For meeting on

24 MARCH 2022

Agenda 2022

East Dunbartonshire Health & Social Care Partnership Board

A meeting of the East Dunbartonshire Health and Social Care Partnership Integration Joint Board will be held via **Cisco Webex on Thursday 24th March 2022 at 9.00am** to consider the undernoted business.

Chair: Jacqueline 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

Topic Specific Seminar – Oral Health (Lisa Johnston and Dr Lee Savarrio)

Any other business - Chair decides if urgent

Signature of minute of meeting for the HSCP Board held on; 20th January 2022

Item	Report by	Description		For Noting/ Approval
STANDING ITEMS				
1.	Chair	Declaration of interests	**Verbal**	**Noting**
2.	Martin Cunningham	Minute of HSCP Board held on 20th January 2022	**Paper**	**Approval**
3.	Caroline Sinclair	Chief Officer's Report	**Verbal**	**Noting**
STRATEGIC ITEMS				
4.	Derrick Pearce	Unscheduled Care Commissioning Plan (Design & Delivery Plan 2022/23 – 2024/25)	**Paper**	**Approval**
5.	Alan Cairns	HSCP Strategic Plan 2022-25	**Paper**	**Approval**
6.	Jean Campbell	HSCP Annual Delivery Plan 2022-23	**Paper**	**Approval**
GOVERNANCE ITEMS				

7.	Alison Willacy	HSCP Quarter 3 Performance Report 2021-22	**Paper**	**Noting**
8.	Jean Campbell	Financial Performance Budget 2021/22 – Month 10	**Paper**	**Approval**
9.	Jean Campbell	HSCP Financial Planning & Annual Budget Setting 2022/23	**Paper**	**Approval**
10.	Lisa Johnston	Public Dental Service Review	**Paper**	**Noting**
11.	Claire Carthy	Integrated Children's Services Plan Annual Report 2020/21	**Paper**	**Noting**
12.	Jean Campbell	HSCP Draft Performance Audit & Risk Committee Minutes held on 21st January 2022	**Paper**	**Noting**
13.	Paul Treon	Clinical and Care Governance Group Meeting Minutes held on 1st December 2021	**Paper**	**Noting**
14.	Derrick Pearce	Strategic Planning Group Draft Minutes held on 12th January 2022	**Paper**	**Noting**
15.	Tom Quinn	Staff Partnership Forum Minutes of 24th January 2022	**Paper**	**Noting**
16.	Gordon Cox	Public Service User and Carer (PSUC) Update	**Paper**	**Noting**
17.	Caroline Sinclair	East Dunbartonshire HSCP Board Agenda Planner	**Paper**	**Noting**
18.	Chair	Any other competent business – previously agreed with Chair	**Verbal**	

FUTURE HSCP BOARD DATES

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

Thursday 30th June 2022

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

East Dunbartonshire Health & Social Care Partnership

Agenda Item Number: 2.

Minute of virtual meeting of the Health & Social Care Partnership Board held on **Thursday, 20 January 2021.**

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

Non-Voting Members present:

C. **Sinclair**	Interim Chief Officer and Chief Social Work Officer- East Dunbartonshire HSCP
C. **Bell**	Trades Union Representative
J. **Campbell**	Chief Finance and Resource Officer
L. **Connell**	Interim Chief Nurse
G. **Cox**	Service User Representative
A. **Meikle**	Third Sector Representative
J. **Proctor**	Carers Representative
A. **Robertson**	Trades Union Representative
P. **Treon**	Clinical Director

Jacquie Forbes (Chair) presiding

Also Present:

D. **Aitken**	Interim Head of Adult Services
A. **Cairns**	Planning, Performance & Quality Manager
C. **Carthy**	Interim Head of Children's Services & Criminal Justice
M. **Cunningham**	Corporate Governance Manager – EDC
G. **McConnachie**	Audit & Risk Manager - EDC
L. **McKenzie**	Democratic Services Team Leader – EDC
D. **Pearce**	Head of Community Health and Care Services
T. **Quinn**	Head of Human Resources - ED HSCP

OPENING REMARKS

The Chair welcomed everyone to the meeting.

APOLOGIES FOR ABSENCE

An apology for absence was intimated on behalf of Jenny Proctor – Carers Representative

ANY OTHER URGENT BUSINESS

None

DRAFT

HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD
20 JANUARY 2022

1. DECLARATION OF INTEREST

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

2. MINUTE OF MEETING – 18 NOVEMBER 2021

There was submitted and approved a minute of the meeting of the Health & Social Care Partnership (HSCP) Board held on 18 November 2021.

3. INTERIM CHIEF OFFICER'S REPORT

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

- Covid update over the busy festive season, continued pressure on services the HSCP.
- Care Home and Care at Home services update
- Successful recruitment campaign combined with volunteer contributions across services

Following questions the Interim Chief Officer agreed to develop an overview of demand for services to provide the Board with an overall sense of proportion across the HSCP. Thereafter the Board noted the information.

4. HSCP STRATEGIC PLAN 2022-2025

A Report by the Planning, Performance and Quality Manager, copies of which had previously been circulated, brought forward for approval a draft Strategic Plan 2022-25 for statutory consultation. Full details were contained within the Report and attached Appendices.

The Board heard from the Planning, Performance & Quality Manager and thereafter agreed as follows:

a) to note the content of the Report;

b) to approve the draft HSCP Strategic Plan 2022-25 at Appendix 1 for the purposes of partnership and stakeholder consultation during January to March 2022;

c) to note the impact assessments set out at Appendices 2-4, in support of the draft Strategic Plan 2022-25; and

d) to request the HSCP Chief Officer bring forward a final HSCP Strategic Plan 2022-25 for approval at the HSCP Board's next meeting on 24 March 2022 that takes account of partnership and stakeholder views.

5. ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORT 2020-2021

DRAFT

A Report by the Interim Head of Adult Services and alcohol and Drug Partnership Chair, copies of which had previously been circulated, advised the East Dunbartonshire Health and Social Care Partnership Board of the Alcohol and Drug Partnership Annual Report 2020-21 (Appendix 1) and provided a summary of key points and implications for the HSCP. Full details were contained within the Report and attached Appendices.

Following consideration, the Board noted the content of the Report.

6. PRIMARY CARE IMPROVEMENT PLAN UPDATE

The Head of Community Health & Care Services provided a Report to the Board, copies of which had previously been circulated, which updated the Health and Social Care Partnership Board on: East Dunbartonshire Primary Care Improvement Plan (PCIP) Tracker, and the remaining challenges in terms of overall affordability, workforce and premises associated with this; East Dunbartonshire HSCP bid for Primary Care Winter Support Funding; and Arrangements for GP Sustainability Payments as described in section 3.3 of the Report.. Full details were contained within the Report and attached Appendices.

Following consideration, the Board noted the content of the Report.

7. HSCP BUSINESS CONTINUITY PLANNING

The Planning, Performance & Quality Manager provided a Report to the Board, copies of which had previously been circulated, which updated the Integration Joint Board on Business Continuity Planning Arrangement. Full details were contained within the Report and attached Appendices.

Following consideration, the Board noted the content of the Report.

8. HSCP QUARTER 2 PERFORMANCE REPORT 2021-22

A Report by Planning, Performance & Quality Manager, copies of which had previously been circulated, informed the HSCP 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 July to September 2021 (Quarter 2). Full details were contained within the Report and attached Appendix.

Following discussion, the Board heard from the Planning, Performance & Quality Manager who would provide a technical note to clarify some of the figures and thereafter the Board agreed as follows:

. a) to note the content of the Report; and

b) to consider the Quarter 2 Performance Report 2021-22 at Appendix 1.

9. FINANCIAL MONITORING REPORT – MONTH 8

DRAFT

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, updated the Board on the financial performance of the partnership as at month 8 of 2021/22. Full details were contained within the Report and attached Appendices.

Following questions comments and consideration, the Board agreed as follows:-

a) to note the projected Out turn position is reporting a year end under spend of £2.2m as at month 8 of 2021/22. This assumed a drawdown of earmarked reserves and full funding from Scottish Government (SG) to support Covid expenditure for the year over and above that held within HSCP reserves for this purpose;

b) to note and approve the budget adjustments outlined within Paragraph 3.2 (Appendix 1);

c) to note the final detailed Winter Pressure Funding Plan (Appendix 3);

d) to note the HSCP financial performance as detailed in (Appendix 4);

e) to note the progress to date on the achievement of the current, approved savings plan for 2021/22 as detailed in (Appendix 6);

f) to note the impact of Covid related expenditure during 2021/22; and

g) to note the summary of directions set out within (Appendix 7).

10. IMATTER - 2021 ANNUAL UPDATE FOR EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP AND THE ORAL HEALTH DIRECTORATE

A Report by the Senior Organisational Adviser, copies of which had previously been circulated, informed the Integration Joint Board of the progress made by East Dunbartonshire Health & Social Care Partnership and the Oral Health Directorate in relation to the 2021 iMatter exercise. Full details were contained within the Report and attached Appendices.

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Following consideration, the Board agreed as follows:-

a) to acknowledge the good work undertaken by staff across the HSCP and the Oral Health Directorate to achieve the current excellent response rates; and

b) to note the positive responses from staff despite challenging circumstances.

SEDERUNT: - Councillor Moir left the meeting prior to the next item of business.

11. CLINICAL AND CARE GOVERNANCE GROUP MEETING HELD ON 6 OCTOBER 2021

DRAFT

A Report by the Clinical Director, copies of which had previously been circulated, enclosed the minutes of the Clinical & Care Governance Group meeting held on 6 October 2021.

Following consideration, the Board noted the minutes.

12. HSCP STRATEGIC PLANNING GROUP MEETING HELD OF 21 OCTOBER 2021

A Report by the Head of Community Health and Care Services, copies of which had previously been circulated, enclosed the draft minutes of the HSCP Strategic Planning Group held on 21 October 2021.

Following consideration, the Board noted the content of the minutes of 21 October 2021.

13. STAFF PARTNERSHIP FORUM MEETING HELD OF 25 OCTOBER 2021

A Report by the Head of Human Resources, copies of which had previously been circulated, provided re-assurance to the Board that Staff Governance was an integral part of the governance activity within the HSCP. A copy of the minute was attached as Appendix 1.

Following consideration, the Board noted the contents of the Staff Forum meeting minute of 25 October 2021.

14. PUBLIC, SERVICE USER & CARER (PSUC) MEETING HELD ON 8 DECEMBER 2021

A Report by the Health Improvement & Inequalities Manager, copies of which had previously been circulated, described the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUC). Full details were contained within the Report and attached Appendices.

The Service User Group representative highlighted various aspects of their work including:

Thereafter, the Board noted the progress of the Public, Service User Representative Users Group.

15. EAST DUNBARTONSHIRE HSCP BOARD AGENDA PLANNER

The Board noted the updated schedule of topics for HSCP Board meetings 2021/22.

16. ANY OTHER COMPETENT BUSINESS

None.

DRAFT

17. DATE OF NEXT MEETING

The HSCP Board noted the next scheduled meeting for 2021/22 was as follows:

- Thursday, 24th March 2022 at 9.30 am.

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

Interim Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 4.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**24TH MARCH 2022**
REPORT REFERENCE:	**HSCP/140322/04**
CONTACT OFFICER:	**DERRICK PEARCE, HEAD OF COMMUNITY HEALTH & CARE SERVICES, 07971 368814**
SUBJECT TITLE:	**UNSCHEDULED CARE COMMISSIONING PLAN (DESIGN & DELIVERY PLAN 2022/23-2024/25)**

1.0 PURPOSE

The purpose of this report is to present the Design and Delivery Plan as the updated and refreshed Board-wide strategic commissioning plan for unscheduled care, further to previous versions which have been shared with HSCP Board members.

2.1 RECOMMENDATIONS

It is recommended that the Health & Social Care Partnership Board:

2.2 approve the Design & Delivery Plan 2022/23-2024/25 attached as the updated and refreshed Board-wide unscheduled care improvement programme;

2.3 note that the programme is iterative and will evolve and further develop over time;

2.4 approve the financial framework outlined below and in section 5 and Annex D of the Plan for East Dunbartonshire HSCP;

2.5 note the performance management arrangements to report on and monitor progress towards delivery of the Plan;

2.6 receive a further update on the delivery of the programme towards the end of 2022/23; and

2.7 note that the Plan will be reported to all six IJBs simultaneously and the Health Board Finance, Audit and Performance Committee.

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3 BACKGROUND/MAIN ISSUES

3.1 At its meeting in September 2021 the IJB received a report on the Board-wide draft unscheduled care plan, which was subsequently agreed by the other five HSCPs in GG&C. Since then, comments have been received on the draft progress made on a number of key actions. In addition, the Scottish Government allocated winter planning monies, which has provided opportunities to support this programme.

3.2 This report presents the updated unscheduled care programme in the form of the final Design and Delivery Plan for the period 2022/23 to 2024/25. Similar reports are being considered by the other five HSCPs in GG&C and the Health Board.

3.3 The IJB, at its meeting in September 2021, considered a draft strategic commissioning plan for unscheduled care. That plan fulfilled the IJB's strategic planning responsibility for unscheduled care services as described in the Integration Scheme, and updated the plan presented to IJBs in 2020.

3.4 The draft was also presented to the other five HSCPs in GG&C in 2021. The plan was developed in partnership with the NHS Board and Acute Services Division and built on the GG&C Board wide Unscheduled Care Improvement Programme (http://www.nhsggc.org.uk/media/245268/10-unscheduled-care-update.pdf.) which was integral to the Board-wide Moving Forward Together programme (https://www.nhsggc.org.uk/media/251904/item-10a-paper-18_60-mft-update.pdf).

3.5 Since the original plan was developed in early 2020, there has been considerable change in the health and social system overall as a result of the coronavirus pandemic, and a national redesign of urgent care implemented. While many of the actions in the draft plan presented to IJBs remain relevant, some needed updating to reflect the changed circumstances arising from our response to the pandemic, and additional actions added on the new challenges being faced by the health and social care system. This is a reflection of the need for the constant review and updating of such a large scale strategic system wide change programme as unscheduled care in Scotland's biggest, most complex and diverse health and social care economy with many moving and inter related parts.

3.6 In addition, further work has been undertaken on engagement and the development of financial and performance frameworks to support delivery of the programme overall.

3.7 The purpose of the plan is to show how we aim to respond to the pressures on health and social care services in GG&C, and meet future demand. The plan explains that with an ageing population and changes in how and when people chose to access services, change was needed and patients' needs met in different ways, and with services that were more clearly integrated and the public better understood how to use them.

3.8 The programme outlined in the plan is based on evidence of what works and estimates of patient needs in GG&C. The programme was focused on three key themes following the patient journey:

- **early intervention and prevention** of admission to hospital to better support people in the community;

- **improving hospital discharge** and better supporting people to transfer from acute care to community supports; and,
- **Improving the primary / secondary care interface** jointly with acute to better manage patient care in the most appropriate setting.

3.9 The draft also describes how we needed to communicate more directly with patients and the general public to ensure that people knew what service is best for them and can access the right service at the right time and in the right place.

Design and Delivery Plan

3.10 The final Design & Delivery Plan attached in **Appendix 1** updates the actions in the draft unscheduled care plan reported to the IJB in September 2021. The refreshed programme follows through on the three key themes from the 2020 plan, and shows the key priorities to be progressed this year (phase 1), actions for 2022/23 (phase 2) and future years (phase 3).

3.11 An updated action plan is included in annex C, and revised performance trajectories included. It is projected that the overall impact of the programme on emergency admissions (65+) taking account of future population increases and current trends, as currently funded, has the potential to reduce emergency admissions for over 65s by 5% during 2022/23.

Financial Framework

3.12 A financial framework has been developed in partnership with all six IJBs and Greater Glasgow and Clyde NHS Board to support the implementation of the Design and Delivery Plan. It should be noted that this has been completed on a 2022/23 cost base.

3.13 The investment required to deliver on Phase 1 priorities has been fully costed and is included in the Financial Framework (see annex D of the Design and Delivery Plan). This highlights the need for £37.000m of investment across Greater Glasgow and Clyde, of which £14.998m is required on a recurring basis and £22.002m is required non-recurrently. Full funding for the non-recurring investment has been found with partner bodies utilising reserve balances or managing within existing budgets to deliver the funding required. Of the recurring funding of £14.998m required, only £8.864m of funding has been able to be identified on a recurring basis. £1.012m of the funding gap relates to MHAU's for which recurring funding is still to be put in place by Scottish Government. The remaining funding gap recognises the challenge which all IJBs and the Health Board have had in securing full funding for Phase 1. This has implications for the delivery of the plan, even for Phase 1, with actions not able to be fully implemented in all IJBs until funding is secured.

3.14 Funding is in place for phase 1 implementation in East Dunbartonshire HSCP and is detailed in Annex D, with the exception of the funding for the Mental Health Assessment Units (£106,312). Recurring funding from Scottish Government continues to be pursued for these. This provides for an investment of £2,492,382 for 2022/23 for East Dunbartonshire HSCP (a further £152,759 in 2023/24), funded on a recurring basis through a combination of Adult Winter Planning monies and existing budgets.

3.15 Phase 2 and 3 will be costed fully as tests of change and work streams further develop their proposals. Some actions in Phase 2 and 3 have funding which has already been secured in some IJBs. As a result, this investment is planned to proceed now as part of an early adoption of Phase 2 and 3. Details can be found in the Design and Delivery Plan and specifically annex D

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan;-
Integration Authorities have responsibility for strategic planning, in partnership with the hospital sector, of those hospital services most commonly associated with the emergency care pathway, alongside primary and community health care and social care. This is known as unscheduled hospital care and is reflected in the set aside budget. The objective is to create a coherent single cross-sector system for local joint strategic commissioning of health and social care services and a single process through which a shift in the balance of care can be achieved. As such, the Unscheduled Care Design and Delivery Plan has relevant to all strategic priorities of the Strategic Plan.

4.3 Frontline Service to Customers – The Design and Delivery Plan describes a range of activities intended to ensure that local people can access the right support at the right time from the right person, addressing unscheduled care pressures and better meeting outcomes for people.

4.4 Workforce (including any significant resource implications) – Additional workforce is being recruited through the Scottish Government Winter Pressures Funding and will contribute to the delivery of the objectives of the Unscheduled Care Design and Delivery Plan

4.5 Legal Implications – The integration scheme for the IJB includes specific responsibilities for the strategic planning of certain acute hospital services.

4.6 Financial Implications – The IJB's budget for 2021/22 includes a "set aside" amount for the commissioning of acute hospital services within scope (e.g. accident & emergency services). This is currently estimated to be £37.759m for East Dunbartonshire.

Section 5 outlines the financial framework to deliver against the phased approach. This has highlighted a gap between current available financial resources and the funding required to deliver the programme in full across GG&C. Funding is in place for phase 1 implementation in East Dunbartonshire HSCP, with the exception of the funding for the Mental Health Assessment Units. Recurring funding from Scottish Government for the Mental Health Assessment Units continues to be pursued for these.

The legislation requires the IJB and Health Board to put in place arrangements to support set aside arrangements for unscheduled care, and is subject to external assessment. The Unscheduled Care Commissioning Plan delivers a joint strategic commissioning approach to unscheduled care which will deliver on the intentions of the legislation.

4.7 Procurement – None

4.8 ICT - None

4.9 Corporate Assets – None

4.10 Equalities Implications – None at this stage. An EQIA will be completed during phase 1.

4.11 Sustainability – None

4.12 Other - None

5.1 **MANAGEMENT OF RISK**

The risks and control measures relating to this Report are as follows:-

5.2 A risk analysis will be developed alongside the detailed action plan.

6.1 **IMPACT**

6.2 **EAST DUNBARTONSHIRE COUNCIL** - None

6.3 **NHS GREATER GLASGOW & CLYDE** - The approach outlined in the Design & Delivery Plan will have implications for the planning and delivery of acute hospital services for East Dunbartonshire residents and residents in other HSCPs. These are currently being discussed with the NHS Board.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –** NHS Greater Glasgow and Clyde

7.1 **POLICY CHECKLIST**

7.2 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.1 **APPENDICES**

8.2 Appendix 1 - Unscheduled Care Design and Delivery Plan
8.3 Appendix 2 - Unscheduled care Design and Delivery Plan Annexes
8.4 Appendix 3 – Directions Template

West Dunbartonshire
Health & Social Care Partnership

NHS GREATER GLASGOW & CLYDE

UNSCHEDULED CARE JOINT COMMISSIONING PLAN

DESIGN & DELIVERY PLAN 2022/23-2024/25

March 2022

EXECUTIVE SUMMARY

Integration Authorities have responsibility for strategic planning, in partnership with the hospital sector, of those hospital services most commonly associated with the emergency care pathway, alongside primary and community health care and social care. This is known as unscheduled hospital care and is reflected in the set aside budget. The objective is to create a coherent single cross-sector system for local joint strategic commissioning of health and social care services and a single process through which a shift in the balance of care can be achieved.

In recent years unscheduled care services in Greater Glasgow & Clyde have faced an unprecedented level of demand. The health and social care system, including primary and social care, has not seen such consistently high levels of demand before. While we perform well compared to other health and social care systems nationally, and overall the system is relatively efficient in managing high levels of demand, we struggle to meet key targets consistently and deliver the high standards of care we aspire to. Change is needed therefore if we are to meet the challenges ahead.

