.7	(122.6)	100.5	115.8	(15.3)
Planning & Health Improvement	571.7	285.9	220.3	65.5	47.6	37.3	10.4
Resource Transfer - Local Auth	15,438.1	7,612.9	7,612.9	0.0	1,268.8	1,268.8	0.0
Expenditure	85,677.0	41,145.3	40,807.1	338.2	7,076.9	6,992.9	84.0
Fhs - Other	(1,285.4)	(708.8)	(708.8)	0.0	(125.7)	(125.7)	0.0
Men Health - Adult Community	(227.8)	(115.0)	(115.0)	0.0	(19.2)	(19.2)	0.0
Men Health - Elderly Services	(137.7)	(68.9)	(68.9)	0.0	(11.5)	(11.5)	0.0
Oral Health	(783.9)	(392.9)	(392.7)	(0.1)	(64.3)	(64.1)	(0.1)
Administration & Management	(68.0)	0.0	0.0	0.0	0.0	0.0	0.0
Planning & Health Improvement	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Resource Transfer - Local Auth	(307.0)	(153.5)	(153.5)	0.0	(25.6)	(25.6)	0.0
Income	(2,809.8)	(1,439.1)	(1,438.9)	(0.1)	(246.3)	(246.1)	(0.1)
East Dunbartonshire Hscp	**82,867.2**	**39,706.2**	**39,368.2**	**338.1**	**6,830.6**	**6,746.8**	**83.9**

NHSGG&C - East Dunbartonshire HSCP - Period Ending 30th September 2018 (Month 6)

Expenditure

Expense	4AC - Level 4 Acco	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000	Period Budget £'000	Period Actuals £'000	Period Variance £'000	Current WTE	Ave WTE
Senior Managers	PA0	403.9	201.9	77.7	124.3	33.7	12.9	20.7	1.5	1.5
Medical & Dental	PA1	3,993.8	2,031.7	1,874.3	157.4	344.5	324.8	19.6	44.3	42.6
Nursing & Midwifery	PA2	5,965.9	3,038.6	2,689.3	349.2	554.4	452.7	101.7	132.6	132.6
Allied Health Professionals	PA3	1,106.9	553.4	618.2	(64.8)	92.2	103.2	(11.0)	27.3	27.4
Healthcare Sciences	PA4	136.9	92.1	95.4	(3.3)	15.3	15.8	(0.6)	3.6	3.6
Other Therapeutic	PA5	468.2	234.1	214.0	20.1	39.0	36.9	2.1	7.1	6.9
Medical Dental Support	PA6	4,566.1	2,215.1	2,121.7	93.4	364.6	346.1	18.5	128.7	131.9
Support Services	PA7	0.0	0.2	1.0	(0.8)	0.0	0.0	0.0		0.0
Admin & Clerical	PA8	1,914.0	953.3	908.5	44.8	159.2	147.7	11.5	60.1	60.3
Personal Social Care	PA9	522.7	261.4	235.9	25.4	43.6	39.2	4.4	10.6	10.7
Budget Reserves -pay	PB1	(376.4)	(188.2)	0.0	(188.2)	(31.4)	0.0	(31.4)		0.0
Pay		**18,702.0**	**9,393.6**	**8,836.0**	**557.5**	**1,615.1**	**1,479.3**	**135.5**	**415.8**	**417.5**
Drugs	S10	98.5	47.3	64.5	(17.2)	7.5	10.1	(2.6)		
Surgical Sundries	S11	647.8	237.1	283.4	(46.2)	38.9	49.2	(10.3)		
Cssd/diagnostic Supplies	S12	42.7	21.1	23.0	(1.8)	3.5	5.6	(2.2)		
Equipment	S13	312.3	139.6	63.7	75.9	22.1	26.6	(4.5)		
Other Admin Supplies	S14	1,589.2	488.7	673.5	(184.8)	78.4	116.1	(37.7)		
Hotel Services	S15	2,354.0	110.4	13.2	97.2	17.9	5.9	12.1		
Property	S16	286.0	141.8	106.9	34.9	24.4	4.1	20.2		
Heating Fuel And Power	S17	0.0	0.0	0.0	0.0	0.0	0.0	0.0		
Other Therapeutic Supplies	S18	18.5	9.4	6.6	2.8	1.9	1.5	0.4		
Other Supplies	S19	522.2	105.7	176.6	(71.0)	17.6	26.5	(8.9)		
Budget Reserves - Non Pay	S1X	933.8	91.0	0.0	91.0	15.2	0.0	15.2		
Non Pay		**6,805.0**	**1,392.1**	**1,411.4**	**(19.2)**	**227.4**	**245.6**	**(18.3)**		
Resource Transfer	S20	15,438.1	7,612.9	7,612.9	0.0	1,268.8	1,268.8	0.0		
Purchase Of Healthcare	S30	206.0	103.0	98.5	4.5	17.2	16.4	0.8		
Purchase Of Healthcare		**15,644.1**	**7,715.9**	**7,711.4**	**4.5**	**1,286.0**	**1,285.2**	**0.8**		
Gms	9	13,461.3	6,748.0	6,748.0	0.0	1,419.6	1,419.6	0.0		
Gps	0	21,850.2	11,109.6	11,109.6	0.0	1,794.8	1,794.8	0.0		
Gds	1	7,590.8	3,939.9	3,939.9	0.0	587.2	587.2	0.0		
Gos	2	2,032.7	1,050.6	1,050.6	0.0	180.9	180.9	0.0		
Family Health Services		**44,935.0**	**22,848.1**	**22,848.1**	**0.0**	**3,982.5**	**3,982.5**	**0.0**		
Savings	S50	(409.2)	(204.6)	0.0	(204.6)	(34.1)	0.0	(34.1)		
Savings		**(409.2)**	**(204.6)**	**0.0**	**(204.6)**	**(34.1)**	**0.0**	**(34.1)**		
East Dunbartonshire Hscp		**85,676.9**	**41,145.1**	**40,806.9**	**338.2**	**7,076.9**	**6,992.6**	**83.9**	**415.77**	**417.5**

Income

Expense	4AC - Level 4 Acco	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000	Period Budget £'000	Period Actuals £'000	Period Variance £'000	Current WTE	Ave WTE
Scot Bodies	I30	(1,063.7)	(534.4)	(534.4)	0.0	(89.1)	(89.1)	0.0		
Other Hch	I31	(375.0)	(153.7)	(153.7)	0.0	(25.7)	(25.7)	0.0		
Hch Income		**(1,438.7)**	**(688.1)**	**(688.1)**	**0.0**	**(114.8)**	**(114.8)**	**0.0**		
Unified Fhs	I20	(85.7)	(41.3)	(41.3)	0.0	(5.7)	(5.7)	0.0		
Non Disc Fhs	I21	(1,285.4)	(708.8)	(708.8)	0.0	(125.7)	(125.7)	0.0		
Fhs Income		**(1,371.1)**	**(750.1)**	**(750.1)**	**0.0**	**(131.4)**	**(131.4)**	**0.0**		
Other Operating Income	I40	0.0	(0.9)	(0.8)	(0.1)	0.0	0.1	(0.1)		
Other Operating Income		**0.0**	**(0.9)**	**(0.8)**	**(0.1)**	**0.0**	**0.1**	**(0.1)**		
East Dunbartonshire Hscp		**(2,809.8)**	**(1,439.1)**	**(1,439.0)**	**(0.1)**	**(246.2)**	**(246.1)**	**(0.1)**		

APPENDIX 1

GENERAL FUND REVENUE MONITORING 2018/19
SUMMARY FINANCIAL POSITION

As at : 30 September 2018 Accounting Period 6	BUDGET		ACTUAL		VARIANCE	
	Annual Budget	Budget Period 6	Expenditure Period 6	Projected Annual	At Period 6	Projected Period 12
Integrated Health & Social Care Partnership						
Community Health & Care Services	36,335	16,712	16,371	37,273	(341)	938
Mental Health, Learning Disability, Addictions & Health Improvement	20,318	9,532	9,409	20,734	(123)	417
Children & Families and Criminal Justice	11,844	5,977	5,623	12,234	(354)	390
Social Work Strategic / Resources	(16,545)	(4,289)	545	(16,838)	4,834	(293)
Total	**51,952**	**27,933**	**31,949**	**53,403**	**4,016**	**1,452**

GENERAL FUND REVENUE MONITORING 2018/19 DETAILED FINANCIAL POSITION as at Period 6: 30 September 2018	Annual Budget £000	Budget Period 6 £000	Expenditure Period 6 £000	Projected Annual £000	Variation Period 6 £000	Projected Year End Variation £000
INTEGRATED HEALTH AND SOCIAL CARE						
COMMUNITY HEALTH & CARE SERVICES						
ADULTS (Self Directed Support)						
1 **Employee Costs**	52	26	26	53	0	1
Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers in order to ascertain when vacancies will be filled. At this stage projections show that there will be a small variation to budget. This relates to unachievable staff turnover savings.						
2 **Property Costs**	0	0	0	0	0	0
No variation on budget is expected						
3 **Supplies and Services**	0	0	0	0	0	0
No variation on budget is expected						
4 **Agencies and Other Bodies**	0	0	0	0	0	0
No variation on budget is expected						
5 **Budget Savings**	0	0	0	0	0	0
No variation on budget is expected						
6 **Transport and Plant**	0	0	0	0	0	0
No variation on budget is expected						
7 **Admin and Other Costs**	0	0	0	0	0	0
No variation on budget is expected						
8 **Health Board Resource Transfer Income**	0	0	0	0	0	0
No variation on budget is expected						
9 **Other Income**	0	0	0	0	0	0
No variation on budget is expected						
Total - Adults	52	26	26	53	0	1
OLDER PEOPLE						
1 **Employee Costs**	7,932	3,920	4,278	8,536	358	604
At this stage projections show that there will be an unfavourable variation to budget. These projections assume vacancies will be filled (apart from in homecare where the recruitment schedule has been taken into account) and so create a pressure against staff turnover savings. Delays in this process will reduce this pressure apart from where covered by agency staff. Projected overspends in overtime and other pay are based on average earnings over the first five periods. Payroll variations will continue to be monitored as an area of recurring pressure especially within the Homecare service.						
2 **Property Costs**	3	2	39	42	37	38
No variation on budget is expected						
3 **Supplies and Services**	138	69	90	138	21	0
Budgets relate to Homecare PPE, telecare costs and homecare related disabled adaptations No variation is expected.						
4 **Agencies and Other Bodies**	24,269	10,942	10,772	24,621	-170	352
At this stage there is an increase in the commitment against Residential Accommodation, Homecare and Daycare. These commitments include an estimation of all uplifts in respect of the Scottish Government's Living Wage for this financial year This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments.						
5 **Budget Savings**	0	0	0	0	0	0
No variation on budget is expected						
6 **Transport and Plant**	30	13	15	30	2	0
Transport costs are currently overspending. This pressure will continue to be monitored on an ongoing basis.						
7 **Admin and Other Costs**	438	219	-24	438	-243	1
Underspends are due to late recharges for Care of Gardens and Fleet. These will be posted within the next period. No variation to budget is expected.						
8 **Health Board Resource Transfer Income**	-7	-3	0	-7	3	0
No variation on budget is expected. Current period variation is due to late receipt of resource transfer income.						
9 **Other Income**	-838	-521	-512	-838	10	0
No variation on budget is expected						
Total - Older People	31,965	14,640	14,659	32,960	19	995
PHYSICAL DISABILITY						
1 **Employee Costs**	669	334	328	670	-6	0

GENERAL FUND REVENUE MONITORING 2018/19
DETAILED FINANCIAL POSITION as at Period 6: 30 September 2018

	Annual Budget £000	Budget Period 6 £000	Expenditure Period 6 £000	Projected Annual £000	Variation Period 6 £000	Projected Year End Variation £000
At this stage projections show that there will be a small variation to budget. This relates to a small percentage of staff turnover savings that will not be able to be achieved.						
2 Property Costs	0	0	0	0	0	0
No variation on budget is expected						
3 Supplies and Services	630	316	146	630	-170	0
Spend on equipment and adaptations is tightly controlled within budget limits with critical and substantial criteria continuing to be applied in this area. This is being monitored through the Equipu contract. The current underspend is in relation to a backlog of invoices to be processed through the IProc system. No variation on budget is expected.						
4 Agencies and Other Bodies	2,992	1,378	1,225	2,933	-152	-59
At this stage there is an increase in the commitment against Residential Accommodation and Homecare and a reduction in Daycare, Supported Accommodation and Supported Living. These commitments include an estimation of all uplifts in respect of the Scottish Government's Living Wage for this financial year. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments.						
5 Budget Savings	0	0	0	0	0	0
No variation on budget is expected						
6 Transport and Plant	5	2	-2	5	-4	0
No variation on budget is expected						
7 Admin and Other Costs	23	12	-6	23	-17	0
No variation on budget is expected						
8 Health Board Resource Transfer Income	0	0	0	0	0	0
No variation on budget is expected						
9 Other Income	-77	-32	-23	-77	9	0
No variation on budget is expected						
Total - Physical Disability	4,243	2,009	1,669	4,185	-340	-59
OTHER						
1 Employee Costs	0	0	0	0	0	0
No variation on budget is expected						
2 Property Costs	0	0	0	0	0	0
No variation on budget is expected						
3 Supplies and Services	0	0	0	0	0	0
No variation on budget is expected						
4 Agencies and Other Bodies	75	38	17	75	-20	0
This budget relates to payment made to East Dunbartonshire Women's Aid No variation on budget is expected.						
5 Budget Savings	0	0	0	0	0	0
No variation on budget is expected						
6 Transport and Plant	0	0	0	0	0	0
No variation on budget is expected						

GENERAL FUND REVENUE MONITORING 2018/19 DETAILED FINANCIAL POSITION as at Period 6: 30 September 2018	Annual Budget £000	Budget Period 6 £000	Expenditure Period 6 £000	Projected Annual £000	Variation Period 6 £000	Projected Year End Variation £000
7 Admin and Other Costs	0	0	0	0	0	0
No variation on budget is expected						
8 Health Board Resource Transfer Income	0	0	0	0	0	0
No variation on budget is expected						
9 Other Income	0	0	0	0	0	0
No variation on budget is expected						
Total - Other	75	38	17	75	-20	0
COMMUNITY HEALTH & CARE SERVICES (ALL)						
1 Employee Costs	8,653	4,280	4,632	9,259	353	606
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 a variation to budget. These projections assume vacancies will be filled (apart from in homecare where the recruitment schedule has been taken into account) and so create a pressure against staff turnover savings. Delays in this process will reduce this pressure apart from where covered by agency staff. Projected overspends in overtime and other pay are based on average earnings over the first five periods. Payroll variations will continue to be monitored as an area of recurring pressure especially within the Homecare service.						
2 Property Costs	3	2	39	42	37	38
No variation on budget is expected						
3 Supplies and Services	767	385	236	767	-148	0
Budgets relate to Homecare PPE, telecare costs and disabled adaptations. Spend on equipment and adaptations is tightly controlled within budget limits with critical and substantial criteria continuing to be applied in this area. This is being monitored through the Equipu contract. The current underspend is in relation to a backlog of invoices to be processed through the IProc system. No variation on budget is expected.						
4 Agencies and Other Bodies	27,337	12,357	12,014	27,630	-342	293
At this stage there is an overall increase in the commitment value of Care Packages within Older People and Physical Disability services. This is mainly in relation to Residential Accommodation and Homecare with a potential saving in supported living. These commitments include an estimation of all uplifts in respect of the Scottish Government's Living Wage for this financial year. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments.						
5 Budget Savings	0	0	0	0	0	0
No variation on budget is expected						
6 Transport and Plant	35	15	13	35	-2	0
Transport costs are currently overspending. This pressure will continue to be monitored on an ongoing basis.						
7 Admin and Other Costs	461	231	-29	462	-260	1
Underspends are due to late recharges for Care of Gardens and Fleet. These will be posted within the next period. No variation to budget is expected.						
8 Health Board Resource Transfer Income	-7	-3	0	-7	3	0
No variation on budget is expected. Current period variation is due to late receipt of resource transfer income.						
9 Other Income	-915	-553	-534	-915	19	0
No variation on budget is expected						
Total - Community Health & Care Services	36,335	16,712	16,371	37,273	-341	938
MENTAL HEALTH, LEARNING DISABILITY, ADDICTIONS & HEALTH IMPROVEMENT (EDC only)						
ADDICTIONS						
1 Employee Costs	438	226	219	435	-7	-3
Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers in order to ascertain when vacancies will be filled. At this stage projections show that there will be a small variation to budget. This is mostly in relation to unachievable staff turnover savings and absence cover.						
2 Property Costs	0	0	0	0	0	0
No variation on budget is expected						

GENERAL FUND REVENUE MONITORING 2018/19
DETAILED FINANCIAL POSITION as at Period 6: 30 September 2018

	Annual Budget £000	Budget Period 6 £000	Expenditure Period 6 £000	Projected Annual £000	Variation Period 6 £000	Projected Year End Variation £000
3 Supplies and Services	9	4	4	10	-0	1
No variation on budget is expected						
4 Agencies and Other Bodies	579	269	218	574	-52	-5
At this stage there is a reduction in the commitment against Residential Accommodation. This, however, is being offset by a higher than anticipated cost of Homecare. These commitments include an estimation of all uplifts in respect of the Scottish Government's Living Wage for this financial year. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments.						
5 Budget Savings	0	0	0	0	0	0
No variation on budget is expected						
6 Transport and Plant	0	0	0	0	0	0
No variation on budget is expected						
7 Admin and Other Costs	5	2	0	5	-2	0
No variation on budget is expected						
8 Health Board Resource Transfer Income	-364	-182	0	-364	182	0
No variation on budget is expected. Current period variation is due to late receipt of resource transfer income.						
9 Other Income	0	0	0	0	-0	0
No variation on budget is expected						
Total - Addictions	667	320	441	660	121	-7
LEARNING DISABILITY						
1 Employee Costs	1,562	779	875	1,819	96	257
At this stage projections show that there will be a variation to budget in relation to a £400k saving allocated to the Pineview service. For this report it is assumed that this will be partly achieved as there will be a delay in the recruitment process, to fill a number of vacancies, while one client placement remains void.						
2 Property Costs	30	19	5	27	-14	-3
Savings can be assumed in relation to utility costs.						
3 Supplies and Services	34	17	12	34	-5	0
This budget relates to supplies for clients within John Street and Pineview. No variation on budget is expected						
4 Agencies and Other Bodies	13,264	6,105	6,002	13,650	-103	386
At this stage there is a significant reduction in the Commitments against Care Packages for Supported Accommodation, Supported Accommodation and Daycare. There is, however, increased commitment against Residential Accommodation and Daycare. These commitments include an estimation of uplifts in respect of the Scottish Government's Living Wage for this financial year. This is a volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments. The pressure on this budget area reflect the impact of children transitioning into adult services requiring complex care packages to support them to live independently within the community and replace that support previously provided by Education .						
5 Budget Savings	0	0	0	0	0	0
No variation on budget is expected						
6 Transport and Plant	385	160	202	385	42	0
Transport costs are currently overspending. This pressure will continue to be monitored on an ongoing basis						
7 Admin and Other Costs	1	0	0	1	-0	0
No variation on budget is expected						
8 Health Board Resource Transfer Income	-83	-42	0	-83	42	0
No variation on budget is expected. Current period variation is due to late receipt of resource transfer income.						
9 Other Income	-339	-148	-205	-396	-57	-57

GENERAL FUND REVENUE MONITORING 2018/19
DETAILED FINANCIAL POSITION as at Period 6: 30 September 2018

	Annual Budget £000	Budget Period 6 £000	Expenditure Period 6 £000	Projected Annual £000	Variation Period 6 £000	Projected Year End Variation £000
Additional income is included in relation to a prior year out of boundary charge for a client supported by John Street. This was under negotiation with West Dunbartonshire Health and Social Care Partnership and was recently agreed and backdated to 17/18						
Total - Learning Disability	14,852	6,890	6,890	15,436	0	583
MENTAL HEALTH						
1 Employee Costs	486	242	260	528	18	42
At this stage projections show that there will be a variation to budget. This assumes that staff turnover savings will not be achieved as Mental Health officer vacancies are being covered by agency staff.						
2 Property Costs	0	0	1	0	1	0
No variation on budget is expected						
3 Supplies and Services	0	0	0	0	0	0
No variation on budget is expected						
4 Agencies and Other Bodies	2,033	954	792	1,963	-162	-70
At this stage there is a significant reduction in the commitment against Residential Accommodation, Daycare and Supported Living. There is, however, increased commitment against Supported Accommodation and Homecare. These commitments include an estimation of uplifts in respect of the Scottish Government's Living Wage for this financial year. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments.						
5 Budget Savings	0	0	0	0	0	0
No variation on budget is expected						
6 Transport and Plant	0	0	0	0	0	0
No variation on budget is expected						
7 Admin and Other Costs	0	0	0	0	0	0
No variation on budget is expected						
8 Health Board Resource Transfer Income	-85	-42	0	-85	42	0
No variation on budget is expected. Current period variation is due to late receipt of resource transfer income.						
9 Other Income	-32	-14	-17	-33	-3	-1
No variation on budget is expected						
Total - Mental Health	2,402	1,141	1,037	2,374	-104	-28
ADULT PROTECTION						
1 Employee Costs	96	48	48	98	-0	2
At this stage projections show that there will be a small variation to budget. This assumes that all staff turnover savings will be achieved.						
2 Property Costs	0	0	0	0	0	0
No variation on budget is expected						
3 Supplies and Services	0	0	0	0	0	0
No variation on budget is expected						
4 Agencies and Other Bodies	3	2	1	3	-1	0
No variation on budget is expected						
5 Budget Savings	0	0	0	0	0	0
No variation on budget is expected						
6 Transport and Plant	0	0	0	0	0	0
No variation on budget is expected						

GENERAL FUND REVENUE MONITORING 2018/19
DETAILED FINANCIAL POSITION as at Period 6: 30 September 2018

	Annual Budget £000	Budget Period 6 £000	Expenditure Period 6 £000	Projected Annual £000	Variation Period 6 £000	Projected Year End Variation £000
7 **Admin and Other Costs**	2	1	0	2	-1	0
No variation on budget is expected						
8 **Health Board Resource Transfer Income**	0	0	0	0	0	0
No variation on budget is expected						
9 **Other Income**	0	0	0	0	0	0
No variation on budget is expected						
Total - Adult Protection	101	50	48	103	-2	2
DAY SERVICES, OUTLOOK, OUTREACH & BME (MILAN)						
1 **Employee Costs**	2,285	1,134	957	2,113	-177	-172
Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers in order to ascertain when vacancies will be filled. At this stage projections show that there will be a small variation to budget. There is an overspend as a result of bringing the Pineview service in house which is being offset with reserves in the current year, a number of posts in older people services supported through NHS income						
2 **Property Costs**	67	44	70	105	27	38
Underspends are non domestic rates profiling. This will be brought in line for the next report. There is no expected variation at this time.						
3 **Supplies and Services**	91	46	34	91	-12	0
No variation on budget is expected						
4 **Agencies and Other Bodies**	34	3	1	34	-2	0
No variation on budget is expected						
5 **Budget Savings**	0	0	0	0	0	0
No variation on budget is expected						
6 **Transport and Plant**	6	3	0	6	-3	0
No variation on budget is expected						
7 **Admin and Other Costs**	13	5	2	13	-3	0
No variation on budget is expected						
8 **Health Board Resource Transfer Income**	0	0	0	0	0	0
No variation on budget is expected						
9 **Other Income**	-201	-103	-72	-201	31	0
No variation on budget is expected						
Total - Day Services, Outlook, Outreach & BME (Milan)	2,295	1,131	992	2,161	-139	-134
MENTAL HEALTH, LEARNING DISABILITY, ADDICTIONS & HEALTH IMPROVEMENT (ALL EDC only)						
1 **Employee Costs**	4,867	2,430	2,359	4,993	-71	126
Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers in order to ascertain when vacancies will be filled. It has been assumed that vacancies will be filled apart from in Mental Health where cover is provided in the interim by agency staff. There is also £400k saving allocated to the Pineview service. For this report it is assumed that this will be partly achieved as there will be a delay in the recruitment process, to fill a number of vacancies, while one client placement remains void						
2 **Property Costs**	97	62	77	132	14	35
Underspends are non domestic rates profiling. This will be brought in line for the next report. Savings can be assumed in relation to Utilities.						
3 **Supplies and Services**	134	67	50	136	-17	2
No variation on budget is expected						
4 **Agencies and Other Bodies**	15,912	7,333	7,013	16,224	-320	312

GENERAL FUND REVENUE MONITORING 2018/19 DETAILED FINANCIAL POSITION as at Period 6: 30 September 2018	Annual Budget £000	Budget Period 6 £000	Expenditure Period 6 £000	Projected Annual £000	Variation Period 6 £000	Projected Year End Variation £000
At this stage there is a significant reduction in the Commitments against Care Packages for Supported Living. There is, however, increased commitment against Residential Accommodation and Daycare. These commitments include an estimation of uplifts in respect of the Scottish Government's Living Wage for this financial year. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments.						
5 Budget Savings	0	0	0	0	0	0
No variation on budget is expected						
6 Transport and Plant	391	163	202	391	39	0
Transport costs are currently overspending. This pressure will continue to be monitored on an ongoing basis						
7 Admin and Other Costs	20	8	2	20	-6	0
No variation on budget is expected						
8 Health Board Resource Transfer Income	-532	-266	0	-532	266	0
No variation on budget is expected. Current period variation is due to late receipt of resource transfer income.						
9 Other Income	-572	-265	-294	-630	-29	-58
Additional income is included in relation to a prior year out of boundary charge for a client supported by John Street. This was under negotiation with West Dunbartonshire Health and Social Care Partnership and was recently agreed and backdated to 17/18.						
Total - Mental Health, Learning Disability, Addictions & Health Improvement	20,348	9,532	9,409	20,734	-123	417

GENERAL FUND REVENUE MONITORING 2018/19
DETAILED FINANCIAL POSITION as at Period 6: 30 September 2018

	Annual Budget £000	Budget Period 6 £000	Expenditure Period 6 £000	Projected Annual £000	Variation Period 6 £000	Projected Year End Variation £000
CHILDREN & FAMILIES AND CRIMINAL JUSTICE						
CHILDREN & FAMILIES						
1 Employee Costs	4,468	2,228	2,002	4,337	-226	-131
Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers in order to ascertain when vacancies will be filled. At this stage projections show that there will be an underspend in this budget.						
2 Property Costs	48	34	1	48	-33	0
No variation on budget is expected						
3 Supplies and Services	73	37	32	73	-5	0
No variation on budget is expected						
4 Agencies and Other Bodies	6,883	3,465	3,369	7,395	-96	512
At this point projections show reduced pressure on Foster Payments, Adoption, Custody, Shared Carer and also within Daycare. The Fostering decrease is in relation to a reduction in the number of external placements. A review of projections have also identified pressures within flexible support, care at home, supported accommodation, supported living and kinship care. There are also pressures in relation to under budgeted costs for the PACe / PCAS services and Functional Family Therapy service.						
5 Transport and Plant	86	36	44	88	9	3
This budget is currently overspending. At this stage we can report a small variation to budget, however, will continue to monitor in future periods.						
6 Admin and Other Costs	114	57	25	120	-32	6
No variation on budget is expected						
7 Income	-85	-10	-3	-85	7	-0
No variation on budget is expected. The current period variation relates to income still to be received for running the Child Protection Committee.						
Total - Children & Families	11,588	5,848	5,471	11,976	-377	389
CRIMINAL JUSTICE						
1 Employee Costs	1,292	620	603	1,293	-17	2
Detailed analysis of costs to date continue. At this point projections assume that there will be a small variation in relation some of the staff turnover savings being unachievable.						
2 Property Costs	1	0	0	1	-0	0
No variation on budget is expected						
3 Supplies and Services	23	12	1	23	-11	0
No variation on budget is expected						
4 Agencies and Other Bodies	13	6	0	13	-6	0
No variation on budget is expected						
5 Transport and Plant	0	0	0	0	0	0
No variation on budget is expected						
6 Admin and Other Costs	14	7	1	14	-7	0
No variation on budget is expected						
7 Income	-1,086	-516	-452	-1,086	63	0
Increased income in respect of Scottish Government grant funding for Criminal Justice and also recharges to Strathclyde University for an external secondment are expected to over recover within this financial year. Budgets will be amended to reflect the additional income and expenditure expected						
Total - Criminal Justice	257	130	152	258	23	2
CHILDREN & FAMILIES AND CRIMINAL JUSTICE (ALL)						
1 Employee Costs	5,760	2,848	2,606	5,630	-243	-130
Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers in order to ascertain when vacancies will be filled. At this stage projections show that there will be an underspend in this budget.						
2 Property Costs	48	35	1	48	-34	0
No variation on budget is expected						
3 Supplies and Services	97	48	32	97	-16	0

GENERAL FUND REVENUE MONITORING 2018/19 DETAILED FINANCIAL POSITION as at Period 6: 30 September 2018	Annual Budget £000	Budget Period 6 £000	Expenditure Period 6 £000	Projected Annual £000	Variation Period 6 £000	Projected Year End Variation £000
No variation on budget is expected						
4 **Agencies and Other Bodies**	6,896	3,472	3,369	7,407	-103	512
At this point projections show reduced pressure on Foster Payments, Adoption, Custody, Shared Carer and also within Daycare. The Fostering decrease is in relation to a reduction in the number of external placements A review of projections have also identified pressures within flexible support, care at home, supported accommodation, supported living and kinship care There are also pressures in relation to under budgeted costs for the PACe / PCAS services and Functional Family Therapy service.						
5 **Transport and Plant**	86	36	44	88	9	3
This budget is currently overspending. At this stage we can report a small variation to budget, however, will continue to monitor in future periods.						
6 **Admin and Other Costs**	128	64	26	134	-38	6
No variation on budget is expected						
7 **Income**	-1,171	-526	-455	-1,171	71	-0
No variation on budget is expected The current period variation relates to income still to be received for running the Child Protection Committee Increased income in respect of Scottish Government grant funding for Criminal Justice and also recharges to Strathclyde University for an external secondment are expected to over recover within this financial year Budgets will be amended to reflect the additional income and expenditure expected.						
Total - Children & Families and Criminal Justice	11,844	5,977	5,623	12,234	-354	390
SOCIAL WORK STRATEGIC / RESOURCES						
1 **Employee Costs**	603	301	190	536	-111	-67
Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers in order to ascertain when vacancies will be filled						
2 **Property Costs**	0	0	0	0	0	0
No variation on budget is expected						
3 **Supplies and Services**	6	3	2	6	-1	0
No variation on budget is expected						
4 **Agencies and Other Bodies**	1,349	669	568	1,386	-100	37
The reported variation relates to an increase in anticipated costs for advocacy and prior year invoices from EDLCT						
5 **Budget Savings**	-288	-145	0	-138	145	150
This is the balance of savings and includes those identified as terms and conditions changes						
6 **Transport and Plant**	0	0	0	0	0	0
No variation on budget is expected						
7 **Admin and Other Costs**	21	12	20	108	8	87
Additional legal expenses have resulted in a small pressure against admin costs.						
8 **Health Board Resource Transfer Income**	-10,256	-5,128	0	-10,256	5,128	0
No variation on budget is expected						
9 **Other Income**	-7,980	-0	-235	-8,480	-235	-500
No variation on budget is expected.						
Total - Social Work Strategic / Resources	-16,545	-4,289	545	-16,838	4,834	-293
Total Integrated Health and Social Care Variances	51,952	27,933	31,949	53,403	4,016	1,452

Greater Glasgow and Clyde NHS Board

JB Russell House
Gartnavel Royal Hospital
1055 Great Western Road
GLASGOW
G12 0XH
Tel. 0141-201-4444
www.nhsggc.org.uk

Date: 18 October 2018
Our Ref: JH

Enquiries to: James Hobson
Direct Line: 0141-201-4774
E-mail: James.Hobson@ggc.scot.nhs.uk

Dear Susan

2018/19 Devolved Budget Allocation to East Dunbartonshire Health & Social Care Partnership – month 6 update

Further to Mark White's letter of 1 May setting out the Board's initial financial allocation to the HSCP for 2018/19 I am writing to update the allocation following confirmation of the additional Agenda for Change pay uplift funding.

This updated allocation also takes account of a number of other recurring and non recurring budget movements and shows the Board's allocation to the HSCP at 30 September 2018 including changes to the primary care prescribing allocation following full delegation of all central prescribing budgets and incorporating national tariff changes which have required the Board to return funding to Scottish Government.

The financial details of the allocation are included in appendix 1 to this letter.

Set Aside Budget

The 2018/19 Set Aside Budget has been recalculated following based on updated information from ISD received in September 2018 and the calculations are included in appendix 2 to this letter. This will remain a notional budget in 2018/19.

The Board is currently working with HSCPs and Scottish Government colleagues to review the basis for calculation using current activity levels and actual budgets and to agree details of how it will work in practice with a view to moving to using actual costs and activity from 1 April 2019.

The allocations are summarised below:

	£000
Hospital, Community and Primary Care Health Services	82,867
Notional Set Aside budget	19,116
Total 2018/19 allocation at month 6	**101,983**

I hope this now enables the HSCP to finalise its financial plans for 2018/19.

Yours sincerely

James Hobson
Assistant Director of Finance

Appendix 1 – Financial Allocation 2018/19

Spend Categories	East Dunbartonshire Hscp
	£000s
Net total rollover budget (as previously advised)	**76,197**
Budget Eligible for HCH uplift	**51,831**
Uplifts	
Scottish Government allocation to Health Boards @1.5%	777
AFC Pays uplift additional funding	203
Other Recurring allocations	
General Medical Services Recurring	702
Prescribing - Delegation of central budgets including rebates and discounts .	(256)
Prescribing - Budgets returned to Scottish Government (tariff adjustment)	(323)
Veterans allocation	86
Legacy unachieved partnership savings	(245)
Return of GP property income budgets to Estates & Facilities Directorate & other minor adjustments	357
Recurring Budget as at 15.10.2018	**77,499**
Other Non Recurring Allocations	
Alcohol & Drugs Partnership	309
Primary Care Improvement Fund - Tranche 1	484
Mental Health Strategy 2017-27 - Action 15	140
Public Dental Service	4,634
Other non recurring allocations	(198)
Total Budget as at 15.10.2018	**82,867**

Appendix 2 – East Dunbartonshire HSCP Set Aside Budget 2018/19

	2014/15			2015/16			2016/17				3 year average activity			Cost Base	
	Total in scope IP treatment			Total in scope IP treatment			Total in scope IP treatment			2016/17 Costs				2016/17 uplifted by 1% to 2017/18	2017/18 uplifted by 1.5% to 2018/19
Specialty	**SMR Discharges**	**SMR OBD**	**A&E attendances**	**SMR Discharges**	**SMR OBD**	**A&E attendances**	**SMR Discharges**	**SMR OBD**	**A&E attendances**	**£000**	**SMR Discharges**	**SMR OBD**	**A&E attendances**	**£000**	**£000**
Accident & Emergency	82	108		147	253		160	181		104	130	180		113	115
General Medicine	10,271	24,824		11,161	20,554		8,932	17,125		5,893	10,121	20,834		7,375	7,486
GP other than Obstetrics	6	44		8	19		14	182		28	9	82		18	19
Rehabilitation	18	591		11	449		11	452		136	13	497		129	131
Respiratory	416	3,321		808	4,641		1,036	4,334		1,456	753	4,098		1,587	1,610
Sub Total	10,793	28,888		12,135	25,915		10,153	22,273		7,617	11,026	25,691		9,223	9,361
Geriatric Assessment	2,049	28,320		2,924	30,928		3,848	32,705		8,109					0
Geriatric Long Stay	54	2,283		66	1,718		12	484		123					0
Geriatric Medicine	2,103	30,603		2,990	32,646		3,860	33,190		8,232	2,984	32,146		7,594	7,708
Inpatients Total	12,896	59,490		15,125	58,562		14,013	55,463		15,849	14,010	57,837		16,817	17,070
A&E Outpatients			20,417			19,656			19,504	1,905			19,859	2,016	2,046
Total Set aside budget	**12,896**	**59,490**	**20,417**	**15,125**	**58,562**	**19,656**	**14,013**	**55,463**	**19,504**	**17,754**	**14,010**	**57,837**	**19,859**	**18,833**	**19,116**

Chief Officer
Susan Manion

Agenda Item Number: 5

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	15th November 2018
Subject Title	Financial Planning 2019/20
Report By	Jean Campbell, Chief Finance & Resources Officer Tel: 0300 1234510 Ext 3221
Contact Officer	Jean Campbell, Chief Finance & Resources Officer Tel: 0300 1234510 Ext 3221

Purpose of Report	To update the Board on the financial planning for the partnership for 2019/20.

Recommendations	The Integration Joint Board is asked to: a. Note the position on the financial planning assumptions for the partnership based on the latest known position for both the Council and the NHS Board for 2019/20. b. Approve the areas for consideration that have been identified to date to meet the financial challenge for the IJB and agree to progress the detail of these for further consideration by the IJB.

Relevance to HSCP Board Strategic Plan	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.

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	The financial landscape for the partnership is challenging for 2019/20 and beyond due primarily to the settlements for both Local Authorities and Health Boards.

Legal:	None.

Economic Impact:	None

Sustainability:	The financial position of the partnership is dependent on the

	settlements from the Local Authority and the Health Board. The level of reserves has been significantly eroded during 2017/18 and as a measure to balance the budget for 2018/19. In order to achieve a level of sustainability in the short to medium term, the partnership is reliant on a programme of service redesign and transformation to meet the financial challenges.

Risk Implications:	There are a number of financial risks moving into futures years given the rising demand in the context of reducing budgets which will require effective financial planning as we move forward.

Implications for East Dunbartonshire Council:	The impact and risks to the services delivered through the partnership will be significant in the event of a poor financial settlement to meet the ongoing statutory and demand pressures for health and social care services.

Implications for NHS Greater Glasgow & Clyde:	The impact and risks to the services delivered through the partnership will be significant in the event of a poor financial settlement to meet the ongoing statutory and demand pressures for health and social care services..

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

MAIN REPORT

1.1 Introduction
The Integration Scheme between East Dunbartonshire Council and NHS Greater Glasgow & Clyde sets out the arrangements for the determination of the amounts to be paid to the IJB from the respective parties in furtherance of the delivery of the Strategic Plan.

1.2 The Scottish Government, NHS Scotland and COSLA have issued a joint statement confirming their shared responsibility for ensuring the successful integration of Scotland's health and social care services and their duty to empower Integration Authorities. It also stressed the "need to step up the pace....to act together and in our individual roles to accelerate progress". This is set in the context of the impending review of integration being undertaken by the Ministerial Steering Group for Health and Community Care. This is included as **Appendix 1**.

1.3 The Scottish Government (SG) have also published their "Medium Term Health & Social Care Financial Framework" covering the period to 2023/24 in October 2018 which sets the national context for the whole health and social care system in terms of the investment required to meet the demand and cost pressures while acknowledging that this needs to be matched with reform to drive further improvements in our services.

1.4 The framework provides an estimate of the future resource requirements across health and social care following analysis of historic expenditure trends, increasing unit costs, drivers of demand growth, government spending policy commitments and the range of activity which will contribute to the reform of health and social care delivery across Scotland; shifting the balance of care, regional working, public health and prevention, Once for Scotland, a continued productivity and efficiency agenda. This provides that over the period from 2016/17 – 2023/24, the health and care system would require additional expenditure of £5.9 billion if the system did nothing to change. The Reform programmes detailed have already begun which will help to address this 'do nothing' challenge, however further work is required to address in full the financial challenges and the residual balance remaining of £159 million. A copy of the SG Financial Framework is attached as **Appendix 2.**

1.5 The UK Government announced its Autumn budget on the 29th October 2018 which provided additional funding into the Health Budget which will see an increase in the requisite funding to Scotland through the Barnett consequentials. The Scottish Government plan to announce the 2019/20 financial settlement on the 12th December 2018 which will provide some clarity on financial settlements for our constituent bodies. Until such time, there is no indication of specific funding for the Health & Social Care Partnerships in delivery of specific initiatives as with previous years.

1.6 There is work underway in partnership, with colleagues within NHS GG&C and East Dunbartonshire Council through the Finance & Planning Group, to determine the extent of local pressures in relation to the Health & Social Care landscape. These include consideration of the demographic profile for East Dunbartonshire, the impact of children transitioning into adult social work services, the demand pressures in relation to Children's services, the demand and cost pressures relating to prescribing and the impact of contractual changes across our commissioned services.

1.7 There is also work in partnership to scope options for driving in efficiency in the way we deliver services and the potential for service redesign in line with the priorities set out

within the Strategic Plan which also align to the principles set out under the Council's '*Working with the People of East Dunbartonshire; Prioritising our Services, Prioritising Our Resources'*. This includes considering Statutory and Non Statutory services in the context of:

- Service transformation, sharing and outsourcing, to
- Charging and Service Reduction, and potentially,
- Service Cessation (focused on Non Statutory elements of service delivery).

1.8 Local Context.
The SG's "Medium Term Health & Social Care Financial Framework" provides for national demand projections of 3.5% and 4% for Health and Social Care services respectively.

1.9 Initial work undertaken locally would suggest there are a number of factors which will influence the local demand projections:

- Pay Inflation – The Scottish Government indicated that the pay award for the three years commencing 2018/19 would be 9%, an average of 3% each year. While this only applies to NHS staff within the partnership, the announcement sets a direction of travel and this combined with the removal of the pay award cap means it would be prudent to plan for this level of increase across the HSCP.

- Demographics –The provision of a care package is predicated on an assessment against the eligibility criteria. In East Dunbartonshire, care is only provided to those who are assessed as having a critical or substantial need. The majority of the Adult Social Care clients are over the age of 65 with the predominance of Older People being within the 75+ / 85+ age group which is expected to increase year on year. The latest projections for 2016 – 2041 indicate that increases in the 75+ age group will be an average increase of 3.28% increase every year and for those aged 85+ this will be an average increase of 6.08% each year. An analysis of service trends in relation to care at home services for older people over the last few years provides for an increase of 5% each year in the levels of care being provided with levels of complexity increasing and care home placements levelling off during the same period.

- Transitioning Children (Learning Disability) – Children transition into adult learning disability services at certain age and require support to maintain an independent life within their local community in place of education services. The provision of a care package is predicated on an assessment of need against the eligibility criteria. There has been significant pressure in this area over the last few years and an assessment has been undertaken on the number of children expected to transition over the next 5 years. This indicates that there will be an average of 20 – 25 children transitioning each year into adult learning disability services. The needs of these children can vary from support to access continuing education (college placements) to those with more complex needs requiring specialist daycare packages ranging from £50k - £70k per annum. The majority of children transitioning over the next 5 years fall into the latter category with increasing levels of complexity being experienced in this area, expected to continue over the lifetime of the financial plan. Transformational activities are being

explored at this time with a view to informing future service delivery models for the future.

- Prescribing Costs – The cost of the drugs prescribed by GP's is increasing year on year and the risk sharing arrangement across GG&C is no longer in place which managed these pressures across the wider health board area, therefore these pressures need to be managed within the partnership's overall financial envelope. The IJB has limited control over this budget as it is unable to control the price of drugs which are set nationally and influenced by factors such as supply and demand, currency movements and patents. It also has limited control over demand as this is based on a clinical decision by a GP as to whether to prescribe a medicine. There is work going on across GG&C to identify efficiencies and cost savings to mitigate the impact of pressures on prescribing with support from board wide and local prescribing teams – GG&C performs well in this area which makes generating year on year efficiencies more difficult.

- Children's Services – There continues to be pressure in respect of Children's Social Work services. The number of children on the child protection register has increased by 28% since 2012/13, the number of children in residential accommodation has increased by 32% and the number of children with foster carers has increased by 71% with a large proportion of these in placements outwith the local area. There is expected to continue over the lifetime of the financial plan albeit there are a number of initiatives to address the balance of care, develop more locally based care and preventative earlier intervention approaches which will mitigate an element of these pressures.

- Inflationary Pressures – these reflect anticipated annual increases in payments to third parties and in the main reflect expected increases to the National Care Home Contract, fees for fostering, adoption and kinship care and the impact of tendering for a new Care at Home Framework in January 2019 . Initial indications from market testing and benchmarking across other areas would suggest that the Care at Home Framework will have a significant impact for 2019/20 with increases expected to be between 5-10%, each 5% increase would represent an additional pressure of £700k on the current budgeted levels.

- Living Wage – there have been increases to the living wage since 2016/17 and then again in 2017/18 with an expectation that this will increase further to meet the national commitment to reach a national living wage of £9 by 2020. As in previous years it is expected that any increase will be funded by the Scottish Government through additional social care funding.

1.10 In order to address the financial challenges over the medium term, the partnership will need to develop plans to bridge the financial gap and focus spending on the areas which will deliver our strategic priorities. A medium term strategy will focus on a number of themes:-

- Maximise Efficiencies – the partnership will maximise opportunities to deliver services in the most efficient manner which seeks to protect frontline service delivery as much as possible. This will include reviewing ways of working, pathway planning, structural considerations, systems development and transformational change projects supported by each partner agency, The assumption set out in the SG “Medium Term Health and Social Care Financial Strategy” is that HSCP’s should continue to make 1% efficient savings each year to mitigate the impact of pressures.

- Strategic Planning and Commissioning – the HSCP’s approach to commissioning is driven by its strategic plan, The HSCP commissions a mix and range of in-house and external services ensuring there is a range, choice and sufficiency of services available to the community having regard to individual choice through Self Directed Support options. The partnership has strong links with the third and independent sector providers and engages with them in a range of forums, including the Strategic Planning Group, to inform service development and advise on direction of travel in furtherance of partnership priorities. This will be informed by a strategic needs assessment detailing the needs of the population and where resources need to be targeted supplemented by a workforce strategy aligned to service redesign and commissioning intentions.

- Shifting the Balance of Care – the underlying principle of integration is to shift the balance of care to enable individuals to live within their own home for as long as possible. To support this there needs to be a shift in the balance of care and also the funding to enable this to be delivered. The use of earmarked reserves to facilitate and test service change will allow the partnership to make key decisions on where resources can best be invested. Robust and challenging targets have been set for the partnership to further reduce delayed discharges, reduce hospital admissions and bed days occupied for unplanned care in an acute setting. This is supported by a national investment programme focussed on primary care improvement, improvements in mental health services and alcohol and drug services. In addition there has been recurring funding made available through the Social Care Fund – all of these funding streams will see an increase in spending on community based provision.

- Service Redesign and Transformation – the partnership has a Transformation Programme which supports the delivery of key priorities set out within the Strategic Plan as well as delivering service redesign and efficiency measures which support the delivery of a balanced budget. Key transformational projects include the modernising and redesign of learning disability and mental health services, a review of homecare and care at home services, the implementation of a daycare strategy for older people and building capacity within local communities.

- Prevention and Early Intervention - there are a number of initiatives in place across the partnership which promote good health and wellbeing, self-management of long term conditions and intervene at an early stage to prevent escalation to more formal care settings. There requires to be a stronger focus in these areas for development particularly for older people and children’s services. The ability to undertake this with

sufficient scale and in a way that outstrips demand and therefore have an impact on financial budgets will be a challenge.

- Review of Eligibility and Charging (Demand Management) – access to services is currently for those at critical or substantial risk and this needs to be applied fairly and consistently across the partnership and targeted to those most in need. Equally there are opportunities for the partnership to maximise income generation for the services it provides which ensures that those on low incomes or minimum benefit levels are protected from any charging as much as possible. This is set in the context of financial inclusion and ensuring that individuals are in receipt of all the benefits to which they are entitled through an income maximisation check.

- Service Reduction / Cessation – as part of service redesign there will be a review of the range of services delivered across the partnership which will inform not just areas which require redesign but also areas where we will dis-invest. This will be set in the context of a strategic fit informed by the Strategic Plan, quality of service provision, demand for the service and importantly best value considerations and sustainability and in line with the Council principles for 'Prioritising our Services, Prioritising our Resources'..

1.11 There is a commitment to work in partnership with our colleagues within NHS GG&C and EDC to ensure that additional clarity and detail can be provided to show that planning for Health and Social Care costs is effectively managed, that efforts to transform services are equally realised in allocations from both Health and Council budgets with the shift in balance of care being transparent. This shift will be achieved through increased investment in integrated community based models of care and a dis- investment in conventional models using initiatives such as social care funding, primary care improvement funding, mental health investment and alcohol & drugs partnership funding. In the intervening period Officers within the partnership will continue to work with colleagues within the Council Officers and Greater Glasgow and Clyde to better understand the source of local pressures, the likelihood that estimates of local pressures will be realised and the Organisational Transformation options being specified to offset such pressures. This will be the subject of more detailed reporting to the IJB as this work progresses.

.

.

.

Cabinet Secretary for Health and Sport
Jeane Freeman MSP

T: 0300 244 4000
E: scottish.ministers@gov.scot

NHS Board Chairs
Local Authority Leaders
Integration Joint Board Chairs and Vice Chairs
NHS Board Chief Executives
Local Authority Chief Executives
Integration Joint Board Chief Officers
Chief Executive, SCVO
Chief Executive, Health and Social Care Alliance
Chief Executive, CCPS
Chief Executive, Scottish Care

26 September 2018

Dear colleagues

The Scottish Government, NHS Scotland and COSLA share responsibility for ensuring the successful integration of Scotland’s health and social care services. We are therefore delighted to send to you today a joint statement, attached to this letter, setting out our shared commitment to integration as leaders in the public sector.

This statement is the first output from our review of integration, which is now underway via the Ministerial Strategic Group for Health and Community Care. It frames our joint ambitions for integration and sets the context for recommendations that will follow from the review.

We look forward to continuing to work with you all to deliver integration, and, through it, better care for people using health and social care services in Scotland.

JEANE FREEMAN **Cabinet Secretary for Health and Sport**	**COUNCILLOR ALISON EVISON** **COSLA President**

DELIVERING INTEGRATION

We need to step up the pace of integrating health and social care. Truly integrated services, focused on the needs of citizens – individuals, carers and families, and on the health and wellbeing of local communities – require our leadership and personal commitment. We need to act together and in our individual roles to accelerate progress.

There are challenges that we must address. We will work together, and with our local populations as well as partners in the third and independent sectors, to understand public expectations and better meet needs for health and social care, which go hand-in-hand with improvements in life expectancy and the availability of new medicines and technologies. We are already making progress. We recognise that we are jointly responsible for tackling these challenges and that we need to adapt, compromise and support one another to deliver integration for the people of Scotland.

The Public Bodies (Joint Working) Act 2014 puts in place governance and financial arrangements, and a set of outcomes, for us to work within to achieve integration. We share a duty to empower Integration Authorities, to hold ourselves and one another to account in order to make integration work. We will learn from one another and adopt good practice. We will also work collaboratively and in partnership beyond the statutory sector to deliver improvements.

We commit to delivering together because that is the right way to deliver better services for our citizens.

CABINET SECRETARY FOR HEALTH AND SPORT

COSLA PRESIDENT

DIRECTOR GENERAL, SCOTTISH GOVERNMENT HEALTH AND SOCIAL CARE DIRECTORATES AND CHIEF EXECUTIVE, NHSSCOTLAND

CHIEF EXECUTIVE, COSLA

Joyce White

CHAIR, SOLACE 26 SEPTEMBER 2018

Scottish Government Medium Term Health and Social Care Financial Framework

October 2018

Scottish Government Medium Term Health and Social Care Financial Framework

October 2018

The Scottish Government, Edinburgh 2018

© Crown copyright 2018

OGL

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit **nationalarchives.gov.UK/doc/open-government-licence/version/3** or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: **psi@nationalarchives.gsi.gov.UK**.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at **www.gov.scot**

Any enquiries regarding this publication should be sent to us at
The Scottish Government
St Andrew’s House
Edinburgh
EH1 3DG

ISBN: 978-1-78851-999-1

Published by The Scottish Government, October 2018

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS431126 (10/18)

Contents

Introduction 2

Health and Social Care Expenditure 4

Future Demand for Health and Social Care 10

Future Shape of Health and Social Care Expenditure 12

Reforming Health and Social Care 15

Introduction

Our NHS celebrated its 70th Birthday this year and it is clear that our most cherished of public services has had to evolve, changing to reflect advances in medicine and the changing needs of our people. Our NHS, and the wider health and social care system, will need to continue to adapt, recognising changing demands and that people are living longer, thanks in no small part to the NHS and the care and treatment it has provided.

Our staff do an outstanding job, day in and day out. The vast majority of people get a fantastic and timely service, demonstrated in high satisfaction levels. For example - 90% of Scottish inpatients say NHS hospital care and treatment was good or excellent.

Planning for the future of our health and social care services requires a clear financial context which outlines the challenges facing the system, but at the same time looks at our approach to addressing these pressures – through a combination of investment and reform.

This Financial Framework aims to consider the whole health and social care system and how this supports the triple aim of better care, better health and better value. It outlines that investment, while necessary, must be matched with reform to drive further improvements in our services - considering the health and social care landscape at a strategic level. It has been developed with input from NHS Boards, COSLA, Local Government and Integration Authorities.

Context

This framework and supporting data will be updated as reform plans evolve, allowing local systems to develop plans within an overall set of financial parameters and alongside workforce and service considerations. Throughout this document, 2016/17 is used as the baseline year for data, reflecting that this is the latest year of published information from the NHS Cost Book and Local Government Local Financial Returns.[1]

Determining the factors which contribute to the wider financial context we will operate within is far from simple, not least as the Scottish Government does not have all the flexibility and levers to manage and plan its finances, as much of this remains reserved to the UK Government.

Additionally, our public finances continue to face the impact of the financial constraints imposed on us by the UK Government's austerity approach – a £2.6 billion real terms reduction in the our discretionary block grant between 2010/11 and 2019/20.

1 For NHS Costs Book see: http://www.isdscotland.org/Health-Topics/Finance/Costs/ and for Local Financial Returns see: https://beta.gov.scot/publications/scottish-local-government-financial-statistics-2016-17/pages/9/

Perhaps the greatest threat to our future finances is the damage caused by Brexit. The economic damage of Brexit could reduce Scotland's GDP by £12.7 billion by 2030 compared with staying in the EU[2] and it is impossible to ignore the risk it creates to some of the planning assumptions in this framework.

The UK Government funding announcement for NHS England in June 2018 included projections through to 2023/24[3] – and indicated associated Barnett resource consequentials for the devolved administrations. The funding assumptions in this document cover the same time period and are predicated on the assumption that the funding the UK Government has promised will be delivered as a true net benefit to the Scottish Government's budget. Clearly any actions by the UK Government which did not deliver this additional funding as a net benefit would have potential consequences on funding for Scotland's public services.

It should also be noted that the funding announced by the UK Government for NHS England in June fell some way short of the resource required to address the fundamental challenges facing the health and social care services in England. It did not, for example, touch on necessary funding for social care and public health services.

Health and Social Care Delivery Plan

The *Health and Social Care Delivery Plan*[4] set out a framework for the delivery of services, bringing together the National Clinical Strategy and our key reform programmes, such as Health and Social Care Integration. Its aim is to ensure that Scotland provides a high quality service, with a focus on prevention, early intervention and supported self-management, and if people need hospital services, they are seen on a day case basis where appropriate, or discharged as soon as possible.

Over the last ten years there has been significant investment in the health service – with the health budget having increased to a record level. Striking progress against key challenges to our nation's health and healthcare has been seen, with steady falls in mortality from the 'Big Three' – cancer, heart disease and stroke.

Bold action has been taken in Scotland in public health improvement, including major and innovative developments such as the ban on smoking in public places, raising the age for purchasing tobacco from 16 to 18 and the introduction of a minimum unit price for alcohol. Those aged 65 and over are entitled to free personal care when they need it, with extension to those under 65 who need it being delivered by April 2019, and there is free nursing care for anyone at any age who requires these services.

The Integration of Health and Social Care aims to ensure that people are supported at home to live independently for as long as possible, ensuring that people's care needs are anticipated and planned appropriately. This is focused on the key areas of reducing the inappropriate use of hospital services and shifting resource to primary and community care.

We recognise that like other health and social care systems around the world, we do face inflationary pressures, which could be exacerbated by the uncertainty that is being created by Brexit. Achieving long-term financial sustainability and making best use of resources is critical to delivering on the Delivery Plan's objectives.

The guiding principle underpinning this framework is simple – that we continue to deliver a service for our patients that is world class and that takes forward our ambition that everyone is able to live longer, healthier lives at home, or in a homely setting.

---

2 Scottish Government, Scotland's Place in Europe: People, Jobs and Investment

3 UK Government, UK Government's 5-year NHS funding plan

4 Scottish Government, Health and Social Care Delivery Plan, December 2016. http://www.gov.scot/Resource/0051/00511950.pdf

Health and Social Care Expenditure

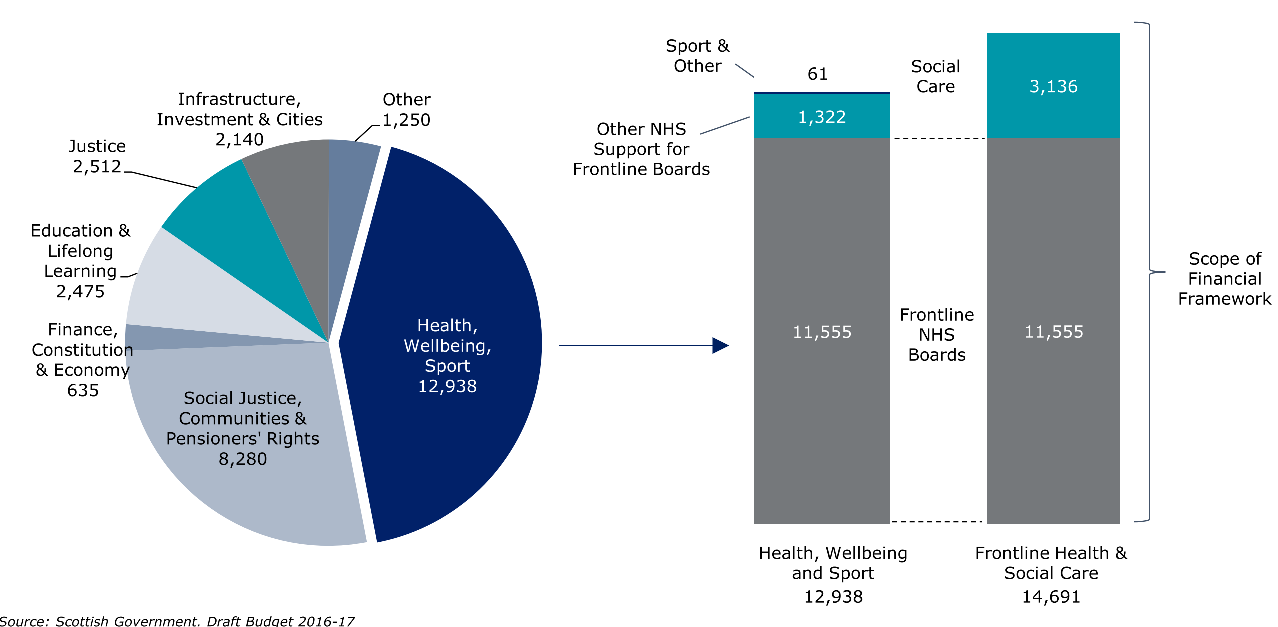
Scottish Government Expenditure

The total Scottish Government budget was £30.2 billion[5] in 2016/17, with funding for the Health and Sport portfolio at record levels of £12.9 billion. Health expenditure is the largest component of the Scottish Government's budget, with spending on the NHS accounting for 43% of total Government expenditure, compared to 37% in 2010/11. Given that there has been a reduction to Scotland's fiscal budget by 8.4% in real terms between 2010/11 and 2019/20, this proportion is expected to increase in future years due to the protection to health spend, with the Scottish Government's commitment to increase the health budget by £2 billion over the lifetime of the current parliament and passing on further Barnett resource consequentials arising from the funding settlement for the NHS in England.

The majority of health expenditure is accounted for by the 18 frontline NHS Boards (£11.6 billion), which comprise the 14 territorial NHS Boards, as well as NHS24, the Golden Jubilee Hospital, the State Hospital and the Scottish Ambulance Service. The analysis within this framework document is focused on frontline NHS Board expenditure plus Local Government net expenditure on Social Care (£3.1 billion in 2016/17). Together, this accounts for £14.7 billion in expenditure in 2016/17 on health and social care. More than £8 billion of this total is now managed by 31 Integration Authorities, which have responsibility for commissioning health and social care services for their local populations. Integration Authorities' budgets are comprised of approximately £5 billion from frontline NHS Boards and £3 billion from Local Authorities.

It should be noted that there is health expenditure delivered through NHS National Services Scotland, Healthcare Improvement Scotland, NHS Education for Scotland and NHS Health Scotland, and also through activity administered centrally within the Scottish Government, including capital expenditure. For the purposes of this document, this expenditure is not included in our analysis.

FIGURE 1. SCOTTISH GOVERNMENT REVENUE BUDGET 2016/17 (£m)

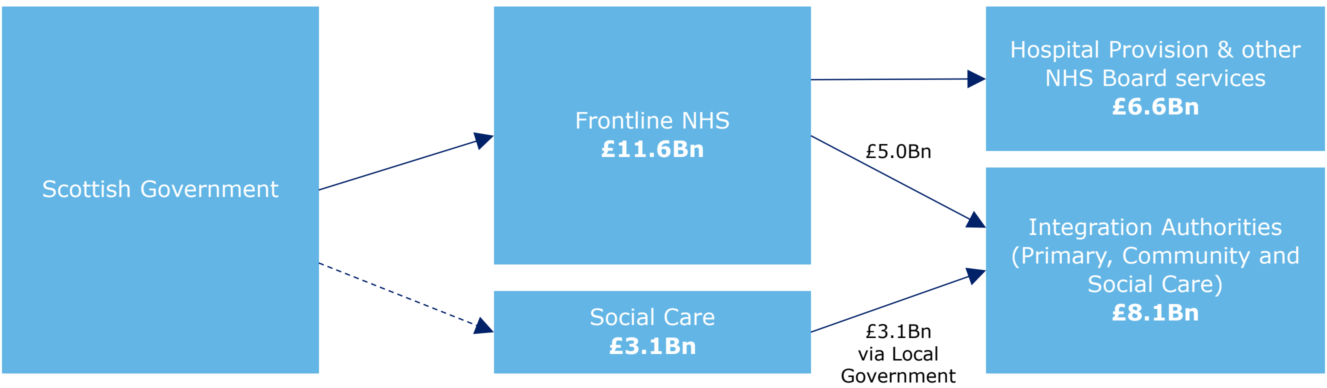


Source: Scottish Government. Draft Budget 2016-17

5 Scottish Government, Total Departmental Expenditure Limit, Draft Budget 2016/17

Figure 2 below illustrates how funding for health and social care is allocated within Scotland following the creation of Integration Authorities.

FIGURE 2. HEALTH AND SOCIAL CARE FUNDING FLOWS IN SCOTLAND

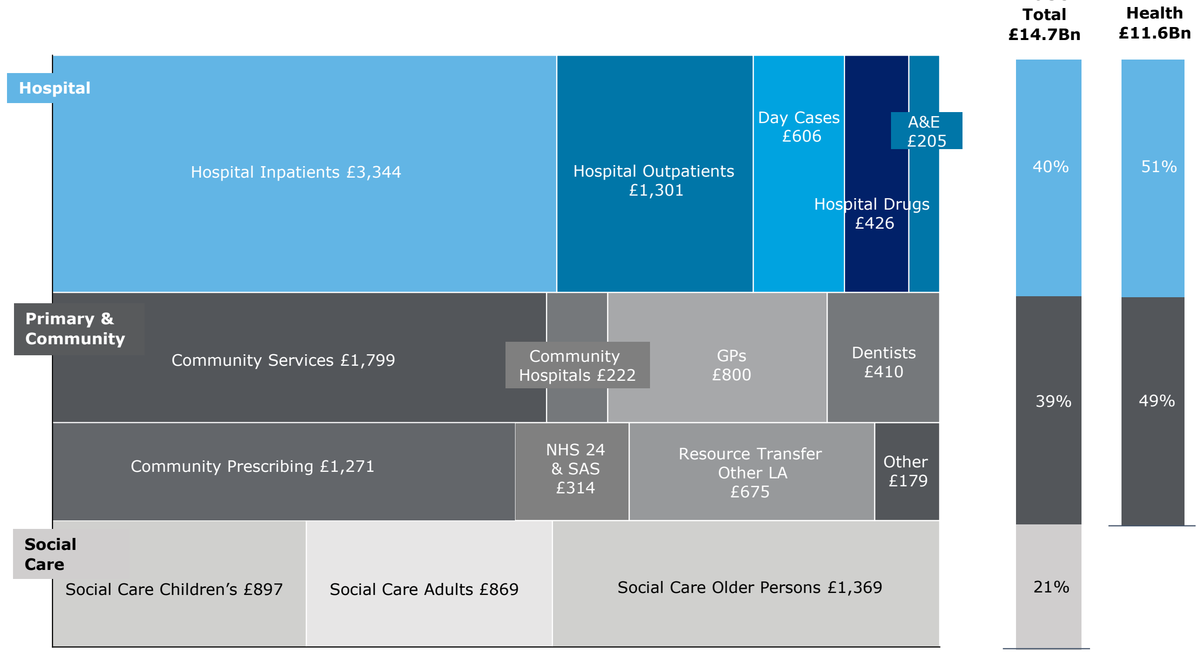


Health and Social Care Expenditure

Figure 3 provides an overview of the composition of health and social care expenditure in Scotland in 2016/17. It illustrates that the majority of NHS expenditure is concentrated on the hospital sector (51%), with the largest area of expenditure on inpatient hospital services (£3.3 billion). Areas of significant expenditure include £2 billion spent on community health services (the provision of district nurses, community hospital services and teams), £1.3 billion on the provision of hospital outpatient appointments, £1.3 billion on GP prescribed drugs and a similar amount on social care support for the elderly.

Overall, the NHS budget accounts for approximately 79% of joint health and social care expenditure. Approximately 60% of frontline health board budgets are delegated to Integration Authorities, covering at least adult primary care and most unscheduled adult hospital care. All of adult social care budgets are also included in Integration Authorities' budgets and some also have responsibility for children's services.

FIGURE 3. HEALTH AND SOCIAL CARE EXPENDITURE 2016/17 (£m)



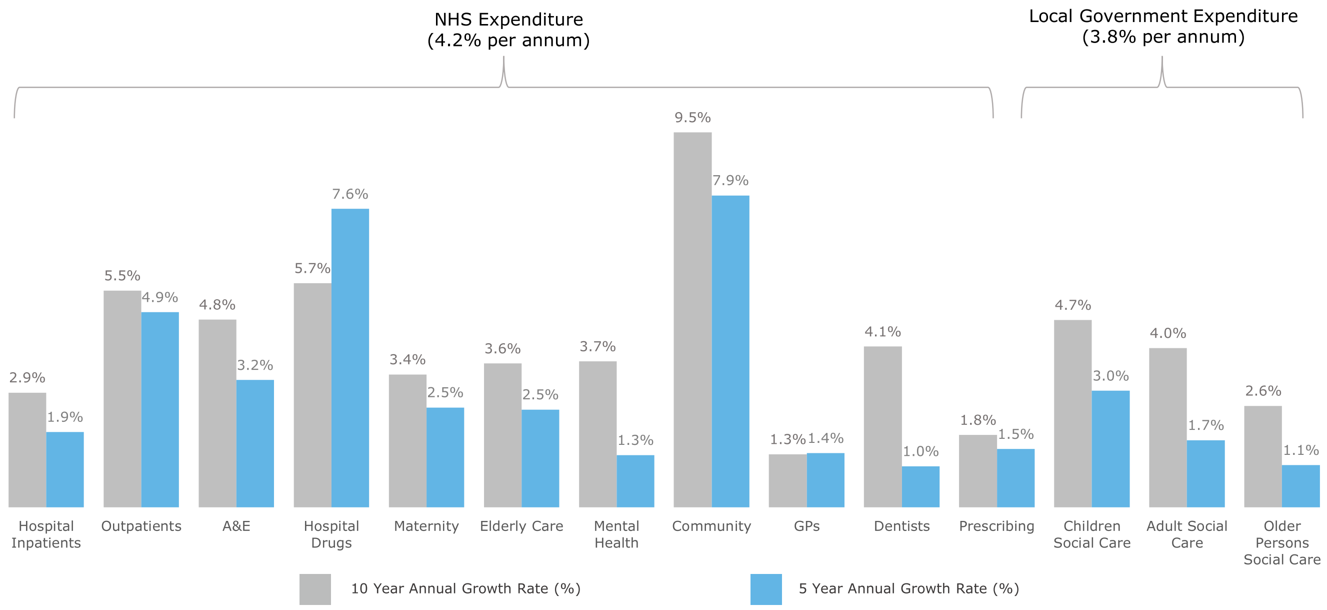
Source: ISD Scotland Cost Book 2016/17, Net Local Authority Expenditure 2016/17

Historical Expenditure Trends

One of the aims of this framework is to provide an estimate of the future resource requirements across health and social care. To provide some context, historical expenditure trends in both health and social care have been examined. NHSScotland and Local Authority expenditure data has been collected in a consistent format for over ten years, and provide some indication of long term trends.[6]

Figure 4 illustrates average annual expenditure growth rates for each major category of health and social care in Scotland from 2006/07 to 2016/17.[7] Overall, NHS expenditure has increased by 4.2%, and social care by 3.8% year on year over the past ten years. However, this rate of growth has slowed in the last five years to 3.2% and 1.8% for the NHS and social care respectively. This largely reflects the real terms reduction in the overall Scottish Government budget as a result of decisions taken by the UK Government, and specifically for Social Care, the use of eligibility criteria to manage resources.

FIGURE 4. HEALTH AND SOCIAL CARE HISTORICAL EXPENDITURE TRENDS (2006/07 – 2016/17)



Historic trends show a significant increase in the level of community health services spend over the past ten years. Specific policy decisions to invest in community services have contributed to expenditure in this area growing on average by 9.5% year on year.[8] Although we have seen growth in spending on community services, this does not yet represent a shift in the overall balance of care: expenditure on hospital services has also been growing significantly, with high rates of growth in outpatient (5.5%), Accident and Emergency (4.8%) and hospital drug expenditure (5.7%). Expenditure on hospital drugs has increased significantly in the last five years, growing at 7.6% year on year, as new and innovative drugs for cancer and other conditions become more widely available.

6 Recognising that historical expenditure trends cannot fully capture the impact of wage increases or future policy changes.

7 Mental health, maternity and elderly care includes elements of both hospital and community service provision.

8 Part of this growth can also be explained by increases in resources which are allocated to Integration Authorities to fund services provided by Local Authorities for services related to care of the elderly, Learning Disabilities and mental health and to facilitate discharge from hospitals. Total NHS Scotland expenditure on these resources was £689 million in 2016/17.

Expenditure on GP prescribing has shown a slower growth profile over the period, primarily due to a reduction in the price of certain drugs, as well as more generic drugs becoming available to the NHS.

Social care expenditure has also increased in all categories, however in the last five years adult social care spend has risen broadly in line with GDP.[9]

Historical Activity Growth and Trends in Productivity

Over the last few years, activity levels across the health and social care sector have generally increased, particularly in relation to hospital outpatient attendances and elderly care at home hours delivered (Box 1 below). The increase in care at home hours is largely as a result of the policy to keep people at home for longer.

BOX 1. ACTIVITY LEVELS ACROSS HEALTH AND SOCIAL CARE

2.1m (+10%) additional elderly care at home hours delivered from 21.6m in 2010/11 to 23.7m today

1.8m (+21%) additional hospital outpatient attendances from 8.5m per year to 10.3m

140,000 (+17%) additional hospital inpatient cases from 830,000 per year to 970,000

98,000 (+6%) additional A&E attendances from 1.6m per year to 1.7m

67,000 (+16%) additional hospital day cases from 420,000 per year to 490,000

No change in elderly residential care home places since 2010/11 remaining at 30,000 places

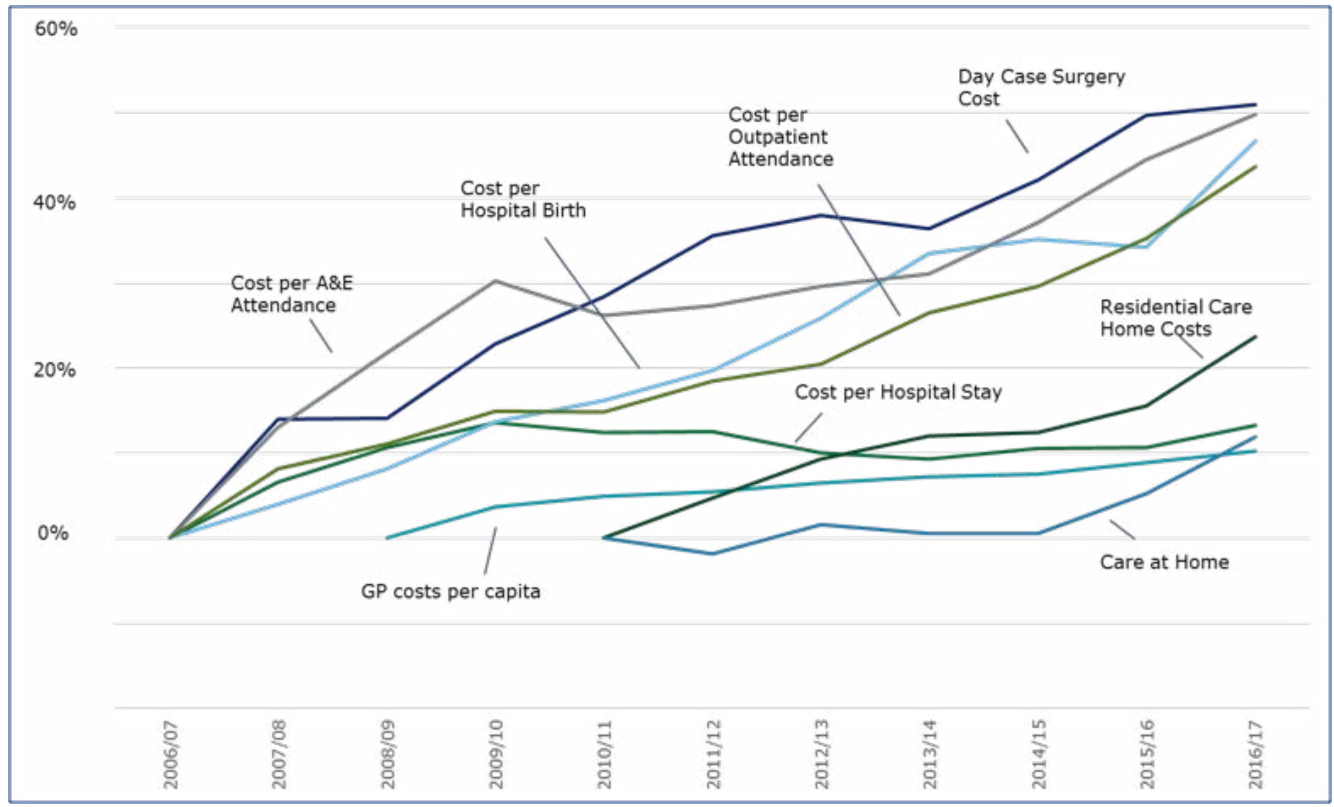
5,000 (-5%) fewer inpatient births in Scottish Hospitals from 102,000 to 97,000 episodes per year

There are now 1.8 million more outpatient attendances in Scotland compared to ten years ago whilst most other hospital activity metrics have also increased.