The legislation requires the IJB and Health Board to put in place arrangements to support set aside arrangements for unscheduled care, and is subject to external assessment. The Unscheduled Care Commissioning Plan delivers a joint strategic commissioning approach to unscheduled care which will deliver on the intentions of the legislation. This plan updates the unscheduled care Joint Commissioning Plan agreed by IJBs in 2020, and refreshes this Board-wide programme in the light of national changes introduced in 2020 and takes account of the impact of COVID-19. Our objective in refreshing this plan is to ensure that the programme remains relevant and tackles the challenges that face us now.

The plan is focused on three main themes reflecting the patient pathway:

- **<u>prevention and early intervention</u> with the aim of better support people receive the care and treatment they need at or close to home and to avoid hospital admission where possible;**
- **<u>improving the primary and secondary care interface</u> by providing GPs with better access to clinical advice and designing integrated patient pathways for specific conditions; and,**
- **<u>improving hospital discharge</u> and better supporting people to transfer from acute care to appropriate support in the community.**

Essentially our aim is that each patient is seen by the right person at the right time and in the right place. For acute hospitals that means ensuring their resources are directed only towards people that require hospital-level care.

The emphasis is on seeing more people at home or in other community settings when it is safe and appropriate to do so.

The plan includes proposals for a major and ongoing public awareness campaign so that people know what services to access when, where and how. We will also work with patients to ensure they get the right care at the right time.

Analysis shows that a number of services could be better utilised by patients such as community pharmacists. But we also need to change and improve a range of services to better meet patients' needs e.g. falls prevention services.

Not all the changes in this plan will take effect at the same time. Some need to be tested further and others need time to be fully implemented. Work to measure the overall impact of the programme is in hand and we will issue regular updates and reports on progress.

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1. PURPOSE

1.1 The purpose of this plan is to re-fresh and update the Joint Strategic Commissioning Plan approved by IJBs in early 2020, and to present a revised Design and Delivery Plan for the period 2022/23-2024/25.

2. INTRODUCTION

2.1 This plan updates the draft Joint Strategic Commissioning Plan approved by Integration Joint Boards (IJBs) last year and (https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2012%20-%20Draft%20Unscheduled%20Care%20commissioning%20Plan.pdf. takes into account the impact of the Coronavirus pandemic, including the delivery of improvements introduced in 2020.

2.2 This Board-wide programme was developed by all six Health and Social Care Partnerships (HSCPs) jointly with the Acute Services Division and the NHS Board in response to an unprecedented level of demand on unscheduled care services, and as a first step towards delegated budgets and to developing set aside arrangements for Greater Glasgow and Clyde. While NHSGGC performs well compared to other health and social care systems nationally, and the system is relatively efficient in managing significantly higher levels of demand than in other Boards, we struggled to meet key performance targets. In particular we have struggled to deliver the four hour standard of 95% on a consistent basis and in 2019/20[1] we reported performance at 85.7%.

2.3 The COVID-19 pandemic has brought a series of new challenges, some of which will be explored further in this plan. The combination of reduced demand as a result of COVID-19 and new or redesigned services introduced has resulted in an improvement in performance against the four hour standard reporting 92.0% for 2020/21. Section 4 and annex A and B shows performance pre, during and post pandemic and illustrates that although demand reduced during the pandemic there is evidence that demand is on a rapid trajectory towards pre pandemic levels.

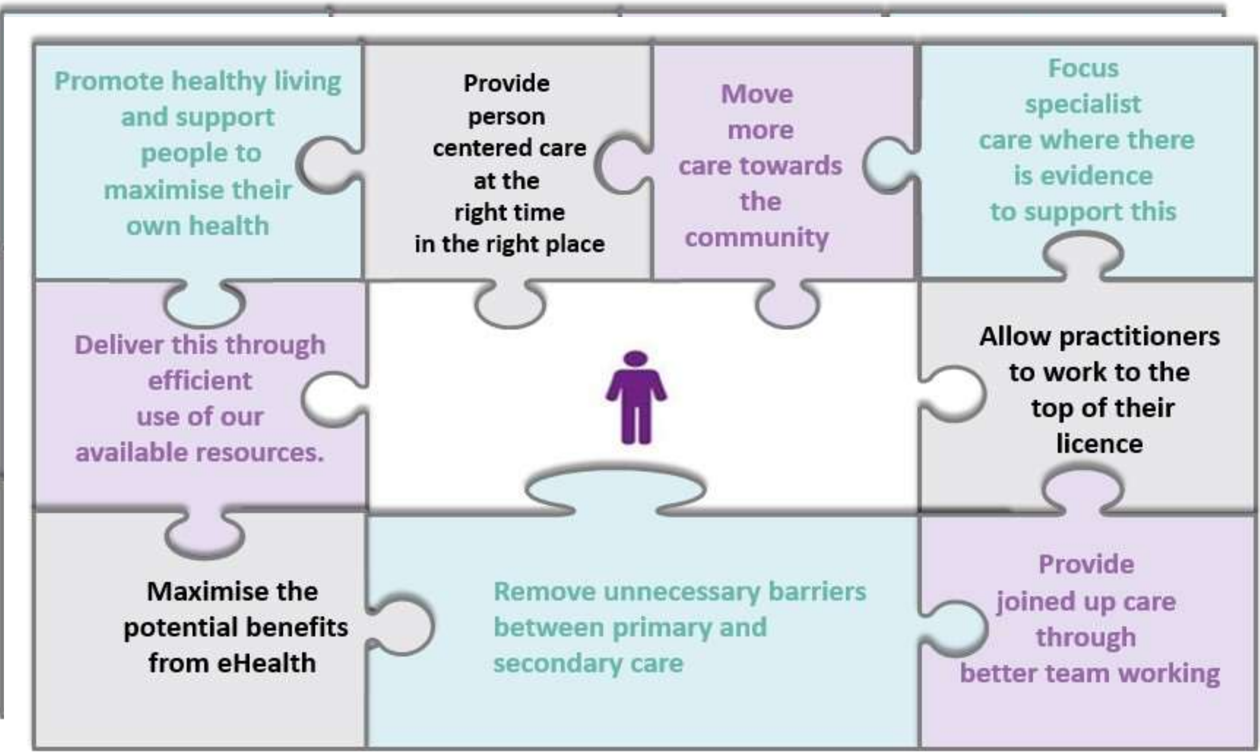
2.4 The 2020 draft plan outlined a major change programme to meet the challenge of what was then considered to be a continual year on year increase in urgent care demand. The aim of the programme was and remains to change the system so that patients are seen by the right person at the right time and in the right place, and in this way be more responsive to patients' needs. The emphasis continues to be on seeing more people at home or in other community settings when it is

[1] 2019/20 has been used as the baseline year for this plan as it was the last full year before activity levels were affected by the pandemic

safe and appropriate to do so and this has been further substantiated through a national programme of service redesign.

2.5 This direction of travel outlined in the Board-wide *Moving Forward Together* strategy continues to be the overarching ambition of our collective improvement efforts (https://www.nhsggc.org.uk/media/251904/item-10a-paper-18_60-mft-update.pdf) and as illustrated in figure 1 below.

Figure 1 – Moving Forward Together



2.6 The 2020 global pandemic changed everything. Levels of unscheduled care attendances were significantly reduced and admissions also reduced albeit not to the same extent. Emergency activity reduced overall as a direct consequence of the 'lockdown' measures and the significant restrictions on delivering elective procedures in a safe way for both patients and staff, as we focused on reducing the spread of the virus. New pathways and responses were introduced for COVID-19 patients and suspected COVID-19 patients. GPs, community health services, acute hospital services and other services changed how they delivered services to the public. Patient behaviour also changed. And new services such as the Mental Health Assessment Units, Community Assessment Centres and Specialist Assessment and Treatment Areas were established.

2.7 While some aspects of the original programme were progressed, albeit not as quickly as previously planned, other aspects were paused, modified or accelerated. It is right then at this juncture to re-fresh and update the programme to reflect the changed circumstances we are now operating in.

2.8 The remainder of this Design and Delivery plan :

- updates on progress against the actions in the draft programme agreed by IJBs;
- reflects on the impact of the pandemic on unscheduled care activity;
- updates on what was delivered in 2020 including the national redesign of urgent care;
- describes the re-freshed programme to be continued, and the content of the design and delivery phases;
- explains our proposals for ongoing engagement with clinicians, staff, patients and carers;
- outlines the performance and financial framework to support the delivery; and,
- describes the organisational governance arrangements that have been developed to ensure appropriate oversight of implementation of the plan.

3. UNSCHEDULED CARE JOINT COMMISSIONING PLAN 2020

3.1 The original unscheduled care improvement programme approved by IJBs in 2020 was prepared in and informed by the pre-pandemic days during 2019 and 2018. At that time unscheduled care services in NHSGGC were experiencing year on year increases in demand (e.g. A&E attendances, emergency admissions etc.) and there was evidence that some patients who attended A&E could be seen appropriately and safely by other services. In analysing demand at that time it was also acknowledged that the health and social care system was confusing for both patients and clinicians, with routes to access services not always clear or consistent. In addition we were also missing some key national and local targets (e.g. A&E four hour standard and delayed discharges). The conclusion was that to meet this challenge we needed to improve priority areas across the unscheduled care delivery system so that we could better meet current and future demand, and provide improved outcomes for patients.

3.2 The 2020 programme was based on the best available evidence of what works[2]. As a result the plan had 25 actions that were constructed around the patient pathway. The programme focused on three key themes:

- **prevention and early intervention** with the aim of better support people receive the care and treatment they need at or close to home and to avoid hospital admission where possible;
- **improving the primary and secondary care interface** by providing GPs with better access to clinical advice and designing integrated patient pathways for specific conditions; and,
- **improving hospital discharge** and better supporting people to transfer from acute care to appropriate support in the community.

3.3 The pandemic had a huge impact on the programme. Some of the original actions were paused during the pandemic (e.g. anticipatory care plans) some were overtaken by events (e.g. shorter waiting times in MIUs) and others were progressed but to a revised timeline (e.g. frailty pathway). The programme was described as a five year change programme with some actions being implemented sooner than others (e.g. improving delays), and some that required testing and evaluation before wider implementation (e.g. hospital at home).

3.4 Key achievements over the past 12 months have been:

- the introduction of a policy of signposting and re-direction in Emergency Departments for patients who could safely and appropriately be seen by other services;
- improvements in urgent access to mental health services through the introduction of mental health assessment units;
- improvements to discharge planning by the implementation of our discharge to assess policy;
- increased access to professional to professional advice across multiple specialties allowing GPs to make direct contact with clinical decision makers to obtain advice on further treatment for patients avoiding unnecessary hospital attendances; and,
- the Board has introduced and maintained new services and access routes to deliver a dedicated COVID-19 pathway as part of the pandemic response and national remobilisation plans.

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[2] *Imison C, Curry N, Holder H, Castle-Clarke S, Nimmons D, Appleby J, Thorlby R and Lombardo S (2017), Shifting the balance of care: great expectations. Research report. Nuffield Trust.*

4. IMPACT OF THE PANDEMIC

4.1 As explained above the global pandemic has had a massive impact on services, patients and the unscheduled care demand. The situation we face now in 2022 is significantly different from that in 2019 or early 2020. The data presented in annex A and B shows that during 2020 compared to the years before the pandemic our traditional access routes experienced a significant reduction as a consequence of the public lockdown as demonstrated in the 2020/21 activity data below:

- A&E reduced by 32.6% and MIU attendances reduced by 45.3%;
- GP referrals to the acute hospital assessment units (AUs) reduced by 55.7% however this is largely due to a change in access routes associated with COVID-19 and is further explained in 4.3 below; and,
- overall emergency admissions reduced by 17.7% compared to 2019/20.

4.2 As part of the COVID-19 response we did however see increases in hospital and primary care activity due to COVID-19. The introduction of a designated access route for patients with COVID-19 symptoms was established in April 2020 in the form of:

- **Community Assessment Centres** (CACs) - dealing with COVID-19 and suspected COVID-19 patients taking referrals directly from GPs and the national NHS24 public access route. During the 2020/2021 year there were 21,673 attendances to the eight Covid-19 centres in GG&C allowing GPs to maintain a service avoiding symptomatic patients; and,
- **Specialist Assessment and Treatment Areas** (SATAs) – providing a designated acute hospital pathway receiving patients from all urgent care services including GPs, A&Es and NHS24. During the 2020/21 year there were 40,802 attendances to acute hospital assessment units. In total the AUs and SATAs reported 71,553 attendances an overall increase of 3%.

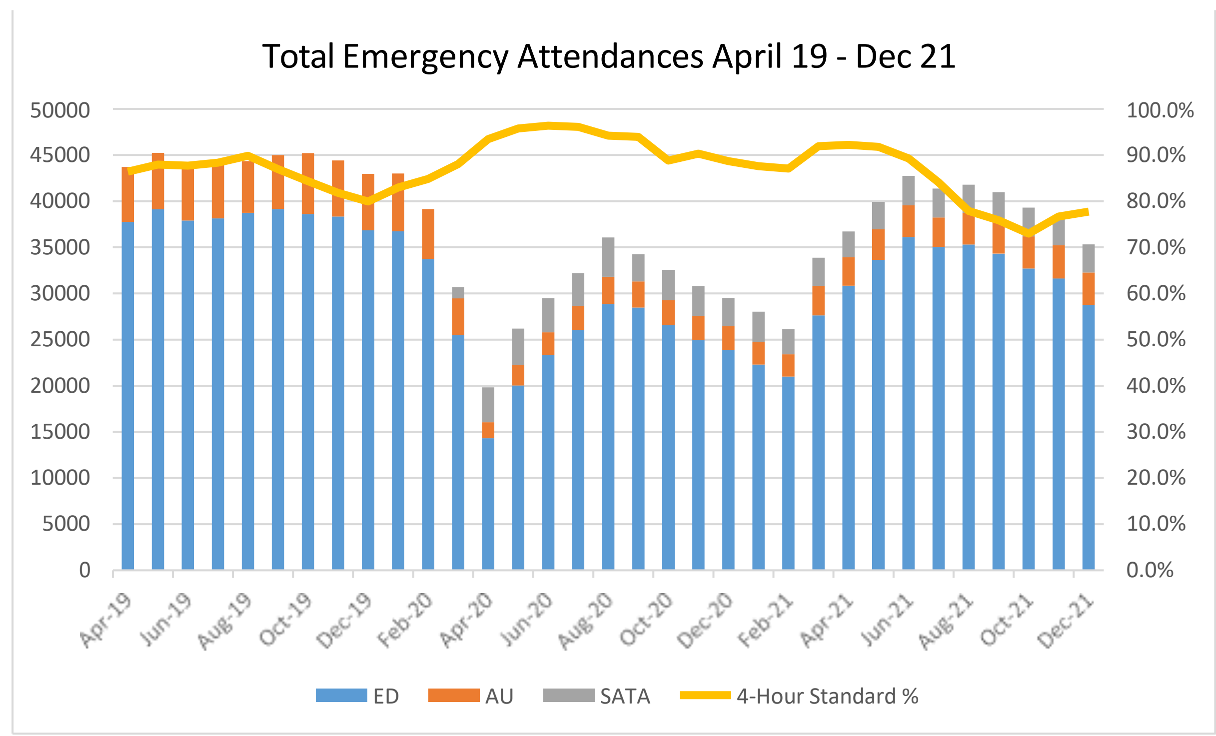
4.3 To ensure direct access for patients who required access to mental health service the Board established two new Mental Health Assessment Units (MHAUs). This provides direct access to specialty avoiding more traditional referral routes from A&E, Scottish Ambulance Service and the Police. During the period April 2020 to February 2021 there were 7,474 direct attendances to MHAUs.

4.4 The demand profile for unscheduled care has however changed, and the Board is experiencing a step change in demand in line with the success of the vaccination programme and easing of restrictions.

4.5 Figure 2 below shows activity over the period April 2019 to December 2021 for emergency hospital attendances including A&E, Assessment Units, and SATA (for COVID-19) and excluding the minor injury units (MIU).

4.6 This profile demonstrates the importance of the need to deliver on the improvement actions to ensure patients are seen in the right place by the right service at the right time.

Figure 2 - Hospital Emergence Attendances



4.7 Innovation in how we deliver services to our patients has been accelerated through the use of digital technology and there have been significant step changes in service:

- GPs introduced telephone triage and Near Me consultations;
- mental health and other services introduced virtual patient management arrangements; and,
- specific pathways were introduced for COVID-19 patients in both acute and primary care settings across a range of service and specialties to allow patient consultations to continue.

4.8 The Scottish Government has prioritised four virtual pathways as part of an on-going national response to the pandemic – work on two of these is included in this plan – further work on the others is in hand. The four priority pathways are:

- the national roll out of Covid remote health monitoring;
- optimising hospital at home services (see section 5.19 below);
- community respiratory rapid response pathway (see section 5.20 below); and,
- Out-patient parental antibiotic therapy (OPAT) including anti-viral treatment.

4.9 These changes will continue to evolve as we deliver further opportunities for service design as the programme progresses. The changing profile of demand, and evidence from the pandemic recovery phase, means we will need to continually assess the impact of the pandemic on services as we go forward.

4.10 quence of the significant impact of the pandemic and the associated changes in unscheduled care demand and activity during 2020 we have re- visited the original timescales as described in the Joint Commissioning Plan (JCP) and refreshed the actions to reflect the current position. We outline these in the next section.

5 DESIGN AND DELIVERY PLAN

5.1 In this section we describe the revised and updated programme to take into account of the changed circumstances we now face. The revised programme now has three phases of delivery:

- **Phase 1 – 2022/23** – implementation of the national redesign of urgent care and associated actions from the 2020 programme;
- **Phase 2 – 2023/24** – consolidation of the national programme and implementation of the remaining actions from the 2020 programme; and,
- **Phase 3 – 2024** onwards – further development of the programme including evaluation and roll out of pilots and tests of change.

Phase 1 – 2022/23

5.2 In phase one of this programme the focus and delivery of change and improvement was on responding to the pandemic and implementation of the emerging National Redesign of Urgent Care Programme. A number of step change projects that were grounded in the ambitions of the JCP have been implemented, these include:

5.3 **Flow Navigation Centre (FNC) implementation** - Our Flow Navigation Centre went live on 1st December 2020 supported by a soft launch. The admin hub operates 24/7 receiving all Urgent Care Referrals from NHS24. The clinical triage team currently operate from 10am – 10pm, with this deemed optimal based on a review of attendance profiles.

5.4 During this phase we have delivered a **Minor Injury Pathway** which incorporated a direct referral for remote triage and review. This provides the opportunity to deliver a scheduled care approach for individuals who do not require an urgent response/intervention. A temporary winter pathway to GGH (GGH MIU went live on 18th January 2021) to provide an alternative service within Glasgow however this has been largely underutilised as patients have now become more accustomed to the designate centres in Stobhill and the Victoria.

5.5 In the first six months of operation the FNC has completed virtual consultations for 7,000 patients with 32% of those being seen, treated and discharged without the need for further assessment.

5.6 **Signposting and Redirection Policy** - our signposting and redirection policy for Emergency Departments within NHS Greater Glasgow & Clyde was approved October 2020. National guidance was issued in November 2021. Implementation of this policy and supporting standard operating procedures aim to ensure Emergency Department attendees are appropriately reviewed in line with their presentation. The purpose of the policy is not to turn attendees away from the ED, but to direct patients to another appropriate service where their healthcare need can be met, and minimising the risk to themselves and others in overcrowded EDs. These processes also reduce the potential for crowding in the ED by maximising use of safe alternatives for attendees to access care.

5.7 It is recognised that ED signposting and redirection form part of a broader aim across the health and social care environment to ensure patients receive the right care, at the right time and in the right place.

5.8 **Primary Care Interface: alternatives to admission** has been extended to multiple specialties across NHSGGC**.** Professional to Professional Advice services through telephone and app technology are in place and working well. Surgical hot clinics and rapid access to frail elderly clinics are in place as well as the ability for GPs to request advice about patients rather than a direct referral. A pathway to provide access to the Assessment Unit (AU) for patients with DVT and cellulitis has also been implemented.

5.9 Across NHSGGC 212 GP practices have accessed advice via a telecoms application and the number of professional to professional calls made continues to increase month on month. The successful launch of Medical Paediatric Triage Referral Service in March 2020 has contributed to an overall rise since July 2020 and this service continues to receive the highest number of calls relative to other specialties. In addition from June 2021 the Mental Health Assessment Units have implemented the professional to professional advice service complimented by a new SCI Gateway referral process and uptake has been strong.

5.10 **Mental Health Assessment Units (MHAUs)** our two MHAUs were established in 2020 in response to the COVID-19 pandemic and consolidated through the winter period with a full redesign of the urgent care pathways and access routes. These units have continued to reduce demand on secondary care services by reducing footfall through Emergency Departments. The referral pathway provides an immediate route out of ED for those who present directly, with vulnerable patients largely being managed away from the stressful ED environment. The MHAUs also provide an alternative to patients who would otherwise have been conveyed to ED by SAS or Police Scotland. Between December 2020 and March 2021 there were a total of 4,400 patients seen through our MHAUs.

5.11 **COVID-19 Community Assessment Centres (CACs) –** these centres were also developed in response to the COVID-19 pandemic, and directed symptomatic patients who are potentially COVID-19 positive to separate facilities for assessment away from primary care and acute hospital services. Access to CACs is via NHS24. At the peak week in January 2021 there were a total of 566 attendances with 74% of these being maintained within the community with no hospital follow up required.

5.12 **Restructuring of GP Out of Hours (GPOOH)** - a new operating model introduced an appointments based service with access via NHS24 offering telephone triage. Those requiring a 4 hour response receive an initial telephone consultation by Advances Nurse Practitioners or GPs working in the service, including the use of 'Near me' consultation. This reduced the need for in person attendances by 60% freeing capacity to deal flexibly with other competing demands.

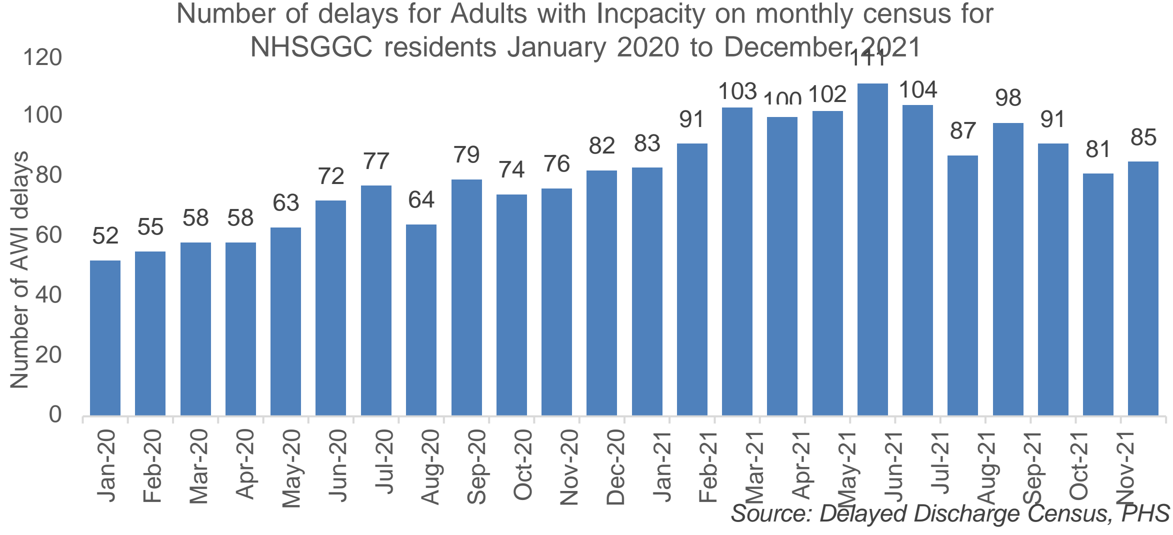
5.13 **Urgent Care Resource Hub Model -** HSCPs launched their Urgent Care Resource Hub models in January 2021. This model was established to bring together OOHs services in the community, enhancing integration and the co-ordination of care. The hub provides direct professional to professional access across the health and social care OOHs system and delivers a whole system approach to unscheduled and/ or emergency care via NHS 24.

5.14 **Delayed Discharge** we developed a response to delays that has seen a reduction in our non AWI delays in hospital across all of our sites. HSCPs adopted daily huddle approaches to problem solve and remove roadblocks to delays. Additionally we adopted process changes to the discharge process leading to the development and implementation of a new Discharge to Assess Policy as part of the overall discharge process. Joint working led to agreement with all six HSCPs and Acute on a standard operating procedure to improve effectiveness and reduce the risk of potential delays. This response builds on our 'Home First', if not home, why not ethos. A suite of patient communication

materials have been developed and distributed to key areas within the acute setting launching the Home First branding and outlining the benefits of being cared for at home or in a homely setting, once medical care is no longer required.

5.15 **AWI delays** have been a particular challenge during 2020/21 and 2021/22 as shown in figure 3. Since the Equality and Human Rights Commission ruling we have not been able to discharge patients to off-site beds with the consequence that the proportion of AWI delays is disproportionate to the overall number of delayed discharge patients. A peer review process is planned with a view to identify if there is learning and best practice clinical to ensure our process is as effective and efficient as possible. As there is constant pressure on the system to effectively manage the inpatient capacity across NHSGGC the aim is to ensure that the practice and process adopted is optimised for both patients and the overall health care service.

Figure 3 – AWI delays 2020-2021



Phase 2 - 2023 -2024

5.16 uring 2022 we will design a programme to deliver on a number of the actions continuing to align and be guided by the National Redesign of Urgent Care five national strategic priorities. The visual in figure 4 below encompasses the key actions to be delivered in the next phase.

Figure 4 - Phase 2 Unscheduled Care Improvement Programme Core Projects

Patient Flow & Flow Navigation Centre Processes	Optimising Discharge and Reducing Delays	Prof to Prof	MSK	Falls & Frailty
• ED Processes • 4 hour standard • Demand Prediction & Capacity Mgmt • FNC Process Optimisation (workflow)	• 'Home First' application of Discharge to Assess • Development of 'Hospital in Reach' processes • AWI Peer Review	• Scheduling urgent care to Medical and Surgical AU's • Community Pharmacy integration with GP in/out of hours and the FNC • SAS – access to FNC and Community Services prof to prof (falls, care homes, COPD) • Whole System Redirection (mutual aid FNC/GPOOHs/ OOHUCRH etc.)	• Develop MSK local FNH/onward community referral pathways and outflow services to reduce hospital and primary care based services • Development of NHS24 Physio resource to deliver National 111 MSK service	• Frailty Screening Tools • Anticipatory Care Planning • Falls Prevention & Management • Frailty at the Front door • Coordination & Integration of Community Models • Hospital at Home - Glasgow City Test of Change

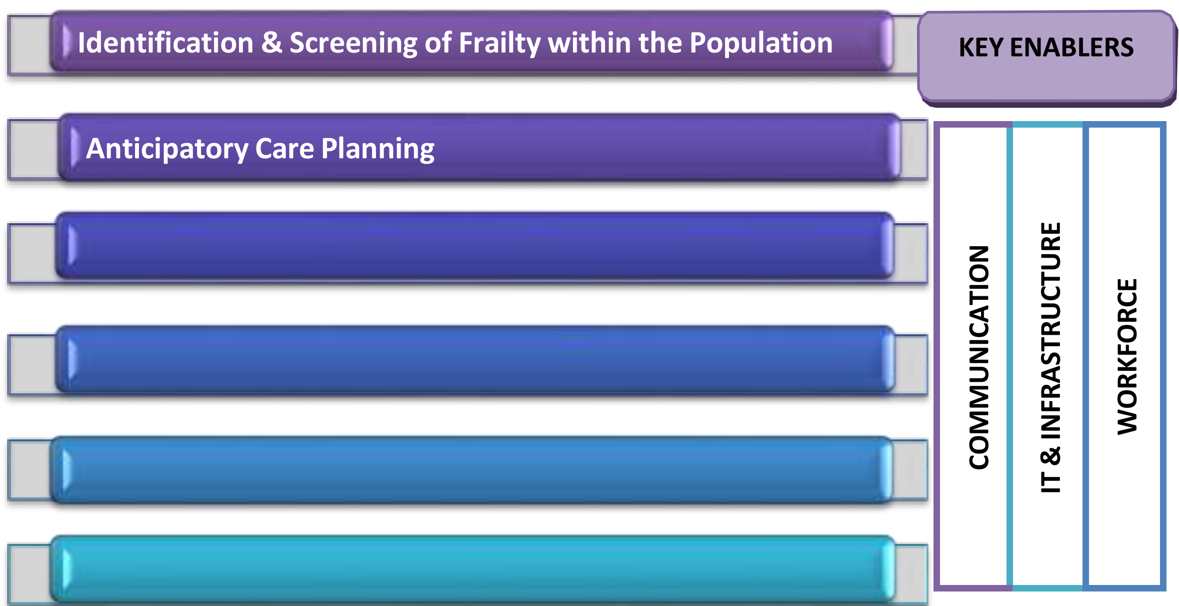
5.17 NHSGGC's response to Phase 2 of the National Redesign of Urgent Care will be to further develop the Flow Navigation Centre and work will continue to develop and redesign urgent care pathways across the whole system over the next 18 months to include:

- **Primary Care/Acute Interface** – we will continue to develop pathways to convert unplanned to planned care with particular focus on scheduling urgent care within Assessment Units. Pathways under review and development include: Care Homes (Falls), Head Injury, Heart Failure and Outpatient Parental Antibiotic Therapy (OPAT) service are being progressed as pathfinders in NHSGGC.

- **MSK** – development of NHS24 Physio resource and local Flow Navigation Centre (FNC)/onward community referral pathways to reduce hospital and primary care based services (Nat No.5)
- **Community Pharmacy** – integration with GP in/out of hours and the FNC and to include signposting and direction from MIU/ED for minor illness (Nat No.1)
- **SAS** – development of Community Services and FNC prof to prof to access out of hospital/GP referral pathways e.g. COPD, Falls, Care Homes (Nat No.4)
- **Mental Health** - pathway development to include referrals from GP in/out of hours and the Flow Navigation Centre through prof to prof and scheduled virtual assessments (Nat No.3). This will build on the MHAU pathway fully embedded during 2020.
- **Waiting times** - additional non-recurring support to improve access and waiting times for scheduled care at QEUH and GRI to reduce times patients waiting for procedures delayed due to Covid and avoid the likelihood of them attending A&E.

5.18 Our Falls & Frailty Delivery Programme has six key priority areas of focus within Phase 2. The figure below illustrates the work streams and the key enablers to support the design and delivery of the programme.

Figure 5 - Falls & Frailty Programme Phase 2 Delivery Work streams



5.19 The approach agreed to drive and manage delivery has a strong focus on joint planning and active collaboration. Work streams have been implemented for each of the priority actions with HSCP and Acute leads appointed to each:

- identification and screening of frailty within the population – to identify those over 65 living in the community with frailty using a frailty assessment tool, measuring deterioration over time and considering pathways to support triggered by frailty score;
- Anticipatory Care Planning – to increase anticipatory care planning conversations and ACPs available via Clinical Portal and the Key Information System (KIS) to support people living with frailty to plan for their future care needs, and when appropriate death. A baseline of 512 ACPs available on Clinical Portal was recorded in March 2021 by May this had increased to over 800;
- Falls Prevention & Management – to develop and implement a falls prevention and management strategy and policy with a view to preventing falls in the community and reducing unscheduled admissions for falls related injury, including care homes;
- Frailty @ the Front Door - enhanced presence by Frailty Team at the acute front door with direct access to a range of community services supporting joint patient centred planning to ensure the right care is given in the right setting, whether that is hospital, at home or in a homely setting;
- co-ordination and integration of community models - review of current models/pathways and developing refreshed pathways to plan, support and coordinate the patients' journey from pre-frail through to end of life, supporting them to remain at home or a homely environment, ensuring when an intervention is required it is delivered in the right place, delivered by the right person and at the right time; and,
- Hospital @ Home - testing the concept of the Hospital @ Home model and principles. Initial Test of Change in South Glasgow over 12 months with a view to a system wide redesign, subject to evaluation and learning.

5.20 In addition phase 2 of the programme will take forward in GG&C the national work on developing virtual capacity for resilience and recovery. The most recent programme launched in January 2022 is aimed at 'Developing Virtual Capacity' and includes:

- COVID remote health monitoring pathway;
- community respiratory rapid response pathways; and,
- expanding OPAT to include antiviral treatment.

5.21 This Scottish Government RUC programme aligns with the NHSGGC Joint Commissioning Plan. The national focus has assisted in some case to accelerate implementation plans, with additional funding but also in building

consensus and shaping public acceptance for changes. It is expected that this focus will continue and complement delivery of the Joint Commissioning Plan.

5.22 Key enablers have been identified to support delivery including Communication, IT and infrastructure and workforce:

- **Communication & Engagement Plan -** we fully intend to build on the positive GGC OOH Communication and Engagement programme. An overarching Communication Plan will be developed for 2022/23 for all stakeholders. The plan should seek to develop key principles, common language and key messages and where appropriate join up the learning, and recommendations from activity across GGC from programmes including East Renfrewshire Talking Points, Compassionate Inverclyde and the Glasgow City Maximising Independence programme. Learning from service users and their family/carers input and involvement will be key to helping us develop the plan. A Corporate Communications plan will be considered with quarterly updates generated and shared.

- **IT & Infrastructure eHealth Digital Solutions** – on-going challenges exist regarding interfaces between core systems and shared access to electronic patient information to deliver care closer to home. In the absence of shared systems across community teams, acute, primary care etc. we continue to develop processes with numerous work arounds that are not 'lean' and create barriers to sharing key patient information.

- **Workforce** – we face a significant challenge around workforce, in particular access to clinicians with advanced clinical assessment and management skills, whether this is ANPs or Advanced Allied Health Professionals. This has been evident across the Primary Care Improvement Plan and the Memorandum of Understanding resulting in 'in=post' training and mentoring taking place to develop the skills required.

5.23 Annex C shows the Design & Delivery plan priorities phased and where actions sit within the three priority areas of early intervention and prevention, primary & secondary care interface, and hospital discharge.

Phase 3 - 2024 and onwards

5.23 While a number of actions within the original Joint Commissioning Plan remain outstanding this does not mean they will not be designed for delivery within this timeline. As dependences become apparent and opportunities develop, and as appropriate resource and funding support are available, proposals will be developed and approval sought.

6 ENGAGEMENT

Patient Engagement

6.1 We are conscious we need to do more to engage with patients, carers and the general public and their representatives about what we are trying to achieve through this programme. It is our aim that all aspects of the programme (e.g. falls and frailty) will involve patients directly. Further information on how this will be achieved will be communicated through our HSCP engagement channels and networks.

6.2 We are also conscious that we need to communicate better with the general public about what services to access when and for what. That's why the first key action in our programme is on communications, and developing a public awareness campaign. This will be an ongoing action over the course of the programme.

Staff Engagement

6.3 This programme has significant changes for staff too in the way we delivery services, and develop new pathways. We will consult with and engage with staff in taking these changes forward, and regularly report to Staff Partnership Forums as we go forward.

Clinical Engagement

6.4 During 2021 we have continued to review our stakeholders, as part of this process we have reviewed representation across all three acute sectors. This has resulted in increased engagement with Clinical Service Managers, Consultant Physicians in Medicine for the Elderly, Chief Nurses, ED consultants and AHPs.

Primary Care

6.5 In 2020 we held a number of engagement sessions with GPs across NHSGGC. The engagement and involvement of GPs in shaping and developing this programme is crucial. We need to recognise that unscheduled care is a key issue within primary care too as most patient contact is by its nature unscheduled.

6.6 We will continue to engage with GPs across NHSGGC both in the development of this programme and its implementation as GP feedback on progress is also important. We will do this at various levels by:

- engaging with GPs and their representatives on specific aspects of the programme e.g. ACPs, falls & frailty etc.;

- engaging with GPs through established structures such as GP committees, primary care strategy groups, QCLs etc.; and,
- engaging at HSCP and NHSGGC levels including arranging specific set piece events / sessions at appropriate times.

6.7 A key take away message from the engagement with GPs was that the unscheduled care programme needed to specifically recognise and include the contribution of PCIP to this agenda. The PCIP and unscheduled care programme direction of travel are closely aligned and are essentially about patients being seen by the right person at the right time. To recognise and acknowledge the contribution of PCIP more clearly within the re-freshed unscheduled care programme we have broadened this aspect of the plan include an action to support GPs to operate as expert medical generalists by expanding primary care teams so GPs can focus on managing complex care for vulnerable patients within community settings, and as part of our prevention and early intervention strategies.

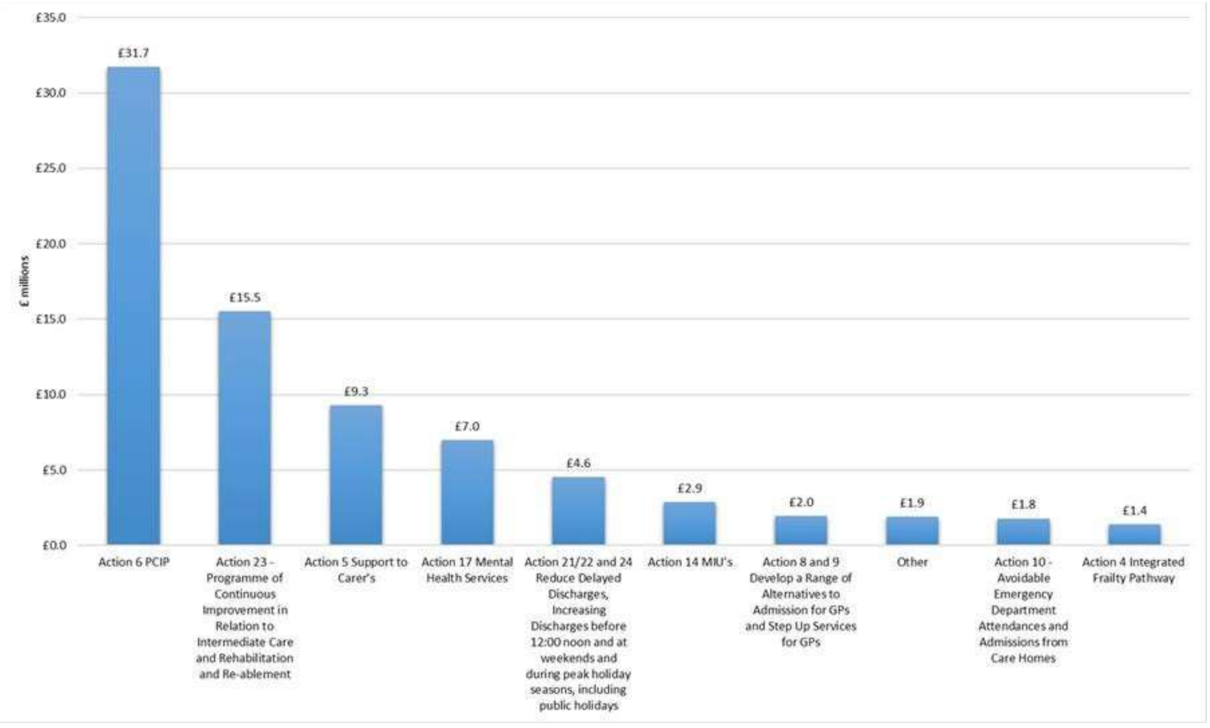
7. FINANCIALFRAMEWORK

7.1 In this section we outline the financial framework to support delivery of the plan. A number of the proposals in this plan are already funded in HSCPs or the Acute Services Division. Others will need additional or a shift in resources to support implementation.

7.2 In 2019/20 unscheduled care was estimated to cost GG&C £444.3m. With a budget of £415.1m identified by GG&C Health Board. This is a shortfall in funding of £29.2m and represents a significant financial risk to GG&C Health Board and the six IJBs with strategic responsibility for this area. The legislation requires the IJB and Health Board to put in place arrangements to support set aside arrangements for unscheduled care, and is subject to external assessment. The Unscheduled Care Commissioning Plan delivers a joint strategic commissioning approach to unscheduled care which will deliver on the intentions of the legislation.

7.3 This budget shortfall impacts on the IJBs' ability to strategically plan for unscheduled care. Nationally there is an expectation that IJBs, through commissioning plans, can improve outcomes and performance in relation to unscheduled care, which in turn will support the release of resources to support investment in primary care and community services. This was reiterated in the Scottish Government's Medium Term Financial Plan which assumes that 50% of savings released from the hospital sector will be redirected to investment in primary, community and social care service provision.

7.4 The ability to achieve this in GG&C is hindered by the existing financial position outlined at 7.2. above, and effectively means that there are no funds which can be released to support the investment required, which mean that each partner will be responsible for funding their own investment. There is already significant investment in community care settings to support unscheduled care, with existing investment totalling £78m.



7.5 The Joint Commissioning Plan identifies a number of key actions which require financial investment to deliver on the priorities within the Plan. The financial framework developed has highlighted a significant gap between current available financial resources and the funding required to deliver the programme in full. This will require the adoption of a phased implementation programme, where delivery is contingent on funding becoming available.

7.6 The investment required to deliver on Phase 1 priorities has been fully costed and the investment required is attached in annex D. It should be noted that this has been completed on a 2022/23 cost base. This highlights the need for £36.824m of investment, of which £14.822m is required on a recurring basis and £22.002m is required non-recurrently. Full funding for the non-recurring investment has been found with partner bodies utilising reserve balances or managing within existing budgets to deliver the funding required. This includes a one-off investment of £20m which has been identified by the Health Board to support this programme. This will be used to kick-start this programme by delivering waiting times activity which was delayed due to COVID. A significant

proportion of this activity will be delivered from hospitals and clinics within the boundary of Glasgow City, particularly the GRI and QUEH. This will also have a positive impact on unscheduled care levels and support delivery of the Unscheduled Care Design and Delivery Plan reducing the time patients are waiting for procedures and thereby the likelihood of them attending A&E.

7.7 Of the recurring funding of £14.822m required, only £8.864m of funding has been able to be identified on a recurring basis. £1.273m of the funding gap relates to MHAU's for which recurring funding is still to be put in place by Scottish Government. The remaining funding gap recognises the challenge which all IJBs and the Health Board have had in securing full funding for Phase 1. This has implications for the delivery of the plan, even for Phase 1, with actions not able to be fully implemented in all geographic areas until funding is secured. The table below highlights the Actions where partial implementation is proposed at this stage due to the funding gap which exists.