It is also important to consider whether health and social care services are more productive than they were ten years ago. Gains in productivity would mean that health and social care services are delivering more with the money they receive, and increasing productivity will be critical to ensuring the future sustainability of the system. Figure 5 provides an indication of how unit costs have changed over the past ten years based on a selection of available metrics for some of the largest areas of spend.

9 It should be noted that unmet need has not been quantified in any of the categories in the Figure 4 graph.

FIGURE 5 UNIT COST GROWTH (%)[10]



This illustrates that unit costs have increased by around 50% over the past ten years for certain hospital services. For example, the cost of an A&E attendance was £82 in 2006/07 and is now £123; likewise an outpatient attendance has increased from £81 to £116 over the same period. The increase in outpatient costs is partly due to the fact that more complex activity is now being done on an outpatient basis than was the case 10 years ago. The increase in A&E attendance costs is partly due to investment in emergency services to support delivery of the four hour target, with the Scottish Government providing specific investment over the last few years to improve capacity and resilience in this area. Inpatient hospital costs have not followed a similar pattern with costs per case only 13% higher over the period, as shorter lengths of stay have enabled hospitals to reduce the number of beds they have needed whilst still seeing more patients. Historically, there is less robust primary and social care data, however, work is underway to provide more of this data. Analysis illustrates that GP costs per capita and care at home unit costs have grown less significantly over the period.

Productivity is complex to assess, particularly within a health and social care context, as activity statistics on their own can often hide other benefits, such as the quality of care. The incline from 2016 in residential care and care at home partly reflects policies relating to the Living Wage.

10 Care at home costs is for people aged 65+.

Summary

Expenditure and activity are at record levels and growth trends across the developed world indicate that the level of funding will only need to increase. However, with greater pressures on the system, this will also require change in the way services are delivered. Many of these initiatives are described in the Health and Social Care Delivery Plan and are being driven forward through the integration of health and social care. Delivering improvements in productivity will also be key, ensuring that high quality services are delivered to the population of Scotland whilst managing within the available resources.

Future Demand for Health and Social Care

Drivers of Demand Growth

There are numerous studies which consider the factors driving expenditure on health and social care. Many of these studies have attempted to quantify future demand based on forward projections of need, including analysis carried out by the Health Foundation, the Fraser of Allander Institute, as well as the International Monetary Fund (IMF) and Organisation for Economic Co-operation and Development (OECD). Most of these studies conclude that the demand for health and social care will increase faster than the rate of growth of the wider economy and that over time, the share of GDP spent on these services will gradually increase. The factors for this growth can be broadly classified into three areas:

Price Effects: the general price inflation within health and social services;

Demographic Change: this includes the effect of population growth on the demand for health and social care services as well as the impact of a population living longer; and

Non Demographic Growth: this relates to demand-led growth, generated by increased public expectations and advances in new technology or service developments, for example, expenditure on new drugs.

In May 2018, the Institute for Fiscal Studies and the Health Foundation reported that UK spending on healthcare would require to increase in real terms by an average of 3.3% per year over the next 15 years in order to maintain NHS provision at current levels, and that social care funding would require to increase by 3.9% per year to meet the needs of a population living longer and an increasing number of younger adults living with disabilities.

Our analysis and assumptions are in line with these assessments and take into account the Scottish Government's twin approach of investment and reform, recognising the increasing demand and expectations placed upon our frontline services and being clear that the status quo is not an option.

Future demand forecasts therefore assume the following rates of growth and reform for health services in Scotland:

- price effects will move in line with UK Government GDP deflator projections and will reflect the impact of the NHS pay deal[11] (combined impact of 2.2-2.4% each year over the next five years);
- demographic factors will on average increase the demand for healthcare by 1% year on year;
- non-demographic growth will contribute 2-2.5% growth year on year within the healthcare sector; and
- benefits realised from savings and reform will amount to 1.3% each year and will be retained locally.

Based on these assumptions and their interaction with variable and fixed costs, future demand projections for health have been based on an annual growth rate of 3.5%

11 In terms of the GDP deflator, it is recognised that short term price pressures will also be influenced by changes in pay policy, most notably the recent lifting of the public sector pay cap.

Taking into consideration the various estimates of social care growth, pressures in the social care sector are likely to be slightly higher than in healthcare for various reasons, including pay a strong focus on the very elderly, where demographic pressures are at their greatest. For the purposes of modelling, a rate of 4.0% has been used.

Summary

National and international studies point to the fact that health and social care demand will continue to grow in Scotland, as is the case throughout the developed world. While recognising the significant additional investment planned in health and social care, if the system does not adapt or change, then there will be a net increase of £1.8 billion over the period - driven by growth in the population, public demand and price pressures. In the following sections, the policies and measures in place to address this challenge are set out, including how they will influence the future shape of health and social care expenditure.

Future Shape of Health and Social Care Expenditure

Government Spending Policy Commitments

The Scottish Government has made a number of policy commitments to be delivered in this parliament in relation to health and social care expenditure, that will influence the future shape of the budget, as well as drive reform across the system. Over the medium to long term this will influence the setting in which care is delivered, as well as redirect resources to priority areas for expenditure. The financial implications of these commitments are important to understand and plan for over the next 5-7 years and beyond.

The focus of the financial framework is on the main health and social care expenditure commitments, as set out below:

- over the course of this parliament, baseline allocations to frontline Health Boards will be maintained in real terms, with additional funding over and above inflation being allocated to support the shift in the balance of care. This means that health expenditure will be protected from the impact of rising prices and will continue to grow in excess of GDP deflator projections;
- over the course of the next five years, hospital expenditure will account for less than 50% of frontline NHS expenditure. This relates to the policy commitment to '*shift the balance of care*', with a greater proportion of care provided in a setting close to a person's home rather than in a hospital;
- funding for primary care will increase to 11% of the frontline NHS budget by 2021/22.[12] This will amount to increased spending of £500 million, and about half of this growth will be invested directly into GP services. The remainder will be invested in primary care services provided in the community; and
- the share of the frontline NHS budget dedicated to mental health, and to primary, community, and social care will increase in every year of the parliament. For adults, and in some cases for children, these services, along with unscheduled hospital care, are now managed by Integration Authorities.

The analysis below considers how these commitments will influence the future shape of health expenditure through to 2021/22 and the associated implications for future funding growth.

Future Shape of the Frontline Health Budget

Modelling was undertaken to assess what existing baseline spending for frontline Boards may look like in 2021/22, taking into account the commitments outlined above. Figure 6 illustrates the results, comparing the current position with that projected in five years' time. It illustrates that at present 50.9% of frontline health expenditure is allocated to the hospital sector, with 34.0% spent on community services, 8.1% on mental health[13] and 6.9% on GP services (funded directly by the General Medical Services contract).

In the future, it is estimated that the baseline budget for frontline Boards will be at least £1.5 billion higher at £13.1 billion. This reflects the impact of increased spending in line with inflation, supporting the shift in the balance of care, and providing additional support to improve waiting times. Within this overall position, the share of expenditure on hospital services will comprise less than half of frontline spending, with a corresponding increase in funding for community health services. In addition, there is

12 Letter to Health and Sport Committee - February 2017

13 Mental health expenditure is incorporated in both the hospital and community service expenditure lines, but is presented separately in the charts on the next page for clarity of presentation.

expected to be further funding flowing from the commitment to pass on Barnett resource consequentials in full, and this will also be prioritised towards supporting the shift in the balance of care.

FIGURE 6. FUTURE SHAPE OF FRONTLINE HEALTH EXPENDITURE

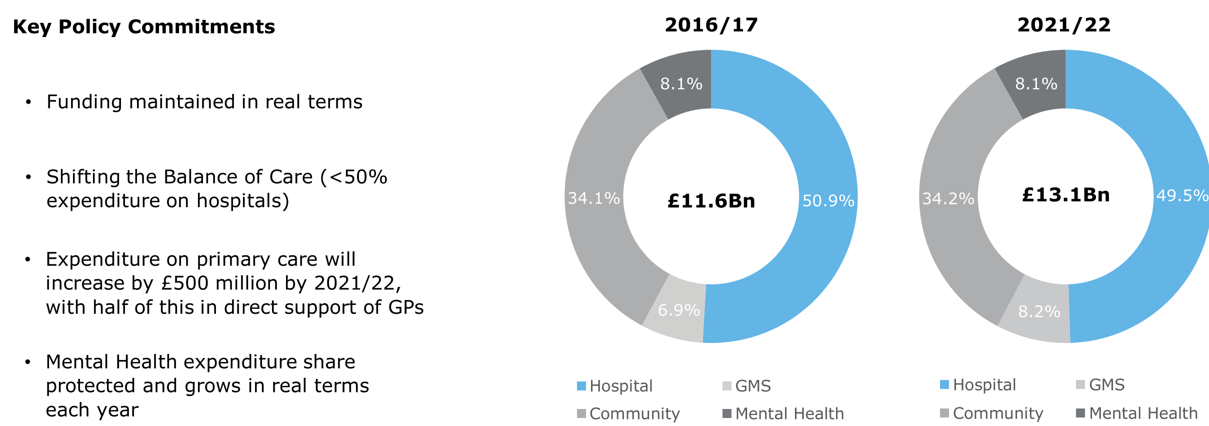
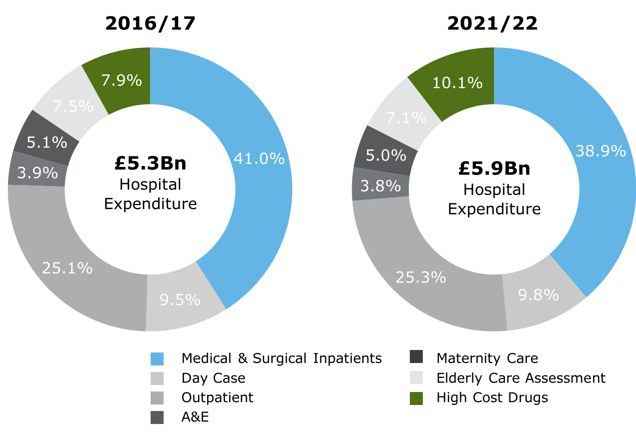


Figure 7 illustrates the main components of current hospital expenditure, with medical and surgical inpatient services accounting for the majority of expenditure (41%), followed by outpatient services (25%) and day case surgery (9.5%). In five years' time the hospital budget would be larger, standing at £5.9 billion, but the composition of spend will likely be different.

FIGURE 7. FUTURE SHAPE OF HOSPITAL EXPENDITURE



Summary

The analysis illustrates how we plan to reshape expenditure patterns across the health and social care sector, with a gradual rebalancing of expenditure towards care delivery outwith a hospital setting. There is evidence that health and social care is being reformed and that there will be significant investment to support this over the next five years. We know ultimately that the outcomes in many circumstances are better, with fewer interventions, when care is delivered in a community setting. Health and Social Care Integration focuses on delivering care in the right place, at the right time, ensuring both the quality and sustainability of care.

Early evidence from Integration Authorities suggests that achieving this shift to primary and community care can be delivered, given the opportunities to deliver care in different settings and in different ways, however it will require appropriate investment in reform and a change in the way services are delivered across Scotland.

Through the Ministerial Strategic Group for Health and Community Care, partnerships have shared projections for their performance on the Delivery Plan objectives over the period to the end of 2018/19 and these show improvements in a number of areas. For example, for unplanned bed days, there is already an overall 7% reduction projected against the 2016/17 baseline, which is consistent with the Delivery Plan objective for a 10% reduction by end 2020. This includes a 16% reduction in days lost to delay.

Reforming Health and Social Care

Introduction

The actions required to address the challenges facing the health and social care system in Scotland are set out in the Health and Social Care Delivery Plan. The Delivery Plan brings together earlier reform programmes – such as the National Clinical Strategy, and other reform initiatives – into a framework that is designed to provide focus and acceleration for reform. Its actions are designed to set us on the right course to address the financial pressures facing the health and social care sector by reforming the way care is delivered, as well as reshaping the future balance of expenditure across care settings.

This framework has been developed to support plans at a local, regional and national level in identifying the financial impact of various policy initiatives and how they will contribute to system sustainability. The analysis provides a high level indication of the scale and type of factors that will help reform the health and social care system. Further work will be carried out at a local and regional level to develop these into more detailed delivery plans.

Reform Activities

Five specific areas of activity have been modelled as contributing to the reform of health and social care delivery across Scotland and these are summarised below:

Shifting the Balance of Care

This is one of the key policy commitments of the Health and Social Care Delivery plan and underpins our longer-standing commitment to integrating health and social care. Many activities currently undertaken in hospital could be delivered in primary, community and social care settings so a patient is seen closer to home. There is also evidence which highlights the variance in care levels across Scotland, for example, with hospital admission rates and A&E attendance rates varying widely across geographical areas.

The Financial Framework assumes potential productive opportunities through reduced variation across A&E attendance rates, outpatient follow up rates and hospital inpatient lengths of stay. These estimates are based on the health and social care system improving performance to the national average and provide a high level view of the potential scale of savings that this can deliver. Local systems will then use these high level assumptions to reflect local circumstances building on evidence about variation.

While it will be challenging given existing pressures in the system, shifting care out of a hospital setting requires investment in primary, community and social care service provision, and it is assumed that approximately 50% of savings released from the hospital sector would be redirected accordingly under the direction of Integration Authorities through their strategic commissioning plans.

Regional Working

This activity relates to better collaboration to improve services, including greater regional approaches to the planning and delivery of services. This will help drive change in how clinical networks are formed and help to reduce duplication in services and functions. The National Clinical Strategy[14] also envisages a range of reforms so that healthcare across the country can become more coherent, comprehensive and sustainable. It sets out, for example, a framework for how certain specialist acute services should be provided on a wider regional footprint.

Based on evidence from other healthcare systems it is assumed that productivity savings of just over 1% could be delivered through effective regional working.

Public Health and Prevention

Scotland, in common with many developed societies face challenges associated with lifestyle behaviours, and wider cultural factors that can prevent positive health choices being made. Addressing these requires a concerted, sustained and comprehensive approach and a number of health improvement actions have been set out in relation to smoking, exercise, diet and alcohol. These initiatives, alongside the promotion of self-care, and helping to stop people entering the health system through prevention and shared decision making (i.e. Realistic Medicine) are important themes within the Health and Social Care Delivery Plan. For example, in the East of Scotland, work is being undertaken to deliver a prevention programme to reduce the incidence or reversal of type-2 diabetes in the region dramatically. The region is taking forward a comprehensive approach to health-based interventions such as weight-loss support and advising on self-management of the condition, and more widely, the promotion of active travel and targeted interventions for children and young people. The work links into the Scottish Government's Diet and Healthy Weight Strategy.

It is not yet possible to fully quantify how these policies will ultimately impact upon the health and social care sector but it is important to capture the potential. As a result, a 1% reduction in demand is included in the financial framework from the implementation of these initiatives, starting towards the end of the five year period.

Once for Scotland

The Health and Social Care Delivery Plan also sets out how taking a 'Once for Scotland' approach can continue to deliver more effective and consistent delivery of services, building on the principles of the National Clinical Strategy. For the purposes of the financial framework a 0.25% reduction in cost is assumed, to reflect potential savings in this area. These savings estimates could increase further in the future through advances in technology.

14 A National Clinical Strategy for Scotland. 2016.

Annual Savings Plans

These relate to the operational delivery of productivity and efficiency savings that all health and social care organisations manage on an annual basis. They typically consist of a number of improvement initiatives, from reducing the reliance on bank and agency staff, to making savings on medical or surgical consumable purchases, right through to changing how services are delivered.

The financial framework has included a target of 1% year on year against these plans, although there is potential for further savings to be delivered in this way. For example, a study by NHS England estimated that historical savings in the NHS were around 0.8% year on year, but that it was considered feasible for providers to deliver efficiency savings as high as 1.5-3% year on year.[15]

15 Five Year Forward View. Health Select Committee Briefing on technical modelling and scenarios. May 2016.

Bridging the Financial Challenge

The Financial Framework provides an indication of the potential approach and type of initiatives that would create a financially balanced and sustainable health and social care system. This presents a macro level view across Scotland and within this framework, local systems will put in place local level delivery plans and developments. These plans and developments will vary in each part of the country, depending on the requirements and arrangements put in place.

Figure 8 illustrates how all of the assumptions on these reform initiatives and ongoing efficiency savings would combine to address the financial challenge over the coming years. Taking account of assumed Barnett resource consequentials through to 2023/24, total funding will be £4.1 billion higher than in 2016/17 and this is presented in figure 8. This is split between an inflationary growth in funding, and additional investment for reform. Based on this modeling there would remain a residual balance of £159 million across the health and social care system in 2023/24.[16] We would anticipate further updates to the assumptions on the reform activities mentioned above in order to address the residual balance over the period.

FIGURE 8. SYSTEM REFORM BRIDGING ANALYSIS

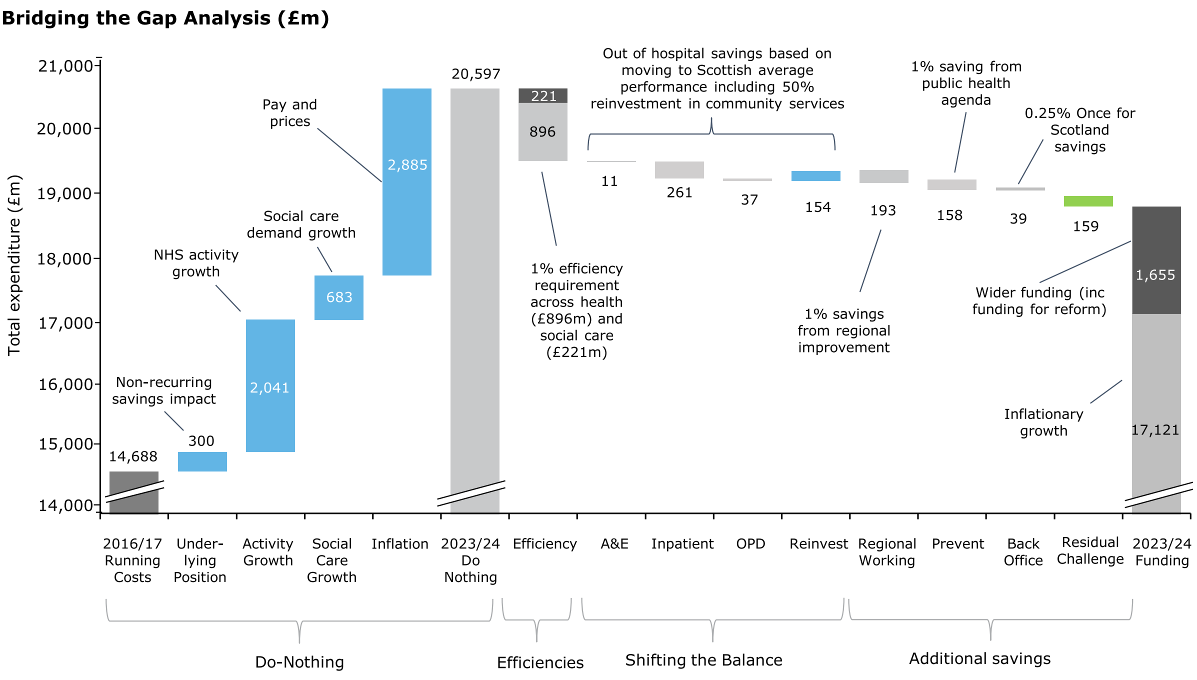


Figure 8 illustrates that from a starting point in 2016/17, with running costs of £14.7 billion, the health and social care system would require expenditure of £20.6 billion in 2023/24 if the system did nothing to change. Reform programmes have however already begun, particularly the integration of health and social care, which will help to address this 'do nothing' challenge. More progress is nonetheless needed to drive forward reform and address the residual savings balance. This will require further work across the health and care system to identify new ways to provide services to the population of Scotland.

Future iterations of the Financial Framework will include assessments of local and regional delivery plans in achieving these ambitions.

16 Presumed real terms (GDP) uplift to health and social care funding.

Summary

The Health and Social Care Delivery Plan brings together a number of policy initiatives that have been designed to reform how care is delivered to the people of Scotland. These will not only support the delivery of high quality care, but will help the system to manage the predicted growth in demand for health and social care over the next five years. There are challenges associated with this, for example, savings assumed through preventative plans may not deliver as anticipated, while the challenges are different across localities due to varying pressures.

In addition, although initial plans are in place, delivering on this agenda will require further change beyond the scope of this framework. Building on progress already underway through integration, there will need to be proportionately less care delivered in hospitals and there is an expectation that new digital technology will change care delivery models.

The System Bridging Reform Analysis does however provide a clear framework from which, regions, NHS Boards and Integration Authorities can build plans. It draws out the significant additional investment through to 2023/24, but highlights that this investment must be used to support the reform that is required across the health and social care system to ensure ongoing sustainability.

© Crown copyright 2018

ISBN: 978-1-78851-999-1

This document is also available on The Scottish Government website:
www.gov.scot

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS431126 (10/18)

Chief Officer
Susan Manion

Agenda Item Number: 6

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	15th November 2018
Subject Title	Quarter 1 Performance Report 2018-19
Report By	Jean Campbell, Chief Finance and Resources Officer
Contact Officer	Fiona McCulloch, Planning, Performance & Quality Manager

Purpose of Report	The purpose of this report is to inform 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 Apr – Jun 2018 (Quarter 1).

Recommendations	It is recommended that the Health & Social Care Partnership Board: • Note the content of the Quarter 1 Performance Report

Relevance to HSCP Board Strategic Plan	The quarterly performance report contributes to the ongoing requirement for the Board to provide scrutiny to the HSCP performance against the Strategic Plan priorities.

Implications for Health & Social Care Partnership

Human Resources	None
Equalities:	None
Financial:	None
Legal:	None
Economic Impact:	None
Sustainability:	None
Risk Implications:	None
Implications for East Dunbartonshire Council:	The Integration Joint Board's performance framework will include performance indicators previously reported to the Council.
Implications for NHS Greater Glasgow & Clyde:	The Integration Joint Board's performance framework will include performance indicators previously reported to the Health Board

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

1.0 The performance report for quarter 1 2018/19 for the HSCP is included as **Appendix 1.**

QUARTER 1 2018/19
PERFORMANCE REPORT

SECTION 1
Introduction

1.1 Introduction

This HSCP Quarterly Performance Report provides an agreed suite of measures that report on the progress of the priorities set out in the Strategic Plan. Information is reported from national and local NHS sources and East Dunbartonshire Council sources to provide the most up to date information available. For clarity and ease of access, the data is set out in defined sections in accordance with where the data is sourced and reported. However, all the indicators set out in Sections 3-5 are inter-dependant; for example, good performance in social care targets contribute to improved performance in the health and social care targets.

Each indicator is reported individually. Charts and tables are provided to display targets, trend data, and where available, improvement trajectories. A situational analysis is provided to describe activity over the reporting period, and improvement actions are provided for all indicators that are below target.

The sections contained within this report are as listed and described below.

Section 2 Performance summary
This section provides a summary of status of all the performance indicators provided in this report by indicating which indicators have improved and which have declined.

Section 3 Health & Social Care Delivery Plan
The data for unscheduled acute care reported in this document is provided by National Services Scotland for the Ministerial Steering Group for Health & Social Care (MSG). This section provides the latest available data for those indicators identified as a priority by the MSG.

Section 4 Social Care Core Indicators
This is the updated report of the Social Care core dataset, provided by EDC Corporate Performance & Research team.

Section 5 NHS Local Delivery Plan (LDP) Indicators
LDP Standards refer to a suit of targets set annually by the Scottish Government, and which define performance levels that all Health Boards are expected to either sustain or improve.

Section 6 Children's Services Performance
This is the updated report of Children's Services performance, provided by EDC Corporate Performance & Research team.

Section 7 Criminal Justice Performance
This is the updated report of the Criminal Justice performance, provided by EDC Corporate Performance & Research team.

Section 8 Corporate Performance
Workforce sickness / absence, Personal Development Plans (PDP) & Personal Development Reviews (PDR) ane monitored, and reported in this section

SECTION 2
Performance Summary

- Positive Performance (on target) improving (9 measures)
- Positive Performance (on target) declining (3 measures)
- Negative Performance (below target) improving (5 measures)
- Negative Performance (below target) declining (7 measures)

Positive Performance (on target & improving)

Ref.	
3.2	Quarterly number of Unscheduled Hospital Bed Days
4.3	Community care assessment to service delivery target
5.4	Alcohol Brief Interventions (ABIs)
6.1	Child Care Integrated Assessments (ICA) for Scottish Children Reported Administration (SCRA)
6.3	Percentage of first review conferences taking place within 3 months of registration
6.5	First Looked After & Accommodated (LAAC) reviews
6.6	27/30 month Assessment
7.1	Percentage of individuals beginning a work placement within 7 days of receiving a Community Payback Order
7.2	Percentage of CJSW reports submitted to Court by due date

Positive Performance (on target but declining) is reported in

Ref.	
4.1	Homecare hours per 1,000 population aged 65+yrs
5.2	Percentage of People Waiting <18wks for Psychological Therapies
6.2	Percentage of Initial Case Conferences taking place within 21 days from receipt of referral

Negative Performance (below target but maintaining/improving)

Ref.	
4.4	Number of People Aged 65+yrs in Permanent Care Home Placements
5.1	Drugs & Alcohol Treatment Waiting Times
5.3	Dementia Post Diagnostic Support (PDS)
5.5	Smoking Cessation
6.4	Balance of care for Looked After Children

Negative Performance (below target and declining)

Ref.	
3.1	Quarterly Number of Unplanned Acute Emergency Admissions
3.3	Quarterly Number of Delayed Discharge Bed Days
3.4	Quarterly Number A&E Attendances (all ages)
4.2	People aged 65+yrs with intensive needs receiving care at home
4.5	Adult Protection Inquiry to Intervention Timescales
5.6	Child & Adolescent Mental Health Services (CAMHS)
7.3	Percentage of Court report requests allocated to a Social Worker within 2 Working Days of Receipt

SECTION 3
Health & Social Care Delivery Plan

The following targets relate to unscheduled acute care and focus on areas for which the HSCP has devolved responsibility. They are part of a suite of indicators set by the Scottish Government, and all HSCPs were invited to set out local objectives for each of the indicators. They are reported to and reviewed quarterly by the Scottish Government Ministerial Steering Group for Health & Community Care (MSG) to monitor the impact of integration.

3.1 Emergency admissions
3.2 Unscheduled hospital bed days; acute specialities
3.3 Delayed Discharges
3.4 Accident & Emergency Attendances

3.1 Emergency Admissions

Rationale: Unplanned emergency acute admissions are focussed on reducing inappropriate use of hospital services and shifting the focus from a reliance on hospital care towards proactive support in the community setting.

Table 3.1 Quarterly Number of Unplanned Acute Emergency Admissions

Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Target (quarter)
2,530	2,726	2,607	2,629*	2,548

*Data correct at time of reporting, may be subject to change

Figure 3.1a Rolling Year Number of Unplanned Emergency Admissions

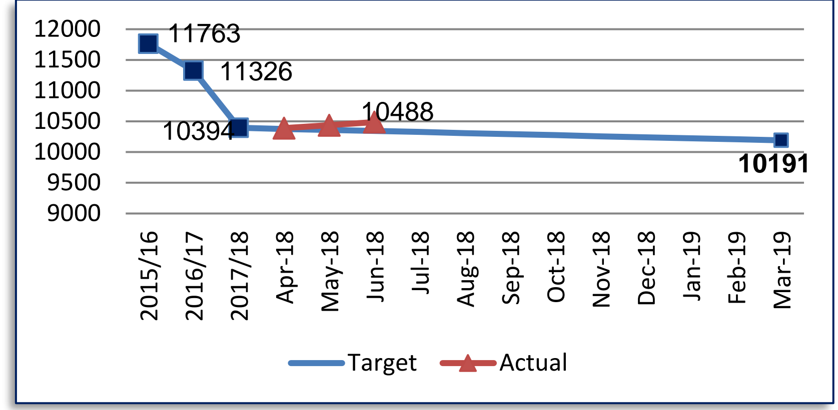
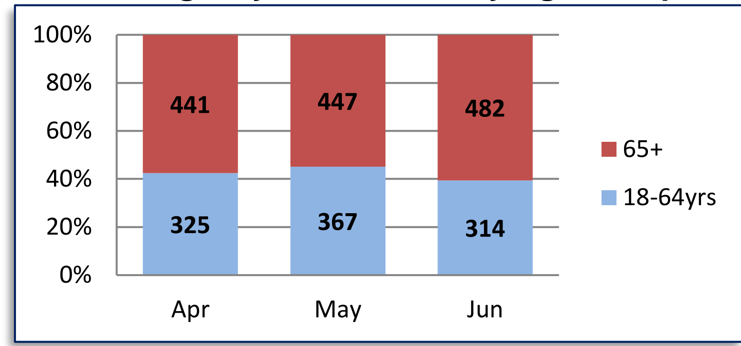


Figure 3.1b Unplanned Emergency Admissions by Age Group



Situational Analysis:
The number of people being admitted unexpectedly to hospital is a key indicator of how well we are doing to maintain people in their own homes, particularly later in life. As previously advised however, it is also a proxy indicator of the level of complexity being managed in the community, as secondary care clinicians continue to consider the majority of unplanned admissions as clinically appropriate. There has been a slight increase in the number of people admitted as an emergency in this quarter. This represents below target performance at this point, but the downward trajectory towards a reduced overall number is maintained.

Improvement Actions:
We continue to deliver the full suite of community services designed to support people to live independently in their community, particularity those who have a disability or long term condition. This is the mainstay of community heath and care service's work, in partnership with GP colleagues. We are engaged in the NHS Board's Financial Improvement Programme (FIP) work stream 13 focussed on unscheduled care and are implementing a wide range of developments geared towards managing unplanned care – these include, anticipatory care plans and the emergency care summary, frailty indicator application, hospital liaison services, and enhanced support to care homes. Many of these developments are particularly in focus as we approach winter in the context of higher than usual levels of admissions at this time of year.

3.2 Unscheduled hospital bed days; acute specialities

Rationale: Unscheduled hospital bed days are focussed on reducing inappropriate use of hospital services and shifting the focus from a reliance on hospital care towards proactive support in the community setting.

Table 3.2 Quarterly number of Unscheduled Hospital Bed Days

Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Target (quarter)
19,303	19,980	20,750	*17,687**	19,522

*Data correct at time of reporting, may be subject to change

Figure 3.2a Rolling year number of Unscheduled Hospital Bed Days

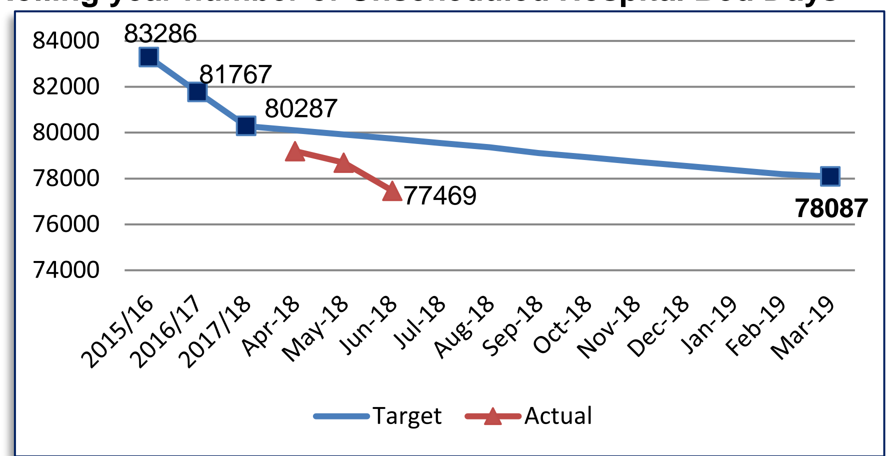
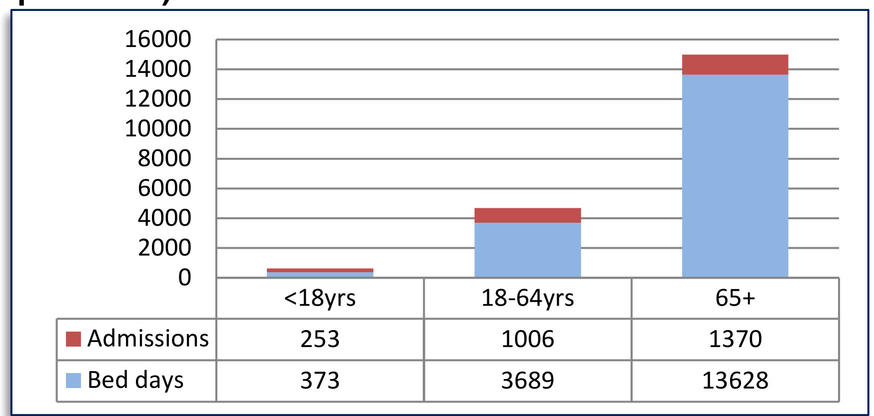


Figure 3.2b Number of Unscheduled Admissions/Hospital Bed Days by Age Group (Apr-Jun 18)



Situational Analysis:
This indicator describes the number of bed days in secondary care used by patients who have been admitted unexpectedly. There has been a drop in the number of bed days occupied by East Dunbartonshire residents at the reported period, and the intended trajectory is maintained. This quarter's number is below our target level. The highest number of bed days accrued is amongst older people, and we have experienced particular challenges in the quarter in relation to delayed discharges. We do not experience systemic issues of delays related to the availability of East Dunbartonshire resources or for funding reasons.

Improvement Actions:
Our primary focus continues to be on prevention of admission, where possible, so that unnecessary accrual of bed days is avoided – are rolling out Anticipatory Care Plans and the frailty indicator tool, as well as enhanced approaches to self care to help in this area. Where patients are admitted unexpectedly we continue to support speedy discharge, whenever possible, via the delivery of robust community responses. We have processes in place to rapidly assess patient needs at home and ensure services are put in place or services re-started promptly. In addition this quarter, we have commenced use of a range of dashboards to allow us to see every admission of an East Dunbartonshire resident to hospital so that we can intervene early to facilitate a return home or to begin the longer term panning process at the point of admission.

3.3 Delayed Discharges

Rationale: People who are ready for discharge will not remain in hospital unnecessarily

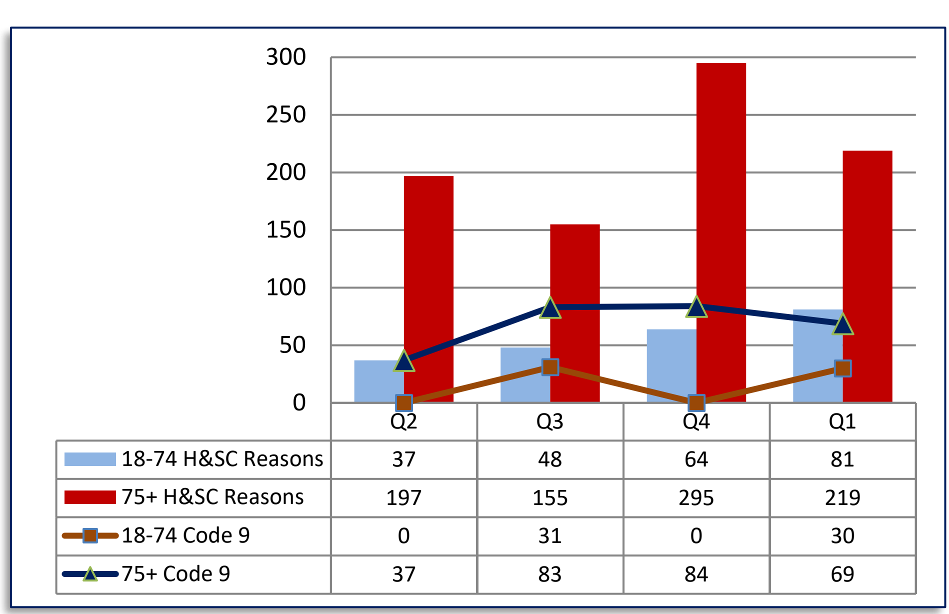
Table 3.3 Quarterly Number of Delayed Discharge Bed Days

	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Target (quarter)
No. Bed Days	**653**	**1,039**	**1,175**	**1,291**	**873**

Figure 3.3a Rolling year number of Delayed Discharge Bed Days

5000
4500
4000
3500
3000
2500
2000
4838
3119
3557
4158
3494
2015/16
2016/17
2017/18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Trajectory
Actual

Figure 3.3b Number of Delayed Discharge by Age and Reason



	Q2	Q3	Q4	Q1
18-74 H&SC Reasons	37	48	64	81
75+ H&SC Reasons	197	155	295	219
18-74 Code 9	0	31	0	30
75+ Code 9	37	83	84	69

Situational Analysis:
We did not meet our target performance this quarter in relation to avoiding delayed discharges. There have generally been around 12 to 14 people whose discharge has been delayed each week in this quarter. This has meant that the bed days lost to delayed discharge has been higher than desired. This has largely been attributable to complex incapacity cases for older people subject to Adults with Incapacity Legislation (AWI) who cannot be moved from the acute setting once the AWI process has commenced. Patient and family choice has also been a key factor, as has the position of some local care homes only to admit one person per week to their care. We can also attribute some of this increased delayed discharge activity to the overall increase in emergency admissions.

Improvement Actions:
The dashboards mentioned in the last indicator narrative will allow us to be better sighted on community patients who have been admitted to hospital so that we can respond more

quickly, prior to these patients being deemed fit for discharge. We can also see patients who have been admitted who are not currently known to us, again allowing us to intervene early. In addition, all of the actions described in the previous indicator around prevention of admission are relevant to avoiding delayed discharges. We will continue to work creatively within the legal framework and support patients and their families to make choices timeously for ongoing care.

3.4 Accident & Emergency Attendances

Rationale: Accident & Emergency attendance is focussed on reducing inappropriate use of hospital services and changing behaviours away from a reliance on hospital care towards the appropriate available support in the community setting.

Table 3.4 Quarterly Number A&E Attendances (all ages)

Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Target (quarter)
6,903	7,081	6,627	7,314	6,509

Figure 3.4a Rolling year number of A&E Attendances

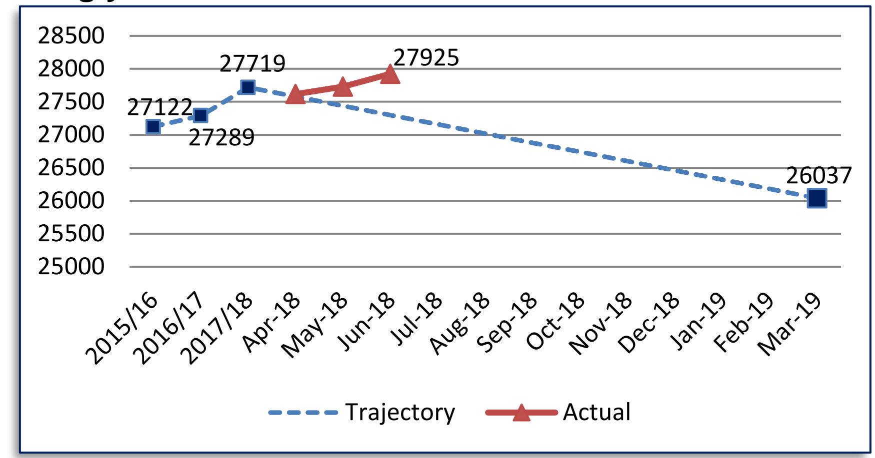
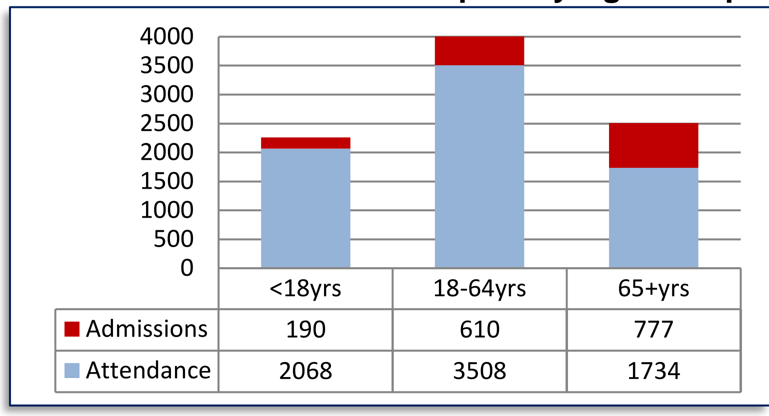


Figure 3.4b A&E Attendances Admitted to Hospital by Age Group



	<18yrs	18-64yrs	65+yrs
Admissions	190	610	777
Attendance	2068	3508	1734

Situational Analysis:
The number of people from East Dunbartonshire who attended A&E in Quarter 1 exceeded our target level. This is reflective of the trend across NHSGG&C. The data in figure 3.4b show the proportion of those who attended A&E who were subsequently admitted, suggesting the majority of those attending A&E could have had their needs met in the community or via self care. This is a problem across Scotland which is being considered by Scottish Government and all public sector partners.

Improvement Actions:
From an HSCP perspective we intend that our work around the Primary Care Improvement Plan, to recalibrate and sustain GP services, will enable more flexibly responses to patient need in the community. We hope that increased focus on self care for people with long term conditions will also mean that people can manage their own health more proactively. We are working closely with secondary care colleagues around their introduction of redirection protocols to ensure that people who do not need to be at A&E are redirected to community services of self care timeously. We are also engaged in national conversations about programmes of public education regarding who service users should turn to for support when they are sick, injured, or in distress. Again, winter planning provided an opportunity to sharpen up our focus on all these areas in order to help mitigate against seasonal pressures we routinely see in all services.

SECTION 4
Social Care Core Indicators

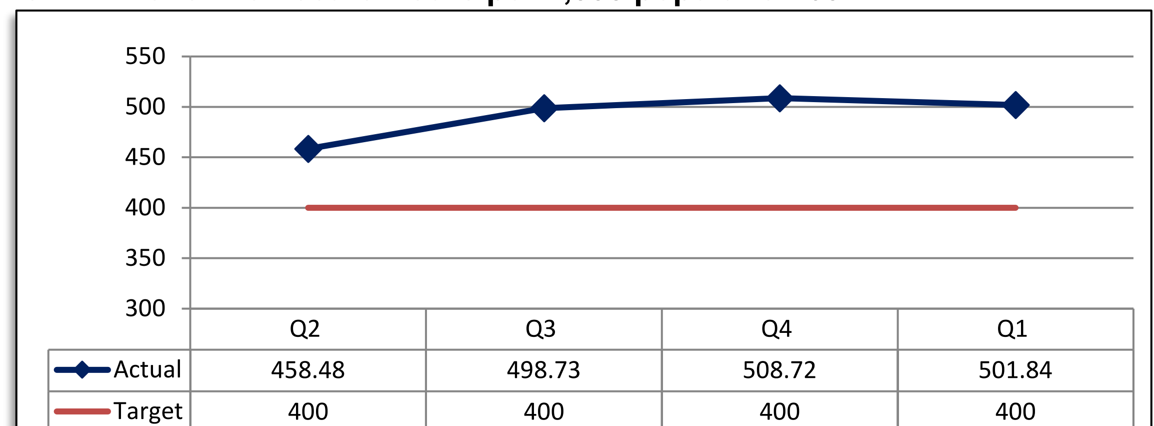
This section provides an updated report of Social Care core dataset and includes data collated by East Dunbartonshire Council Performance & Research Team. Although reported separately from the Health and Social Care data, the following indicators are integral to achieving the targets set out in Health and Social Care Delivery Plan and HSCP Unscheduled Care Plan.

4.1 Homecare hours per 1,000 population aged 65+yrs
4.2 People aged 65+yrs with intensive needs receiving care at home
4.3 Community assessment to service delivery timescale
4.4 Care home placements
4.5 Adult Protection inquiry to intervention timescales

4.1 Homecare hours per 1,000 population aged 65+yrs

Rationale: Key indicator required by Scottish Government to assist in the measurement of Balance of Care.

Figure 4.1 No. of Homecare Hours per 1,000 population 65+



	Q2	Q3	Q4	Q1
Actual	458.48	498.73	508.72	501.84
Target	400	400	400	400

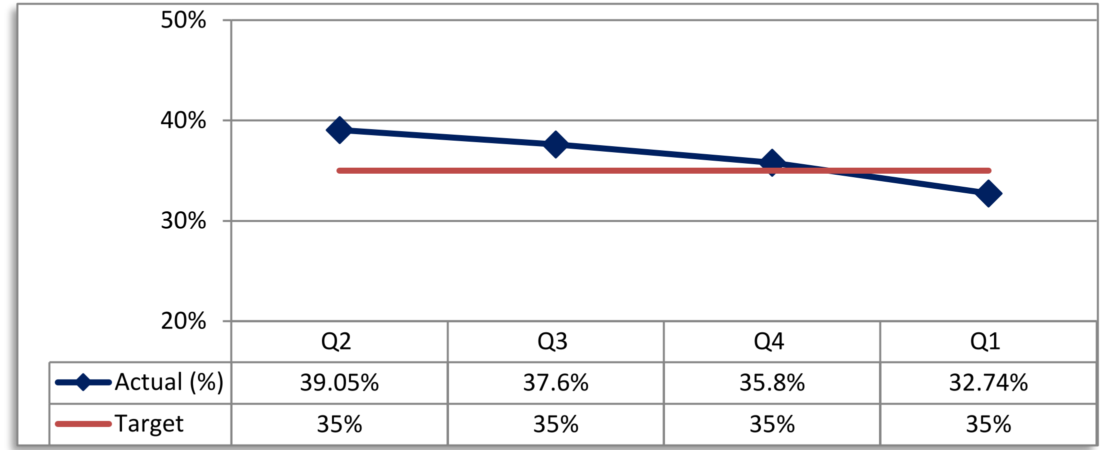
Situational Analysis:
The number of homecare hours per 1000 population over 65 decreased slightly in Quarter 1, but are still well above target. The hours are inclusive of those delivered by in-house homecare services and those commissioned from the third and independent sector market. Also included are hours delivered through supported living services, but not those delivered via SDS Option 1 following guidance from the Scottish Government.

Improvement Actions:
Homecare is a cornerstone service in the community health and social care landscape. Performance in relation to maintaining people in their own home, facilitating people to die in their preferred place of care and reducing the number of people living in long term care are all dependant on homecare. Thus, we have initiated a Home Care Review to develop a model for the service which is suitable for the future and which is focussed on quality. There are also a number of work streams ongoing to respond to Care Inspectorate requirements following our recent Homecare Inspection. An increased focus on reviewing homecare packages in also underway to ensure that people are receiving the right level of care and avoiding ‘over-care’ which can reduce the capacity of independent living and reablement.

4.2 People Aged 65+yrs with Intensive Needs Receiving Care at Home

Rationale: As the population ages, and the number of people with complex care needs increases, the need to provide appropriate care and support becomes even more important. This target assures that home care and support is available for people, particularly those with high levels of care needs.

Figure 4.2 Percentage of People Aged 65+yrs with Intensive Needs Receiving Care at Home



	Q2	Q3	Q4	Q1
Actual (%)	39.05%	37.6%	35.8%	32.74%
Target	35%	35%	35%	35%

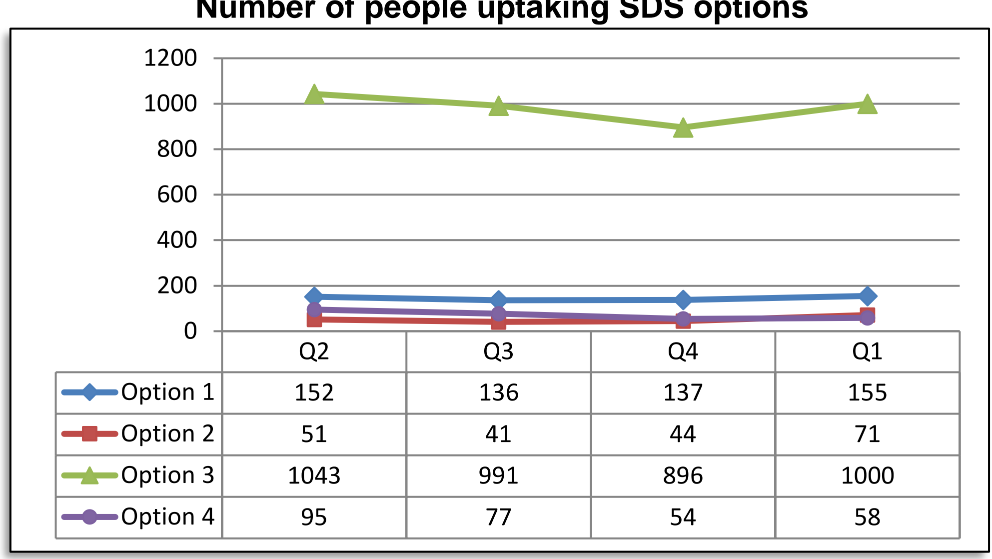
Situational Analysis:
This indicator measures the number of people over 65 receiving 10 hours or more of homecare per week. Our policy of reablement and maximising independence aims to reduce the number of hours that a user requires. The data presented in this indicator refers to mainstream homecare and does not include hours of homecare from supported living services. There has been another dip in this quarter, taking us slightly below target – this is most likely attributable to the increased number of admissions to hospital in the same period amongst a range of other factors including deaths of service users and admission to long term care for those previously in receipt of large homecare packages.

Improvement Actions:
We will continue to manage homecare demand on the basis of need, within the policy content of reablement and in line with eligibility criteria. As referred to the previous indicator, our Homecare Review aims to report in January regarding the most sustainable model for homecare services going forward – including how best to respond to those people with the highest level of need.

4.2b Systems supporting Care at Home

Rationale: The following indicators contribute partly to support the previous indicators. They are important in improving the balance of care and assisting people to remain independent in their own homes, but do not have specific targets.

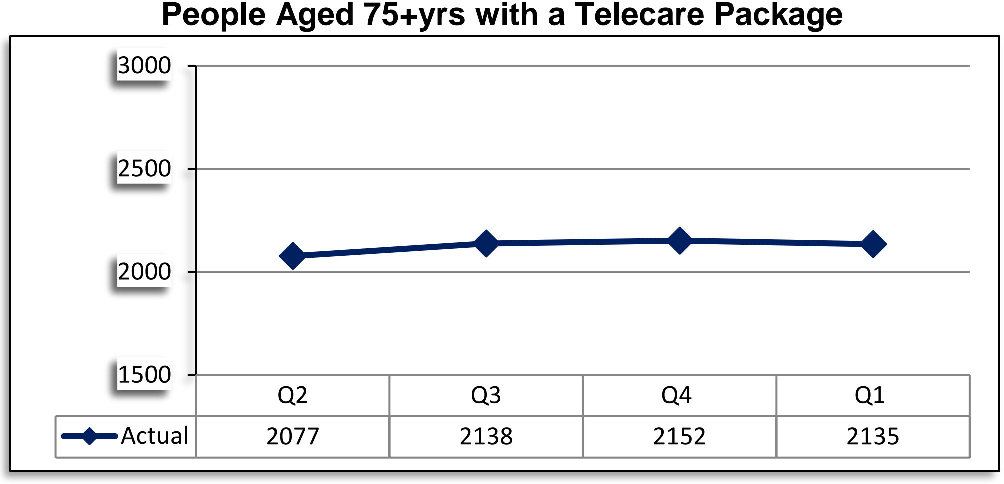
Number of people uptaking SDS options



Situational Analysis:
The indicators measure the number of people choosing Self Directed Support Options to direct their own support package. Their choice will be dependent upon the amount of control and responsibility that the customer or their family wish to take in arranging the delivery of care. None of the options are considered inferior to the other options and the statistics reflect customer choice.

Improvement Action:
We will continue to ensure that we provide Self Directed Support training to Social Work and Health practitioners to instil confidence and knowledge about the options amongst the workforce. We will also continue to work in partnership with the Third Sector to raise awareness about self directed support to local communities, customers and carers to ensure that the benefits associated with each option are fully explained and recognised.

People Aged 75+yrs with a Telecare Package



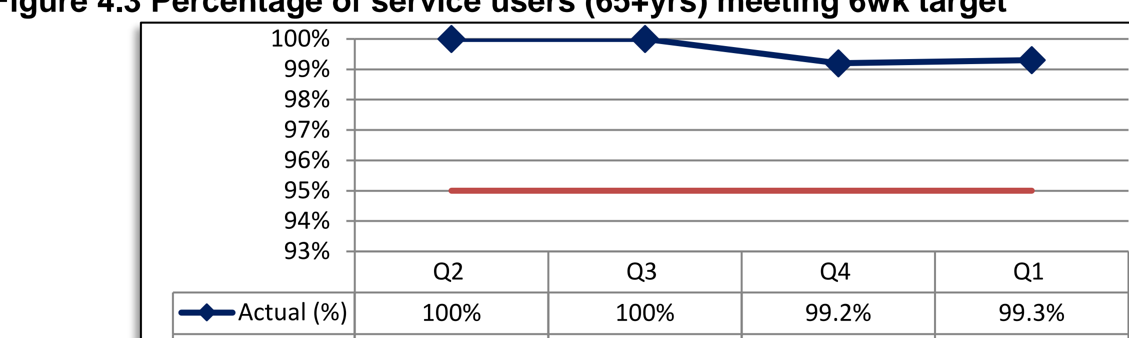
Situational Analysis:
There has been a marginal decline in the number of people aged 75 and over with a telecare package in this quarter. Much like with homecare, this figure fluctuates and changes rapidly as needs and customers change.

Improvement Actions:
We continue to implement our Assistive Technology Strategy, seeking to link traditional telecare with tele-heatlh monitoring and technology enabled care. A communication plan has been developed for this strategy to support increased workforce awareness of the opportunities technology can bring.

4.3 Community care assessment to service delivery timescale

Rationale Local authorities have a duty to undertake community care assessments for those in need, and are responsible for developing packages of care to meet identified need. Operating within a six week target from assessment to service delivery encourages efficiency and minimises delays for service-users.

Figure 4.3 Percentage of service users (65+yrs) meeting 6wk target



	Q2	Q3	Q4	Q1
Actual (%)	100%	100%	99.2%	99.3%
Target	95%	95%	95%	95%

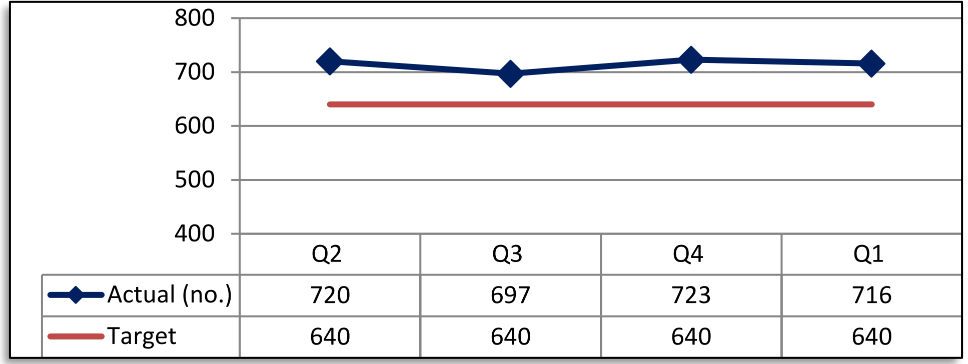
Situational Analysis:
There has been a negligible increase in performance in this indicator in the period. Performance remains well above target and we anticipate a return to 100% at the next quarter.

Improvement Action:
Continue to manage performance in an ongoing basis.

4.4 Care Home Placements

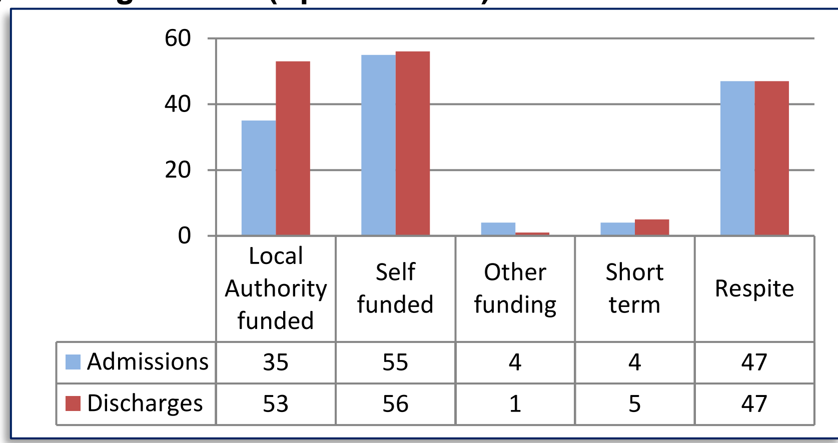
Rationale: Avoiding new permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the scheme supports local health and social care services to work together to reduce avoidable admissions.

Figure 4.4 Number of People Aged 65+yrs in Permanent Care Home Placements



	Q2	Q3	Q4	Q1
Actual (no.)	720	697	723	716
Target	640	640	640	640

Figure 4.4a Number of Care Home Admissions and Discharges (including deaths) by funding source (Apr-Jun 2018)



	Local Authority funded	Self funded	Other funding	Short term	Respite
Admissions	35	55	4	4	47
Discharges	53	56	1	5	47

Situational Analysis:
The data presented shows a decrease in this quarter in the number of people in long term care. This is in line with our policy position to support more older people to live independently at home, and only move to long term care when staying at home with support is no longer viable or in line with person's intended personal outcomes. Work is ongoing to improve the data capture and robustness in relation to this indicator.

Improvement Actions:
We will continue to manage placements in long term care in line with the agreed policy approach. We are working closely with care home sector partners to drive up quality of care and to reduce admission to secondary care from care homes. We will develop further our plans for an enhanced care homes liaison service – *Caring Together* – via the introduction of a virtual team around care homes made up of clinical and contract monitoring staff, including our new Care Homes Advanced Nurse Practitioner.

4.5 Adult Protection Inquiry to Intervention Timescales

Rationale: The Health & Social Care Partnership have a statutory duty to make inquiries and intervene to support and protect adults at risk of harm. It is crucial that such activities are carried out in a timely and effective fashion. This indicator measures and monitors the speed with which sequential ASP actions are taken against timescales laid out in local social work procedures.

Figure 4.5 Percentage of Adult Protection cases where timescales were met

	Q2	Q3	Q4	Q1
Actual (%)	87.5%	88.8%	93.9%	83.7%
Target	95%	95%	95%	95%

Situational Analysis:
Performance is lower than in the previous 3 quarters. Q1 figure shows impact of technical issues affecting receipt of Police concern forms. Excluding delays resulting from this issue, the performance figure is 90.7%, which is more in line with expectations following the systems improvements introduced in Q3 of 2017-18.

Improvement Actions:
The technical issues arose during the period of industrial action in late June, and although they have since been addressed, the consequential impact of these issues on performance levels may continue to be observed into Q2.

SECTION 5
Local Delivery Plan Standards

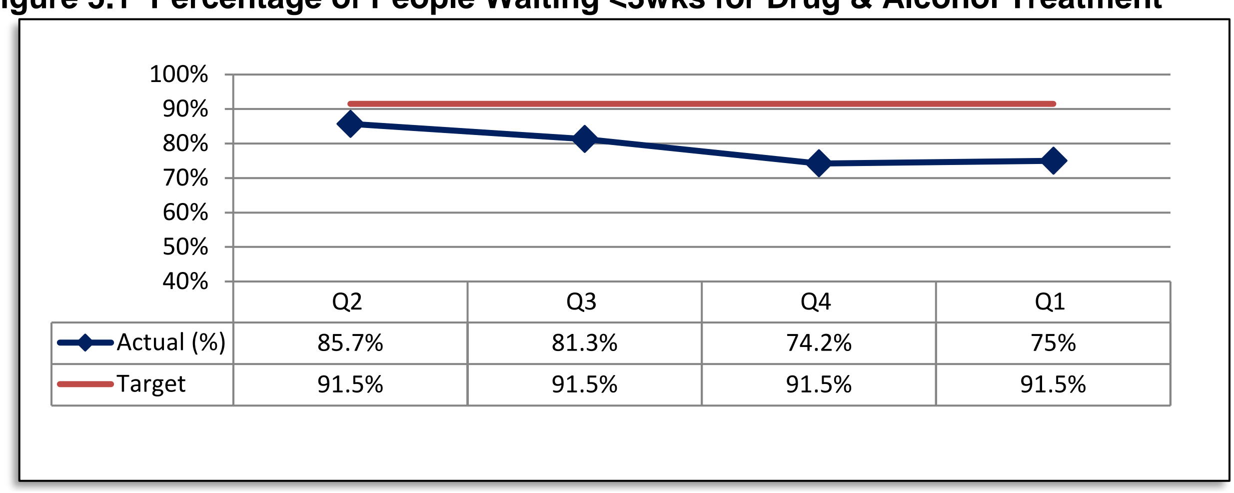
LDP Standards refer to a suit of targets, set by the Scottish Government, which define performance levels that all Health Boards are expected to either sustain or improve. This section reports on the Standards delivered by, or relevant to, the HSCP.

- **5.1** Drugs & Alcohol Treatment Waiting Times
- **5.2** Psychological Therapies Waiting Times
- **5.3** Dementia Post Diagnostic Support
- **5.4** Alcohol Brief Interventions
- **5.5** Smoking Cessation
- **5.6** Child & Adolescent Mental Health Services Waiting Times

5.1 Drugs & Alcohol Treatment Waiting Times

Rationale: The 3 weeks from referral received to appropriate drug or alcohol treatment target was established to ensure more people recover from drug and alcohol problems so that they can live longer, healthier lives, realising their potential and making a positive contribution to society and the economy. The first stage in supporting people to recover from drug and alcohol problems is to provide a wide range of services and interventions for individuals and their families that are recovery-focused, good quality and that can be accessed when and where they are needed.

Figure 5.1 Percentage of People Waiting <3wks for Drug & Alcohol Treatment



	Q2	Q3	Q4	Q1
Actual (%)	85.7%	81.3%	74.2%	75%
Target	91.5%	91.5%	91.5%	91.5%

Situational Analysis:
The EDADS team have been significantly impacted by 50% staffing shortages during Q1 due to long-term staff absence. This had seriously affected the team's ability to respond to referrals, complete assessments and commence treatment within the three-week target. The remaining staff have been working extremely hard to maintain a service.

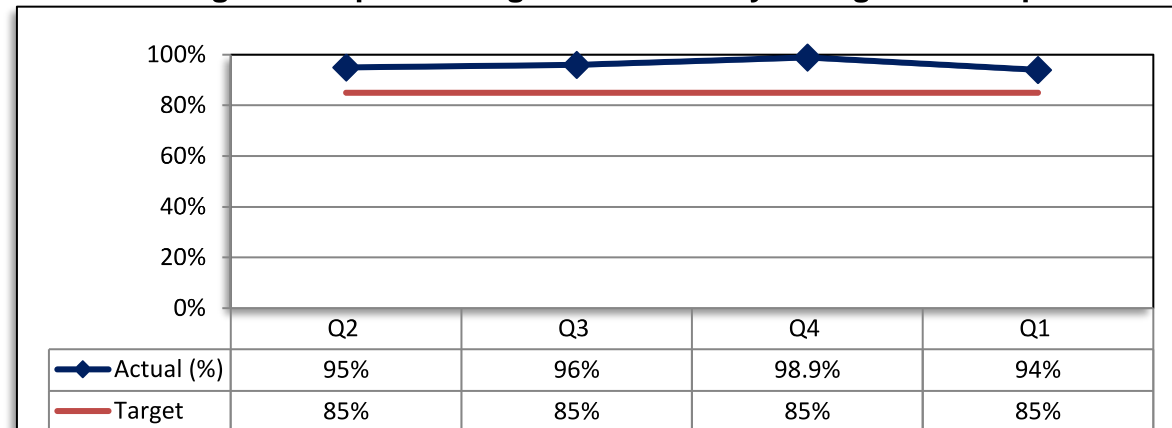
Improvement Actions:
Recruitment to vacancies, in particular the band 6 alcohol care and treatment nursing post, is crucial to the team's performance in this area. This post has now been appointed to and

the preferred candidate will commence employment within the next two months. Staff from other teams are being seconded temporarily to support the work of the team. They will start in post by the end of October. There should be a noticeable improvement in the coming quarter.

5.2 Psychological Therapies Waiting Times

Rationale: Timely access to healthcare is a key measure of quality and that applies equally in respect of access to mental health services.

Figure 5.2 Percentage of People Waiting <18wks for Psychological Therapies



	Q2	Q3	Q4	Q1
Actual (%)	95%	96%	98.9%	94%
Target	85%	85%	85%	85%

<u>Situational Analysis:</u>
Current percentage of people seen within 18 weeks from referral to psychological therapy continues to exceed target.

<u>Improvement Action:</u>
To maintain our good performance, the team are regularly monitoring possible risk of breaches and, when possible, put processes into place to prevent these. This will be enhanced with the appointment to the Psychologist and Mental Health Practitioner posts which are currently advertised.
The Psychological Therapy group monitors waits across the HSCP services. Services have been utilising improvement tools to ensure clear pathways and processes/system are as efficient and effective as possible. This work has positively impacted on the service being more streamlined, and has assisted achieving the targets.

5.3 Dementia Post Diagnostic Support (PDS)

Rationale: This Standard supports the improvement of local post-diagnostic services as they work alongside and support people with a new diagnosis of dementia, and their family, in building a holistic and person-centred support plan. People with dementia benefit from an earlier diagnosis and access to the range of post-diagnostic services, which enable the person and their family to understand and adjust to a diagnosis, connect better and navigate through services and plan for future care including anticipatory care planning.

Figure 5.3 Percentage of People Newly Diagnosed with Dementia Accessing PDS

	Q2	Q3	Q4	Q1
Actual (%)	33.3%	63.3%	11%	64.2%
Target	100%	100%	100%	100%

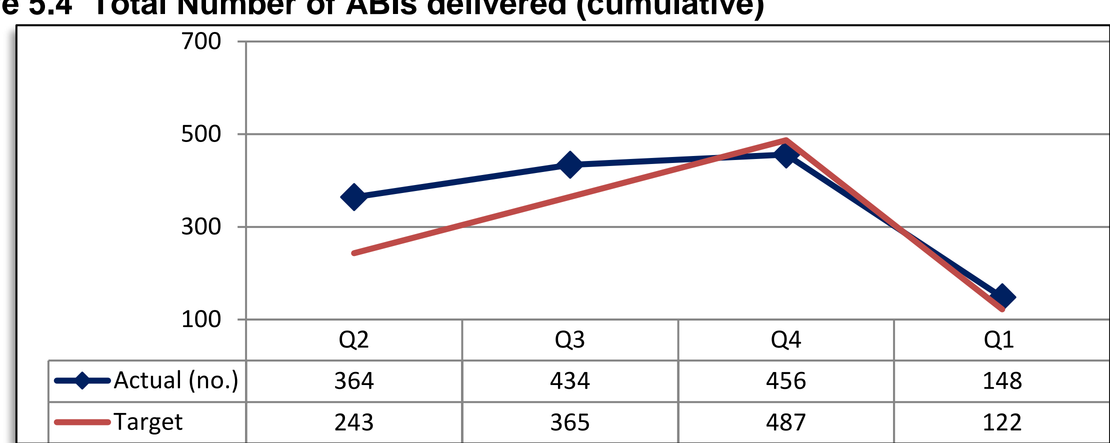
Situational Analysis:
The performance presented has improved since the last quarter. There have been some data capture issues in relation to this indicator which can account for some of that increase as uptake is often contingent on patient/carer choice availability and the small scale of the service which is vulnerable to staff leave etc.

Improvement Action:
Work will continue to improve our operating model and mitigate against staffing challenges that are impacting on performance or limiting patient/carer choice and flexibility.

5.4 Alcohol Brief Interventions (ABIs)

Rationale: To sustain and embed alcohol brief interventions in the three priority settings of primary care, A&E and antenatal. This standard helps tackle hazardous and harmful drinking, which contributes significantly to Scotland's morbidity, mortality and social harm. Latest data suggests that alcohol-related hospital admissions have quadrupled since the early 1980s and mortality has doubled.

Figure 5.4 Total Number of ABIs delivered (cumulative)



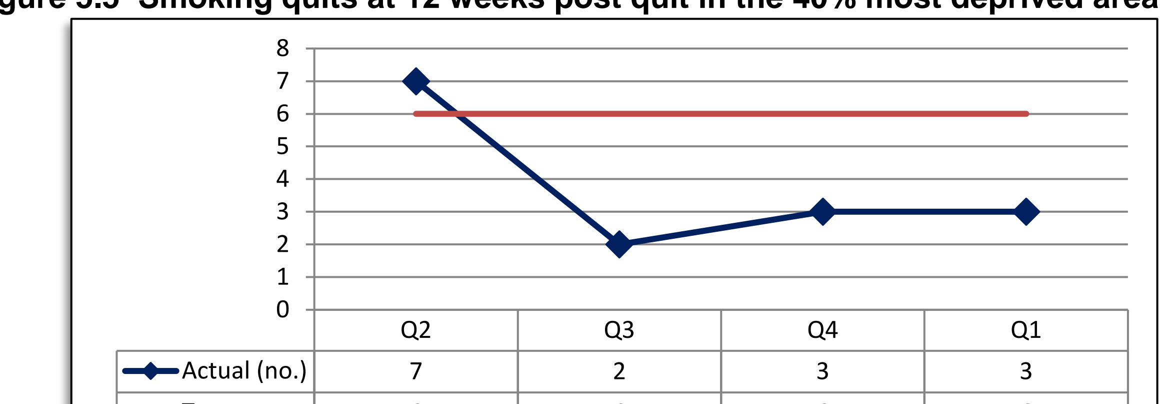
Situational Analysis:
Q1 returns were 21% above the target and mirrors that of previous returns with the exception of Q4 .

Improvement Action:
The uptake of ABI's within General practice remains a challenge and this will be subject of debate and future action planning through the direction of the strategic Alcohol and Drugs Partnership

5.5 Smoking Cessation

Rationale: To sustain and embed successful smoking quits at 12 weeks post quit, in the 40 per cent most deprived SIMD areas. This target sets out the key contribution of NHS Scotland to reduce the prevalence of smoking. Smoking has long been recognised as the biggest single cause of preventable ill-health and premature death. It is a key factor in health inequalities and is estimated to be linked to some 13,000 deaths and many more hospital admissions each year.

Figure 5.5 Smoking quits at 12 weeks post quit in the 40% most deprived areas



	Q2	Q3	Q4	Q1
Actual (no.)	7	2	3	3
Target	6	6	6	6

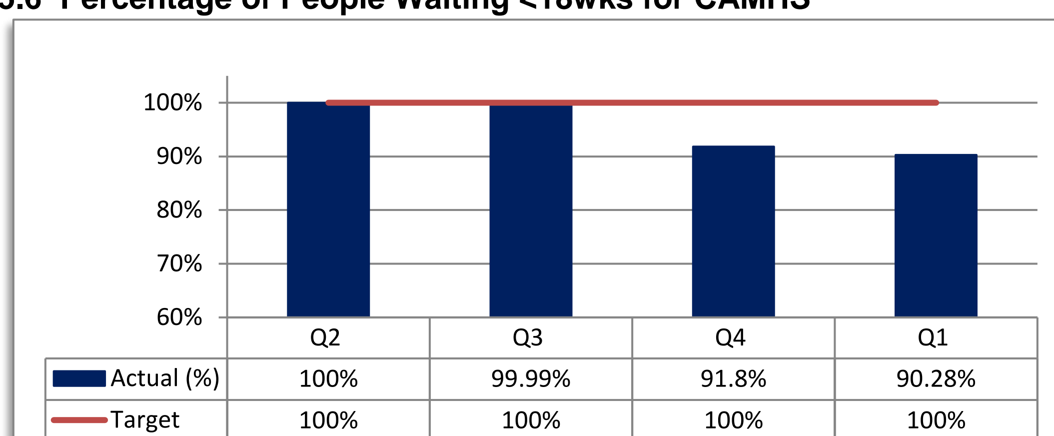
Situational Analysis:
The Q1 figure reported is from local data, as a new recording system is being introduced within GG&C is currently incomplete.

Improvement Action:
Not applicable at present.

5.6 Child & Adolescent Mental Health Services (CAMHS) Waiting Times

Rationale: 90 per cent of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral. Timely access to healthcare is a key measure of quality and that applies equally in respect of access to mental health services. Early action is more likely to result in full recovery and in the case of children and young people will also minimise the impact on other aspects of their development such as their education, so improving their wider social development outcomes.

Figure 5.6 Percentage of People Waiting <18wks for CAMHS



	Q2	Q3	Q4	Q1
Actual (%)	100%	99.99%	91.8%	90.28%
Target	100%	100%	100%	100%

Situational Analysis:
In 2017, at least 98% of children whose referral was accepted by East Dunbartonshire CAMH services were seen within 18 weeks of referral. NHSGGC are acutely aware of the recent dip in percentage of children seen within 18 weeks. The dip in percentage of children seen within 18 weeks has arisen due to a number of factors. This includes significant workforce issues and recent changes implemented to increase the level of accepted referrals, which has in turn created increased demand on resources.

Improvement Actions:
A number of approaches are being undertaken to ensure as many children as possible are seen within 18 weeks of referral. This includes temporarily extending our core hours of business within some Glasgow CAMHS teams (including services to East Dun) to include early evenings and weekend work and the introduction of a Quality Improvement Programme. The Quality Improvement Programme is focusing on reviewing overall service provision, leadership and culture; service improvements; training and support; and supervision and leadership.

CAMHS endeavour to see every child and young person who requires CAMHS support as soon as possible following their referral. The median average wait from referral to treatment is 7 weeks for GGC CAMHS (ISD, June 18).

SECTION 6
Children's Service Performance

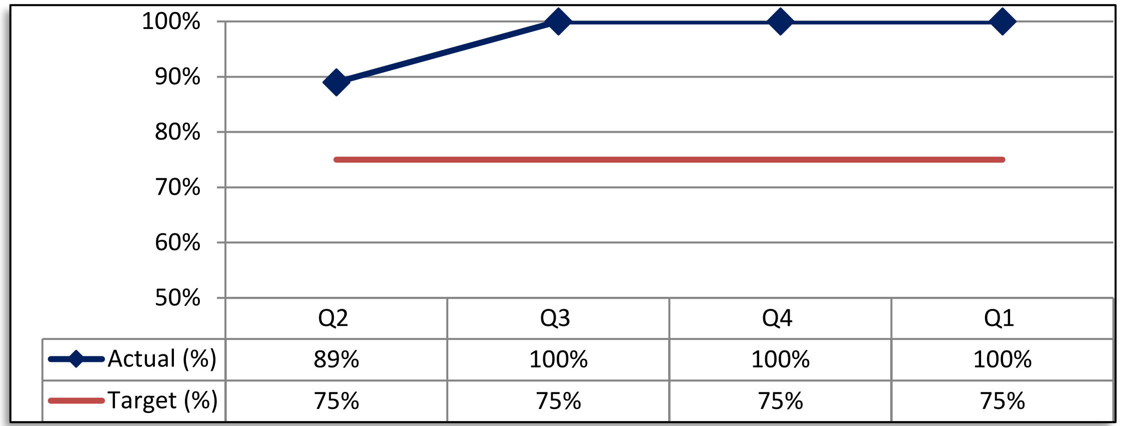
This section provides an updated report performance against key Children and Families indicators. The indicators reported are:

- **6.1** Child Care Integrated Assessments for Scottish Children Reported Administration timescales
- **6.2** Initial Child Protection Case Conferences timescales
- **6.3** First Child Protection review conferences timescales
- **6.4** Balance of care for Looked After Children
- **6.5** First Looked After & Accommodated reviews timescales
- **6.6** Children receiving 27-30 month Assessment

6.1 Child Care Integrated Assessments (ICA) for Scottish Children Reported Administration (SCRA) Timescales

Rationale: This is a national target that is reported to (SCRA) and Scottish Government in accordance with time intervals.

Figure 6.1 Percentage of Child Care Integrated Assessments ICA for SCRA completed within 20 days



	Q2	Q3	Q4	Q1
Actual (%)	89%	100%	100%	100%
Target (%)	75%	75%	75%	75%

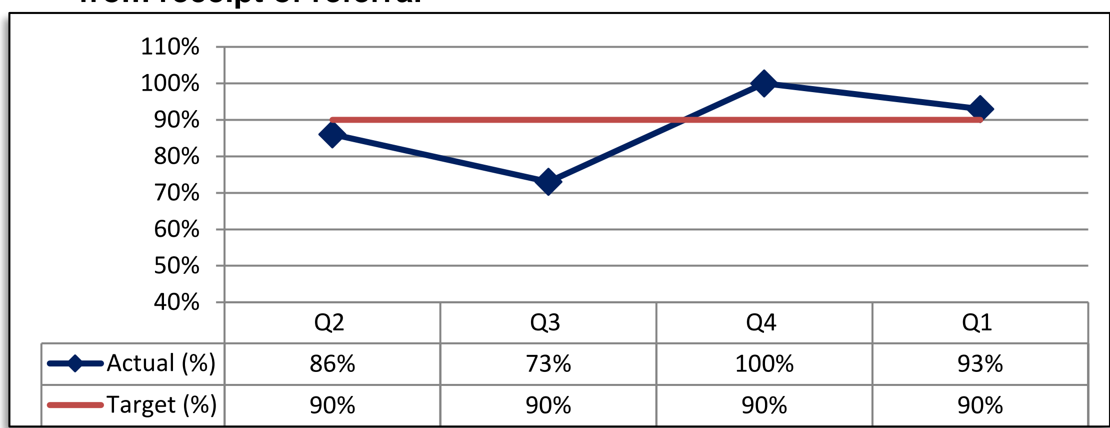
Situational Analysis:
The Children and Families Team continues to perform at a standard which surpasses the identified target.

Improvement Action:
Continue to perform at this standard.

6.2 Initial Child Protection Case Conferences Timescales

Rationale: Local standard and timescales set by East Dunbartonshire Child Protection Committee.

Figure 6.2 Percentage of Initial Case Conferences taking place within 21 days from receipt of referral



	Q2	Q3	Q4	Q1
Actual (%)	86%	73%	100%	93%
Target (%)	90%	90%	90%	90%

Situational Analysis:

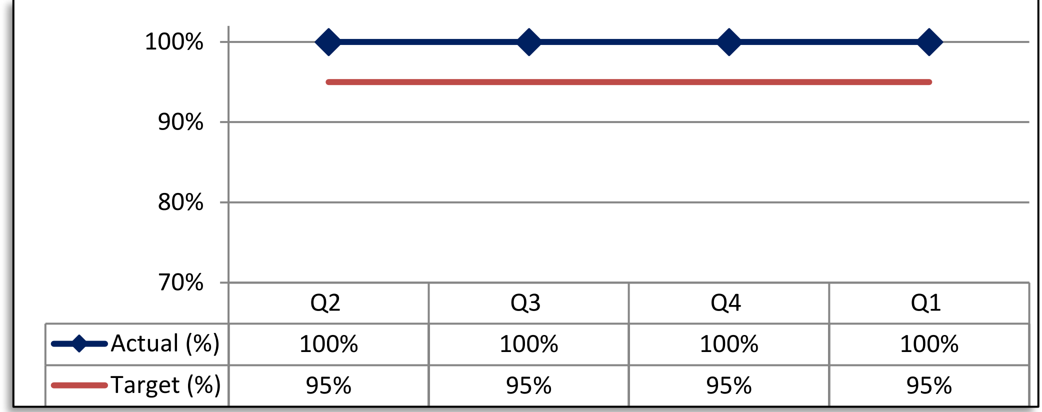
Performance in Quarter 1 is above target. 14 Initial Child Protection Case Conferences were held during Quarter 1, 13 of which were within timescale. The delay in the timing of the late case conference was due to complex legal issues; the children were safe throughout the investigation.

Improvement Action:
Continue to ensure case conferences are held within the timescales identified.

6.3 First Child Protection Review Conferences Timescales

Rationale: Local standard and timescales set by East Dunbartonshire Child Protection Committee.

Figure 6.3 Percentage of first review conferences taking place within 3 months of registration



	Q2	Q3	Q4	Q1
Actual (%)	100%	100%	100%	100%
Target (%)	95%	95%	95%	95%

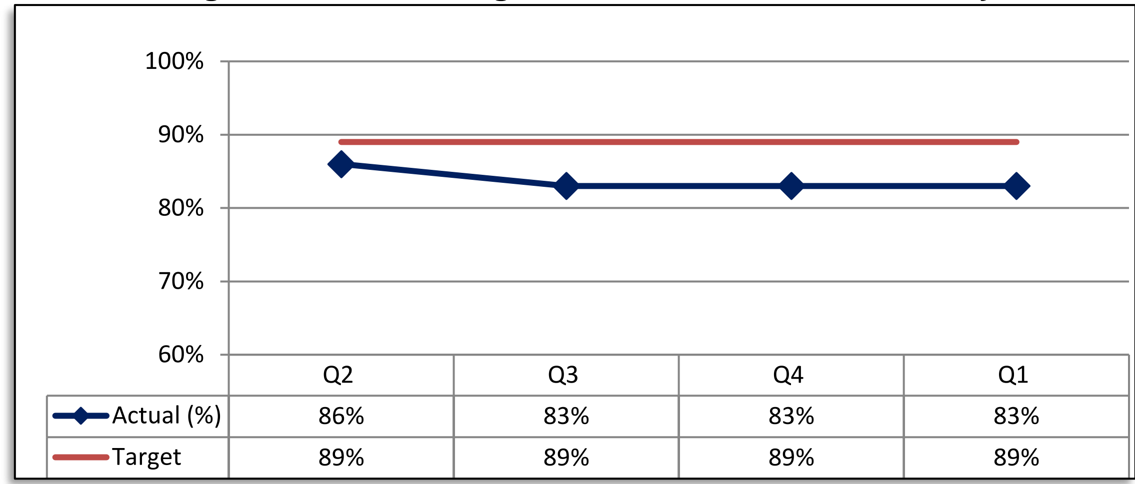
Situational Analysis:
High standards of performance have been maintained in relation to the number of Review Child Protection Case Conferences taking place within 3 months of registration. 100% has been achieved throughout the last year.

Improvement Action:
Maintain the high standard of performance.

6.4 Balance of Care for Looked After Children

Rationale: National performance indicator reported to Scottish Government and monitored by Corporate Parenting Bodies.

Figure 6.4 Percentage of Children being Looked After in the Community



	Q2	Q3	Q4	Q1
Actual (%)	86%	83%	83%	83%
Target	89%	89%	89%	89%

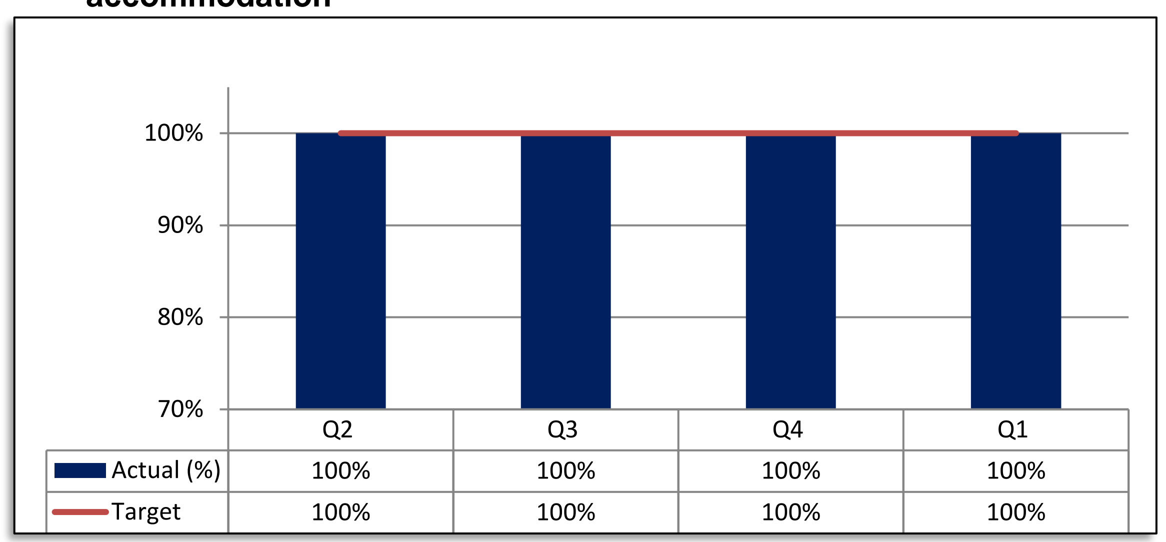
Situational Analysis:
83% of our Looked After Children are Looked After in the Community. The target is 89%.

Improvement Actions:
This has been identified as an area requiring development and improvement. The Children and Families Service is currently working on issues related to the balance of care and this is also directly linked to the development work being undertaken by the Adoption and Fostering Team.

6.5 First Looked After & Accommodated (LAAC) Reviews Timescales

Rationale: This is a local standard reflecting best practice and reported to Corporate Parenting Board

Figure 6.5 Percentage of first LAAC reviews taking place within 4 weeks of accommodation



	Q2	Q3	Q4	Q1
Actual (%)	100%	100%	100%	100%
Target	100%	100%	100%	100%

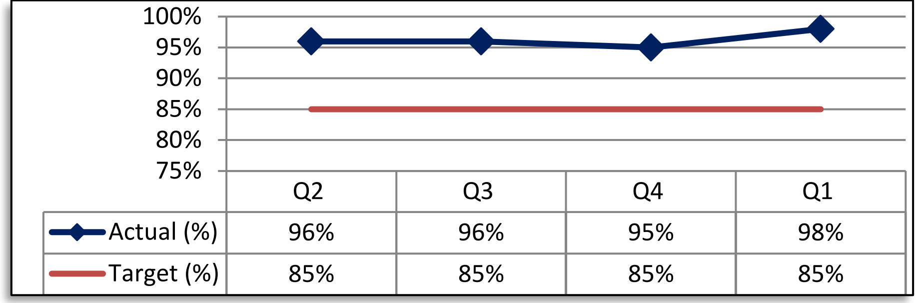
Situational Analysis:
The target of 100% continues to be met in regards of the percentage of Looked After and Accommodated Child reviews taking place within 4 weeks of the child being accommodated.

Improvement Actions:
Continue to meet the target of 100%.

6.6 Children receiving 27-30 month Assessment

Rationale: The Scottish Government set a target that by 2020, at least 85% of children within each SIMD quintile of the CPP will have reached all of their developmental milestones at the time of their 27–30 month child health review.

Figure 6.6 Percentage of Children receiving 27-30 month assessment



	Q2	Q3	Q4	Q1
Actual (%)	96%	96%	95%	98%
Target (%)	85%	85%	85%	85%

Situational Analysis:
This indicator relates to early identification of children within the SIMD quintiles with additional developmental needs. Where additional needs are identified, children are referred onto specialist services. During Q1, 2% children were identified as requiring onward referral to specialist services.

Improvement Action:
Data reports are monitored on a monthly basis at team meetings to support early identification of variances and allow improvement plans to be developed if required.

SECTION 7
Community Justice Performance

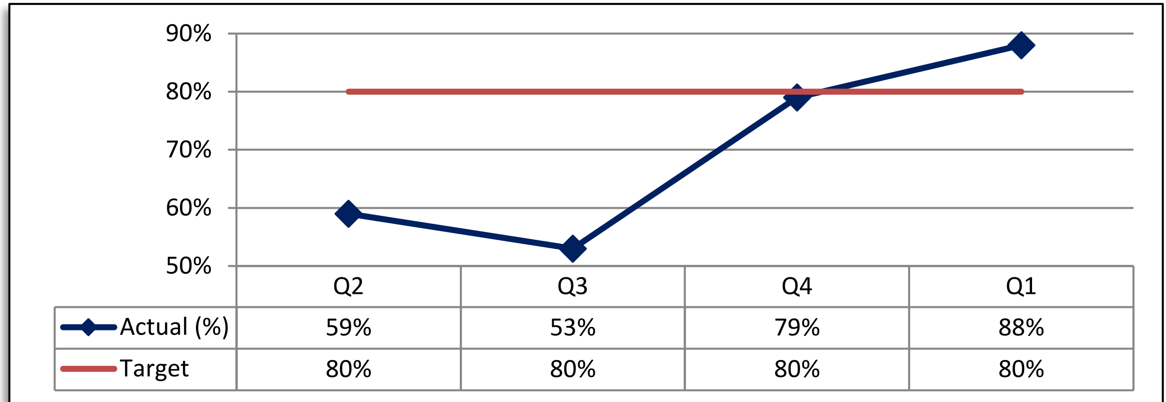
This section provides an updated report performance against key Criminal Justice indicators. The indicators reported are:

- **7.1** Percentage of individuals beginning a work placement within 7 days of receiving a Community Payback Order
- **7.2** Percentage of CJSW reports submitted to Court by due date
- **7.3** Percentage of Court report requests allocated to a Social Worker within 2 Working Days of Receipt

7.1 Percentage of Individuals Beginning a Work Placement Within 7 days of Receiving a Community Payback Order

Rationale: The CJSW service must take responsibility for individuals subject to a Community Payback Order beginning a work placement within 7 days.

Figure 7.1 Percentage of individuals beginning a work placement within 7 days



	Q2	Q3	Q4	Q1
Actual (%)	59%	53%	79%	88%
Target	80%	80%	80%	80%

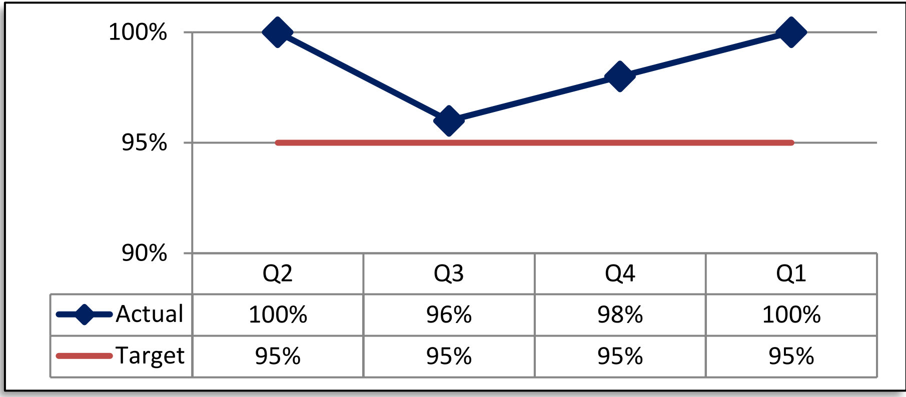
Situational Analysis:
Target exceeded.

Improvement Action:
Continue to monitor and maintain performance.

7.2 Percentage of CJSW Reports Submitted to Court by Due Date

Rationale: National Outcomes & Standards (2010) states that the court will receive reports electronically from the appropriate CJSW Service or court team (local to the court), no later than midday on the day before the court hearing.

Figure 7.2 Percentage of CJSW reports submitted to Court by due date



	Q2	Q3	Q4	Q1
Actual	100%	96%	98%	100%
Target	95%	95%	95%	95%

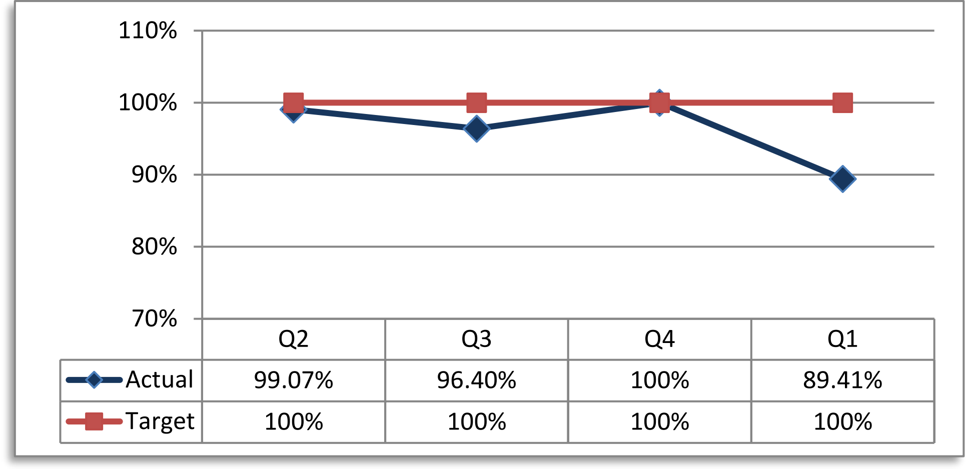
Situational Analysis:
Target continues to be exceed.

Improvement Action:
Maintain performance.

7.3 Percentage of Court Report Requests Allocated to a Social Worker within 2 Working Days of Receipt

Rationale: National Outcomes & Standards (2010) places responsibility on Criminal justice service to provide a fast, fair and flexible service ensuring the offenders have an allocated criminal justice worker within 24 hours of the Court imposing the community sentence.

7.3 **Percentage of Court report requests allocated to a Social Worker within 2 Working Days of Receipt**



	Q2	Q3	Q4	Q1
Actual	99.07%	96.40%	100%	89.41%
Target	100%	100%	100%	100%

Situational Analysis:
Performance in Quarter 1 has declined and is below target. 85 report requests were allocated during the quarter, 76 of these were within the target timescale as industrial action and staff leave has had an impact this quarter. A contingency action plan has been

agreed in the event of future industrial action and consequent office closure and absence of business support staff should this scenario reoccur.

Improvement Action:
Given the underperformance is mainly due to an unusual event, a contingency measure has been agreed to enable a back allocation plan and prevent a recurring scenario.

Also staff allocation meetings have been increased to ensure CPO's are allocated within 2 days.

SECTION 8
Corporate Performance

The following data focus on corporate performance indicators, namely:

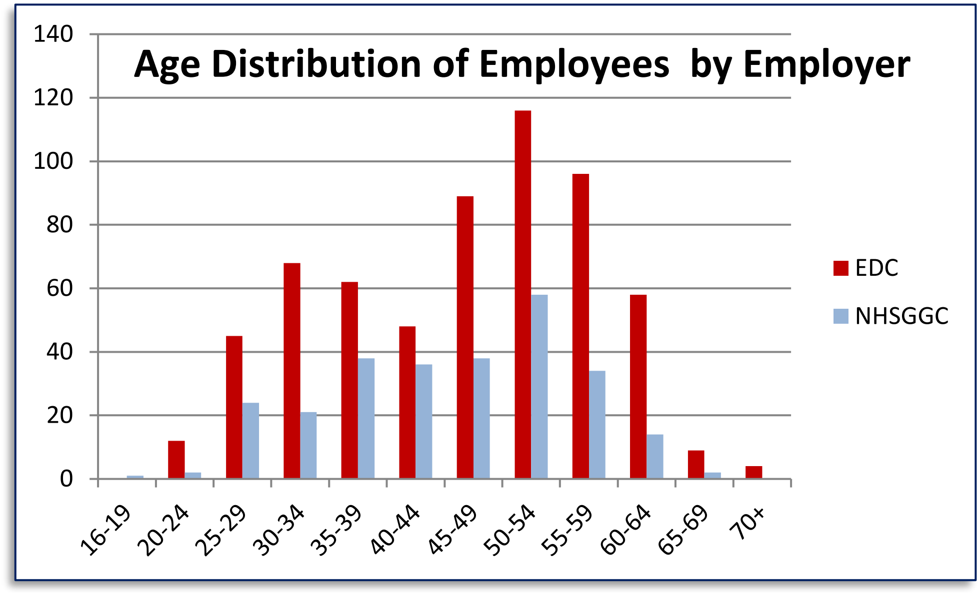
- Workforce Demographics
- Sickness / Absence Health Staff and Social Care Staff
- Knowledge & Skills Framework (KSF) / Personal Development Plan (PDP) / Personal Development Review (PDR)

8.1 Workforce Demographics

Employer	Headcount		WTE	
	Mar-18	Jun-18	Mar-18	Jun-18
NHSGGC	266	268	223.34	224.97
EDC	604	606	492.49	494.99
Total	870	874	715.83	719.96

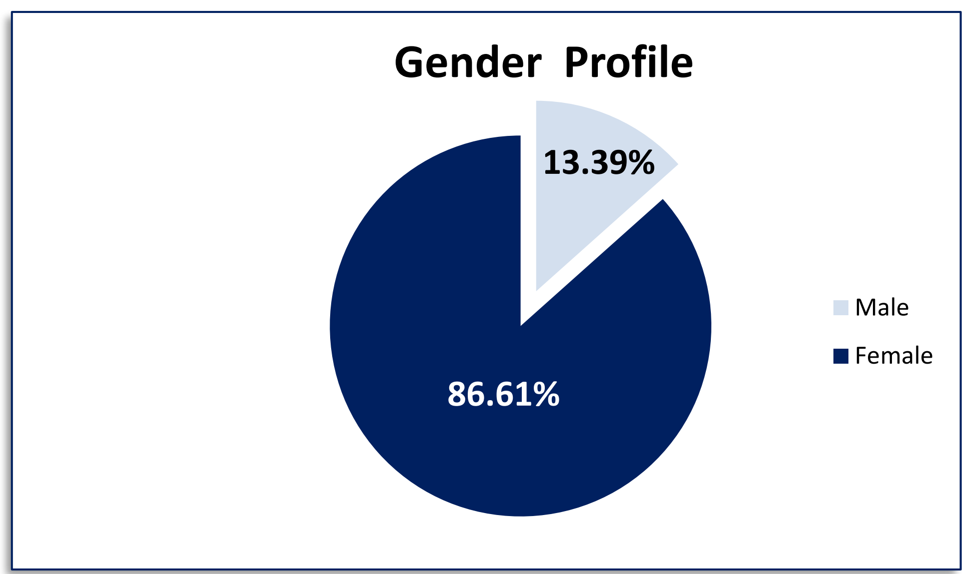
The picture on workforce shows a slight increase overall since March 2018 of 4.13WTE against an additional headcount of 4. In looking at the actual headcount increase against the WTE increase we see a picture of part time working but with some increase in current staff hours.

8.2 HSCP Staff by Age profile



The age profile shows that the majority of staff remain aged over 45yrs and that we have a very low number of staff under 25yrs of age. This age range is not unexpected within the services that the HSCP provides, although as identified above, this high percentage of older staff might impact on the number of requests for a more flexible employment option.

8.3 Gender Profile by %



The gender ratio of female to male employed staff has remained constant over the last 12mths, with 87% of staff being female.

8.4 Sickness / Absence Health and Social Care Staff

Month	EDC	NHS HSCP
Apr-18	8.61	5.62
May-18	8.56	5.18
June -18	7.44	4.78
Average	**8.20**	**5.19**

Absence has decreased in the last quarter, and is well managed within the HSCP, the main issues in both Health and Social Care is aligned with staff moving from short term to longer term absence due to health conditions.

8.5 KSF / PDP / PDR

	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
KSF %	40.3								
PDP %									
Trajectory %	80	80	80	80	80	80	80	80	80

KSF (Knowledge & Skills Framework) is the NHS staff review process to ensure that staff are competent to undertake the tasks associated with their role and have the appropriate learning and development planned across the year. The new TURAS platform is now in place, and we are once again able to monitor progress. We have some initial problems in the transfer from e-KSF to TURAS with limited activity in the first quarter but we hope to see progress during the second quarter.

8.6 Performance Development Review (PDR)

PDR	
Quarter	**% Complete on system**
Q1	39.31
Q2	
Q3	
Q4	

PDR (Performance, Development Review) is the Council process for reviewing staff performance and aligning their learning and development to service objectives and deliver requirements. We have achieved a recording rate of 39.3% in this quarter but again we would hope to see progress in quarter 2.

Chief Officer
Susan Manion

Agenda Item Number: 7

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	15 November 2018
Subject Title	Annual Chief Social Work Officer's Report
Report By	Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions & Health Improvement and Interim Chief Social Work Officer
Contact Officer	Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions & Health Improvement and Interim Chief Social Work Officer Tel: 0141 304 7435 caroline.sinclair2@ggc.scot.nhs.uk

Purpose of Report	The purpose of this report is to present the Chief Social Work Officer's (CSWO) Annual Report for the period 2017 - 2018.

Recommendations	It is recommended that the HSCP Board: • Note the contents of the Report • Note that the report will be presented to East Dunbartonshire Council on 15 November 2018

Relevance to HSCP Board Strategic Plan	Social Care and Social Work Services support the key priorities of the HSCP Strategic Plan.

Human Resources	None

Equalities:	None

Implications for Health & Social Care Partnership

Financial:	None

Legal:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	This report is intended to inform members and officers of East Dunbartonshire Council about matters relating to social work and social care.

Implications for NHS Greater Glasgow & Clyde:	None

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	

1.0 MAIN REPORT

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).

1.2 The Chief Social Work Advisor to the Scottish Government developed a standardised framework for reporting in order to ensure consistency across Scotland. This report utilises that framework and provides the annual report for the period 1 April 2017 to 31 March 2018. (Appendix 1).

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.

Key matters such as child protection, adult protection, corporate parenting and the management of high risk offenders are covered in this report. The report also provides information relating to the following:

- Summary of Performance – Key Challenges, Developments and Improvements;
- Partnership Working - Governance and Accountability Arrangements;
- Social Services Delivery Landscape;
- Resources;

- Service Quality, Performance and Delivery of Statutory Functions;
- Workforce Planning and Development; and
- Improvement Approaches

1.4 The information contained within the report reflects the key matters affecting Social Care and Social Work Services over the reporting period

1.5 This report will be submitted to East Dunbartonshire Council at the Council meeting on the 15 November 2018.

Appendix 1: Chief Social Work Officer Report 2017 - 2018

Annual Chief Social Work Officer Report

1 April 2017 – 31 March 2018

Contents

1. Introduction 1
2. Summary of Performance - Key challenges, Developments and Improvements 2
3. Partnership Working - Governance and Accountability Arrangements 4
4. Social Services Delivery Landscape 6
5. Resources 10
6. Service Quality, Performance and Delivery of Statutory Functions 12
7. Workforce Planning and Development 26
8. Self Directed Support (SDS) 27
9. Improvement Approaches 29

1. Introduction

I am pleased to present the Chief Social Work Officer's Annual Report for East Dunbartonshire for the period 1 April 2017 to 31 March 2018.

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 2017 to 31 March 2018. The report follows the suggested guidance and format provided by the Office of the Chief Social Work Advisor to the Scottish Government.

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 voluntary or private 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. 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.

In September 2016, Audit Scotland published "Social Work in Scotland". A link to the report is provided here. The report was blunt in its key messages that the combination of sustained and increasing pressures has created an imminent crisis in the provision of social work and social care services, such that "current approaches will not be sustainable in the long term". Whilst the report provided a very clear picture of the scale of the challenges faced, many commentators noted that tangible solutions were less in evidence. East Dunbartonshire's services have already had some success in deploying solutions to meet the challenges, of the sort that Audit Scotland identified, such as re-ablement initiatives, using technology, and promoting early and effective intervention. However, there is much still to be done, and this report seeks to highlight key areas of service development that contribute to meeting the challenges we are experiencing, as well as providing information on current volume and quality of services.

C. Sinclair

Caroline Sinclair

Interim Chief Social Work Officer

East Dunbartonshire Council

2. Summary of Performance - Key challenges, Developments and Improvements

As with previous years, social work services have continued to experience a sustained upturn in demand for statutory services. We have also worked hard to be ready to implement new legislative changes which bring with them additional service demands such as changes to the upper age that young people who have been looked after and accommodated are entitled to access services, and the introduction of new rights for carers, through new legislation. At the same time, the public sector financial challenge continues to be significant. All areas of service report increasing levels of complexity of need and we continue to try to meet the challenge of delivering person centred care focussed on meeting individual outcomes, in a manner that represents 'best value' use of public funds. To do this we have been focussed on taking a prioritised approach, maintaining waiting lists for services where required, and undertaking service reviews aimed at ensuring we deliver safe and effective services.

The Chief Social Work Officer noted in his report on the year 2016 – 2017 that a significant part of our work in the previous year has focused on integrating Children and Families and Criminal Justice social work services, and NHS Community Children's Services, into the Health and Social Care Partnership. During 2017 – 2018 the integration of services has been settling in and in 2017 the newly integrated partnership published its first Integrated Children's Services Plan which outlines the priorities for work over the 3 years 2017-20. All stakeholders were consulted and contributed to this plan. There was an already established effective collaborative approach to working with vulnerable children demonstrated by the Health Visiting Team and the Children and Families Social Work Department. During 2017 – 2018 the integration of these services was strengthened and can be evidenced by joint approaches to quality improvement and audit, improving outcomes for vulnerable children and joint screening and interventions such as the Special Needs in Pregnancy.

In addition to continuing to work on the integration agenda itself, social work services in East Dunbartonshire have continued to progress on a number of practice fronts. Notably we have:

- Work began to increase the availability of locally based care options for children and young people through increased kinship and foster placements
- Worked as part of a national programme to provide safe care for unaccompanied asylum seeking children
- Developed a specialist parenting capacity assessment approach in partnership with Barnardo's Scotland to assist practitioners and Court's in making robust future plans for children and young people
- Met the challenge of undertaking increasing numbers of Risk of Serious Harm assessments for our prison population
- Embedded the Intermediate Care Model piloted the previous year for those older people who require further assessment on discharge from acute care, prior to longer term plans being made
- Developed and implemented our own in-house Appropriate Adult Service following learning from a Large Scale Investigation. The role of an Appropriate Adult is primarily to facilitate communication during Police procedures where the person being interviewed, whether as a suspect, victim or witness, has communication difficulties as a result of a mental disorder
- Introduced Moving and Handling Assessors to our own in-house services to improve capacity and skills
- Forged stronger working links between our older people's social work and mental health teams to improve joint working relationships and support joined up care
- Delivered music groups led by our dementia champions
- Undertaken very successful Intergenerational Group work between our schools and care homes
- Led an inclusive working group focussed on implementation of the Carers (Scotland) Act 2016

- Developed a protocol for assessing and supporting vulnerable young people who do not clearly fall within the remit of either child or adult protection processes
- Commissioned a programme aimed at addressing gender based violence, called Up2U
- Received positive feedback from the Scottish Government on our high levels of completion rates for community payback orders
- Worked within the North Strathclyde MAPPA Strategic Oversight Group to accommodate the introduction of category three offenders (mainly violent offenders) into the Multi Agency Public Protection Arrangements (MAPPA)
- Refreshed our approach to our child and adult protection committees and the chief officers' group which oversees this work, established a new approach for implementation during 2018 – 2019
- Reinvigorated the Community Justice Partnership to sit within the Health and Social Care Partnership structure in order to maximise the diversity of partners and stakeholders and align with the Community Planning Partnership Local Outcome Improvement Plan Outcome 4
- Following the disestablishment of the Community Justice Authorities, completed our Community Outcome Improvement Plan 2017 - 2018 and progressed the delivery plan which is captured in the annual Community Justice Annual Report 2017 - 2018
- Led on the development of our local Community Justice Partnership, with key stakeholders, which successfully held its first meeting in December 2017
- Reviewed the learning from inspections carried out by the Care Inspectorate to assess what improvements to services could be made
- Continued to ensure staff are suitably trained to meet the practice challenges present
- Continued to effectively deliver services through periods of significant bad weather with staff working above and beyond their usual remits, taking a locality based approach, to ensure our most vulnerable citizens are supported. During this time our unpaid work services also made a valuable contribution to minimising the impact of the adverse weather on vulnerable people in our community as far as practicable
- Took part in and received an inspection report in relation to our practice when seeking to protect adults at risk of harm, which found our practice to be 'good' in areas that were considered.
- Continued to develop the services delivered by our Community Support Team which were evaluated favourably by The Care Inspectorate who commented the work in the leadership category was excellent.
- Continued to ensure the residential service was providing best value, high quality child centred placements which were evaluated as very good by The Care Inspectorate.
- Put in place local processes for Multi-Agency Risk Assessment Case Conferences (MARAC) aimed at assessing and minimising risk to those who have been subject to or at risk of domestic violence
- Contributed to work within the North Strathclyde MAPPA Strategic Oversight Group to review significant cases, manage the introduction of category 3 offenders (mainly violent) and train all criminal justice staff in prison and the community in Moving Forward Making Changes to align with the nationally accredited model aimed at addressing risk in order to build safer communities
- Undertook a great deal of work to prepare for the implementation of the new General Data Protection Regulations which will come into force in May 2018

The examples above are just a few of our achievements. More information on social work and social care services can be found on the Council and the HSCP website.[1]

---

[1] For more information on services, reports to Committees and the HSCP Board etc. please see https://www.eastdunbarton.gov.uk/

3. Partnership Working - Governance and Accountability Arrangements

Within East Dunbartonshire the duties of the CSWO are discharged by a Head of Service within the Health and Social Care Partnership senior management structure. 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
- the Delivering for Children and Young People Partnership (DCYPP)
- the North Strathclyde Multi Agency Public Protection Arrangements Strategic Oversight Group (MAPPA SOG)
- East Dunbartonshire's MAPPA Level 3 Meetings - the CSWO is the Chair
- the Community Planning Executive Group
- the Community Planning Partnership Board
- East Dunbartonshire's Community Justice Partnership - the CSWO is the Chair of the partnership

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; falls prevention; the reviewing of significant clinical incidents, complaints, and quality improvements. The CCGG Annual Report 2017-18, which details the range of work undertaken, can be found on the Council and HSCP website[2].

The CSWO is also a member – and Chair – of the HSCP Professional Advisory Group (PAG). This group has been established to provide a source of expert professional health and social care advice to the HSCP Board, linking the Board to professionals within health and social work, including the General Practitioner (GP) Forum. The PAG provides professional expertise to inform planning, the identification of priorities and the redesign of service provision. The PAG supports the delivery of the national outcomes for health and social care. During the year the PAG reviewed its Terms of Reference and group membership and this will be kept under review in the coming year in order to ensure sustained effectiveness and impact.

During the course of the year there has been a deal of national interest in the effectiveness of clinical and care governance arrangements in the new and admittedly complex landscape of integration. In the coming year it is anticipated that this national discussion will continue and the CSWO will engage with this agenda, along with the HSCP's Clinical Director, on behalf of the local services.

[2] Ibid.

In April 2017, East Dunbartonshire Council amended the Administrative Scheme to disestablish the Social Work Committee and to create an Integrated Social Work Services Forum (ISWSF). This was in recognition of the revised integration and governance arrangements. The Terms of Reference for the new ISWSF were agreed and the forum has been operational during the course of the year 2017 – 2018. The forum has had sight of, and provided comment on, a range of social work and social care issues such as inspection outcomes, policy development considerations, service review issues and quality improvement work. The debate and discussion that takes place in the forum contributes to the final shape of policy and strategy, while recognising and respecting the overall accountability and governance of the Health and Social Care Partnership Board itself. In the coming year we will aim to build on the good foundations established in this forum to ensure it provides an effective two way discussion opportunity between Health and Social Care Partnership staff and Elected Members.

In 2016 - 2017, an area identified for development was the establishment of a Public Protection Working Group. This CSWO-led group would focus on common areas in policy, procedures and practice across child, adult and wider protection areas (i.e. the management of high risk offenders, domestic abuse and addictions). Particular attention would be paid to risk assessment and risk management practices, supported by training and guidance. During 2017 – 2018 this group focussed on, among other things, putting in place training for all criminal justice staff on the Moving Forward, Making Changes, programme which aims to address the risk posed by those convicted of sexual offences and implementing a Multi Agency Risk Assessment Case Conference (MARAC) process working across key agencies to assess and minimise the risk and impact of domestic violence. In the coming year the group aims to focus on the roll out an evidenced based domestic abuse programme to align with the Violence Against Women, strategy which is aimed at addressing risks posed by perpetrators and build healthier relationships..

As noted earlier, work has been ongoing to strengthen our approach to Corporate Parenting. The multi-agency Corporate Parenting Steering Group has been working to establish mechanisms to ensure the involvement of care experienced young people as equal partners in the planning of our approach. We began researching methods of engagement with care experienced young people to ensure their voices are heard and they contribute to the development of continuing care services.

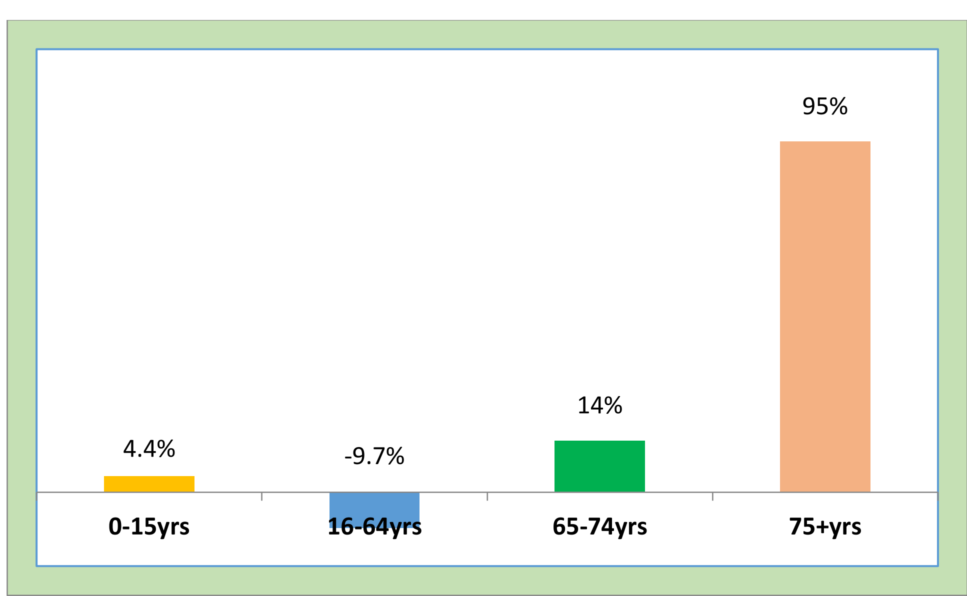
We demonstrated commitment to the challenges presented by the implementation of the Children and Young People's (Scotland) Act 2014 as we creatively supported young people facing the transition to Throughcare, Aftercare and Continuing Care. Placements were extended and negotiations with carers took place to ensure the needs of care experienced young people were met.

4. Social Services Delivery Landscape

East Dunbartonshire lies to the north of Glasgow and has a population of 108,100[3]. The Council covers a geographical area of 77 square miles and is in the mid-range of Scottish local authorities (i.e. a middle-sized council, 20th in size out of a total of 32). East Dunbartonshire is recognised as an excellent place to live based on health, life expectancy and school performance. However, considerable inequalities do exist across the authority with pockets of significant deprivation. Recent analysis of local data confirms a continuing gap in equalities between our most and least deprived communities.

In terms of population in East Dunbartonshire recent projections suggest that the population will increase by 5.9% in total over the 25 year period from 2014 to 2039. According to National Records of Scotland, the overall population increase is a result of migration alone. The projected population changes can be illustrated as follows

Projected % Population Change 2014 - 2039



The projected demographic changes indicate challenges for health and social care services in a number of areas. The reduction in working age population may lead to workforce challenges across the health and social care labour market, potentially compounding the recruitment and retention challenges already experienced in a range of areas such as home care and care home staffing, affecting not just in-house services, but also third and independent sector providers. In addition, while an increased life expectancy is good news for residents of East Dunbartonshire, this does not always equate with an increased healthy life expectancy. Age UK undertook research which indicates that the current UK healthy life expectancy is around 65, while life expectancy overall is around 85. In addition, it is now estimated that around a fifth of people alive today will live to see their 100th birthday[4]. The higher up the age range you go, the closer the correlation between numbers of people in the community and numbers of people who require care. By the age of 85 the ratio reaches roughly one to one, meaning that an increase in the population aged over 85 means a direct increase in service requirements. At present, the average age of service users in contact with the older people's service case management team is 85.The number of people over 85 in the UK is

---

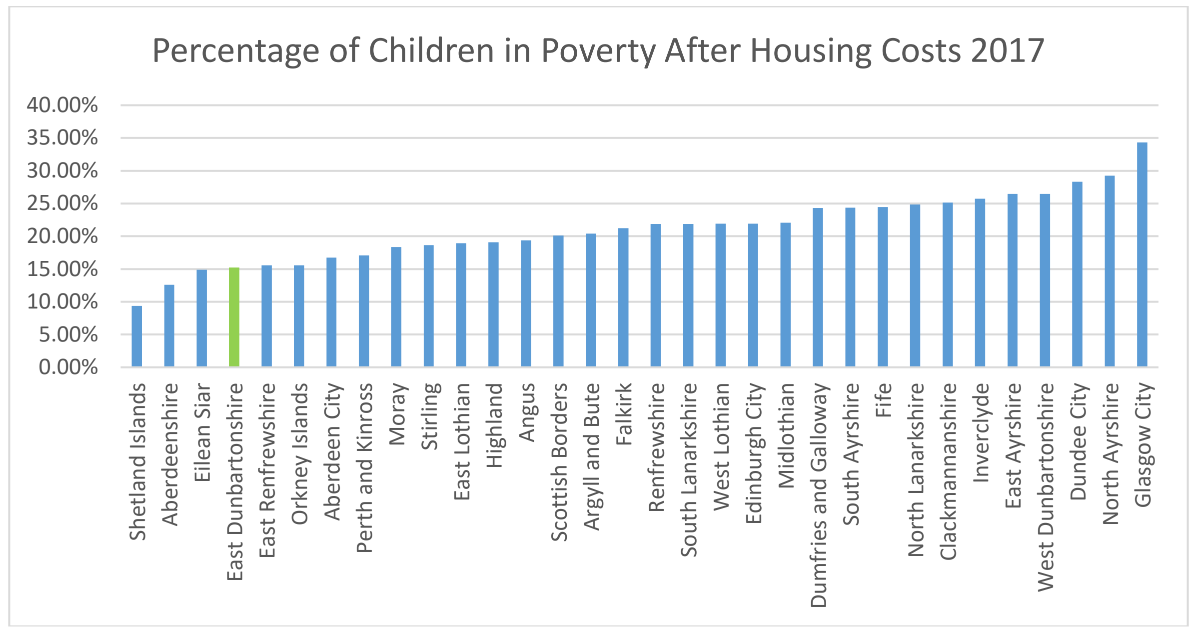
[3] Mid-year estimates for 2017 from the Office for National Statistics

[4] Age UK March 2018 https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/later_life_uk_factsheet.pdf?dtrk=true

predicted to more than double in the next 23 years to over 3.4 million. The projections for East Dunbartonshire suggest an even steeper growth in numbers.

The Council has a relatively diverse community, the sixth most diverse community by local authority area at the time of the 2011 census, with 4.2% of the population regarding themselves as being from a Black/Minority Ethnic Community (BME). The Asian population was the largest minority ethnic group (3.3%) however recent area assessment work indicates this is a growth area.

East Dunbartonshire is, in the main, a prosperous area where employment rates are high and levels of crime significantly below the Scottish average. That said, there are pockets of deprivation where major inequalities exist and the quality of life falls below the national average. Within the authority, seven data zones fall into the top 25% most deprived in Scotland. These data zones are located in Hillhead, Lennoxtown, Auchinairn and Kirkintilloch West. The Scottish Index of Multiple Deprivation (SIMD) ranks in the Hillhead area have improved with two datazones moving out of the 5% most deprived in Scotland and the majority of datazones showing less deprivation than in SIMD 2012. However, Hillhead remains the most deprived area in East Dunbartonshire, with one datazone in the top 10% most deprived in Scotland; the same datazone also appears in the top 5% most deprived in the Health domain. Child poverty rates had been falling in Scotland for many years, but have recently started to rise again. East Dunbartonshire is at the lower end of the table below which captures the percentage of children living in poverty once housing costs have been removed from the calculation but there is significant variation in this figure across different areas in East Dunbartonshire. For example Hillhead has the highest percentage of children in low income families in East Dunbartonshire, at 27.8%, although it must be noted that there will be similar area by area variations within many of the overall figures noted below.



Social care and social work services are working with key partners through the Community Planning Partnership through place based initiatives to ensure that our collective contributions can help tackle inequality and improve the life chances for individuals in these communities. This place based approach is aimed at strengthening the focus on prevention and targeted support. These principles have underpinned the development of our Place approach to joint resourcing in Hillhead and more recently in Lennoxtown, Auchinairn and Twechar where community planning partners are working together with local people to target interventions and design services aimed at regenerating the area. This led to joined up pieces of work with Criminal Justice Unpaid Work completing specific projects for the benefit of the local community and the development of a refreshed Joint Health Improvement Plan which serves as the delivery vehicle for local outcome 5 (adult health and

wellbeing) of the Community Planning Partnership's Local Outcome Improvement Plan, reflecting the important contribution health and social are services make to community wide planning. The Health and Social Care Partnership also leads on delivery of outcome 6 (older adults, vulnerable people and carers) and makes a significant contribution to outcomes 3 (children and young people) and 4 (safer and stronger communities). In the coming year social work and social care services will continue to work closely with the Community Planning Partnership to ensure clear alignment between the work of the Health and Social Care Partnership's two established Locality Groups, East and West, and the Community Planning Partnership's Place based initiatives which are aimed at working together with local people to target interventions and design services aimed at regenerating their area. More can be found on the work of the Community Planning Partnership here.

In this reporting period, East Dunbartonshire's social work services operated within a landscape that has been significantly affected by austerity, changing demographics, increasing demand for services, new legislative and policy imperatives and the increasing complexity of risk/need. The economic downturn resulted in financial constraints for East Dunbartonshire Council, as it has done for all other Scottish local authorities and public bodies. In adult services, there was, and continues to be, increasing demand on services for older people, for those individuals with a learning disability and for those people with substance misuse and mental health difficulties. In children services, we saw a rise in the numbers of vulnerable children coming to the attention of social work services. This was demonstrated by high numbers of children on the child protection register, a growth in the numbers of children who require to be looked after and an upsurge in the numbers of vulnerable children in need of social work interventions. In the field of criminal justice, the introduction of Community Payback Orders resulted in initial and sustained increases to the number of disposals from Court. In the coming year we expect further growth in this area as the presumption against short term custodial sentences extends from a period up top three months to a period of up to one year. This will result in additional community disposals and additional input from the criminal justice team.

The Social Care/Social Work Marketplace

In the current reporting period, social care service provision continued to be a mixture of in-house delivery and commissioned provision. 70% was provided by the Third and Independent Sectors, with the remainder provided in-house by the Council on behalf of the Health and Social Care Partnership. In the past year the Health and Social Care Partnership has developed a refreshed three year Strategic Plan, underpinned by a one year Business Plan, which sets out the areas of priority for service delivery over that time period. In the coming year the Health and Social Care Partnership will work to set out a clear policy led Commissioning & Market Facilitation Plan that will clearly signal to the market where the commissioning opportunities and intentions of the partnership lie. This transparent approach will enable key stakeholders including service users, carer groups, and the third and private sectors to see how the partnership aims to bring its Strategic Plan to life.

Advocacy

Social work services recognise the importance of independent advocacy for service users and their carers. This is often focused on individuals who require advocacy support in their engagement with public bodies. However, advocacy also plays an important part in our engagement with service users and carers in respect of helping shape the social care marketplace. Two examples of current advocacy work are highlighted below.

Ceartas, a local third sector organisation, is commissioned to deliver independent advocacy support to service users (16 years+) across all client groups (e.g. physical disability, sensory impairment, older people, dementia and mental health etc.). Within the context of service provision, Ceartas provided individual support and group work as well as signposting individuals to alternative support/programmes. This was aimed towards helping people improve their self-confidence; reduce isolation; increase support networks; and people's ability to self-advocate. Who Cares? Scotland are

also commissioned to provide advocacy support to Looked After and Accommodated Children. The organisation has helped children and young people to make their voices heard and ensured that their rights are respected. Who Cares? Scotland is commissioned to ensure the voices of Looked After and Accommodated Young People are heard and those attending a hearing have an impartial advocate.

5. Resources

As previously noted, 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. The most significant uncertainties to the delivery of service objectives are:

- The demographics associated with an ageing population and increased populations of people with learning and / or physical disabilities and multiple long term health conditions. This challenge is seen in community settings and also in our ageing prison population, for whom the increasing needs for what would otherwise have been community care support and community equipment is a growing issue for consideration. People aged over 60 are now the fastest growing age group in the prison population and we can expect to see this trend continue
- Complexity of care required – There are numerous areas where complex care packages are required and these are costly to deliver. There are examples in child protection; in working with children/young adults with significant mental health problems and a history of self-harm; and with offenders who pose significant risk of serious harm to the public. Increased child and adult survival rates are also a factor in this area
- Inflation – Limited provision is available to address price movements. Containing spend pressures will be difficult in areas like care fees, recycling costs and utility costs
- Future Scottish Government funding – the medium term financial future indicates a need of ongoing efficiency in service delivery in order to avoid service reductions as far as possible
- New, unfunded, legislation – for example the current penal reform agenda which will include the presumption against 12 month sentences and result in increasing demand on criminal justice to manage increasing numbers of offenders in the community, and the work required to comply with changes that are not specifically targeted at health and care services but that have workload implications, such as the implementation of the new General Data protection Regulations

Reductions in central government funding are such that there continues to be a financial gap between our projected expenditure commitments and the anticipated budget settlement. Measures to address this financial gap are contained in East Dunbartonshire Health and Social Care Partnership Strategic Plan and Annual Business Development Plan which can be accessed through East Dunbartonshire Council's web site[5].

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. For the year 2017 – 2018 there was a year-end overspend position of £1.1m as reported in the Final Audited Accounts for the partnership. Key factors contributing to the final financial position were continued pressure on care at home services for older people, the impact of children transitioning into adult learning disability and mental health services and residential and a general rise in children requiring to be accommodated. The overspend for the year was underwritten through the planned use of partnership general reserves, however the ability to retain and make use of reserves in this way will not be an option for future years placing a reliance on identifying areas for service redesign and opportunities for efficiency at the fore going forward.

---

[5] https://www.eastdunbarton.gov.uk/

Looking Ahead

Both East Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board continue to face significant financial challenges. The NHS Greater Glasgow & Clyde Health Board has considerable savings to deliver during 2018 / 2019 and a number of initiatives are underway through the NHS Financial Improvement Programme to deliver on this challenge. East Dunbartonshire Council also requires to find significant savings to close the funding gap during 2018 / 2019. This will predominantly be delivered through the Council's Transformation Programme with the aim of protecting the provision of frontline service delivery. The overall financial settlement from the Council and NHS Greater Glasgow and Clyde to the Health and Social Care Partnership will be challenging with a target of a further £5.1million of savings to be delivered during 2018 / 2019. It is expected that this challenging financial position will continue at least into the medium term future and close partnership working will be an essential component in envisaging and delivering a change agenda in our services that is fit to face the challenges ahead.

Key activities to be delivered in the year to achieve the best possible financial outturn are set out in the Health and Social Care Partnership's Annual Business Development Plan which can be found through East Dunbartonshire Council's web site. We are also working closely with our Council and Health Board colleagues to develop a new joint approach to our financial planning processes. Notable amongst our change plans are the following:

- Improving transition arrangements for children moving from children to adult services
- Improve the availability of supportive placements for looked after children within East Dunbartonshire
- Prevent children reaching the thresholds for specialist social work provision utilising prevention approaches
- Develop sustainable services for people with learning disabilities
- Support adults with mental ill-health to live as independently as possible within the community
- Support individuals, families, and communities experiencing alcohol related hard
- Develop a range of services to support more effective, timely, discharges from hospital
- Develop and deliver early intervention, preventative based approaches to support older people to remain in the community
- Promote independence through the uptake of telecare and telehealth solutions through the implementation of the Assisted Living Technology Strategy
- Develop and promote a range of preventative and sustainable approaches to self-management and anticipatory care

6. Service Quality, Performance and Delivery of Statutory Functions

East Dunbartonshire Council and the Health and Social Care Partnership have robust performance monitoring, management and quality assurance systems in place. Social work services reported on a monthly, quarterly, six monthly and annual bases. There are a range of fora within which performance data or management information was reported or discussed in 2017 / 2018. These included:

- The Health and Social Care Partnership Senior Management Team and the Board;
- The Integrated Social Work Forum
- The Community Planning Executive Group
- 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); and
- 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.

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 working to embed a culture of self-evaluation and continuous improvement across all services and we are seeking to build on last year's good works in this area by further developing a performance framework led approach to scrutiny of performance and services quality through all levels of our services, from front line to Board. A programme of systematic case file audits and quality assurance processes have also been amongst a number of tools used which have contributed to improved standards. 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 (both local and national) for the reporting period 2017 / 2018. These are set within the context of Local Outcomes. A brief commentary is also provided, as required.

Children's services

Overall, we assessed that we had made a positive contribution throughout the year to the national outcomes for children as follows:

NATIONAL OUTCOMES FOR CHILDREN	POSITIVE IMPACT EVIDENCED
Our children have the best possible start in life	✓

Our young people are successful learners, confident individuals, effective contributors and responsible citizens	
We have improved the life chances for children, young people and families at risk	

A detailed review of our performance shows the following:

Performance Indicator	**2016/17 Target**	**2016/17 Delivery**	**2017/18 Target**	**2017/18 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%**	**94%**	**75%**	**100%**
% of first Child Protection review case conferences taking place within 3 months of registration	**95%**	**100%**	**95%**	**100%**
% of first Looked After & Accommodated reviews taking place within 4 weeks of the child being accommodated	**100%**	**96%**	**100%**	**100%**
Balance of Care for looked after children: % of children being looked after in the Community	**86%**	**89%**	**89%**	**83%**

As with last year, there was consistently strong performance in ensuring that Integrated Comprehensive Assessments were completed in line with the national target of 20 days. Ensuring that reports are available to Scottish Children's Reporter Administration on time supports the best assessment of children and young people's needs and delivery of actions to ensure they have access to the right support at the right time.

All Child Protection Review Case Conferences took place within target timescales throughout the reporting period. This ensured that the plans made to protect young people at risk were regularly reviewed and adapted as required to keep them safe and healthy.

All Looked After and Accommodated Review meetings took place within 4 weeks. Again this is a key indicator in measuring our ability to ensure care plans for children and young people are focussed on meeting their needs.

In the reporting period, our balance of care shifted slightly towards fewer community based placements. The percentage change is reflective of the impact of small numbers which can translate into large percentage changes. The location of placement is very much driven by the needs of individual children and so there can be needs led variation in approach.

Looked After Children: Balance of Care

Placement Type	31 Mar 2013	31 Mar 2014	31 Mar 2015	31 Mar 2016	31 Mar 2017	31 Mar 2018	% over 6 years
At Home with Parents	64	44	65	51	**47**	**30**	**-53%**
Semi-Independent Living / Supported Accommodation	0	0	4	1	0	0	
With Friends/Relatives	48	52	47	54	52	40	
With Foster Carers	28	29	41	40	43	48	
With Prospective Adopters	2	1	0	1	0	1	
Total Community	**142**	**126**	**157**	**147**	**142**	**119**	**-16%**
Close Support Unit	0	1	0	2	0	1	
Hospital	0	0	1	1	0	0	
In Custody	0	0	0	1	0	0	
LA Children's Home	6	7	9	10	6	9	
Residential School	6	6	2	3	4	5	
Secure Accommodation	2	2	0	0	1	1	
Voluntary Children's Home	5	7	4	6	11	9	
Total Residential	**19**	**23**	**16**	**23**	**22**	**25**	**+32%**
% COMMUNITY PLACEMENTS	**88%**	**85%**	**91%**	**86%**	**87%**	**83%**	

Criminal Justice Service

Overall, we assessed that we had made a positive contribution throughout the year to the national outcomes for justice as follows:

NATIONAL OUTCOMES FOR JUSTICE	POSITIVE IMPACT EVIDENCED
Community safety and public protection	✓
Reduction of offending	✓
Social inclusion to support desistance from offending	✓

A detailed review of our performance shows the following:

Performance Indicator	2016/17 Target	2016/17 Delivery	2017/18 Target	2017/18 Delivery
% of Criminal Justice Social Work Reports submitted to Court by due date	**95%**	**100%**	**95%**	**98%%**
The % of individuals beginning a work placement within 7 working days of receiving a Community Payback Order	**80%**	**72%**	**80%**	**79%**

Criminal Justice Services continues to exceed targets when providing reports to Court to assist the sentencing process. Our reports provide a range of information both on the individual themselves, and their circumstances, and on the assessed level of risk the person may pose to individuals and the wider community, as well as an assessment of the suitability of the options available to the Court in dealing with the matter at hand. In meeting the target set, criminal justice services have been able to support the efficient use of the Court's resources and also helped ensure that East Dunbartonshire is a safe place to live and visit.

Community Payback Orders allow individuals to make amends to the community for their wrongdoing. It is important that Community Payback Order placement begin in a timely manner after the offender's Court appearance in order to maintain the connections between the crime, the Court's finding and the sentence. The trend of unpaid work hours imposed by the Courts has steadily increased, showing an overall increase of 65% since Community Payback Orders were introduced in 2011. Our performance in arranging unpaid work placements has been below our target in the reporting year, but up on the previous year's performance. The performance has been as a result of factors out with the service's control: for example, an offender's failure to attend; their ill-health; or their employment impinging on the Court Order's requirement. A number of tests of change have been implemented and already showing a positive improvement with the first quarter reporting on this indicator at 88% beginning within 7 days. This work and associated focus on improvement will continue throughout the coming year.

In relation to the supervision element of Community payback Orders, all criminal justice staff have been trained in the Moving Forward, Making Changes programme, which is the nationally accredited programme aimed at addressing the risk posed by those who commit sexual offences or offences with a sexual harm component.

Unpaid work and other activity requirements feature in 78% of the total community payback orders. Noted below are some of the activities undertaken in the community to complement the Community Planning Partnership Place Initiatives:

- Gardening and fencing work in Lennoxtown in collaboration with the Community Council
- Paining and general environment maintenance work with Harestanes Community Council
- Creation of the access to a sensory garden in Harestanes Primary School
- Work for Hillhead Housing 2000

Reparative community projects include:

- Clearing the railway walkway for Campsie Community
- Ground and park maintenance at Mugdock Country Park at request of Mugdock Country Rangers
- Bridge painting and litter picking for Scottish Canals from Bishopbriggs to Twechar
- Ground maintenance at Caurnie Angling Club
- Leafing clearing for Milngavie in Bloom

- The uplift and delivery of sold goods and dumping of unsold goods for St Margaret's Hospice
- Setting up a polling station at St Cyprian's Church
- Building a fence and painting work at St John of the Cross Church
- Landscaping the garden and erecting a greenhouse at Abbeyfield Nursing home, Lenzie.
- Food parcel uplift and delivery to vulnerable residents.
- Support to Anand Bhavan ethnic day centre.
- Service users are also working at Antermony Loch and have built a jetty, created steps, paths, a car parking area and are currently building a ramp access for disabled people enabling them to get on to the boats.
- The creation of a sensory garden for the use of children including children with disabilities at Castlehill Primary School in Bearsden, evidencing their commitment to promoting better lives for children with Autism at their school.
- Rambler path clearance in. Bearsden, Milngavie, Kirkintilloch, Torrance, Lenzie and Balmore. Nature park clean ups at Merkland and Lenzie moss.A local gritting service is available in winter to help vulnerable people in the community. During the adverse weather conditions in March 2018, the team were involved in clearing snow and ice and gritting footpaths around sheltered housing complexes, health centres and residential units for elderly people in the local area.

The estimated total number of hours of unpaid work in East Dunbartonshire was 20567 hours; 18620 hours for males and 2023 hours for females. The average unpaid work hours for both males and females are slightly above the Scottish average. This equates to approx. £154,000 of unpaid work for the benefit of the community (based on current levels of the National Living Wage in Scotland).

In April 2018, A letter of recognition was received from the Deputy Director, Community Justice, Scottish Government acknowledging that East Dunbartonshire Council had a 75% successful completion rate for CPO's which was one of the highest rates of successful Community Payback completion in Scotland for 2017.

Criminal Justice Services are progressing a bespoke Scottish Fire and Rescue Service 'Fireskills' course for service users on unpaid work orders. This will be the only one of its kind in Scotland and will create an opportunity for service users to engage in the training programme one day per week over 5 weeks. This training will aim to increase service user confidence, self-discipline and skills for life learning and work preparedness.

Criminal justice services continued to fulfil their responsibilities with respect to the Multi Agency Public Protection Arrangements (MAPPA). There are three risk management levels in the MAPPA. These are designed to ensure that resources are focused upon the cases where they are most needed, i.e. targeted generally at those individuals assessed as posing higher risks of serious harm. In the reporting year, on average 43 individuals were being managed each quarter by the responsible authorities. The overwhelming majority were managed at Level 1 with one level 2 and one pre-release level 3 requiring intensive planning and risk management strategies.

In the reporting period our services continued to benefit from an effective working partnership with the Scottish Prison Service via HMP Low Moss, providing around 110 reports to the Parole Board and the Scottish Prison Service. The prison based social work team played a key role in working with a range of partners in a coordinated multi agency approach by contributing to over 400 Integrated Case Management meetings. The focus of these meetings is on public protection alongside rehabilitation and reintegration to promote safe and positive outcomes for those returning home to their communities.

Adult Services

We reported our overall performance against the national core indicators in our annual performance report for the year 2017 – 2018. The full report can be found via East Dunbartonshire Council's website[6]. We reported a positive performance in seven areas, an unchanged position in ten areas, and a lower than desired performance in two areas.

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

National Core Indicator	2015/16	2017/18
Percentage of adults able to look after their health very well or quite well	96%	96%

The number of Alcohol Brief Interventions (ABI's) completed for 2017/18 was 633, 29% above target of 487. The uptake of ABI's within the wider community setting was very positive, but there was a low uptake within the primary care setting. The annual performance plan for ABI's will reflect actions to encourage and support uptake within primary care.

The integrated East Dunbartonshire Drugs & Alcohol Service (EDADS) 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. There are integrate health and social work administration processes in place. Managers meet with administrative staff monthly to robustly manage the waiting times process. People requiring Opioid Replacement Therapy are assessed by a nurse and a medic to ensure efficient access to treatment. Staffing issues have impacted the service's ability to meet waiting times during the reporting year and we look forward to a better position in the coming year..

The Psychological therapies 18 week target remained above target at 98.9% for 2017/18. Evening appointments and a localised clinic contributed to improved access to early intervention and support for those with mental health issues. The impact of this work can be seen in the performance figures.

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

National Core Indicators	2015/16	2016/17	2017/18
Emergency admission rate (per 100,000 population)	13,258	12,136	10,787
Emergency bed day rate (per 100,000 population)	133,667	120,348	109,384
Readmission to hospital within 28 days (per 1,000 population)	79	78	73
Proportion of last 6 months of life spent at home or in a community setting	86%	86%	89%
Percentage of adults with intensive care needs receiving care at home[7]	67%	67%	67%
Number of days people spent in hospital when they are ready to be discharged (per 1,000 population)	379	186	231

[6] Ibid

[7] There are queries in relation to the methodology underpinning the data calculation therefore this data is to be considered indicative at present.

During the year we have been working hard to ensure that people of East Dunbartonshire don't get admitted to, or remain in hospital, unnecesarily. During the year nearly 100 people were discharged from hospital into the Health and Social Care Partnership's Intermediate Care Unit and our Hospital Assessment Team received over 400 referrals. Our home care service received nearly 2,500 referrals, delivering well over one million home vists in the year. Our Rapid Response Service prevented a third of referrals being admitted to hospital.

A great deal of work has continued in 2017 - 2018 around preventing and responding to falls. We have continued to keep the key message of falls prevention moving with the 'Taking the Balance Challenge ' being distributed at every opportunity. Our Health Improvement service is distributing our localised Falls Checklist which was developed by the Community Safety Partnership, around GP practices and Community Pharmacies, to support self assessment and referral onwards where appropriate. Work continues to implement agreed Pathways for those who have fallen within Adult Social Work Teams and work on this area will continue in the coming year. A Pathway was also developed to roll out in our Ethnic Minority Day Care services and we are looking towards extending this work into other days care sites in the coming year

One of the challenges of the past year 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, and no other person is legally able to make that decision for them. These delays are referred to as relating to the Adults with Incapacity (Scotland) Act 2000. Delays for this reason are difficult to address as there is a legal process which must be followed to ensure someone is able to make decisions for that person. This process can be lengthy. In the coming year we look forward to some revisions to the legislation which we hope will improve this area however in the short term, this will continue to be an issue affecting our ability to move people on from a hospital stay in a timely manner.

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

National Core Indicator	2015/16	2017/18
Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated	73%	84%
Percentage of adults receiving any care or support who rate it as excellent or good	86%	84%
Percentage of people with positive experience of care provided by their GP Practice	91%	90%

The national Health & Social Care Experience survey, which is undertaken ever two years, focuses on the importance of a personal outcomes approach. The HSCP improved or maintained performance against all these outcomes in 2017/18. Many of the Health and Social Care Services use customer/service user/patient feedback mechanisms to assess how the service is being received. In the coming year we look towards bringing this information together more effective to enable us to understand views on our services, and tell others about these views more easily.

National Outcome 4 - Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services

National Core Indicator	2015/16	2017/18
Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	85%	83%

Maintaining quality of life for those with a diagnosis of dementia, and their carers, continues to be a priority. In partnership with third sector organisations, a range of initiatives have been established to support those impacted by dementia. The progress of this work was impacted last year by structural changes which resulted in a delay in the progression of the planned activities to take this work forward. Over the next year this work will be refreshed to further develop supports for those with dementia and their carers. This will involve a number of activities including:

- Reviewing and updating the Dementia Action Plan
- Review and enhance the Diagnostic Pathway and the Post Diagnostic Support to people diagnosed with dementia
- Embed the Stress and Distress in Dementia model within the Older People's Community Mental Health Team and work towards rolling this out across the wider HSCP
- Develop Dementia Friendly Communities
- Implement the Dementia Standards Framework

These activities will be vital in supporting the development of gold standard services converging with the aspirations of the 3rd Dementia Strategy and providing the most person centred interventions for service users, carers and families

The Joint Learning Disability Team (JLDT) provides specialist assessment, advice, treatment and support services for adults with a learning disability and their carers. Our service helped individuals to live as independently as possible with the right level of support they needed. Last year we developed a new local, residential intensive support facility for three adults with complex learning disabilities and autism. Prior to its development, individuals requiring this type of support would have been placed out with East Dunbartonshire. This year we have been progressing our review of our total learning disability services with a view to identifying ways in which these can be re-shaped to make them more sustainable for the future. We anticipate that this review will conclude in the coming year.

National Outcome 6 - People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing

National Core Indicator	2015/16	2016/17	2017/18
Percentage of carers who feel supported to continue in their caring role	39%	45%	41%

- The social care service user feedback demonstrated good performance which exceeded the local target in relation to supporting carers to continue in their caring role.
- Our local (commissioned) third sector organisation, Carer's Link, provides support, information and advocacy to carers. Carers Link had direct or telephone contact with 1,326 carers during 2017/18, and completed 39 Carer Support Plans.

The Scottish Government estimates that there are, as of June 2017, 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. Unpaid carers make a massive contribution to the overall health and care services delivery and the amount of public investment that would be required if all carers opted to discontinue in their role would be enormous. Supporting carers and valuing their skills, abilities and opinions is therefore a key area for all Health and Social Care partnerships

The Carers (Scotland) Act 2016 was passed by the Scottish Parliament on 4 February 2016 and received Royal Assent on 9th March 2016. It came into force on 1 April 2018. East Dunbartonshire's Health and Social Care Partnership has been preparing for this in accordance with the Statutory Guidance on effective implementation of the provisions of the Carers (Scotland) Act

The key areas for action that were completed during the year 2017 – 2018 were:

- Carer involvement in setting local eligibility criteria
- Eligibility Criteria for Adult and Young Carer Support published
- Information and advice
- Workforce awareness
- Third sector involvement
- Development of census reporting template

In 2018 – 2019 work will focus on the following areas:

- Short Breaks Statement
- Carer Strategy 2019-21
- Adult Carer Support Plan
- Young Carer Support Plan

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

National Core Indicator	2015/16	2016/17	2017/18
Percentage of adults supported at home who agree they felt safe	84%	N/A	87%
Falls rate per 1,000 population aged 65+	21	21	22
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	83%	86%	82%

The East Dunbartonshire Falls Pathways was implemented in 2016 / 2017 in partnership with Care Homes and the Scottish Ambulance Service to support the identification of people who are at risk of falling, and take action to prevent further falls. This has led to a reduction in the number of falls admissions to hospital. The overall falls rate remains roughly static.

A Scottish Patient Safety Programme pilot was commenced in 2017 – 2018 in 5 care homes within East Dunbartonshire. The programme was particularly focused on reducing pressure ulcers and the introduction of early identification of risk and person centred preventative care plans. The programme has now concluded and a suite of tools to support care home staff with prevention, early identification, grading and management of pressure ulcers has been developed and is available through the Health Improvement Scotland website. The tools have been shared with all Care Homes within East Dunbartonshire and the Care Home Liaison team are supporting Care Homes to implement these in practice. Incidents of pressure ulcers remains low within Care Homes and a monitoring template has been introduced to capture incidents of pressure ulcers and provide targeted support.

A number of interventions have been introduced to support vulnerable adults including:

- Developing and implementing our own in-house Appropriate Adult Service for victims and witnesses following learning from a Large Scale Investigation.
- Implementing MARAC, a collaborative approach to managing the risks posed by gender-based violence to women and girls.
- Raising public awareness of the impact of disability stigma and developing the provision of Keep Safe spaces across our communities for adults at risk of hate crime
- Providing a public protection conference to improve staff knowledge and understanding about tackling sexual exploitation networks

In East Dunbartonshire, six services were inspected by the Care Inspectorate in the last year. Findings were positive and provide an indication of the quality of services delivered. Plans are in

development to progress areas for improvement. Since these inspections took place the Care Inspectorate has introduced new challenging but welcome National Care Standards. These will apply to future inspections and may result in different grading outcomes.