Table 1 - actions partially deferred for implementation or at risk – no funding in place (for detail on actions see annex D)

Action	Glasgow City	Inverclyde	East Ren	West Dun	East Dun	Renfrew	Health Board
Action 1 Comms	√	√	√	√	√	√	n/a
Action 2 ACP	√	X	√	√	√	√	n/a
Action 4 Frailty	√	√	√	√	√	√	n/a
Action 9 Step Up	√	√	√	√	√	X	n/a
Action 10 Care Homes	√	√	√	√	√	√	n/a
Action 13 Service in ED	n/a	n/a	n/a	n/a	n/a	n/a	X
Action 14 MIUs	n/a	n/a	n/a	n/a	n/a	n/a	X
Action 24 Improvement	√	√	√	√	√	√	n/a

7.9 Phase 2 and 3 will be costed fully as tests of change and work streams further develop their proposals. Some actions in Phase 2 and 3 have funding which has already been secured in some geographic areas. As a result, this investment is planned to proceed now as part of an early adoption of Phase 2 and 3. These have been highlighted in annex D.

8 PERFORMANCE FRAMEWORK

8.1 In this section we look at the performance framework to support delivery of the programme and the key measures we will use to monitor and assess progress. We also include an estimate of the potential impact on emergency admissions.

8.2 It is essential that we develop a performance framework to support all levels of data and information required including high level management reporting at both GGC and HSCP levels; operational management data to support local planning and monitoring and wider data to support targeted review and improvement activity at HSCP and locality/community levels.

8.3 A Data, Information & Knowledge work stream has been developed with key stakeholders to develop the framework and build the requirements for the single repository to be used across HSCPs. The work stream has developed the key indicators we propose to use to measure the impact of our programme as outlined in annex E. Figure 6 provides a pictorial example of the levels of data within the performance framework, with the high level data required to evidence impact example presented

Figure 6 – Performance Management Framework

8.5 In a large and complex system such as NHSGGC with many moving parts estimating and forecasting the impact of specific interventions is never an exact science. As we have seen in 2020 and in 2021 there are many factors that can influence the impact of any given intervention – many of which are not in our direct control e.g. changes in the economy. Forecasting or estimating the potential impact of such a wide ranging programme as described in this plan on Scotland's largest health and social care system is even more difficult when looking into future years, and beyond Covid.

8.6 The numbers presented below should therefore be viewed with extreme caution and should not be considered as a firm guarantee of the impact of this programme; the projections are a guide and our best estimate based on what we know of the health and social care system in NHSGGC. These numbers will need regular review and updating as we go forward to take account of progress in implementing the programme.

8.7 In providing an indication of the potential impact of the programme we have looked at emergency admissions as this is a key indicator of unscheduled care demand, and can also lead to delayed discharges (another key indicator). Reducing emergency admissions can alleviate pressure in other parts of the system such as A&E, GP assessment units and in primary care. We specifically look at emergency admissions for the 65+ population as they account for approximately 40% of all emergency admissions in GG&C.

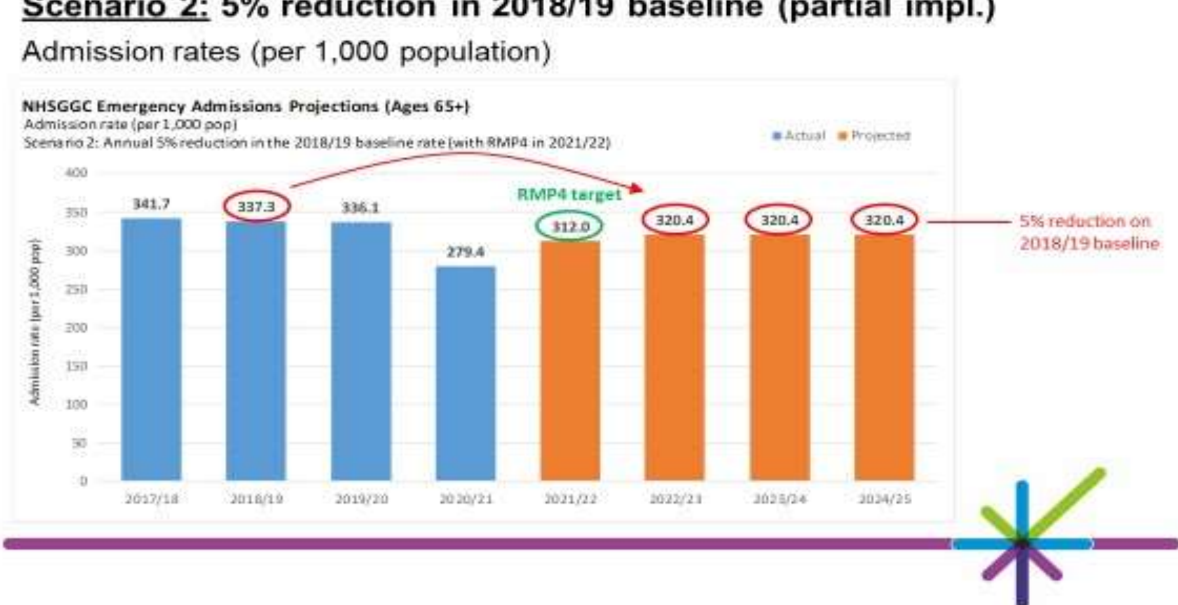
8.8 To reach our estimate we have looked at current rates of admission by head of population for different age groups and taken into account the population projections for future years (see annex F). We present three scenarios in annex F recognising that the programme as a whole is not currently fully funded (see section 7 above):

- a do nothing scenario with no implementation of the programme showing the impact demographic changes might have on current rates;
- a partial implementation of the programme taking into account that significant parts of the programme are funded non-recurrently; and,
- full implementation showing what might be the case should the programme in its entirety be fully funded on a recurrent basis.

8.9 Below we show the partial implementation scenario (see annex E for the detail) that illustrates the impact of the programme could (with all the caveats outlined above) result in a reduction in the rate of emergency admissions for over 65s from 337.3 in 2018/19 (the last pre-Covid year) to 320.4 in 2022/23 – a reduction of 5%. This estimate takes into account the demographic changes forecast in

NHSGGC over this period and also current projections for 2021/22 included in RMP4.

Figure 7 – projected change in rate of emergency admissions for over 65s in NHSGGC (based on 2018/19 baseline)



8.10 The development of our work streams to deliver step change will require key outcome and process measures to be developed to measure impact with a view to informing decisions regarding scale up or change of approach. These will be reported at HSCP and GGC level using locality team data in most cases.

Benefits Realisation

8.11 hallenging to draw a direct line in relation to the impact of activities currently underway and planned as part of Phase 2 delivery of this improvement programme. In many cases it is a sum of parts that result in a cumulative and measurable improvement. At the time of writing, work is progressing to develop outcome and process measures for each work stream. Below is a summary of the expected benefits of some of the actions that have been outlined:

Flow Navigation Centre (FNC)

8.12 The implementation of our Flow Navigation Centre during phase 1 realised significant benefits. The initial aim was to redirect up to 15% of the 2019 levels

of self-referrals the equivalent of 96 consultations over 24 hours and 74 over 12 hours. The FNC has carried out 7,000 virtual assessments in the first six months with 36.7% of patients seen treated and discharged without the need for an ED or MIU attendance. Phase 1 has resulted in 2,569 patients avoiding attendance at ED/MIU, Phase 2 will work to increase this by 2,405 to 4974 patients in 6 months and therefore an estimated attendance avoidance of 9,948 per annum.

Increasing ACP & KIS availability

8.13 There is strong evidence from studies demonstrating that an ACP and a coordinated team-based approach with a clearly identified population that is at high risk of hospitalisation can reduce ED attendance, admission rates and occupied bed days. This approach to care also leads to an increased likelihood of being allowed to die at home. Our GGC activity is targeting those at high risk of hospitalisation including our care home residents and those with long term conditions.

8.14 Palliative Care - a recent retrospective Scottish study reviewing 1304 medical records of peoples who died in 2017 from 18 practices across 4 Scottish health boards, concluded that people with KIS were more likely to die in the community (home, care home or hospice) compared to those without one (61% versus 30%). NHSGGC reported n12, 612 deaths in 2019/20, 53.6% of these were within a community setting and the remaining 46.4% of deaths occurred in Acute Care. During 2019/20 there were 6045 admissions to hospitals across GGC resulting in death with an average LOS of 19 days. Our aim is to target ACP's for long term conditions and palliative care to achieve a 1% increase in the number who are supported with palliative care to die comfortably at home this could result in a saving over 1100 bed days and would reduce admissions by 60.

8.15 Pilot work by the Edinburgh city HSCP supporting the adoption of ACP in care homes and their aligned GP practices, saw a 56% reduction in avoidable hospital admissions and 20% reduction in A&E admission from care homes. A similar pilot in Lanarkshire in 2009 reported a reduction in the number of Accident and Emergency attendances, number of patients with an emergency inpatient admission, and a reduced total length of hospital stay following the introduction of anticipatory care planning in 8 care homes

8.16 In 2019/20 ED/AU attendances for over 65 years were n113, 283 with n65, 857 converting to an emergency admission. The majority of these admissions were to orthopedics, medical, surgical and care of the elderly. Non elective bed days in this period was n191, 212 therefore we can estimate 2.9 days average length of stay with 46% of these within care of the elderly wards. ACP conversations

and sharing of the key information could reduce the number of ED attendances and admissions for a number of these patients as evidence above.

8.17 ACPs available on Clinical Portal across GG&C i.e. those added by Community teams has seen a marked increase from January to June 2021 with 386 ACPs created in this period compared with 192 in January to June 2020. This improvement can be accredited to the activity being undertaken as part of the ACP Work Stream newly invigorating the activity and also as a consequence of Covid19. In total 851 ACPs are available on Clinical Portal as of June 2021, compared with only 9 available in 2019. Through the activity of the ACP improvement project we aim to significantly increase the number of ACPs available, the number has increased by over 100% in the first 6 months of 2021. We will aim to achieve a further 100% increase in the following 6 months till end of March 2022 and an estimated 20% reduction in admissions for those who have an ACP resulting in 340 avoided admissions and an estimated bed reduction of 986 (at 2.9 days LoS).

Falls Prevention & Management

8.18 About a third of people over 65 years old living in the community fall each year and the rate of falls related injuries increases with age. The Care Inspectorate recently reported that Falls are recorded as a contributing factor in 40% of care home admissions.

8.19 Falls incidence in care homes is reported to be about three times that in the community. This equates to rates of 1.5 falls per care home bed per year. Falls can have serious consequences, e.g. fractures and head injuries. Around 10% of falls result in a fracture. Most fall-related injuries are minor: bruising, abrasions, lacerations, strains, and sprains. However falls can also have a psychological impact, even in the absence of injury. Fear of falling is extremely common, can curtail physical activity and activities of daily living and lead to social isolation – even within the care home environment.

8.20 uring 2019/20 across GGC there were n6,618 ED attendances for falls related incidents in our over 65 years population with n2,478 (37%) resulting in a hospital admission. Out of the 2,478 admission, 575 (23%) had a stay of 3 days or less utilising around 900 bed days. Through a number of actions within the falls work stream we will aim to reduce the number of individuals with short stays of 3 days or less by 10% saving at least 90 bed days per year.

8.21 – June 2021 Scottish Ambulance Service (SAS) attended to n6051 fallers over 65 years in the community, including Care Homes. Conveyance to ED followed for n4652, 77% of calls. Work with SAS to reduce conveyance by

a further 10% (465). A number of actions within the Falls Prevention & Management plan will contribute to a reduction in ED attendance and unplanned admissions such as:

1) using the Care Home Falls Pathway incorporating the Flow Navigation Centre for clinical triage assessing the need for urgent response and opportunities to plan any required diagnostics and or referral to community teams for support; and,
2) working more closely with SAS to reduce conveyance to hospital using FNC and the general falls prevention training and local HSCP action plans.

Frailty@ the Front Door

8.22 During the test of change week there were on average of 25 patients with frailty attending per day. On average eight were discharged each day following a length of stay of two days. The average LoS for patients over 75 years is ten days therefore we can estimate that we saved eight bed days per patient through new processes and ways of working. Over seven days this equates to 3228 bed days; the equivalent of nine hospital beds.

8.23 Bearing in mind this is on one hospital site. If scaled up across three sites given QEUH accounts for 30% of activity, this could result in saving of up to 27 beds every day over a 12 month period.

Discharge to Assess Policy impact on 11B & 27A

8.24 During financial year 2019/20 there were 10,654 bed days lost to 11B (awaiting community assessment) this has improved by 45% in 2020/21 with 5,826 bed days lost recorded. Bed days lost to 27A (wait for intermediate care) reduced by 29% n4652 in 2021 compared with n6579 in 2019/20. We will continue to embed the D2A Policy and Home First ethos encouraging strong communication and MDT working to discharge individual's home at the earliest opportunity to reduce the risk of deconditioning within the hospital setting.

8.25 In doing so we will aim to reduce the bed days lost to 11B codes by a further 10% aiming to save a further 580 bed days by end of March 2022. Bed days lost to 27A hasn't evidenced as big an improvement; this could be attributed to the challenges of COVID reducing the ability to discharge patients to another setting. We will seek to improve the bed days lost while waiting on an intermediate care placement by a further 2% aiming to save 93 bed days.

Mental Health Assessment Units

8.26 Total referrals to MHAUs in May 2020 totalled 442 compared to 1443 referrals in May 2020. This illustrates the significant growth in direct referrals to the MHAU's facilitating access for ED's SAS and the Police service and we anticipate this is having a positive overall effect on both ED attendances and admission rates. The average number of MHAU attendances referred by EDs was on average 314 per month over the three months to May 2021. We can therefore estimate that there will be 3,768 ED attendances avoided through this service over a 12 months period.

8.27 development of our work streams to deliver step change will require key outcome and process measures to be developed to measure impact with a view to informing decisions regarding scale up or change of approach. These will be reported at HSCP and GGC level using locality team data in most cases.

8.28 It is the intention to develop mid-year and end year performance reports to allow the full impact to monitored going forward.

8.29 Projection modelling and what if scenario planning tools are being explored in collaboration with Public Health Scotland Local Intelligence Support Team (LIST). A work plan is being developed at the time of writing this paper.

9 GOVERNANCE ARRANGEMENTS

9.1 Governance arrangements have been updated to reflect the complexity of the Unscheduled Care programme. The approved structure is shown in figure 7 below. This structure will:

- facilitate strategic direction and operational leadership of UC;
- provide accountability for developing strategy and design via the Steering Group;
- demonstrate responsibility for implementation via Delivery Groups;
- embed the Programme Management approach to provide assurance that the programme is appropriately managed; and,
- to ensure alignment to system wide UC service profile.

9.2 At a strategic level the overall programme will report to the Strategic Executive Group (SEG) to provide oversight and overall governance assurance. As deemed appropriate there will be escalation to Corporate Management Team (CMT).

9.3 At tactical level reporting will continue to HSCP Tactical and Acute Tactical Group to steer, approve and sponsor the on-going unscheduled care programme activity including JCP and National Redesign of Urgent Care. The Recovery Tactical Group will approve and jointly agree project plans, assess proposals for cross system redesign and prepare update papers for SEG in conjunction with RUC Steering Group.

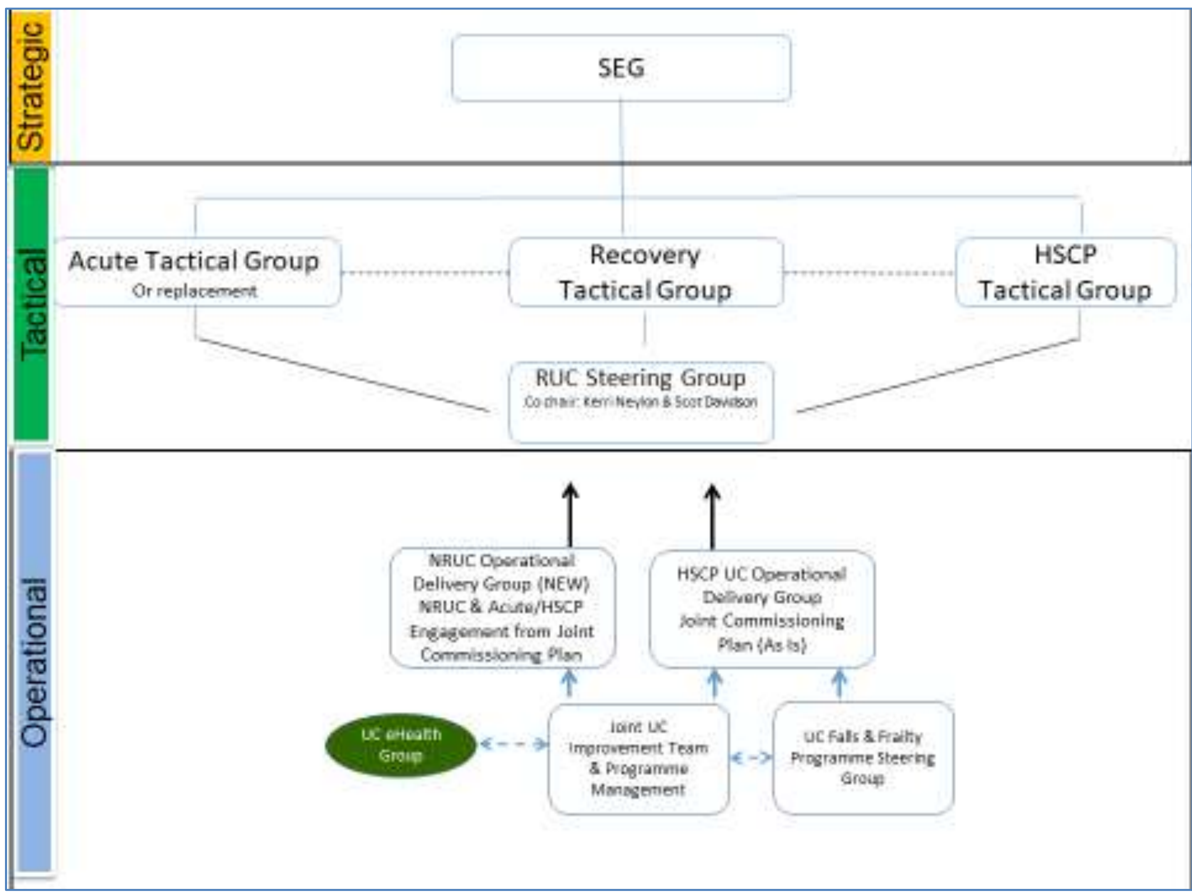
- **Redesign of Urgent Care (RUC) Group** - the role of this group is to develop a cross system approach to redesign, delivery of project plans for Redesign of Urgent Care including CACs, FNC, MHAUs. This will be a key group to link and engage with both Acute & HSCP Tactical groups. This group will also ensure links with Acute Clinical Governance, Acute Partnership Forum, GP Sub and Area Partnership Forum;

- **NRUC Operational Delivery Group** – this is new group within the governance structure. This group will bring together the operation delivery of the NRUC and both Acute and HSCP engagement from the Joint Commissioning Plan;

- **HSCP Unscheduled Care Delivery Group** – this group is responsible for designing and delivering a programme to achieve the ambition set out in the Joint Commissioning Plan;

- **Joint UC Improvement Team & Programme Management** - this team support the development, design and delivery of the JCP & NRUC using a project management approach to provide assurance.

Figure 8 – Unscheduled Care Governance Arrangements



10 PROGRESS REPORTING

10.1 Progress on implementation of each action in the phases outlined above will be reported routinely firstly to the HSCP Delivery Group and then quarterly to the RUC Steering Group, Tactical Groups and onto SEG. Annual updates will also be provided to IJBs and the Health Board.

10.2 Where appropriate escalation of issues or areas of concern will be reported timeously.

10.3 Performance reports on the KPIs in annex E will be submitted monthly in line with existing performance reporting for delays, the four hour target, A&E attendances and other key measures.

10.4 The Data, Information & Knowledge work stream will develop a Standard Operating Procedure providing guidance to support reporting across all levels via appropriate governance routes.

11 NEXT STEPS

11.1 This Design and Delivery Plan provides an update on the 2020 Joint Commissioning Plan for unscheduled care services agreed by IJBs and refreshes our approach in line with the new baseline adjusted for the impact of COVID-19.

11.2 This revised plan has:

- reported on progress against the actions in the original 2020 programme agreed by IJBs;
- reflected on the impact of the pandemic on unscheduled care activity;
- reported on what was delivered in 2020 including the national redesign of urgent care;
- outlined a re-freshed and updated programme, and the content of the different delivery phases;
- explained our proposals for ongoing engagement with clinicians, staff, patients and carers;
- outlined the supporting performance and financial framework; and,
- the organisational governance arrangements to ensure appropriate oversight of implementation of the plan.

11.3 The plan will be presented to IJBs, the Health Board and be the subject of ongoing engagement as outlined in section 4 above, and progress reports issued at regular intervals.