Service / Care Inspectorate Id.	Inspection Date	Quality Theme Care Grades		No. Of Recommendations
East Dunbartonshire Council Fostering Service	30/11/17	Care & Support	**5**	**5**
		Management & Leadership	**3**	
East Dunbartonshire Council Adoption Service	18/12/17	Care & Support	**5**	**3**
		Management & Leadership	**3**	
John Street House	23/08/17	Staffing	**5**	**2**
		Care & Support	**5**	
		Management & Leadership	**5**	
Ferndale Resource Centre	29/01/18	Care & Support	**5**	**0**
		Management & Leadership	**5**	
Ferndale Outreach Service	29/01/18	Care & Support	**5**	**0**
		Management & Leadership	**5**	
East Dunbartonshire Council Community Support Team	12/03/18	Care & Support	**5**	**0**
		Management & Leadership	**6**	

Child and Adult Protection

Child Protection Committee (CPC)

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) specifies as continuous improvement, strategic planning and public information & communication. The multi-agency Committee produces an annual business plan and manages the required work through three standing sub-groups:

- Management Information & Self-evaluation
- Learning & Development
- Public Information & Communication

In additional, in 2017/18, short life working groups were formed to undertake specific pieces of work. This included, for example the development of a Vulnerable Young Person's Protocol, a review of the protocol for Significant Case Reviews and development of an Anti-knife and Weapons Procedure.

Key Developments in Child Protection

Key national developments have influenced the work of the Child Protection Committee over 2017 - 2018. The main focus has been the Child Protection Improvement Programme 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 provides active representation within CPCS and has supported work relating to the development plan through engagement in CPCS Subgroups. This has included the National Neglect Group and the Working Group tasked with considering the dissemination of learning from Significant Case Reviews.

Over 2017-2018 the Management Information and Self-evaluation Subgroup implemented a comprehensive quality assurance calendar. This included a significant case file audit supported by the Care Inspectorate Link Strategic Inspector and some thematic audits around Special Needs in Pregnancy Service referrals, Child Protection referrals to Social Work Services which resulted in 'no further action' and evaluation of Child Protection Processes.

This quality assurance work has led to a number of significant developments to support practice improvement across all agencies working children and young people. The CPC commissioned the University of the West of Scotland to design Learning & Development programmes targeted at the range of professional within the wider workforce and in reflection of the National Learning & Development Framework for Child Protection 2012. This has been supported by a 'train the trainer' model which has resulted in competent and confident trainers with the capacity to roll out the programme.

Child Protection Services

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 six reporting periods. The figures indicate that the number of children coming to our attention has grown significantly, a 51% increase in the number of child protection investigations since 2012 / 2013.

Child Protection

	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
CP Investigations	142	171	154	171	185	215
Children subject to CP Conference	212	265	301	313	294	336
CP Registrations	42	80	69	83	73	102
CP De-registrations	56	68	73	73	83	101
Total on CP Register at Year End	**32**	**44**	**40**	**50**	**40**	**41**

Type of Case Conference	Number of Children Subject to Case Conference
Pre-birth	3
Initial	113
Review	220
Transfer In	0
TOTAL	**336**

No. of De-registrations by length of Registration	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Less than 6 months	36	39	41	38	45	60
6 months to under 1 year	14	21	23	28	21	32
1 year to under 18 months	6	5	9	6	16	5
18 months to under 2 years	0	3	0	1	1	4
TOTAL	**56**	**68**	**73**	**73**	**83**	**101**

Re-registrations by length of time since last de-registered	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Less than 6 months	3	1	4	0	7	2
6 months to under 1 year	4	0	0	0	2	5
1 year to under 18 months	0	0	0	0	3	2
18 months to under 2 years	0	0	0	3	0	10
2 years or more	0	6	10	11	12	16
TOTAL	**7**	**7**	**14**	**14**	**24**	**35**

Key Trends in Child Protection

The above tables indicate a number of key trends within Child Protection locally some of which are reflected nationally. Overall, there have been increases in Child Protection investigations, case conferences and numbers of children subject to child protection registration and this upward trend over the past years reflects the national picture:

- 16% increase in the number of children subject to CP Investigation in 2017 - 2018.
- 14% increase in the number of children subject to a CP Case Conference in 2017 - 2018.
- 40% increase in the number of children subject to CP Registration in 2017 - 2018.
- 3% increase in the number of children on the CP Register at year end.

Another upward trend is in the number of re-registrations on to the Child Protection register particularly in the first 18 months following de-registration and this does require some focussed attention to explore the reasons for this and identify where there may be a requirement for further work in relation to this. This will be an area of consideration in the coming year.

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 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.

Key Developments in Adult Protection

2017 – 2018 was a significant year for adult support and protection practice for East Dunbartonshire. East Dunbartonshire was one of six partnership areas inspected as part of the Care Inspectorate's thematic national review of adult protection practice. The inspection involved scrutiny of practice, policy and development work across the area and the results were that local practice was found to be 'good' in all of the areas evaluated which were the outcomes being delivered for adults in need of protection, the key processes in place, and the leadership of adult protection. The inspection resulted in one recommendation - *The partnership should make sure that social workers prepare well-balanced, valid chronologies for all adults at risk of harm who require them* - which is now being implemented through an action plan, overseen by the Adult Protection Committee and the Chief Officers Group. The full national inspection report is available here. Key messages from the national report were that even though adult support and protection has existed in statute for 10 years, it still lags behind child protection in terms of investment, understanding and practical support. In the year ahead we will give thought to how we can take on board the wider learning from this national report, working with our colleagues across the partnership.

The Adult Protection Committee has as established approach to annual multi-agency case file audit, and sponsors annual multi-agency learning events. However, during 2017 – 2018 the audit process was not undertaken, due to the fact that the inspection process included a significant level of case file reading. The annual audit process will be re-invigorated for 2018 – 2019. The Adult Protection Committee sponsored the first Public Protection conference for HSCP and partner agency staff, and

also its own annual conference in March 2018. This reflected on the significant impact of ASP activity in East Dunbartonshire in the 10 years since the Act was implemented and consulted stakeholders on improvement and development activity required in next two years. One key issue which emerged was the increased incidence of older adults going missing from their own homes in East Dunbartonshire, and this will be a focus for development in the coming year.

The performance of the social work service in respect of ASP activity is reported regularly via the Adult Protection Committee and its structures, providing a reliable indicator of the efficiency of our systems and processes. A significant trend in 2017 – 2018 was a rise in the number of older adults at risk due to alcohol misuse, either their own, or that of another person. As a result the Adult Protection Committee will look to include some specific work with older adults, and adults with alcohol misuse issues, in its work for the coming year. The committee is also looking to pilot the introduction of a new Initial Referral Discussion process between social work and police, mirroring that in place for child protection services.

Provision of Adult Support and Protection Services in 2017-18:

Nature of Activity	Number 2016/17	Number 2017/18
Duty to Inquire	550	571
Planning meetings (including those convened under the Repeat Referrals Protocol)	16	10
Investigations	22	19
Case conferences	24	15
Review case conferences	20	20
Protection plans initiated	7	6
Temporary Banning Orders	0	0
Banning Orders	1	0

7. Workforce Planning and Development

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), soon to be replaced by TAURAS. 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.

8. Self Directed Support (SDS)

East Dunbartonshire Health and Social Care Partnership have been continuing to raise awareness and build capacity amongst all service user groups to increase the uptake of the Self Directed Support options. Over the course of 2017-2018, there has been a steady increase of service users choosing Self Directed Support Option 3 and a small increase in Option 4. However, Options 1 and 2 have seen a slight decline, despite increases in equivalency budget rates offered under these options, making the reduction difficult to interpret. This information will help to progress the work we have planned as part of the Health and Social Care Partnership's updated Self Directed Support Strategy 2018 – 2021.

The Self Directed Support Strategy 2018-21 was consulted on with a variety of stakeholders and approved by the Health and Social Care Partnership Board in April 2018. It sets out four outcomes that East Dunbartonshire Health and Social Care Partnership want to achieve over the next three years. These outcomes mirror those contained in the national Self Directed Support Workforce Development Plan:

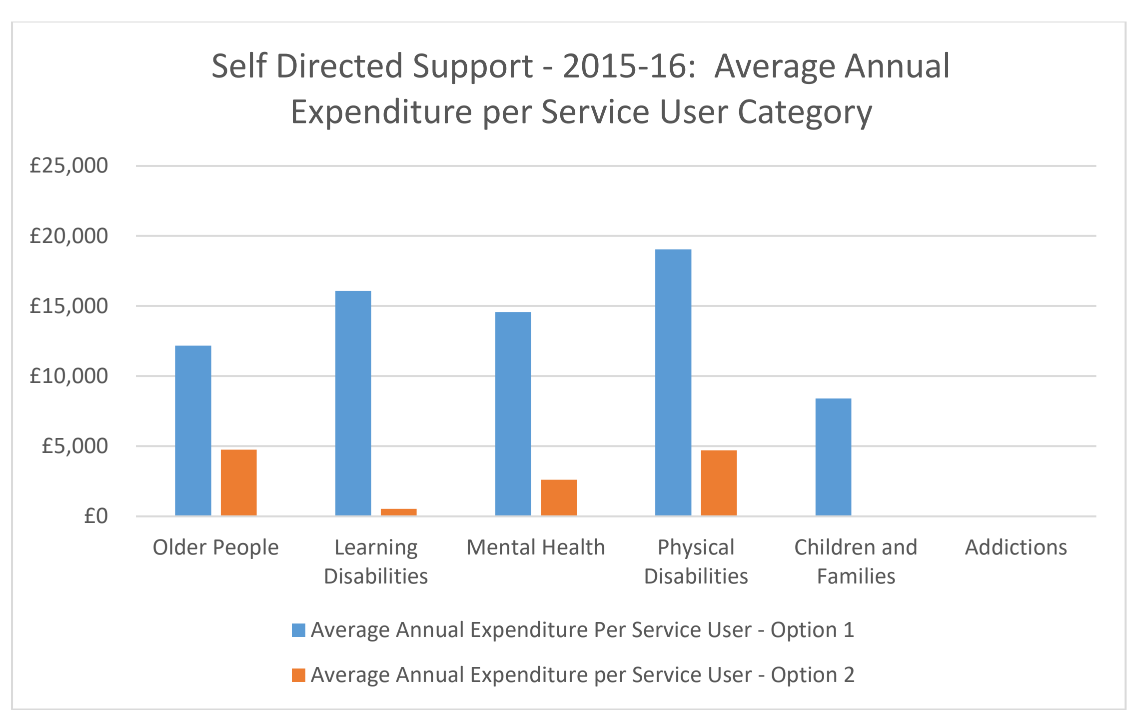
- Supported people and carers have more choice and control;
- Workers are confident and valued;
- Commissioning is more flexible and responsive;
- Systems are more widely understood, flexible and less complex.

In March 2018, the Health and Social Care Partnership hosted a local Self Directed Support Conference, which provided an opportunity for stakeholders to hear, directly from service users and carers, about their experience of directing their own care and support. This event was well attended by elected members, social work and health practitioners, carers, service users and third sector organisations.

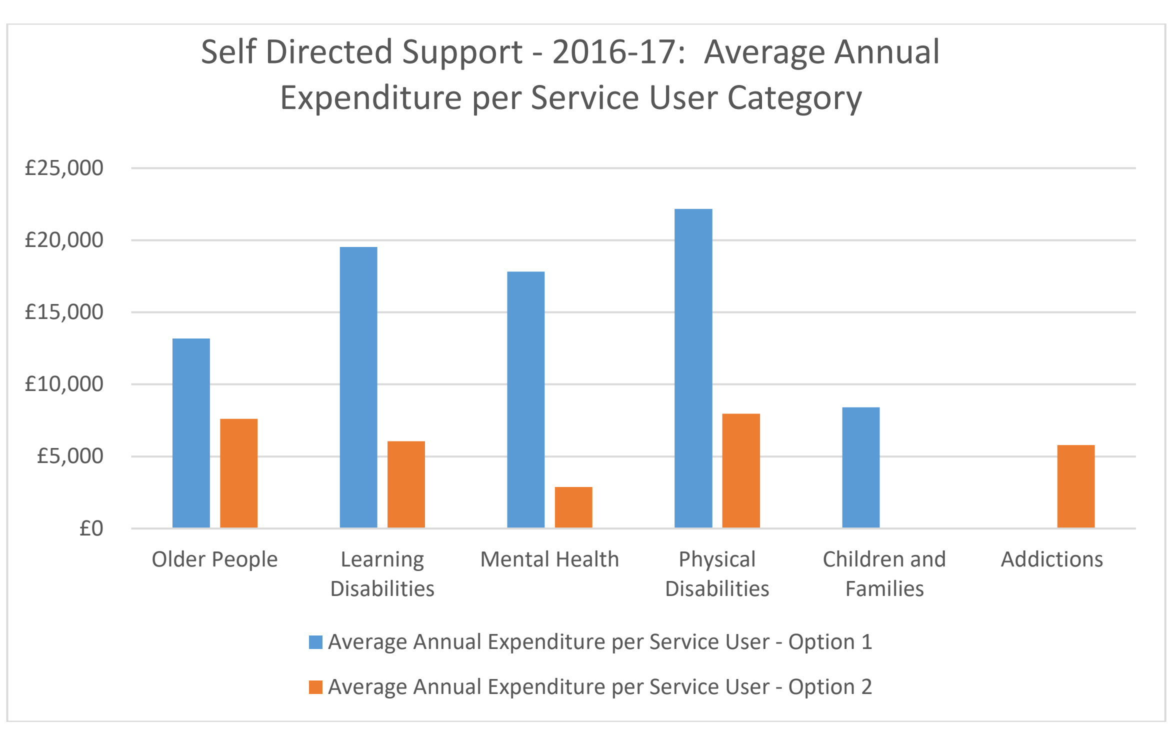
Over the next year the Health and Social Care Partnership intend to implement the Strategy action plan with activities including:

- Assist and support Social Care Providers to become knowledgeable and confident about Self Directed Support;
- Support Social Care Providers to understand local Self Directed Support processes;
- Raise awareness about Self Directed Support amongst East Dunbartonshire communities;
- Support Carers to utilise Self Directed Support options in conjunction with the Carers Act;
- Explore alternative training formats;
- Explore the introduction of a Provider Framework applicable across all Self Directed Support options.

The change in Self Directed Support usage can be seen from 2015 – 2016, to 2016 – 2017 as follows



Self Directed Support - 2015-16: Average Annual Expenditure per Service User Category
£25,000
£20,000
£15,000
£10,000
£5,000
£0
Older People
Learning Disabilities
Mental Health
Physical Disabilities
Children and Families
Addictions
Average Annual Expenditure Per Service User - Option 1
Average Annual Expenditure per Service User - Option 2



Self Directed Support - 2016-17: Average Annual Expenditure per Service User Category
£25,000
£20,000
£15,000
£10,000
£5,000
£0
Older People
Learning Disabilities
Mental Health
Physical Disabilities
Children and Families
Addictions
Average Annual Expenditure per Service User - Option 1
Average Annual Expenditure per Service User - Option 2

9. Improvement Approaches

There are a number of the Improvement Approaches we intend to take forward in 2018/19. Highlighted below are three key ones.

Autism

The East Dunbartonshire Autism Strategy (ten year strategy) was launched in November 2015 and four priority themes were agreed; mainstreaming, training, pathways and transitions. Work commenced in 2016 – 2017 to refresh the strategy and identify priority areas of work in the coming year. The refreshing process will be completed during 2018 – 2019. Work has been focussed on scoping out and developing current autism pathways, from diagnosis into services for all age groups; particularly for individuals who do not fit neatly within social work or health services. Eligibility criteria and transitions need to be part of the pathway mapping.

As well as continuing to work through our Autism advisers which were developed across nursery, primary and secondary schools, our Local Area Coordination service has been involved in some specific developments to support individuals and families affected by autism, these include:

- The establishment of a carers group to provide support and advice to individuals, carers or families of all ages who may be affected by autism. This aims to provide a forum to signpost towards supports and resources for individuals and families, to allow the development of a network of support for those affected by autism and to consult with individuals and families to ensure their views and perspectives inform our autism strategy.
- In addition we have also established mobile ASD information sessions which use council hubs and buildings in areas across East Dunbartonshire to raise awareness and provide direct advice on supports and resources.
- A Pioneering East Dunbartonshire specific autism festival was also established – showcasing art, music, dance and drama, including performances by individuals with ASD or a learning disability. This took place in venues in Milngavie and Kirkintilloch over 3 days in March 2018. The purpose of this was to celebrate and promote the notion of an 'autism community' in East Dunbartonshire, raising awareness, celebrating talent, providing information, signposting to resources, breaking preconceptions and supporting families, individuals and the wider community to better understand and respond supportively to individuals affected by ASD. This is planned as being a recurring festival, with the next series of events taking place prior to Autism week in early 2019.

Transitions

Transitions for young people moving from children's services into adult services has been raised as an area that requires development. The Principles of Good Transitions 3[8] aims to provide a framework and structure around the improvement of support for young people with additional needs between the ages of 14 and 25 who are making the transition to adult services. The Principles of Good Transitions 3 is divided into 8 parts: the seven principles of good transitions and the autism supplement. The Autism Steering group has made a commitment to adopt the principles as part of the transitions process to ensure an earlier more supported transition. During the coming year we aim to update our policies and protocols and develop a standard approach to transition planning with families, children and young people that allows sufficient time for all aspects of the transition to be undertaken in a timely manner.

[8] See https://scottishtransitions.org.uk/7-principles-of-good-transitions/

Introduction of Local Area Coordinators (LACS) – Older People Services

Local area coordination is a preventative approach that helps to divert individuals away from statutory services, increase independence, develop informal networks and community links, and support people to achieve better outcomes. Two Older People LAC posts have been established by the Health and Social Care Partnership and will be fully operational in the latter part of 2018/19

Chief Officer
Susan Manion

Agenda Item Number: 8

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	15 November 2018
Subject Title	Large Scale Investigation
Report By	Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions & Health Improvement
Contact Officer	Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions & Health Improvement Tel: 0141 304 7435 caroline.sinclair2@ggc.scot.nhs.uk

Purpose of Report	This report makes members aware of a recently concluded Large Scale Investigation into service quality at a local commissioned service.

Recommendations	It is recommended that the HSCP: Note the contents of this report.

Relevance to HSCP Board Strategic Plan	The HSCP has statutory duties in relation to safeguarding the welfare of adults who may be at risk and this report relates to the exercise of that duty.

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	None

Legal:	The work noted in this report is underpinned by duties set out in the Adult Support and Protection (Scotland) Act 2007.

Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

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

1.0 MAIN REPORT

1.1 The Adult Support and Protection Act 2007 (hereafter referred to as The Act) gives protection to adults at risk of harm or neglect. The Act defines adults at risk as those aged 16 years and over who:

1.1.1 are unable to safeguard their own wellbeing, property, rights or other interests

1.1.2 and are at risk of harm

1.1.3 and because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected

1.2 The Act places a duty on local councils to inquire and investigate cases where harm is known or suspected. This duty is delegated to the Health and Social Care Partnership. Social Work staff involved in exercising the functions of The Act have powers to visit and interview people, arrange medical examinations, examine records, and issue protection orders. They must also consider if there is any need for advocacy and other services, such as help with medication, or support services.

Forms of harm may include:

- physical harm
- psychological harm
- financial harm
- sexual harm
- neglect

1.3 Harm can occur anywhere, and the person causing harm may be a stranger or may be known to the person being harmed. They may be a relative, a friend, a volunteer or a professional.

1.4 In the event that any inquiry under the Adult Support and Protection (Scotland) Act 2007 leads, either at the time or at a later date, to a wider concern for other adults receiving services from the same provider agency, partner agencies in East Dunbartonshire follow the current West of Scotland guidance on Large Scale Investigations, attached as appendix 1 to this report.

1.5 On 6 August 2018 it was concluded that a Large Scale Investigation required to be undertaken in relation to one of the commissioned services in the East Dunbartonshire area. This was a result of the identification of wide ranging concerns about quality of care. The first Large Scale Investigation steering meeting was convened on 13 August 2018. The investigation continued until it was agreed to conclude it at a steering group meeting of 26 September 2018. Given the widespread nature of the concerns the investigation was led by a multi-disciplinary group including social workers, nurses and pharmacists.

1.6 The Large Scale Investigation will be written up in full in due course and the content of the report shared with key members of the steering group. Ongoing regular communication continues with the service provider, the Care Inspectorate and other key stakeholders, as does provision of support to the service itself.

Appendix 1: West of Scotland Large Scale Investigation Protocol

WEST OF SCOTLAND
LARGE SCALE INVESTIGATION
GUIDANCE

Version date: February 2014

PURPOSE OF GUIDANCE

This guidance was developed by the West of Scotland Adult Support and Protection Leads and Coordinators Group. It is designed to support consistent practice and process in managing large scale investigations across the West of Scotland, and therefore can be used as basis for more detailed local protocols. Furthermore, it aims to:

- Provide a standardised approach to be implemented in all professions consistent with current evidence of best practice.
- Help to decide if a Large Scale Investigation is warranted
- Offer a framework for an alternative process to holding large numbers of individual Adult Support and Protection Inquiries and ensure that there is adequate overview / co-ordination where a number of agencies have key roles to play.
- Clarify roles and responsibilities amongst affiliated agencies involved in Large Scale Investigations in the West of Scotland, including where these may involve more than one local authority.
- Ensure that ethical issues related to the guidance are recognised and handled appropriately.
- Facilitate a shared understanding of the purpose of the guidance and how it supports and complements local ASP procedures among all staff working in the West of Scotland.

DEFINITION OF LARGE SCALE INVESTIGATION

A Large Scale Investigation is a multi-agency response to circumstances where there may be a risk of serious harm within a care setting (this may be either residential care, day care, home based care or a healthcare setting). The circumstances of concern could have arisen during a short timeframe, or have accumulated over a longer period. Additionally, there could be circumstances where the seriousness of the harm experienced by one individual, and potential impact on others would merit a large scale investigation.

CRITERIA

A Large Scale Investigation (LSI) should be considered when there are:

- Concerns are raised about systemic failure in the delivery of services which is placing individuals at risk of harm.
- A report of harm to an individual which may affect a number of other individuals also in receipt of care.
- Where there are multiple victims not in one setting: for example a number of adults at risk in the community may be being systematically targeted in a criminal fashion. Although the police will have the lead responsibility to investigate, this approach would bring together key agencies to assist in that investigation and take a consistent approach to support and protect victims from harm.
- This approach may also be useful for example in cases where multiple allegations are received from service users against other service users. In these circumstances, it may be appropriate to conduct individual Adult Support and Protection Case Conferences, however experience indicates that taking a proactive approach which can address supervisory arrangements and/or the management of aggressive or sexualised behaviour, is potentially more effective.

Potential scenarios include:

- **When an adult protection referral is made that involves a number of adults.** *For example: more than one adult at risk has been potentially maltreated or neglected and as a result experienced significant harm – e.g. one domiciliary care worker intimidates and threatens more than one adult with learning disabilities in a supported living environment resulting in them being frightened and scared.*

- **Where a number of harmers are suspected.** *For example: two or more people work together to maltreat or neglect adult/s at risk –e.g. carers/PA's work together to financially abuse adults living in their own home.*

- **Where institutional harm is suspected**. *For example: potential or actual harm due to poor or inadequate care or support or systematic poor practice that affects the whole care setting – e.g. residents must go to bed before night staff come on duty, cannot get food or drink during the night, call bells are taken off people and residents are left all night in soiled beds or pads resulting in a loss of dignity and experiencing degrading practices.*

- **Where there has been 3 or more adult protection investigations within a 12-month period related to the same service where the outcome indicates that serious harm has been caused**. *For example: Financial harm investigated in January, Medication errors resulting in harm investigated in April and missed calls resulting in serious harm referred in September – all the same agency but different service users. All significant areas of concern signifying the agency is not operating a safe service with continuous improvement.*

- **Where a whistleblower makes allegations about the management or regime of a service.** *For example: A whistleblower alleges the manager of a service instructs staff to water down the milk, use out of date food, portions of food are insufficient – and intimidate or threaten them with the sack if they tell anyone else; staff often bring in extra food for residents who complain they are hungry.*

- **Where the situation is very complex and where special planning and coordination of the investigation is required.** *For example: The investigation will require input from a number of agencies and people such as medicines management, tissue viability, health and safety, Care Inspectorate, Police. Staff who have neglected people resulting in medication errors, pressure sores and unsafe equipment will of necessity require assessment from a variety of disciplines.*

- **Where an investigation into one allegation leads people to strongly believe other people may also be victims of the same harm.** *For example: an adult complains of being hungry because there is no food. A visit to the home identifies little food and staff shortages. Or it could be a complaint about inadequate heating or broken equipment that could result in harm e.g. hoists or hand rails broken; degrading practice towards residents is established.*

- **Where there are significant concerns about the quality of care provided and there are concerns about the services ability to improve.** *For example: high number of low level concerns and complaints are being raised from various people and agencies, there is no registered manager, high staff turnover and generally the environment is poor and service users look neglected and uncared for; previous involvement with the service indicates the home does not improve quickly enough or is able to sustain improvements.*

1.0 INTRODUCTION

1.1 Under the Adult Support & Protection (Scotland) Act 2007 (The Act) councils have a duty to make inquiries where it is known or believed that an individual may be an adult at risk of harm and that protective action may be required. The Act gives the Council the lead role in Adult Protection investigations and makes no distinction between NHS premises and other settings.

1.2 This guidance has been endorsed through consultation with local authorities represented on the West of Scotland group, Police Scotland, NHS Greater Glasgow and Clyde, Ayrshire and Arran, Lanarkshire, the Care Inspectorate and the Office of Public Guardian, who will be the key statutory agencies involved in any investigation process. It is designed to minimise risk to both residents and staff in any care setting. Managers of service providers are expected to have their own disciplinary procedures for staff within their organisations.

1.3 Concerns about an adult at risk being harmed in a care setting can be raised from many sources including:

- Family / friends making a complaint about standards of care
- Whistle blowing within an organisation
- GPs visiting the care setting
- Community-based health or social work professionals visiting the care setting
- An existing or ongoing ASP investigation into one adult
- Procurator fiscal investigating a death
- An admission to hospital
- Quality assurance and contract monitoring arrangements
- Concerns raised by the regulatory process

1.4 When a report is received about an adult at risk being harmed within a care setting, or potential systemic failure in the delivery of care services to adults at risk, there is a duty to make inquiries. These inquiries should consider whether there is potential that other adults are also experiencing harm or are at risk of harm, and include, where relevant, consultation with both police and health. If this is suspected to be the case, following discussion with the relevant senior manager, a Large Scale Investigation should be recommended and in these circumstances, this guidance should be followed.

1.5 This guidance must not be read in isolation, and should be viewed as companion to the Act's Code of Practice, and local multi-agency ASP procedures.

2.0 INITIAL INQUIRIES

2.1 If there is evidence that allegations relate to a situation in a care setting which might warrant a Large Scale Investigation then the responsible manager will consult with the relevant service manager and the Adult Protection Officer.

2.2 Contact should be made immediately with Police Scotland and relevant health managers. This inter-agency discussion will contribute to the initial inquiry and consider:

- Whether any immediate protective action is required should individuals be at risk of imminent harm
- Whether there is a potential risk to any other individuals
- An initial impact assessment (see 2.3)
- Whether a multi-agency planning meeting should be convened to assess whether a Large Scale Investigation should be initiated
- The urgency of this and who will take responsibility for arranging
- A media strategy (see 2.5)

If the allegations relate to a registered service then the Care Inspectorate should be alerted. At this stage the relevant local authority Lead Officer for Adult Protection should be alerted if this has not already been done. All decisions taken should be recorded.

2.3 An impact assessment should be undertaken at key points of the process including the initial stages to consider the impact the investigation itself will have [see *Template* at Appendix 5*]*. This will include consideration of and contingencies for:

- How the service will be managed in the interim
- Impact on service users, families and staff as a result of press interest
- Processes undertaken in the review of service users / patients
- How and what information should be disseminated to any agreed parties.

2.4 There is a duty under the Act to consider the importance of advocacy and other services. Service users, or their primary carer/nearest relative, should routinely be given information about an appropriate advocacy service in all cases.

2.5 Where any media interest is likely, the lead senior manager and the appropriate communication officers from the relevant agencies should agree a joint media strategy. Chief Social Work Officers / Heads of Service will need to be appraised and may decide to direct / manage this process. Local chief officers' groups and elected members may also require to be briefed. The Lead Officer for Adult Protection should advise the Convenor of the Adult Protection Committee when any Large Scale Investigation is initiated. [see *Template* at Appendix 6].

2.6 If a large number of adults could be at risk as a result of an emergency situation in a registered care home (such as failure of business or a situation requiring evacuation) then emergency planning arrangements should be agreed within the Council & Health Board contingency plan. COSLA's Good Practice Guidance on the Closure of a Care Home should be referred to where short notice home closure is being considered.

3.0 INITIAL MULTI-AGENCY PLANNING MEETING

3.1 A multi-agency planning meeting should be convened soon as practicable. The urgency of this, and who will take responsibility for arranging and minuting this will be decided and recorded during the initial inter-agency inquiries. It is a continuation of the initial inquiry process and will decide whether an Investigation is necessary

3.2 The meeting should be chaired by a senior manager of relevant local authority and needs to take account of contract monitoring, quality assurance and commissioning as well as adult support and protection issues. The chair of the meeting will identify the key agencies who require to attend meeting. The people attending should be of a sufficiently senior level to contribute to decision making and resource allocation if necessary. The following should routinely be considered for invitation:

- Head of Service
- Senior and/or Service manager
- Lead Officer Adult Protection
- Contract Compliance Manager
- Council Communications Manager
- Local Police Commander
- Detective Chief Inspector, Public Protection Unit
- Senior NHS manager/Clinical and/or Nurse lead
- General Practitioner
- Care Inspectorate Team Manager or their delegated representative
- Representative(s) from any other local authorities who are funding Adults within the service concerned.
- A relevant manager of the service concerned (This must first be checked with police in terms of potential compromise to any investigation)

Established local administrative arrangements to support formal Adult Protection processes should be implemented.

3.3 Attendees of this meeting will be referred to as the Planning Group. As a minimum local authority, police and health should be represented and the care inspectorate where appropriate. If senior managers are invited they may bring / delegate attendance to relevant managers involved in the investigation.

3.4 The role of GPs is seen as crucial to the process. GP attendance may be easier to facilitate where a particular practice has a contractual agreement to provide GP cover, as is the case for most care homes. Consideration should be given to holding the planning meeting at a surgery if that would help facilitate GP attendance.

3.5 The Planning Group will:

- Share available information from all key agencies including police/health/council and care inspectorate
- Identify and evaluate risks
- Decide how to progress the investigation
- Decide what further information is required and how that will be gained
- Agree a risk management plan identifying key tasks to be undertaken, the persons responsible, and agreed timescales. This will include any immediate protective measure for individuals (where not already addressed)
- Decide whether there will be a suspension on new placements/call ups
- Clarity around parallel investigations and roles within each, update meetings, feedback mechanisms etc
- Decide on the communications/media strategy including the provider/service users/carers/wider public/other placing local authorities (see 2.5)
- Consider the need for any individual Adult Protection case conference and/or care management reviews
- Decide on provision for advocacy (see 2.4).

Where any investigation is mounted, a review meeting will be required and a date set within a maximum of 3 months.

3.6 Any staffing/resource issues to proceed with the investigation that cannot be immediately be resolved should be discussed with the Head of Service / relevant Senior Manager. Where the concerns relate to criminal activity (or possible criminal activity) the planning meeting will need to ensure that:

- Any agreed action plan focuses on the immediate protective measures required, BUT
- The action plan will otherwise be primarily informed by the requirements of the Police to conduct a criminal investigation in liaison with the Procurator Fiscal.

3.7 The planning group will decide who will inform other Local Authorities funding residents within the care home (or supported living accommodation). Under the Act the host authority has responsibility for any Adult Support and Protection Investigation in its area, however the responsible manager from each funding authority must be notified of the planning meeting and information appropriate to the situation should be sent to them. The responsible manager of each funding authority shall notify their Chief Social Work Officer.

3.8 If the planning group decides that all residents need to be reviewed, the level and type of review should be clarified and the professionals who need to be involved. Where a number of residents are funded by another authority, it is customary for that Council to undertake its own reviews. Once assessments / reviews have been undertaken by the appropriate professionals and any immediate risks have been addressed, then outstanding concerns should be discussed with the Lead Council Officer /Adult Protection Officer and reported back to the next multi-agency meeting.

3.9 Where various agencies are obliged to undertake other investigations, these should be clearly identified at the outset. For example, the NHS, internal HR departments, Scottish Fire and Rescue Service, the Office of Public Guardian (OPG), the Care Inspectorate, Health Improvement Scotland (HIS), the Mental Welfare Commission (MWC), and Council Training Standards/Auditors departments.

3.10 Where a LSI relates to an adult at risk with a mental disorder or an adult with incapacity, consideration will require to be given to whether the MWC and/or the OPG require to be notified or conduct further inquiries or investigations. The local authority requires to notify the MWC in specific circumstances which are outlined in the document *Notifying the Commission*, which is available at this link: http://www.mwcscot.org.uk/media/100310/notifying_the_commission_nov_2013.pdf The OPG has produced a document entitled: *Information for social workers on the investigation process*, available at this link: http://www.publicguardian-scotland.gov.uk/docs/Information%20for%20Social%20Workers.doc

3.11 Consideration needs to be given on a local basis as to how and where information gathered during the course of a Large Scale Investigation is recorded and stored. Additionally, consideration needs to be given to situations where information from the Large Scale Investigation require to be included in an individual's records.

3.12 Where the planning group decide that a Large Scale Investigation is not required, they must record the reason(s) for this decision and outline any further contingency or improvement action the planning group decide is required. A clear plan should be formulated which identifies who is responsible for implementing the actions within an agreed timescale and also who is responsible for monitoring the action plan.

.

4.0 INVESTIGATION

4.1 The Planning Group will agree who will be appointed as Lead Council Officer. This officer should be an authorised Council Officer under the Act. The extent to which investigations / assessments should be conducted prior to holding a Multi-agency planning meeting will be dictated by circumstances and agreed at the initial inquiry stage.

If there is a criminal investigation then decisions regarding primary and parallel processes vis-a-vis criminal investigation / disciplinary investigation will be considered, however it remains the Council's duty to co-ordinate the Adult Protection process.

4.2 If the identified risks relate to the actions of a staff member (or staff members) within an organisation, then that organisation will be responsible for invoking its own disciplinary proceedings and ensuring that any immediate risks are removed or minimised.

4.3 If there is a criminal investigation, this will take priority over any disciplinary proceedings and the organisation should be advised accordingly. Where the organisation concerned contracts with the Council to provide a service, then the Contracts Officer / Planning group should be advised of any indications that the provider may be in breach of contract.

4.4 Where possible it will be important to involve the relevant senior manager of the service under investigation throughout the process. If this does not seem appropriate e.g. it may potentially compromise the investigation, advice should be sought from the police. The Care Inspectorate may also have a role in keeping the manager appraised in terms of possible action under the Public Services Reform (Scotland) Act 2010.

4.5 Obtaining consent from an adult(s), for sharing information and/or passing on concerns (to the police for example) is a key issue. Where an adult does not give consent, consideration will need to be given to:

- The possibility that they may be experiencing undue pressure
- The risks to which other adults may be exposed by not sharing information and if Data Protection Act exemptions apply
- The adult's capacity at the time to make informed decisions.

4.6 Where there is evidence that criminality is suspected and concerns that other adults may be at risk, a report **must** be made to the Police.

4.7 Where there are ongoing concerns about an individual adult or adults, the presence of a concurrent Police or Care Inspectorate or other investigation should not delay the agreement and implementation of a protection plan for the adult at risk. If individual ASP Case Conferences are convened in relation to the current concerns, then local Adult Support and Protection Procedures and/or West of Scotland Guidance will be followed by each Council Officer.

4.8 It may be that, during the course of an investigation, further information is received about a separate ASP concern. In these circumstances, there will be a need for an individual investigation and (where relevant) protection plan over and above any ongoing large scale investigation and action plan.

4.9 Once assessments / reviews have been undertaken by the appropriate professionals and any immediate risks have been addressed, then outstanding concerns should be discussed with the Lead Council Officer / Adult Protection Officer and reported back to a Review Meeting (or Initial Planning Meeting if assessments have been required urgently).

5.0 CARE HOMES/ REGISTERED CARE SERVICES/ HEALTHCARE SETTINGS

5.1 All investigations involving an adult or adults at risk of harm in care settings must be undertaken by a Council Officer, and notified to the Care Inspectorate.

5.2 The planning group will decide who will inform other Local Authorities funding residents within the care home (or supported living accommodation). Under the Act the host authority has responsibility for any Adult Support and Protection Investigation in its area, however representatives from each funding authority must be invited to the Planning Meeting and all relevant documentation should be sent to them.

5.3 The host Local Authority must inform the Care Inspectorate if there is no representative present at the planning meeting.

5.4 If the planning group decides that all residents need to be reviewed the level and type of review will be clarified and the professionals who need to be involved will be identified. If a number of residents are funded by another authority it is usually negotiated for that authority to undertake its own reviews.

5.5 If it is decided that residents require an allocated worker, this should be a qualified and registered Social Worker, Occupational Therapist or Nurse. A Council Officer should continue to co-ordinate any protection plan until this is no longer required. It may, in some circumstances, be necessary to involve a Mental Health Officer.

5.6 Specialist advice should be sought where necessary to assess the needs and delivery of practice to an individual. This may be in areas such as financial management, moving and handling, nutrition and medication management, tissue viability.

6.0 MULTI-AGENCY REVIEW MEETING

6.1 A Review Meeting should be convened (and may have been scheduled at the Initial Planning Meeting) in order to review progress or conclude the investigation.

6.2 The Review Meeting will:

- Consider reports from investigating social workers, the police, the Care Inspectorate and any other relevant information
- Ensure that appropriate Risk Assessments have been completed and Risk Management Plans are in place
- Agree any outstanding actions and date of next review (where required).

6.3 Where the review meeting has decided to stand down the Large Scale Investigation, any protection plans implemented for individual adults at risk should be continued and reviewed in line with standard local Adult Support and Protection procedures.

6.4 Large scale investigations may have wider implications for local and national policy and practice. Where these are identified by the review group but have not been dealt with through other processes (e.g. local management reviews, multi-agency Significant Case Reviews, etc), the review group should make recommendations, by way of an action plan, to the Adult Protection Committee.

Appendix 1 **Definitions**

Adult at risk

Under the Adult Support and Protection (Scotland) Act 2007 an "adult at risk" means a person aged sixteen years or over who:

(a) is unable to safeguard their own well-being, property, rights or other interests;
(b) is at risk of harm, and
(c) because they are affected by disability, mental disorder, illness or physical or mental infirmity are more vulnerable to being harmed than adults who are not so affected.

All of above criteria must apply to class an individual as an *"adult at risk".*

The presence of a particular condition does not automatically mean an adult is an "adult at risk". Someone could have a disability but be able to safeguard their well-being, property, rights or other interests; all three elements of this definition must be met. It is the entirety of an adult's particular circumstances which can combine to make them more vulnerable to harm than others.

Who is "at risk of harm"?

An adult is at risk of harm if another person's conduct is causing or is likely to cause the adult to be harmed.

or

The adult is engaging or is likely to engage in conduct which causes or is likely to cause self-harm.

What is Harm?

In the Adult Support and Protection (Scotland) Act 2007, harm "includes all harmful conduct" and, in particular, includes:-

(a) conduct which causes physical harm
(b) conduct which causes psychological harm (e.g. by causing fear, alarm or distress)
(c) unlawful conduct which appropriates or adversely affects property, rights or interests (for example: theft, fraud, embezzlement or extortion)
(d) conduct which causes "self-harm".

Section 3(4) Duty to inquire- Adult Support and Protection (Scotland) Act 2007

The 2007 Act states that a Council must make inquiries about a person's well-being, property or financial affairs if it knows or believes that the person is an adult at risk and that it might need to intervene in order to protect the person's well-being, property or financial affairs.

Section 10 Inquiry – Adults with Incapacity (Scotland) 2000

A Local Authority shall have the following general functions under this Act –

a) To supervise a guardian appointed with functions related to the personal welfare of an adult in the exercise of those functions

b) To consult the Public Guardian and the Mental Welfare Commission on cases or matters relating to the exercise of functions under this Act in which there is, or appears to be, a common interest
c) To receive and investigate any complaints relating to the exercise of functions relating to the personal welfare of an adult made:

    (i) In relation to welfare attorneys
    (ii) In relation to guardians or persons authorised under intervention orders

d) To investigate any circumstances made known to them in which the personal welfare of an adult seems to be at risk
e) To provide a guardian, welfare attorney or person authorised under an intervention order, when requested to do so, with information and advice in connection with the performance of his functions in relation to personal welfare under this Act.

S33 Inquiry – Mental Health (Care and Treatment) (Scotland) Act 2003

Duty to Inquire

1) Where it appears to a Local Authority that:

    (a) A person in their area who is 16 years or over has a mental disorder; and
    (b) Any of the circumstances mentioned in subsection 2) below apply

    The authority shall cause inquiries to be made in the person's case.

2) Those circumstances are:

    (a) That the person may be, or may have been, subject, or exposed at some place other than a hospital to:
        (i) Ill treatment;
        (ii) Neglect; or
        (iii) Some other deficiency in care or treatment

    (b) That because of the mental disorder, the person's property:

        (i) May be suffering, or may have suffered, loss or damage; or
        (ii) may be, or may have been, at risk of suffering loss or damage;

    (c) That the person may be:

        (i) Living alone or without care; and
        (ii) Unable to look after himself or his property or financial affairs;

    (d) That the person is not in hospital and, because of the mental disorder, the safety of some other person may be at risk.

LOCAL AUTHORITY

Has a duty under the Adult Support and Protection (Scotland) Act 2007 to make inquiries about a person's well-being property or financial affairs if it knows or believes –
a) that the person is an adult at risk
b) that it might need to intervene in order to protect them

They also have responsibilities in terms of monitoring and ensuring contract compliance for commissioned services:

NHS

Has overall responsibility for the healthcare of service users / patients. Under the Act they have a duty to co-operate with any inquiries about adults at risk of harm. Where required they will provide a nominated health professional to undertake any health assessments required.

POLICE SCOTLAND

Has responsibility to detect and investigate crime and subsequently report the facts and circumstances to the procurator fiscal. They have a duty to co-operate with any inquiries about adults at risk of harm.

CARE INSPECTORATE

Has a regulatory role in considering the safety of all service users in any registered care service and can take enforcement action under the Public Services Reform (Scotland) Act 2010. They have a duty to co-operate with any inquiries about adults at risk of harm.

Whilst responsibility for carrying out initial inquiries rests with the local authority, and the police (where a crime may have been committed), other agencies may be asked to assist. ASPA allows for other persons to accompany a council officer carrying out visits under the requirements of the Act. The policy position of the Care Inspectorate is that this would only happen where it is considered there is a strong probability that action will be required under the Public Services Reform (Scotland) Act and that evidence gained will enable that to take place.

The Care Inspectorate may investigate complaints or inspect a service in parallel to other Adult Support and Protection investigations being carried out.

HEALTH IMPROVEMENT SCOTLAND

Health Improvement Scotland (HIS) took over the responsibility of regulating independent health services from the Care Commission in April 2011. Healthcare Improvement Scotland currently has a similar scrutiny and improvement role to the Care Inspectorate for independent hospitals, voluntary hospices, and private psychiatric hospitals.

MENTAL WELFARE COMMMISSION

The Mental Welfare Commission for Scotland (MWC) has particular statutory responsibilities in relation to the care and treatment of people with mental disorders both in monitoring practice and carrying out inspections and inquiries.

The MWC scrutinises all interventions and guardianship applications and where not visiting directly corresponds with the adult and or guardian to explain the role and to ask that the guardian advise them of any change of circumstances or concerns they may have.

Visiting the adult is at the discretion of the MWC. The MWC would also investigate any complaints relating to the exercise of the functions relating to the personal welfare of the adult similar to those requirements of the local authority.

OFFICE OF THE PUBLIC GUARDIAN

With the commencement of the Adults with Incapacity (Scotland) Act 2000 (the Act) the Office of the Public Guardian came into being. One of the principle functions of the Public Guardian is to receive and investigate complaints regarding the exercise of functions relating to the property or financial affairs of an adult made:

(i). In relation to continuing attorneys appointed in terms of the Act
(ii). Concerning access to funds under Part 3 of the Act
(iii). In relation to guardians or persons authorised under intervention orders.

The Public Guardian can also investigate any circumstances made known in which the property or financial affairs of an adult seem, to the Public Guardian to be at risk.

Appendix 3

Glossary of Terms

Appropriate Adult — Appropriate Adult Schemes are provided by the local authority to the police, to be utilised when the police are dealing with adults (those who have attained the age of 16 years) who suffer, or are suspected of suffering, from a "mental disorder".

The services of an Appropriate Adult are utilised to facilitate and ease communication with all categories of persons involved in the criminal justice system, i.e. victims, witnesses, suspects or accused persons.

Adult with Incapacity — A person aged 16 years and over who because of a mental disorder (or an inability to communicate due to physical disorder) lacks the capacity to make, communicate, understand or retain the memory of decisions relating to their welfare or finances.

Capacity — The ability to make an informed choice.

Care Inspectorate — The Care Inspectorate is the independent scrutiny and improvement body for care and children's services. They play a significant part in improving services for adults and children across Scotland by regulating and inspecting care services and carrying out social work and child protection inspections. Care Services are required to register with the Care Inspectorate and will be the subject of regular inspection. The Care Inspectorate takes an active role in encouraging improvement in the quality of services and making information available to the public about the quality of these services. The Care Inspectorate also has a responsibility to investigate complaints it receives concerning any care service. The Care Inspectorate can take enforcement action under the Public Services Reform (Scotland) Act 2010.

Council Officer — The Adult Support and Protection (Scotland) Act 2007 defines a "Council Officer" as an individual appointed by the Council under Section 64 of the Local Government (Scotland) Act 1973.

A person who is authorised to fulfil the functions under Sections 7,8, 9, 10,11, 14, 16 and 18 of the Adult Support and Protection (Scotland) Act 2007.

The person will need to be employed by the relevant Council and must be:

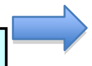
(a)
- Registered in the part of the register maintained by the Scottish Social Services Council (SSSC) in respect of Social Service Workers,
- Registered as an occupational therapist in the register maintained under Article 5(1) of the Health Professionals Order 2001, or
- a nurse, and

(b) Have at least 12 months post qualifying experience of identifying, assessing and managing adults at risk.

Health Professional	A "Health Professional" for the purposes of the Act are (a) a doctor, (b) a nurse, (c) a midwife, or (d) any other type of individual described (by reference to skills, qualifications, experience or other use) by an Order made by the Scottish Ministers. The definition of doctor, nurse and midwife is as specified under their respective professionals Acts, i.e. Medical Act 1983 and Nurses & Midwives Order 2001.
Health Records	These are any records, in any format, which relate to an individual's physical or mental health which have been made by or on behalf of health professionals in connection with the care of the individual.
Independent Advocate	A member of an advocacy service which operates independently of other service providers. Advocacy is about safeguarding individuals who are in situations where they are at risk of harm and who are not being heard. This often involves speaking up for them and helping them to express their views and assist them to make their own decisions and contributions.
Mental Health Officer	A local authority social worker who has undergone specific post qualifying accredited training in mental health legislation. This person then has certain delegated powers under such legislation to act in conjunction with medical practitioners in the compulsory treatment of individuals with mental disorders.
Mental Disorder	The Mental Health (Care and Treatment) (Scotland) Act 2003 defines "Mental Disorder" as: Any mental illness, personality disorder or learning disability, however caused or manifested. For the purposes of Appropriate Adult guidance it shall include people with acquired brain injury, autistic spectrum disorder and people suffering from dementia. It does not include those temporarily impaired through alcohol or drugs.
Undue Pressure	A Sheriff cannot make a Protection Order under the Act if he/she knows that the affected adult at risk has refused to the granting of the Order UNLESS the Sheriff reasonably believes that the adult has been "unduly pressurised" to refuse consent and there are no steps which could reasonably be taken with the adult's consent which would protect the adult from harm. Undue pressure is where it appears that harm is being, or is likely to be, inflicted by a person in whom the adult has confidence and trust and that the adult at risk would consent if they did not have confidence and trust in that person. Undue pressure is also relevant where the adult at risk is afraid of or being threatened by another person. The likelihood of undue pressure being brought to bear should always be considered when the adult at risk refuses to give consent.
Whistle Blowing	A means by which staff can safely raise their concerns within their organisation about matters of suspected or actual malpractice. This allows an individual to by-pass the formal line management arrangements if necessary.

Concerns received about Adults at Risk in a care setting

Discuss with Team Manager/ Service Manager/ Senior Management/Lead Officer Adult Protection and CSWO – If large scale investigation is appropriate.

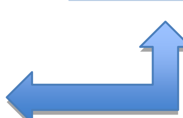


If large scale investigation **is not** appropriate

Individual ASP investigation

Follow local Adult Support and Protection procedures

Advise line manager if further information suggests a large-scale investigation may be required



Alert appropriate agencies and staff

- **Senior managers / DI - Public Protection Unit or Local Police /Senior Nurse/ GP/ other LA areas/**
- **Alert the Care Inspectorate if registered service**

Arrange planning group:

- **Immediate action to protect**
- **Review information to confirm if a large scale investigation is required**
  - **if so - agree responsibility for arranging / chairing / minuting**
  - **if not - initiate any individual ASP process**
- **Any immediate measures required**
- **Initial impact assessment**
  - **reviewing service users / patients**
  - **effect on service users family and staff as a result of heightened activity / possible media interest**
  - **initial media planning**
  - **agree how information should be disseminated**

The planning group should also consider/identify:

- **Assessments/investigations already conducted(SW, Health, & Police)**
- **Recent Care Inspectorate inspection reports which may be relevant**
- **Key agencies and individuals**
- **Identify tasks; who will undertake these tasks; and agree timescales for completion. This will include any immediate protective measures for individuals (where not already addressed).**
- **Consider the need for any individual ASP case conferences**
- **Consider staffing / resource issues**
- **Ensure Commissioning keep the relevant senior manager of the care setting informed [where appropriate]**
- **Ensure notification to any relevant regulatory bodies**
- **Co-ordination of activity**
  Agree whether review meeting is necessary and set date or need for SCR

NB - all decisions should be recorded

Lead CO ensures the following are advised in writing of final outcome:

- **Relevant senior managers**
- **Individuals/Agencies who were invited to multi–agency planning meetings/case discussions/ case conferences;**
- **Care Inspectorate Manager (if appropriate).**
- **Lead Officer, Adult Protection who will report to Adult Protection Committee**

Appendix 5

Impact Assessment

The circumstances leading to a Large Scale Investigation and the investigation itself will have an impact on a number of people and services. This template should be used to record the strategy group's assessment of that impact, and any actions required. It should include any specific support required, for example to a referrer or to staff in the care home, any resource implications for the investigation, and any legal implications. A media strategy should also be completed.

Impact on	Y/N	Nature of Impact	Detail Action required	Who by	Timescale
Residents					
Relatives					
Care Home staff					
Referrer / Whistleblower					
Ongoing provision of service					
Social work					
Other council departments					
Health professionals					
Police					
Community					
Other					

DRAFT

Appendix 6

Media Strategy

Any Large Scale Investigation may trigger media attention and preparation for this is useful. In completing this media strategy consideration should be given to agreeing an "if asked" statement with senior managers / Chief Social Work Officers and communications / media officers. Thought might also be required with regards to response (via communications / media officers) to social media issues.

NB Under no circumstances should any member of staff deal with enquiries from the media – all such enquiries should be referred to communications / media officers in statutory agencies

Communication with	Y/N	Who by	Timescale	Agreed statement
CSWO / Head Of Service				
Director				
Chief Nurse				
DCI Police				
Comms Dept Council				
Comms Dept Health				
Comms Dept Police				
Residents				
Relatives				
Other (Care Inspectorate / MWC / OPG)				
Other Local Authorities				
Care Establishment Organisation/Body				

DRAFT

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	15 November 2018
Subject Title	East Dunbartonshire Alcohol and Drugs Partnership Annual Report 2017 - 2018
Report By	Caroline Sinclair, Head of Mental Health, Learning Disability and Addiction Services
Contact Officer	David Aitken, Joint Services Manager, Adult Services.

Purpose of Report	To present to the HSCP Board the East Dunbartonshire Alcohol and Drugs Partnership Annual Report 2017 - 2018 which was submitted to Scottish Government, as required, on 26 September 2018.

Recommendations	The Health and Social Care Partnership Board is asked to: a) note the East Dunbartonshire Alcohol and Drugs Partnership Annual Report 2017 – 2018.

Relevance to HSCP Board Strategic Plan	The East Dunbartonshire Alcohol and Drugs Partnership Annual Report 2017 - 2018 supports delivery of the HSCP's Strategic Plan and the National Health and Wellbeing Outcomes in relation to addressing substance misuse issues and their impact on individuals and communities.

Implications for Health & Social Care Partnership

Human Resources	none

Equalities:	none

Financial:	Implementation of the work of the Alcohol and Drugs Partnership is fully contained within the funding made available from the Scottish Government for this purpose.

Legal:	none

Economic Impact:	none

Sustainability:	none

Risk Implications:	Overall, delivery of the work of the Alcohol and Drugs Partnership aim to minimise the impact, and therefore risks, of substance misuse issues therefore makes a positive impact on management of risk.

Implications for East Dunbartonshire Council:	There are no immediate direct implications for East Dunbartonshire Council.

Implications for NHS Greater Glasgow & Clyde:	There are no immediate direct implications for NHS Greater Glasgow and Clyde.

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

1.0 MAIN REPORT

1.1 The Scottish Government allocates funding for area based Alcohol and Drugs Partnerships to support delivery of services that aim to address and minimise the impact of harmful substance misuse on local people and communities, structured around a suite of ministerial priority areas.

1.2 Each Alcohol and Drugs Partnership is required to submit an annual report on the use of the funding, and the impact it is having. Each annual report requires to be signed off by the Chair of the local Alcohol and Drugs Partnership and the Chief Officer of the Health and Social Care Partnership. The 2017 – 2018 annual report was due for submission by 26 September 2018. The completed submission is attached as appendix 1 to this report.

2.0 BACKGROUND

2.1. Key successes in the past year that should be noted are as follows:

2.1.1 that East Dunbartonshire's ADP continues to meet their ABI target'

2.1.2 a local Alcohol & Drug Death Prevention Group has been established which will review all local deaths, the learning from these, and considers what changes can be made across services to reduce alcohol and drug related deaths,

2.1.3 Naloxone training is still being provided to families and carers, and third sector partners locally and Naloxone is still being provided for harm reduction purposes,

2.1.4 HMP Low Moss are offering a number of offender behaviour programmes/initiatives which target alcohol and drug use linked to offending.

2.2. Key challenges in the past year that should be noted are as follows:

2.2.1 there has been no ADP Coordinator in place to drive forward some of the ADP strands of work, this has been picked up by other staff within the partnership as far as possible,

2.2.2 the national Drug and Alcohol Information System (DAISy) that was due to be implemented in 2018 / 2019 has been postponed till 2019 / 2001. DAISy is a database being developed to collect Scottish Drug and Alcohol Treatment, Outcomes and Waiting Times data from staff delivering specialist drug and alcohol interventions. Staff have been preparing for the implementation, but training has been delayed. The impact of the implementation of DAISy, is not known at this point, due to this delay.

2.3. In the year ahead the Alcohol and Drugs Partnership will focus on continuing to prepare staff across all services for the implementation of the new DAISy system in April 2019. The partnership will also commission a local needs assessment to inform further service planning, as the previous one was undertaken in 2011. The partnership will also be instrumental in driving forward the priorities in the HSCP Strategic Plan and HSCP Business Plan, with a particular focus around prevention and early intervention related to substance misuse.

4.0 RISK

4.1 Overall, delivery of the work of the Alcohol and Drugs Partnership aims to minimise the impact, and therefore risks, of substance misuse issues; therefore makes a positive impact on management of risk.

5.0 ENGAGEMENT AND DEVELOPMENT

5.1 The process of developing the Alcohol and Drugs Partnership annual work plan, which in turn informs the annual report, is undertaken through the Alcohol and Drugs Partnership meeting structure. Membership of the local Alcohol and Drugs Partnership is inclusive of a range of stakeholders in fields relevant to substance misuse. Membership includes:

Anne Dalziel - Quality Improvement Officer, East Dunbartonshire Council
Carole Hunter - Lead Pharmacist, Addiction Services
Catherine Chiang - Consultant. Public Health Medicine
Claire Carthy - Interim Head of Children's Services & Criminal Justice, East Dunbartonshire HSCP
Claire Mather - Licencing Adviser, East Dunbartonshire Council
David Radford – HSCP Health Improvement Lead
Diane Kane – East Dunbartonshire Council Community Safety rep
Gillian Healey - Planning and Service Development Team Manager
Grant Mackintosh – Strategic Lead Housing, East Dunbartonshire Council
Janice Greig – Health Homelessness and Housing Lead East Dunbartonshire
Karin Jackson – Operations Leader Sports Development East Dunbartonshire Council Leisure Trust
Kirsteen Jack – Nurse Team Leader East Dunbartonshire Alcohol and Drugs Service
Mark Letham – Scottish Fire and Rescue Service rep
Neil Miller – Licencing Adviser, East Dunbartonshire Council
Christine Crossley – Low Moss Prison representative
David Aitken – Joint Adult Services Manager, East Dunbartonshire HSCP

William Kennedy – Community Justice Coordinator - East Dunbartonshire HSCP
Arun Menon - Consultant Addictions Psychiatrist | Glasgow Alcohol and Drug Recovery Services
Christine McCauley – Addaction, Voluntary Sector rep
Deborah Blackhurst - Lead Officer, Child Protection, East Dunbartonshire HSCP
Pamela Eadie – Quality Improvement Officer (Seconded), East Dunbartonshire Council
Seonaid McCorry – East Dunbartonshire Alcohol and Drugs Service Team Leader, East Dunbartonshire HSCP
Christopher Murphy – Police Scotland, Local Police Liaison Officer
Lynsay Haglington – Planning and Development Officer, East Dunbartonshire HSCP

6.0 **Appendix 1** - East Dunbartonshire Alcohol and Drugs Partnership Annual Report 2017 - 2018

ADP ANNUAL REPORT 2017-18 EAST DUNBARTONSHIRE ADP

Document Details:

ADP Reporting Requirements 2017-18

1. Financial framework

2. Ministerial priorities

3. Formal arrangements for working with local partners

Appendix 1 Feedback on this reporting template.

In submitting this completed Annual Report we are confirming the this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **26 September 2018** for the attention of Amanda Adams to: alcoholanddrugdelivery@gov.scot

June 2018

1. FINANCIAL FRAMEWORK - 2017-18

Your report should identify all sources of income that the ADP has received (via your local NHS Board and Integration Authority), alongside the monies that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and other expenditure on alcohol and drug prevention, treatment and support, or recovery services which each ADP partner has provided a contribution towards. You should also highlight any underspend and proposals on future use of any such monies.
Income and Expenditure through the Programme for Government should only be recorded in ANNEX A – Programme for Government Investment Plans and Reporting Template

a) Total Income from all sources

	Problem Substance Use (Alcohol and Drugs)
Earmarked funding from Scottish Government through NHS Board Baseline *	£363,745
Funding from Integrated Authorities	
Funding from Local Authority – if appropriate	
Funding from NHS (excluding funding earmarked from Scottish Government) – if appropriate	
Total Funding from other sources – as appropriate	
Carry forwards	
Total (A)	**£363,745**

b) Total Expenditure from sources

	Problem Substance Use (Alcohol and Drugs)
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	£2,482
Treatment & Support Services (include interventions focussed around treatment for alcohol and drug dependence)	£288,828
Recovery	£7,250 (Recovery Café, awareness and events)
Dealing with consequences of problem alcohol and drug use in ADP locality	£40,000 (ABI service) £26,170 (ADP Coordinator)
Total (B)	**£364,730**

c) 2017-18 Total Underspend from all sources: (A-B)

Income (A)	Expenditure (B)	Under/Overspend
£363,745	£363,480	£985 Overspend

d) 2017-18 End Year Balance from Scottish Government earmarked allocations (through NHS Board Baseline)

	Income £	Expenditure £	End Year Balance £
Problem Substance Use *	£363,745	£363,480	-£985
Carry-forward of Scottish Government investment from previous year (s)	N/A	N/A	N/A

Note: * The income figure for Scottish Government should match the figure given in table (a), unless there is a carry forward element of Scottish Government investment from the previous year.

2. MINISTERIAL PRIORITIES

ADP funding allocation letters 2017-18 outlined a range of Ministerial priorities. Please describe in this ADP Report your local Improvement goals and measures for delivery in the following areas during 2017-18 below.

PRIORITY	*IMPROVEMENT GOAL 2017-18	PROGRESS UPDATE	ADDITIONAL INFORMATION
1. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)	System wide preparedness for implementation of DAISy involving all relevant partners and third sector providers.	ADP - The ADP has established a DAISy Implementation Group which has undertaken considerable actions and met regularly throughout 2017 and 2018. Representation across the group extends to information technology, information governance, performance, operational leads and administration. Links are established with local third sector providers and DAISy champions and trainers identified, and we are well place to begin the roll out in 2019. GRACE - Group Recovery Aftercare Community Enterprise (GRACE) is working closely with the HSCP through training and information to ensure that DAISy will be implemented within the service . Addaction - Addaction Families Plus Project Manager has attended two training sessions in respect of DAISY in previous years, while awaiting implementation. Further training will be delivered via Addaction and the Scottish Government. Addaction use a data information system "Nebula" and work has been ongoing to	Scottish Government staff responsible for DAISy have attended our Alcohol & Drug Partnership meetings to enhance understanding and to build links and our Alcohol & Drug Partnership has been a contributor within the national meetings and other forums. Project Manager has been identified as a "super user" alongside

		prepare this system to comply with DAISy. SFAD - East Dun Family Support Development Officer attended Recovery Outcomes Web [ROW] and DAISy training locally. GCA – Glasgow Council on Alcohol is committed and prepared for DAISy implementation in line with the Scottish Government's implementation timeline. Our systems, processes and paperwork are being reviewed and updated to ensure compliance with the DAISy systems. Members of staff have been identified as Super Users and will be available to attend appropriate training and support the implementation across the organisation. GCA remains fully compliant with the DATWT LDP Standard, with 100% of clients waiting no longer than 3 weeks to being offered appropriate treatment. East Dunbartonshire Housing First (Turning Point) - All staff have accessed Recovery Outcome Web (ROW) training and ROW tool is now incorporated into database system. Service user file paperwork has been adjusted to reflect and evidence ROW outcomes. Support/Recovery Plans are person centred and address all health and social care needs. They also include SMART goals and a section on service user strengths.	those agencies who report waiting times to the Scottish Government within East Dunbartonshire and is awaiting training dates.

		An element of the one-to-one support includes capacity building and recognising and promoting resilience. Service users are encouraged to identify and build on their own strengths. Reviews are held regularly and include external services and when relevant, family members. Staff issue regular harm reduction advice, brief interventions and use motivational techniques to instigate change. Trauma informed practise is now an integral part of Housing First training and staff are competent in this area. Staff undergo regular supervision, annual appraisals and have their own personal development plan. SAMH The Foundry – A member of senior management has attended the DAISy training and is now a super user. The new Manager at the Foundry will be attending the next round of DAISy training when it becomes available to become a super user. Training will be cascaded down from the super users to all staff. Staff had been made aware of the implementation of the DAISy system and how it links with the Recovery Outcome Web Tool. This tool fits well with SAMH's outcome focussed support plan, outcomes, and indicators. The Foundry Staff team are already very experienced in discussing and reporting on outcomes and indictors using SAMH documentation. Staff are also very	

		experienced in being able to encourage participants to be involved in identifying and acknowledging their need for outcome focussed support. This is also a regular topic at team meetings to keep staff appraised of any developments.	
2. Tackling drug and alcohol related deaths (DRD & ARD)/risks in your local ADP area. Which includes - Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison and continued development of a whole population approach which targets harder to reach groups and focuses on communities where deprivation is greatest.	There has been a local Alcohol & Drug Death Prevention Group established and the group will meet monthly to review all local deaths and any learning. Naloxone provided by prescription to all known Opiate users open to ORT clinics. Naloxone supply available locally for new presentations for immediate harm reduction purposes. Naloxone training provided to families and carers, third sector partners locally. Scottish Families Affected by Drugs and alcohol (SFAD) - Reach of naloxone training and supply increased to include family members.	First Meetings held on 1/8/18 and planned for 6 weekly thereafter. Agenda and membership agreed. Excel spreadsheet to monitor and track progress for all completed rapid alerts. Ongoing provision of Naloxone as standard practice. Ongoing roll out of Naloxone training locally as required. Addaction Families Plus continue to work with “hard to reach” families, the majority within the most deprived areas of East Dunbartonshire. Where relevant, Naloxone training can be arranged for these families and/or families will be encouraged to take advantage of any training being offered with East Dunbartonshire. SFAD - Scottish Families recognises families as a protective factor in tackling drug and alcohol related deaths. ‘There is highly processed and review-level evidence that involving families in recovery care plans and providing support for family members themselves is beneficial to improve outcomes for both parties’ (Outcomes Framework for	Addaction - All Families Plus staff have received Naloxone training and carry their own supply of Naloxone. GCA - In developing a whole population approach which targets harder to reach groups since April 18, GCA has been delivering ABI’s & promoting GCA services within a broader reach through a variety of key locations such as Kirkintilloch Leisure Centre

		Problem Drug Use, NHS Health Scotland, Oct 2014). Supporting family members in their own right in East Dun can improve their ability to provide appropriate support and positively impact recovery outcomes of their loved ones. Naloxone training for families has been facilitated – Addiction nurses delivered naloxone training and supplied naloxone to family members attending local support groups. The local Family Support Development Officer organised two 'Naloxone – training for trainers' sessions in conjunction with SDF for local agencies. GCA - As part of a whole population approach, the Alcohol screening and Brief Intervention (ABI) service has focussed on targeting a wider reach of the population. This has included the most challenged and deprived areas within East Dunbartonshire (as per the Scottish Index of Multiple Deprivation 2016) <table><tr><td>Location</td><td>Screenings</td><td>ABI</td></tr><tr><td>Auchinairn H/C</td><td>84</td><td>31</td></tr><tr><td>Kirkintilloch H/C</td><td>678</td><td>379</td></tr><tr><td>Lennoxtown Hub</td><td>75</td><td>38</td></tr></table> Overall we have completed 932 Screenings and 486 ABI's.(See appendix 2)	The service is currently liaising with local supermarkets, shopping centre and colleges

		GCA East Dun Figures 2017 - 2018. GCA provides alcohol counselling for individuals experiencing alcohol related difficulties and those affected by another's alcohol use. We aim to make the service as accessible as possible, with appointments offered within East Dunbartonshire and when personally requested at our Head Office in Glasgow City centre. GCA received 78 referrals and offered 492 counselling appointments to clients from April 2017 – April 2018. (See appendix 1)	
3. Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women	• CJSW Protocols • Direct link to the ADP • Within HMP Low Moss there are a number of offender behaviour programmes/initiatives which target alcohol and drug use linked to offending	Short term prisoners – there is an Intervention Programme which includes a substance misuse module which examines behaviour and encourages individuals to apply coping strategies to deal with their alcohol use in the future; alcohol related violence module where individuals are encouraged to review the impact alcohol has on themselves and others and how it relates to their violent behaviour. Long term prisoners are referred to a substance misuse related offending behaviour programme which gives them the opportunity to explore their own behaviour and to make positive changes. Through care provided by the Prisoner	ORT integrated clinic model has been developed and is partially implemented however full implementation is contingent on staffing levels Shared Care will be expanded where GP capacity exists, including a new Shared Care Clinic which has been developed

		Support Pathways (in partnership with Turning Point Scotland). Collaborative working with Substance use services to support individuals to achieve successful and sustained community integration ultimately reducing reconviction rates for short term prisoners. We are now running SMART recovery sessions every week within Low Moss which are facilitated by peer mentors On the lead to Smoke Free prisons, we have increased the amount of smoking cessation sessions from 1 a week to 4 a week to support those who wish to stop smoking Recovery Café is in the planning and will hopefully be running within HMP Low Moss very soon. HMP Low Moss Substance Misuse Strategy. HMP Low Moss Drug, Alcohol and Tobacco Strategy Addaction - As Families Plus is an intensive support service with relatively low caseloads, there has been limited involvement with individuals leaving prison. However, the Project Manager has attended a number of events within Low Moss Prison, particularly around families. This relationship is continuing to enable prison staff to be aware of the referral process for prisoners due to be released or families with a relative in prison	in Auchinairn

		who would benefit from some extra support. SFAD - The local Family Support Development Officer has pro-actively linked in with HMP Low Moss to ensure awareness of family support service in East Dun. Police Scotland and its Community Planning Partners have a strong ongoing working relationship. The East Dunbartonshire Local Outcomes Improvement Plan along with Local Place Plans (Hillhead & Harestanes, Lennoxtown and Auchinairn) outline how this strong partnership helps to organise and provide services. With a view to having East Dunbartonshire being a safe place in which to live, work and visit, children and young people are safe healthy and people experience good physical and mental health and wellbeing. By contributing an active role with in East Dunbartonshire's Alcohol and Drug Partnership. Police Scotland have a causative effect in ensuring that the areas of greatest need (Place Plans) within East Dunbartonshire receive attention to reduce the effects of alcohol and drugs, the damage it causes to physical and mental health and its impact on relationships. In addition to delivering within these areas of greater need, Police Scotland remain flexible in our deployments and response to the concerns that alcohol and drugs may have on all communities across East Dunbartonshire.	

		GCA provides an Alcohol & Justice (ACE) service. This service is aimed to support people whose offending is linked to alcohol use. It aims to support individuals to address their alcohol issues and reduce the risk of re-offending. This is offered though group work, 1:1 support or counselling. Reconnecting women's programme GCA also offers a gender specific service aimed specifically at supporting women to access services. The programme focuses on building resilience, self-esteem self-care and confidence. This service is available to all our clients.	
4. Continued implementation of improvement activity at a local level, based on the individualised recommendations within the Care Inspectorate Report, which examined local implementation of the *Quality Principles.*	SDF completed a quarterly service user survey based on the quality principles in April 2018 of East Dunbartonshire's Alcohol and Drugs services. The report highlighted 22 key recommendations. SFAD - Increased awareness of workers in Substance Misuse services of the needs of members of their clients' family, and seeking support for them, if needed, to address Care Inspectorate Report which noted that: 'Whilst the majority of individuals and staff indicated that family inclusive	The report and its findings have been discussed at the ADP, ADP Treatment and recovery sub group, EDADS Team Meetings and SMT meeting. An action plan will is be developed in response to this report by the EDADS team by the end of September. Quality Principle 1: Within the Addaction Families Plus Project, the Recovery Outcome Web (ROW) tool has been implemented. Copies of the paperwork used has been passed to the East Dunbartonshire Alcohol and Drugs Service for their consideration. Quality Principle 2:	Manager and staff will shortly attend external training around the affects of trauma on children and families. The staff team have also attended any trauma related training provided by East Dunbartonshire.

	practice was positive within East Dunbartonshire ADP, less than half of the case files read demonstrated that workers were aware of the needs of other family members and sought support for them if this was needed.' Quality Principle 3.3: *You should be supported by workers that have the right attitudes, values training and supervision throughout your recovery.* • Area of improvement: Reviewing approaches to recording staff supervision and oversight of individual cases could be of benefit and provide the ADP with a clearer picture of staff support and quality assurance activity. • The need to support staff in delivering trauma informed assessment and support and undertake training with staff to progress this. Quality Principle 3.4: *That is anyone who has a role in improving outcomes for individuals, families and communities affected by problematic drug and alcohol use.* • Improving the quality of individual's lives in the wider	On referral, every effort is made to engage with service users immediately to arrange an assessment, avoiding delays in service users receiving the support they require. Project Manager and staff team regularly deliver presentations and promote relationships with local services to ensure that they are aware of the clear referral pathway to Families Plus. Quality Principle 3: Staff have supervision agreements in place which specify a minimum of 10 supervision sessions per year. Supervision is an opportunity to discuss case management, interventions in place, new working practices etc. It also includes a health and wellbeing element, ensuring staff can discuss any relevant issues around the support they are receiving from management and the wider organisation. Project Manager intends to introduce "Good Practice" sessions on a monthly basis, allowing staff to bring any complex cases for discussion and advice from manager and peers. Quality Principle 4: Families Plus assessments are strength based with choices of support and relevant interventions, based on individual needs. A "consent to share" agreement is included within the assessment. Quality Principle 5: All Recovery Plans are holistic and encompass health, housing and personal aspirations as well as a plan to address substance misuse. Service Users receive a	The learning promoted by resources such as Oh Lila can help support children affected by an adult's drinking. In session 2017/18 six Early Years practitioners attended the Oh Lila training. In addition to this, two Early Years practitioners and two Primary practitioners attended a CPD Event which promoted the use of the resource, with one of these Primary schools showcasing their work. Full day alcohol general awareness training ('Alcohol Affects Us All') was attended by a total of nine

	community. Quality Principle 3.7: *You should be supported by workers that have the right attitudes, values training and supervision throughout your recovery.* The APD recognised that developing a workforce development strategy was a priority and there were plans to progress a workforce development strategy	copy of their Recovery Plan. Quality Principle 6: Recovery Plans are reviewed regularly, where possible attended by the Project Manager and where appropriate the care manager of the service user is also invited. These reviews are an opportunity for the service user to discuss their recovery, the support they have received and any issues they may have or areas for improvement. Quality Principle 7: Service users are involved in the development of services via regular service user surveys and evaluations. Quality Principle 8: Families Plus work with families where a member of that family is affected by substance misuse and this has impacted on the children and wider family. As such, where service users are in agreement, we will include family members in recovery plans and support. SFAD - The local Family Support Development Officer [FSDO] is based in the same building as East Dunbartonshire Alcohol & Drug Service (EDADS) and actively highlights family support with EDADS workers who regularly refer family members for support. New EDADS staff are encouraged to come along to a family support group to allow an understanding of the service and benefits	social work and local authority staff. Investigation into attitudes around secondary smoking has begun in some Early Years establishments, and this may be the focus of future work in Education. The new Substance Misuse Toolkit Online Resource was completed in session 2017/18, and will be launched in session 2018/19. This will support teaching and learning across Early Years, Primary and Secondary stages.

		for family members. The FSDO also attends a monthly 'Sharing lunch' with relevant local agencies and a quarterly Treatment & Recovery meeting, all of which encourages multi-agency referrals and a greater awareness of family support needs. GCA is an organisational member of COSCA (Counselling & Psychotherapy in Scotland) and BACP (British Association for Counselling and Psychotherapy) and has well established supervision and case management procedures. These include: regular practice supervision, 1:1 line management support, annual appraisals and quality assurance of caseloads. All counsellors are expected to adhere to COSCA and BACP ethical frameworks. GCA currently provides a 3 tier workforce development and training programme, enabling staff to have the skills and confidence to provide trauma informed practice and support. The training is also available to external agencies upon request. GCA has been providing ABI's within the wider setting within a range of community settings including local Hub's and health centres. GCA currently provides an extensive CPD training calendar which is available to all GCA staff, volunteers and external partners. This includes a 3 tier trauma workforce development and training programme,	

		enabling staff to have the skills and confidence to provide trauma informed support. We also deliver ABI training and ABI training for trainers GCA has established the Trauma Addiction Partnership (TAP) Network, involving 90 members from 45 partners. SAMH The Foundry – SAMH were part of the Quality Principles inspection and have taking the learning from the feedback and embedded it across practice. Their recent Care Inspection visit shows the improvement that has taken place as there were no recommendation or requirements at the recent inspection and all actions from the former Inspection had been met with the exception of Recommendation 8. The Foundry has also worked at improving the environment of the service to make individuals feel welcome and valued. The Foundry is utilising the views of the participant's and will continue to do so using participant's focus group.. The new leaflet for the service has recently been updated in consultation with service users and the welcome pack is undergoing some changes with input from participants. Staff are very competent at involving Participant's is engaging with SAMHs new outcome focussed support plans that also link in well with the Recovery Outcome Web Tool as well as being very focused around the quality	

		principles.	

* SMART *(Specific, Measurable, Ambitious, Relevant, Time Bound)* measures where appropriate

3. FORMAL ARRANGEMENT FOR WORKING WITH LOCAL PARTNERS

What is the formal arrangement within your ADP for working with local partners including Integrated Authorities to report on the delivery of local outcomes.	The Health & Social Care Partnership (HSCP) was established on the 3rd September 2015 is now three years old. The HSCP Strategic Plan 2018 – 2021 has been recently developed and includes strategic priorities for Drugs and Alcohol (see attached). Draft Strategic Plan 2018-21 (1).pdf Priority 1 • Revise and improve our services to those suffering harm through alcohol and substance abuse • Develop pathways within community payback orders to increase the use of specific alcohol, drug and mental health requirements and interventions to promote healthy living and risk reduction. Priority 2 • Roll out our Recovery Orientated System of Care (ROSC) service model which establishes closer links to communities for individuals with Alcohol & Drugs and/or Mental Health issues. • Implement an alcohol intervention and education programme, establishing closer links to partners and communities to raise awareness and reduce alcohol related harm.

	Priority 8 • Support the national priority for the implementation of the rollout of the Drugs & Alcohol Information System (DAISy) across alcohol and drugs services. The ADP reports directly to the Integrated Joint Board via the ADP chair. The ADP annual reports and any ADP specific submissions are coordinated by the ADP Coordinator, populated via contributions from ADP members, ISD data, and local statistical information, and then signed off by the ADP Chair before going to the IJB for approval then submission to the appropriate body. *The Public Bodies (Joint Working) (Scotland) Act 2014 requires that certain prescribed functions relating to the health and social care of adults must be delegated to an Integration Authority, which in the case of East Dunbartonshire will be published via a body corporate model, taking the form of an Integration Joint Board (IJB). The IJB has assumed strategic responsibility for these functions and through this for the delivery of a range of health and wellbeing outcomes. It has set out its priorities and commissioning intentions within a Strategic Plan. The IJB directs the Council and Health Board to deliver services in line with the Strategic Plan and applies operational oversight in relation to the effectiveness, efficiency and economy of those operational services. These services include alcohol and drug services for adults aged over 18. In order to ensure that it can discharge its responsibilities in these regards, the IJB needs to ensure that a coherent and robust set of governance arrangements are established and maintained.* The HSCP's governance arrangements are provided via the Chief Officer and Chief Financial Officer, who provide regular performance management, reports to the IJB including matters relating to the Alcohol and Drug Partnership. Scottish Government guidance recommends that each HSCP establish an Audit Committee to consider a range of matters including reports relating to internal audit and annual accounts. In addition, the HSCP is supported by clear governance lines relating to planning, clinical and care governance, adult protection, professional advice, staff partnership and stakeholder engagement. An integrated governance framework has been developed and approved, with a supporting governance structure to facilitate those arrangements that also sets out the relationship to and with the Community Planning Partnership of which the HSCP will be a full partner. The ADP also links into Community Planning via the latest LOIP, one of the priorities being, alcohol

misuse prevention and control and alcohol and drug addiction recovery (see attached).

App 1 LOIP final.pdf

There is also an existing partnership arrangement, securing Scottish Government's ABI priority target for the delivery of ABIs'. This approach is collaboration with a 3rd sector partner supporting in the delivery of the ABI target in East Dunbartonshire, which in itself contributes the ABI target for the Greater Glasgow and Clyde Board area. In considering this year's performance and projecting ahead, the ADP recognises and support the delivery of ABIs in wider settings where there is an identified need, ensuring staff are appropriately trained.

The table below highlights that the ED ADP achieved the required number of ABI and provided add tonality to the overall target of NHS GGC.

East Dunbartonshire HSCP: 2017 – 18 ABI Target 487						
Quarter	Primary Care Settings (Inc. non LES)	Wider Settings	Total for Quarter	Target for Quarter	Remainder of Target Outstanding	Percentage Achieved
1	26	152	178	121	309	37%
2	27	138	165	122	144	34%
3	70	1	71	122	73	15%
4	22	197	219	122	0	45%
TOTAL	**145**	**488**	**633**	**487**	**0**	**130%**

In submitting this completed Investment Plan, we are confirming this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

June 2018

APPENDIX 1:

1. **Please provide any feedback you have on this reporting template.**

The ADP Coordinator has been absent since the beginning of 2018, however the work of the ADP is being driven forward by members of the ADP in the Coordinators absence. This report reflects the work being done by the ADP members, commissioned services and other partners and stakeholders.

East Dunbartonshire Health & Social Care Partnership

Chief Officer: Mrs Susan Manion

Agenda Item Number: 10

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	15th November 2018
Subject Title	Audit Scotland –2017/18 East Dunbartonshire IJB Annual Audit Report
Report By	Jean Campbell, Chief Finance & Resources Officer
Contact Officer	Jean Campbell, Chief Finance & Resources Officer (0141 777 3311 Ext 3221)

Purpose of Report	The purpose of this report is to present the Annual Audit Report for the financial year ended 31st March 2018 which has been prepared by the IJB's external auditors, Audit Scotland.

Recommendations	The Board Committee is asked to: a) Consider the contents of the Annual Audit Report for the Financial Year 2017/18 as noted and agreed by the Performance, Audit and Risk Committee.

Relevance to HSCP Board Strategic Plan	The audit function 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..

Implications for Health & Social Care Partnership

Human Resources:	Nil

Equalities:	Nil

Financial:	The Annual Audit report provides an opinion on the annual accounts for the partnership and considers the wider audit dimensions that frame the scope of public sector audit requirements including financial management arrangements, financial sustainability, governance and transparency and value for money.

Legal:	Nil

Economic Impact:	Nil

Sustainability:	Nil

Risk Implications:	The report sets out the key risks for the partnership and an action plan which mitigates these risks.

Implications for East Dunbartonshire Council:	None directly.

Implications for NHS Greater Glasgow & Clyde:	None directly.

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

MAIN REPORT

1.1 The Annual Audit report for 2017/18 is attached as **Appendix 1** and presents a summary of the key findings arising from the 2017/18 audit.

1.2 An action plan has been developed within the partnership to take forward the audit recommendations and this is included as **Appendix 2.**

East Dunbartonshire Integration Joint Board

2017/18 Proposed Annual Audit Report

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

21 September 2018

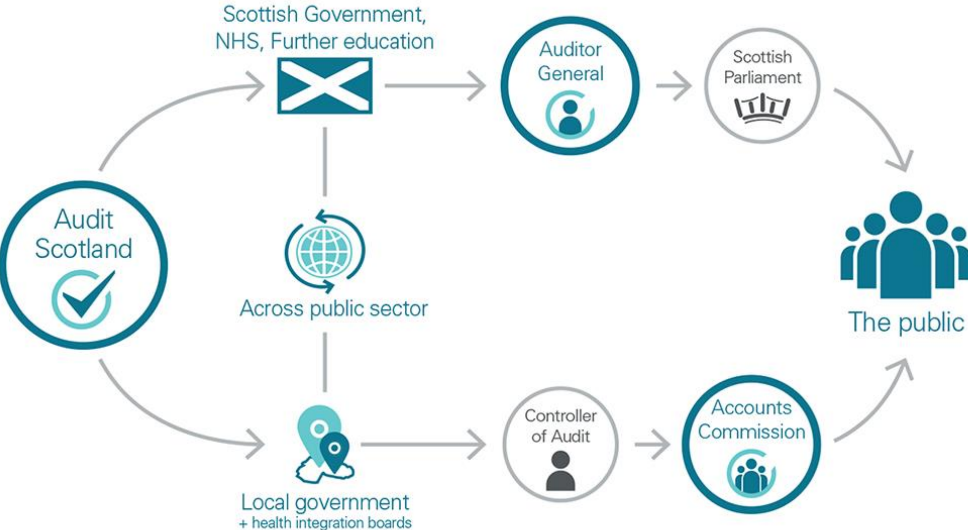
Who we are

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

- The Auditor General is an independent crown appointment, made on the recommendation of the Scottish Parliament, to audit the Scottish Government, NHS and other bodies and report to Parliament on their financial health and performance.

- The Accounts Commission is an independent public body appointed by Scottish ministers to hold local government to account. The Controller of Audit is an independent post established by statute, with powers to report directly to the Commission on the audit of local government.

- Audit Scotland is governed by a board, consisting of the Auditor General, the chair of the Accounts Commission, a non-executive board chair, and two non-executive members appointed by the Scottish Commission for Public Audit, a commission of the Scottish Parliament.



About us

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

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

- carrying out relevant and timely audits of the way the public sector manages and spends money

- reporting our findings and conclusions in public

- identifying risks, making clear and relevant recommendations.

Contents

Key messages 4

Introduction 5

Part 1 7
Audit of 2017/18 annual accounts

Part 2 11
Financial management and sustainability

Part 3 17
Governance, transparency and value for money

Appendix 1 22
Action plan 2017/18

Appendix 2 30
Significant audit risks identified during planning

Appendix 3 33
Summary of national performance reports 2017/18

Key messages

2017/18 annual report and accounts

1. The revised financial statements of East Dunbartonshire Integrated Joint Board for 2017/18 give a true and fair view of the state of its affairs and of its net expenditure for the year.
2. Whilst this is the case, the unaudited financial statements misrepresented the financial position of the IJB as a £0.94 million surplus when £2 million of reserves had been used to fund the services. The revised financial statements now correctly disclose the £1.1 million deficit on delivering services in the year.
3. The quality of the unaudited financial statements was disappointing with improvements identified through last year's audit being disregarded. The financial statements were updated and are now of an acceptable standard.
4. We have issued an unqualified Independent Auditor's Report on the East Dunbartonshire Integrated Joint Board Annual Accounts for 2017/18.

Financial management and sustainability

5. The IJB has appropriate and effective budgetary processes arrangements in place which provide timely and reliable information for monitoring financial performance. However, additional information on the achievement of savings targets would provide more transparency.
6. The IJB incurred a deficit of £1.1 million, with the budget for 2018/19 anticipating further use of reserves. This is not a sustainable position beyond the short term.
7. The IJB now holds reserves of £2.1 million, which is below its strategic target of £3.1 million. Balancing the budget by using reserves is not sustainable in the medium term.
8. The IJB has implemented a medium term financial plan, but a long term (5 years and over) financial plan has yet to be developed.
9. Key controls within the main financial systems of both partners bodies were operating satisfactorily.

Governance, transparency and value for money

10. The IJB has appropriate governance arrangements in place that support the scrutiny of decisions by the board.
11. Improvements could be made to the transparancy of the IJB, specifically with the accessability of Audit Committee papers.
12. The annual performance report was deficient in several respects. It did not include any evidence to demonstrate how Best Value is being delivered.

Introduction

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

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

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

Exhibit 1
Audit dimensions

Source: *Code of Audit Practice 2016*

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

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

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

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

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

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

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

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

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

Adding value through the audit

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

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

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

Part 1

Audit of 2017/18 annual accounts

Main judgements

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

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

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

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

Audit opinions on the annual accounts

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

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

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

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

Submission of annual accounts for audit

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

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

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

Recommendation 1 (refer appendix 1, action plan)

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

Risks of material misstatement

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

Materiality

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

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

Exhibit 2
Materiality values

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

Source: Audit Scotland 2017/18 Annual Audit Plan

How we evaluate misstatements

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

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

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

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

Exhibit 3
Significant findings from the audit of the financial statements

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

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

Good practice in financial reporting

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

Follow up of prior year recommendations

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

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

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

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

Part 2

Financial management and sustainability

Main judgements

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

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

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

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

Financial management

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

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

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

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

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

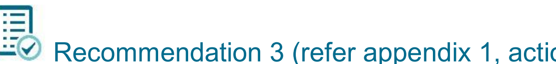
in post throughout the accounting year and is responsible for ensuring that appropriate financial services are available to the IJB and the Chief Officer.

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

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

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

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


Recommendation 3 (refer appendix 1, action plan)

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

Financial performance in 2017/18

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

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

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

Exhibit 4
Performance against budget

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

Source: East Dunbartonshire IJB Final Outturn Report 2017/18

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

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

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

Efficiency savings

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

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

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

Recommendation 4 (refer appendix 1, action plan)

Financial Planning

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

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

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

Recommendation 5 (refer appendix 1, action plan)

Reserves strategy

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

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

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

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

Exhibit 5
Summary of Reserves

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

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

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

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

Systems of internal control

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

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

Workforce planning

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

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

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

Recommendation 7 (refer appendix 1, action plan)

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

Part 3

Governance, transparency and value for money

Main judgements

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

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

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

Refreshed Strategic Plan

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

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

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

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

Governance arrangements

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

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

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

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

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

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

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

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

Recommendation 8 (refer appendix 1, action plan)

Transparency

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

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

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

Recommendation 9 (refer appendix 1, action plan)

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

Internal audit

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

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

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

Recommendation 10 (refer appendix 1, action plan)

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

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

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

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

Other governance arrangements

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

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

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

Recommendation 11 (refer appendix 1, action plan)

Value for money and performance management

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

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

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

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

Recommendation 12 (refer appendix 1, action plan)

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

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

National performance audit reports

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

Health and Social Care Integration performance audit

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

Appendix 1

Action plan 2017/18

2017/18 recommendations for improvement

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

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

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

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

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

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

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

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

Appendix 2

Significant audit risks identified during planning

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

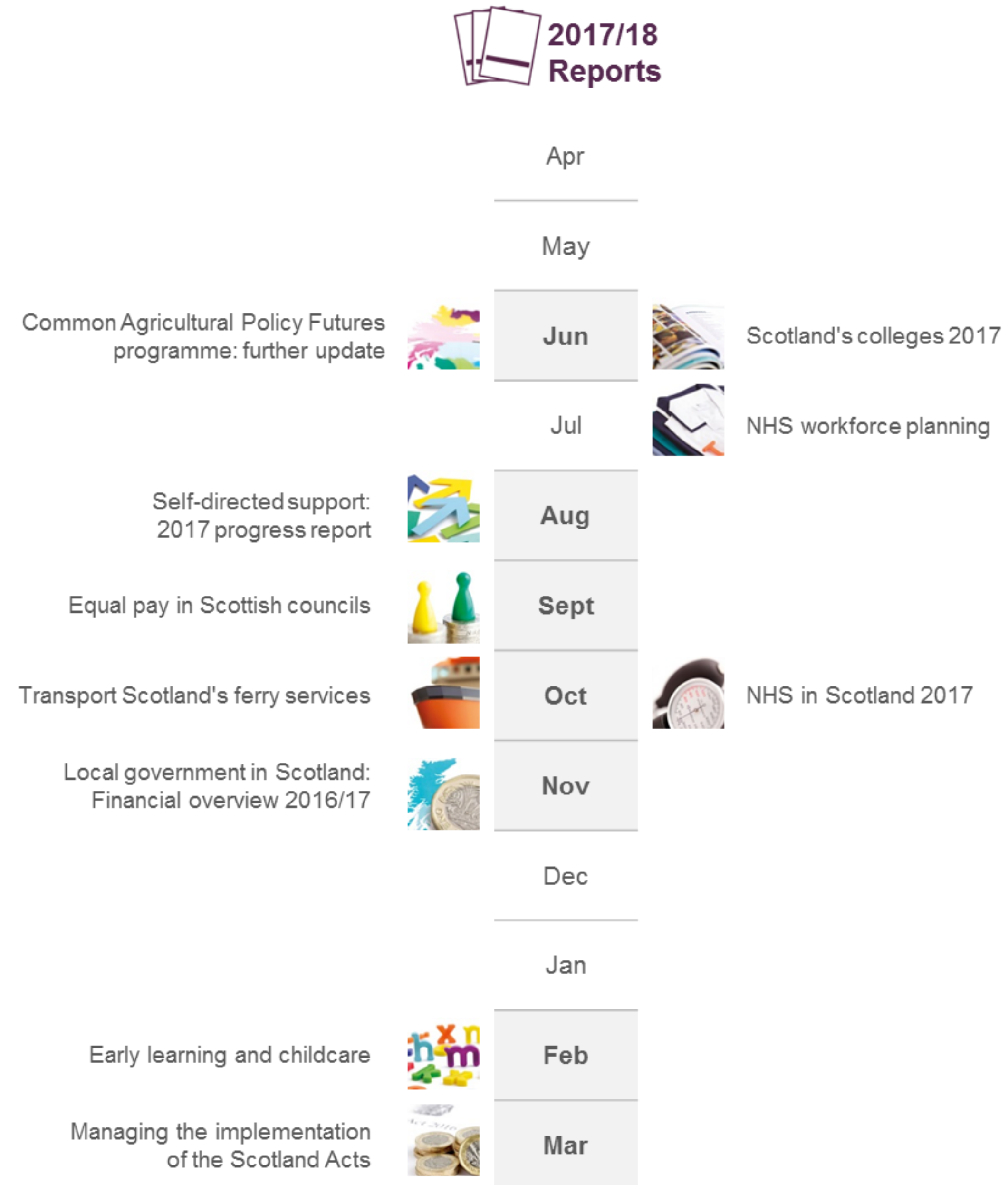
Audit risk	Assurance procedure	Results and conclusions
Risks of material misstatement in the financial statements		
1 **Management override of controls** ISA 240 requires that audit work is planned to consider the risk of fraud, which is presumed to be a significant risk in any audit. This includes consideration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

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

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

Appendix 3

Summary of national performance reports 2017/18



Reports relevant to Integration Joint Boards

Self-directed support: 2017 progress report – August 2017

NHS in Scotland 2017 – October 2017

East Dunbartonshire IJB

2017/18 Proposed Annual Audit Report

If you require this publication in an alternative format and/or language, please contact us to discuss your needs: 0131 625 1500 or **info@audit-scotland.gov.uk**

For the latest news, reports and updates, follow us on:

Audit Scotland, 4th Floor, 102 West Port, Edinburgh EH3 9DN
T: 0131 625 1500 E: **info@audit-scotland.gov.uk**
www.audit-scotland.gov.uk

East Dunbartonshire HSCP

ED IJB Annual Audit Report 2017/18 – Action Plan

Audit Issue	Audit Recommendation	Action	Person Responsible	Timescales
1. Quality Assurance Review – the quality of the draft 2017/18 unaudited accounts were of a lower than expected standard.	Prior to submission for audit, IJB should carry out a quality assurance review of the unaudited accounts to identify and eliminate errors.	• Development of quality assurance framework for the Annual Accounts. • Independent review of the unaudited accounts prior to submission to Audit Scotland. • Review of Audit Scotland good practice note to inform the preparation of the Annual Accounts. • Review of finance structure to support CFO role to provide capacity for quality assurance review.	Jean Campbell , CFRO	April 2019
2. Set Aside – the figure included for set aside is an estimate based on 2015/16 activity levels	NHSGG&C and the IJB should prioritise revised processes for planning & performance management of delegated hospital functions and associated resources in 2017/18	• Progress work in conjunction with NHS GG&C to develop a financial framework for the set aside budget.	NHS GG&C, SG, IJB CFO's	April 2019
3. Budget & performance monitoring arrangements – budget and performance monitoring currently reported separately which presents challenges in matching budget variance with service performance.	IJB should seek to combine these elements to ensure that members have a clear sight of the impact of variances against budget tom service performance.	• Review of performance reports to incorporate financial information, where appropriate and meaningful. • Performance framework is in development; consider options for aligning financial performance to that of service performance.	Jean Campbell , CFRO	December 2018

Audit Issue	Audit Recommendation	Action	Person Responsible	Timescales
4. Efficiency Savings – there is no formal mechanism in place to identify and report on whether savings targets are being met and how these are being achieved	IJB should develop a mechanism to demonstrate how planned efficiency savings are being met as well as the risk status and implications should these savings not be met	• Develop a regular reporting mechanism to the IJB on progress of savings plan within revenue monitoring reports	Jean Campbell , CFRO	Complete
5. Long Term Financial Plans – there is no long term financial plans in place which demonstrate how the IJB will secure the financial sustainability of its services in the future.	A long term financial strategy (5yrs +) supported by clear and detailed financial plans is prepared to include best worst, most likely scenario planning	• Develop a high level 5 year financial plan	Jean Campbell , CFRO	December 2018
6. Review of Earmarked Reserves - £3.1m allocated as earmarked reserves. There were a few instances where reserves were earmarked despite not meeting the criteria	IJB should undertake a review of its earmarked reserves to ensure they have been earmarked for known or predicted requirements.	• Review earmarked reserves to ensure these meet the criteria.	Jean Campbell , CFRO	Completed as part of the budget setting process, reviewed on an ongoing basis.
7. Workforce Action Plan – Workforce action plan approved by the IJB in March 2018 – while this listed areas for improvement, there was a lack of action owners and timescales for completion.	IJB should ensure that the workforce plan is updated with appropriate owners and achievable deadlines included.	• Action plan to be updated to incorporate named individuals and timescales for delivery	Tom Quinn, Head of People & Change	December 2018

Audit Issue	Audit Recommendation	Action	Person Responsible	Timescales
8. Financial regulations – the financial regs refer to incorrect legislation in relation to the audit and publication timetable, and the scheme of delegation does not declare whose responsibility it is to sign the audited financial statements.	The IJB should update their regulations	• Progress review and update of the IJB financial regulations to reflect current legislation.	Jean Campbell , CFRO	March 2019
9. Transparency – minutes and papers for each Board meeting are available through the IJB website, other committee / group papers are not publicly available.	IJB should enhance transparency by publishing papers submitted to standing committees and groups.	• The papers for the Performance, Audit & Risk Committee to be published on the website.	Louise Martin, Head of Administration	October 2018
10. Internal Audit – NHSGG&C internal auditors do not share copies of individual internal audit reports with the IJB or attend meetings of the IJB's Audit Committee.	IJB should review internal audit arrangements to ensure that all internal audit report affecting the IJB are presented to the IJB's Audit Committee.	• Review of internal audit arrangements in discussion with Internal Audit function within NHSGG&C	Jean Campbell , CFRO Gillian McConnachie, Chief Internal Auditor	December 2018

Audit Issue	Audit Recommendation	Action	Person Responsible	Timescales
11.GDPR – IJB has not formally considered and reported on its own responsibilities regarding GDPR in order to assess whether it is a controller of personal information and if so, whether it needs to identify and appoint a Data Protection Officer.	IJB should formally consider and report on its responsibilities in relation to GDPR	• Consider the role of the Data Protection Officer functionality to the partnership. • Develop Records Management Plan • Report to be presented to IJB clarifying responsibility for GDPR	Jean Campbell , CFRO	January 2019
12.Demonstrating Best Value – annual performance report would include a section on best value, this has not been included within the 2017/418 report.	IJB should develop an approach to demonstrate that it is meeting its best value duties and report on this accordingly.	• Review to be progressed of the partnership's performance against the SG's Best Value framework. • Annual Performance Report to reflect best value guidance contained within the Public Bodies(Joint Working) (Scotland) Act.	Jean Campbell , CFRO	March 2019

Chief Officer
Susan Manion

Agenda Item Number: 11

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	15th November 2018
Subject Title	East Dunbartonshire Draft Performance, Audit & Risk Committee Minutes of 21st September 2018
Report By	Jean Campbell, Chief Finance & Resources Officer
Contact Officer	Jean Campbell, Chief Finance & Resources Officer Tel: 0141 232 8216, Jean.Campbell2@ggc.scot.nhs.uk

Purpose of Report	To provide the Board with an update on the business of the Performance, Audit & Risk Committee held on the 21st September 2018.

Recommendations	The Integration Joint Board is asked to: a. Note the contents of the minute of the **draft** Performance, Audit & Risk Committee held on the 21st September 2018.

Relevance to HSCP Board Strategic Plan	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..

Implications for Health & Social Care Partnership

Human Resources	none

Equalities:	N/A

Financial:	None.

Legal:	None.

Economic Impact:	None

Sustainability:	None

Risk Implications:	N/A

Implications for East	N/A

Chief Officer
Susan Manion

Dunbartonshire Council:	

Implications for NHS Greater Glasgow & Clyde:	N/A

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

Chief Officer
Mrs Susan Manion

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

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

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

No.	Topic	Action by
1.	**Welcome and Apologies**	
	Jacqueline Forbes welcomed those present. Susan Manion, Ian Ritchie, Sheila Mechan and Mags McGuire's apologies were noted.	
2.	**Minutes of previous meeting – 27th June 2018**	
	The minute of the meeting held on 27th June 2018 was approved as an accurate record.	
3.	**Audit Scotland – Draft 2017/18 East Dunbartonshire IJB Annual Audit Report**	
	Mrs Mitchell-Knight and Mr Lindsay gave an overview of the plan for 2017/18, which was previously circulated with the agenda, the Auditor's letter and letter of representation from the Chief Finance & Resources Officer. Mrs Mitchell-Knight highlighted the key issues and advised that there are no matters other than those set out in the report that need to be brought to the attention of the Committee. Mrs Murray was reassured those significant errors had now been corrected and that appropriate governance measures were now put in place. Mrs Forbes asked that we ensure the final audited accounts are used going forward rather than the unaudited accounts. The Committee noted the report.	
4.	**ED HSCP 2017/18 Final Audited Accounts**	

	Ms Campbell presented the final audited annual accounts 2017/18 and advised that this had been updated to remedy any consistency and presentational issues identified throughout the audit process. The report presents a year end deficit for the partnership of £1.1m. As reported to the IJB throughout the financial year, this required a drawdown from general reserves of £1.7m to mitigate the net impact of pressures in relation to Adult and Children's Social Work services. Ms Campbell advised that there is a requirement for financial accounts to be signed by the Chair, Chief Officer and Chief Finance & Resources Officer. Mrs Forbes queried the Expenditure and Income Analysis on page 32 which details the total paid in by both organisations – in excess of £151m, however this does not equate to the contribution each partner made. Ms Campbell advised that this relates to historic resource transfer monies, pre the set up of the IJB, and relates to funding transferred from Health into the Local Authority to support community based services in response to hospital closure programmes such as Woodilee, Lennox Castle in years gone by. The Committee approved the recommendations and noted the report.	
5.	**EDC Internal Audit Progress Update 2018/19**	
	Mrs McConnachie gave an overview of the outputs for 2018/19 relevant to the HSCP, covering the period from April 2018 to July 2018. Any risks are highlighted to management in action plans appended to the audit reports. Progress is being against the 2018/19 plan with 11 outputs completed. An additional 9 outputs are in progress, which include; Freedom of Information, Direct Payments and Carefirst. Mrs Forbes commented that the progress was reasonable. The Committee noted the update.	
6.	**EDC Final Follow Up Audit Review 2017/18**	
	Mrs McConnachie provided a summary of outstanding audit issues, focusing on high risk areas which include: outstanding risks relating to Homecare, Carefirst, Direct payments and Social Work Contract monitoring. Mrs Forbes referred to 4.3 in the report which highlights Business Continuity as being high risk, however, there is no evidence to demonstrate that we are making progress. Ms Campbell reassured the Committee that progress was underway and outlined that controls were being put in place via various electronic systems. Mrs Forbes highlighted that Appendix 1 outlines that progress had been made under the Homecare review however, no target dates were identified. These need to be included. The Committee noted the report.	
7.	**NHSGGC PwC Internal Audit Activity to June 18**	

	Mrs McConnachie gave an overview of PwC's Internal audit annual report on NHSGG&C. The audit opinion given by PwC on NHS Greater Glasgow & Clyde is generally satisfactory with some improvements required. Governance, risk management and control in relation to business critical areas is generally satisfactory, however, there are some areas of weakness and non-compliance in the framework of governance, risk management and control which potentially put the achievement of objectives at risk. Three of the audit findings identified during 2017/18 rated as high risk should be reported in the Governance Statement. These include waiting times management, achieving financial balance & mental health and crisis management. NHS Greater Glasgow & Clyde has accepted their findings. Mrs Forbes highlighted that the increase and demand currently experienced across the NHS is putting strain on the budget. Mrs Murray questioned the comment in the audit report regarding not having access to the full audit reports for NHSGG&C. Ms Campbell clarified that they have no obligation to disclose this to the IJB as the contractual arrangement for provision of the internal audit arrangements is between NHS GG&C and the appointed auditors, however discussion are underway with Chief Internal Auditors to improve these arrangements and ensure sufficient oversight of report to provide assurances to IJB Audit Committees. The Committee noted the update.	
8.	**Homecare – Care Inspectorate Report**	

	Mr Pearce provided an update on the outcome of the unannounced inspection of Homecare services by the Care Inspectorate in May 2018. The three quality themes the inspection looked at include; Quality of Care and Support; Quality of Staffing and Quality of Management and Leadership. The results represent a significant decline in comparison to the last announced inspection in April 2017. Although the inspection report is concerning, the inspectorate recognised good practice by our carers and very positive feedback from customers. This allows us a benchmark and creates an opportunity for reflection and development. A formal service review had already been initiated jointly between the HSCP and EDC Organisational Transformation prior to the inspection. An action plan has been developed, signed off internally and submitted to the Care Inspectorate who has accepted it. A number of areas are already in progress and some have been actioned. The areas covered in the action plan include; Person centered assessment, support planning and review; Customer/Carer involvement; Staff vacancies and absence; Workload and shift rotas; Staff induction, registration and supervision; Training and Quality assurance. This will now be implemented by the service and the impact on service and quality improvement will be monitored. The Care Inspectorate will re-visit the service in December 2018 to follow up on the required action. Mrs Forbes highlighted that the report was worrying, particularly around staff turnover and asked what the reason for this is. Mr Pearce explained that it is difficult to retain staff mainly due to the level of pay and it can also be a physically demanding role. Mrs Murray recommended noting the initiation of a service review of homecare in the development plan as it is only mentioned in the summary. She suggested including a hyperlink. Mr Moir was concerned about staff morale in terms of staff turnover. Staff need to know it is being taken seriously and that they are valued. Mr Pearce assured the Committee that the review process will be robust to engage with staff. The Committee noted the report.	
9.	**Adult Support & Protection Inspection**	

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

Chief Officer
Susan Manion

Agenda Item Number: 12

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	15th November 2018
Subject Title	Appointment of Standards Officer
Report By	Susan Manion, Chief Officer Tel: 0141 232 8216
Contact Officer	Susan Manion, Chief Officer Tel: 0141 232 8216

Purpose of Report	The purpose of this Report is to agree the appointment of a Standards Officer as required by the Ethical Standards in Public Life etc. (Scotland) Act 2000.

Recommendations	The Integration Joint Board is asked to: a. Agree to appoint, subject to the approval of the Standards Commission for Scotland, the Chief Solicitor & Monitoring Officer, East Dunbartonshire Council as Standards Officer for the East Dunbartonshire Health and Social Care Partnership; and b. Agree to remit to the Chief Officer to seek the Standards Commission's approval of the appointment.

Relevance to HSCP Board Strategic Plan	The Integration Joint Board is a public body and as such, is required by the Ethical Standards in Public Life (Scotland) Act 2000 to appoint a Standards Officer.

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	None.

Legal:	This appointment will ensure compliance with a statutory duty and provide assurance in terms of wider corporate governance.

Economic Impact:	None

Sustainability:	None

Risk Implications:	There are significant legal and corporate governance risks in the event that the Board does not appoint a Standards Officer. The role of the Standards Officer is such that it offers a degree of

	assurance and risk management/mitigation in respect of corporate governance matters.

Implications for East Dunbartonshire Council:	There is a resource implication for East Dunbartonshire Council in relation to the allocation of time and resource to support the Standards Officer function.

Implications for NHS Greater Glasgow & Clyde:	None

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

MAIN REPORT

1.1 Introduction

The East Dunbartonshire Health & Social Care Partnership is a devolved public body for the purposes of the Ethical Standards in Public Life etc. (Scotland) Act 2000 ("the 2000 Act"). It is a requirement in terms of the ethical standards legislative framework for the Board to appoint a Standards Officer with responsibility for advising and guiding members of the Integration Joint Board on issues of conduct and propriety.

1.2 The requirements of the 2000 Act and the Codes of Conduct, which form part of the ethical standards framework, apply to members of the Board as they do to other members of devolved public bodies.

1.3 Oversight and enforcement of the ethical standards legislative framework rests with the Standards Commission for Scotland. The Standards Commission is an independent body whose responsibility is to encourage high ethical standards in public life. It does this through the publication and enforcement of Codes of Conduct.

1.4 The Commissioner for Ethical Standards in Public Life in Scotland investigates complaints about the conduct of MSPs, councillors and members of public bodies. The Commissioner also monitors how people are appointed to the boards of specified public bodies.

1.5 The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 require the Board to appoint a Standards Officer whose role is to keep the Register of Interests and provide advice and support in connection with Code of Conduct issues at a local level. The Standards Officer will also act as the liaison officer between the Board and the Standards Commission.

1.6 An advice note has been prepared by the Standards Commission on the role of a Standards Officer and this is attached at **Appendix 1**.

1.7 The role of the Standards Officer includes

- Ensuring appropriate training is provided to Board members on the Ethical Standards Framework and the Code of Conduct.

- Contribute to the promotion and maintenance of high standards of conduct by providing advice and support to members.

- Ensuring the Board keeps a Register of Interest and a Gifts and Hospitality Register.

- Ensure there is a consistent approach to obtaining and recording declarations of interest.

- An investigative role if local resolution is appropriate in respect of complaints or concerns made about a Board Member's conduct.

- Report to the Board when necessary on the Code of Conduct.

- Act as the principal liaison officer with the Standards Commission.,

- Act as the principal liaison officer with the Commissioner for Ethical Standards in Public Life in Scotland and assist where necessary in connection with the investigation of complaints against a Board Member

1.8 As a separate legal entity with no employees, it is proposed that the Board appoint an employee of East Dunbartonshire Council as its Standards Officer

1.9 There is no specific requirement as to who should be appointed as the Board's Standards Officer. However, it has been noted many other Integration Joint Boards have appointed either the relevant head of the Council service responsible for committees or an officer of that service.

1.10 The proposed appointment requires to be approved by the Standards Commission. The approval process requires the Chief Officer to provide the following information:

A summary of the Standards Officers' key responsibilities;

- The name of the nominated individual;
- Whether the nominated individual is an existing Monitoring or Standards Officer; and
- The steps the Chief Officer has taken to assure themselves of the individual's suitability.

1.11 It is proposed to appoint the Council's Chief Solicitor & Monitoring Officer to the role of Standards Officer. The post holder, Karen Donnelly, is an experienced Monitoring Officer and understands the role and governance context of the Board. It is considered that Karen Donnelly, in her capacity as Chief Solicitor & Monitoring Officer is a suitable and appropriate person to be appointed to this role by the Board.

INTEGRITY IN PUBLIC LIFE

ADVICE ON THE ROLE OF A STANDARDS OFFICER

1. Introduction

1.1 The Standards Commission for Scotland (Standards Commission) acknowledges that, unlike the role of a Council's Monitoring Officer, the Standards Officer of a devolved public body has limited responsibilities as specified within The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Amendment Regulations 2003 (Scottish Statutory Instrument 2003/135). It may be that there is not an individual within a devolved public body who has the specific job title of 'Standards Officer'. This Advice Note is, therefore, aimed at any individual who is either solely or jointly responsible for undertaking the duties and responsibilities outlined below, regardless of whether or not they have the formal title of Standards Officer.

1.2 This Advice Note aims to assist Standards Officers by providing an outline of the role and responsibilities, within the ethical standards framework, of a Standards Officer operating within a Schedule 3 devolved public body and the duties they may be expected to discharge. However, it is not intended to be prescriptive as the Standards Commission recognises that governance and staffing arrangements are entirely a matter for each devolved public body to determine.

2. Background

2.1 The Standards Commission's functions are provided for by the Ethical Standards in Public Life etc. (Scotland) Act 2000 (the 2000 Act) as amended by the Scottish Parliamentary Commissions and Commissioners etc. Act 2010. The 2000 Act created an ethical standards framework whereby councillors and members of devolved public bodies are required to comply with Codes of Conduct, approved by Scottish Ministers, together with Guidance issued by the Standards Commission.

2.2 The role of the Standards Commission is to:

- Encourage high ethical standards in public life; including the promotion and enforcement of the Codes of Conduct and to issue guidance to councils and devolved public bodies.
- Adjudicate on alleged breaches of the Codes of Conduct, and where a breach is found, to apply a sanction.

2.3 Complaints about potential breaches of the Codes of Conduct are investigated by the Commissioner for Ethical Standards in Public Life in Scotland (CESPLS). Following the investigation, and where the CESPLS determines that a contravention of a Code of Conduct is established, the CESPLS will then submit a Report to the Standards Commission.

2.4 The Standards Commission will review the Report and determine whether to:

- direct the CESPLS to carry out further investigations;
- hold a hearing; or
- do neither.

2.5 If the decision of the Standards Commission is to hold a hearing, this process will be used to determine whether a councillor or member of a devolved public body has contravened either the Councillors' Code or the Members' Code. If the evidence presented to the Standards Commission's Hearing Panel supports, on the balance of probabilities, that a breach of the Code had occurred the Hearing Panel will then determine the level of sanction to be applied in accordance with the 2000 Act.

2.6 Individual Codes of Conduct have been created and approved for all devolved public bodies described within Schedule 3 of the 2000 Act. Codes of Conduct currently apply to the following categories of public bodies:

- National Bodies e.g. Scottish Legal Aid Board
- Regional Bodies e.g. Highlands and Islands Enterprise
- National Health Service Boards
- Health & Social Care Integrated Joint Boards
- Further Education Colleges
- National Parks
- Regional Transport Partnerships
- Community Justice Authorities

There are approximately 1400 Board Members appointed to Devolved Public Bodies.

3. Members of the Devolved Public Body

3.1 The Standards Officer is responsible for ensuring that appropriate training is given to Board Members on the Ethical Standards Framework, the Members' Code of Conduct and the guidance issued by the Standards Commission on the Model Code of Conduct. This includes ensuring training is provided on induction and also on a regular basis thereafter.

3.2 The Standards Officer should contribute to the promotion and maintenance of high standards of conduct by providing advice and support to members on the interpretation and application of the Code of Conduct.

3.3 Under Scottish Statutory Instrument 2003/135, the Standards Officer is responsible for ensuring the body keeps a Register of Interests. The Standards Officer should ensure

the Members' Register of Interests in maintained and that a reminder to update entries on the Register of Interests is issued to Members at least once a year.

3.4 The Standards Officer should be responsible for ensuring the Members' Register of Gifts and Hospitality is maintained. The Standards Officer should ensure that a reminder to update entries on the Register of Gifts and Hospitality is issued to Members at least once a year and that Members are aware of the duty to report any change in their circumstances within one month.

3.5 The Standards Officer should ensure the body has in place a consistent approach to obtaining and recording declarations of interest at the start of its meetings.

3.6 The Standards Officer may have an investigatory role if local resolution is attempted in respect of complaints or concerns made about a Member's conduct.

3.7 The Standards Officer should also ensure that officers are aware of / familiar with the requirements of the Member's Code of Conduct.

3.8 The Standards Officer may be required report to the Board from time to time on matters relating to the Ethical Standards Framework that may require review. The Standards Officer should report any concerns about compliance with the Code of Conduct to the Chief Executive.

3.9 The Standards Officer should provide support to the body's Governance or Standards Committee, if such a committee has been established.

4. The Standards Commission

4.1 The Standards Officer will be the principal liaison officer between the body and the Standards Commission and may assist the Standards Commission whenever necessary in connection with any complaints against a Member of the body and in all matters relevant to the Ethical Standards Framework.

4.2 The Standards Officer should be the point of contact for the Standards Commission and should advise the Standards Commission if they are leaving their post.

4.3 The Standards Officer should try to attend any events arranged by the Standards Commission in order to be kept up to date with all relevant developments in respect of the Ethical Standards Framework and to help keep the Standards Commission abreast of any issues or tends that emerge.

4.4 The Standards Officer should familiarise themselves with the content of the Standards Commission's professional briefings and should ensure these are circulated to Members. The Standards Officer should also regularly review the Standards Commission's decisions and advise Members of any relevant learning points that have arisen at recent Hearings.

4.5 The Standards Officer should respond to any relevant Standards Commission's consultations including any consultations in respect of proposed revisions to its guidance.

5. The CESPLS

5.1 The Standards Officer will be the principal liaison officer between the body and the CESPLS and should assist the CESPLS whenever necessary in connection with the investigation of complaints against a Member of the body. This includes providing information and evidence as requested and making arrangements for interviewing of any officers or other Members if CESPLS requires them as witnesses

5.2 If local resolution in respect of complaints or concerns made about a Member's conduct is deemed inappropriate in the circumstances or is unsuccessful, the Standards Officer may be responsible for reporting any alleged breach of the Code of Conduct to the CESPLS.

6. Other Standards Officers

6.1 The Standards Officer should try to develop relationships with other Standards Officers to share knowledge, experience and information about best practice and to see whether any joint training sessions for Members can be arranged.

Chief Officer
Susan Manion

Agenda Item Number: 13

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	15 November 2018
Subject Title	Public, Service User & Carer (PSUC) Representative Support Group Report of the 1st October 2018
Report By	Martin Brickley (Service User Representative) / Jenny Proctor (Carers Representative)
Contact Officer	David Radford Health Improvement & Inequalities Manager David.radford@ggc.scot.nhs.uk 0141 355 2391

Purpose of Report	The report describes the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUC)

Recommendations	It is recommended that the HSCP Board note the progress of the Public, Service User & Carer Representatives Support Group.

Relevance to HSCP Board Strategic Plan	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.

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	None

Legal:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

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

1.0	**Main Report**
1.1	The attached report details the actions and progress of the PSUCRSG, highlighting their progress as detailed in **Appendix 1**.
2.0	**SUMMARY**
2.1	The most recent PSUC meeting was on 1 October 2018, where members received a presentation from Stephen McDonald, Joint Service Manager, Older People.
2.2	The group have recently appointed a depute Carer representative to the HSCP Board (Suzanne McGlennan Briggs) and are currently actively promoting the ongoing recruitment for new members.
2.3	The HSCP have recently compiled and completed a Training Needs Analysis (TNA) which will be shared with all members of the PSUC group electronically. This is an agreed Action in the 2018/19 PSUC Action Plan and was also a further recommendation in the recent PSUC Carers Development Session Report.
2.4	The PSUC members received a copy their own 'Mentoring Policy' which was shared for feedback and comment in September 2018 and was then 'adopted' by the members at the 1 October 2018 meeting.
2.5	The members have received replies from their recent missives sent to the Scottish Governments local elected representatives. They have met with one local MSP and the PSUC Chair is in the process of arranging a meeting with the second. The HSCP Board will be updated on the outcome of the two meetings when they have been finalised.

2.6	The members also wish to notify the Board that the PSUC group have been approached by NHS GGC (Glasgow City HSCP) who wishes to further promote the recently produced “Carers Discharge Leaflet”. These will be placed in their hospital Support and Information Service (SIS’s) centres for those attending from East Dunbartonshire. They have also made a request that they be able to adapt the leaflet for all patient/carers who visit NHS Greater Glasgow & Clyde (& regional) hospitals.
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 – 1 October 2018 – Room F33a, KHCC.

Attending; Gordon Cox, Linda Jolly, Avril Jamieson, Martin Brickley, David Bain, Sandra Docherty.

Apologies; Susan Manion, Karen Albrow, Suzanne McGlennan Briggs Fiona McManus and Jenny Proctor.

HSCP Staff in attendance; Stephen McDonald, David Radford and Anthony Craig

Action points agreed at meeting:

- The Chair wishes the action note to record the member's thanks and best wishes to Isobel Twaddle who recently resigned from her role with PSUC group.

Action	By who	When	G	A	R
October LPG meeting dates to be shared with the group.	AC	By 02/10/18			
2019 PSUC meeting dates to be shared with the group.	A/C	By next meeting 10/12/18			
Supply address and directions for the 'Woodlands' centre (for next meeting 10/12/18) to all members.	AC	By 02/10/18			
Member's who have been nominated and seconded into new posts to have their acceptances confirmed and roles shared with all group members.	AC	By 02/10/18			
Training Needs Analysis to be shared with all members to identify capacity and development opportunities for 2019		By 12/10/18			
HSCP staff to source out printing and costs for a PSUC pop-up banner.	AC	By next meeting 10/12/18			
HSCP staff to adapt the health and wellbeing questionnaire that was presented to the group and then share with group for	AC	By next meeting 10/12/18			

discussion.					
Members have asked that HSCP staff contact the 'West GP Cluster' group for permission to adapt and promote the health and social care signposting leaflet/poster.	AC	By next meeting 10/12/18			
List of HSCP SMT and extended SMT speakers to be sourced for PSUC 2019 'Learn and Share'.	AC	By next meeting 10/12/18			

East Dunbartonshire Health & Social Care Partnership

Chief Officer

Susan Manion

Agenda Item Number: 14

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	15th November 2018
Subject Title	East Dunbartonshire HSCP Clinical & Care Governance Minutes of 9th October 2018 (Draft)
Report By	Lisa Williams, Clinical Director
Contact Officer	Lisa Williams, 0141 304 7425, Lisa.Williams@nhs.net

Purpose of Report	To provide the Board with an update of the work of the Clinical & Care Governance Sub Group.

Recommendations	The Integration Joint Board is asked to: a. Note the contents of the minute of the Clinical & Care Governance Sub Group held on the 9th of October 2018 (draft)

Relevance to HSCP Board Strategic Plan	This group support the clinical & care delivery aspects of the Strategic Plan.

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	To oversee clinical & care services provided to service users and carers of East Dunbartonshire and ensure all are treated fairly and equally.

Financial:	None.

Legal:	None.

Economic Impact:	None

Sustainability:	None

Risk Implications:	Group has a responsibility to review complaints received and manage any appropriate outcomes, review all incidents to ensure learning and change is taken forward

	to manage risk and maintain proper governance arrangements.

Implications for East Dunbartonshire Council:	N/A

Implications for NHS Greater Glasgow & Clyde:	N/A

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

East Dunbartonshire
Health and Social Care Partnership

Chief Officer: Susan Manion

Clinical & Care Governance Sub Group
9th October 2018, 3.00pm
Seminar Room 4/5, Stobhill ACAD

Members Present

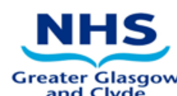
Name	Designation
Lisa Williams	Clinical Director
Susan Manion	Chief Officer
Caroline Sinclair	Head of Community Mental Health, LD & Addictions
David Aitken	Joint Adult Services Manager
Gillian Notman	Change & Redesign Manager
Alex O'Donnell	Criminal Justice Service Manager
Claire Carthy	Fieldwork Manager
Carolyn Fitzpatrick	Lead for Clinical Pharmacy and Prescribing
Leanne Connell	Senior Nurse, Adult Nursing
Lorna Hood	Senior Nurse, Children & Families
Michael McGrady	Consultant in Dental Public Health Clinical Effectiveness Co-ordinator
Lorraine Currie	Operations Manager, Mental Health
Suzanne Greig	Interim Fieldwork Manager

In Attendance

Name	Designation
Dianne Rice	Clinical Governance Support Officer

Apologies

Name	Designation
Derrick Pearce	Head of Community Health and Care Services
Stephen McLeod	Head of Specialist Children's Services
Fraser Sloan	Clinical Risk Analysis
Fiona Munro	Manager, Rehab & Older Peoples Services
Andrew Millar	Clinical Effectiveness Co-ordinator
Raymond Carruthers	Operational Service Manager, Oral Health
Wilma Hepburn	Professional Nurse Advisor
Raymond Walsh	Resources Manager



No.	Topic	Action
1	**Apologies and attendance**	
	Apologies and attendance are detailed on page 1 Lisa Williams welcomed all attendees to the group.	
2	**(a) Minutes of Previous Meeting – 27th July 2018**	
	The minutes of the 27th July 2018 were agreed as can accurate reflection of the meeting.	
	(b) Rolling Action List	
	The group viewed the outstanding actions from the previous meeting. Dianne will update the document to reflect updates.	**DR**
3	**Matters Arising**	
	Service Inspections – Progress Report Raymond Walsh, Operations Manager provided a technical report, which was circulated previously with the agenda, providing progress made against actions identified following the inspection of the Fostering and Adoption Service. Claire Carthy advised that the service is due to be inspected again at the end of October and following this inspection, Claire will bring and update to the November Clinical & Care Governance meeting. HSE Audit – Building User Group progress Derrick Pearce was unfortunately unable to attend the meeting and it was agreed that this item would be deferred to the November meeting.	**CC** **DP/DR**
4	**Governance Leads Update / Reports**	
4a.	Core Audit Reports No issues were noted. Lorna Hood advised that Children & Families core audits would now be reported on a quarterly basis.	
b.	LD Governance David Aitken gave an overview of events in relation to an LD patient and actions taken following this. After relevant discussions, no actions were identified for the service. David informed the group that by looking at trends and rapid alerts that had been raised through Datix, EDADS decided to re-establish the Alcohol & Drug Death Group. This group will monitor incidents raised and identify any relevant actions. There are plans to include Mental Health within this group as there have been incidents identified that cross over services. David will keep the group updated.	**DA**

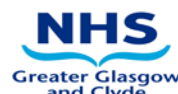
c.	Mental Health Governance Lorraine Currie gave an overview of current complaints and SCI's within Mental Health. Lorraine advised that by analysing current and previous SCI's, it had been highlighted that a common issue is interface and that there is no evidence of services talking to each other. Lorraine advised that this may be identified as an action. Discussion took place around DNA and these non attendances are acted upon. There are current processes in place that a further appointment will be offered, however, this may be ineffective in cases were individuals do not wish to engage in the service whereby receiving no intervention could result with individual reaching a crisis point or worse. Lorraine informed the group that CMHT will now dispense Clozapine to patients, following their Personal Health Check. Lorraine will update the group following initial period of dispensing. Lorraine highlighted a gap in service for patients who have left school but not yet 18 years old. The group agreed that a response was required by the Head of Children's Services which will be discussed at the November meeting. Lorraine will provide a chronology of events in relation to the specific case.	**LC** **SMcL/ LC/DR**
d.	Primary Care & Community Partnerships Governance Group update Both updates were circulated previously with the agenda for information. Lisa highlighted the following points from the reports: • Child Protection - Initial Referral Discussion (IRD) has now been rolled out throughout all HSCPs. • Safer Sharps – A bespoke resource is no established by the Health & Safety group and has been circulated to GP Practices for use. • Scottish Ambulance Service (SAS) – Ongoing issues with calls been downgraded if generated from a "health" premises. Chief Officers to escalate issues to Medical Director.	
e.	Board Clinical Governance Forum update There was no current update available for the group.	

f.	<u>OHD update</u> Current risk registers have been reviewed and updated. Relevant additions include Hepatitis B Vaccine status and R4 Clin+ software. Michael advised that although production has begun there is still a supply shortage with this vaccine. Discussions have taken place with Occupational Health and the issue has also been highlighted at the GDP Sub Committee. The R4 Clin+ software system has recently upgraded which has caused issues. Availability of infant/child pads for Philips Heartstart AED has been raised at Primary Care Clinical Governance. OHD are looking for other resolutions in the meantime. For the period May – July 2018, OHD received and dealt with 4 primary care complaints, 2 stage 2 and 2 stage 1. Both stage 2 complaints were dealt with within 20 day timescale. Michael noted that there still seemed to be a low number of complaints received at GDP level, 20 in total. OHD are looking at how complaints are being reported. OHD will continue to monitor this. The following work is currently ongoing within OHD: • SDCEP guidance on Antibiotic Prophylaxis Against Infective Endocarditis • SDCEP Restricting the Use of Dental Amalgam in Specific Patient Groups • SOP Inhalation/Ingestion of Foreign Bodies (draft) • Working group to develop QI project across GG&C for GDPs on Improving Delivery of Childsmile Practice • Working Group to develop QI project on Nitrous Oxide Levels During Inhalational Sedation • Antibiotic Stewardship has seen a small rise in 4C prescribing. Scrutiny of benzodiazepine prescribing (10mg Diazepam). <u>IR(ME) Regulations 2018</u> Michael noted at the previous meeting that that there are a lack of opportunities from NES etc for GPDs, however, they have put a Childsmile training programme in place. They are still working with GDPs to identify further training.	
g.	<u>Specialist Children's Services update</u> Stephen McLeod was unable to attend the meeting today, however, provided an update which was circulated with the agenda. A selection of updates are listed below: • CAMHS Care Plan 2nd quarterly audit in progress – initial findings showing improvement • Quality & Governance Showcase Event – 13th November 2018. This event will be showcase achievements and encourage staff to share good practice • FACE CARAS Risk assessment in CAMHS - To update the Standard Operating Procedures re the use of FACE CARAS risk assessments in CAMHS to improve compliance • Audit of rejected referrals in CAMHS - Number of rejected referrals have lessened • Information sharing between EMIS Organisations (Children and Adults) - To support the ability for adult services to see information held in the	

	child's record should the young person becomes known to adult services • SMS text messaging for CAMHS - To support a reduction in DNAs • Child Protection Learning Event - A third child protection event is scheduled for October	
h.	Criminal Justice update Initial Case Review – Category 3 Alex O'Donnell provided the group with an overview of a recent Category 3, Initial Case Review. Alex advised that from the review, it was identified that there was good multi agency working and that all reasonable steps had been taken by agencies therefore there was no requirement for case to progress to a Significant Case Review. North Strathclyde Annual MAPPA Report Alex advised that the above report will feature at the next HSCP Board meeting on 15th November 2018. The report will be added to the HSCP Criminal Justice webpage in November. Health & Social Care in Prisons A Scottish Government Workstream has been set up to address issues around the delivery of social care in Scottish Prisons. Over the next 18 months, Social Care in Prisons Development Manager is to work with stakeholders to develop options for the model and then to work with prisons and health and social care services to test these. Alex advised that there will be 4 phases to develop the overall approach. Alex informed that there has been a project brief and will circulate this to members for their information.	**AO'D**
5.	Service Inspections Homecare Service Inspection The group were informed that the local Operations Group have met to progress actions identified within the inspection report. Derrick Pearce to feedback at the November Clinical & Care Governance Group.	**DP**
	Risk Management	
6a.	Care Home Update The group were reminded that previously, the Care Inspectorate placed a moratorium of admissions for Clachan of Campsie care home. Since the inspection, an investigation has since been completed. Leanne Connell agreed to discuss the investigation report at the next meeting. Leanne explained that there are still concerns in regards to staffing, however, the care home is now under new management and it is hoped that with the new management will come improvements. Discussion took place around the care and safety and care of current residents. Leanne advised that, at present, there had been no complaints from residents or their families in relation to their care and safety. In order to identify risks and patterns within care homes and with the assistance of the Contract Monitoring Team Leanne will provide an update on this to the Clinical & Care Governance Group on a quarterly basis.	**LC**

b.	Clinical Risk update Fraser Sloan had provided a comparison report detailing any outliers within all HSCPs. Lisa advised the group that this report was taken to the Primary Care & Community Partnerships Governance Group for discussion. It was noted that East Dunbartonshire HSCP did not have any outliers in terms of incidents and SCIs.	
c.	HSCP Incident Report – 10/07/18 – 07/09/18 The group reviewed the incident report. Discussion took place around the following incidents: **528089** – Incident in relation to emergency situation which took place outside Kirkintilloch Health & Care Centre (KHCC). The individuals informed where advised by the GP Practice to attend A&E Department, however, ultimately did not manage to reach A&D and instead arrived at KHCC. HSCP Staff member contacted 999 for an ambulance. GP Practice staff member assisted with aspirin. It was agreed that all staff involved acted appropriately to this incident. Lorraine Currie advised that there are designated first aiders within the building, however, should only attend to other staff members. This is currently being discussed at the Health & Safety meeting. Lorraine informed the group that registered staff has a duty of care and that some staff is trained in CPR. **526834** – This incident is suspected to be coded incorrectly. Dianne Rice to re-allocate incident to Leanne Connell. **523322** – This incident related to a medication error, where a patient dosage of insulin had been changed, however, had not been noted and previous dosage was given. Leanne Connell advised that a local investigation of insulin incidents has taken place and that there was no common patters found. Leanne advised that actions have been identified in relation to these incidents.	**DR**
d.	OHD Incident report – 10/07/18 – 07/09/18 Michael McGrady advised that there were no concerns to note in relation to this incident report. Michael informed the group that OHD are currently analysing incidents and carrying out Significant Event Analysis on appropriate incidents to identify actions and learning.	
e.	Datix update The bulletin was circulated previously with the agenda for information.	
f.	Service Risk Registers The group reviewed the risk register report. It was agreed that there were too many "high" / "very high" risks noted. Lisa Williams and Dianne Rice will meet to discuss these current risks.	**LW/DR**
	Reducing Harm from Medicines	
8.	Public Health Reports / Prescribing updates Public Health Reports There were no public health reports to note. Prescribing update Carolyn Fitzpatrick advised the group that as of July 2018, the HSCPs	

	Prescribing Budget had improved, however, was still overspent by £95,000. Carolyn advised that there is work ongoing around DOACS prescribing as the initial projections was too low.	
	Clinical Effectiveness / Quality Improvement	
9a.	Quality Improvement Workplan Andrew Millar was unable to attend the meeting. The group reviewed the workplan. Discussion took place around simplifying the work plan. Lisa Williams and Dianne Rice to meet with Andrew Millar in regards to this. Dianne Rice will also scope what other areas use.	**LW/DR /AM**
b.	EDHSCP QI Projects with Clinical Effectiveness Support The report was circulated previously with the agenda for information.	
	Scottish Patient Safety Programme	
10a.	SPSP This report was circulated previously with the agenda for information.	
b.	SPSO update – August 2018 The SPSO reports where circulated previously with the agenda for information. It was highlighted that the SPSO will relocate and that all complaint letter templates should be updated to reflect the change.	**DR**
	Enabled to Deliver Person Centred Care	
11.	Complaints Report- The group reviewed the reports. i) Health – There was 1 Stage 2 complaint noted. This was in relation to communication and staff attitude. The complaint breached the 20 day timescale and was partially upheld. ii) Social Work – There were 5 complaints noted. Stage 2 complaints and outcomes are detailed below: There were two Stage 2 complaints. One was in relation to staff attitude / behaviour and the other was categorised “other”. Both complaints were not upheld and responded to within timescale.	
	Vulnerable Children & Adults	
13a.	Child Protection Claire attended the meeting today and gave a brief overview of children on the register and breakdown of Looked After Children. Claire was due present on Child Protection, however, due to time restraints agreed to provide this presentation at the November meeting. Lisa asked that the next meeting be rescheduled to start at 2.30pm to allow time for the presentation.	



b.	<u>Child Protection Case Conference Attendance</u> The group reviewed the Case Conference Attendance Report. Lisa Williams updated on the progress of the Single Point of Access. Lisa explained that the request for the teams & GP inbox have been sent to IT. The group will be kept updated with progress.	
c.	<u>Looked After & Accommodated</u> Previously covered in item 13a.	
d.	<u>Child Protection Forum Minutes –</u> The minutes were circulated previously with the agenda for information. Claire Carthy explained that the group are working in accordance with the National Child Protection Improvement Programme. There is ongoing work in relation to SCR protocols. This will include identifying cases and highlight good practice. The group are also looking at sharing learning on a Multi Agency basis, including with stakeholders outwith the area.	
e.	<u>Service User Surveys</u> The surveys and outcomes were circulated previously with the agenda. Lorraine Currie explained that the PCMHT survey has been established for a while, and that is carried out after each discharge. <u>CMHT</u> The CMHT have recently established their survey and that they also hope to capture views from carers within mental health. This will be done on an annual basis. Results from both surveys were positive and the Clinical & Care Governance group members agreed that both surveys were a valuable and positive piece of work.	
	Infection Control	
14.	<u>Partnership Infection Control minutes</u> The minutes of 19th July 2018 were circulated previously with the agenda for information.	
	General Business	
19	<u>Any other business</u> There was no other competent business to note.	
20	<u>Schedule of meetings 2018</u> The schedule of remaining dates for 2018 was circulated previously with the agenda for information.	
21	**Date and time of next meeting** **Wednesday 28th November 2018, 2.30pm, Corporate Meeting Room, OHD HQ, Stobhill**	

Chief Officer
Susan Manion

Agenda Item Number:15

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	15 November 2018
Subject Title	East Dunbartonshire HSCP Minutes of Staff Partnership Forum of 17 September 2018 (Draft)
Report By	Tom Quinn
Contact Officer	Tom Quinn

Purpose of Report	To provide the re-assurance that Staff Governance is monitored and reviewed within the HSCP. Key topics covered within the minute include: - A number of recent inspection reports, which the good work being undertaken across both Adult and Children services were highlighted and discussed. - A brief update was given on our Staff Governance Plan and the result of the iMatter survey, with update on how these areas of work will merge going forward. - There was also an update on the HSCP Business Plan for 2018-19 to ensure that everyone was updated - There was also an update on work underway for our 2018-19 Winter Plan including the promotion of flu immunisation for all staff working within the HSCP.

Recommendations	Note for information

Relevance to HSCP Board Strategic Plan	

Implications for Health & Social Care Partnership

Human Resources	Information is cascaded to staff through the partnership via Our News

Equalities:	N/A

Financial:	N/A

Legal:	Meets the requirements set out in the 2004 NHS Reform legislation with regard to Staff Governance

Economic Impact:	N/A

Sustainability:	N/A

Risk Implications:	N/A

Implications for East Dunbartonshire Council:	N/A

Implications for NHS Greater Glasgow & Clyde:	Included within the overall Staff Governance Framework

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

1.0	**MAIN REPORT**
1.1	Minute of meeting of 17 September 2018 attached.

Chief Officer
Mrs Susan Manion

Minutes of East Dunbartonshire Staff Forum Meeting
Monday 17th September 2018 at 2pm in F33A&B, Kirkintilloch Health & Care Centre

PRESENT

Andrew McCready (AMC)	**Unite Oral Health (Co Chair) Chairing**
Lyndsay Ovenstone (LO)	**British Dental Association Area Representative**
Simon McFarlane (SMcF)	**Unison**
Caroline Sinclair (CS)	**Head of Community Mental Health, Learning Disability & Addictions**
Caroline Smith	**HR Case Management Adviser**
Claire Carthy (CC)	**Interim Chief Social Worker & Head of Children & Criminal Justice Services**
Fiona Munro (FM)	**OPMHT & CRT Manager - on behalf of Derrick Pearce**
Linda Tindall (LT)	**Senior Organisational Development Advisor**
Anne McDaid (AMc)	**RCN SPF Joint Secretary**
Craig Bell (CB)	**EDC Unison Chair**
Billy McLeod (BM)	**EDC Homecare Steward**
Tom Quinn (TQ)	**Head of People & Change**
Frances McAlinden (FMc)	**General Manager Oral Health**
Jean Campbell (JCa)	**Chief Finance & Resource Officer**
Gary McNally	**UNISON Staff rep**
Diana McCrone	**BAOT (NHS) Rep**
Alison Nisbet	**HR Graduate**
Lisa Johnston	**Clinical Services Manager – Oral Health**
Karen Gillespie (KG)	**HSCP Administrator – Minute Taker**
Sarah Hogg (SH)	**Clerical Officer (Shadowing KG)**

ITEM	SUBJECT	ACTION
1.	**Welcome & Apologies** AMC opened the meeting by welcoming everyone present and requested roundtable introductions for the benefit of CC attending for the first time. Apologies were submitted on behalf of Susan Manion, Derrick Pearce, Margaret McCarthy, Stephen McLeod, David Radford, Leanne Connell and Esther O'Hara.	
2.	**Minutes of previous meeting** Minutes of meeting held on Monday 21st May 2018 were agreed as an accurate reflection of discussions.	

3.	**Matters Arising** SMcF asked the Staffside representation position as Joint Chair and Joint Secretary for the IJB and the Transformation Board. CB will discuss with reps and come back with nominations. Communication Sessions for PDS Review TQ advised number of sessions for the Public Dental Review had taken place, over the summer, with a good response. Staff Awards LT gave a brief overview of the award winners for this year and highlighted the excellent number of nominations received. The top five award winners will go to the Chairman's Awards Ceremony in November. A special edition of Our News will also be published by the HSCP. Smoking Cessation Update TQ gave an update of the Smoking Cessation Review, which has been stalled to allow the Grievance process to be concluded. TQ hopes an update will be brought to the next meeting.	
4.	Adult Protection Inspection Report CS gave a brief summary of the report East Dunbartonshire HSCP has received good outcomes in all 3 areas inspected with only 1 recommendation regarding the chronology of care plans and all recorded input. This recommendation will be worked on with the help of staff and the Carefirst Team the electronic system used by EDC to record client information. CS that six partnerships were inspected and a Scotland wide report will be created and local action plans implemented. East Dunbartonshire HSCP has an action plan in place already.	
5.	Adult Services Inspection CS advised, the HSCP anticipates, a 12 week notice from the Care Inspectorate to undertake an Adult Services Inspection. This inspection will cover all services with the exception of Children's Services. The inspectors will be on site for 2-3 weeks and a number of focus groups and meetings will be set up to allow them to interact with the necessary people.	
6.	Inspection Report – Ferndale Children's Unit CC gave a brief overview of the inspection report that as recently received for the Unit. CC gave brief overview of the 9 bedded mixed residential unit and advised it has been running at full capacity for the last few years from the purpose built premises in Kirkintilloch. The Unit was opened in 2011 and the inspection report was very positive and produced good results for the team involved. CC has already communicated this to the staff and they are keen to ensure the high standards will continue to be maintained.	

7.	Inspection Report – Ferndale Outreach CC advised the Outreach service is run from the same building as above. It also received a very positive report from the Care Inspectorate, with no areas for recommendations or requirements and hopes the high standards are maintained.	
8.	Inspection Report – Community Support Team CC advised the Community Support Team who work 8am – 9pm extended working, with families in homes and directly with children to provide the support they require. The service is inspected annually and for the first time received a six for the quality of management and leadership. The report also showed improvements in the service which CC had been recognised and congratulated. SMcF – Suggested a letter written by the joint Chairs AMc and Susan Manion HSCP Chief Officer may be well received by the staff and clients from Ferndale highlighting the excellent outcome of both reports.	
9.	Finance Update JC spoke to the paper giving a summary of the HSCP Financial as at period 4.JC highlighted areas causing concern such as Homecare use of Agency staff and reliance on overtime to cover the service. JC also reported that some of the C&F service where omitted from previous reports and their inclusion could also have an impact on future reporting's. JC updated the SPF regarding the savings plan and the reserves required to balance the budget for 2018/2019 period. LO asked for clarification around the Oral Health under spend and where does this go if not utilised. JC advised that there are a number of developments within the Directorate that will see this under spend cut. SMc asked if HomeCare contracts could be aligned to the hours that the staff area actually working as opposed to the hours they are contracted to work. JC advised the HomeCare Review would look at this point. SMc asked if this could be dealt with immediately rather than await the outcome of the review process. CS advised that EDC will follow the 10 week review programme and report will come through the SPF.	
10.	Staff Governance TQ gave a brief summary of the framework which had been slightly delayed to allow for the iMatters report to be included. Nominations were sought from EDC Staffside reps to link in with this group. LT gave a brief update on the recent iMatters survey and advised there had been a slight drop in completed action plans for the HSCP and Oral Health are nearing the end of the action plan process. LT also advised the deadline had been extended for the HSCP Stress Survey for a further two weeks; there were some staff that was omitted from the original email/distribution list.	

11.	<u>HR Update</u> SB spoke to the paper that was circulated with the agenda and advised the report focussed on the July 2018 period. SB Mentioned an increase in short term sickness noted in the paper. AMc asked EDC target for absence, CS confirmed it was 4%.	
12.	<u>Primary Care Improvement Plan</u> Paper had been previously circulated with the agenda. FM was attending the meeting on behalf of Derrick Pearce and advised she was happy to take any questions on the paper.	
13.	<u>MFT Update</u> TQ Advised conversations with various stakeholders have taken place regarding the Development Plan which is due to be implemented in December 2018/ January 2019. TQ was happy to re-circulate link to SPF members.	
14.	<u>MH 5 Year Strategy</u> TQ advised work is underway across GG&C to develop agreement on how the funding from the Scottish Government, specifically for the MH Strategy should be allocated at both Board wide and local level. SMc asked if the Strategy highlighted occupational mental health as one of its strands and would it then be allowed to focus locally on HSCP employees. TQ advised that the plan does not at this stage.	
15.	<u>Home Care Review</u> Home Care Review will commence on 18th September 2018 an updates will be brought to future SPF Meeting.	
16.	<u>School Age Nursing Review</u> The School Nurse job description has been circulated for consultation NHS board wide. The Scottish Government has committed to having and additional 250 CAMHS Nurses with a further 250 School Nurses or Nurses in Schools across Scotland, although confirmation is being sought on the actual details of how this will be rolled out. It has however been agreed that the School Nurse title is now a protected title.	
17.	<u>Excellence in Care</u> TQ advised this item would be deferred to the next SPF as Leanne Connell had submitted her apologies.	

18.	Health and Safety Minutes HSCP TQ advised he was happy to take questions regarding the paper circulated for information. SMcF – Mentioned the low representation from Trade Unions and the NHS and it was agreed nominations should be submitted to Louise Martin.	
19.	HSCP Business Plan Update JC advised the paper details the priorities for 2018/19. The second meeting of the Transformational Board has taken place with regular updates being brought to the SPF. JC informed that there were a number of priorities already underway and concerns have been taken on board.	
20.	Specialist children's Services Staff Forum Minutes TQ advised the SCS met two weeks prior to the SPF, however minutes from the last meeting were not ready for circulation as yet. SMcF asked if SCS was an NHS Service., TQ confirmed this was the case.	
21.	Workforce Plan TQ confirmed that work was underway to update plan, it was previously agreed that this would be done on a monthly basis and brought to SPF.	
22.	Salary Protection TQ advised the revised guidance had been taken to the Area Partnership Forum, but had not been agreed or approved by the Staffside Representation. TQ advised there are approximately 1600 members of Staff across NHS GG&C on protection and who could possibly be affected by this change.	
23.	Winter Plan FM advised Derrick Pearce has taken the lead to update the plan. An update will be brought to the next SPF Meeting CS spoke about the level of business that takes place within the Acute Service that can impact on community services during the winter period and advised the Scottish Government have issued directive that no elective surgeries should be cancelled due to winter pressures.	
24.	Flu Immunisations A day will be arranged by Occupational Health to run a Flu Vaccination Clinic at KHCC before the end of the October 2018.	
25.	**Date and Time of Next Meeting** 19th November 2018, F33 A&B, Kirkintilloch Health Care Centre	

Chief Officer
Susan Manion

Agenda Item Number:16

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	15th November 2018
Subject Title	East Dunbartonshire HSCP Professional Advisory Group minutes of 21st February 2018 and 12th September 2018 (Draft)
Report By	Caroline Sinclair, Interim Chief Social Work Officer & Head of Mental Health, Learning Disability and Addiction Services
Contact Officer	Caroline Sinclair, 0141 232 8216, Caroline.Sinclair@ggc.scot.nhs.uk

Purpose of Report	To provide the HSCP Board with the minute of the Professional Advisory Group Meeting of 21st February 2018 (attached at **Appendix 1**) and the minute of 12th September 2018 (attached at **Appendix 2**.) The meeting on 21st February 2018 was an additional meeting to the established Professional Advisory Group schedule and has not previously been reported to the HSCP Board.

Recommendations	The HSCP Board is asked to: • To note the contents of the minute attached.

Relevance to HSCP Board Strategic Plan	The Professional Advisory Group is an important multi senior staff group, whose role is to ensure that people who use health and social care services are safe from harm.