NHS GREATER GLASGOW & CLYDE

UNSCHEDULED CARE
JOINT COMMISSIONING PLAN

DESIGN & DELIVERY PLAN
2022/23-2024/25

ANNEXES

March 2022

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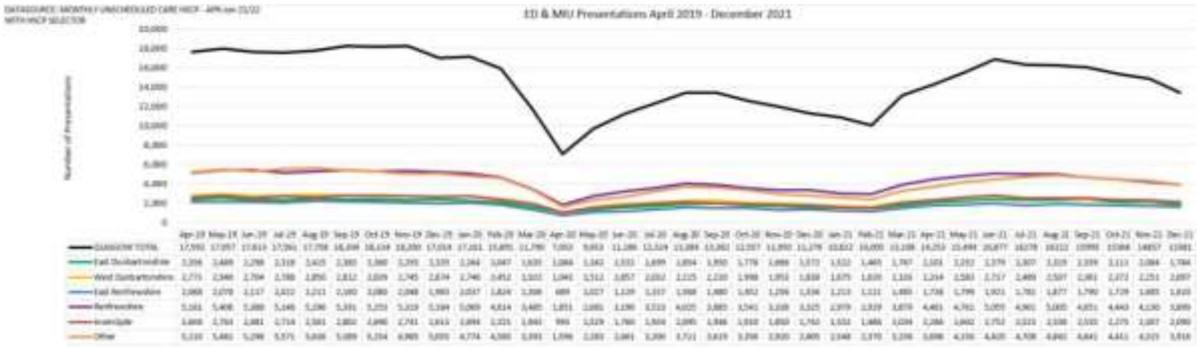
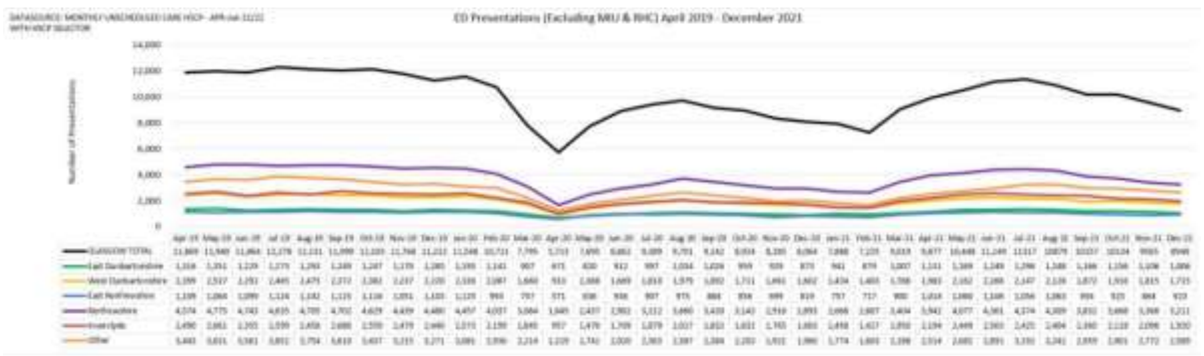
ANNEX A

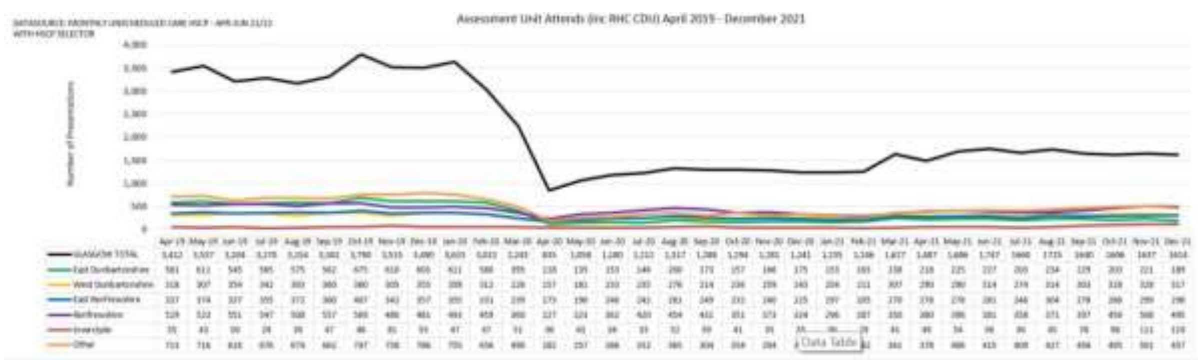
Rear View Mirror

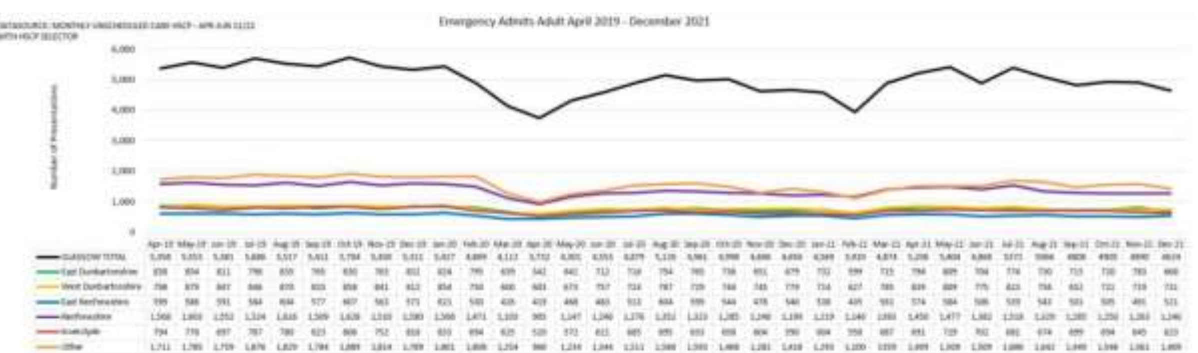
Unscheduled Care activity

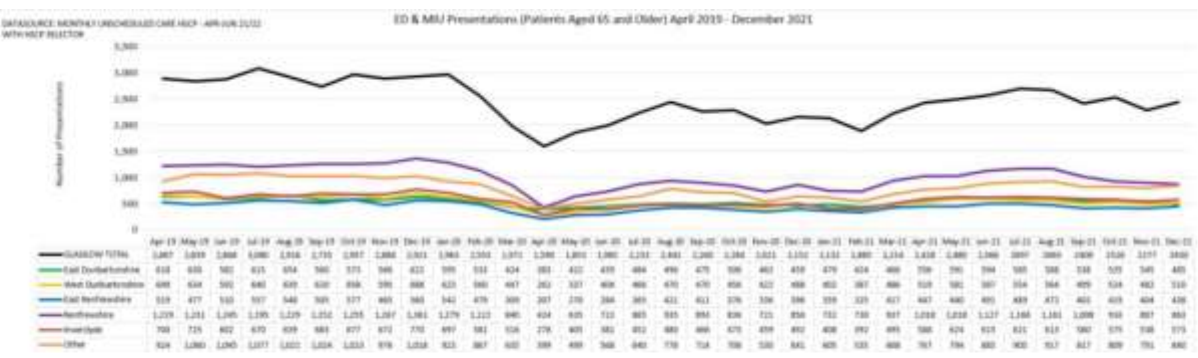
2019-2021
by HSCP and GG&C

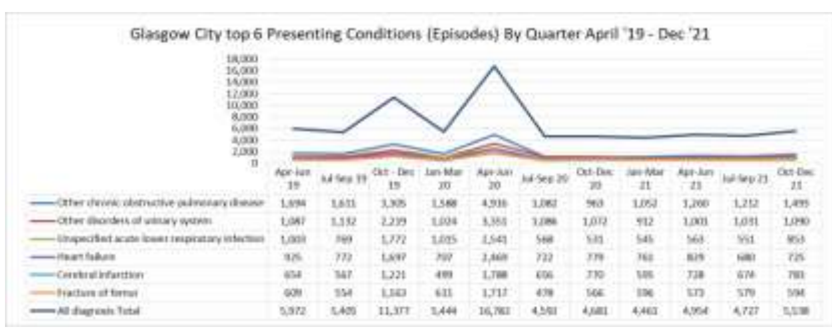



ED Presentations (Excluding MIU & RHC) April 2019 - December 2021
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0


Assessment Unit Attends (inc RHC CDU) April 2019 - December 2021

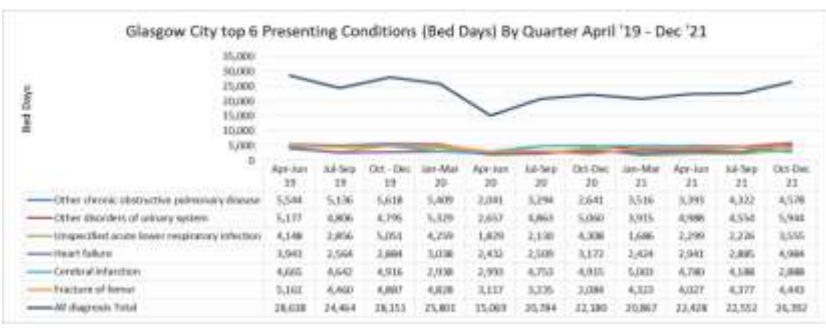

Emergency Admits Adult April 2019 - December 2021
6,000
5,000
4,000
3,000
2,000
1,000
0


ED & MIU Presentations (Patients Aged 65 and Older) April 2019 - December 2021



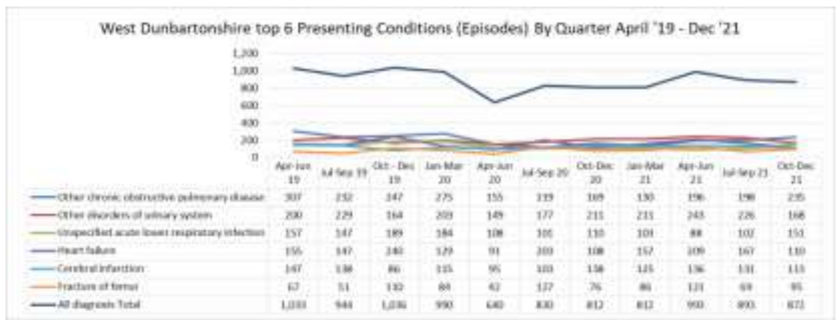
Glasgow City top 6 Presenting Conditions (Episodes) By Quarter April '19 - Dec '21

	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21
Other chronic obstructive pulmonary disease	1,694	1,611	3,305	1,588	4,916	1,082	963	1,052	1,260	1,212	1,495
Other disorders of urinary system	1,087	1,132	2,239	1,024	3,351	1,086	1,072	912	1,001	1,031	1,090
Unspecified acute lower respiratory infection	1,003	769	1,772	1,035	2,541	568	531	545	563	551	853
Heart failure	925	772	1,697	707	2,469	732	779	761	829	680	725
Cerebral infarction	654	567	1,221	499	1,788	656	770	595	728	674	781
Fracture of femur	609	554	1,163	631	1,717	478	566	596	573	579	594
All diagnosis Total	5,972	5,405	11,377	5,444	16,782	4,593	4,681	4,461	4,954	4,727	5,538



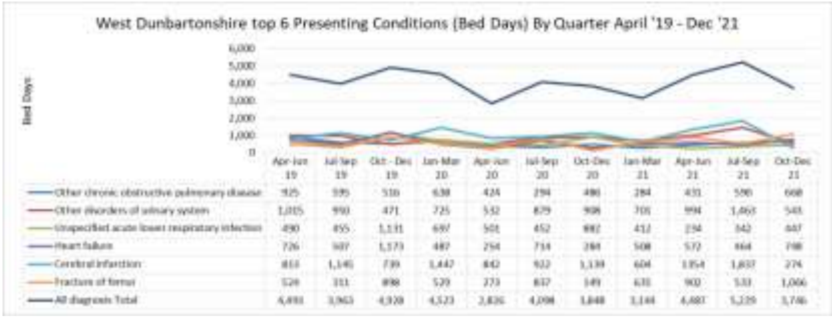
Glasgow City top 6 Presenting Conditions (Bed Days) By Quarter April '19 - Dec '21

	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21
Other chronic obstructive pulmonary disease	5,544	5,136	5,618	5,409	2,041	3,294	2,641	3,516	3,393	4,322	4,578
Other disorders of urinary system	5,177	4,806	4,796	5,329	2,657	4,863	5,060	3,915	4,986	4,554	5,944
Unspecified acute lower respiratory infection	4,148	2,856	5,051	4,259	1,829	2,130	4,308	1,686	2,299	2,226	3,555
Heart failure	3,941	2,564	2,884	3,038	2,432	2,509	3,172	2,424	2,941	2,885	4,984
Cerebral infarction	4,665	4,642	4,916	2,938	2,993	4,753	4,915	5,003	4,780	4,188	2,888
Fracture of femur	5,161	4,460	4,887	4,828	3,117	3,235	3,084	4,323	4,027	4,377	4,443
All diagnosis Total	28,638	24,464	28,151	25,801	15,069	20,784	22,180	20,867	22,428	22,552	26,392



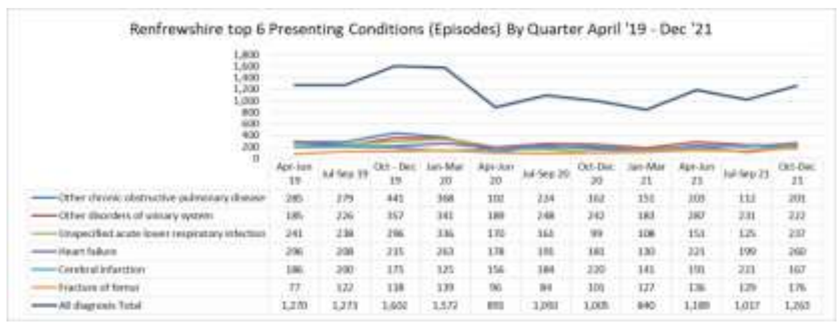
West Dunbartonshire top 6 Presenting Conditions (Episodes) By Quarter April '19 - Dec '21

	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21
Other chronic obstructive pulmonary disease	307	232	247	275	155	119	169	130	196	198	235
Other disorders of urinary system	200	229	164	203	149	177	211	211	243	226	168
Unspecified acute lower respiratory infection	157	147	189	184	108	101	110	103	88	102	151
Heart failure	155	147	240	129	91	203	108	157	109	167	110
Cerebral infarction	147	138	86	115	95	103	138	125	136	131	113
Fracture of femur	67	51	110	88	42	137	76	86	121	69	95
All diagnosis Total	1,033	944	1,036	990	640	830	812	812	990	893	872

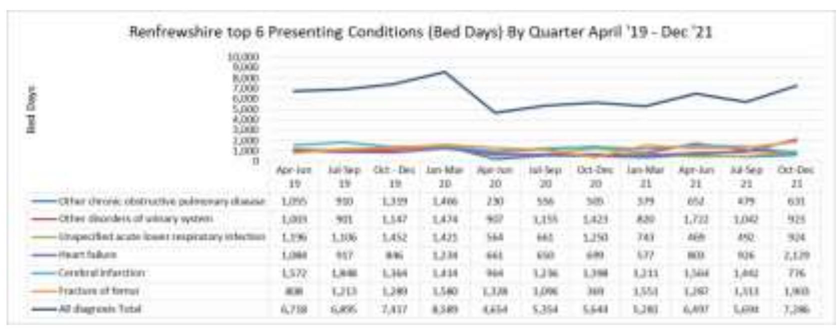


West Dunbartonshire top 6 Presenting Conditions (Bed Days) By Quarter April '19 - Dec '21

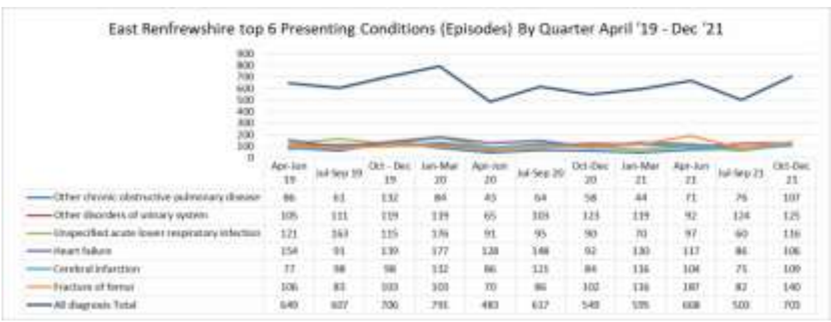
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21
Other chronic obstructive pulmonary disease	925	595	516	638	424	294	490	284	431	590	668
Other disorders of urinary system	1,015	993	471	725	532	879	908	701	994	1,463	543
Unspecified acute lower respiratory infection	490	455	1,131	697	501	452	882	412	234	342	447
Heart failure	726	507	1,173	487	254	714	284	508	572	464	708
Cerebral infarction	853	1,145	739	1,447	842	922	1,139	604	1354	1,837	274
Fracture of femur	524	311	898	529	273	837	149	631	902	533	1,066
All diagnosis Total	4,493	3,963	4,928	4,523	2,836	4,098	3,848	3,144	4,487	5,229	3,746



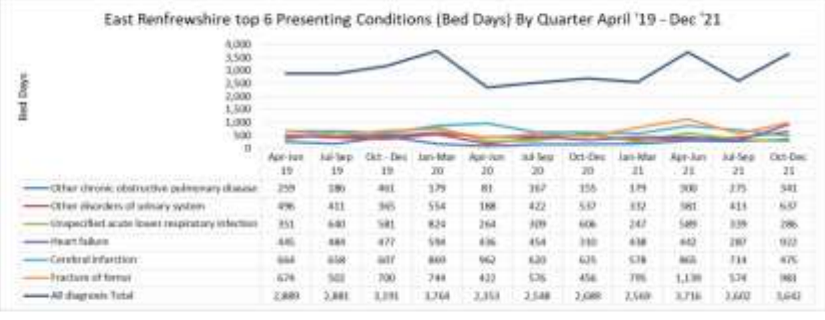
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21
Other chronic obstructive pulmonary disease	285	279	441	368	102	224	162	151	103	112	201
Other disorders of urinary system	185	226	357	341	189	248	242	183	287	231	222
Unspecified acute lower respiratory infection	241	238	296	336	170	163	99	108	153	125	237
Heart failure	296	208	215	263	178	191	181	130	221	199	260
Cerebral infarction	186	200	175	125	156	184	220	141	191	221	167
Fracture of femur	77	122	138	139	96	84	101	127	136	129	176
All diagnosis Total	1,270	1,273	1,602	1,572	893	1,093	1,005	840	1,189	1,017	1,263



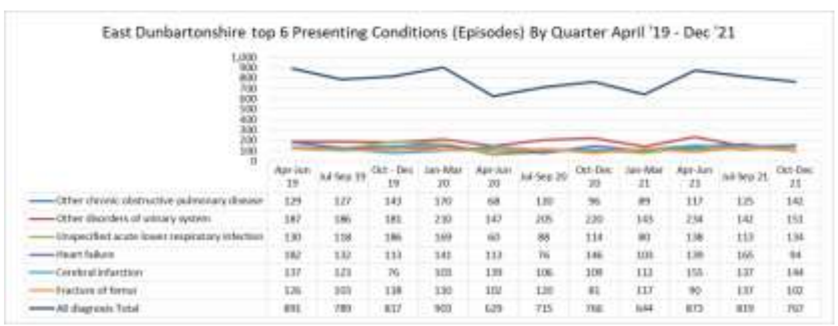
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21
Other chronic obstructive pulmonary disease	1,055	910	1,319	1,466	230	556	505	379	652	479	631
Other disorders of urinary system	1,003	901	1,147	1,474	907	1,155	1,423	820	1,722	1,042	925
Unspecified acute lower respiratory infection	1,196	1,106	1,452	1,421	564	661	1,250	743	469	492	924
Heart failure	1,084	917	846	1,234	661	650	699	577	803	926	2,129
Cerebral infarction	1,572	1,848	1,364	1,414	964	1,236	1,398	1,211	1,564	1,442	776
Fracture of femur	808	1,213	1,289	1,580	1,328	1,096	369	1,551	1,287	1,313	1,903
All diagnosis Total	6,738	6,895	7,437	8,589	4,654	5,354	5,644	5,281	6,497	5,694	7,286



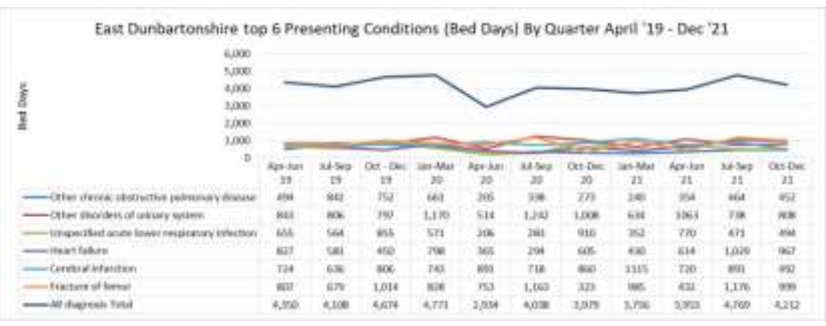
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21
Other chronic obstructive pulmonary disease	86	61	132	84	43	64	58	44	71	76	107
Other disorders of urinary system	105	111	119	119	65	103	123	119	92	124	125
Unspecified acute lower respiratory infection	121	163	115	176	91	95	90	70	97	60	116
Heart failure	154	91	139	177	128	148	92	130	117	86	106
Cerebral infarction	77	98	98	132	86	121	84	116	104	75	109
Fracture of femur	106	83	103	103	70	86	102	116	187	82	140
All diagnosis Total	649	607	706	791	483	617	549	595	668	503	703