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	None

Legal:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

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

Appendix 1: Final Minute of PAG Meeting 21st February 2018

Appendix 2: Draft Minute of PAG Meeting 12th September 2018

Chief Officer: Susan Manion

HSCP PROFESSIONAL ADVISORY GROUP MEETING
WEDNESDAY 21ST FEBRUARY 2018, ROOM F30B, KHCC

Present:	Paolo Mazzoncini	**(PM)**	Chief Social Work Officer & Head of Children's Services (Chair)
	Lisa Williams	**(LW)**	Clinical Director
	Morven Campbell	**(MC)**	Lead Optometrist
	Fiona Munro	**(FM)**	Team Manager
	Claire Carthy	**(CC)**	Social Work Field Manger
	Michael Mcgrady	**(MM)**	Consultant in Dental Public Health
	David Aitken	**(DA)**	Joint Service Manager Adults (Depute Chief Social Worker)
	Carolyn Fitzpatrick	**(CF)**	Lead for Clinical Pharmacy and Prescribing
In attendance:	Christina Burns	**(CB)**	Minutes

No	Topic/Subject	ACTION
1.	**Welcome & Apologies**	
	Apologies received on behalf of Susan Manion, Wilma Hepburn, Gillian Notman	
2.	**Previous Minutes**	
	Minutes reviewed and approved as an accurate record.	
3.	**Matters Arising**	
	• **Draft PAG Terms of Reference** The membership of the group has been expanded and ToR circulated to the group. No comments have been received and the ToR has now been approved. • **Duty of Candour** Dates of planned events circulated by LW. An event will be held on the 21st of March. LW will now be unable to attend and suggested that this place could be taken by someone else in the group who has been unable to secure a place at the event. LA contacted Robert McIlreavy regarding additional learning through Learn-Pro however there has been no response. **Action:** CB to contact Robert McIlreavy. • **Optometry Update** MC advised that a suggestion for Locums to receive an Admin Sky Login was circulated around practices for feedback; this approach was agreed and will allow Locums to access electronic referrals. MC will	**CB**

	now meet with Gillian Notman to discuss collating contact details to set up user accounts. • **Unscheduled Care** LW confirmed that Unscheduled Care was discussed at the GP Forum. It was agreed at January's Unscheduled Care Meeting that a winter review planning meeting should take place in March to review the demands, pressures and failings over the winter period. This will be a reflective exercise. LW is unable to attend therefore Gillian Notman will represent the HSCP. LW suggested that a local discussion around Home Care would be useful to plan for next year. **Action:** CB to contact Stephen McDonald to prepare an update on the outcome of the learning over the festive period for the next PAG.	**CB**
4.	**Prescribing**	
	CF explained that there has been a risk sharing arrangement in place amongst partnerships to neutralise financial risk however as of next year each HSCP will be responsible for its own budget. This will mean that budget overspends will be the responsibility of the HSCP and monies will have to be sourced within the HSCP to compensate for this. CF discussed the historical and current financial position for prescribing. MM asked if there are seasonal trends. CF advised that there is a phased approach to offset this and explained the saving measures taken to achieve this detailing a variety of approaches to the group. CF informed the PAG that short supply has been the most significant reason for overspending and that medicines are often taken off the market and re-emerge at an inflated price. Despite there being contingencies in place this is still an issue. CF continued to detail the issues around short supply and advised that this has been a problem across all partnerships. ED has been proactive in terms of saving however this means that there are now very few areas where savings can be made. PM asked if the HSCP can assist with these issues in anyway. CF suggested a discussion with the SG around short supply as well as raising awareness within the partnership. LW is also keen that there are strong discussions with GP colleagues around this at the GP Forum. The group discussed a possible public awareness campaign around costs and the potential effectiveness of this to alleviate pressure. PM advised that this is a continuing issue and should be discussed at the next PAG. **Action:** Possible Public Awareness Campaign to be discussed at the next PAG to determine an approach. **Action:** Discussion around prescribing and the potential impact on services to be discussed at the next GP Forum.	**CB/ALL** **CB/LW**
5.	**OHD Update**	
	MM explained that each year the OHD prepares a report; this is currently in draft form. MM explained the Frances McLinden had recently provided a presentation on some of the elements including registration of children between 0-2 years to educate at the earliest opportunity and to promote good oral habits and hygiene. With regards to independent practitioners there has been a recent rent reimbursement exercise. MM advised that waiting times for children requiring anaesthetic extractions have been highlighted as an area of concern and also discussed the Rapid Referral Assessment Triage. Delays are often due to	

	theatre slot allocations and lack of anaesthetic cover as well as a number of other recurring factors which are out with the Directorates control. MM informed the group that Shona Robinson has launched the new Oral Health Improvement Plan Scotland. The Oral Health Risk Assessment will be introduced with a more holistic and general Health approach. The group discussed the issue of people attending A&E with Optometry and Oral Health problems. **Acton:** MM will send the Oral Health Improvement Plan to CB for circulation within the group.	**MM/CB**
	Update on Transformation Plan - MFT	
	LW attended an event recently around MFT and explained that the programme focuses on the services provided across Acute & Primary Care and the rationalisation of the current service delivery. LW advised that the programme looks at how Care can be transformed further and improved going forward. LW also explained the programmes tiered approach in terms of identifying which services fit better in the community. A meeting took place on the 31st of January in the City Chambers with representatives across a number of areas including Allied Partners and Acute. Various conversations took place at the meeting around streamlining and the discussions and findings of the meeting have been consolidated to develop an approach. A CD Meeting is planned for March and the GP Sub Committee will be discussing a strategy to protect the HSCP from having an overly arduous burden in terms of finance and obligation. LW will provide feedback to the group. **Action:** MFT to be added to the next PAG agenda **Action:** LW to provide feedback to the group from CD & GP sub Committee	 **CB** **LW**
	AOCB	
	The group discussed the Mental Health Strategy. **Action:** DA to bring Mental Health Strategy Paper to the next meeting **Action:** LW & MC to meet prior to the next PAG.	 **DA** **LW/MC**
	Date of next meeting:	
	4th April 2018, Room F33A, Kirkintilloch Health & Care Centre	

Chief Officer: Susan Manion

HSCP PROFESSIONAL ADVISORY GROUP MEETING
WEDNESDAY 12th September 2018, ROOM F26, KHCC

Present:	Caroline Sinclair	**(CS)**	Head of Community Mental Health, LD & Addictions and Interim Chief Social Work Officer (Chair)
	Wilma Hepburn	**(WH)**	Professional Nurse Advisor
	Lisa Williams	**(LW)**	Clinical Director
	Claire Carthy	**(CC)**	Social Work Field Work Manger
	Carolyn Fitzpatrick	**(CF)**	Lead for Clinical Pharmacy and Prescribing
	Alex O'Donnell	**(AO)**	Criminal Justice Service Manager
	Tracy Wilbury	**(TW)**	in attendance for Michael McGrady
Apologies:	David Aitken	**(DA)**	Joint Service Manager Adults (Depute Chief Social Work Officer)
	Paolo Mazzoncini	**(PM)**	Chief Social Work Officer & Head of Children's Services (Chair)
	Michael Mcgrady	**(MM)**	Consultant in Dental Public Health
	Fiona Munro	**(FM)**	Team Manager
	Derrick Pearce	**(DP)**	Head of Community Health & Care Services
	and Primary Care		
	Adam Bowman	**(AB)**	Consultant Physician
In attendance:	Christina Burns	**(CB)**	Minutes

No	Topic/Subject	ACTION
1.	**Welcome & Apologies**	
	Apologies received on the behalf of David Aitken, Paolo Mazzoncini, Michael McGrady, Fiona Munro, Derrick Pearce, Adam Bowman.	
2.	**Previous Minutes**	
	Minutes reviewed and approved as an accurate record.	
3.	**Matters Arising**	
	• PAG TOR agreed • Nominations for Vice Chair – Lisa Williams • Duty of Candour – Agreed to look at SOP for HSCP (this can be used for EDC Staff also). The group had a brief discussion around Duty of Candour and 3rd Sector Responsibilities in relation to Duty of Candour and writing this into their contract. • Prescribing – CF provided the PAG with an overview of the 'No Waste	

	Campaign'. • TW advised that training will be put back to March rather than January (see last PAG). • Lead Optometrist – Hugh Russell GN meeting next week (invite to PAG) • Professional Registration – TW to submit - How Oral health manage professional registration. • Ban on overtime now lifted (last Notes, AOCB). • **Out of hours review to go to next meeting **	
4.	**Interim arrangements for CSWO & preparation of CSWO's Annual Report**	
	As the report covers a period of time prior to CS's employment, CS is keen to engage with Staff to ensure that every aspect is represented. CS advised that there will be a number of meetings to facilitate the completion of the report.	
5.	**Mental Health Strategy – Commitment 15 Funding**	
	Mental Health (MH) Strategy commitment is funding national. CS explained that there was a new Mental Health Strategy 2017/27. There was also a 5 year NHS GG&C strategy which began this year. As part of this, the SG has allocated funds to HSCP's specifically to increase the workforce by 2021. CS advised that the paper provided is ED Mental Health Action Plan. There is another more detailed financially costed paper still currently being worked on but will be submitted to the Board at the end of the month. There are a number of areas that CS was questioned on – for example, in relation to prisons in terms of the upcoming changes in legislation around short term sentences. Also the staff numbers and the description (definition of role) ie. training, potential to accidentally misrepresent numbers. Ned to be clear what are we defining as a Mental Health worker?, Action for next PAG meeting re further discussion.	
6.	**Large Scale Investigation**	
	CS informed the group that a large scale investigation has been taking place for a number of weeks in one of the care homes within ED. There have been numerous issues across a variety of areas. CF explained some of the problems around prescribing and the administering of medication to residents. CS advised the service is now on an improvement notice. The Police are now also involved. CS & WH also discussed some of the issues around nursing. Action - Large Scale Investigation, Key Themes to the Next PAG meeting.	
7.	**Primary Care Improvement Plan (LW)**	
	The PCIP has been developed as a result of the new GP contract. The overall aim of the plan is to allow GPs to focus on long term complex and co-morbidity cases, by working as part of a multi-disciplinary team with the aim to improve the retention of GPs. LW discussed the financial challenges as well as the issues around recruitment.	

	The group discussed recruitment at length and the impact that taking staff from the community would have on local services. WH & LW discussed Nurse Practitioners and Physiotherapists and the allocation of resource as well as how to develop and maintain skill sets. LW suggested that the biggest challenge will be supporting the implementation of the plan.	
8.	**50 Years of SW & 70 years of NHS**	
	• Locally both anniversaries were combined Caroline brought this to PAG's attention due to a recent letter re invitation to national event re SW - An event is arranged for 5 December in Edinburgh • The group are keen that there is representation at the event • CS will try to ascertain who is eligible to attend	
9.	**Thematic Inspection of Adult Support and Protection – Action Plan**	
	CS discussed the Action Plan advising that there was one recommendation to ensure that chronologies were effective and used appropriately where applicable. CS suggested that issues with the system are likely to impact the frequency of use by staff. KK (Lead on Adult Protection) was tasked with looking at this. There have been a number of actions from this recommendation to facilitate better use of chronology. KK has initiated conversations with other partnerships who have received the same recommendation around chronologies. However, this has not gained much in the way of traction. The group discussed GDPR in relation to chronologies.	
10.	**Strategic Inspection of Adult Services**	
	CS requested that the inspection is upcoming - however, a date is yet to be confirmed.	
11.	**GDPR reflective discussion**	
	The group discussed GDPR and agreed that there had been some set back in information sharing practice since the regulations have come into force. There have been some system issues in terms of Care First. CC advised that there has been a reluctance by some police (in local areas) to share information, which is a risk. CC suggested that there are some grey areas in the legislation which is problematic. CS advised that if this impacts protection locally, it must be escalated and that it is important not to get distracted by process. The group discussed subject access requests. The group discussed Missing Family Alerts. CC is concerned about the distribution of this and suggested that this is reviewed. CS advised that she would look into this. CC advised that these were logged on Care First.	
12.	**Health & Social Care Standards**	

	CS advised that these are now in place. The standard have been revised. CC suggested it may be beneficial to raise the profile of these with staff to create better awareness. ** Wilma to send presentation to Claire Carthy	
	Agenda Items For Future PAG	
	• Justice Inspection • Out of Hours Review • Mental Health (MH) Strategy – MH Workers • Large Scale Investigation Update	
	AOCB	
	Care Inspectorate to lead on the Scrutiny & Inspection of Community Justice. A high level Advisor Group has been set to discuss the methodology and parameters of the Inspection. Caroline attends this group. A number of volunteers have already been identified for early inspection. The group discussed the changes to short sentences under 12 months, and linked likely increase in numbers of Community Pay Back Orders. AO advised that a National Campaign Led by Community Justice Scotland which will aim to educate the public on the benefits of dealing with those with short sentences within the community.	
	Date of next meeting:	
	5th December 2018, F26, KHCC	

Chief Officer
Susan Manion

Agenda Item Number:17

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	15th November 2018
Subject Title	HSCP Transformation Plan 2018/19 Update
Report By	Jean Campbell, Chief Finance & Resources Officer
Contact Officer	Jean Campbell, Chief Finance & Resources Officer (Tel: 601 3221)

Purpose of Report	To update the Board on the delivery of the Transformation Plan for 2018/19.

Recommendations	The Partnership Board is asked to: a) Note the update to the HSCP Transformation Plan for 2018/19

Relevance to HSCP Board Strategic Plan	The Strategic Plan sets out the priorities and ambitions to be delivered over the next three years to further improve the opportunities for people to live a long and healthy life. The transformation or annual business plan sets out the priorities which will be delivered during 2018/19 in furtherance of the strategic priorities set out in the Strategic Plan.

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	None

Legal:	None

Economic Impact:	None.

Sustainability:	None.

Risk Implications:	None

Implications for East Dunbartonshire Council:	None.

Implications for NHS Greater Glasgow & Clyde:	None.

Direction Required to Council, Health Board or Both	**Direction To:**	
	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	
1.1	The Transformation Plan for 2018/19 sets out the priorities which will be taken forward during 2018/19 in achievement of the outcomes set out in the Strategic Plan 2018/2021.
1.2	An update on the progress of the delivery of this plan is attached as **Appendix 1.**
1.3	The partnership have established a Transformation Programme Board to oversee this programme of work involving the partnership's senior management Team (SMT) along with key stakeholders within the constituent bodies, staff side representatives and service user and carer representation.
1.4	There has been a process of prioritising work to ensure that key aspects of the programme are delivered and resources directed accordingly. There are a number of areas dependant on national work progressing or where they are board wide initiatives where the pace of progress in not entirely within the control of the partnership and this has been reflected within the update.
1.5	The Transformation Board also provides oversight of the savings programme for the partnership in the delivery of a balanced budget for 2018/19.
1.6	The successful delivery of transformation is dependent on working in partnership with our key partners and a number of workstreams are aligned to the processes embedded within each constituent body and are supported by Council Transformation teams and wider GG&C teams.

Health & Social Care Partnership

ANNUAL BUSINESS DEVELOPMENT PLAN

(Transformation Plan)

2018/2019

Update – October 2018

sustainable thriving achieving
East Dunbartonshire Council
www.eastdunbarton.gov.uk

NHS
Greater Glasgow and Clyde

SUMMARY OF PRIORITIES/DELIVERABLES FOR 2018/19

Service Area Priorities/Deliverables	Project Code	Status	Update
Children's Services Project			
▪ Develop sustainable services for school age children in line with national recommendations	CHSP01	Red	Review of resources to school nursing under way to deliver on this priority (LH) – due 2019
▪ Implement new model of childhood immunisation programme	CHSP02	Red	Complete with the exception - continuing to explore options within Bishopbriggs area (LH) – overdue
▪ Implement the Health Visiting Universal Pathway	CHSP03	Amber	Continuing – due end Oct 2018
▪ Enhance support for young pregnant women and young parents in line with the recommendations from the National Pregnancy & Parenthood in Young People's Strategy	CHSP04	Green	Sexual Health Strategy approved through IJB, action plan under development – due Dec 2018
▪ Improve transition arrangements for children moving from children to adult services	CHSP05	Amber	Ongoing, links to LD Review. Revision to eligibility criteria underway, protocol to be updated. Clarity required on the action / priorities to be achieved in year (CC) – due Oct 2018
▪ Improve supportive placement for looked after children within East Dunbartonshire	CHSP06	Amber	Council Transformation Project – stage 1 – to establish baseline information. A number of foster carers have moved to EDC foster provision – saving of £247k for 18/19. Clarity required on the action / priorities to be achieved in year (CC) – Oct 18.
▪ Prevent children reaching the thresholds for specialist SW provision utilising prevention approaches	CHSP07	Amber	Clarity required on the action / priorities to be achieved in year (CC) – Oct 18. Initial scoping work underway and gaps in service to be identified. Successful Life Changes Trust funding awarded.
▪ Extend provision young people who are looked after children up to 25yrs to meet legislative requirement	CHSP08	Amber	Scoping work underway.

▪ Develop alternatives to secure accommodation for vulnerable young women	CHSP09	Amber	Scoping work completed – exploring viability of developing alternative models.
Adult Services Project			
▪ Develop sustainable services for people with LD.	ADSP01	Amber	Council transformation project – stage 5 options appraisal. Resources required to progress sleepover review. Delays in progressing 'Fairer Access Policy' as foundation for taking forward review.
▪ Support individuals with autism in line with national recommendations	ADSP02	Green	10 Year Strategy in place. Progress on delivery being reviewed, action plan for next round of priority areas to be developed and will be submitted to HSCP Board - business as usual.
▪ Support adults with Mental ill-health to live as independently as possible within their community	ADSP03	Green	Linked to GG&C MH Strategy and use of SG Action 15 monies. Financial framework now finalised, local plan developed within monies available. Final plan submitted to SG and will be at HSCP Board 15 Nov 2018. Next stage is to focus on Adult inpatient re-balancing.
▪ Support individual, families and communities experiencing alcohol related harm	ADSP04	Amber	Dedicated post created to support better pathways for service users between the social work, clinical teams and hospital where required and ensures that a more joined up and holistic service provision is established. Council transformation project – yet to commence to review EDADs structure. Additional ADP monies received and plan developed to implement additional services. Return submitted to SG 2 Nov 2018. Service development session undertaken 2 Nov 2018 and team action plan for further service development drawn up.
▪ Redesign and implement locally a smoking cessation services in line with the NHS GGC Tobacco Review.	ADSP05	Green	Review complete, wider GG&C implementation having an impact locally.
• Fairer Allocation of Community Care Policy	ADSP06	Amber	Draft policy developed – to be presented to HSCP Board for approval to proceed to consultation15 Nov 2018

			and to Full Council for noting 15 Nov 2018. Amber in relation to time delay only.
▪ Review the provision of respite to carers and develop a Short Breaks Strategy for East Dunbartonshire	ADSP07	Green	Carers Act Implementation Group established and progressed eligibility criteria and adult support plan. Carers Strategy under development to include statement on Shorts Breaks
Older People's Services Project			
▪ Further develop supports for those with dementia, and their carers	OPSP01	Amber	This item will be re-initiated in January 2019 via the revised East Dunbartonshire Local Dementia Strategy Group.
▪ Develop a range of services to support more effective, timeous discharge from hospital	OPSP02	Green	Linked to Unscheduled care plan – focussed on optimised use of Unscheduled Care Dashboards, early intervention, proactive discharge planning at point of admission and optimised use of intermediate care.
▪ Develop a continuum model of intermediate care to help prevent avoidable hospital admission and support people to receive care within their community	OPSP03	Amber	The action has been narrowed to focus on the creation of a pilot Hospital Liaison Service linked to the Homecare Review and Ed Unscheduled Care Plan. Work is underway to set up the pilot service and evaluated post-Winter. Work to develop a business plan to consolidate the Hospital Assessment Team via this model has been commenced.
▪ Work with the Care Home Sector to develop an enhanced model of service provision	OPSP04	Green	Care Homes ANP and Additional Care Homes Liaison Nurse capacity approved and being put in place. Caring Together Steering Group has been set up and virtual team is being brought together. SOP being drawn up to govern work of the team, in addition to evaluation framework to measure impact against intended outcomes.
▪ Develop and deliver early intervention, preventative approaches to support older people to remain in the local community.	OPSP05	Amber	West locality decommissioning complete. LACs being recruited. Revised proposal for East OP Day Care has been developed and is awaiting approval to implement by April 2019.
▪ Review current provision and improve accessibility	OPSP06	N/A	The work stream is on hold awaiting finalised guidance from the Scottish

to health and social care services for the aging population in custody.			Government.
▪ Develop and promote a range of preventative and sustainable approaches to self management and anticipatory care	OPSP07	Green	Focus is on implementation of Anticipatory Care Planning with agreed cohort of individuals (including care home residents, people in intermediate care, people with dementia and people with unstable LTCs. Work plan has been developed for roll out based on agreed summary ACP.
▪ Promote independence through the uptake of telecare and telehealth solutions through the implementation of the Assistive Technology Strategy	OPSP08	Green	Assistive Technology Strategy approved through IJB, action plan being has been developed, inclusive of a comprehensive communication plan. All actions are on track. Joint action group with EDC corporate colleagues in place to manage the transformation change from analogue to digital for community alarms.
▪ Review homecare services to deliver a sustainable model ensuring an agreed balance of in/house /external provision	OPSP09	Green	Formal Service Review is underway via EDC Transformation Process. Review is at stage 4 or 120 stage process – intended conclusion by January 2019 for changes to be implemented 2019. This will include delivery of the Care Inspectorate inspection requirements and the implantation of the new Care At Home Framework.
▪ Improve the effectiveness and efficiency of services by maximising opportunities for integrated service delivery	OPSP10	Amber	Review of all rehabilitation and enablement services to be initiated following completion of the Homecare Review – aim is to implementation an integrated community rehabilitation and enablement service in 2019/20.
▪ Develop and enhance support for those requiring Palliative Care	OPSP11	Green	National Group in place – local action plan being developed through Palliative Care Group.
▪ Review and develop the strategic relationship between the HSCP and housing sector, particularly in relation to housing for older people and those with physical disabilities	OPSP12	Green	Research proposal to consider the housing needs of older people and those with disabilities being initiated jointly between HSCP, Housing and Planning. Final specification for research agreed and being out to tender.

Primary Care Services Project			
▪ Enhance support to primary care by implementing the new GP Contract for Scotland in East Dunbartonshire	PCSP01	Green	PCIP approved and submitted to SG. Implementation Group meeting and actions underway in line with agreed plan.
▪ Enhance collaboration in primary care by strengthening GP Cluster arrangements	PCSP02	Green	Established clusters across the localities with representation from the HSCP if and when required. Clusters being utilised to delivery improved quality and efficiency of service via implementation of new GP contract (per above).
▪ Review and further develop the Primary Care Wellbeing project	PCSP03	Green	Pilot project has commenced and service being delivered across a number of settings; GP Practices, community venues, 3rd sector organisation, service users homes, Kirkintilloch Job centre.
• Participate in and implement resulting actions for East Dunbartonshire from the GG&C Out of Hours Review	PCSP04	Green	EDHSCP participating fully in scenario and model planning for new model of Out of Hours Services across primary and community care, across GG&C area.
• Achieve prescribing finalise balance and improve prescribing efficiency	PCSP05	Amber	Work is underway to review expenditure of prescribing, maximise use of formula medications, reduce waste and increase compliance with agreed targets to reduce costs and improve patient safety.
Criminal Justice Services Project			
▪ Lead the Community Planning partnership response to new Community Justice arrangements	CJSP01	Green	Partnership meetings re-established governance arrangements established. 3 year 2018 - 2021 Community Justice Outcomes Improvement Plan (CJOIP) drafted and out for consultation with partners and stakeholders. 1year Delivery Plan 2018/19 drafted and out for consultation. Annual report for 2017/18 drafted. Invited 3 third sector organisations onto partnership Cross partnership representation established - Empowered; ADP; CLD.

			Multi team briefing sessions delivered.
Oral Health Services Project			
▪ Further improve dental services for priority groups	OHSP01	Green	Visited 96% of GDP's practices in East Dunbartonshire between June17-July 18. All Nurseries and Schools are offered support to deliver a daily tooth brushing programme. Centralised Caring for Smiles training is offered to all care homes on an ongoing basis. Registrar project commenced Support has been provided to services who support priority groups i.e. Homeless Services, Prisons, St Mary's Secure Unit
▪ Review the balance and proportionality of oral health improvement programmes across adult and child services	OHSP02	Green	In East Dunbartonshire 89.6% of Children are registered with a dentist (compared to 93.9% Scotland; 93.4% GG&C) In East Dunbartonshire 89.1% of Adults (compared to 88.4% Scotland: 92.3% GG&C).
▪ Develop a Health Board wide premises strategy in relation to PDS services, including consolidation and possible reduction and relocation of oral health services in relation to the PDS	OHSP03	Green	Review document in draft format for checking by CDPH/GM. Engagement sessions completed across all PDS sites. Rationale and progress presented to Glasgow University Liaison group and NES. Discussed at GDP Sub-Committee Meeting/Area Dental Committee meeting.
Corporate Services			
▪ Develop an ICT Plan	CSP01	Amber	Initial delay in roll out of shared desktop now progressing, ICT Plan development underway to identify priority for next steps.
▪ Develop a Property / Accommodation Strategy	CSP02	Green	Strategy complete and approved through IJB.
▪ Develop a Health & Care Centre within the west locality	CSP03	Amber	Detailed scoping underway for requirements for a new health centre - engagement with GPs and wider stakeholders. Joint planning meetings

			in place to progress agenda to Feasibility Study stage once detailed scope complete.
▪ Scope the potential to accommodate children's SW Services within the KHCC	CSP04	Green	Insufficient capacity within KHCC to accommodate the needs of Children's Services – plans developed for refurbished Southbank to include requirements of Children's Services, work underway to progress through Council Property & Assets.

Chief Officer
Susan Manion

Agenda Item Number:18

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	15 November 2018
Subject Title	Strategic Inspection of Adult Services
Report By	Caroline Sinclair, Head of Mental Health, Learning Disability and Addiction Services
Contact Officer	Caroline Sinclair, Head of Mental Health, Learning Disability and Addiction Services

Purpose of Report	The purpose of this report is to provide Health and Social Care Partnership Board Members with details of, and information on, the upcoming strategic inspection by the Care Inspectorate of Adult Services within the Health & Social Care Partnership.

Recommendations	The Health and Social Care Partnership Board is asked to: a) note the upcoming strategic inspection by the Care Inspectorate of Adult Services.

Relevance to HSCP Board Strategic Plan	External inspection is a mandatory area of work for the Health and Social Care Partnership and scrutiny, and improvement action as a result of scrutiny, is a key strand in assuring service quality.

Implications for Health & Social Care Partnership

Human Resources	none

Equalities:	none

Financial:	none

Legal:	none

Economic Impact:	none

Sustainability:	none

Risk Implications:	none

Implications for East Dunbartonshire Council:	There are no immediate direct implications for East Dunbartonshire Council.

Implications for NHS Greater Glasgow & Clyde:	There are no immediate direct implications for NHS Greater Glasgow and Clyde.

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

1.0 MAIN REPORT

1.0 Scottish Ministers have asked the Care Inspectorate and Healthcare Improvement Scotland to report on the effectiveness of the strategic plans prepared by integration authorities, from April 2017.

1.1. East Dunbartonshire HSCP area has been advised that it can expect an inspection of this nature in 2018 / 2019 (Appendix 1). Key stages in the inspection are as follows

- Submission of self-evaluation 5 December 2018
- First on-site inspection week 14 January 2019
- Second on-site inspection week 4 February 2019

1.2. The inspection looks not just at the work of the HSCP, but at the partnership working across agencies and services in the East Dunbartonshire HSCP area.

1.3. The aim of the inspection is to ensure that integration authorities have building blocks in place to plan, commission and deliver high quality services in a co-ordinated and sustainable way, namely:

- a shared vision
- leadership of strategy and direction
- a culture of collaboration and partnership
- effective governance structures
- a needs analysis on which to plan and jointly commission services
- robust mechanisms to engage with communities
- a plan for effective use of financial resources, and
- a coherent integrated workforce plan which includes a strategy for continuous professional development and shared learning

1.4. The purpose of the inspection is to help the integration authority answer the question *"How well do we plan and commission services to achieve better outcomes for people?"*

1.5. To do this, the inspection assesses the vision, values and culture across the partnership, including leadership of strategy and direction, the operational and strategic planning arrangements (including progress towards effective joint commissioning), and improvements the partnership is making in both health and social care, in respect of the services that are provided for all adults.

1.6. The focus of the inspection is on three Care Inspectorate quality indicators.

- Key performance outcomes
- Strategic planning and commissioning arrangements
- Leadership and direction that promotes partnership

1.7. There are two previously concluded and publicly reported inspections in the same vein and these can be accessed through the following links:
http://www.careinspectorate.com/images/documents/4344/Joint%20inspection%20(Adults)%20Strategic%20Planning%20Renfrewshire.pdf

http://www.careinspectorate.com/images/documents/4269/N%20Lanarkshire%20joint%20inspection%20report%20(adults)%20strategic%20planning%20Feb%202018.pdf

1.8. The inspection does not consider the work of the partnership on a case by case level, being focussed solely on the strategic position.

1.9. A review of the Renfrewshire report indicates that the following areas are considered indicative components of effective strategic planning;

- A vision that is clear and communicated through all levels of the service
- A needs assessment for the area, and locality and neighbourhood profiles
- An up to date Strategic Plan informed by the above and by an effective Strategic Planning Group process which Locality Groups can be seen to feed into. Two way communication in place to enable evidence of influence in both directions
- A medium term financial plan that recognises the financial challenges, underpins delivery of the strategic plan, and recognises the risks of failure to achieve
- Clear and effective working relationships with the Community Planning Partnership and a clear connection to the Local Outcomes Improvement Plan
- Clear and effective joint working and planning with NHS GG&C's Local Delivery Plan and other key plans e.g. Moving Forward Together and the regional planning agenda
- Evidence of use of data to inform planning and evaluate service delivery – data being either locally generated or from national sources. Sound performance monitoring processes that inform service delivery and change
- Evidence of a sound approach to strategic commissioning with all that accompanies delivery of the commissioning cycle including aspects such as framework agreements and spot purchase options, and effective partnership working and engagement relationships with the third and private sector. All of this supported by a Market Facilitation Strategy or similar
- Evidence of addressing issues such as under-occupancy of services
- Good working relationships and joint training/policies/planning between HSCP commissioning and contracting staff and those of parent bodies

- Development, where appropriate, of cross sector and long term approaches to support sustainability, effective partnership working
- A system of review and redesign that is not just focussed on cost reduction, but also gives central consideration to service user experiences, and quality improvement
- An effective IJB Board membership and induction and OD activity for members
- IJB Audit processes and scrutiny committee in place
- Workforce planning that works effectively across the employing agencies
- Forward looking approaches to care including investment in preventative and early intervention approaches as well as use of predictive and pre planning tools such as Anticipatory Care Plans and clear palliative care service planning
- It can also be assume that implementation of key policy areas will be scrutinised such as effective working with GP Clusters, well progressed on delivering the Primary Care Improvement Plan, good embedding of Self Directed Support and the new Carers Act amongst others

1.9 In order to ensure the partnership is able to accurately reflect its position to the inspection a short life working group has been established to take forward the preparatory work, oversee practical arrangements for facilitating the inspectors visit, and act as main liaison point for relevant matters.

1.10 The upcoming inspection has been added as a standing item to the agendas of some key meetings including the Social Work Services Forum and the Community Planning Partnership Executive Group to enable ongoing oversight of progress.

1.11 On receipt of the final inspection plan an action plan will be developed to address improvement areas identified.

Appendix 1 – Notification of Strategic Inspection of Adult Services

Susan Manion
Chief Officer
East Dunbartonshire Health and Social Care Partnership
East Dunbartonshire Council
10 Saramago Street
Kirkintilloch G66 3BF

Our reference: KM/AD/SR/AMB
Date: 22 October 2018

Dear Ms Manion

Joint Inspection (Adults) The Effectiveness of Strategic Planning in East Dunbartonshire Partnership

Under section 115 of the Public Services Reform (Scotland) Act 2010, together with regulations made under the 2010 Act, the Care Inspectorate and Healthcare Improvement Scotland will jointly inspect the strategic planning, commissioning, performance and leadership of health and social work services in the East Dunbartonshire Health and Social Care Partnership with on-site scrutiny commencing Monday 14 January 2019.

To do this we will consider how well the Partnership has:

- Improved performance in both health and social care
- Developed and implemented operational and strategic planning arrangements, and commissioning arrangements
- Established the vision, values and culture across the partnership, and the leadership of strategy and direction

We enclose *Evaluating the Effectiveness of Strategic Planning: Quality Framework* (enclosure 1) which will be used in this inspection.

The scrutiny process will support rigorous, fair and objective evaluation during the inspection of the above areas. This inspection report will have graded evaluations on all of the areas inspected, including leadership. You will be given the opportunity to provide comment on factual accuracy prior to publication. The report will be published on the Care Inspectorate and Healthcare Improvement Scotland websites following the inspection.

We would appreciate the following information, to be returned electronically by noon on Wednesday 5 December 2018 as this will allow us to complete our preparatory work in advance of the inspection.

- Relevant evidence in line with the *Quality Framework* (enclosure 1)
- Completion of the enclosed partnership position statement (enclosure 2).

Note: We anticipate partners may already have evaluative information of their own performance and this should be included or referred to in your partnership position statement.

To help co-ordinate the inspection, please provide a single key contact/co-ordinator. The nominated person's name and contact details are required by Monday 29 October 2018. Members of the inspection team will liaise with the nominated local co-ordinator to provide more detail and clarify our requirements.

Inspectors will be on site in the weeks beginning 14 January and 4 February 2019. We intend to have a briefing session for chief officers and senior managers on Thursday 8 November 2018. This will take the form of introductions and scene setting followed by a more detailed briefing for the co-ordinator.

In undertaking this inspection the Care Inspectorate and Healthcare Improvement Scotland will take into account and apply learning from previous joint inspections, consistent with our shared commitment to continuous improvement. We are committed to ensuring that we minimise, as far as possible, the demands on the partnership.

I have asked the inspection lead, Stephen Rankin to make introductory contact with you following receipt of this letter.

In the meantime, if you have queries, please could you or your staff contact Stephen (Stephen.rankin@careinspectorate.com) or Angela MacBain, Strategic Support Officer (angela.macbain@careinspectorate.com) for further information and advice.

Yours sincerely

Kevin Mitchell	Alistair Delaney
Executive Director of Scrutiny and Assurance	Director of Quality Assurance
Care Inspectorate	Healthcare Improvement Scotland

Encs:
1. Evaluating the Effectiveness of Strategic Planning: Quality Framework
2. Evaluating the Effectiveness of Strategic Planning: Partnership Position Statement template & guidance

Cc: Gerry Cornes, Chief Executive, East Dunbartonshire Council
Jane Grant, Chief Executive, NHS Greater Glasgow and Clyde
Cllr Gordon Low, Chair of Community Planning Partnership, East Dunbartonshire Council
Caroline Sinclair, Interim Chief Social Work Officer, East Dunbartonshire Council
Andy Crawford, Head of Clinical Governance Manager, NHS Greater Glasgow and Clyde

East Dunbartonshire
Health & Social Care
Partnership

Chief Officer

Susan Manion

Agenda Item Number: 19

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	15th November 2018
Subject Title	2018/19 Directions to East Dunbartonshire Council and NHS Greater Glasgow & Clyde
Report By	Jean Campbell, Chief Finance & Resources Officer Tel: 0300 1234510 Ext 3221
Contact Officer	Jean Campbell, Chief Finance & Resources Officer Tel: 0300 1234510 Ext 3221

Purpose of Report	To update the Board on arrangements for issuing directions to East Dunbartonshire Council and Greater Glasgow & Clyde NHS Board in respect of the delivery of the functions delegated to the IJB under the Public Bodies (Joint Working)(Scotland) Act 2014.

Recommendations	The Integration Joint Board is asked to: a) Note the draft statutory guidance and approve the process for issuing directions to the constituent bodies as set out within paragraph 2.12. b) In the light of the draft statutory guidance, retrospectively approve the Directions to East Dunbartonshire Council and NHS Greater Glasgow & Clyde for 2018/19 in respect of the delivery of the functions delegated to the East Dunbartonshire Integration Joint Board as set out in **Appendix 2** of this report; c) Delegate authority to the Chief Officer to issue the Directions to the Chief Executives of East Dunbartonshire Council and NHS GG&C; d) Agree that both sets of Directions are reviewed by the IJB as and when updates are required and at a minimum on an annual basis in respect of the following financial year.

Relevance to HSCP Board Strategic Plan	The delivery of the Strategic Plan is dependent on the allocation of sufficient resource to support service delivery and assurance that proper systems are in place to direct partner agencies in its delivery.

Implications for Health & Social Care Partnership

Human Resources	None at this stage, albeit review of current service delivery models and service re-design to meet future demand forecasts may have implications moving forward.

Equalities:	None

Financial:	The allocations from each partner agency inform the financial planning for partnership service delivery and the changes required to current models to work within the overall financial framework and deliver on the strategic priorities. The Directions include the budget allocations made available to both partner agencies to deliver the relevant functions as agreed by the IJB.

Legal:	The IJB, under Sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014 is required to direct East Dunbartonshire Council and Greater Glasgow & Clyde NHS Board to deliver services to support the delivery of the Strategic Plan.

Economic Impact:	None

Sustainability:	The financial position of the partnership provides for a level of sustainability in the short to medium term, however opportunities for service re-design and transformation activity is required to meet the financial challenges in the longer term.

Risk Implications:	There are a number of financial risks moving into futures years giving the rising demand in the context of reducing budgets which will require effective financial planning as we move forward and will inform the nature of future directions to each partner agency.

Implications for East Dunbartonshire Council:	The Council is directed to deliver services in line with the strategic plan in line with the financial framework agreed by the IJB.

Implications for NHS Greater Glasgow & Clyde:	The NHS Board is directed to deliver services in line with the strategic plan in line with the financial framework agreed by the IJB.

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

2.0 MAIN REPORT

2.1 The Public Bodies (Joint Working)(Scotland) Act 2014 places a duty on the IJB to develop and publish a Strategic Plan for integrated functions and budgets under its control. The IJB approved its initial Strategic Plan on the 3rd September 2015 for the period 2015 – 2018 when responsibility for services and functions were then fully delegated from East Dunbartonshire Council and NHS Greater Glasgow & Clyde. The Strategic Plan has been updated for the period 2018 – 2021 and approved by the IJB on the 15th March 2018.

2.2 The Act also places a duty on the IJB to set out its mechanism for implementing the Strategic Plan and this to take the form of Directions from the IJB to East Dunbartonshire Council and NHS GG&C. This mechanism takes the form of binding written directions from the IJB to one or both of East Dunbartonshire Council or NHS GG&C. A direction must be issued in respect of every function which has been delegated to the IJB and must set out how each function is to be delivered and the budget associated with that. One direction can cover more than one function.

2.3 Directions are the means by which an IJB tells the Health Board and the Local Authority what is to be delivered using the integrated budget and for the IJB to improve the quality and sustainability of care, as outlined in its strategic plan.

2.4 Directions should set out a clear framework for operational delivery of the functions that have been delegated to the IJB. A function can be described in terms of delivery of services, achievement of outcomes, and/or by reference to the Strategic Plan. The direction may also specify what the Health Board or Council is to do in relation to carrying out a particular function and so there is scope to include detailed operational instructions in relation to particular functions (and associated services).

2.5 Directions must include detailed information on the financial resources that are available for carrying out the functions that are the subject of the Directions, including the allocated budget and how that budget (whether it is a payment, or an amount made available) is to be used. These will reflect the agreed budget position for the HSCP for 2018/19.

2.6 The Scottish Government has developed draft statutory guidance in respect of 'Directions from Integration Authorities to Health Boards and Local Authorities' which seeks to improve practice in the issuing (by IJBs) and implementation (by Health Boards and Local Authorities) of directions issued under the legislation. This draft statutory guidance will supersede the 'Good Practice Notice on Directions' issued in March 2016 and is expected to be formalised and published early in 2019. A copy of the draft guidance is attached as **Appendix 1.**

2.7 There is no standard template prescribed within the legislation or guidance, however, the Scottish Government has set out within the draft guidance what form and content should be included within the Directions to ensure they are sufficiently detailed to adequately capture the intention of the IJB and are accompanied with the financial resources available to carry out the functions.

2.8 The format of Directions is therefore a matter for each IJB, taking into account the

legislative requirements of Sections 26 to 28 of the Act. The draft Directions attached at **Appendix 2** are therefore framed within the context of the IJB's Strategic Plan and existing operational arrangements and include the allocated budget and how that budget is to be used.

2.9 A Direction does not have a fixed timescale and will remain in place until it is varied, revoked or superseded by a later Direction issued by the IJB in respect of the same function.

2.10 It would be good practice to review the Directions on a regular basis and particularly when there are any developments – such as changes to strategic and/or operational plans or when action is needed to balance budgets.

2.11 The mechanism of Directions has flexibility to ensure that delivery of integrated health and social care functions is consistent with the Strategic Plan, and takes account of any changes in local circumstances.

2.12 The arrangements for the review and issuing direction throughout the year is set out below:-

- Initial directions will be formally agreed as part of the budget setting process each year which will set out the agreed financial framework and the strategic priorities for the forthcoming year.
- A formal letter will be issued by the HSCP Chief Officer to the respective Chief Executives of the constituent bodies informing them of the directions agreed.
- Following each meeting of the IJB, a summary of the decisions requiring a change of the initial direction will be prepared and this will be issued to the respective Chief Executives throughout the year.
- A log of all directions issued, revised, revoked and completed will be maintained and reviewed on a regular basis to act as a tool for monitoring the implementation, and / or status of directions that have been approved by the IJB.

Health and Social Care Integration

Statutory Guidance

Directions from Integration Authorities to Health Boards and Local Authorities

Public Bodies (Joint Working) (Scotland) Act 2014

September 2018

DIRECTIONS FROM INTEGRATION AUTHORITIES TO HEALTH BOARDS AND LOCAL AUTHORITIES UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

1. What is this guidance about?

1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) places a duty on Integration Authorities to develop a strategic plan, also known as a strategic commissioning plan for which we have published statutory guidance. (*attach link* here) for integrated functions and budgets under their control. Integrated functions and budgets are those delegated by the Health Board and Local Authority. The legislation sets out what functions and budgets must be delegated and those that may be delegated. (*Attach links* to legislation and statutory guidance here).

1.2 Each Integration Authority must produce a strategic commissioning plan that sets out how they will plan and deliver services for their area over the medium term, using integrated budgets under their control. Stakeholders must be fully engaged in the preparation, publication and review of the strategic commissioning plan, in order to establish a meaningful co-production approach, to enable Integration Authorities to deliver the national outcomes for health and wellbeing, and achieve the core aims of integration.

1.3 Integration Authorities require a mechanism to action their strategic commissioning plans and this is laid out in sections 26 to 28 of the Act. This mechanism takes the form of ***binding directions*** from the Integration Authority to one or both of the Health Board and Local Authority. Directions are also the means by which to transparently see which body decided what, which body is responsible for what and which body should be audited for what, whether in financial or decision making terms.

1.4 In the case of an Integration Joint Board (IJB), a direction ***must*** be given in respect of every function that has been delegated to the IJB. Where the lead agency model is used, the Integration Authority ***may*** issue directions or may opt to carry out the function itself. In either case, a direction must set out how each integrated function is to be exercised, and identify the budget associated with that. Not unexpectedly, only IJBs have made directions to delivery partners to date and this guidance is therefore mainly aimed at IJBs and their delivery partners in Health Boards and Local Authorities.

1.5 Put simply, directions are the means by which an IJB tells the Health Board and Local Authority what is to be delivered using the integrated budget and for the IJB to improve the quality and sustainability of care, as outlined in its strategic commissioning plan.

1.6 Directions are also the legal basis on which the Health Board and the Local Authority deliver services that are under the control of the IJB. If directions are not

DRAFT

being provided or they lack sufficient detail, Health Boards and Local Authorities should be actively seeking directions in order to properly discharge their statutory duties under the Act.

1.7 This guidance sets out how to improve practice in the issuing (by IJBs) and implementation (by Health Boards and Local Authorities) of directions issued under the Public Bodies (Joint Working) (Scotland) Act 2014. It supersedes the Good Practice Notice on Directions issued in March 2016.

2. Why are we publishing this guidance now?

2.1 Directions are a key aspect of governance and accountability between partners. To date, this appears to have been largely unrecognised, with the effect that there is a lack of transparency, governance and accountability for integrated functions that are under the control of IJBs, and delivered by Health Boards and Local Authorities. This must be a matter of concern for all parties, each of which is responsible for ensuring that they are complying with their individual duties under the Act.

2.2 Scottish Government has worked closely with IJB Chief Officers to better understand the diversity of practice across Scotland surrounding directions and to identify good practice. We have also discussed the use of directions with a range of local systems at our regular partnership engagement meetings, including with Health Board and Local Authority Chief Executives.

2.4 Chairs and Vice Chairs of IJBs have expressed a keen interest in improving practice and in better understanding how they can take responsibility for improvement and in collaborating with partners to ensure accountability and effective governance. IJBs, Local Authorities and Health Boards must each take individual and several responsibility for complying with their statutory duties, and for being clear about lines of accountability between one another.

2.5 One issue appears to have been that directions have been regarded as being issued by Chief Officers to themselves as senior operational directors in Health Boards and Local Authorities. The Act confers the duty of issuing directions on the Integration Authority to constituent authorities. Directions may be issued on behalf of the IJB by an IJB Chief Officer, in their role as the accountable officer to the IJB, to Chief Executives in the Health Board and Local Authority in their roles as accountable officers to the Health Board and Local Authority. These are senior executives acting on behalf of the three statutory public bodies.

2.6 Directions are a legal mechanism and are intended to clarify responsibilities and requirements between partners, that is, between the IJB, the Local Authority and the Health Board. They are the means via which clarity on decision making is achieved under integration. They are neither unnecessary – unless a local system is choosing to ignore its duties under integration – nor bureaucratic – unless, locally, they are not being used properly. Nor are they an inconvenience to be worked around: although that accusation often, somewhat curiously, goes hand-in-hand with a complaint that the responsibilities under integration are unclear.

DRAFT

2.7 As a legal requirement, the use of directions is not optional for IJBs, Health Boards or Local Authorities, it is obligatory. How local systems are using them will be subject to internal and external audit and scrutiny. Practice must be improved and impediments overcome, and in particular a much more collaborative approach acknowledged in the process.

3. Process for issuing directions

3.1 It is essential that directions are understood to be the *end point* of a process of decision making by the IJB. Directions should not contain surprising or completely unknown information about service change or redesign and should follow a period of wider engagement on the function(s) that are the subject of the direction. This would normally be part of the service planning and design phase of strategic commissioning.

3.2 While directions are not a means of launching unheard of service change onto delivery partners in the Health Board and Local Authority, nor are they something that can be ignored by delivery partners in the Health Board and Local Authority.

3.3 The delivery partners are required to comply with all directions received from the IJB, and may not amend, ignore, appeal or veto any direction. The Local Authority nor the Health Board may not use resources allocated via the Integration Authority in pursuit of a direction for any other purpose than that intended. This demands a mature and collaborative approach to the planning and delivery of change in health and social care services that delivers sustainability, and improves quality and outcomes for local populations.

3.4 Integration Authorities have been established to put in place plans to improve the health and wellbeing of their local populations and to make best use of the total resource available to them, hitherto managed and allocated separately by Health Boards and Local Authorities. They have an agenda of change and improvement. It can therefore reasonably be expected that a number of decisions made by IJBs will impact on delivery partners that will require directions to be issued. Otherwise, nothing would be changing – which would not help integration's purpose to improve the sustainability and quality of care.

3.5 It has been the practice of most IJBs to issue generic directions to delivery partners at the point of agreeing their budgets for the following financial year. However, it is not possible for IJBs to make all decisions about all service change at this juncture, although they will still require to allocate funding across the functions they are responsible for.

3.6 IJBs make decisions about service change, service redesign, and investment and disinvestment at many of their meetings. Such decisions will necessitate directions to the Health Board or Local Authority, or both, and may indeed require the delivery partners to carry out a function jointly. The issuing of directions should be taking place at any time throughout the year, as well as at the start of the financial year.

DRAFT

3.7 To assist with the determination of when a direction should be issued, a small number of IJBs have added a short section to their report format that requires the writer to decide and record if the report requires a direction to be issued to the Local Authority, the Health Board, to both, or that no direction is required. This provides an initial prompt and should be adopted as standard practice across Integration Authorities.

3.8 Directions should not be issued unnecessarily and should be proportionate. A direction should always be prompted by a decision made by the IJB. The following might be considered when thinking about when a direction requires to be issued and what it might include:

- Scope and scale of the function
- Finance involved
- Scale and nature of change
- Those impacted by the change
  - Patients
  - People who use services
  - Carers
  - Local communities
  - Staff
  - Others
- Timescale for delivery

4. Form and content of directions

4.1 Directions must be in writing and should be sufficiently detailed to ensure the intention of the IJB is adequately captured and effectively communicated. The direction should include information on the required delivery of the function as well as the financial resources that are available for carrying out the function. The direction may specify in some detail what the Health Board, the Local Authority or both are to do in relation to carrying out a particular function. A lack of detail or specificity in a direction may cause difficulties in performance monitoring and hamper the effective delivery of a function.

4.2 The primary purpose is to set a clear framework for the operational delivery of the functions that have been delegated to the IJB and to convey the decision(s) made by the IJB about any given function(s).

4.3 Directions must clearly identify which of the integrated health and social care functions they relate to. The Integration Authority can direct the carrying out of those functions by requiring that a particular named service or services be provided. Where appropriate, the same document can be used to give directions to carry out multiple functions.

4.4 Directions must include detailed information on the financial resources that are available for carrying out the functions that are the subject of the directions, including the allocated budget and how that budget (whether this is a payment or an amount is made available) is to be used. However, directions should not be seen as a

DRAFT

mechanism only to advise the delivery partners of resources available to them. Rather, directions are intended to provide clear advice to delivery partners on the expected delivery of any given function, together with the identified resource available.

4.5 The exercise of each function can be described in terms of delivery of services, achievement of outcomes and/or by reference to the strategic commissioning plan.

4.6 The financial resource allocated to each function in a direction is a matter for the IJB to determine. The Act makes particular provision for the allocations of budgets for the sum "set aside" in relation to large hospital functions, which gives flexibility for the IJB to direct how much of the sum set aside is to be used for large hospital services and for the balance to be used for other purposes. This requires mature and collaborative working to achieve agreement on the best use of this budget, particularly with those responsible for the delivery of acute services, however the decision about the use of this budget lies with the IJB. The finance statutory guidance issued in 2015 provides detailed advice on set aside. (add *link* here)

4.5 The content of a direction should be informed by the content of a report on the function(s) submitted to and approved by the IJB. For example, where an IJB discusses and approves a report that makes changes to arrangements for the provision of day services for people with a learning disability, the direction would draw on the report's content. The direction should be contained in the same report, using a standard format, in order that it can be approved by the IJB at the same time as the report and its recommendations are approved. There should also be a process in place where the IJB is able to raise queries about the clarity or content of a direction and for these queries to prompt action by officials to make any necessary amendments to the direction.

4.6 The issuing of a direction following such a decision described at 4.5 above is the means by which the IJB will let its delivery partners in the Local Authority, Health Board, or both, know what has been agreed and what is to change in the delivery of the function, together with any concomitant change to the allocation of resources.

5. Process for issuing and revising directions

5.1 Directions should be issued as soon as is practicable following their approval by the IJB.

5.2 A direction will remain in place until it is varied, revoked or superseded by a later direction in respect of the same functions. A log of all directions issued, revised, revoked and completed should be maintained, ensuring that it is checked for accuracy and kept up-to-date. This log should include, as a minimum, the function(s) covered, any identifier (such as a log number), date of issue, identify to which delivery partner(s) issued, any delivery issues and the total resource committed. The log should be regularly monitored and reviewed by the IJB and used as part of performance management, including audit and scrutiny. This should include

monitoring the implementation and/or status of directions that have been approved by the IJB.

5.3 To assist with monitoring and reviewing directions issued, the IJB may seek information from either the Health Board or the Local Authority, or both, about the delivery of a function that is the subject of a direction, including, but not exclusively, when issues are identified in implementation and delivery of a direction.

5.4 The Act does not set out fixed timescales for directions. This flexibility allows directions to ensure that the delivery of integrated health and social care functions is consistent with the strategic commissioning plan and takes account of any changes in local circumstances. In contrast with the strategic commissioning plan, there is therefore scope for directions to include detailed operational instructions in respect of particular functions.

5.5 A level of detail and specificity is highly desirable, especially where a service is new or to be radically redesigned, or where a complex set of interdependent changes is planned. Detailed directions will also be necessary and particularly important where one Chief Officer is the lead for operational delivery of any given function on behalf of other Chief Officers, usually within the confines of a Health Board area and often referred to as “hosted services”.

5.6 In such arrangements, all decisions about delegated functions still require to be made by constituent IJBs, whatever the operational delivery arrangements are in place for hosting services. Detailed directions will facilitate a feedback loop and IJBs should be seeking from the delivery partners any necessary information regarding progress with service change, investment or disinvestment. The issuing of more detailed directions will also be important for any other services not under the direct operational management of the Chief Officer.

5.7 Directions issued at the start of the financial year should subsequently be revised during the year in response to ongoing developments, including as a consequence of decisions made in year about service change by the IJB.

5.8 For example, should an overspend be forecast in either of the operational budgets for health or social care services delivered by the Health Board and Local Authority, the Chief Officer will need to agree a recovery plan to balance the overspending budget (in line with the Integration Scheme and statutory guidance for finance under integration).This may require an increase in payment to either the Health Board or Local Authority funded by either:

- Utilising underspend on the other part of the operational integrated budget to reduce the payment to that body; and/or
- Utilising the balance of the general fund, if available, of the Integration Joint Board.

5.9 A revision to the directions will be required in either case.

6. Improving practice and summary of key actions

DRAFT

6.1 This guidance is intended to provide impetus to improving practice in the issuing of directions by IJBs and their implementation by Health Boards and Local Authorities.

6.2 The importance of directions as a vital aspect of governance and accountability between partners cannot be overstated. The need to learn from and implement good practice is evident. As practice develops further, IJBs should continue to develop and improve their practice in respect of issuing directions. Local Authorities and Health Boards as the key delivery partners also need to accept and work with these new arrangements, and respond positively to direction issued to them, including the provision of any information regarding the delivery of a function that is the subject of a direction.

6.3 This guidance has been prepared as part of wider work to accelerate the pace and impact of integration. This can only be achieved by the partners working closely together, in mutual regard, and demonstrating a strong, shared commitment to integration through concerted action to deliver sustainable, and improved health and social care services for the people of Scotland.

6.4 Key actions identified throughout this guidance, which should be implemented as consistent practice include:

- A standard covering report format, which includes a brief section requiring the report author to decide and record if the report requires a direction to be issued to the Health Board, the local Authority or both, or that no direction is required.
- Directions should include detail on the required delivery of the function and financial resources.
- The content of a direction should be informed by the content of a report on the function(s) approved by the IJB and should be contained in the same report, using a standard format.
- Directions should be issued as soon as practicable following approval by the IJB, usually by the IJB Chief Officer to the Chief Executive of either the Health Beard or the Local Authority, or both. Each in their role as accountable officers to the relevant statutory body.
- A log of all directions issued, revised, revoked and completed should be maintained. This log should be periodically reviewed by the IJB and used as part of performance management processes, including audit and scrutiny.
- *Any other action that is important to highlight insert here.*

Still to add footnotes of all references to Act, guidance links etc.

DRAFT

EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD
DIRECTION
ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

THE EAST DUNBARTONHSIRE COUNCIL is hereby directed to deliver for the East Dunbartonshire Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the IJB's Strategic Plan and existing operational arrangements pending future directions from the IJB.

Services:	All services listed in Annex 2, Part 2 of the East Dunbartonshire Health and Social Care Partnership Integration Scheme.
Functions:	All functions listed in Annex 2, Part 1 of the East Dunbartonshire Health and Social Care Partnership Integration Scheme.

Approval from IJB received on: - 15th November 2018

Link to Strategic Priorities (set out within the Strategic Plan 2018-2021):-

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

Associated Budget:

The associated budget for these functions and services is £53.146m. A detailed breakdown is provided in the attached spreadsheet (see attached spreadsheet)

Timescales

Start Date: 1st April 2018

End Date: 31st March 2019

This direction is effective from 1 April 2018.

Health and Social Care Partnership
Full Year Budget 2018/19 - Delegated Social Work Services by Subjective / Care Group

Social Work Services (Subjective)	Full Year Budget
Non-Teaching Employee Costs	19,838,141
Property Costs	148,938
Supplies & Services	1,034,890
Agencies & Other Bodies	51,481,787
Transport & Plant	511,712
Transfer Payments	116,637
Administrative Costs	514,634
Financing Costs	0
Income from Government Grants	-741,662
Budget Savings	-287,922
Sales	-8,785
Fees & Charges	-911,245
Recharges to Other Departments	-75,037
Income from Rents	0
Other Income	-19,670,088
OVERALL TOTAL	**51,952,000**

Social Work Services (Care Group)	Full Year Budget
Older People	32,092,000
Physical Disability	4,243,000
Addictions	667,000
Learning Disability	17,248,000
Mental Health	2,402,000
Childrens & families	11,588,000
Criminal Justice	257,000
SW Resources	1,691,000
Resource transfer Income	-18,236,000
OVERALL TOTAL	**51,952,000**

Council - Other Budgets	Full Year Budget
Care of Gardens	78,000
Adaptations (PSHG)	450,000
Care & Repair	214,000
Fleet	452,000
TOTAL	**1,194,000**
	53,146,000

EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD
DIRECTION
ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

GREATER GLASGOW & CLYDE NHS BOARD is hereby directed to deliver for the East Dunbartonshire Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the IJB's Strategic Plan and existing operational arrangements pending future directions from the IJB.

Services:	All services listed in Annex 1, Part 2 of the East Dunbartonshire Health and Social Care Partnership Integration Scheme.
Functions:	All functions listed in Annex 1, Part 1 of the East Dunbartonshire Health and Social Care Partnership Integration Scheme.

Approval from IJB received on: - 15th November 2018

Link to Strategic Priorities (set out within the Strategic Plan 2018-2021):-

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

Associated Budget:

The associated budget for these functions and services is £101.983m. A detailed breakdown is provided in the attached spreadsheet (see attached spreadsheet)

Timescales

Start Date: 1st April 2018

End Date: 31st March 2019

This direction is effective from 1 April 2018.

Health and Social Care Partnership
Full Year Budget 2017/18 - Delegated Health Services by Subjective and Care Groups

Health Services (Subjective)	Full Year Budget
Payroll	18,702,100
Non Payroll	6,805,000
Purchase of Healthcare	15,644,100
Family Health Services	44,935,000
Financial Planning	-409,200
Income	-2,809,800
OVERALL TOTAL	**82,867,200**

Health Services (Care Group)	Full Year Budget
Alcohol & Drugs	698,900
Adult Community Services	4,415,300
Integrated care Fund	686,000
Child Services Community	1,483,400
FHS - Prescribing	18,725,000
FHS - GMS	13,461,300
FHS - Other	11,683,300
Learning Disability - Community	627,600
Mental Health - Adult Community	1,317,000
Mental Health - Elderly Services	876,200
Oral Health	9,902,100
Administration & Management	3,288,300
Planning & Health Improvement	571,700
Resource transfer - Local Authority	15,131,100
TOTAL	**82,867,200**

Set Aside	19,116,000
	101,983,200

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Susan Manion

Agenda Item Number:20

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	15 November 2018
Subject Title	Mental Health Strategy Action 15 Final Delivery Plan 2018 – 2019
Report By	Caroline Sinclair, Head of Mental Health, Learning Disability and Addiction Services.
Contact Officer	David Aitken, Joint Services Manager, Adult Services. David.Aitken@eastdunbarton.gov.uk

Purpose of Report	To present to the HSCP Board the final Mental Health Strategy Action 15 Delivery Plan 2018 – 2019, which was submitted to Scottish Government, as required, on 2 October 2018. This final plan was further to the initial submission sent in July 2018.

Recommendations	The Health and Social Care Partnership Board is asked to: a) approve the final plan that has been developed and submitted for ED HSCP, attached as appendix 1 to this report.

Relevance to HSCP Board Strategic Plan	The Mental Health Strategy Action 15 Final Delivery Plan 2018 – 2019 supports delivery of the HSCP's Strategic Plan and the National Health and Wellbeing Outcomes.

Implications for Health & Social Care Partnership

Human Resources	The fully costed plan involves recruitment of additional mental health staffing in line with the Scottish Government's expectations. This recruitment will be carried out in line with appropriate HR processes and within the budget made available for delivery of Action 15.

Equalities:	An Equality Impact Assessment (EqIA) has been undertaken to underpin the development of the NHS Greater Glasgow and Clyde wide Mental Health 5 Year Strategy.

Financial:	The financial implications of implementing the plan will be fully contained within the funding made available from the Scottish Government for Action 15 of the National Mental Health Strategy 2017 - 2027.

Legal:	There are no legal implications arising directly from this report.

Economic Impact:	There is no economic impact arising directly from this report.

Sustainability:	The focus of the plan is, amongst other things, on the development of a sustainable service model that recognises and responds to both service need and workforce challenges. This supports overall sustainability.

Risk Implications:	Overall, delivery of the new National Mental Health Strategy 2017 – 2027, and the NHS GG&C wide and local HSCP aspects of this, aim to address the risks associated with the existing model of service delivery and growth in demand, in relation to service and workforce sustainability.

Implications for East Dunbartonshire Council:	The HSCP directs East Dunbartonshire Council to implement the activity set out in the Action 15 Plan that is within its service delivery remit. As the detailed plan is developed, workforce implications, should there be any, will be brought to the fore. Ongoing scrutiny of the local delivery aspects of the Action 15 Plan will be undertaken through local reporting processes.

Implications for NHS Greater Glasgow & Clyde:	The HSCP directs NHS Greater Glasgow and Clyde to implement the recruitment and activity set out in the Action 15 Plan that is within its service delivery remit. As the detailed plan is developed, further workforce implications, should there be any, will be brought to the fore. Ongoing scrutiny of delivery will be undertaken through the NHS Greater Glasgow and Clyde Board Wide 5 Year Mental Health Strategy Programme Board for NHS Greater Glasgow and Clyde wide projects and through the local reporting processes.

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 & NHS Greater Glasgow & Clyde	X

1.0	MAIN REPORT
1.1	As part of the Mental Health Strategy 2017 - 2027, Scottish Government Ministers made a commitment to provide funding to support the employment of 800 additional mental health workers to improve access in key settings such as Accident and Emergency departments, GP practices, police station custody suites and prisons.
1.2	The detail is set out in Action 15 of the Mental Health Strategy 2017 - 2027. The funding will be available from this year (£12 million, of which £11 million is for

distribution to HSCP partnerships) and will rise to £35 million in 2021 - 2022.

1.3 Integration Authorities were asked to develop an initial plan that sets out goals for improving capacity in the settings outlined in Action 15 of the Mental Health Strategy by 31 July 2018 and full detailed costed one year plans thereafter. The submission date agreed for East Dunbartonshire was 2 October 2018. East Dunbartonshire's submission is attached as appendix 1 to this report.

1.4 Appendix 2 to this report sets out the Initial Action Plan submission which was previously considered and approved by the HSCP Board, for information.

2.0 BACKGROUND

2.1. Work to develop the Mental Health Strategy Action 15 Initial Delivery Plan 2018 – 2019 has been progressing within East Dunbartonshire HSCP and in collaboration with the other HSCPs within the boundaries of NHS Greater Glasgow and Clyde.

2.2. This plan has now been submitted to the Scottish Government in line with the required timeframe of 2 October 2018.

2.3. The collaborative work will continue to be overseen via the NHS Greater Glasgow and Clyde Board wide 5 Year Mental Health Strategy Programme Board, recognising the interdependence between the various HSCP plans and the way in which some mental health services are delivered, ie at an NHS Greater Glasgow and Clyde Board wide level.

3.0 FINANCE

3.1 The breakdown of the financial allocations associated with the Action 15 Commitment for East Dunbartonshire HSCP are as follows:

2018 – 2019 share of 11 million total	NHS Greater Glasgow & Clyde	22.337%	£2,457,118
	East Dunbartonshire HSCP	1.82%	£199,776
2019 – 2020 share of 17 million total	NHS Greater Glasgow & Clyde	22.337%	£3,797,365
	East Dunbartonshire HSCP	1.82%	£308,745
2020 – 2021 share of 24 million total	NHS Greater Glasgow & Clyde	22.337%	£5,360,986
	East Dunbartonshire HSCP	1.82%	£435,875
2018 – 2019 share of 32 million total	NHS Greater Glasgow & Clyde	22.337%	£7,147,981
	East Dunbartonshire HSCP	1.82%	£581,167

4.0 RISK

4.1 The implementation of the Action 15 Initial Plan aims to address risks associated with increasing demand for mental health services and as such is part of East Dunbartonshire HSCP's programme of work to reduce service delivery risks.

5.0 ENGAGEMENT AND DEVELOPMENT
5.1 The process of developing the initial plan has included work to ensure read across and effective links with the Primary Care Improvement Plan and the local Alcohol and Drugs Partnership work, which, when considered together, work closely across a whole system. 5.2 There has been engagement with representatives of a wide range of services and with other relevant partnerships such as the Community Justice Partnership and the service user and carer representative group.

6.0 **Appendix 1** - Mental Health Strategy Final Action 15 Delivery Plan 2018 – 2019
Appendix 2 - Mental Health Strategy Initial Action 15 Delivery Plan

Input to shaded cells only

Choose from Drop Down List:

Integration Authority: East Dunbartonshire

NHS Board Area: Greater Glasgow & Clyde

Total Available Action 15 2018-19 (£k): £200

Action 15 Mental Health Workforce Funding - Expenditure Forecast 2018-19

All figures in £000s

		Actual Spend to July 2018 £k			**Forecast Spend August to March 2019 £k**			**Total Spend 2018-19 £k**
Expenditure Category (choose from drop down list):	**Brief Description of Funded Activities:**	**Actual Staff Costs to July**	**Actual Non-Staff Costs to July**	**Total Actual Costs to July**	**Forecast Staff Costs Aug 18 - Mar 19**	**Forecast Non-Staff Costs Aug 18 - Mar 19**	**Total Forecast Costs to Aug 18 - Mar 19**	**Total Costs 2018-19**
	ED SHARE OF GG&C WIDE ACTIVITIES & PROJECTS							
	Prevention and Early Intervention							
	Collection Prevention Programme							
Training costs	- Mental Health and Suicide Prevention Training	0.0	0.0	0.0	0.0	1.8	1.8	1.8
Staff Costs (new workforce)	- Digital Support	0.0	0.0	0.0	2.4	0.0	2.4	2.4
Staff Costs (new workforce)	Dementia - Young Onset Dementia	0.0	0.0	0.0	1.2	0.0	1.2	1.2
	Productivity							
	Unscheduled Care							
Staff Costs (new workforce)	- Adult Liaison services to Acute Hospitals	0.0	0.0	0.0	6.8	0.0	6.8	6.8
Staff Costs (new workforce)	Borderline Personality Disorder	0.0	0.0	0.0	26.6	0.0	26.6	26.6
Planning / Project Mgmt / Mgmt support	Project Management Support	0.0	0.0	0.0	2.4	0.0	2.4	2.4
	Recovery							
Staff Costs (new workforce)	Recovery Peer support workers	0.0	0.0	0.0	8.9	0.0	8.9	8.9
Staff Costs (new workforce)	Psychological Interventions in Prisons	0.0	0.0	0.0	10.6	0.0	10.6	10.6
	LOCAL PRIORITIES							
	Prevention and Early Intervention							
Training costs	Local Mental Health and Suicide Prevention Training			0		6	6	6
	Recovery							
Staff Costs (new workforce)	Additional capacity for Psychological therapies for Adults			0	11		11	11
Staff Costs (new workforce)	Additional capacity for Psychological therapies for Older People			0	11		11	11
Staff Costs (new workforce)	Local area 3rd sector recovery orientated system of care			0	25		25	25
	Productivity							
Staff Costs (new workforce)	Project Offcier Support to support local project delivery			0	10		10	10
Total Expenditure		**0**	**0**	**0**	**116**	**8**	**124**	**124**

Action 15 Mental Health Workforce Funding - Allocations 2018-19

All figures in £000s

	2018-19 Forecast Outturn	**2018-19 Action 15 allocated to date**	**Additional Funding Need**	**Remaining Available Action 15 Funding 2018-19**	**2018-19 Action 15 Additional Allocation Requested**	**Surplus Action 15 Funding 2018-19**
Action 15 Summary 2018-19	123.7	140	0	60	0	60

Appendix 1

East Dunbartonshire Health and Social Care Partnership

Mental Health Strategy Action 15 Initial Delivery Plan 2018 – 2019

East Dunbartonshire's Health and Social Care Partnership's Strategic Plan for 2018 – 2021, which can be accessed here, outlines eight key priorities to be delivered over the lifetime of the plan. The eight priorities are[1]:

1. Promoting positive health and wellbeing, preventing ill health, and building strong communities
2. Enhancing the quality of life and supporting independence for people, particularly those with long term conditions
3. Keeping people out of hospital when care can be delivered closer to home
4. Addressing inequalities and supporting people to have more choice and control
5. People have a positive experience of health and social care services
6. Promoting independent living through the provision of suitable housing, accommodation and support
7. Improving support for carers enabling them to continue in their caring role
8. Optimising efficiency, effectiveness and flexibility

In delivering on the eight priorities above the East Dunbartonshire Health and Social Care Partnership aims to make a positive contribution to the national health and wellbeing outcomes as defined by the Scottish Government[2]. The National Health and Wellbeing Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care. The national Health and Wellbeing outcomes are as follows:

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

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

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

Outcome 4 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

---

[1] Priority areas have numbered for ease of cross referencing in the delivery plan table. Numbering does not reflect a hierarchy within the priorities themselves.

[2] http://www.gov.scot/Topics/Health/Policy/Health-Social-Care-Integration/National-Health-WellbeingOutcomes

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

Outcome 6 - People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

Outcome 7 - People using health and social care services are safe from harm.

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

Outcome 9 - Resources are used effectively and efficiently in the provision of health and social care services.

Mental Health Services are an important part of delivering on our eight priority areas. NHS Greater Glasgow and Clyde has developed a five year mental health strategy that spans across both inpatient and community services. The strategy aims to take a whole system approach, linking the planning of services across the whole Health Board area, incorporating the planning priorities of the six Health and Social Care Partnerships, and is aligned with delivery of the Scottish Government's Mental Health Strategy 2017 – 2027 which can be accessed here.

The NHS Greater Glasgow and Clyde five year strategy focuses on the following themes:

- Prevention, early intervention and health improvement
- Physical health
- Recovery orientated and trauma aware services
- Primary care
- Community and specialist teams
- Social care
- Unscheduled care
- Bed modelling

National Mental Health Strategy - Action 15

Action 15 is one of the 42 commitments in the national Mental Health Strategy 2017 – 2027. Scottish Government Ministers gave a commitment to provide funding to support the employment of 800 additional mental health workers across Scotland to improve access to mental health services for those in need. The goal was to 'Increase the workforce to give access to dedicated mental health professionals to all Accident and Emergency departments, all GP practices, every police station custody suite, and to our prisons.'

Funding to support the delivery of this commitment is being provided to each Integration Authority although £1M has been top sliced for a national Police Scotland/SAS demonstrator project. Each HSCP is required to develop an Initial Action 15 Plan by 31 July 2018, and a detailed Action 15 Plan by 30 September 2018. The plan should set out goals for improving capacity in the settings outlined in Action 15 of the Mental Health Strategy.

At a Greater Glasgow and Clyde level the share of national workforce target, were it to be distributed equally, is 179 additional mental health workers to be achieved in 4 years. It is essential that the Health Board and HSCPs work across boundaries and take a collaborative approach due to the way that mental health services are delivered and it is necessary to optimise use of resources in support of delivery of the GGC wide MHS. A key principle underpinning the collaborative approach is that there should be equitable contributions from HSCPs to agree pan-GGC investments based on NRAC shares. Each HSCP is however accountable to its own Board for use of resources.

The plan from each Integration Authority is to set out the following:

How it contributes to the broad local improvement principles

- the application of additional resources should result in additional services commensurate with the commitment in the Mental Health Strategy to provide 800 additional mental health workers by 2021-22;
- the nature of the additional capacity will be very broad ranging – including roles such as peer and support workers;
- prospective improvements may include the provision of services through digital platforms or telephone support;
- improvement may include development for staff who are not currently working in the field of mental health.

How it takes account of the views of local Justice and other Health partners in the area about what improvements should be introduced.

How it fits with other local plans currently in development.

Financial allocations are as follows:

2018 – 2019 share of 11 million total	NHS Greater Glasgow & Clyde	22.337%	£2,457,118
	East Dunbartonshire HSCP	1.82%	£199,776
2019 – 2020 share of 17 million total	NHS Greater Glasgow & Clyde	22.337%	£3,797,365
	East Dunbartonshire HSCP	1.82%	£308,745
2020 – 2021 share of 24 million total	NHS Greater Glasgow & Clyde	22.337%	£5,360,986
	East Dunbartonshire HSCP	1.82%	£435,875
2018 – 2019 share of 32 million total	NHS Greater Glasgow & Clyde	22.337%	£7,147,981
	East Dunbartonshire HSCP	1.82%	£581,167

The initial plan is identified below, and this will be supplemented by a detailed Action 15 plan by the end of September 2018.

The initial action 15 plan interfaces with a number of other key plans and areas of collaborative work in the following ways:

Interface with Primary Care Improvement Plan
The Primary Care Improvement Plan and the Action 15 Plan will work together to enhance capacity to support people with mental ill health in the community. While the plans themselves are separately set out they interlink in terms of delivering overall objectives and as both plans continue to develop, that process involves sharing information and collaborative development.

Interface with Children's Services
A significant part of NHSGG&Cs Mental Health Strategy focuses on early intervention and prevention. It recognises that mental illness in children, young people and adults is strongly correlated with the exposure to childhood adversity and trauma and adverse childhood experiences (ACEs) are an established indicator to trauma. East Dunbartonshire's action 15 plan includes investment in preventative and early intervention options and work carries on in the partnership area to roll out work to ensure staff are trauma informed and ACE aware in their practice. Funding for further work in this area will be achieved through the specific funding identified by the Scottish Government to improve mental health for children.