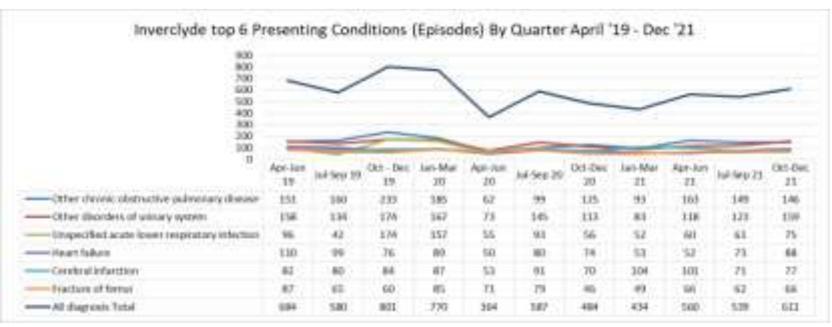
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21
Other chronic obstructive pulmonary disease	259	186	401	179	81	167	155	179	300	275	341
Other disorders of urinary system	496	411	365	554	188	422	537	332	581	413	637
Unspecified acute lower respiratory infection	351	640	581	824	264	309	606	247	589	339	286
Heart failure	445	484	477	594	436	454	310	438	442	287	922
Cerebral infarction	664	658	607	869	962	620	625	578	865	714	475
Fracture of femur	674	502	700	744	422	576	456	795	1,139	574	981
All diagnosis Total	2,889	2,881	3,191	3,764	2,353	2,548	2,689	2,569	3,716	2,602	3,642



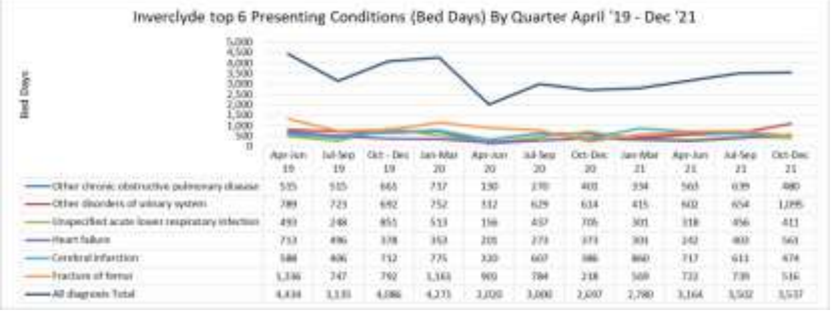
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21
Other chronic obstructive pulmonary disease	129	127	143	170	68	130	96	89	117	125	142
Other disorders of urinary system	187	186	181	230	147	205	220	145	234	142	151
Unspecified acute lower respiratory infection	130	118	186	169	60	88	114	80	138	113	134
Heart failure	182	132	113	141	113	76	146	103	139	165	94
Cerebral infarction	137	123	76	103	139	106	109	112	155	137	144
Fracture of femur	126	103	118	130	102	120	81	117	90	137	102
All diagnosis Total	891	789	817	903	629	715	768	644	873	819	767



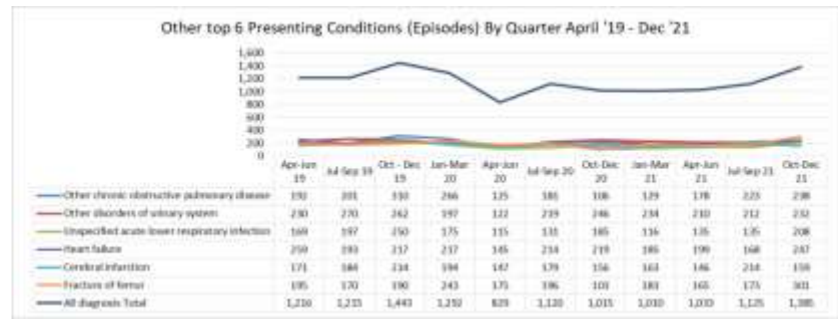
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21
Other chronic obstructive pulmonary disease	494	842	752	663	205	338	273	240	354	464	452
Other disorders of urinary system	863	806	797	1,170	514	1,232	1,008	638	1063	738	808
Unspecified acute lower respiratory infection	655	564	855	571	206	281	910	352	770	471	494
Heart failure	827	581	450	798	365	294	605	430	614	1,029	967
Cerebral infarction	724	636	806	743	893	718	860	1115	720	893	892
Fracture of femur	807	679	1,014	828	753	1,163	323	985	432	1,176	999
All diagnosis Total	4,350	4,108	4,674	4,773	2,934	4,038	3,979	3,756	3,953	4,769	4,212

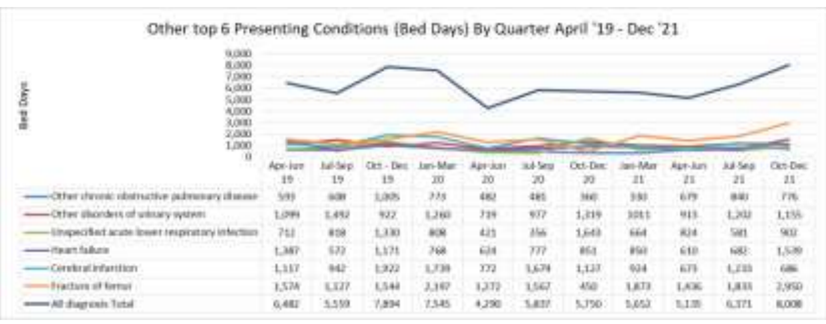


	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21
Other chronic obstructive pulmonary disease	151	160	233	185	62	99	125	93	163	149	146
Other disorders of urinary system	158	136	176	167	73	145	113	83	118	123	159
Unspecified acute lower respiratory infection	96	42	174	157	55	93	56	52	60	61	75
Heart failure	110	99	76	89	50	80	74	53	52	73	88
Cerebral infarction	82	80	84	87	53	91	70	104	101	71	77
Fracture of femur	87	65	60	85	73	79	46	49	66	62	66
All diagnosis Total	684	580	801	770	364	587	484	434	560	539	611



	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21
Other chronic obstructive pulmonary disease	535	515	665	737	330	370	403	334	563	639	480
Other disorders of urinary system	789	723	692	752	332	629	634	415	602	654	1,095
Unspecified acute lower respiratory infection	493	248	851	513	156	437	705	301	318	456	413
Heart failure	753	496	378	353	205	273	373	303	242	403	563
Cerebral infarction	588	406	712	775	320	607	386	860	717	613	474
Fracture of femur	1,336	747	792	1,163	903	784	218	569	722	739	516
All diagnosis Total	4,434	3,135	4,086	4,273	2,020	3,000	2,697	2,780	3,164	3,502	3,537


Other top 6 Presenting Conditions (Episodes) By Quarter April '19 - Dec '21
1,600
1,400
1,200
1,000
800
600
400
200
0
Apr-Jun 19
Jul-Sep 19
Oct - Dec 19
Jan-Mar 20
Apr-Jun 20
Jul-Sep 20
Oct-Dec 20
Jan-Mar 21
Apr-Jun 21
Jul-Sep 21
Oct-Dec 21
Other chronic obstructive pulmonary disease
Other disorders of urinary system
Unspecified acute lower respiratory infection
Heart failure
Cerebral infarction
Fracture of femur
All diagnosis Total


Other top 6 Presenting Conditions (Bed Days) By Quarter April '19 - Dec '21
Bed Days
9,000
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
Apr-Jun 19
Jul-Sep 19
Oct - Dec 19
Jan-Mar 20
Apr-Jun 20
Jul-Sep 20
Oct-Dec 20
Jan-Mar 21
Apr-Jun 21
Jul-Sep 21
Oct-Dec 21
Other chronic obstructive pulmonary disease
Other disorders of urinary system
Unspecified acute lower respiratory infection
Heart failure
Cerebral infarction
Fracture of femur
All diagnosis Total

ANNEX B

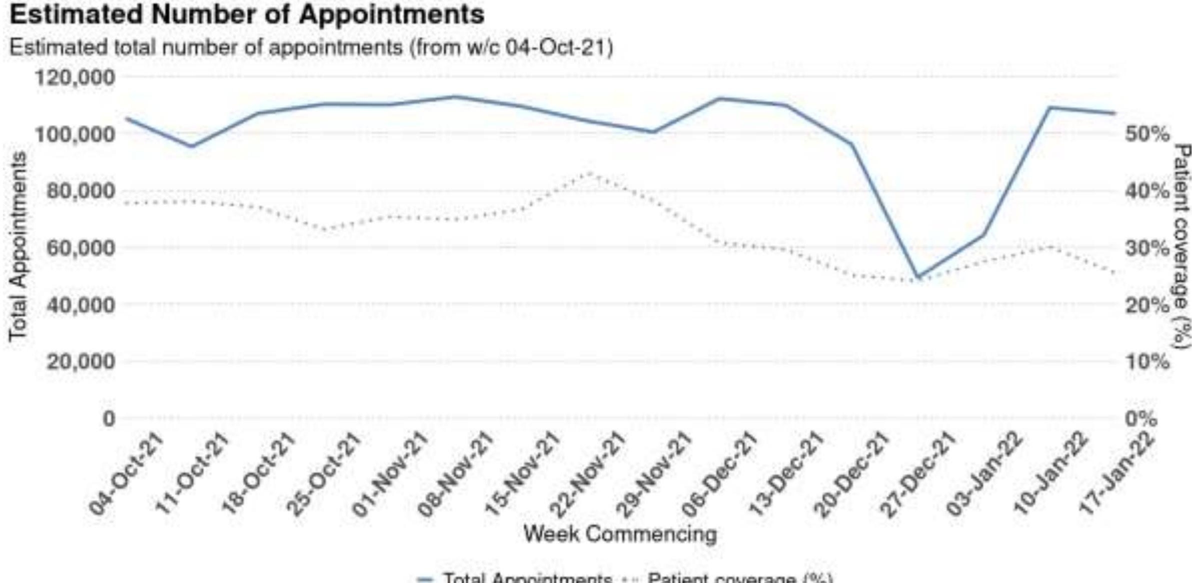
Unscheduled Care: A look back over the period of the Pandemic

Introduction

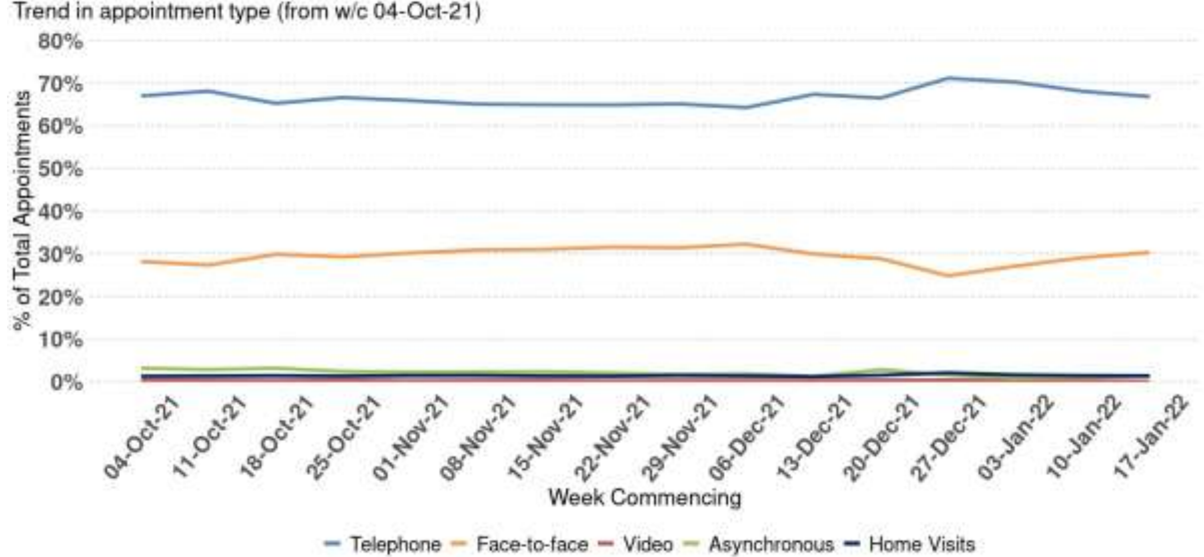
The impact of the COVID-19 pandemic and our response to it has disrupted Unscheduled Care activity levels and the previously understood seasonal trends. It is unclear the extent to which this disruption will have a long-term impact or whether previous trends will reassert themselves. This summary provides an overview of the key dynamics following the flow of demand from Primary Care through the interface to Secondary Care. The response to the pandemic has resulted in the rapid adoption of new ways of working, utilising digital and virtual technology, as well mechanisms such as the Flow Navigation Hub to support direction of patients to the most appropriate services.

Primary Care

Aggregate data on access to GPs is not generally available but in response to concerns about the pressure on these services, a cohort of practices across NHSGGC - accounting for approximately 25% of patients - have participated in a survey to enable estimated trends of demand to be developed. The study suggests that GPs have delivered between 100,000 and 120,000 appointments per week (dip on week of 20 December reflects Christmas holiday period and weekend impact).

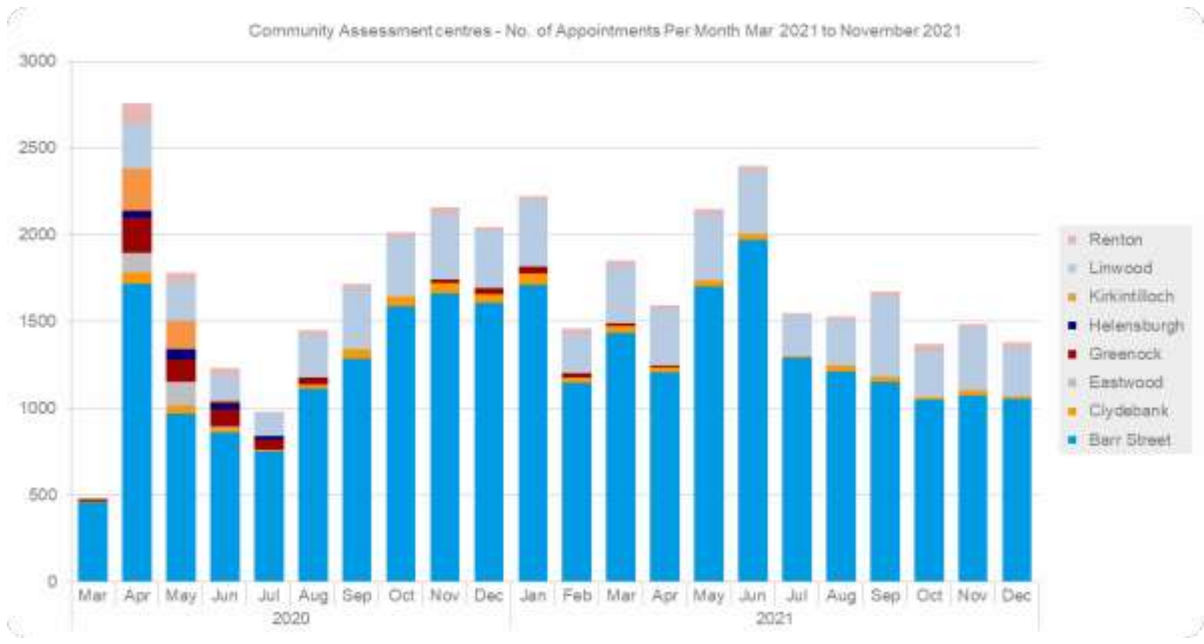


The study also indicates the extent to which telephone appointments account for around two-thirds of all appointments.



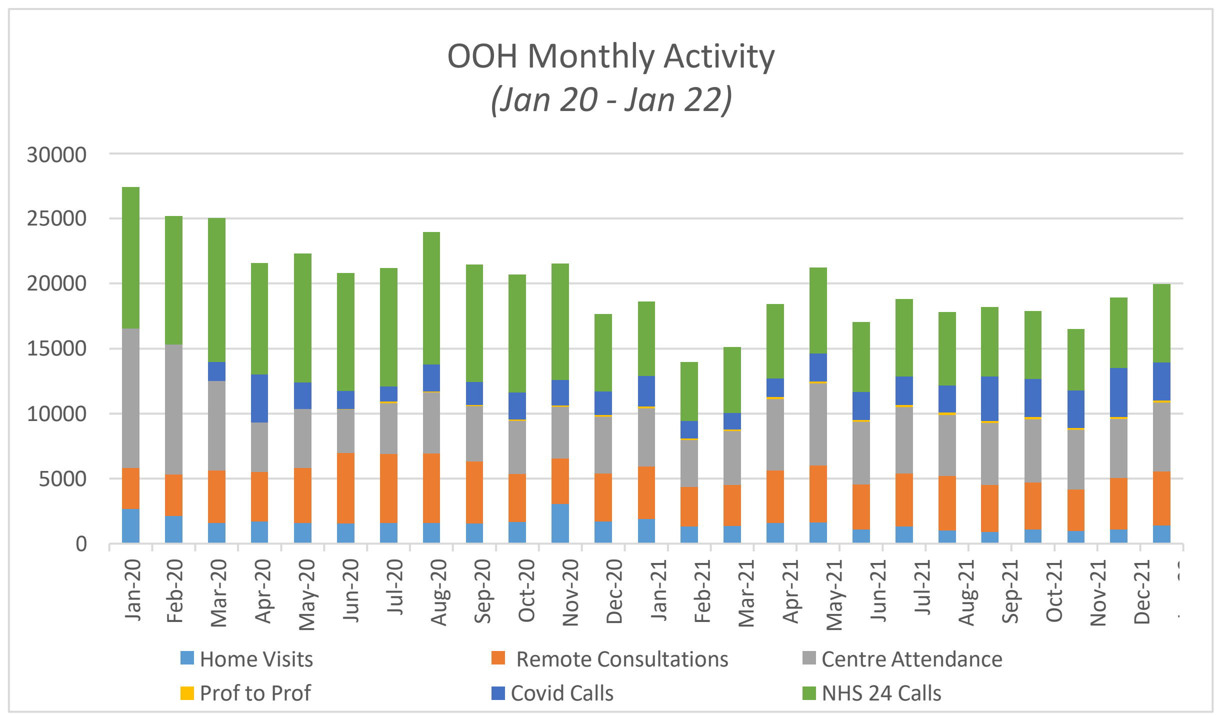
Community Assessment Centres

Established to support GPs to provide safe and rapid access for patients with suspected diagnosis of COVID-19, Community Assessment Centres were set up across NHSGGC. At peak times, 8 were in operation, with a plan to close these facilities by March 2022. These centres operated 12 hours per day with the GP Out of Hours (GPOOH) Service addressing demand when they were closed. Demand has clearly fluctuated over the duration, averaging 1,700 per month but peaking at between 2,100 and 2,700 appointments.



GP Out of Hours (GPOOH)

The GPOOH service has similarly experienced high levels of demand, averaging around 20,000 calls per month. Calls recorded as related to COVID-19 represent approximately 11% of demand, a figure which has been rising over recent months.

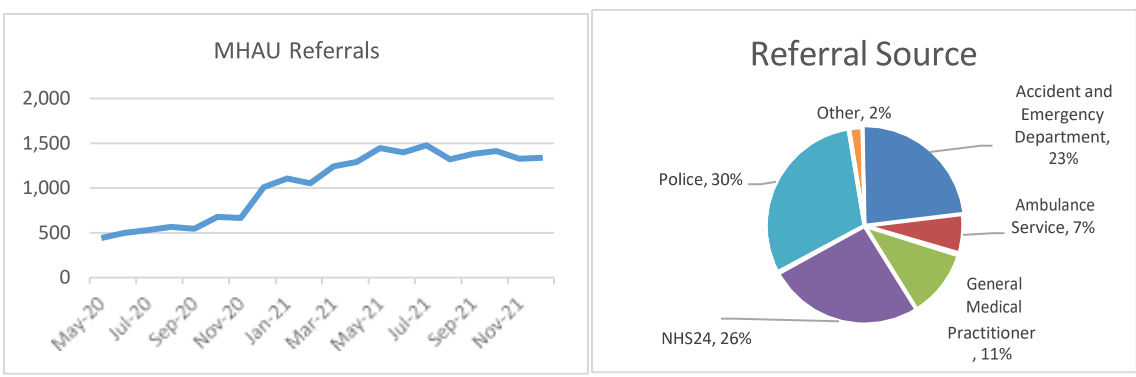


Flow Navigation Hub

The Flow Navigation Hub was introduced in December 2020, providing a mechanism for patients to be referred by NHS111 and be connected with the most appropriate response. This would be delivered as a 'Near Me' virtual consultation or telephone call in the first instance, aiming to avoid a face-to-face presentation where appropriate. There has been a steady progression of care pathways that can be managed in this way.

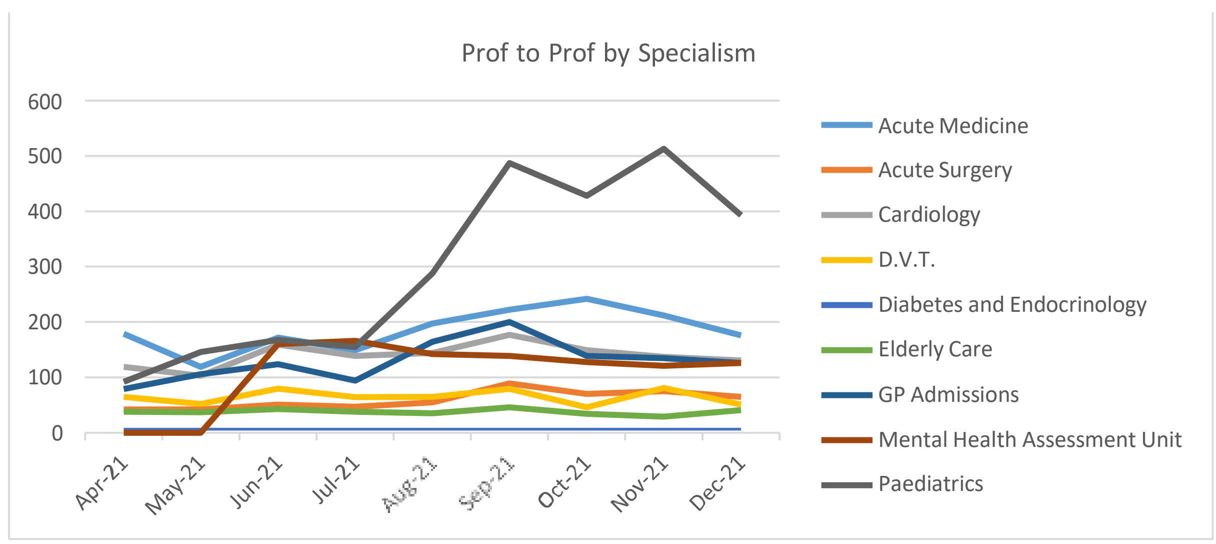
Mental Health Assessment Unit

The Mental Health Assessment Unit was a planned development, which coincided with the onset of the pandemic. This has now proven itself to be a core part of the Urgent Care response and is integrated into the Flow Navigation Hub, managing in the region of 1,400 referrals per month. Analysis of the source of referrals shows the impact this service is having in diverting 70% of presentations that would otherwise have gone straight to A&E departments.