Interface with Community and Criminal Justice:
Action 15 specifically identifies the need to improve access to mental health support within prisons and police custody suites. East Dunbartonshire has MHP Low Moss within its area and although the responsibility for provision of mental health care in this setting rests with NHS GG&C Police Custody Healthcare and Prison Healthcare services hosted by Glasgow City HSCP, proposed developments utilising Action 15 funding will require further discussion locally. This will be set out in the full plan in September 2018.

Interface with Alcohol and Drugs Partnership
East Dunbartonshire's Alcohol and Drugs Partnership is soon to commence a refresh of its current strategy, underpinned by an updated needs assessment. The work of the Action 15 Plan and the ADP work will be closely aligned through shared steering group members and will focus on further developing a recovery orientated whole system approach.

Engagement and Consultation:
This initial plan has been developed in partnership with all the service areas within East Dunbartonshire's HSCP which includes our Children's services, Criminal Justice Services and engagement with those developing the local Primary Care Improvement Implementation Group. The plan has also been discussed at the Community Justice Partnership meeting. In the development of the detailed Action 15 Plan, which stems from this high level plan, and is required for submission in September 2018, further consultation and engagement will take place through East Dunbartonshire's established service user and carer representative group.

Action 15 – 'Access to treatment and joined up, accessible services' - priority areas identified for increased workforce by the Scottish Government as; 'Accident and Emergency departments; GP practices; police station custody suites; and prisons.'

Please note that this plan is an initial high level plan and will be followed, by September 2018, with a detailed and costed implementation plan. Items noted in the plan at this stage are still subject to development, discussion and consultation and may change before the submission of the final plan.

Project / Service	**Intended Outcomes**	**Links to HSCP Priorities and National Health and Wellbeing Outcomes**	**Contribution to mental health workforce?**
Priority Area	**Accident and Emergency Departments**		
Crisis Team	Extend access to crisis intervention services to provide appropriate crisis response	HSCP 2, HSCP 3 NHWB 7	Yes
Psychiatric Liaison Service	Extend access to Psychiatric Liaison service within A&E and acute hospital care	HSCP 2, HSCP 3 NHWB 7	Yes
Priority Area	**GP Practices / Primary Care**		
Project / Service	**Intended Outcomes**	**Links to HSCP Priorities and National Health and Wellbeing Outcomes**	**Contribution to mental health workforce?**
Development of the Primary Care Computerised CBT Service	Reducing demand on primary care in the short term through provision of alternative and targeted interventions	HSCP 1, HSCP 4, HSCP 8 NHWB 1, NHWB 4, NHWB 9	No
A range of Prevention and Early Intervention activities across the age ranges	Reducing demand on primary care in medium to long term through early intervention and preventative activities delivered 'upstream'	HSCP 1, HSCP 4, HSCP 8 NHWB 1, NHWB 4, NHWB 5	Yes

Improve Pathways between Primary Care and Older People's Mental Health Services	Develop and promote effective and efficient pathways of care	HSCP 2, HSCP 8 NHWB 2, NHWB 3, NHWB 8, NHWB 9	No
Development of Borderline Personality Disorder Service	Development of targeted and specific service for BPD delivered on a rotating patch basis	HSCP 2, HSCP 3 NHWB 4	tbd
Development of a Recovery Orientated System of Care	Increase availability of support to enable people to be self managing and self caring as far as possible	HSCP1, HSCP 2, HSCP 3, HSCP 6 NHWB 1, NHWB 2, NHWB 4	tbd
Additional training to Support Workers to include third sector	Improved mental health skills in the East Dunbartonshire workforce across statutory, third and independent sectors	HSCP 8 NHWB 8, NHWB 9	tbd
Additional Peer Support capacity	Improve access to support for people experiencing mental ill health and assist people in recovery	HSCP 1, HSCP 2, HSCP 4, HSCP 6 NHWB 1, NHWB 2, NHWB 4	Yes
Crisis Cafes additional support	Extend the range of low level and self help options available in the community for people experiencing mental ill health	HSCP 1, HSCP 2, HSCP 3, HSCP 4 NHWB 7	tbd
Additional Capacity for Psychological Therapies for adults	Improve access to appropriate mental health interventions	HSCP 2 NHWB 2, NHWB 4	Yes
Additional Capacity for Psychological Therapies for Older People	Improve access to appropriate mental health interventions.	HSCP 2 NHWB 2, NHWB 4	Yes

Scope and then develop an assertive outreach flexible home support/treatment model	East Dunbartonshire Hosted and Delivered	Support people to avoid unnecessary hospital admissions and to be discharged from hospital in a timely manner through provision of high level support options in the local community	HSCP 2, HSCP 3, HSCP 6 NHWB 2, NHWB 4, NHWB 7	Yes
Priority Area	**Police Station Custody Suites**			
Project / Service	**Delivery**	**Intended Outcomes**	**Links to HSCP Priorities and National Health and Wellbeing Outcomes**	
Police Custody	GGC Wide Hosted and Delivered	Enhanced service to custody suites	HSCP 4 NHWB 7	Yes
Priority Area	**Prisons**			
Project / Service	**Delivery**	**Intended Outcomes**	**Links to HSCP Priorities and National Health and Wellbeing Outcomes**	
Psychological Interventions in Prisons	GGC Wide Hosted and Delivered	Improve access to appropriate mental health interventions. Address inequity of access to mental health interventions previously experienced by the prison population.	HSCP2, HSCP 4 NHWB 4, NHWB 5	Yes

In addition, a level of development office support will be put in place to assist with the implementation of the local plan, the service redesign and development elements associated with it and monitoring of progress.

Susan Manion
Chief Officer

Agenda Item Number: 21

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	15 November 2018
Subject Title	Fair Access to Community Care (Adults) and associated Eligibility Criteria Policies
Report By	Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions and Health Improvement
Contact Officer	Alan Cairns, Service Redesign Officer Alan.cairns2@ggc.scot.nhs.uk

Purpose of Report	The purpose of this report is to seek approval by the HSCP Board to consult on a new Fair Access to Community Care (Adults) Policy and a revised Eligibility Criteria for Community Care (Adults) Policy.

Recommendations	It is recommended that the HSCP Board: i. notes the contents of this report; ii. supports in principle the objectives of the Fair Access to Community Care (Adults) Policy and a revised Eligibility Criteria for Community Care (Adults) Policy; iii. agrees to the HSCP engaging with the public and stakeholders on these documents, in line with the processes set out in this report; iv. requests a further report to the HSCP Board on 21 March 2019 outlining consultative responses and recommendations for further action.

Relevance to HSCP Board Strategic Plan	This report supports achievements of Strategic Priorities 2, 4, 6 and 8

Implications for Health & Social Care Partnership

Human Resources:	Nil

Equalities:	A full Equality Impact Assessment (EQIA) of the draft policies has been prepared and submitted to the NHSGGC EQIA Quality Assurance team, where it has been assessed and approved. A copy will be placed on the HSCP website to support consultative processes, and is available in other formats, on request.

Financial:	The implementation of the Strategy will operate within existing financial parameters. This policy development supports the HSCP Board's delivery of its Best Value requirements and is part of a programme of financial efficiency work.

Legal:	These policies are informed by and accord with a range of legislative instruments, as outlined within. Legal Services advice has been sought from the Council to ensure compliance.

Economic Impact:	After reviewing the proposed purpose, objectives and outcomes of the Policy through the Policy Development Checklist, the Council's Sustainability Policy Team has determined that the Policy is unlikely to have significant environmental effects, and therefore a Pre-Screening only will be undertaken in accordance with the Environmental Assessment (Scotland) Act 2005. This has been submitted to the SEA Gateway and statutory Consultation Authorities in line with the legislative requirements for their information.

Sustainability:	Financial and service sustainability and fair resource distribution are key objectives within these policies.

Risk Implications:	A policy development checklist has been completed, with full EQIA undertaken and SEA pre-screening undertaken and assessed. The parameters of these policies would operate within the existing risk register and management plan of the HSCP. Additional risk assessment may be required to support subsequent implementation plans.

Implications for East Dunbartonshire Council:	As the provider and contractor of social care services and employer of staff delivering in-house social care services, the Council has significant interests in the policy framework supporting associated Directions. The consultative process for the draft policies and implementation options will include full engagement with the Council and presentation to the Council's Integrated Social Work Services Forum.

Implications for NHS Greater Glasgow & Clyde:	NHSGGC is instrumental to the successful implementation of the Strategic Plan and associated policy development. The consultative process for the draft policies and implementation options will include full engagement with key NHSGGC stakeholders.

<table>
<tr><td rowspan="5">Direction Required to Council, Health Board or Both</td><td>Direction To:</td><td>Tick</td></tr>
<tr><td>1. No Direction Required (at this stage)</td><td>X</td></tr>
<tr><td>2. East Dunbartonshire Council</td><td></td></tr>
<tr><td>3. NHS Greater Glasgow & Clyde</td><td></td></tr>
<tr><td>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</td><td></td></tr>
</table>

1.0 MAIN REPORT

Introduction

1.1 East Dunbartonshire Health and Social Care Partnership (HSCP) provides a range of Community Care support services to adults with varying levels of support needs. Access to this support is determined by agreed Eligibility Criteria, with funding being made available where an individual has been assessed as having critical or substantial needs. The HSCP has a responsibility to provide or secure suitable and adequate services to a standard satisfactory to meet eligible needs and also to ensure there is fair and equitable allocation of the available resources.

1.2 The existing Eligibility Criteria Policy for Adults and Community Care Services was approved by the HSCP Board on 23 March 2017. An updated (draft) version of this policy has been prepared to:

- Link to the associated and wider draft Fair Access to Community Care (Adults) Policy;
- Take account of the separate Carers Eligibility Criteria;
- More clearly reflect the important role for early intervention and prevention;
- Streamline and simplify operational processes.

1.3 The draft updated Eligibility Criteria for Community Care (Adults) Policy does not change the existing thresholds for eligibility, which normally limits statutory support to reducing critical or substantial risk to a moderate level.

1.4 Where an individual has complex needs[1] there can be significant variation in the costs of support depending upon the model of care used to provide the support.

1.5 The combined policy framework represented by the overarching draft Fair Access to Community Care (Adults) Policy and the supporting Eligibility Criteria for Community Care (Adults) Policy for service-user and carers are designed to ensure that the HSCP Board:

- Meets its statutory duties in relation to care provision and the Equality Act;
- Operates a fair, equitable and transparent allocation of resources to individuals with complex needs who require significant levels of community care support.
- Meets increasing demand within the overall allocation of resources in a way that is financially sustainable and operates within agreed budgets.

1.6 The draft Fair Access to Community Care (Adults) Policy is attached at **Appendix 1**. The draft updated Eligibility Criteria for Community Care (Adults) Policy is attached at **Appendix 2**.

[1] As a general rule, someone will be assessed as having complex needs when in addition to support with specific tasks to meet their outcomes, an individual requires support on a regular or ongoing basis for their safety and wellbeing or the safety and wellbeing of others.

Current Situation

1.7 Resource allocation arrangements for social care have evolved over time, in response to the changing policy environment, growing financial pressures and other internal and external pressures. This has resulted in a landscape with the following characteristics:

- Historically variable resource allocation;
- Need for greater clarity on application of Eligibility Criteria for adult services;
- Ambiguities around the relationships between need, risk, personal outcomes and eligible support;
- Historical variations on service package costs;
- Variable approaches to SDS personal budget calculations;
- Over-use of out-of-area placements, incurring excessive travelling burden, reduced scrutiny and high costs;
- Under utilisation of shared support;
- Challenge to meeting our obligations under the Equality Act to treat disabled people consistently and fairly;
- Budget overspends and financial unsustainability.

Proposed Solutions – Policy Scope

1.8 The draft Fair Access to Community Care (Adults) Policy and draft updated Eligibility Criteria for Community Care (Adults) Policy have been designed to establish a more consistent, fair and sustainable approach to resource allocation, specifically:

- To set out legislative obligations;
- To clarify impact of Eligibility Criteria on assessment and support prioritisation;
- To further develop and embed existing resource allocation policy on personal budgets and customer choice;
- To establish new policy on the types and levels of support provided and basis for calculating individual budgets;
- To establish new policy on the levels of support-types that the HSCP will provide, with cost ceilings;
- To establish new policy on Self Directed Support in some supported living arrangements;
- To establish new policy on the use of out-of-area services;
- To be clearer on funding responsibilities for support with education and learning;
- To be clearer about the HSCP's approach to supporting early intervention, prevention and independent living skills;
- To outline the approach to reassessment and review of support, in support of these policy revisions.

Impact of Proposed Policy Revisions

1.9 The proposed policy framework, if approved, would bring greater consistency and fairness to resource allocation for the people we support. However, in order to achieve consistency and fairness, there may be an impact in one or more of the following ways for some people we support:

- Service Level
- Service Type
- Service Cost

1.10 As indicated above, some people receive support services at levels above those that are currently eligible for statutory support. They may have been in receipt of these for many years, established at a time when eligibility was more generous, or in response to strong pressure which found success due to an under-developed policy framework at the time. It is also important to acknowledge that some people we support may be receiving support at a level that is less that would be indicated by their levels of eligible need, due to changed circumstances and heightened risk. Other people we support do receive services at a level consistent with eligible need, but the costs of the services are disproportionately high. This may be due to the type or unit cost of the service provider used, or the geographical location of the services that result in high transport costs.

1.11 We know that we need to strengthen our policy framework around eligibility and resource allocation, in order to address issues of inconsistency, fairness and financial sustainability. The levels of demand for care services for people of all ages are increasing year on year, set against increasing year-on-year pressures on available resources. A sustainable policy framework will allow us to ensure that future service users (as well as people we currently support) can receive statutory support when they need it.

1.12 The draft Fair Access to Community Care (Adults) Policy would introduce new mechanisms to more consistently and fairly manage demand and maximise the use of available resources, now and in the future. These mechanisms may impact on some people we already support. Full implementation of the policy framework would mean that for some people we support, this may potentially result in adjustment to service type or associated personal budget.

1.13 The focus of the new policy framework is not to reduce service levels for people, but to maximise shared support models and benchmarked service costs to manage available resources more equitably. Any change to support levels would only be proposed if, through review or reassessment, individual care packages were found to be outwith existing eligibility criteria that normally limit statutory support to reduce critical and substantial risk to a moderate level.

1.14 Until individual reviews are undertaken using the new policy framework, it is difficult to quantify the level of potential impact. The review process would be expected to take approximately 18 months to complete for all service-users, subject to operational capacity. However, application of the policy thereafter, at an individual level, would be dependent on a range of factors, including availability of shared support alternatives and service availability at relevant rates. For this reason, the policy will provide a direction of travel and an enabler to support fair, equitable and consistent approaches

to resource allocation and commissioning strategies, rather than a mechanism to deliver quick change.

1.15 The table at **Appendix 3** sets out a summary of the provisions and impacts of the proposed policy framework.

Options for Implementation

1.16 If approved, the Fair Access to Community Care (Adults) Policy may be implemented in one of a number of ways to manage impact. This decision would affect the wording at Section 10 of the draft policy, which presumes full implementation. Three options have been identified at this early stage however more detailed work as the consultation period progresses will inform assessment of the potential appropriateness of each option, leading in turn to a recommendation for members to consider should this policy implementation proceed. The initially identified implementation options are as follows:

(i) Full implementation from a set date;

(ii) Phased implementation: protection of service level for existing service-users for a transitional 3 year period; full implementation for new service-users;

(iii) Partial implementation: permanent protection of service level for existing service-users; full implementation for new service-users;

1.17 These options are described more fully at **Appendix 4**.

Proposed Consultation on Draft Policies and Options for Implementation

1.18 It is proposed that the draft Fair Access to Community Care (Adults) Policy and revised Eligibility Criteria for Community Care (Adults) Policy are subject to broad-based consultation involving East Dunbartonshire Council and NHS Greater Glasgow and Clyde and the HSCP's representative groups:

- Strategic Planning Group;
- Public, Service User and Carer Group;
- Joint Staff Forum;
- Website-based engagement;
- Other representative forums, by arrangement

1.19 It is proposed that this consultation runs from 15 November 2018 until 8 February 2019, with a report and recommendations brought back to the HSCP Board on 21 March 2018.

Appendix 1 - draft Fair Access to Community Care (Adults) Policy

Appendix 2 - draft updated Eligibility Criteria for Community Care (Adults) Policy

Appendix 3 - summary of the provisions and impacts of the proposed policy framework

Appendix 4 – Implementation options

Fair Access to Community Care (Adults) Policy

October 2018

Lead Officer:	Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions and Health Improvement
Policy Approved By:	
Date Approved:	
Implementation Date:	
Review Date:	

DRAFT

SECTION A - INTRODUCTION

1 POLICY OBJECTIVES

1.1 East Dunbartonshire Health and Social Care Partnership (HSCP) provides a range of Community Care support services to individuals with varying levels of support needs. Access to this support is determined by agreed Eligibility Criteria, with funding being made available where an individual has been assessed as having critical or substantial needs. The HSCP has a responsibility to provide or secure suitable and adequate services to a standard satisfactory to meet eligible needs and also to ensure there is fair and equitable allocation of the available resources.

1.2 Where an individual has complex needs[1] there can be significant variation in the costs of supporting the individual depending upon the model of care used to provide the support. This policy aims to ensure there is a fair and financially sustainable allocation of resources to individuals who require support and the models of care that will be considered, particularly when an individual requires a significant amount of support in their daily living.

2 POLICY APPLICATION

2.1 The policy applies to all service users over the age of 16 but excludes young people over the age of 16 where a designated children's service continues to be provided. The policy applies to planning for children and young people who are leaving school and will subsequently be subject to the adult community care policy environment.

3 RELATED LEGISLATION, POLICIES AND PROCEDURAL MECHANISMS

3.1 East Dunbartonshire Health and Social Care Partnership's responsibilities to adults (aged 16 and over) and older people are set out in the following legislation, policies and operational mechanisms, which are subject to change:

- The Social Work Scotland Act 1968
- The NHS and Community Care Act 1990
- Community Care and Health (Scotland) Act 2002
- Chronically Sick and Disabled Persons Act 1970
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Adults with Incapacity (Scotland) Act 2000
- The Regulation of Care (Scotland) Act 2001
- The Adult Support and Protection (Scotland) Act 2007
- Children (Scotland) Act 1995
- Data Protection Act 1998
- Freedom of Information (Scotland) Act 2002
- The Human Rights Act 1998 and Equality Legislation
- The Social Care (Self Directed Support) (Scotland) Act 2013
- The Equality Act 2010
- The Mental Health (Scotland) Act 2015

[1] As a general rule, someone will be assessed as having complex needs when in addition to support with specific tasks to meet their outcomes, an individual requires support on a regular or ongoing basis for their safety and wellbeing or the safety and wellbeing of others.

DRAFT

- The Carers (Scotland) Act 2016

3.2 Other related policies and mechanisms:
- Single Shared Assessment Form
- Outcome Focused Support Plan
- Review of Support Plan
- Assessment and Support Management Procedures
- Risk Enablement and Working with Risk Procedures
- Non Residential Charging Policy
- Fair Access to Community Care (Adults) Policy (2018)
- Eligibility Criteria for Adults and Young Carers Support (2018)

4 LEGISLATIVE CONTEXT

4.1 The main duty to provide community care services derives from Section 12A of the Social Work (Scotland) 1968 Act.

"Where it appears to the local authority that any person for whom they are under a duty, or have a power, to provide community care services may be in need of any such services the local authority shall:
- make an assessment of the needs of that person for those services; and
- decide, having regard to the results of that assessment, whether the needs of the person being assessed call for the provision of any such services, taking account of:
    - care provided by [an adult or young] carer,
    - the views of the person whose needs are being assessed (provided that there is a wish, or as the case may be a capacity, to express a view),

4.2 The Social Care (Self Directed Support) (Scotland) Act 2013 introduced choice and control in the provision of community care support. The Act places a duty on local authorities to offer people who are eligible for community care a range of choices over how they receive their community care and support. It allows people in many circumstances to choose how their support is provided to them, and enables people, if they wish to do so, to organise this support themselves. It also requires that the local authority must provide information, including the available budget, to individuals to assist with their decision. If an individual chooses options 1 or 2, the local authority must make available a relevant amount to enable them to make choices about their support. It should be noted that payment made available by the Local Authority should be an amount that the local authority considers to be a reasonable estimate of the cost of securing the provision of support.

4.3 The Equalities Act 2010 was passed on 8 April 2010. The Act protects the following characteristics (referred to in the Act as "protected characteristics"):
- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race;
- religion or belief;

DRAFT

- sex;
- sexual orientation.

4.4 The Act prohibits discrimination (whether direct or indirect) against people who possess one of the protected characteristics. Direct discrimination takes place where a person treats another person who has a protected characteristic less favourably than he or she treats or would treat others not possessing the protected characteristic. Indirect discrimination occurs where a provision, criterion or practice is applied which would put a person possessing a protected characteristic at a particular disadvantage.

4.5 Individuals who are assessed as needing Community Care supports often do so due to disability. While assessment of need is individualised and person-centred (and eligible services so provided), the HSCP has an obligation to ensure that it treats people fairly and equitably in terms of levels of support with which they are provided.

4.6 The HSCP is accordingly required to perform its statutory duties under the terms of the 1968 and 2013 Acts, while exercising its discretion in performing these duties. It must also ensure that policy and practice is fair and equitable in line with the Equality Act 2010.

4.7 The HSCP must ensure that an assessed eligible need is being met, but they do not have to fund the support requested by an individual or their guardian, attorney or carer if the assessed need can be met in a more cost effective manner. The HSCP is not required to fund more expensive models of care where support can be provided effectively by alternative models of care.

DRAFT

SECTION B - FAIR ACCESS TO COMMUNITY CARE (ADULTS) POLICY

5 ASSESSMENT OF NEED AND ELIGIBILITY FOR COMMUNITY CARE SERVICES

5.1 The East Dunbartonshire HSCP takes an outcomes-based approach to assessment and support planning.

5.2 Not all assessed needs will meet eligibility criteria for statutory funding. Normally, only outcomes that reduce risks to a moderate level[2] can be allocated funding for support.

5.3 Outcomes not associated with eligible needs will be used to inform and shape how eligible support is best provided.

6 RESOURCE ALLOCATION

6.1 The Social Work (Scotland) Act 1968 requires local authorities to ensure that resources are made available to meet eligible needs to a standard that will satisfy the local authority that the individual's needs are being met.

6.2 The allocation of resources is determined to be a "relevant amount", as defined in the Social Care (Self Directed Support) (Scotland) Act 2013 as "the amount that the local authority considers is a reasonable estimate of the cost of securing the provision of support for the supported person".

6.3 In East Dunbartonshire, we have adopted an 'equivalency model' to determine this relevant amount for the allocation of resources under self-directed support. This means that through assessment the HSCP decides what support it would normally provide to a person with social care needs and then monetise that service so that it can be offered in the form of a personal budget. The equivalency calculation is applied whichever one of the four SDS options is chosen, meaning that no individuals will be placed at a disadvantage. Following completion of the assessment an individual will be made aware of the resources available to them. This will ensure that the individual is clear about resources as they begin the support planning process.

6.4 Any individual who is not satisfied with the level of resources they have been allocated should in the first instance discuss this with the practitioner and their manager. If agreement cannot be reached, the individual should be made aware of the Health and Social Care Partnership's Complaints Policy and Procedure.

6.5 A 'Schedule of Rates' equivalent to the costs of delivering or arranging services in the traditional way (SDS Option 3) will be established and maintained. This will be used in the first instance to determine the relevant amount to deliver or purchase the support required to meet the needs of the service user and to determine the personal budget under SDS.

6.6 Where the service user chooses a more expensive support service with hourly rates exceeding the relevant amount it will be necessary to make adjustments within their Individual Budget either to:

- Reduce the total hours of support purchased; or
- Make alternative arrangements to meet any resulting unmet need arising from any reduction in support hours purchased e.g. support from family,

[2] East Dunbartonshire Eligibility Criteria Policy for Adults and Community Care Services

DRAFT

service user/carer ‘topping up’ support costs from their own financial resources.

6.7 In exceptional circumstances, application of the Schedule of Rates may be insufficient to identify or purchase a suitable service for some people with very specific needs and/or circumstances, either for the HSCP to directly arrange, or as the basis for calculating an equivalent personal budget value.

6.8 In any such exceptional situation, consideration must be based on the whole circumstances of the service user including:

- His or her assessed needs e.g. level of complexity, unpredictability of behaviour;
- Reference to the HSCP’s eligibility criteria in relation to critical or substantial priority/risk.
- Other relevant factors evidencing that assessed needs cannot be met by a support provider at the relevant rate e.g. difficulty recruiting or purchasing, need for support staff with specific additional skills who would be unavailable at the standard rates.

6.9 In the event of any departure from the Schedule of Rates being proposed, commissioning officers must be involved to identify a service to a standard that will satisfy the local authority that the individual’s eligible needs are being met, at an amount as close to standard application of the Schedule of Rates as is available. This service will either be delivered or arranged by the local authority, or will be used to establish an equivalent amount for the purposes of an individual budget, in line with the Social Care (Self Directed Support) (Scotland) Act 2013.

6.10 Any decision to make payments above the normal application of the Schedule of Rates must be authorised by the appropriate Head of Service, who will also approve:

- The agreed rate;
- The period during which the agreed rate will apply and be reviewed.

6.11 Any services delivered or arranged at a rate higher than the normal application of the Schedule of Rates will normally be considered temporary. At the time of review, the service-user’s needs should be reassessed and re-engagement with commissioning officers must take place to seek to identify a service to a standard that will satisfy the local authority that the individual’s eligible needs are being met, at an amount as close to standard application of the Schedule of Rates as is available, at that time.

7 TYPES AND LEVELS OF SUPPORT

7.1 In line with the HSCP’s “Eligibility Criteria Policy for Adults and Community Care Services”, the purpose of providing support to an individual is primarily to reduce risk to a moderate level. Finite resources mean that the local authority may not be able to provide the level of support an individual or their family may wish. There is an inherent risk in all aspects of daily life and therefore it is not always possible (or indeed appropriate), to completely reduce or eliminate risk in every situation.

7.2 East Dunbartonshire HSCP will aim to maximise the use of shared support[3] to ensure it can deploy available resources for people with eligible need for services, on a fair and equitable basis. We will consequently also use shared support

---

[3] Shared support is where one or more members of staff provide support to more than one service-user.

DRAFT

approaches when calculating a relevant rate to apply budget equivalence for Self Directed Support.

7.3 There is a general principle that all eligible support to reduce risks to a moderate level must also have a secondary objective to contribute to outcomes relating to the promotion of wellbeing, social development and independent living.[4] In addition to reducing presenting risk, eligible support should be designed to maximise the potential for individuals to develop the skills and confidence to safely manage with less support over time. Capacity for enablement (or reablement) will vary from person to person, but should always be promoted as an ongoing desired outcome of the support provided.

7.4 Formal services should be seen as only one component of a co-produced, community asset-based approach to community care. Maximising community, universal and informal supports and assistive technology is essential to building and sustaining independent living. The HSCP will work with service-users, families and communities in partnership to achieve this.

8 TYPES OF LIVING ARRANGEMENTS

Where an individual requires support at home, this will usually be in one of four types of living arrangement:

(i) Living with family

(ii) Independent living with support

(iii) Supported living models

8.2 <u>Living with Family</u>

8.2.1 Many people with disabilities continue to live in the family home with family members providing informal support. The HSCP will always aim to work in partnership with families in these circumstances, to try to sustain these arrangements when this is agreed to be in the best interests of the individual and where family members can be supported to continue to provide informal care of this nature.

8.2.2 Where an individual is living with family, statutory support may be provided at times when support cannot be provided by family members, or to give family members a break from their caring role, in line with the Carers (Scotland) Act 2016 and subject to the preparation of an Adult Carer Support Plan[5]. In such circumstances, the type and arrangement of support provided should be designed to contribute to the achievement of the personal outcomes set out in their support plans of both the individual and their carer(s).

8.2.3 Consequently, in some cases individuals living with family, who meet Eligibility Criteria, will receive support to engage in meaningful activity and to participate in community life, in order to achieve the personal outcomes set out in their support plan, as well as to provide carer support.

8.2.4 We will support adults with disabilities to live at home with their families unless the cost of doing this exceeds the cost of the most appropriate supported living model. In this event, the service-user would be placed on the waiting list for a shared care

[4] This principle is extended to a duty for people with a mental disorder as defined in the Mental Health (Care & Treatment) (Scotland) Act 2003. In the 2003 Act "mental disorder" means “any mental illness, personality disorder, or learning disability, however caused or manifested”.
[5] Eligibility Criteria for Adults and Young Carers Support (2018)

alternative, or the equivalent relevant rate being used to inform a personal budget amount for Self Directed Support 1 or 2.

Leaving the Family Home

8.2.5 Should an individual, or a Power of Attorney / Guardian acting on their behalf, decide the individual should make plans to leave a family home, they may wish to contact East Dunbartonshire Council's Housing Services and register an application for local authority housing. They should also make a referral to East Dunbartonshire HSCP for an assessment of the most appropriate housing options and support required for daily living. Making a housing application does not necessarily mean that care and support will be provided in any preferred housing option.

8.2.6 Any housing application to Housing Services will be progressed in line with the Local Authority's housing allocation policy and will take into consideration factors such as the age of the individual, housing need, type of accommodation requested and their support needs. Concurrently a community care assessment will be conducted to determine the level of support an individual requires, whether there is a need for supported living, and the appropriate model of care. As there will be a need to match to suitable housing, the allocation of housing may take some time. All requests for housing with support will be considered jointly by the HSCP and Housing Services before an allocation is made.

8.2.7 The individual or their guardian may choose to find their own or privately rented property, however, this should be discussed with East Dunbartonshire HSCP to ensure their assessed care and support needs can be met in any potential property and within eligibility and cost ceiling policies of the HSCP. Unsuitable property may preclude the delivery of care and support due to reasons of safety.

8.2.8 Any urgent housing requests, including circumstances where an individual has been advised they must leave the family home, would require the individual to present as homeless in order to access priority housing.

8.3 Independent Living with Support

8.3.1 This relates to individuals living in single occupancy arrangements, or living independently in houses of multiple occupation (HMOs). They may be single tenants, owner-occupiers or living on their own in accommodation owned by family or another person.

8.3.2 An individual is considered to be living independently when it is assessed that they do not require significant amounts of support, and can manage on their own for significant periods of time.

8.3.3 Where eligible support is required it would be for specific tasks. General support to keep risks to a moderate level would normally be incorporated into this support, with Assistive Technology being provided where an individual requires immediate access to support.

8.3.4 We will support people with disabilities to live independently with eligible support in these circumstances unless the cost of doing this exceeds the cost of the most appropriate Supported Living model that includes aspects of shared support. In this event, the individual would be placed on the waiting list for a Supported Living alternative, or the equivalent relevant rate being used to inform a personal budget amount for Self Directed Support 1 or 2.

DRAFT

8.3.5 A caveat to 8.3.4 above would be when an individual is assessed as not being able to share a social space with others due to consistent and substantial distress or aggression in the company of others.

8.4 **Supported Living Models**

8.5 There are four models of care for the provision of Supported Living that are detailed below. These models are characterised by the need for more significant levels of support to keep an individual or others safe, compared to Independent Living with Support described above.

(i) Shared or clustered living – this is the default model of support, where an individual will share a property with others or live in a property in such close proximity to other individuals who require similar support, so that substantial or all support can be shared. This would include extra care housing;

(ii) Dedicated 1:1 single occupancy tenancies or owner occupation – supporting an individual in a single occupancy tenancy or owner occupation would only be considered in the circumstances outlined at 8.3.5 above;

(iii) Specialist care – the individual's needs are such that a specialist team is required to provide support to the individual;

(iv) Residential care - residential and nursing care would not normally be considered unless the individual required care over a 24 hour period in a specialist setting due to medical, behavioural or age-related physical or sensory needs that cannot be met in a non-residential environment. Deteriorating conditions that require increasing reliance on high levels of support are usually best provided in a residential care setting. This should also include people whose needs are volatile and fluctuate and are at risk of frequent hospital admissions.

8.6 **Non-Community-based Supported Living Options**

8.7 Additional detail on the circumstances and uses of accommodation-based care and support options that are not community-based is contained at Appendix 1. This includes:

- Residential care
- Nursing care
- NHS In-patient care

9 ASSESSMENT OF SUPPORTED LIVING CARE MODEL: CHOICE AND SELF-DIRECTED SUPPORT (SDS)

9.1 An individual's assessment will determine the appropriate Supported Living care model that would be funded by the HSCP.

9.2 Supported living models that are based upon shared care arrangements are not suitable for SDS Options 1 or 2 (and so far as relating to those options, Option 4). This is due to the potential impact upon the tenancy rights of other tenants and the overall coordination of care, support and safety within the accommodation or cluster.

9.3 While principles of choice and control should be considered within the assessment, the HSCP cannot provide desired support irrespective of cost due to the finite resources available. Assessments should reflect the views and wishes of individuals and, where appropriate, their carers and legal guardians. However the HSCP will take the cost of providing any support requested by the family into consideration in

DRAFT

its decision making. If that request is more expensive than the individual is assessed as requiring then the HSCP will not ordinarily meet the request. The HSCP will determine the funding available based on the most appropriate shared or clustered living model that will meet needs in a cost effective manner, in line with this policy.

9.4 As an alternative to a proposed supported living model, service-users (or their legal guardians, as appropriate) may exercise their right to opt for an SDS Option 1 or 2. In this event, the individual budget will reflect the relevant equivalent rate, which will ordinarily be based upon the cost of the proposed supported living model. Using SDS Option 1 or 2, this funding may be used to develop a support package based on an alternative model providing it is safe, meets individual needs, and can be sustained in the long term. Should an individual wish to fund extra support, or have regular informal support provided as part of their care package, they are able to do so, provided that they are aware that funding for this extra support cannot be made by the HSCP.

10 EXISTING CARE PACKAGES

10.1 Changing circumstances and historical decision-making may mean that individuals are provided with a level of support that exceeds their eligible needs, as assessed at point of review[6]. In these circumstances an individual's updated assessment and support plan should identify the appropriate model of care in line with this Fair Access to Community Care (Adults) Policy and the need to transition to this model.

10.2 Where existing support services are provided to an individual that do not exceed their eligible needs, but are provided in a way that operate outwith the terms of this Fair Access to Community Care (Adults) Policy and/or exceeds the Schedule of Rates, a review of the overall care and support package should be undertaken and support services transitioned to align with the policies set out in this document. This will normally be undertaken at the time of routine review but may be brought forward to promote fairness, consistency and equity in line with the Policy's aims.

11 OUT OF AREA PLACEMENTS

11.1 The HSCP will not normally consider out of area placements. This is both because of an overarching principle that people should be supported to live in East Dunbartonshire wherever possible, and also to mitigate specific risks to individuals that arise from out of area placements. The risks are:

- Individuals may become disconnected from their local community (this risk increases with the length of time the individual is in an out of area placement);
- Distance from family, friends and peer support networks leaving individuals socially isolated;
- Additional direct and indirect costs related to the provision of support;
- Supervision of support being provided can be less rigorous due to geographic distance;
- It can lead to inequity of service provision due to variable costs.

11.2 There are certain circumstances where an out of area placement may be appropriate for consideration:

- There is an assessed need for a specialist service to provide support or care that cannot be provided locally;

[6] The East Dunbartonshire Assessment & Care Management Procedures & Standards (2013) provide that support plan reviews should be undertaken as a minimum annually (Standard 10).

DRAFT

- The service cannot be provided economically locally;
- An emergency placement is required and the need cannot be met locally. (In these cases there should be a plan to provide an alternative placement within East Dunbartonshire as soon as is reasonably practical);
- There is an assessed need for the individual to move from the local area because of specific risks to themselves or others as a result of them continuing to live in East Dunbartonshire;

11.3 Where an out of area accommodation placement is arranged because of the lack of available or economic alternatives locally, this will be kept under review and efforts made to transition to a local alternative wherever possible. Any subsequent move back to the East Dunbartonshire area would be subject to service-user (or welfare guardian) agreement. For out-of-area day services, Section 6 of this policy will apply.

11.4 East Dunbartonshire HSCP recognises that individuals may wish to move to other areas and the services that may be available in another area may be part of their decision in relation to this. The HSCP would consider a decision to relocate as a personal decision and would provide assistance, but not necessarily funding, to facilitate this. Normally the local authority in which a person is ordinarily resident is financially responsible for the community care services for that person. Scottish Government guidance (Circular No: CCD 3/2015) provides additional information on the responsibilities for providing and funding care and in these circumstances.

12 SUPPORT WITH EDUCATION AND LEARNING

12.1 Local authorities have responsibility for education provision up until school leaving age. Provision of education beyond school leaving age is the responsibility of further education bodies not funded by East Dunbartonshire HSCP. Access to courses is determined by colleges themselves. Where, due to a disability, additional support is needed for learning within the classroom setting this should be provided by the education establishment. East Dunbartonshire HSCP may still have responsibility for funding personal care (e.g. personal care support at lunchtimes).

12.2 Support will normally only be provided to attend colleges local to the area. Individuals or families choosing not to attend a local college would be required to meet additional support and travel costs themselves. In the case of higher (university) education it is accepted that there may be a need move away from the local area to access specific courses. Any such requests will be considered on a case by case basis, subject to eligibility and resource allocation criteria.

13 PREVENTION AND INDEPENDENT LIVING SKILLS DEVELOPMENT

13.1 It is recognised that individuals with disabilities will require support with informal learning and development of independent living skills throughout their lives. Furthermore, the provision of preventative support or support to build an individual's resilience and independence can result in reduced risk and significantly improved quality of life. This can also reduce dependency on (and expenditure by) statutory service providers in the longer term. However, if this type of support is not dynamic, progressive and regularly reviewed, it can lose its connection to personal outcomes and become ineffective. Often this type of support is most effective over well-defined periods of planned enablement activity.

13.2 Preventative work and independent living skills development must therefore be relevant, specific, effective and regularly reviewed. To be funded, any such support will be associated with the mitigation of critical or substantial risk, it must be clearly

DRAFT

reflected in the customer's outcome-focused support plan; it must be regularly reviewed, progressed and demonstrate positive benefit.

13.3 The provisions of the Eligibility Criteria state that where eligibility is determined to fall into the Moderate category, the response of social work services will be to provide the individual with advice/information and/or to signpost towards direct access to community resources. Exceptions can be made where the absence of statutory social work involvement will lead to an aggravation of the individual's needs resulting in greater expense to the local authority on a later occasion. In these circumstances a short term intervention focussed on rehabilitation and enablement can be offered.

14 COST LIMITATIONS AND CEILINGS

14.1 Consideration as to whether any cost limitations (or ceilings) may apply to an individual's support package (or equivalent personal budget) will take place after the assessment, application of eligibility criteria and support planning processes have been completed. This ensures that individuals, where they are able and choose to do so, can augment any cost limitations with informal supports and other personal resources.

14.2 References to cost ceilings are included at the relevant places within this document. The information in this section relates to more general policy provisions.

14.3 The HSCP operates a maximum threshold for community-based support, unless there are exceptional circumstances. This is normally equivalent to the approved rates (net of the customer's contribution) for residential/nursing home places including day activities there at the current rate at the time of calculation.

14.4 Individuals with a pre-existing diagnosed learning or multiple disability who develop such frailty and deterioration to their health (whether due to age or other reason), and where care costs associated with supporting these specific care needs exceed the approved rate for residential/nursing care (net), this will normally act as the cost ceiling in these circumstances. This would generally not apply to palliative care or the additional costs of 2:1 (or greater) support. Other support and environment-related factors will also be taken into account to ensure the wellbeing of the individual and others concerned.

14.5 Cost limitations and ceilings should be applied consistently, to ensure fairness and equity. Discretion to depart from these would apply in exceptional circumstances only and would apply on a case-by-case basis only.

14.6 It should be noted that contract standing orders state that any support service costing more than £15,000 per annum has to be approved by Council Committee on behalf of the HSCP and the requirement to tender the contract has to be considered.

Supports to be included:

14.7 The calculation for the overall cost of a support package should include:

- All supports delivered within the home;
- Day care/day activities delivered either within or outwith the home;
- Transport/escort costs associated with the provision of home-based and day supports;
- Any other costs identified within the support package.

Costs to be excluded:

DRAFT

14.8 The cost of the following should be excluded from the cost limitations:

- Periods of residential or home based respite care where the primary assessed purpose is to assist the carer rather than to benefit the customer and where this is based on a formal carer's assessment;
- Aids and adaptations plus maintenance costs of adaptations;
- Community Alarms;
- Services provided by other statutory services that are non-social care related.

Funding sources to be excluded:

14.9 Support financed through the following funding sources should be excluded in the calculation of support package costs:

- Supports funded by another agency i.e. voluntary organisation; Independent Living Fund;
- Non-recurring 'start up' costs for support packages;
- Support funded for community health care services.

14.10 Where two or more people with individually assessed needs reside within the same family unit, each person should be treated separately for the purposes of the cost limitation calculation.

14.11 The cost of carers' services should also be considered separately where their needs have been separately assessed through carers' assessments and the support provided is aimed primarily or solely to meet carers' needs.

15 CONTRIBUTIONS BY CUSTOMERS

15.1 Where a contribution is made by the customer for a support service in the community, this will not be taken into account in calculating whether the cost limitation has been reached i.e. the calculated cost of the support package is the gross cost of the services before contributions. Although the levying of customer contributions will reduce the cost to the Partnership, this approach will ensure greater fairness to all customers, in terms of the actual size of the support package received, rather than giving an advantage to better off customers with higher contributions.

15.2 Identical support packages may therefore impact very differently on budgets as a result of differential contributions, but this should not have any influence on either the process of assessment or prioritisation.

16 CHOICE AND RISK

16.1 It is recognised that most people will wish to remain at home. The HSCP encourages the creative and innovative use of eligible funding, personalised to the customer's individual circumstances and lifestyle.

16.2 As well as considering the use of paid supports the practitioner, customer and their carer/family should also consider other assets as ways of meeting the customer's assessed needs and helping them to achieve their identified outcomes:

- Personal – skills, knowledge, own financial resources;
- Community – clubs, peer groups, forums;
- Informal Care and Support – family, friends and circles of support;

DRAFT

16.3 However, any choice by the individual (or his/her proxy) around care/support and the setting in which this is received needs to be exercised in the full knowledge of the amount of eligible statutory support that can be provided. The Partnership retains a duty of care and is required to take into consideration any risks it identifies from such a choice, including the decision for the adult to remain at home. Social work and health practitioners and their managers will be expected to consider in all such cases the need for a multi-disciplinary case conference to establish a customer's capacity to make informed decisions and/or consider any risks that could arise from those decisions.

SECTION C – FURTHER DETAIL AND PROCEDURAL PROCESSES

17 ASSESSMENT OF NEED AND ELIGIBILITY FOR COMMUNITY CARE SERVICES

17.1 East Dunbartonshire HSCP takes an outcomes-based approach to assessment, support planning and review. An outcomes-based approach focuses on delivering improved results (outcomes) for people with assessed needs. Traditionally, support was service-led, with formal structured services seen in isolation as being the most effective way to support people. Now the view nationally and locally is that results are more successful if they are outcomes-led. This involves everyone working together to achieve the best possible impact on the individual's life. The philosophy of this approach is one that emphasises the strengths, capacity and resilience of individuals, builds upon informal support systems and includes consideration of wider community based resources.

17.2 An outcomes-based approach will assess needs and identify a range of associated outcomes for an individual, not all of which will meet eligibility criteria for statutory funding. The eligibility criteria in East Dunbartonshire are based on reducing substantial or critical risks. The needs (and associated outcomes) that can be met through reducing these risks to a moderate level can be allocated funding for support. Assessment may also identify other outcomes that are important for the individual, but would not specifically be associated with the reduction of substantial or critical risks, so would not attract statutory funding. However, these should be used to inform and shape how eligible support is best provided and can help to indicate where informal and community support may contribute to improved quality of life.

17.3 There are five main categories of community care support that the HSCP will, where eligibility criteria are met, provide resource to meet risk mitigation outcomes. These categories of community care support are set out below, with reference to the risk types that they are designed to mitigate:

Community Care Support	Risk Mitigation (from Eligibility Criteria)
• Support to be safe during the day • Support to be safe during the night	• Risks relating to neglect or physical or mental health
• Personal Care • Housing Support	• Risks relating to personal care/domestic routines/home environment
• Support to engage in meaningful activity to participate in community life	• Risks relating to participation in community life

17.4 Eligibility Criteria for carer support are also part of the HSCP's policy framework. The risk categories for carers are:

- Health and wellbeing
- Relationships
- Living environment
- Finance
- Access to breaks / life balance
- Future planning

17.5 Eligibility for carer support operates in a similar way to that for individuals requiring direct support. Carers outcomes set out in an Adult Carer's Support Plan that can be met through reducing these risks to a moderate level can be allocated funding for support. For young carers, the outcomes in the Young Carer's Statement eligible for support should be to reduce risks to a low level.

18 TYPES AND LEVELS OF SUPPORT

18.1 In line with the HSCP's Eligibility Criteria, the purpose of providing support to an individual is primarily to reduce risk to an acceptable, moderate level. Finite resources mean that the local authority may not be able to provide the level of support an individual or their family may wish. There is an inherent risk in all aspects of daily life and therefore it is not always possible (or indeed appropriate), to completely reduce or eliminate risk in every situation.

18.2 Community care support can be divided into two main types:

(i) **Task Based Support**: this type of support is focused on assisting people to undertake particular tasks, such as:

- Personal care
- Housing support
- Therapeutic interventions
- Enabling, re-enabling and skills development
- Support to engage in meaningful activity

(ii) **Support to stay safe and well**: this type of support is principally concerned with mitigating risk to the individual, or others, that would arise if an individual was left on their own (for example, risks relating to neglect or physical or mental health.

18.3 Community care is often a combination of these main types, as separating them in practical terms could often be artificial and duplicative. However, it is important to be clear about the main purpose of the support, as this can affect how it is delivered.

18.4 Task based support (such as support with personal care) may require dedicated 1:1 staff deployment during its provision, whereas at other times support needs might be less intensive or supervisory in nature, so can be delivered via shared support. This would occur where one or more members of staff provide support to more than one service-user. This can include the provision of 1:1 (or more) support when required, but not on a dedicated basis at all times. East Dunbartonshire HSCP will aim to maximise the use of shared support to ensure we can deploy available resources for people with eligible need for services, on a fair and equitable basis. We will therefore use shared support equally when calculating a relevant rate to apply budget equivalence for Self Directed Support.

18.5 There is a general principle that all eligible support to reduce risks to a moderate level must also have a secondary objective to contribute to outcomes relating to the promotion of wellbeing, social development and independent living. This principle is extended to a duty for people with a mental disorder as defined in the Mental Health (Care & Treatment) (Scotland) Act 2003. In the 2003 Act "mental disorder" means any mental illness, personality disorder, or learning disability, however caused or manifested. Eligible support should also be designed to maximise the potential for individuals to develop the skills and confidence to safely manage with less support over time. Capacity for enablement (or reablement) will vary from person to person, but should always be promoted as an ongoing desired outcome of the support provided.

18.6 For clarity, there are a number of ways that support can be provided:

- **Community activities**: support that is available through clubs and activities in the community;
- **Universal resources**: support that is available to all citizens. This would include services such as health and education, as well as some more specific services that individuals can refer themselves to;
- **Informal support**: support provided by family, friends and neighbours. This can range from very intensive to occasional, depending on needs and circumstances;
- **Voluntary sector support** (broad range of support delivered by national and local voluntary organisations and charitable bodies, including lunch-clubs, advice, advocacy and befriending)
- **Assistive technology**: Assistive technology is any product or service designed to enable independence for disabled and older people. It includes telehealthcare services which are health and social care services that can operate at a distance using a range of digital and mobile technologies. East Dunbartonshire HSCP will aim to maximise the appropriate use of assistive technologies. Deployed thoughtfully and appropriately as part of service redesign, assistive technology can:
  - support people to have greater choice, control and confidence in their care and wellbeing;
  - enable safer, effective and more personalised care and deliver better outcomes for the people who use our health, housing, care and support services;
  - help generate efficiencies and add value through more flexible use of our workforce capacity and skill mix and by reducing wasteful processes, travel and minimising access delays.
- **Shared support**: support (including intensive support), where dedicated 1:1 (or more) support is not needed at all times. Shared support is when one or more members of staff provide support to more than one service-user.
- **Dedicated 1:1 support** (or more, e.g. 2:1, 3:1): support where an individual's needs are such that they need dedicated support on a one-to-one basis. Indeed, with certain moving and handling or bariatric care, 2:1 or even 3:1 may be assessed as being needed to undertake these specific tasks. However, this type of dedicated support is generally for *task-based support*, rather than *support to stay safe and well*, and would usually be part of a package of both 1:1 and shared support for the individual.

  Exceptionally, dedicated 1:1 (or more) support may be needed at all times for certain profound and multiple disabilities and/or with complex challenging behaviour. Assessments and support plans that call for continuous 1:1 (or more) support will be subject to specialist, multi-disciplinary and Head of Service oversights and approval.

18.7 Formal services should be seen as only one component of a co-produced, community asset-based approach to community care. Maximising community, universal and informal supports and assistive technology is essential to building and sustaining independent living. The HSCP will work with service-users, families and communities in partnership to achieve this.

DRAFT

APPENDIX 1

Non-Community-based Supported Living Options

DRAFT

1 RESIDENTIAL CARE

1.1 A residential care placement may be considered when a combination of the following applies:

- The customer is unable to care for him/herself and to carry out the tasks essential to daily living, even with substantial support from community services, up to the cost limitations set;
- The customer's behaviour presents a risk of physical or mental harm to him/herself or others, or makes them vulnerable to exploitation and this cannot be managed in his/her own home;
- Existing caring arrangements have irretrievably broken down to the extent that a carer is unable or unwilling, even with the support of others, to care for someone unable to care for him/herself, and that this care cannot reasonably be provided by other means;
- The physical environment is unsafe and cannot appropriately be made safe through the provision of equipment or adaptations and suitable community housing provision is not available;
- The cost of support services at home exceeds the cost limitations set.

- And

- Health care needs do not exceed those that should normally be met by community health services, providing services on the same basis to people in their own homes.
- Where there is any doubt of this, a health care needs assessment will be carried out by health personnel before a placement decision is made.

- And

- The needs of the customer do not fall within the criteria for NHS funded care.

- And

- Following assessment and discussion of the available options, the customer's choice is to seek residential care.

1.2 A residential home placement will also be considered in other very exceptional circumstances where, for clearly documented reasons, the assessment of the care manager and team manager is that this constitutes the most appropriate response to the customer's support needs.

2 NURSING HOME CARE

2.1 A nursing home placement may be considered when the customer concerned has nursing needs requiring skilled general nursing care, and/or skilled psychiatric nursing care, at a frequency beyond that normally met by community health services. However, the customer does not have health care needs requiring NHS in-patient treatment.

- And

Circumstances described in the criteria for residential care exist and the requirement for skilled general nursing care arises from circumstances such as the following:

- Where the customer's physical or mental health has deteriorated to a level that needs 24 hour on-site nursing care;
- Where the customer's health is such that one or more of the following technical procedures (the list is not exhaustive) is required on more than one occasion in 24 hours:
    - ♦ Administration of medication by injection or syringe driver;
    - ♦ Application of sterile dressings;
    - ♦ Basic nursing care of the type given to people confined to bed for long periods e.g. prevention of pressure sores;
    - ♦ The care and management of incontinence (double or single) which has been assessed as requiring skilled nursing action;
    - ♦ Catheter care – insertion, removal and monitoring;
    - ♦ Stoma care – review, monitoring and occasional practical intervention;
    - ♦ Management of complex prostheses or appliances including artificial feeding;
    - ♦ Where the person suffers from a complex psychological, aggressive or difficult to manage state requiring supervision of qualified psychiatric nursing staff.

\- And

- Following assessment and discussion of available options, the customer's choice is to seek nursing home care, or the cost of the comparable home based care exceeds the cost limitations.

\- And

- The person is not assessed as needing continuing health care.

\- And

- The assessment is backed up by General Practitioner/Consultant certification of the appropriateness of nursing home care.

3 CONTINUING INPATIENT HEALTH CARE

3.1 The consultant (or GP in some community hospitals) will decide, in consultation, with the multi-disciplinary team, whether the patient:

- Needs in-patient care arranged and funded by the NHS;
- Needs a period of rehabilitation or recovery, arranged and funded by the NHS;
- Or should be discharged from in-patient care.

3.2 Continuing in-patient care should be provided where there is a need for on-going and regular specialist clinical supervision of the patient as a result of:

- The complexity, nature and intensity of the patient's health needs, being the patient's medical, nursing and other clinical needs overall;
- The need for frequently, not easily predictable, clinical interventions;
- The need for routine use of specialist health care equipment or treatments which require the supervision of specialist NHS staff; or
- A rapidly degenerating or unstable condition requiring specialist medical or nursing supervision.

DRAFT

3.3 The decision is fundamentally a professional clinical decision, based on the outcome of the multi-disciplinary assessment. The consultant or GP, in consultation with the multi-disciplinary team, will decide whether the individual is eligible for NHS continuing health care, taking into account the matters raised above.

3.4 The large majority of people, after a stay in hospital, will be able to return to their own homes and will not have any on-going care needs; however some individuals may require on-going care. The individual may need a period of rehabilitation or recovery arranged by the NHS or social work services to prevent discharge arrangements breaking down, they may need to receive a package of care in a care home, arranged and funded by social work services, or they may need a package of social and health care support to allow them to return to their own home.

(Ref: Circular CEL 6 (2008))

3.5 Health boards and local social work services should have in place clear agreements on how they will resolve disputes (between themselves as purchasers) about responsibility for individual cases for meeting continuing care needs. These arrangements will be within the context of joint planning agreements. In the first instance, concerns should be discussed with team managers, who should in turn raise unresolved disputes with the line mangers.

3.6 Revised Scottish Government guidance on Hospital Based Complex Clinical Care has been produced following an Independent Review conducted in 2014-15. This guidance, contained in Circular DL (2015)11, replaces the previous Circular (CEL6 (2008)). The overall objectives of the revised guidance are to:

- Promote a consistent basis for the provision of Hospital Based Complex Clinical Care.
- Provide simplification and transparency to the current system;
- Maintain clinical decision making as part of a multi-disciplinary process;
- Ensure entitlement is based on the main eligibility question "can this individual's care needs be properly met in any setting other than a hospital?"
- Ensure a formal record is kept of each step of the decision process.
- Ensure that patients, their families, and their carers have access to relevant and understandable information (particularly if the individual does not need to be in hospital but rather an alternative setting in the community).

DRAFT

DRAFT

Eligibility Criteria for Community Care (Adults) Policy

October 2018

Lead Officer:	Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions and Health Improvement
Policy Approved By:	
Date Approved:	
Implementation Date:	
Review Date:	

1 POLICY OBJECTIVES

1.1 East Dunbartonshire Health and Social Care Partnership (HSCP) is responsible for determining where there is a need for the provision of community care support and how such need should be met. Assessment of need is a two-stage process: first the assessment of needs and then, having regard to the results of that assessment, whether the needs of that person call for the provision of services.

1.2 The use of eligibility criteria applies to this second stage of the assessment process. They are used to determine whether a person assessed as needing community care requires a statutory service to be put in place in order to meet those needs. Eligibility criteria are also used as a means of managing overall demand for community care within the finite resources available.

1.3 The purpose of this policy is to establish clarity on how eligibility criteria operate in East Dunbartonshire. The policy also aims to serve as a guide for staff and as a reference document for elected members, customers and members of the public.

1.4 This policy should be viewed within the overall context of the Fair Access to Community Care (Adults) Policy.

2 POLICY APPLICATION

2.1 This policy applies to all service users over the age of 16 but excludes young people over the age of 16 where a designated children's service continues to be provided. The policy applies to planning for children and young people who are leaving school and will subsequently be subject to the adult community care policy environment.

2.2 This policy does not apply to carers, as defined by the Carers (Scotland) Act 2016, for whom a separate Carers Eligibility Criteria Policy applies.

3 RELATED LEGISLATION, POLICIES AND PROCEDURAL MECHANISMS

3.1 East Dunbartonshire Health and Social Care Partnership's responsibilities to adults (aged over 16) and older people are set out in the following legislation, policies and operational mechanisms, which are subject to change:

- The Social Work Scotland Act 1968
- The NHS and Community Care Act 1990
- Community Care and Health (Scotland) Act 2002
- Chronically Sick and Disabled Persons Act 1970
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Adults with Incapacity (Scotland) Act 2000
- The Regulation of Care (Scotland) Act 2001
- The Adult Support and Protection (Scotland) Act 2007
- Children (Scotland) Act 1995
- Data Protection Act 1998
- Freedom of Information (Scotland) Act 2002
- The Human Rights Act 1998 and Equality Legislation
- The Social Care (Self Directed Support) (Scotland) Act 2013
- The Equality Act 2010
- The Mental Health (Scotland) Act 2015

- The Carers (Scotland) Act 2016

3.2 Other related policies and mechanisms:

- Single Shared Assessment Form
- Outcome Focused Support Plan
- Review of Support Plan
- Assessment and Support Management Procedures
- Risk Enablement and Working with Risk Procedures
- Non Residential Charging Policy
- Fair Access to Community Care (Adults) Policy (2018)
- Eligibility Criteria for Adults and Young Carers Support (2018)

4 CONTEXT AND GENERAL APPROACH

4.1 Eligibility criteria are a method for deploying limited resources in a way that ensures that resources are targeted to those in greatest need, while also recognising circumstances where lower level intervention can sometimes halt the deterioration of people in less urgent need of support.

4.2 These eligibility criteria recognise 'risk' as the key factor in the determination of eligibility for community care services. Where a customer is eligible, the urgency of that risk should be kept in focus in determining how and when to respond to their support needs.

4.3 The principles guiding practice in this policy are that supports provided or funded by East Dunbartonshire Health and Social Care Partnership are intended to:

- Retain, support and promote maximum independence;
- Intervene no more than absolutely necessary;
- Compensate for the absence of alternative support or complement existing support;
- Take full account of the risk to the customer if the support is not provided;
- Take account of the individual's personal, community and family assets – personal: financial, skills, experience; community: clubs, libraries, church; family: friends, informal carers, circles of support.

4.4 Consideration should only be given to providing support when:

- The customer is unable to meet the need themselves and they do not have access to adequate support from the assets described above;
- No other statutory agency has a duty to meet that need;
- Failure to respond to that need would place the customer in a situation of unmanageable or unreasonable risk.

4.5 The eligibility criteria address both the severity of risks and the urgency of intervention to respond to risks. Some levels of risk will call for services or other resources as a high priority whilst others may call for some services/resources, not as a high priority but managed and prioritised either as a short term intervention or on an ongoing basis. Some may not call for any social care intervention as engagement in local community activities or services provided by the third sector may be the most appropriate way of addressing the need. In other circumstances the assessment may indicate a

DRAFT

potential requirement for service provision in the longer term which requires to be kept under review. As part of the assessment and care planning process, it is for relevant practitioners undertaking assessment to consider how each individual's needs match against eligibility criteria in terms of severity of risk and urgency for intervention. The eligibility framework prioritises risks into four categories: *critical, substantial, medium* and *low*.

4.6 It is not appropriate simply to place customers who require support in a date order queue. Response to need will be informed by the continuing systematic review of each customer's needs, including consideration of how urgently service provision is called for and what interim measures may be appropriate pending a more permanent response.

4.7 In managing access to finite resources, the Health and Social Care Partnership will focus first on those people assessed as having the most significant risks to their independent living or wellbeing. Where people are assessed as being in the *critical* or *substantial* risk categories their needs will generally call for the immediate or imminent provision of support. Those customers will receive that support as soon as reasonably practicable and, in the case of older people in need of personal or nursing care services, not later than six weeks from the confirmation of need for the service.

4.8 Where eligibility is determined to fall into the *moderate* category, the response of Social Work Services will be to provide the individual with advice/information and/or to signpost towards direct access to community resources. Exceptions can be made where the absence of statutory social work involvement will lead to an aggravation of the individual's needs resulting in greater expense to the local authority on a later occasion. In these circumstances a short term intervention focussed on rehabilitation and enablement can be offered. Interventions of this nature will not normally continue beyond a six-week period.

4.9 Where eligibility is determined to fall into the *low* category, the response of Social Work Services will be to provide the individual with advice/information and/or to signpost towards direct access to community resources.

4.10 The effect of the HSCP's eligibility criteria is that only services that reduce an individual's risk to a moderate level will normally be subject to statutory funding.

4.11 The arrangement of any services will continue to depend on the availability of budget and resources. Therefore, if an individual is to be given priority within the eligibility criteria, and the cost of the support package is below the cost limitations, those authorising the provision of supports will still be required to have assurance that resources are available to meet the eligible need. Practitioners are required to submit 'Additional Expenditure Required' forms (AERs) to management where it is deemed there are insufficient resources within the budget.

DRAFT

5 PRIORITY RISK MATRIX

5.1 This policy adopts the four categories of risk within the Scottish Government's National Eligibility Framework.

RISK LEVEL	
Critical risk:	Indicates that there are major risks to an individual's independent living or health and well-being likely to call for immediate or imminent intervention and/or provision of social care support.
Substantial risk:	Indicates there are significant risks to an individual's independence or health and well-being likely to call for immediate or imminent intervention and/or provision of social care support.
Moderate risk:	Indicates there are some risks to an individual's independence or health and well-being. These may call for the provision of some social care support managed and prioritised on an on-going basis or they may simply be manageable over the foreseeable future support provision with appropriate arrangement for review.
Low risk:	Indicates there may be some quality of life issues but low risks to an individual's independence or health and well-being with very limited, if any, requirement for the provision of social care support. There may be some need for alternative support or advice and appropriate arrangements for review over the foreseeable future or longer term.
URGENCY	
Immediate	required now or within approximately 1 to 2 weeks
Imminent	required within 6 weeks
Foreseeable future	required within next 6 months
Longer Term	required within the next 12 months or subsequently

6 DEFINITION OF RISK FACTORS

6.1 The following table provides definitions of risk factors for each of the bands in the national eligibility framework adopted by the Partnership.

Risks relating to neglect or physical or mental health:

Critical	Substantial	Moderate	Low
Serious harm or neglect has occurred or is strongly suspected and client needs protective intervention by social care services.	Harm or neglect has occurred or is strongly suspected	Adult at risk needs to raise their awareness to potential risks of harm	Preventative measures including reminders to minimise potential to risk of harm
Major health problems which cause life threatening harm or danger to client or others	Significant health problems which cause significant risks of harm or danger to client or others.	Some health problems Indicating some risk to Independence and/or Intermittent distress – potential to maintain health with minimum interventions	Few health problems indicating low risk to independence – potential to maintain health with minimum interventions

DRAFT

Risks relating to personal care/domestic routines/home environment

Critical	Substantial	Moderate	Low
Unable to do vital or most aspects of personal care causing major harm or danger to customer or others or major risks to independence	Unable to do many aspects of personal care causing significant risk of danger or harm to customer or others or there are significant risks to independence	Unable to do some aspects of personal care indicating some risk to independence	Difficulty with one or two aspects of personal care, domestic routines and/or home environment indicating little risk to independence
Unable to manage the most vital or most aspects of domestic routines causing major harm or danger to client or others or major risks to independence	Unable to manage many aspects of domestic routines causing significant risk or harm or danger to client or others or significant risk to independence	Able to manage some aspects of domestic activities indicating some risk to independence	Able to manage most aspects of basic domestic activities
Extensive / complete loss of choice and control over vital aspects of home environment causing major harm or danger to customer or others or there are major risks to independence	Substantial loss of choice and control managing home environment causing a significant risk of harm or danger to client or others or significant risk to independence	Able to manage some aspects of home environment leaving some risk to independence	Able to manage most basic aspects of home environment

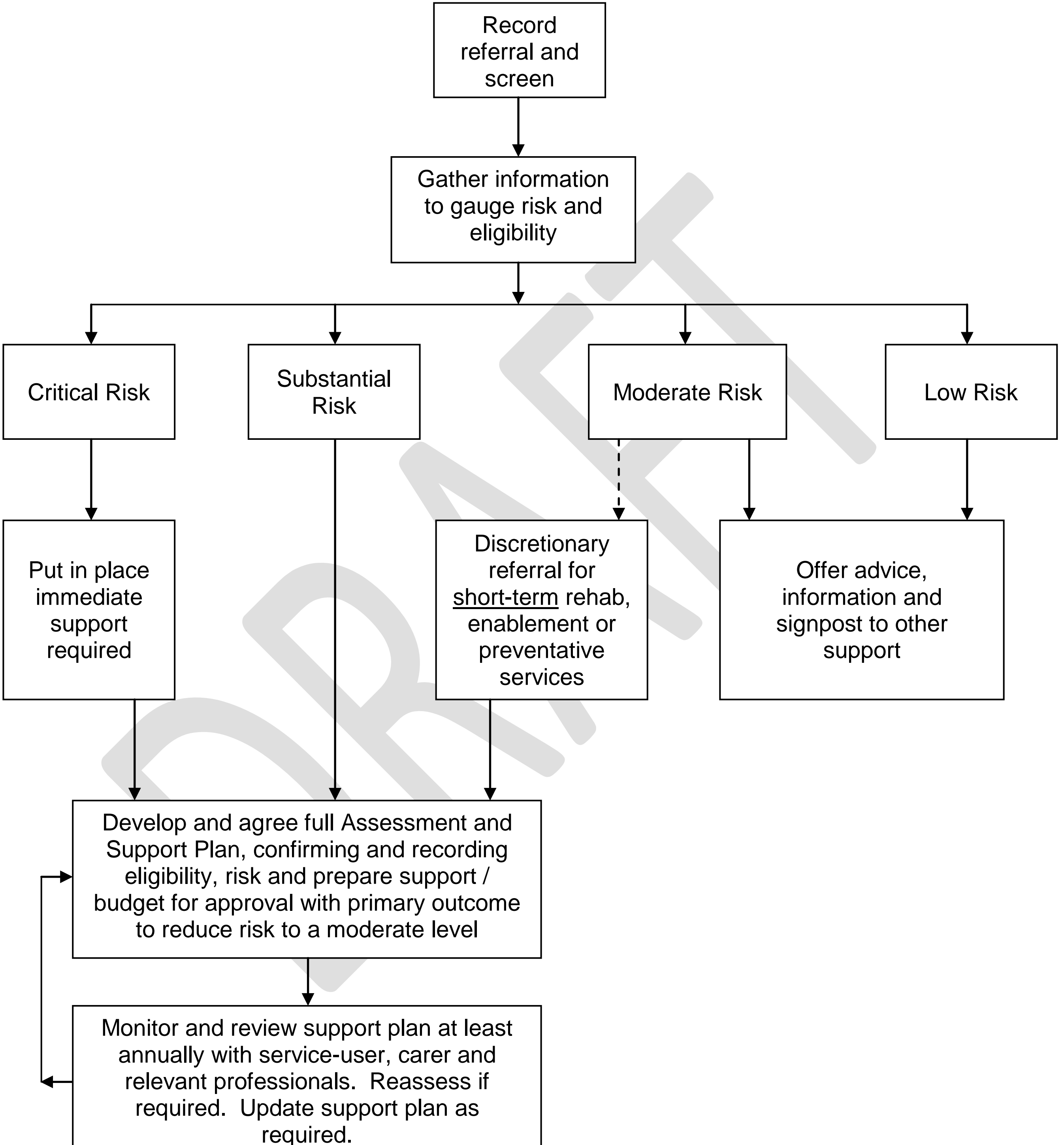
Risks relating to participation in community life

Critical	Substantial	Moderate	Low
Unable to sustain involvement in vital aspects of work/ education/learning causing serious loss of independence	Unable to sustain involvement in many aspects of work/ education/learning causing a significant risk to losing independence	Unable to manage several aspects of involvement in work/ education/learning and this will in the foreseeable future pose a risk to independence	Has difficulty undertaking one or two aspects of work/ education/family and/or social networks indicating little risk to independence
Unable to sustain involvement in vital or most aspects of family/ social roles and responsibilities and social contact causing severe loss of independence	Unable to sustain involvement in many aspects of family/social roles and responsibilities and social contact causing significant distress and/or risk to independence	Able to manage some aspects of family/ social roles and responsibilities and social contact that poses some risk to independence	Able to manage most aspects of family/ social roles and responsibilities and social contact indicating little risk to independence

DRAFT

7 ASSESSMENT PROGRESSION FLOW CHART

7.1 The following chart indicates the progression from initial referral to the provision of support. It indicates where the process of determining eligibility falls within the process and illustrates how the intensity of risk and access to support services is determined using the eligibility criteria.



APPENDIX 3

Fair Access to Community Care (Adults) Policy
Summary of Impact and Scenario Illustrations

PROVISIONS	IMPACT
1 Assessment of Need and Eligibility for Community Care Services	• Restates that duty and practice is limited to providing eligible services that reduce risks from critical or substantial to a moderate level. • Restates that this also applies to adult carers. For young carers, it states that services will be provided to reduce risk to a low level. • Explains relationship between outcomes, risks and eligible services. • Explains how contribution towards delivery of outcomes that are not associated with reduction of critical or substantial risks are predicated. • Eligibility Criteria Policy also updated to more clearly limit discretionary support for moderate risk to short term reablement / prevention where customer and organisational benefits are demonstrable.
2 Resource Allocation Policy	• Explains the equivalency-based resource allocation system and HSCP's use of this approach; • Establishes a Schedule of Rates to be updated annually by the HSCP; • Clarifies that personal budgets will be derived from the relevant rate from this Schedule of Rates; • Clarifies that only exceptional circumstances will warrant the provision of a personal budget higher than the relevant rate; • Clarifies that any such exceptional departure from the Schedule of Rates will normally be temporary only.
3 Types and Levels of Support	• Introduces distinction between "task-based support" and "support to stay safe and well". Establishes the principle of maximising shared support; • States that EDHSCP will maximise use of shared support wherever possible and provides clarity on use of 1:1 support; • Clarifies that all support should be purposeful and aligned with personal outcomes in support plan; • Emphasises co-produced and assets-based approaches rather than over-dependency on statutory services;
4 Types of Living Arrangements	• States that we will aim to work in partnership to support service-users living with families, when in best interests of service-user; • Clarifies that services provided to carers should be delivered in a way that will also contribute to the outcomes of the service user; • Establishes cost ceiling for supporting service-users living in the family home - new; • Establishes process if a service-user leaves a family home - new; • Establishes that no guarantee that HSCP will provide support in any preferred housing option when a service-user leaves a family home – subject to assessment of needs, consideration of options, eligibility and cost ceilings - new; • Makes clear distinction between "Independent Living with Support"

DRAFT

PROVISIONS	IMPACT
	and "Supported Living Models" – new definitions; • Establishes policy and cost ceiling for Independent Living with Support - new; • Clarifies limits to support in 1:1 single occupancy arrangements; • Specifies 4 models of care for Supported Living, with definitions and uses; • Clarifies that shared or clustered living is EDHSCP main Supported Living option; • Clarifies purpose of residential care and establishes cost ceiling for community-based care in event of frailty and deteriorating health (whether due to age or other reason) - new.
5 Assessment of Supported Living Model: Choice and Self-Directed Support (SDS)	• Clarifies that shared and clustered Supported Living models based on a single provider are not suitable for SDS 1 or 2; • A cost equivalent of shared and clustered living can be provided as a personal budget for SDS 1 or 2 subject to meeting SDS policy requirements.
6 Out of Area Placements	• Establishes the principle that EDHSCP will not normally support out-of-area placements and provides reasons; • Explains the circumstances when out-of-area placements may be appropriate for consideration; • Explains the circumstances when repatriation would be pursued.
7 Support with Education and Learning	• Establishes responsibilities for providing support for individuals attending further and higher education;
8 Prevention and Independent Living Skills Development	• Confirms the value in preventative and reablement / enablement – prevents deterioration for the customer and increased costs for statutory services; • Clarifies the circumstances when this type of support service will be funded. Short-term and focused; • Stresses the need for regular review and progression in the success of this type of support service.
9 Existing Care Packages	• Service-users (or carers) with assessed over-provision at time of review will have their support transitioned in line with the Policy; • Service-users (or carers) with support services costing more than the relevant rate from the Schedule of Rates or above cost ceilings will have their support transitioned in line with the Policy.
10 Implementation	• Sensitive transition for people affected by new thresholds – partnership in service design; • For some, alternative services will not be immediately available – this will inform commissioning plans and service redesign; • SDS will provided choice within equivalent cost parameters; • Positive opportunity to design modern services that promote and improve independence and quality of life; • Overall implementation programme will take time.

DRAFT

Illustrative Scenarios

Scenario 1

Current situation	Alan is a 36 year old man with profound and complex learning disabilities. He lives at home with his parents who provide a substantial amount of care and support. The HSCP has assessed that Alan is eligible for services due to critical or substantial risks associated with personal care//domestic routines/home environment and also with participation in community life. Alan's parent have also been assessed as carers and determined to be eligible for services due to critical or substantial risks associated with their health and wellbeing, relationships and access to breaks/life balance. Alan receives day service 5 days per week at a day service in Stirlingshire, including transport. He also receives overnight respite breaks at Twechar Respite for 30 nights each year.
Issues	The service levels that Alan and his parents receive are consistent with their eligible needs. However the cost of his day services are disproportionately high due to the travelling costs, which amount to over £700 per week. The impact of spending around 2 hours per day in a taxi commuting to Stirlingshire is also having an impact on his physical health. Alan and his parents like the Stirlingshire service. The cost of the service that Alan receives is significantly higher than other service users who attend local day services, which creates inconsistency of resource allocation levels between the people we support.
Impact of draft Fair Access to Community Care (Adults) Policy	The policy establishes the principle that EDHSCP will not normally support out-of-area placements, in line with the national Learning Disability Strategy "Keys To Life". The Schedule of Rates indicates that the budget for Alan's services should be lower than the current cost. This relevant rate is based upon more local services that can meet Alan's needs. The impact of the Fair Access to Community Care (Adults) Policy is that Alan will be placed on a waiting list for a local service that will be of a standard satisfactory to meet Alan's needs, that is in line with the relevant rate. A Self-Directed Support (SDS) personal budget equivalent to this rate can be provided to Alan and his parents, if they wish to continue to attend the Stirlingshire service. Changing Alan's service to a more local service that is in line with the relevant rate within the HSCP's Schedule of Rates would have no negative impact on Alan's service level, but would change where his support was delivered. SDS would provide a mechanism to facilitate personal choice, if this was preferred, up to the equivalent cost of the relevant rate.