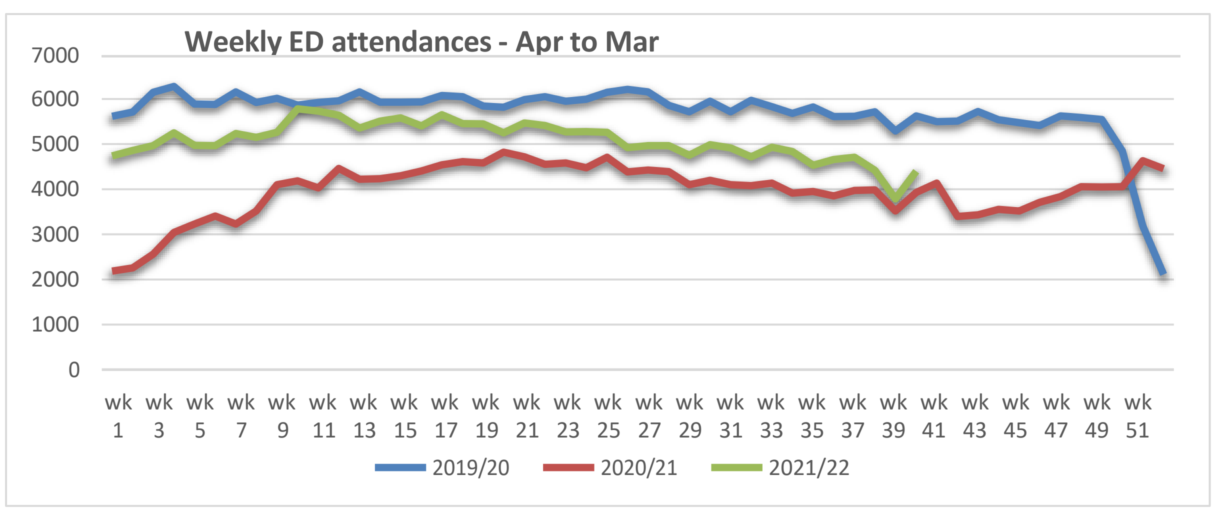
Professional to Professional

'Consultant Connect' is the digital telephone service that has been adopted by Secondary Care to provide rapid access for GPs to specialist advice as an alternative to an emergency admission. This has developed alongside the mechanisms above and is now handling over 1,000 calls per month.

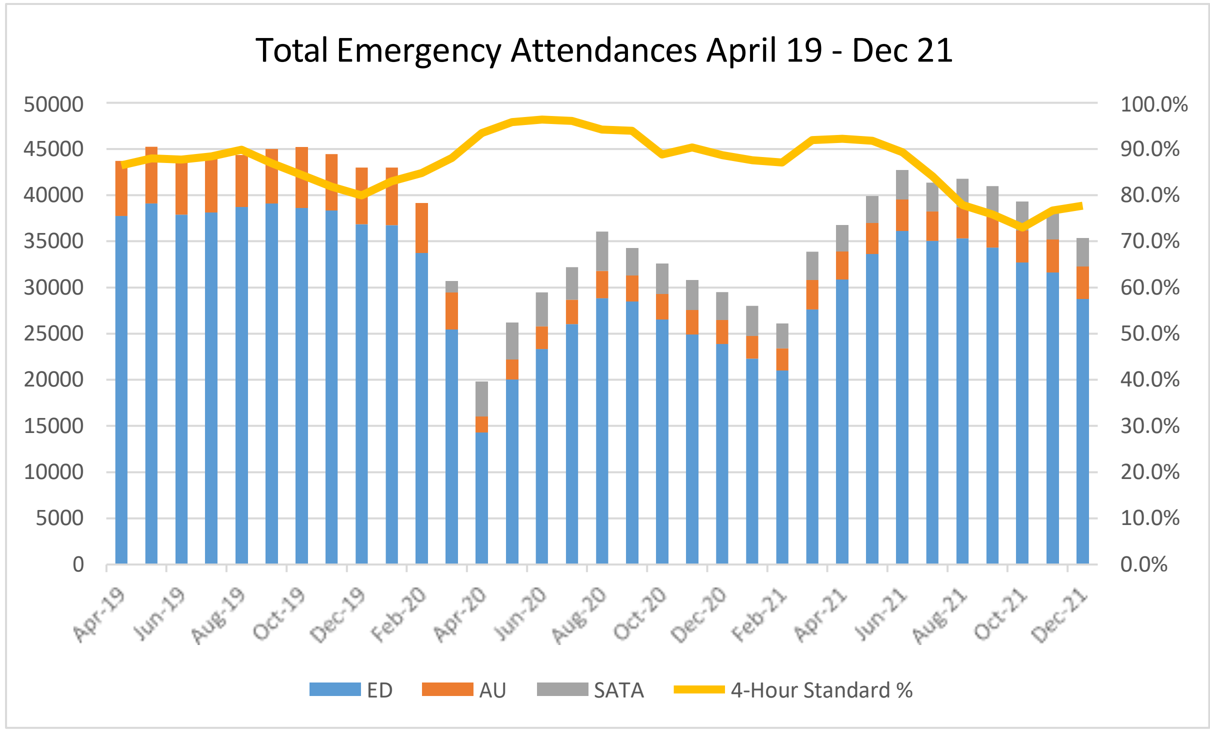


Acute Hospital Attendances

ED attendances dropped substantially during the initial months of the pandemic. Whilst increasing during 2021, the weekly rates have yet to return to pre-pandemic levels.

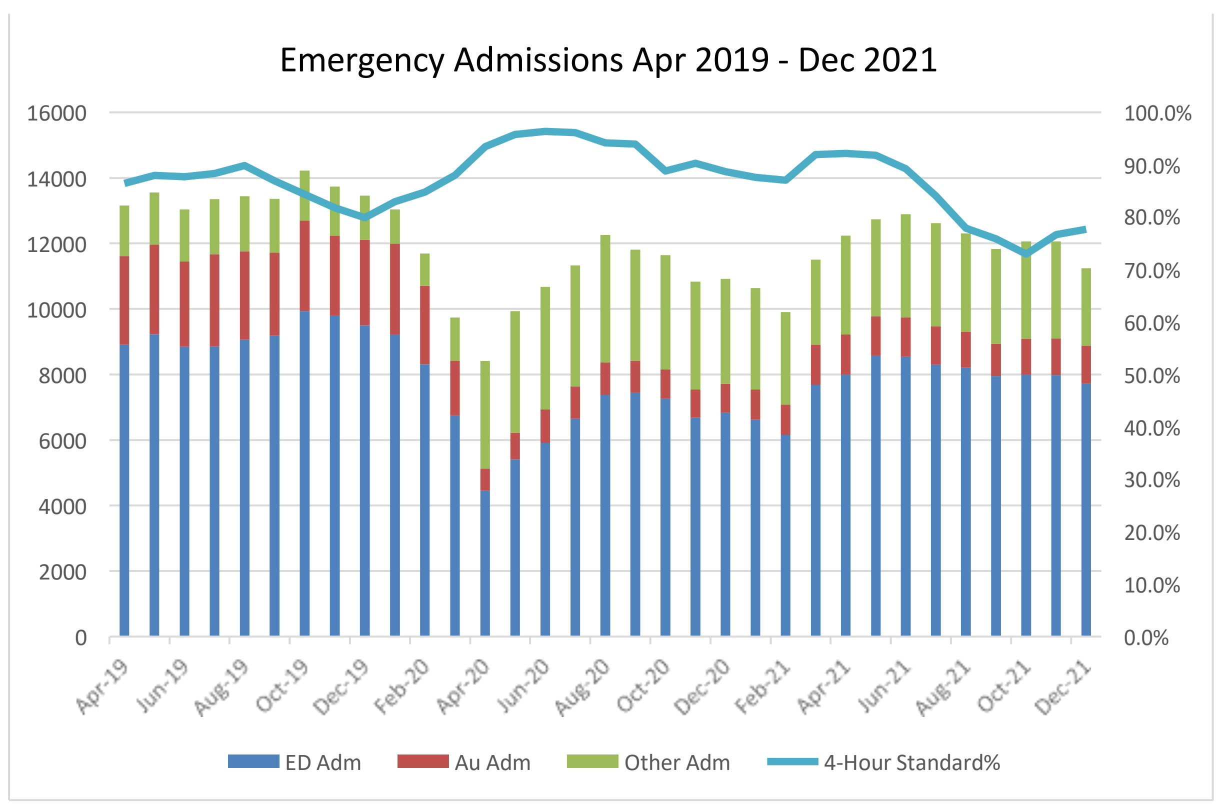


Further comparison - including SATA and Admission Unit attendances, which also contribute to the 4-hour target - clearly describes the profile of activity, which continues to be broadly 10% down on 2019/20 levels.

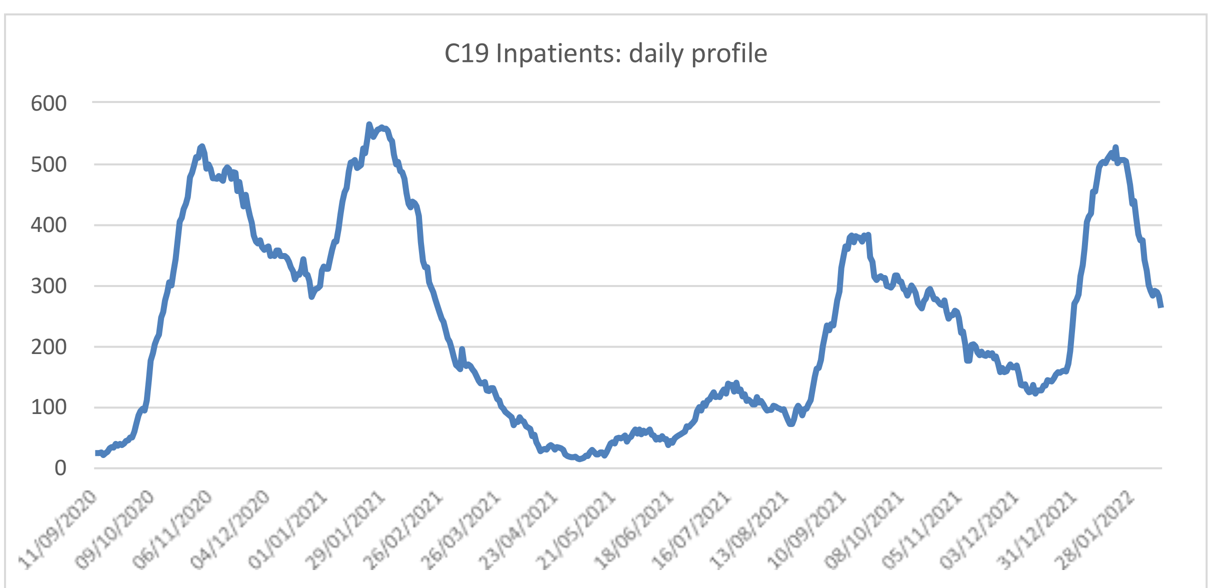


Hospital Admissions

Emergency Admissions mirror the above profile, with demand continuing throughout 2021 to be broadly 9% below pre-pandemic levels.



The necessity of maintaining 'green' and 'red' pathways to separate COVID-19 patients for infection control issues is one of the significant challenges in managing demand efficiently, particularly with continuing high rates of bed occupancy for COVID-19 positive patients which have consistently accounted for 10% or more of bed capacity for unscheduled care admissions.



Conclusion

The pandemic has continued to disrupt trends in demand throughout 2021. The development of new services has contributed to a further understanding of pathways, but not yet in a manner that can be used to project ongoing and future profiles.

ANNEX C

Design & Delivery Action Plan

	Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions	Phase (2 or 3) (2021/23)	Progress update
Communications			
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services	2 & 3	SG Comms campaign on-going re Right Person, Right Place. Opportunities to develop GGC wide comms and engagement strategy in development liaising with the Corporate Comms Team and Public Engagement Team. A number of awareness campaigns have taken place including Falls Week, ACP, and POA etc. HSCP local signposting materials are being reviewed in a number of HSCPs to ensure they are fully reflective of changes
Prevention & Early Intervention			

	Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions	Phase (2 or 3) (2021/23)	Progress update
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions	2 & 3	Via Falls & Frailty Programme Work stream 2: GGC ACP Design & Implementation Group well established with GGC Action Plan developed HSCP ACP Implementation Groups established with implementation plans developed. ACP Standard Operating Procedure developed due to be implemented Jan 2022. Approval routes via Clinical Advisory Group and Quality Outcomes Group. Number of ACPs on Clinical Portal has increased (working with eHealth to develop monthly reporting Staff trained increased significantly in the last 12 months: since Aug 2020 till Dec 2021 818 completed emodule and 475 completed virtual training ACP Champions across GGC has improved over the last 12 months with 35 across GG&C Quality Assurance approach to be developed to ensure the information within the ACP is of a standard to support decision making
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department	2 & 3	Work on-going with SAS to ensure all pathways are considered for patients who have had a fall but may not need conveyed to A&E. This is being progressed via the Falls & Frailty Work stream and RUC FNC.

	Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions	Phase (2 or 3) (2021/23)	Progress update
4	We will develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions	2 & 3	Approved MDT Interface model development with enhanced roles including Advanced Practice Frailty Practitioner and other roles operating within a hub and spoke model to support prevention of conveyance to front door, supporting individuals at home or their homely setting and early turnaround of those individuals to the community for those who do not require clinical care within the hospital setting. Frailty Pathway and Operating Model being developed to support the implementation of the enhanced MDT teams for RAH and QEUH. This will include the identification of frailty within the population and pathways to community supports (volunteers and managed services)
5	We will increase support to carers as part of implementation of the Carer's Act	2 & 3	Being monitored locally by each HSCP via their Carer's Plan. Connections and opportunities are considered across all the Falls & Frailty Work streams.
6	We will increase community capacity to support individuals within their community engaging with 3rd sector, Culture & Leisure Trusts, Primary Care Link Workers etc.	2 & 3	Community capacity building will be tracked within this programme via Work Stream 5 Sub Group 1A.
7	We will develop integrated pathways for the top six conditions most associated with admission to hospital with the aim of better supporting patients in the community	2 & 3	Community Respiratory Pathway ToC with SAS - North Glasgow Pilot for COPD patients already known to the CRT.
8	We will develop a range of alternatives to admission for GPs such as access to consultant advice, access to diagnostics and "hot clinics" e.g. community respiratory team advice for COPD and promote consultant connect - that enable unscheduled care to be converted into urgent planned care wherever possible	2 & 3	Activity on-going to extend the range of alternatives. Performance updates provided via RMP process. OOHs pathways for Palliative and Care Homes in development

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions		Phase (2 or 3) (2021/23)	Progress update
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission	2 & 3	HSCP models being monitored. Work Stream 5 Sub Groups considering alternatives pathways to support individuals within the community to minimise the risk of an admission to hospital
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes	2 & 3	Nursing/Care Home Falls Pathway via Flow Navigation Centre test phase OOHs pathway being developed
11	We will explore extending the care home local enhanced service to provide more GP support to care homes	2 & 3	Led by Primary Care
Primary Care & Secondary Care Interface			
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time	**2 & 3**	NHSGGC representatives have collaborated with Scottish Government colleagues to produce a National Redirection Policy guidance document that was launched on 02/12/2021 This updated guidance supports a 'Once for Scotland' approach. NHS Boards, Health and Social Care Partnerships, (H&SCPs), Primary Care (PC) and the Royal College of Emergency Medicine (RCEM) have worked collaboratively with the Scottish Government to review and amalgamate best practice examples from across the country and translate them into implementable guidance. GGC have developed local procedures in line with the policy and a standard technical solution to recording activity and providing automated feedback to GP's is now being explored.

	Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions	Phase (2 or 3) (2021/23)	Progress update
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service	2 & 3	As part of the Redesign of Urgent Care programme aligned to the Right Care in the Right Place at the Right Time, NHSGGC designed and implemented a Flow Navigation Centre (FNC) to provide a new planned urgent care service in partnership with NHS24. The FNC directly receives clinical referrals through the NHS111 service providing rapid access to an appropriate clinical decision maker within the multidisciplinary team, optimising digital health through a telephone or video consultation where possible, minimising the need to attend A&E. The service has developed multiple specialty outflow pathways designed to provide an urgent but planned appointment that enables patients to be seen by the most appropriate clinician avoiding attendance at the ED, MIU and/or Assessment Units. This work continues with focus on further pathway development and interconnections between other health and social care service providers.
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites	√	NHSGGC has three designated MIU's at Stobhill, Victoria and Vale of Leven. During the pandemic both GRI and QEUH established designated MIU areas adjacent to the ED. Within RAH and IRH site configuration and resources have facilitated designated areas for minor injury patients to enable patients to be streamed accordingly, these are not adjacent units but areas within the existing units.
15	We will incentivise patients to attend MIUs rather than A&E with non-emergencies through the testing of a tow hour treatment target.	3	The Redesign of Urgent Care has included the introduction of planned urgent care services through the FNC and appointment based attendance at MIU's. This action has been aligned to phase 3 of the programme as it is anticipated that the changes made in the service provision to accommodate appointments within the MIU's may supersede the previous thinking around this specific action.

	Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions	Phase (2 or 3) (2021/23)	Progress update
16	We will explore extending MIU hours of operation to better match demand	3	The Redesign of Urgent Care work continues to review and align hours of operation to meet service demands. This action has been aligned to phase 3 of the programme as it is anticipated that the FNC pathway development and the virtual appointment based system now in place may provide alternative options to extending MIU opening times that might achieve extended access for non-urgent minor injuries.
17	We will improve urgent access to mental health services	2 & 3	Mental Health Assessment Units (MHAU) were established as part of the immediate response to Covid-19. NHSGGC's MHAU provides access for patients through the NHS111 service where further specialist assessment is required and in addition now provides direct access routes for ED's, SAS, and the Police and in addition we have established in hours and out of hours GP access. The service is now also enhanced through a professional to professional advice service where clinicians can discuss and refer patients of concern and rapid action taken to provide specialist input.
18	We will reduce the number of A&E attendances accounted for by people who have attended more than five times in the previous twelve months equivalent to 2% of total attendances.	2 & 3	During the pandemic ED's have introduced the signposting and redirection policy and in addition at a local level a number of bespoke approaches developed to ensure appropriate treatment plans are in place for individuals with high attendances. We have not progressed any whole systems change and therefore this action will be reviewed at a later date to agree how to progress.
19	We will reduce the number of people discharged on the same day from GP assessment units through the implementation of care pathways for high volume conditions such as deep vein thrombosis and abdominal pain. To enable this we will review same day discharges and signpost GPs to non-hospital alternatives that can be accessed on a planned basis	3	This is a phase 3 action, work has however commenced on specialty pathways aligned to the FNC with a test of change completed at the QEUH relative to developing a planned response for GP referrals. This work will continue through the Redesign of Urgent Care and future updates provided accordingly.