DRAFT

Scenario 2

Current situation	Nadia is a 19 year old woman with complex disabilities. She requires significant support with personal care and can't be left on her own. Nadia currently lives at home with her parents and receives a range of day and respite services from the HSCP. Nadia's parents wish to rent a flat for her and have requested support from the HSCP to meet all of her care and support needs.
Issues	In the past, the HSCP would provide support to Nadia on a one-to-one basis in her single tenancy flat, up to and including a 24/7 basis. This challenge for the HSCP is that this model of care is very expensive and inequitable. The support for Nadia would be individualised with round-the-clock staff shifts. It would cost much more than for people with similar care needs who live in small group tenancies or clustered tenancies. This creates inconsistency regarding how we manage the care costs of people we support and places pressure on overall budgets.
Impact of draft Fair Access to Community Care (Adults) Policy	This type of proposed living arrangement is defined in the draft policy as "Independent Living with Support" An individual is considered to be living independently when it is assessed that they do not require significant amounts of support, and can manage on their own for significant periods of time. Nadia's needs are at a level higher than this. The policy proposes that we will support people with disabilities to live independently on a single occupancy basis with eligible support, unless the cost of doing this exceeds the cost of the most appropriate Supported Living model that includes aspects of shared support. For Nadia, this might take this form of a small group living or an individual tenancy on a core-and-clustered arrangement that maximises shared support and coordinated on-call. In this event, Nadia would be placed on a waiting list for a Supported Living alternative, or the equivalent relevant rate being used to inform a personal budget amount for Self Directed Support. Providing a Supported Living service to Nadia instead of an Independent Living with Support service would have no negative impact on her service level, but would change how her support was delivered. SDS would provide a mechanism to facilitate personal choice, if this was preferred, up to the equivalent cost of the relevant rate. The family may wish to then either financially top this up to the level required to support an individual tenancy arrangements, or provide the care and support themselves to ensure that needs and risks were managed appropriately.

DRAFT

Scenario 3

Current situation	Frank is a 56 year old man with complex disabilities. He lives in a small group tenancy with 2 other service users, with whom he has lived for more than ten years and he enjoys their company. This Supported Living group tenancy is structured on the basis that a single care provider (Care4U) delivers all of the care and support to all of the tenants. Frank has significant cognitive incapacity, so his sister Jill acts as his formal welfare guardian. Jill has heard positively about a different care provider (Support4U) and has requested that Frank receive a personal budget under Self Directed Support, so that he can change service provider to Support4U, whilst continuing to live in the same tenancy.
Issues	At present the HSCP does not have a clear policy on the treatment of SDS options for people living in shared tenancies or core-and-cluster tenancy arrangements. Introducing more than one care provider to Supported Living models predicated on shared or clustered tenancy arrangements can impact upon the tenancy rights of other tenants and the overall coordination of care, support and safety within the accommodation or cluster. It also introduces duplicated core costs, parallel 1:1 care and multiplies staff presence within service-users' homes.
Impact of draft Fair Access to Community Care (Adults) Policy	The draft policy proposes that supported living models that are based upon shared care arrangements will not be considered suitable for SDS Options 1 or 2 (and so far as relating to those options, Option 4), for the reasons described above. The application of the policy would lead to a meeting with Jill to explain the policy and discuss the issues to explore a way forward in Frank's best interests. If there was a concern with the care and support provided by Care4U, then this would be the subject of investigation and resolution. If Jill was adamant that Frank's future care should be provided by Support4U as a preference, then the HSCP would support Frank and Jill to consider alternative tenancy and support models, via an SDS personal budget, up to the equivalent relevant rate. These considerations would be subject to ongoing oversights on quality and risk management in pursuance of Frank's eligible needs and best interests.

DRAFT

Fair Access to Community Care (Adults) Policy – Implementation Options

1 GENERAL

1.1 If approved, the Fair Access to Community Care (Adults) Policy may be implemented in one of a number of ways to manage impact. This decision would affect the wording at Section 10 of the draft policy, which presumes full implementation. Three options are presented at this stage as potential options. As the consultation and development work continues advice will be sought on the appropriateness of these potential options resulting in a recommended option being presented to the HSCP Board at the conclusion of the consultation process, assuming agreement to proceed:

(i) Full implementation;

(ii) Phased implementation: protection of service level for existing service-users for a transitional 3 year period; full implementation for new service-users;

(iii) Partial implementation: permanent protection of service level for existing service-users; full implementation for new service-users;

These options are described in more detail below:

	Full implementation	**Phased implementation**	**Partial implementation**
Outline of option	The policy would be implemented in full, as it is currently drafted. Full implementation would involve application of the policy provisions for all new service users and for existing service users at the time of the next normal annual review. The policy is focused on establishing consistency with service types and costs, rather than service levels. However if a service-user was found to be in receipt of service levels in excess of or below assessed eligible needs, then service levels would be carefully brought in line with eligible needs.	The policy would be implemented on a phased basis. It would apply fully to all new service users, but existing service users would have a period of three years to complete transition from current service levels to new assessed levels. Other aspects of the policy would apply to new and existing service users. This means that service type changes and cost ceilings would be applied, but these would not impact on service levels for affected service users unless this was part of a programme of	The policy would be implemented on a partial basis. It would apply fully to all new service users, but existing service users would have their service levels protected at existing levels permanently, unless there was a programme of planned enablement progression, to promote independent living outcomes. Other aspects of the policy would apply to new and existing service users. This means that service type changes and cost ceilings would be applied, but these would not impact on service levels for affected service users, for this

	Where existing support services are provided in a way that operate outwith the terms of this Fair Access to Community Care (Adults) Policy and/or exceeds the Schedule of Rates, support services would be transitioned to align with the policies set out in this document. This may result in a change to the type or location of services received.	planned enablement progression. Service users identified as receiving services in excess of eligible needs would be reassessed to re-establish their circumstances and action then taken to carefully transition service levels in line with eligible needs.	option.
Benefits	Full implementation would ensure optimum consistency and fairness of resource allocation policies across all of the people we support. This would ensure compliance with the Equality Act and increase capacity for consistent and sustainable services in the future. This option is relatively straightforward for staff undertaking assessments as all assessments and reviews would be carried out in line with one policy basis. This option is also the most effective as part of a programme of work to identify financial efficiencies.	Phased implementation would ensure eventual consistency and fairness of resource allocation policies across all of the people we support. The process towards these objectives would be applied over a longer period than would be the case with immediate full implementation but would work towards compliance with the Equality Act and increase capacity for consistent and sustainable services in the future. This option provides people who use services with a period of time in which to adapt to potential change. This option is the second most effective as part of a programme of work to identify financial efficiencies.	New service users would experience consistency and fairness of resource allocation policies. Existing service users would be unaffected by the policy change. This is likely to be perceived as a positive.
Drawbacks	For some service users, the process of policy roll-out may result in reduced service levels, to come into line with existing eligibility criteria, where these were found to exceed these levels. For other service-users, the policy may result in a change to service type or location, in order to bring	Phased implementation would result in continued inconsistency of service provision between service users for a number of years, with some receiving services over and above those assessed as eligible. As with full implementation, the policy may result in	Partial implementation would result in continued inconsistency of service provision between service users for the foreseeable future, with some receiving services over and above those assessed as eligible. Lack of equality

	consistency and sustainability to service costs. The change, in a short time period, may be challenging.	a change to service type or location, in order to bring consistency and sustainability to service costs. Staff would require to work within two different policy approaches during the transitional phase.	across services. Staff would require to work within two different policy approaches indefinitely. This option is the least effective as part of a programme of work to identify financial efficiencies, resulting in some future cost avoidance only.

Chief Officer
Susan Manion

Agenda Item Number:22

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	15th November 2018
Subject Title	Draft HSCP Winter Plan 2018-19
Report By	Derrick Pearce Head of Community Health & Care Services
Contact Officer	Fiona McCulloch, Planning Performance & Quality Manager fiona.mcculloch@ggc.scot.nhs.uk

Purpose of Report	The purpose of this report is to present the HSCP Draft Winter Plan 2018-19. The Winter Plan is based on the Annual Guidance Checklist issued by the Scottish Government and provides assurance of the HSCP's preparations for winter.

Recommendations	The Partnership Board is asked to: a) Approve the draft HSCP Winter Plan 2018/19

Relevance to HSCP Board Strategic Plan	In line with the HSCP Strategic Plan, the HSCP Winter Plan describes our actions in response to potential additional pressures which may affect the delivery of services to those who are vulnerable and at risk of admission to hospital. The Winter Plan is part of a suite of Business Continuity plans that ensure the continued safe delivery of HSCP services to vulnerable service users.

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	None

Legal:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	None

Implications for NHS Greater Glasgow & Clyde:	None.

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

1.0 MAIN REPORT

1.1 The HSCP Winter Plan 2018-19 Plan is part of a suite of HSCP Business Continuity plans and winter contingency arrangements that ensure the continued safe delivery of local services to vulnerable service users and a safe environment for staff. This includes the HSCP contribution to the wider NHS and Council planning processes and the overarching NHSGG&C Winter Plan that was submitted to the Scottish Government on 31 October 2018. A copy of the plan for 2018/19 is included as **Appendix 1.**

1.2 The HSCP Winter Plan identifies and addresses local issues across primary care and community services for which East Dunbartonshire Health and Social Care Partnership is responsible, while also supporting the ongoing whole system delivery of effective unscheduled care. Operational teams have staffing contingencies to cover the festive period to prevent unnecessary admissions, facilitate timeous discharges and respond to pressures resulting from increased secondary care activity and/or severe weather, flu outbreak etc. The HSCP continues to contribute to whole system planning for unscheduled care and actively participated in a GG&C think tank event that identified a number of projects which are being progressed to better respond to unscheduled care including, but not limited to, the winter period. The HSCP also participated in EDC winter planning largely reflective of lessons learned from Winter 2017/18, particularly related to the severe weather experienced during the “Beast From The East” in March 2018.

1.3 Key headline actions in the draft Winter Plan 2018/19 include:

- All operational teams have refreshed Business Continuity Plans to ensure sustained service delivery during the winter period
- A pilot project has been established to develop an Integrated Hospital Liaison Service, comprising our Hospital Assessment Team, Rapid Assessment Link Practitioners and a dedicated homecare resource. This is designed to facilitate rapid and flexible response to people at risk of admission or to those being discharged from hospital. It will operate over the 2018/19 winter, after which we will assess its impact on service delivery, including the impact on activity as well as individual service user experiences.
- The introduction for Winter 2018/19 of a '*Caring Together' team designed to provide* enhanced care homes support service. This team is made up of practitioners including, Advanced Nurse Practitioner, Care Home Liaison Nurses and pharmacy is intended to help support and aid residents in care homes who may be close to requiring admission to wok to try and prevent any unnecessary admissions thus improving the care for the individuals.
- Introduction of the *Red Bag* care home to hospital transfer arrangement to help prevent admissions, shorten length of stay and maintain individuals' wishes.
- Implementation of a Duty Senior Manager arrangement to ensure there is named and visible senior leadership through the winter period, and particularly at points of crisis, such as in severe weather.
- The development of Winter Operational Hubs in KHCC and Milngavie Clinic in the event of severe weather or other contingency situations to ensure there is robust communication and co-ordination to maintain service delivery.
- There will be weekly collection and analysis of key service data to monitor demand and capacity, allowing for adjustment as necessary to best meet the challenges of activity across the services and with partners.

East Dunbartonshire
Health & Social Care Partnership

Draft Winter Plan

2018/19

1 *Introduction*

The purpose of this Winter Plan is to provide assurance to the HSCP Board, NHS GG&C and East Dunbartonshire Council of the HSCP's preparations for winter and wider contribution to partner bodies' winter planning arrangements (including the overarching NHSGG&C Winter Plan, submitted to the Scottish Government on 31 October 2018).

The HSCP Winter Plan 2018-19 is part of a suite of HSCP Business Continuity plans and winter contingency arrangements that ensure the continued safe delivery of local services to vulnerable service users and addresses the local issues across the primary care and community services for which East Dunbartonshire Health and Social Care Partnership is responsible.

2 *Winter Planning Arrangements*

This Winter Plan is based on the headings from the Scottish Government Annual Guidance Checklist, and prompts planning and actions for the outcomes and indicators which are considered key to effective winter planning, and provides the framework for the plan. The indicators underpin the processes to achieve the outcomes described below and will be reported through the relevant management processes.

2.1 Business continuity plans tested with partners.

- Business Continuity Plan (BCP) and all Departmental Business Impact Plans are reviewed and updated annually in October. These plans outline arrangements and actions to ensure a prompt, recovery focussed response to extreme circumstances – taking cognisance of EDC and NHSGG&C civil contingency arrangements.
- The BCP links with East Dunbartonshire Council's winter planning arrangements to support the continuity of all partnership services throughout the winter period.
- GP Practices and Pharmacies have BCPs in place that include a 'buddy system' should there be any failure in their ability to deliver essential services.
- The HSCP held a winter debrief session to discuss issues and lessons learned, particularly relating to the severe weather experiences in March 2018. Actions arising from this meeting are embedded in this plan and specific team–level contingency arrangements.
- All HSCP teams are updating staff contact details lists to ensure that staff are contactable and that emergency contact information is known.

2.2 Escalation plans tested with partners.

- Escalation plans are shared across services to ensure a whole system approach to implementing actions that minimise potential issues, such as enhanced management cover for rapid decision making and/or access to resources.
- Commissioned services have emergency arrangements in place.
- Additional capacity to respond to particular increases in service demand within the Hospital Assessment Team. This will be resourced from the wider social work teams, if required.

- A pilot will be undertaken across the Winter 2018/19 period of an integrated Hospital Liaison Service comprising of the Hospital Assessment Team, Rapid Assessment Link practitioners and dedicated homecare team. This will enable a rapid and flexible response to people at risk of admissions and those being discharged from hospital.
- The East Dunbartonshire Caring Together team will be launched for winter – this is an integrated care homes support ream made up of roles include; Advanced Nurse Practitioner, care Home Liaison Nursing, Pharmacist and Contract Management. This team will be responsive to support needs in care homes to help manage residents proactively and reduce crisis. The 'Red Bag' care home to hospital transfer arrangement has been implemented in East Dunbartonshire ready for the winter. The Red Bag is designed as a mechanism to ensure key information, personal property (such as medication), and clothing goes with the care home resident to hospital to enable a smoother transit through acute care and faster discharge.
- Additional Emergency Respite bed provision has been commissioned from 1st December 2018 to 31st March 2019 to provide alternatives to admission and to facilitate discharge (as step down from acute care)

- Stocks of dried food which can be delivered to vulnerable people are being made up and stored at Kelvin Bank and local care homes so they can be drawn on the event of severe weather impacting on our ability to keep people safely at home.
- Frontloaded purchasing cards are being arranged between the HSCP and EDC Shared Services to ensure that there is no delay to accessing financial resources that may be needed to facilitate business continuity.

2.3 Safe & effective admission / discharge continue in the lead-up to and over the festive period and also in to January.

- All operational teams have systems in place to predict or identify vulnerable patients at risk of admission so that the necessary support can be given to avoid unnecessary admissions and help people remain in their own homes.
- The HSCP has introduced the national Anticipatory Care Plan (ACP) for the most vulnerable service users within services to prevent admission, or if admission is required, support timeous discharge
- The Rapid Assessment Link (RAL) within the Community Rehabilitation Team (CRT) offer same day access to service for patients at risk of admission who are referred by in-hours GPs. This service continues throughout the festive period.
- Community Nursing links with GPs to identify patients who are potentially vulnerable or at risk of admission during the festive period.
- The Social Work team provide the Glasgow & Partners Emergency Social Work Service with a register of vulnerable people known to them, ensuring appropriate supports can be provided if required outwith office hours, including weekends and Public Holidays.
- The Community Rehabilitation Team (CRT) have an established pathway with A&E to provide a next day response to prevent admissions and the Older Adults Mental Health Team maintain a list of patients at risk of admission to assist in daily scheduling of visits during adverse weather periods.

- The Older Adults Mental Health Team has an in-hours duty system in place to provide urgent advice and input as appropriate. The *Stress & Distress in Dementia* training has been rolled out in Care Homes with positive results in reducing out of hours referrals to the Crisis Team.
- Contracts with independent providers of Homecare services include monitoring their capacity for delivering services as commissioned.
- The HSCP will continue to work in partnership with GPs, Acute services, Care Homes, Third Sector and Independent Sector organisations to help people remain in their own homes, or homely setting, when it is safe to do so, including: OPAL (an information access line), Carers Link; Ceartas; Marie Curie; EDAMH; Befriending Plus, and the Red Cross.
- Community teams will ensure that people are reminded to order and collect their repeat prescriptions in advance of the festive period.
- A predictive stock order of essential equipment from EQUIPU, wound dressings, pharmacy, and syringe drivers will be submitted early December to ensure availability of supplies for the Community Nursing and Rehabilitation teams during the holiday period.

2.4 Strategies for additional surge capacity across Health & Social Care services

- The HSCP will respond where possible to support acute services in managing surge capacity, including maximising the use of alternatives to admission where appropriate.
- The Intermediate Care beds will be appropriately utilised at capacity to allow for the further assessment of an individual's need and rehabilitative support in a controlled environment to facilitate recovery.
- As describe above, two additional emergency respite beds have been secured for use from 1st December, with in-reach from HSCP services focussed on support to families/carers and to facilitate review of support plans. East Dunbartonshire HSCP is leading development work across the 6 NHSGG&C HSCPs in this area.

2.5 *Whole system activity plans for winter: post-festive surge / respiratory pathway*

- The HSCP will continue to contribute to the whole system activity planning and ensure representation and active involvement in implementing agreed priorities for winter planning.
- Links will be maintained with Acute and Partnership Chief Officers to maintain a collective perspective on performance issues and escalation arrangements which require action.
- An Unscheduled Care Group has been established to develop, implement and review models of care that support the reduction of avoidable admissions. Membership includes HSCP senior managers, Clinical Director and Acute Planning.
- Situation reports (SITREPs) will be shared between the Community and Acute services to inform escalation pressures.

2.6 Effective analysis to plan for and monitor winter capacity, activity, pressures and performance

- The actions set out in this Winter Plan will be monitored and analysed to identify and potential improvements to inform future predictive modelling and planning.

- Particular measures that will be monitored include;
  - Bed days lost to delayed discharge
  - Unscheduled admissions
  - A&E attendances
  - Attendances at / admissions to secondary care from care homes
  - Percentage uptake of flu vaccinations by GP population and Health & Social Care staff
  - Referrals to Health and Social Care teams - including from hospital to homecare/Hospital Assessment Team
  - Demand and capacity (including GP practices)

2.7 Workforce capacity plans & rotas for winter / festive period agreed by October.

- Service leads will be responsible for determining that planned leave and duty rotas are effectively managed to ensure an adequate workforce capacity during the festive period, and immediately following the holiday periods. Agreed employer policies are being discussed in teams to ensure that all staff are aware of their responsibilities for attendance at work in the event of severe weather, and how arrangements will be made for any changes to working patters/ rotas etc.

2.8 Discharges at weekend & bank holidays.

- HSCP teams, in partnership with Acute and Out of Hours services, will support safe and effective hospital discharges during weekends and holidays via reduced public hospital service and out of hour's homecare in the first instance. Enhanced weekend working will be scoped and implemented in line with demand during the winter period – principally from the Hospital Assessment Team and the Rapid Assessment Link.
- Homecare will cease taking referrals for new packages of care at noon on Friday 21st December and for re-starts at noon on Monday 24th December (Christmas Eve).

2.9 The risk of patients being delayed on their pathway is minimised.

- Anticipatory structures have been supported to ensure that potential areas of need, particularly in respect of the adults with incapacity (AWI) are best met and delays minimised**.** There is ongoing work at the primary/secondary care interface within rehabilitation services to improve the sharing of information and reduce need for reassessment at points of transition that could lead to a delay in the patient's pathway.
- The Frailty Pathway has been introduced and is being used by relevant community nursing and rehab services within the HSCP.

- All patients whose discharge is delayed are reviewed at the weekly operational discharge meeting to ensure that the collective resources are appropriately directed to expedite discharge.

  This includes:

  - Promotion of legal powers in relation to adults with incapacity;
  - Identifying homecare clients who lack capacity and legal powers to encourage POA uptake
  - Potential use of 13ZA;
- Access to Trakcare to assist early identification of admissions known to social care services;
- EDC and HSCP services are working together to prioritise physical access to vulnerable people in the event of severe weather, and to maintain access to key HSCP premises to facilitate ongoing service and prevent delays to care pathways.

2.10 Communication Plans

- Communication plans have been developed by the GG&C Communications Team and the EDC Corporate Communications Team.
- In partnership with East Dunbartonshire Council, Police and Fire & Rescue, the HSCP will provide public information and winter awareness events across East Dunbartonshire.
- Daily communication to staff and service users in the HSCP, in the event of severe weather or another winter related disruption to service (e.g. flu outbreak) will be co-ordinated by the nominated Duty Senior Manager for the HSCP. The Duty Senior Manager will initiate a Control Hub at KHCC, with a secondary Hub at Milngavie Clinic as required. There are named staff to take the lead in the Milngavie Hub who live close by and who can access that building.
- A central telephone line in KHCC will be activated for staff unable to come to work but who can walk to visit near their home or work remotely to call. Information taken via this phone line will be passed to the Duty Senior Manager to facilitate workforce development.

2.11 Delivering Seasonal Flu Vaccination to Public and Staff

- An HSCP plan for the vaccination of health and social care staff has been prepared to encourage the uptake of flu vaccinations by staff.
- HSCP staff and partners are actively encouraging elderly and vulnerable groups to attend their GP flu vaccination sessions.

3 Governance

Winter planning arrangements will be monitored by operational managers, overseen by the SMT. A report analysing the activity, performance and pressures will be provided at the end of the winter planning period, with data monitored weekly through the period.

`

Chief Officer
Susan Manion

Agenda Item Number:23

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	15th November 2018
Subject Title	Carers (Scotland) Act 2016 – Short Breaks Statement
Report By	David Aitken, Joint Services Manager (Adult Services)
Contact Officer	David Aitken, Joint Services Manager (Adult Services) David.aitken@eastdunbarton.gov.uk 0141 777 3300

Purpose of Report	The purpose of this report is to receive approval for the recently developed 'Short Breaks Statement', This Statement is required to be published by the Health and Social Care Partnership by 31st December 2018 as per the legislative requirements of the Carers (Scotland) Act 2018.

Recommendations	It is recommended that the HSCP Board approve the Short Breaks Statement.

Relevance to HSCP Board Strategic Plan	The implementation of the Carers Act including its associated activities are included in the Strategic Plan 2018 – 2021. Further details will be contained within the Carers Strategy, which is currently under development.

Implications for Health & Social Care Partnership

Human Resources	The Short Breaks Statement may encourage new and previously unknown Carers to contact the HSCP to enquire about and request short breaks support. Their access to support will be subject to application of the Carers Eligibility Policy, however, this could lead to a significant impact on the social work and health workforce who will be required to discuss and complete Adult Carer Support Plans and Young Carer Statements.

Equalities:	The Short Breaks Statement complements and refers to the Carers Eligibility Policy, which was approved by the Board in March 2018, prior to implementation of the Act. The Carers Eligibility Policy was subject to an Equalities Impact Assessment.

Financial:	The Scottish Government has advised that previous funding via the Carer Information Strategy Fund will be replaced by a Financial Framework of Carer Scotland Act. The Short Breaks Statement may encourage new and previously unknown Carers to contact the HSCP to enquire about and request short breaks support. Their access to support will be subject to application of the Carers Eligibility Policy, however, this could lead to a financial impact where new and previously unknown carers meet eligibility requirements.

Legal:	It is a legal requirement of the Carers (Scotland) Act 2016 that each HSCP publish a Short Breaks Statement by 31st December 2018.

Economic Impact:	The Short Breaks Statement may encourage new and previously unknown Carers to contact the HSCP to enquire about and request short breaks support. Their access to support will be subject to application of the Carers Eligibility Policy, however, this could lead to a financial impact and effect on the market provision.

Sustainability:	Depending on uptake of Carer Support Plans and application of eligibility criteria, increased and additional resources required may result in review and narrowing of eligibility criteria.

Risk Implications:	The risk implications have been identified in the sections above.

Implications for East Dunbartonshire Council:	N/A

Implications for NHS Greater Glasgow & Clyde:	N/A

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

1.0 MAIN REPORT

1.1 Background

The Carers (Scotland) Act 2016 was implemented on 1st April 2018. The Act relates to both adult and young carers, defining a carer as "an individual who provides or intends to provide care for another individual (the 'cared for person')".

The intention of the Act is to ensure that carers of any age are supported to continue with their caring role, are able to have a life and access to support alongside their caring responsibilities. For young carers the Act intends to ensure that they are supported to enable them to have a childhood similar to their non-carer peers.

The Act introduces a universal entitlement to assessment for carers, regardless of the level or frequency of care they provide. It also includes prescriptive processes around carers assessment, support planning and review

1.2 National Policy Context

The Provisions set out in the Act are as follows:

- A duty to prepare a local carer strategy;
- A statutory duty to offer and prepare and Adult Carer Support Plan (ACSP) and a Young Carer Statement (YCS) for anyone identified as a carer, or for any carer who requests an assessment and appears to be a carer;
- A requirement for an adult carer support plan or your carer statement to include emergency plans;
- A requirement for a timescale for preparing a support plan for the carer of a terminally ill person;
- A duty to set and publish eligibility criteria;
- A duty to provide support to carers whose needs meet the local eligibility criteria; within this conversation must be given to whether the support should take the form of, or include, a break from caring;
- A duty to involve carers in carers service design and delivery;
- A requirement for carers to be involved in the hospital discharge procedures of the person they care for;
- A requirement to provide an advice and information service for carers;
- A requirement to prepare and publish a short breaks statement.

1.3 Legislative Duties – Short Break Statement

The Carers (Scotland) Act 2016 places a duty on HSCPs/Local Authorities to prepare and publish a Short Breaks Services Statements. Section 35 of the Act states that:

- A Short Breaks Services Statement means a statement of information about the short breaks services available in Scotland for carers and cared-for persons.
- The information must be accessible to, and proportionate to the needs of, the persons to whom it is provided.
- The Scottish Ministers may by regulations make further provision about the preparation, publication and review of short breaks services statements.

It is intended that the Short Breaks Statement will provide greater transparency and fairness in the allocation of short breaks. It will provide an opportunity for carers, cared for persons, and the social work and health workforce to be better informed about the

assistance available to help carers achieve a break from caring. A copy of the Short Break Statement for East Dunbartonshire HSCP is enclosed as **Appendix 1.**

1.4 Consultation

The local Carers Organisation, Carers Link, were consulted on the content of the Short Breaks Statement, along with the Carers Act Working Group. The Carers Organisation provided comments to assist the finalisation of the Statement in relation to promoting the positivity of short breaks for carers.

Short Breaks Statement

Adults and Young Carers

December 2018

1. Background

The Carers (Scotland) Act 2016 was implemented on 1st April 2018. The legislation is designed to support carers' health and wellbeing and help make caring more sustainable. The Act includes duties for Local Authorities and Health and Social Care Partnerships to provide support to carers, based on the carer's identified needs, which meet the local eligibility criteria.

A Short Breaks Statement is required, along with a local Carers Strategy, by the Carers (Scotland) Act 2016. It provides information about the short breaks available in East Dunbartonshire for carers and cared-for persons.

2. Who is a 'Carer'?

A carer is anyone, including children and adults who provides unpaid care by looking after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and who cannot cope without their support.

3. Purpose of the Short Breaks Statement

The Short Breaks Statement provides carers and the people they care for with information about:

- What short breaks are;
- Who can access short breaks;
- What are the expected outcomes for carers accessing short breaks;
- What different types of short breaks are available;
- Whom to contact for further information locally and nationally.

4. What is a Short Break?

A short break is any form of service, activity, support, assistance and/or resource that enables carers to take a break from their caring role and responsibilities. A short break could consist of a one off service or activity or it may take the form of regular and sustained breaks from caring. Carers have the right to periods of rest, access to leisure or the time to pursue wider hobbies and activities. Some carers may choose to go on holiday with the person they are looking after or to go away alone, however, a short break or holiday may not always involve going away.

A short break can be arranged in a variety of ways, which are personalised to the carer and will support their identified needs. It could be or involve:

- a short period of e.g. a couple of hours;
- a longer period e.g. couple of weeks;
- support being delivered during the day, the evening or overnight;
- the cared for person having a break away from the home environment;
- the carer having a break away from the home environment;

- the carer and cared for person experiencing a short break together with assistance if required.

5. What are the outcomes for Carers who access short breaks?

East Dunbartonshire Health and Social Care Partnership wants to help carers improve their health and wellbeing so that they can continue to care, as long as they wish to do so, and to help them to have a life alongside caring.

'Outcomes' are the changes or differences that can be made when a carer has short breaks from their caring responsibilities. The outcomes will be individualised and personal to the carer's situation but may include:

- Self Care;
- Coping with Stress;
- Quality of care given;
- Improved social life or taking up a hobby;
- Moving nearer the labour market e.g. training;
- Involvement in community and leisure activities

(Rand & Malley, 2014; Yeandle & Wigfield, 2011).

The changes or differences made by accessing short breaks can enable carers to:

- Enjoy a life outwith or alongside their caring role;
- Feel that they are being better supported;
- Improve their confidence and enhance their ability to cope with their caring responsibilities;
- Increase their ability to maintain their relationship with the person they care for; reducing the likelihood of breakdown and crisis;
- Improve their health, wellbeing and quality of life.

6. Eligibility to Access Funded Short Breaks

'Eligibility criteria recognise 'urgency' and 'risk' as factors in the determination of eligibility for social care support services. Where a carer is eligible, the urgency of that individual's needs should be kept in focus in determining how to respond to their support needs.

Eligibility criteria are a method for deploying limited resources in a way that ensures that resources are targeted to those in greatest need, while also recognising the types of low-level intervention that can be made to halt the deterioration of people in less urgent need of support. This must be applied strictly in line with risk and need and cannot be simply based against wishes, preferences or quality of life elements' (East Dunbartonshire HSCP Carers Eligibility Policy, 2018).

The full Carers Eligibility Policy can be accessed at: www.eastdunbarton.gov.uk/health-and-social-care/services-carers/carers-support

Adults and young carers can be supported to explore the impact of their caring role and can receive assistance to identify their needs within the Adult Carer Support Plan or Young Person's Statement. Support to identify needs can be provided by the Health and Social Care Partnership or the local Carers' Organisation (contact details provided below).

Some short breaks or funding for short breaks will require the carer's identified needs to be met in line with the eligibility policy.

Universal Services:

Who are they available to?

Universal Services are services that have open access to all members of the community, who choose to use them.

What could they include?

Universal services could include peer support groups, forums, libraries, youth clubs, leisure centres, activity classes, voluntary organisations etc.

How can they be accessed?

Universal services can be accessed independently without the need for an agreed Support Plan or HSCP funding. Universal services are frequently advertised in the local media or library.

East Dunbartonshire Community Assets Map is an online directory of local support and wellbeing services and activities run across East Dunbartonshire. The directory makes it easier for people to find and access support and wellbeing services from hundreds of organisations, all in one place. The Asset Map is available at www.eastdunassets.org.uk

In some cases formal funded breaks for the carer will not be required where replacement care is provided to the cared for person thereby enabling the carer to access a universal short break.

Targeted Services:

Who are they available to?

Targeted Services are specifically designed for and targeted where critical and substantial care and support needs have been identified. While some targeted services may, like universal services, be open to all community

members, it may be that some carers require to access additional support for the cared for person in order to participate in the activities.

What could they include?

Targeted services may include residential/nursing homes, home based short breaks, and building based day centre services.

How can they be accessed?

Targeted services can be accessed following identification of the carer's needs and outcomes in an Adult Carer Support Plan or Young Carers' Statement in accordance with the 'Carers Eligibility Criteria Policy'.

Specialist Services:

Who are they available to?

A specialist service is one that, because of the cared for person's complex needs, and following identification of the carer's needs in an Adult Carer Support Plan or Young Carers Statement in accordance with the 'Carers Eligibility Criteria Policy', an individualised package of support is required to provide the carer with a short break

What could they include?

Specialist services may include specialist or condition specific residential or nursing care homes, specialist or condition specific home based support.

How can they be accessed?

Specialised services must be accessed following identification of the carer's needs and outcomes in an Adult Carer Support Plan or Young Carers Statement in accordance with the 'Carers' Eligibility Criteria Policy'.

7. Supporting Carers in East Dunbartonshire

East Dunbartonshire Health and Social Care Partnership's Strategic Plan identifies that the local area has a population of 107,431 people. (www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care)

There are a significant number of unpaid carers living in East Dunbartonshire. The Scottish Census for 2011 shows that East Dunbartonshire, along with West Dunbartonshire, has the highest rates of unpaid carers at 11% of the population (www.gov.scot/Publications/2015/03/1081/6).

East Dunbartonshire Council and latterly East Dunbartonshire Health and Social Care Partnership have been supporting carers to access short breaks for many years. The Council and Health and Social Care Partnership have

invested significantly over this period to support carers who are caring for people with identified critical and substantial needs by providing a range of short breaks both on a residential, home based and self-directed support basis.

During 2016-17, there were 126 adults who accessed residential and nursing respite facilities, which provided over 2500 nights directly to carers in East Dunbartonshire to take a break from their caring role. In 2017-18, there were 135 adults accessing over 2215 nights of residential and nursing respite and so far, from April 2018 to September 2018, 87 adults have accessed 1225 respite nights.

During 2016-17, there were 129 people who accessed local short break facilities, which provided over 1890 nights directly to carers in East Dunbartonshire to take a break from their caring role. In 2017-18, there were 131 people accessing over 2120 nights in local short break facilities and so far, from April 2018 to June 2018, 96 people have accessed 537 short breaks nights.

During 2016-17, there were 257 people who accessed home based respite support, which provided a total of over 2817 hours directly to carers in East Dunbartonshire to take a break from their caring role. In 2017-18, there were 335 people accessing over 3499 hours of home based respite and so far, from April 2018 to September 2018, 254 people have accessed 2358 hours.

However, in addition there is a great deal of support provided to people in East Dunbartonshire that also indirectly benefits the carer. In 2016-17 there were 1008 people who accessed over 43,405 hours of support where there was a carer identified as receiving indirect benefit of the support provided. In 2017-18, there were 1187 people accessing over 49,746 hours of support and so far, from April 2018 to September 2018, 990 people have accessed 37,659 hours.

We continue to meet our commitment to carers who have benefitted for many years from short break services and support provided by the Council and Health and Social Care Partnership. We remain committed to this important objective to ensure that within East Dunbartonshire carers continue to be supported in their caring role to best support people to live longer and independently, within their communities whilst providing invaluable short break support for their carers.

8. Types of Short Breaks accessed in East Dunbartonshire

There are different types of short breaks accessed by carers in East Dunbartonshire. Some of these breaks are provided directly to carers within the local area, while other services may be provided to the cared for person, in the form of replacement care, or support that indirectly provides a short break support to carers.

Examples include:

- Generic or condition specific short breaks within a residential and/or nursing facility either within or outwith the East Dunbartonshire area: *some care homes provide dedicated places specifically for short breaks.*

- Building based day centre provision within or outwith East Dunbartonshire area: *typically provided in a building based setting and characterised by particular days with fixed opening times. This type of support is not generally provided for respite purposes however it can often indirectly benefit the carer as well as meeting the cared for person's needs.*

- Holidays breaks in the UK or abroad using mainstream or specialist holiday providers, with or without support: *this could be provided via an agency specialising in breaks for people with particular needs and/or in adapted accommodation. Alternatively, it could involve a short break in ordinary hotel or self-catering accommodation with support of a paid carer.*

- Accessing targeted or specialist community based clubs or activities, with or without support: *there may be a focus on a particular activity or hobby; it could involve activities taking place over planned school holidays. This type of break usually takes place over a few hours once or twice per week.*

- Breaks provided within the cared for person's home: *the purpose of this short break is to provide support to the cared for person while the carer is away from the home environment.*

Examples of Creative Short Breaks accessed by carers in East Dunbartonshire:

Carer A:

Carer A was working four day per week whilst also supporting her husband, who has a disability, and caring for their two sons, both of whom have additional needs. These caring responsibilities left the carer with very little free time to pursue her own interests and the carer often found herself being pulled in different directions.

The carer sought a break to attend a French polishing and upholstery course over a weekend. She found that the time away allowed her to focus on an interest that she had always wanted to do and which allowed her a hobby that she could continue to do at home. The carer also put her newly learned skills to practical use by making dining room chairs thus saving the family money. The carer reports that she had a real sense of achievement and it was an

outlet for her creativity, which she could not have accessed without the short break.

Carer B:

The carer, because of her husband's health in that he was a wheelchair user and had severe mental health illness and dementia, could only leave the house in a taxi. The costs of the taxi were expensive and unaffordable. The carer applied for taxi costs to fund day trips out of the house. Whilst this did not provide the carer with a break in the traditional sense, it allowed the carer and her husband to take time out of the house without any worry about the costs. This was hugely beneficial to them both. Unfortunately, the carer's husband passed away but the carer said it was immensely beneficial for both of them to get out of the house and enjoy a few day trips together.

Carer C:

The caring role for this carer's 40-year-old daughter was substantial, especially given that the carer had her own health issues. The carer's daughter has Asperger's, post-traumatic stress disorder, and an eating disorder. She relied upon her mother for all aspects of care and support. It was difficult for the carer to have a break on her own as she felt she could not leave her daughter, and if she did, her daughter called her continually which was more stressful for the carer. The daughter had not been anywhere in over 10 years due to her health conditions and for her 40th birthday she asked to go down to London to see a show. This was a big step forward for her daughter and the carer (mum) was keen to try it.

Additional funding contributed towards payment for the train to London and an overnight stay. Afterwards, the carer stated that she felt more relaxed and had a sense of achievement, which also boosted her confidence. The carer felt it let her get to know her daughter better and to help understand her more. Before the trip, the carer was really struggling with balancing a very difficult caring role and her own health conditions. The carer stated that the time away, where she got to do something fun with her daughter, not practical, really helped her to continue to support her daughter.

Information provided via Carers Link (www.carerslink.org.uk)

Self-Directed Support:

For those carers whose needs meet the 'Carers Eligibility Criteria Policy', the provision of the self-directed support options can provide them, and the people that they care for, with the ability to explore a range of different short break options tailored to their personal needs and outcomes. For example:

- the carer might use the individual budget to contract with an agency at the holiday location in the UK or abroad to deliver support to the cared for person;

- the carer may employ a Personal Assistant to accompany the cared for person on leisure breaks, with or without the carer being present;
- the carer could procure equipment that helps to support the cared for person and facilitate the break for the carer;
- the carer could purchase a membership for a hobby or leisure club.

The carer can choose four self-directed support options. The carer's choice will be dependent upon how much control and responsibility the carer wishes to take:

Option 1 (Direct Payment) – the Carer is provided with a cash payment and uses the money to purchase support;

Option 2 (Individual Service Fund) – the Carer chooses the support they require and requests that the Health and Social Care Partnership makes arrangements to provide and pay for the support;

Option 3 (Arranged Support) – the Carer asks the Health and Social Care Partnership to choose the support they require, and to make arrangements to provide and pay for the support on their behalf;

Option 4 (Mixture of Options) – the Carer can choose a combination of Options 1, 2 and/or 3 for each type of support identified in their Support Plan.

Further information about self-directed support can be accessed at:

www.eastdunbarton.gov.uk/health-and-social-care/services-adults-and-older-people/self-directed-support-sds

www.guidance.selfdirectedsupportscotland.org.uk

Emergency Breaks

There may be occasions due to carer illness, family bereavement, the cared for person's health deteriorating, that there will be a need for the provision of emergency replacement care to respond to the crisis. Support and care provided as a response during an emergency may not be as flexible or be the carer's or cared for person's chosen provision due to the nature of its urgency. It is therefore important that carers consider preparing an emergency plan in advance. Support to prepare an emergency plan can be provided by the local carers support organisation, Carers Link (www.carerslink.org.uk)

9. Charging

Information regarding the Council's Non-Residential Customer Contribution Policy can be accessed at www.eastdunbarton.gov.uk/health-and-social-care/services-carers/carers-support

Charges are waived if a short break is provided to directly meet the carer's eligible needs and outcomes as identified in the Adult Carer Support Plan or

Young Carer's Statement. However, there may be contributions associated with the cared for person's support, for example, a short break stay in a residential/nursing home will incur a contribution towards 'hotel' costs such as food.

Information regarding the waiver of charges for carers can be accessed at www.gov.scot/publications/2014/04/1342/1

10. Further information about Carers Short Breaks, Eligibility and Self Directed Support

Carers can access further information about any of the subjects discussed in the Short Breaks Statement by contacting their allocated Social Work Practitioner. If you are unsure if the person you care for has an allocated social work practitioner then you contact the following organisations:

Adult Intake Team
East Dunbartonshire Health and Social Care Partnership
Kirkintilloch Health and Care Centre
10 Saramago Street
Kirkintilloch
G66 3BF
Tel: 0141 777 3000

Children and Families Advice and Response Team
East Dunbartonshire Health and Social Care Partnership
Southbank House
Southbank Business Park
Kirkintilloch
G66 1XQ
Tel: 0141 355 2200

Carers Link
Milngavie Enterprise Centre
Ellangowan Court
Milngavie
G62 8PH
Tel: 0800 9752131 or 0141 955 2131
Email: enquiry@carerslink.org.uk
Web: www.carerslink.org.uk

All the documents discussed within this Statement can be accessed on East Dunbartonshire Health and Social Care Partnership's website page on www.eastdunbarton.gov.uk

Links to National Websites:

Shared Care Scotland: www.sharedcarescotland.org.uk – this website contains a searchable directory of short breaks and information about a programme of small grants available to carers in every local authority area.

ALISS: www.aliss.org – this website aims to increase the availability of health and wellbeing information for people living with long-term conditions, disabled people and unpaid carers.

East Dunbartonshire Health and Social Care Partnership will review this Short Breaks Statement, in conjunction with the Carers Strategy, to ensure that it contains relevant information and up to date links to organisations. The Health and Social Care Partnership contact details can be accessed on the website at www.eastdunbarton.gov.uk

This Short Breaks Statement, Carers Strategy and other associated documents will be available on the East Dunbartonshire Health and Social Care Partnership website pages at www.eastdunbarton.gov.uk

Other Formats:

This document can be provided in large print; Braille, or an audio cassette and can be translated into other community languages. Please contact the Council's Corporate Communications Team at:

East Dunbartonshire Council
Southbank Marina
12 Strathkelvin Place
Kirkintilloch
G66 1TJ
Tel: 0300 123 4510

Chief Officer
Susan Manion

Agenda Item Number: 24

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	15 November 2018
Subject Title	Development of Vision, Values and Behaviours for the Health & Social Care Partnership
Report By	Susan Manion, Chief Officer
Contact Officer	Linda Tindall, Senior Organisational Development Adviser

Purpose of Report	This report describes the processes and actions undertaken to develop and embed the Health & Social Care Partnership's vision, values and accompanying behaviours

Recommendations	It is recommended that the HSCP Board note the progress made to date and future actions that will be undertaken to embed this process

Relevance to HSCP Board Strategic Plan	The HSCP's shared vision, values and behaviours sets out a healthy approach to ways of working in the HSCP and is therefore an integral component of how HSCP staff will work together to achieve identified outcomes

Implications for Health & Social Care Partnership

Human Resources	The development of a vision, values and behaviours is key to developing the HSCP's culture and ways of working

Equalities:	Development of a joint vision, values and behaviours establishes processes to ensure that all members of staff are treated fairly and consistently. There is no requirement for an EQIA

Financial:	N/A

Legal:	N/A

Economic Impact:	N/A

Sustainability:	N/A

Risk Implications:	N/A

Implications for East Dunbartonshire Council:	N/A

Implications for NHS Greater Glasgow & Clyde:	N/A

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

1. **Background**

- East Dunbartonshire Health & Social Care Partnership (HSCP) became an integrated body on 3rd September 2015. This brought together a diverse workforce from two distinct and recognised organisations, East Dunbartonshire Council and NHS GGC, both with established cultures and subcultures, within wide ranging services, teams, professions and disciplines

- The HSCP sought to bring these groups of staff together to develop an organisation that builds upon the strong existing values and behaviours from the parent organisations, whilst creating its own unique identity of a shared vision, values and behaviours. With this shared vision everyone can work together to improve the outcomes for the people of East Dunbartonshire.

2. Process

- A paper setting out the purpose and process for developing the values and behaviours for the HSCP was presented to the Senior Management Team, Operational Management Group and Staff Partnership Forum in 2016

- Initial involvement on the development of values and behaviours was carried out with the Service User Group and the PAG

- The SMT asked that a short life group be established to agree and support the process to work with staff to identify these values and behaviours. This group comprises of staff from different services and trade union representation. The members of the group are:

    - Linda Tindall – Organisational Development Adviser (Chair)
    - Anne Dunn – Home Care
    - David Radford – Health Improvement
    - Mike Hilferty – Mental Health Services
    - Andrew McCready – Unison, NHS
    - Jamie Carrick – Unison, East Dunbartonshire Council

- The group met for the first time on 17 May 2017 and agreed a process to take this issue forward.

- The Senior Management Team and Staff Forum were provided with regular updates throughout the process. Staff were kept up to date via e mails and articles in 'Our News'

Stage 1 – Gathering of Staff's Personal Values

- By engaging staff from across the HSCP in identifying values we will be able to identify the desired culture or 'the way we do things in East Dunbartonshire HSCP'. People are more likely to put effort into living the values if they understand the fit between their values and the HSCP's. Therefore during June 2017 team leads were asked to discuss the process for gathering values with their teams.

  From the data returned the following were identified as the top six values. These are:
  - Respect
  - Compassion
  - Professionalism
  - Honesty
  - Integrity
  - Empathy

- These top six values were launched at the Staff Awards ceremony on 18th September 2017

Stage 2 – Analysis and Development of Values

- In the context of agreed organisational values, staff were asked for their opinion on what behaviours need to be in place to underpin the identified values. To facilitate this discussion four focus groups took place in late November early December 2017. Teams were asked to discuss these behaviours and feed back their comments to the working group

- Comments were taken on board and a final set of values and behaviours developed **(Appendix 1)**. It was felt that there was some duplication and so the number of values was reduced to five. This final set of values and accompanying behaviours was submitted to the Senior Management Team for approval in April. It is the role of the Senior management Team to lead on the initial delivery of promoting and enabling our values across the organisation

Stage 3 - Roll Out of Vision, Values and Behaviours

- During August and September 2018 all managers and team leads were invited to attend a vision and values session. These sessions were delivered by a member of the senior management team accompanied by a member of the value and behaviours working group.

- Following attendance at one of these sessions the expectation is that all team leads cascade this presentation through the line management structure until all staff have attended a presentation e.g. every line manager will present to their own staff. The presentation can be incorporated into normal communication channels for teams e.g. team meetings

- It is expected that every member of staff will have received this brief by the end of November 2018. A number of teams have started these discussions including teams for Homecare, Children and Families and Mental Health

- All mangers have been provided with the following to support them in their delivery of the presentation:
    - Copy of presentation with notes
    - Mangers Toolkit
    - Copies of the HSCP's Vision, Values and Behaviours

Stage 4 – Next Steps

- To support manager /team leads to have better conversations they will be invited to attend a one day session on 'Coaching Conversations for Change'.

- From December, and monthly thereafter, examples of 'values in practice' stories will be collected for inclusion in 'Our News'

- Managers can access support from any member of the Vision, Values and Behaviours group

- The small working group will reconvene to consider the work done to date, what steps can be put in place to evaluate if staff are aware of the vision and values and how these contribute towards helping staff to achieve the overall goals of the organisation

Caring together to make a positive difference

Honesty

Respect

Integrity

Empathy
& Compassion

Professionalism

Respect

Show kindness and courtesy and consider other people's feelings

- We will treat each other, our partners and people who access our services, fairly, as individuals and as equals with humanity and respect
- We will be polite and courteous when dealing with each other
- We will respect each other's diversity and differences
- We will respect and maintain colleague's and the people who use our services need for privacy and confidentiality

Integrity

Live our values with our colleagues, partners and people who access our services

- We will take ownership of our actions and apologise when needed in a sincere way
- We will be willing to learn from mistakes and make changes for improvement
- We will take responsibility for and be accountable for our decisions and actions
- We will support each other and demonstrate care and compassion in all our actions and communications
- We will be open to feedback on our performance and acknowledge what is working well and what areas require further development

Professionalism

Behaving in a way that benefits the people who access our services

- We will never forget that everything we do is for our patients/service users
- Behave in a way consistent to the values of the HSCP in and out of our work
- Through integration learn about other professions and how this can support us in our service delivery
- Share best professional practice across the HSCP
- Make time as teams and individuals to reflect on what we have done and what needs to change when moving forward with integration

Empathy and Compassion

Understanding and caring for the wellbeing of others

- We will listen and hear what you have to say
- We will acknowledge when we can't deal with a situation and sign post you in the right direction
- We will take time to find out your personal preferences and needs
- We will be sensitive and kind
- We will never be too busy to care

Honesty

(Be kind, honest, sincere, genuine, truthful and consistent)

- In all our dealings with our colleagues and people who use our services we will promote an open and transparent environment

CARING TOGETHER TO MAKE A POSITIVE DIFFERENCE

East Dunbartonshire Health & Social Care Partnership

Chief Officer: Mrs Susan Manion

Agenda Item Number: 25

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	15th November 2018
Subject Title	East Dunbartonshire Council 'Working with the People of East Dunbartonshire Prioritising our Services, Prioritising our Resources'
Report By	Susan Manion, Chief Officer
Contact Officer	Susan Manion, Chief Officer (0141 232 8216) Susan.manion@ggc.scot.nhs.uk

Purpose of Report	The purpose of this report is to present the Council's new approach to strategic planning and the prioritisation of services and resources.

Recommendations	The Board is asked to: a) Note the Council's 'Working with the People of East Dunbartonshire – Prioritising our Services, Prioritising our Resources' strategic planning approach to delivering its strategic outcomes.

Relevance to HSCP Board Strategic Plan	The delivery of the HSCP Strategic Plan is aligned to the strategic planning priorities of the constituent bodies and the effective achievement of these priorities will be delivered through working in partnership.

Implications for Health & Social Care Partnership

Human Resources:	The proposed approach requires further transformation of the organisation and consistent with embedded practice, employees within the partner organisations will be fully supported through any change programmes.

Equalities:	The approach outlined is consistent with the guidance on 'Making Fair Financial Decisions' from the Equality and Human Rights Commission.

Financial:	The approach will support the delivery and provide a robust mechanism to the financial challenges facing the Council and the HSCP.

Legal:	There is a statutory and legal requirement to set balanced budgets and this approach is designed to ensure that this requirement

	is met.

Economic Impact:	Nil

Sustainability:	The approach ensures financial sustainability moving forward as provides a mechanism to deliver transformational change in line with key priorities for service delivery.

Risk Implications:	The approach is designed to mitigate risk in relation to service delivery and financial sustainability.

Implications for East Dunbartonshire Council:	The approach supports the delivery of Council strategic priorities and prioritisation of resources.

Implications for NHS Greater Glasgow & Clyde:	None directly.

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

MAIN REPORT

1.1 East Dunbartonshire Council presented a report to Full Council on the 20th September 2018 outlining the Council's commitment and approach to delivering its strategic outcomes. A copy of the 'Working with the People of East Dunbartonshire – Prioritising our Services, Prioritising our Resources' is attached as **Appendix 1**.

WORKING WITH THE PEOPLE OF EAST DUNBARTONSHIRE

"Prioritising our Services, Prioritising our Resources"

2018/19 - 2022

WORKING WITH THE PEOPLE OF EAST DUNBARTONSHIRE
- "Prioritising our Services, Prioritising our Resources"

- The Council welcomes the Community Empowerment (Scotland) Act 2015 and our resulting Local Outcomes Improvement Plan 2017-2027.

- The Council commits to the LOIP vision:

"Working together to achieve the best with the people of East Dunbartonshire"

- The Council working collaboratively with our partners and our communities will strive to deliver across all of our local outcomes:

1. **East Dunbartonshire has a sustainable and resilient economy with busy town and village centres, a growing business base, and is an attractive place to visit and invest.**
2. **Our people are equipped with knowledge and skills for learning, life and work.**
3. **Our children and young people are safe, healthy and ready to learn.**
4. **East Dunbartonshire is a safe place in which to live, work and visit.**
5. **Our people experience good physical and mental health and wellbeing with access to a quality built and natural environment in which to lead healthier and more attractive lifestyles.**
6. **Our older population and more vulnerable citizens are supported to maintain their independence and enjoy a high quality of life, and they, their families and carers benefit from effective care and support services.**

- The Council values the principles of:

  - **Co-production and engagement**
  - **Best Value**
  - **Evidence based planning**
  - **Fair and equitable services**
  - **Planning for Place**
  - **Prevention and Early Intervention**
  - **Sustainability**

- The Council recognises that it must operate within Scottish Government policies in an environment of reducing funding and increasing pressures from demographic changes while the needs and expectations of our citizens increase. The Council will work with the Scottish Government to increase investment in our infrastructure.

- The Council will work in the context created by these considerations and the array of Council policies to ensure there is continued engagement and partnership with our local communities to deliver the outcomes East Dunbartonshire's residents want or may need. The Council will reduce inequality and empower our communities to deliver projects for their benefit, working with partners and making the best use of the assets within our communities.

- The Council will represent all constituents throughout East Dunbartonshire. The Council will act constructively and make the best possible use of resources to deliver the best possible services through both well-established and innovative approaches.

- The Council will use public money wisely with a prudent approach to finance for best value and maximum impact. The Council will implement the efficiencies identified and agreed through our Transformation Programme so that East Dunbartonshire Council continues to deliver efficiencies while providing excellent services.

  To achieve this, the Council will prioritise its services ensuring that a robust option appraisal approach to prioritise the allocation of resources is adopted, founded on best practice and value for money considerations, including:

  - **Self-evaluation & performance analysis;**
  - **Customer feedback & satisfaction;**
  - **Benchmarking & market testing;**
  - **Competitiveness & affordability analysis;**
  - **Digital development & service transformation opportunity;**
  - **Strategic or service partnering or sharing;**
  - **Community empowerment or community transfer;**
  - **Equality impact assessment**

- The Council will work collaboratively with all elected members and Council officers to make informed, relevant and effective decisions on behalf of residents and we will scrutinise the impact and cost effectiveness of these decisions.

- The Council will review the Operating Model of the Council in order to empower decision-making.

- The Council will improve its communication and engagement with local communities.

EDUCATION & EMPLOYABILITY	
The Education Service has responsibility for delivery and/or input to 4 of the 6 local outcomes within the LOIP. It contributes to Local Outcome 2: Our people are equipped with knowledge and skills for learning, life and work and Local Outcome 3: Our children and young people are safe, healthy and ready to learn. The core purpose of the service is to deliver high quality education to the children, young people and adults of East Dunbartonshire. Achieving this will ensure every child or young person achieves the highest standards of attainment and achievement. The priorities for the Education Service align to the National Improvement Framework (NIF). NIF sets out the vision and priorities for progress in learning: Improvement in attainment, particularly in literacy and numeracy; Closing the attainment gap between the most and least disadvantaged children; Improvement in children and young people's health and wellbeing; and Improvement in employability skills and sustained, positive school leaver destinations for all young people. In order to achieve these national priorities, the following local plans and priorities are delivered: Education Services National Improvement Plan; Implementation of the Strategic Review of Additional Support Needs: Early Years Strategic Plan; Developing the Young Workforce Strategic Plan; and Employability Action Plan. Progress against these commitments is detailed in the Education Business Improvement Plan (BIP) and monitored and reviewed through the Council's How Good is Our Service (HGIOS) performance management and reporting arrangements.	
The Council will:	- Ensure our Education Service continues to deliver quality learning towards positive destinations for the range of needs in our communities including those who are disadvantaged and those with additional support needs. - Support head teachers to prepare for the changes and extension of their role, which will result from the Scottish Government's intention to empower schools. - Maintain the standards of attainment and achievement and use that as a platform for closing the various attainment and achievement gaps, which exist in schools. Ensure schools achieve the highest standards and continue to close the attainment gap. - Undertake, within the context of the funding available from the Scottish Government, such action as may be required to equip the Council to accommodate the successful implementation of 1140 hours of early education and childcare facilities by August 2020. - Take account of the resources available to the Council, reach a final determination of how and over what timescale provision for young people with ASN will be addressed in the future and begin the implementation of that improvement in provision. - Maintain and improve parental involvement. - Improve focus on wellbeing. - Contribute to and support the development and on-going operation of the West Partnership. - Improve the skills base of young people not in education, training and employment, leaving care and those seeking to return to work. - Continue to support the work of schools and colleges in improving the skills base of school leavers. - Work with EDLCT to support the provision of swimming lessons for pupils in local primary school.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP (HSCP)	
The HSCP Board's Strategic Plan sets out the priorities and improvements to be delivered for the population, (including children and adults) over a three year period, with a particular focus on the most vulnerable people, including those with disability, long term conditions, mental health support needs, community care needs, palliative care needs and those in need of care and protection. Priorities focus on population health improvement; reducing inequalities; living independently at home; promoting self-care; supporting people to remain at home; anticipatory care; re-ablement / rehabilitation; maximising assistive technology, aids and adaptations; and safeguarding children and adults. The HSCP also has responsibility for delivery of LOIP outcomes 5 and 6 and contributes to outcomes 2, 3 and 4. The Council's Strategic Priorities in support of the HSCP's Strategic Plan are: • to provide Best Value in the exercise of the HSCP Board's Directions to the Council. This will include review of current service delivery models, review of commissioning frameworks and procurement procedures with respect to the purchasing of social care services, and benchmarking with other partnership area to ensure best practice, efficiency, effectiveness and outcomes; • to ensure local democratic oversight of the performance of the HSCP by the Council as a principle constituent stakeholder; • to secure effective Chief Social Work Officer accountability arrangements in line with statutory guidance. Progress against these commitments is detailed in the HSCP Business Improvement Plan (BIP) and monitored and reviewed through the Council's How Good is Our Service (HGIOS) performance management and reporting arrangements.	
The Council will:	• Support the work of the HSCP and involve all services within the Council to improve the availability of mental health services and to promote wellbeing and positive mental health for all employees and service users. • Ensure the community is involved in decisions about health and care services so that the right services are available and prevention is prioritised. • Work with local charities, third sector organisations, groups, and the community to find ways to deliver services to an increasing number of people in the context of shrinking funding.

ROADS & TRANSPORTATION	
This Council's commitment to its roads and lighting network is set out within its Roads Asset Management Plan (RAMP), which informs its investment through both ongoing revenue and capital funding programmes agreed by Council on an annual basis. Progress against the funding commitments for roads and lighting are set out in regular detailed financial reporting cycles and through the Roads & Transportation Service Business Improvement Plan (BIP), which is monitored and reviewed through the Council's How Good, is Our Service (HGIOS) performance management and reporting arrangements. This Council's Local Transport Strategy (LTS) sets out its transport aspirations for the area and informs its revenue and capital programmes supported by a range of partners and community organisations. Progress against the LTS annual action plan are set out in regular reports to Council and key indicators reflected in the Roads & Transportation Service Business Improvement Plan (BIP).	
The Council will:	- Continue to target investment to improve East Dunbartonshire's roads network as demonstrated in the 2018-19 budget agreed by Council which delivered an additional £250k for roads investment - Pursue opportunities to implement a Shared Services initiative to maintain and where possible improve investment in East Dunbartonshire's roads through improved economies of scale and operating practice - Review the use of 20mph speed limits on residential roads and identify where these can be further promoted, particularly in and around school campuses. - Complete phase 4 of the Bishopbriggs Relief Road and introduce the new Wester Way active travel corridor. - Expand the Council's LED street lighting programme as part of its sustainability commitment and review and develop a programme of street lighting for identified path network. - Work with SPT and local transport providers as we seek to improve and expand the availability and quality of local bus and train services and continue to support local safer routes for walking and cycling. - Complete work on the feasibility study for a Kilmardinny/Allander rail halt and secure the resources to support a study into the delivery of dual tracking of the line from Westerton to Milngavie. - Implement the Lenzie Train Station improvement plan and work with SPT and Network Rail to explore options for further improving parking in and around the station. - Support the continuing implementation of the Council's Active Travel Policy through the design and delivery of well-grounded projects, which have support from local communities.

TOWN CENTRES	
This Council's commitment to making its town centres vibrant and attractive places for its local communities, businesses and visitors is a key theme reflected in its Local Outcomes Improvement Plan (LOIP) and further demonstrated through a range of town centre, land planning, economic development, travel and other supporting service strategies and plans. Progress against these commitments is detailed in the relevant Council service Business Improvement Plan (BIP) and monitored and reviewed through the Council's How Good is Our Service (HGIOS) performance management and reporting arrangements.	
The Council will:	- Complete the ongoing consultation on Bearsden, Bishopbriggs and Milngavie town centres and implement the associated action plans over the lifetime of this administration; - Continue with improvements to Kirkintilloch town centre as part of the implementation of the town centre masterplan, including monitoring and review of public space and traffic management arrangements; - Continue to work with the community to bring forward proposals for the redevelopment of the Brookwood Villa and Library site for early years and community use; - Work with Morrison's to facilitate appropriate development at its Bishopbriggs town centre site; - Bring forward proposal for a community hub in Milngavie Hub, which meets the needs of the local community, supports a vibrant village centre that reflects its key heritage, economic and visitor functions, and brings these plans tom fruition over the lifetime of this administration. These plans will include appropriate provisions. - Continue support for the development and operation of the Milngavie BID including a re-ballot of levy payers during 2020,

NEIGHBOURHOODS, STREETSCENE & GREENSPACE	
This Council is commitment to maintaining and improving the quality and appearance of our local built and green environments, delivering high quality local services and involving local communities in both caring for and using local spaces. These commitments are set out in a range of waste, streetscene and greenspace strategies and plans operated by the Council. The quality of frontline services within local neighbourhoods is important to our residents and our commitment to these services is set out in the Neighbourhood Services Business Improvement Plan (BIP) and supported by both revenue and capital investment. The monitoring of these commitments and the quality of services delivered is undertaken through regular financial and performance reporting to the Council's PNCA committee.	
The Council will:	- Continue work to minimise waste, maximise recycling, reducing carbon emissions and increase where possible the Council's use of renewable energy sources to reduce our energy consumption and promote spend to save initiatives. - Seek to work with local communities as we seek to maintain and improve our parks and greenspaces, - Support the roll out of the Clyde Valley Waste initiative, working with neighbouring local authorities and move towards adopting and promoting zero waste principles. - Work with local community groups to maximise their use of and involvement in the management of key green infrastructure across the Council area. - Continue to maintain provision of grass cutting/shrubs maintenance, including Japanese Knotweed removal and litter removal.

HOUSING	
This Council's recognises the importance of providing quality affordable housing in the local area and the challenges of doing so against a backdrop of continuing market housing demand and a commitment to the protection of the area's greenbelt. The Council will continue to improve the quality of its own housing stock, work with local Registered Social Landlords to deliver new affordable housing and engage with market house-builders to deliver an appropriate level of new housing across the Council area. The Council's long-term housing business plan, Local Housing Strategy (LHS) and Strategic Housing Investment Programme set out its vision for delivering affordable housing across the area, supported by a significant level of revenue and capital investment each year. Performance targets in this area are set out within the Housing Service Business Improvement Plan and monitored through the Housing Sub Committee.	
The Council will:	- Continue to implement a progressive maintenance programme and wider programme of improvements to the Council's housing stock - Work with partners to implement further programmes to improve the energy efficiency of the Council's housing stock. - Implement a programme of new build developments across the Council area to deliver new social and affordable housing - Continue to work with Scottish Government and housing developers to increase the number of affordable houses available in East Dunbartonshire at suitable development locations. - Review the Council's Housing Allocations policy to meet the needs of those in greatest housing need.

COMMUNITIES	
A commitment to engaging and working with local communities is at the heart of the Council's values and this is reflected in its LOIP. In addition to the Community Planning Partnership's approach to community engagement and in order for Council to best serve local communities, we will continue to seek opportunities to strengthen links, build capacity and support engagement and participation. Communities and customers will be at the heart of our service and community planning in line with the principles of the Community Empowerment Act and the Council's engagement policies and strategies. Work to maintain and improve the involvement of communities and customers is a key consideration in the Business Improvement Plans for all Council services and which are regularly monitored and reported to committees through the Council's How Good is Our Service (HGIOS) performance management and reporting arrangements.	
The Council will:	- Develop a new community engagement strategy as a follow up commitment from its first Local Outcome Improvement Plan, setting out how the Council will encourage and facilitate communities, community councils and other representative community groups, both geographic and interest, to work with the Council to shape and inform services across East Dunbartonshire. - Continue to build community capacity through Place activities and the creation of local Place Plans in our targeted place communities. - Update and implement Council's pitches strategy, supporting the introduction of all-weather pitches to ensure unmet needs are identified and addressed. - Ensure that there is proper support and advice for groups seeking to access aspects of the Community Empowerment legislation and receive timely appropriate advice and guidance. - Support the principles of participatory budgeting and a review and development of the funding directly awarded to and managed by a range of community structures and network.

SUSTAINABLE ECONOMIC GROWTH	
The Councils commitment to supporting inclusive economic growth is one of the six outcomes set out within its Local Outcomes Improvement Plan (LOIP) and further demonstrated through its Economic Development Strategy and a range of town centre, land planning, travel and other supporting service strategies and plans. Progress against this LOIP outcome and the various strategies and plans are regularly reported to committees and detailed in the relevant Council service Business Improvement Plan (BIP), monitored and reviewed through the Council's How Good is Our Service (HGIOS) performance management and reporting arrangements.	
The Council will:	- Support the Council's Economic Development Strategy and the wider Clyde Valley City Deal and Regional Economic Strategy (RES) ensuring a City Deal project at Westerhill, Bishopbriggs is a priority within the programme and a key contributor to the RES - In line with our commitment to town centres, continue to support the work and development of the Milngavie BID and explore opportunities for other BIDs across the area. - Ensure transport infrastructure supports the local and wider economy, including availability of a mix of free and affordable parking for employees and visitors in town centres. - Continue work to develop the areas visitor and tourism offer by promoting our heritage and natural environment - Use the existing and future Local Development Plans to ensure that the natural and built environment of the authority and suburban nature of our suburbs are appropriately maintained. - Lobby Scottish Government to change planning policy so that private housing developers are obliged to build a variety of different sizes of property to accommodate first time buyers, older people downsizing, etc. in a single development site to create mixed communities instead of 'mono-builds'. - Work with developers to increase the level of social Housing, currently 18%, within all new build across the area with a focus on the contribution this can make to delivering suitable housing options for the areas ageing population.

FINANCE	
Ensuring compliance with accounting codes of practice, regulations and legislation, to ensure Annual Accounts are delivered within statutory deadlines and achieve a clean audit certificate, is a critical aspect of financial management. Financial planning to support the Council's decision making to address projected budget deficits, whilst delivering investment and sustaining priorities continues to be a key focus including the provision of detailed budgeting, accounting, financial monitoring support and advice to managers and budget holders, and advising Elected Members on performance in budget management.	
The Council will:	- Work collaboratively with other elected members on the establishment of a balanced budget for 2018/19 and future years. - Seek savings by working with other Councils and public sector organisations by sharing services and other means suggested through the Transformation Programme. - Investigate alternative ways of raising money to pay for Council services, for example through income generation activities, charging policy and social income bonds

EAST DUNARTONSHIRE LEISURE & CULTURE TRUST	
The Council has worked closely with the East Dunbartonshire Leisure and Culture Trust since its inception to support the delivering of local leisure, culture and sports activities and has jointly developed the areas Culture, Leisure and Sports Strategy and accompanying Pitches Strategy. The Council will continue to work with EDLCT to deliver on the commitments set out in this strategy and will support a range of local community organisations who deliver important voluntary services to communities across the area.	
The Council will:	- Work with the Allander Champions Group to develop, design and deliver a new Allander Leisure Centre (ALC) - Work with EDLCT and the voluntary arts and heritage sector to improve participation in arts and heritage activities.IN line with our commitment to neighbourhood services the Council will update and implement the Council's pitches strategy, supporting the introduction of all-weather pitches to ensure unmet needs are identified and addressed.

CUSTOMER SERVICES	
Priorities for customer service improvements across service delivery channels (face-to-face, telephone and online) and the continued development of digital technologies across the organisation to deliver service efficiencies through increased process automation. This is in line with the Council's Click, Call Come-in Strategy, with an emphasis on channel shift towards online service delivery and the Council website and Customer Relationship Management tool are key enablers of this. Customer Services aims to meet statutory obligations, deliver best practice, and provide a responsive and quality service to external and internal customers, effectively working across the provision of appropriate technology, direct service delivery across all channels and raising awareness of current and new service provision. Work to maintain and improve customer services is a key consideration in the Business Improvement Plans for all Council services and which are regularly monitored and reported to committees through the Council's How Good is Our Service (HGIOS) performance management and reporting arrangements	
The Council will:	- Improve all aspects of Customer Services for all local residents, including reducing telephone response times, improving signposting, the continuous development of the Council's website and the use of channels of communication in the community to inform and advise local residents.

East Dunbartonshire HSCP

Agenda Items for HSCP Board meeting

November 2018 to June 2019

TOPIC SPECIFIC SEMINARS
15th November 2018 - Topic Specific Seminar – Unscheduled Care
21 March 2018 – Criminal Justice Social Work
10 May 2019 – Children's Services

HSCP BOARD AGENDA ITEMS FOR 17th JANUARY 2019
Quarterly Performance Improvement Report – Quarter 2
Sexual Health Services Review
Learning Disability Service Review
Homecare Review
Oral Health Directorate Update
Staff experience
Performance Improvement Report – Q2
HALF DAY DEVELOPMENT SESSION – 8th FEBRUARY 2019
Fairer Access to All
HSCP BOARD AGENDA ITEMS FOR - 21st MARCH 2019
Quarterly Performance Report Q3
Carers Strategy (David Aitken
Process Report on Primary Care Improvement Plan (DP/GN
Workforce Plan (TQ
HALF DAY DEVELOPMENT SESSION – 26th April 2019

Shifting the Balance of care • Closure of Learning Disability Beds • Older People's beds • Children's agenda • Criminal Justice
HSCP BOARD AGENDA ITEMS FOR - MAY 2019
Topic specific Seminar – Children's services
HSCP BOARD AGENDA ITEMS FOR - JUNE 2019
Topic Specific Seminar – Criminal Justice Social Work
OHD Performance Report (FMcL)
Draft Annual Performance Report
Quarterly Performance Report Q4
Review of Winter Plan
Process for 5 year review Integration Scheme (for information) – original Scheme expires 26th June 2020

ED HSCP BOARD - DISTRIBUTION LIST at AUGUST 2018

ED HSCP BOARD MEMBERS - VOTING		
Name	**Designation**	
Jacqueline Forbes	Chair - NHS non-executive Board Member	1
Margaret McGuire	NHS non-executive Board Member	1
Susan Murray	Vice Chair -EDC Elected member	1
Sheila Mechan	EDC Elected member	1
Alan Moir	EDC Elected member	1
Ian Ritchie	NHS non-executive Board Member	1
ED HSCP BOARD MEMBERS - NON VOTING		
Susan Manion	Chief Officer	1
Jean Campbell	Chief Finance & Resources Officer	1
Gordon Thomson	Voluntary Sector Representative	1
Martin Brickley	Service User Representative	1
Jenny Proctor	Carers Representative	1
Wilma Hepburn	Professional Nurse Advisor -NHS	1
Andrew McCready	Trades Union Representative	1
Thomas Robertson	Trades Union Representative	1
Lisa Williams	Clinical Director for HSCP	1
Adam Bowman	Acute Services Representative	1
Paolo Mazzoncini	Chief Social Work Officer	1
ED HSCP SUPPORT OFFICERS - FOR INFORMATION		
Linda Tindall	Organisational Development Lead	**e-copy only**
Caroline Sinclair	Head of Mental Health, LD, Addictions and HI	1
Derrick Pearce	Head of Adult and Primary Care Services	1
Fiona McCulloch	Planning & Performance Manager	**e-copy only**
Gillian McConnachie	Chief Internal Auditor HSCP	**e-copy only**
Karen Donnelly	EDC Chief Solicitor and Monitoring Officer	**e-copy only**
Martin Cunnigham	EDC Corporate Governance Manager	3
Jennifer Haynes	Interim Corporate Services Manager	**e-copy only**
Louise Martin	Head of Administration, ED HSCP	**e-copy only**
Frances McLinden	General Manager, Oral Health Directorate	**Paper copy / e-copy**
Tom Quinn	Head of Human Resources	**e-copy only**
Sharon Bradshaw	Human Resources	**e-copy only**
Elaine Van Hagen	Head of NHS Board Administration	**e-copy only**
For information only (Substitutes)		
Councillor Mohrag Fischer	EDC Elected member	**e-copy only**
Councillor Graeme McGinnigle	EDC Elected member	**e-copy only**
Councillor Rosie O'Neil	EDC Elected member	**e-copy only**
A. Jamieson	Carers Representative	**1 copy**