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions		Phase (2 or 3) (2021/23)	Progress update
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty. (PILOT ONLY)	2 & 3	H@H pilot to launch February 2022. A significant programme of work has been undertaken to design the concept of a 'virtual ward' with technical and clinical processes developed to support the delivery of NHSGGC's H@H model. We will be in a position to report progress following the Feb 2022 launch.
21	Improving access and waiting times for scheduled care at QEUH and GRI to reduce the time patients are waiting for procedures and thereby the likelihood of them attending A&E	2 & 3	Programme underway and to be reported vis routine performance reports to Health Board meetings
Improving Discharge		□	
21	We will work with acute services to increase by 10% the number of discharges occurring before 12:00 noon and at weekends and during peak holiday seasons, including public holidays	2 & 3	A number of actions underway: - Discharge to Assess Policy implementation (review of implementation required) - Hospital @ Home Pilot - MDT Interface Model
22	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person it medically fit.	2 & 3	Discharge to Assess Policy Implementation of the MDT Interface Hub and Spoke Model
23	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance	2 & 3	Being developed within Work Stream 5 of the Falls & Frailty Programme

	Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions	Phase (2 or 3) (2021/23)	Progress update
24	We will reduce delayed discharges so that the level of delays accounts for approximately 2.5-3.0% of total acute beds, and bed days lost to delays is maintained within the range of 37,00-40,000 per year	3	All of the above actions will support this ambition

ANNEX D

UNSCHEDULED CARE FINANCIAL FRAMEWORK

Unscheduled Care : Financial Framework		Glasgow City IA					Inverclyde IA				
		Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Phase 1											
Communications											
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services.	N/R	£74,000	£0	£0	£74,000	R	£10,000	£10,000	£0	£20,000
Prevention & Early Intervention											
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions.	R	£52,460	£10,287	£0	£62,747	R	£66,200	£22,067	£0	£88,267
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department.	R	£52,060	£17,353	£0	£69,414		£0	£0	£0	£0
4	We will through the frailty collaborative develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions.	R	£791,231	£71,744	£0	£862,974	R	£11,000	£0	£0	£11,000
5	We will increase support to carers as part of implementation of the Carer's Act.		£0	£0	£0	£0		£0	£0	£0	£0
6	We will increase community capacity to support individuals within their community engaging with 3rd sector, Culture & Leisure Trusts, Primary Care Link Workers etc		£0	£0	£0	£0	£0	£0	£0	£0	£0
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission.		£0	£0	£0	£0		£0	£0	£0	£0
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes.		£0	£0	£0	£0		£0	£0	£0	£0
Primary Care & Secondary Care Interface											
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time.		£0	£0	£0	£0		£0	£0	£0	£0
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service.		£0	£0	£0	£0		£0	£0	£0	£0
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites.		£0	£0	£0	£0	N/R	£5,000	£0	£0	£5,000
17	We will improve urgent access to mental health services.	R	£683,694	£0	£0	£683,694	R	£93,453	£0	£0	£93,453
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty. (PILOT ONLY - SOUTH).	N/R	£1,353,000	£0	£0	£1,353,000		£0	£0	£0	£0
21	Improving access and waiting times for scheduled care at QEUH and GRI to reduce the time patients are waiting for procedures and thereby the likelihood of them attending A&E		£0	£0	£0	£0		£0	£0	£0	£0
Improving Discharge											
23	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person it medically fit.	N/R	£210,000	£200,000	£0	£410,000		£0	£0	£0	£0
24	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance.	N/R and R	£210,000	£0	£0	£210,000	N/R	£10,000	£0	£0	£10,000
Total			**£3,426,445**	**£299,384**	**£0**	**£3,725,829**		**£195,653**	**£32,067**	**£0**	**£227,720**

	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Recurring	£1,679,445	£99,384	£0	£1,778,829	£180,653	£32,067	£0	£212,720
Non Recurring	£1,747,000	£200,000	£0	£1,947,000	£15,000	£0	£0	£15,000
Total	**£3,426,445**	**£299,384**	**£0**	**£3,725,829**	**£195,653**	**£32,067**	**£0**	**£227,720**

Funding : Recurring Expenditure	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Scottish Government Funding	£676,000	£0	£0	£676,000	£11,000	£0	£0	£11,000
Scottish Government Funding : COVID	£0	£0	£0	£0	£0	£0	£0	£0
IJB Budget	£319,751	£99,384	£0	£419,135	£10,000	£10,000	£0	£20,000
Total Funding Recurring	**£995,751**	**£99,384**	**£0**	**£1,095,135**	**£21,000**	**£10,000**	**£0**	**£31,000**

Funding Gap	**£683,694**	**£0**	**£0**	**£683,694**	**£159,653**	**£22,067**	**£0**	**£181,720**

Funding : Non Recurring Expenditure	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Earmarked Reserves	£0	£0	£0	£0	£15,000	£0	£0	£15,000
Manage within HSCP Budget	£284,000	£200,000	£0	£484,000	£0	£0	£0	£0
Scottish Government Funding	£1,463,000	£0	£0	£1,463,000	£0	£0	£0	£0
Total Funding Non Recurring	**£1,747,000**	**£200,000**	**£0**	**£1,947,000**	**£15,000**	**£0**	**£0**	**£15,000**

Funding Gap	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**

Unscheduled Care : Financial Framework		East Renfrewshire IA					West Dunbartonshire IA				
		Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Phase 1											
Communications											
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services.	R	£10,000	£0	£0	£10,000	R	£10,000	£0	£0	£10,000
Prevention & Early Intervention											
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions.	R	£21,652	£7,217	£0	£28,869	R	£8,482	£0	£0	£8,482
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department.		£0	£0	£0	£0		£0	£0	£0	£0
4	We will through the frailty collaborative develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions.		£77,508	£25,836	£0	£103,344	R	£126,268	£0	£0	£126,268
5	We will increase support to carers as part of implementation of the Carer's Act.		£0	£0	£0	£0		£0	£0	£0	£0
6	We will increase community capacity to support individuals within their community engaging with 3rd sector, Culture & Leisure Trusts, Primary Care Link Workers etc		£0	£0	£0	£0		£0	£0	£0	£0
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission.	R	£85,696	£28,565	£0	£114,262		£0	£0	£0	£0
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes.	R	£93,194	£31,065	£0	£124,259	R	£61,876	£0	£0	£61,876
Primary Care & Secondary Care Interface											
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time.		£0	£0	£0	£0		£0	£0	£0	£0
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service.		£0	£0	£0	£0		£0	£0	£0	£0
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites.		£0	£0	£0	£0		£0	£0	£0	£0
17	We will improve urgent access to mental health services.	R	£91,161	£0	£0	£91,161	R	£103,638	£0	£0	£103,638
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty. (PILOT ONLY - SOUTH).		£0	£0	£0	£0		£0	£0	£0	£0
21	Improving access and waiting times for scheduled care at QEUH and GRI to reduce the time patients are waiting for procedures and thereby the likelihood of them attending A&E		£0	£0	£0	£0		£0	£0	£0	£0
Improving Discharge											
23	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person it medically fit.		£0	£0	£0	£0	R	£617,925	£0	£0	£617,925
24	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance.		£0	£0	£0	£0	R	£599,109	£0	£0	£599,109
Total			**£379,211**	**£92,683**	**£0**	**£471,895**		**£1,527,298**	**£0**	**£0**	**£1,527,298**

	ER 2022/23 (£)	ER 2023/24 (£)	ER 2024/25 (£)	ER Total (£)	WD 2022/23 (£)	WD 2023/24 (£)	WD 2024/25 (£)	WD Total (£)
Recurring	£379,211	£92,683	£0	£471,895	£1,527,298	£0	£0	£1,527,298
Non Recurring	£0	£0	£0	£0	£0	£0	£0	£0
Total	**£379,211**	**£92,683**	**£0**	**£471,895**	**£1,527,298**	**£0**	**£0**	**£1,527,298**

Funding : Recurring Expenditure	ER 2022/23 (£)	ER 2023/24 (£)	ER 2024/25 (£)	ER Total (£)	WD 2022/23 (£)	WD 2023/24 (£)	WD 2024/25 (£)	WD Total (£)
Scottish Government Funding	£203,204	£54,401	£0	£257,605	£1,405,178	£0	£0	£1,405,178
Scottish Government Funding : COVID	£0	£0	£0	£0	£0	£0	£0	£0
IJB Budget	£84,846	-£84,846	£0	£0	£18,482	£0	£0	£18,482
Total Funding Recurring	**£288,050**	**-£30,445**	**£0**	**£257,605**	**£1,423,660**	**£0**	**£0**	**£1,423,660**
Funding Gap	**£91,161**	**£123,128**	**£0**	**£214,290**	**£103,638**	**£0**	**£0**	**£103,638**

Funding : Non Recurring Expenditure	ER 2022/23 (£)	ER 2023/24 (£)	ER 2024/25 (£)	ER Total (£)	WD 2022/23 (£)	WD 2023/24 (£)	WD 2024/25 (£)	WD Total (£)
Earmarked Reserves	£0	£0	£0	£0	£0	£0	£0	£0
Manage within HSCP Budget	£0	£0	£0	£0	£0	£0	£0	£0
Scottish Government Funding	£0	£0	£0	£0	£0	£0	£0	£0
Total Funding Non Recurring	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**
Funding Gap	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**

Unscheduled Care : Financial Framework		East Dunbartonshire IA					Renfrewshire IA				
		Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Phase 1											
Communications											
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services.	R	£10,000	£0	£0	£10,000		£0	£0	£0	£0
Prevention & Early Intervention											
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions.		£0	£0	£0	£0	N/R	£20,000	£0	£0	£20,000
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department.		£0	£0	£0	£0	R	£0	£0	£0	£0
4	We will through the frailty collaborative develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions.	R	£393,679	£139,634	£0	£533,313	R	£2,367,365	£0	£0	£2,367,365
5	We will increase support to carers as part of implementation of the Carer's Act.		£0	£0	£0	£0		£0	£0	£0	£0
6	We will increase community capacity to support individuals within their community engaging with 3rd sector, Culture & Leisure Trusts, Primary Care Link Workers etc		£0	£0	£0	£0		£0	£0	£0	£0
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission.	R	£400,648	£13,125	£0	£413,773	R	£620,000	£0	£0	£620,000
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes.	R	£326,991	£0	£0	£326,991	R and N/R	£0	£0	£0	£0
Primary Care & Secondary Care Interface											
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time.		£0	£0	£0	£0	N/R	£0	£0	£0	£0
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service.		£0	£0	£0	£0		£0	£0	£0	£0
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites.		£0	£0	£0	£0		£0	£0	£0	£0
17	We will improve urgent access to mental health services.	R	£106,312	£0	£0	£106,312	R	£194,672	£0	£0	£194,672
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty. (PILOT ONLY - SOUTH).		£0	£0	£0	£0		£0	£0	£0	£0
21	Improving access and waiting times for scheduled care at QEUH and GRI to reduce the time patients are waiting for procedures and thereby the likelihood of them attending A&E		£0	£0	£0	£0		£0	£0	£0	£0
Improving Discharge											
23	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person it medically fit.		£182,007	£0	£0	£182,007		£530,112	£0	£0	£530,112
24	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance.	R	£1,072,745	£0	£0	£1,072,745	N/R	£20,000	£0	£0	£20,000
Total			**£2,492,382**	**£152,759**	**£0**	**£2,645,141**		**£3,752,149**	**£0**	**£0**	**£3,752,149**

	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Recurring	£2,492,382	£152,759	£0	£2,645,141	£3,712,149	£0	£0	£3,712,149
Non Recurring	£0	£0	£0	£0	£40,000	£0	£0	£40,000
Total	**£2,492,382**	**£152,759**	**£0**	**£2,645,141**	**£3,752,149**	**£0**	**£0**	**£3,752,149**

Funding : Recurring Expenditure	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Scottish Government Funding	£2,059,079	£152,759	£0	£2,211,838	£3,517,477	£0	£0	£3,517,477
Scottish Government Funding : COVID	£0	£0	£0	£0	£0	£0	£0	£0
IJB Budget	£326,991	£0	£0	£326,991	£0	£0	£0	£0
Total Funding Recurring	**£2,386,070**	**£152,759**	**£0**	**£2,538,829**	**£3,517,477**	**£0**	**£0**	**£3,517,477**
Funding Gap	**£106,312**	**£0**	**£0**	**£106,312**	**£194,672**	**£0**	**£0**	**£194,672**

Funding : Non Recurring Expenditure	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Earmarked Reserves	£0	£0	£0	£0	£40,000	£0	£0	£40,000
Manage within HSCP Budget	£0	£0	£0	£0	£0	£0	£0	£0
Scottish Government Funding	£0	£0	£0	£0	£0	£0	£0	£0
Total Funding Non Recurring	**£0**	**£0**	**£0**	**£0**	**£40,000**	**£0**	**£0**	**£40,000**
Funding Gap	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**

Unscheduled Care : Financial Framework		Greater Glasgow and Clyde Health Board					Total			
		Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Phase 1										
Communications										
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services.		£0	£0	£0	£0	£114,000	£10,000	£0	£124,000
Prevention & Early Intervention										
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions.		£0	£0	£0	£0	£168,794	£39,571	£0	£208,365
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department.		£0	£0	£0	£0	£52,060	£17,353	£0	£69,414
4	We will through the frailty collaborative develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions.		£0	£0	£0	£0	£3,767,051	£237,214	£0	£4,004,265
5	We will increase support to carers as part of implementation of the Carer's Act.		£0	£0	£0	£0	£0	£0	£0	£0
6	We will increase community capacity to support individuals within their community engaging with 3rd sector, Culture & Leisure Trusts, Primary Care Link Workers etc		£0	£0	£0	£0	£0	£0	£0	£0
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission.		£0	£0	£0	£0	£1,106,344	£41,690	£0	£1,148,035
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes.		£0	£0	£0	£0	£482,061	£31,065	£0	£513,126
Primary Care & Secondary Care Interface										
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time.	R	£1,200,000	£0	£0	£1,200,000	£1,200,000	£0	£0	£1,200,000
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service.	R	£2,546,221	£0	£0	£2,546,221	£2,546,221	£0	£0	£2,546,221
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites.	R	£728,000	£0	£0	£728,000	£733,000	£0	£0	£733,000
17	We will improve urgent access to mental health services.		£0	£0	£0	£0	£1,272,930	£0	£0	£1,272,930
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty. (PILOT ONLY - SOUTH).		£0	£0	£0	£0	£1,353,000	£0	£0	£1,353,000
21	Improving access and waiting times for scheduled care at QEUH and GRI to reduce the time patients are waiting for procedures and thereby the likelihood of them attending A&E	N/R	£20,000,000	£0	£0	£20,000,000	£20,000,000	£0	£0	£20,000,000
Improving Discharge										
23	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person it medically fit.		£0	£0	£0	£0	£1,540,044	£200,000	£0	£1,740,044
24	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance.		£0	£0	£0	£0	£1,911,854	£0	£0	£1,911,854
Total			**£24,474,221**	**£0**	**£0**	**£24,474,221**	**£16,247,359**	**£576,893**	**£0**	**£36,824,252**

	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Recurring	£4,474,221	£0	£0	£4,474,221	£14,445,359	£376,893	£0	£14,822,252
Non Recurring	£20,000,000	£0	£0	£20,000,000	£21,802,000	£200,000	£0	£22,002,000
Total	**£24,474,221**	**£0**	**£0**	**£24,474,221**	**£36,247,359**	**£576,893**	**£0**	**£36,824,252**

Funding : Recurring Expenditure	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Scottish Government Funding	£2,840,252	-£2,840,252	£0	£0	£10,712,190	-£2,633,092	£0	£8,079,098
Scottish Government Funding : COVID	£581,000	-£581,000	£0	£0	£581,000	-£581,000	£0	£0
IJB Budget	£0	£0	£0	£0	£760,070	£24,538	£0	£784,608
Total Funding Recurring	**£3,421,252**	**-£3,421,252**	**£0**	**£0**	**£12,053,260**	**-£3,189,554**	**£0**	**£8,863,706**
Funding Gap	**£1,052,969**	**£3,421,252**	**£0**	**£4,474,221**	**£2,392,099**	**£3,566,447**	**£0**	**£5,958,546**

Funding : Non Recurring Expenditure	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Earmarked Reserves	£20,000,000	£0	£0	£20,000,000	£20,055,000	£0	£0	£20,055,000
Manage within HSCP Budget	£0	£0	£0	£0	£284,000	£200,000	£0	£484,000
Scottish Government Funding	£0	£0	£0	£0	£1,463,000	£0	£0	£1,463,000
Total Funding Non Recurring	**£20,000,000**	**£0**	**£0**	**£20,000,000**	**£21,802,000**	**£200,000**	**£0**	**£22,002,000**
Funding Gap	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**

Unscheduled Care : Financial Framework	Renfrewshire IA						East Dunbartonshire IA					Glasgow City IA				
	Recurring (R)/ Non Recurring (N/R)	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	Recurring (R)/Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	Recurring (R)/Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Phase 2 and 3																
Prevention & Early Intervention																
7 We will develop integrated pathways for the top six conditions most associated with admission to hospital with the aim of better supporting patients in the community	N/R	£103,357	£212,916	£122,526	£0	£438,799	R	£43,384	£14,461	£0	£57,845		£0	£0	£0	£0
11 We will explore extending the care home local enhanced service to provide more GP support to care homes		£0	£0	£0	£0	£0	R	£103,267	£0	£0	£103,267		£0	£0	£0	£0
Primary Care & Secondary Care Interface																
18 We will reduce the number of A&E attendances accounted for by people who have attended more than five times in the previous twelve months equivalent to 2% of total attendances.	R	£0	£0	£0	£0	£0		£0	£0	£0	£0		£0	£0	£0	£0
Improving Discharge																
22 We will work with acute services to increase by 10% the number of discharges occurring before 12:00 noon and at weekends and during peak holiday seasons, including public holidays	R	£0	£82,032	£14,011	£0	£96,043	R	£63,649	£21,216	£0	£84,866	N/R	£10,000	£0	£0	£10,000
25 We will reduce delayed discharges so that the level of delays accounts for approximately 2.5-3.0% of total acute beds, and bed days lost to delays is maintained within the range of 37,00-40,000 per	R	£0	£159,268	£0	£0	£159,268	R	£380,244	£162,846	£0	£543,090	R and N/R	£220,000	£0	£0	£220,000
Total		**£103,357**	**£454,216**	**£136,537**	**£0**	**£694,111**		**£590,544**	**£198,524**	**£0**	**£789,068**		**£230,000**	**£0**	**£0**	**£230,000**

	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Recurring	£0	£241,300	£14,011	£0	£255,311	£590,544	£198,524	£0	£789,068	£210,000	£0	£0	£210,000
Non Recurring	£103,357	£212,916	£122,526	£0	£438,799	£0	£0	£0	£0	£20,000	£0	£0	£20,000
Total	**£103,357**	**£454,216**	**£136,537**	**£0**	**£694,111**	**£590,544**	**£198,524**	**£0**	**£789,068**	**£230,000**	**£0**	**£0**	**£230,000**

Funding	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Earmarked Reserves	£103,357	£212,916	£122,526	£0	£438,799	£0	£0	£0	£0	£0	£0	£0	£0
Scottish Government Funding	£0	£241,300	£14,011	£0	£255,311	£590,544	£198,524	£0	£789,068	£230,000	£0	£0	£230,000
Total Funding Non Recurring	**£103,357**	**£454,216**	**£136,537**	**£0**	**£694,111**	**£590,544**	**£198,524**	**£0**	**£789,068**	**£230,000**	**£0**	**£0**	**£230,000**

Funding Gap	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**

ANNEX E

Unscheduled Care Performance Management Framework

Proposed Key Performance Indicators (using baseline year 2018/19)

- **emergency departments attendances**:
  - delivery of the four hour target (by hospital site not HSCP)
  - total attendances by age, sex and deprivation
  - rates of attendances per head of population
  - rates of admissions and discharges per head of population
  - frequent attenders as a percentage of total attendances

- **minor injury units attendances**:
  - delivery of the four hour target (by hospital site not HSCP)
  - total attendances by age, sex and deprivation
  - rates of attendances per head of population

- **flow navigation hub performance data** (TBC)

- **GP assessment units (or equivalent)**:
  - total attendances by age, sex and deprivation
  - rates of attendances per head of population e.g. 65+ & 75+
  - rates of admissions and discharges
  - GP referral rates
  - Consultant Connect activity by practice
  - Near Me / Attend Anywhere activity

- **emergency acute hospital admissions (all admissions):**
  - admissions by age, sex and deprivation
  - rates per head of population e.g. 65+ & 75+
  - length of stay
  - rates per GP practice
  - ACPs

- **mental health assessment unit activity**
  - attendances by age, sex and deprivation
  - admissions and discharges

- **acute unscheduled care bed days**:
  - rates per head of population e.g. 65+ & 75+

- **acute bed days lost due to delayed discharges**:
  - rates by age e.g. 65+ & 75+
  - AWI and non AWI rates
  - bed days lost as % of total acute beds (reported annually)

- **acute delays**:

- total number of daily delays (by age, AWI, non AWI etc.) over the reporting period (not the census figure)
- as above for AMH, LD and OPMH
- monthly average delay duration (in days) for AWI and non AWI over 65 and under for the reporting period
- D2A indicators

ANNEX F

EMERGENCY ADMISSIONS (65+) PROJECTIONS

2022/23-2024/25

Design and Delivery Plan Projections

NHSGGC Emergency Admissions Projections (Ages 65+)

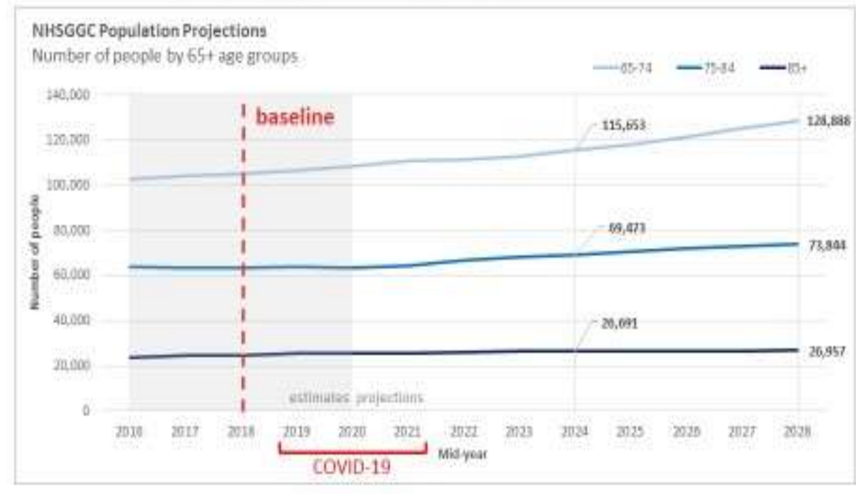
3 December 2021 (update to RMP4)

Gary King
Local Intelligence Support Team (LIST)

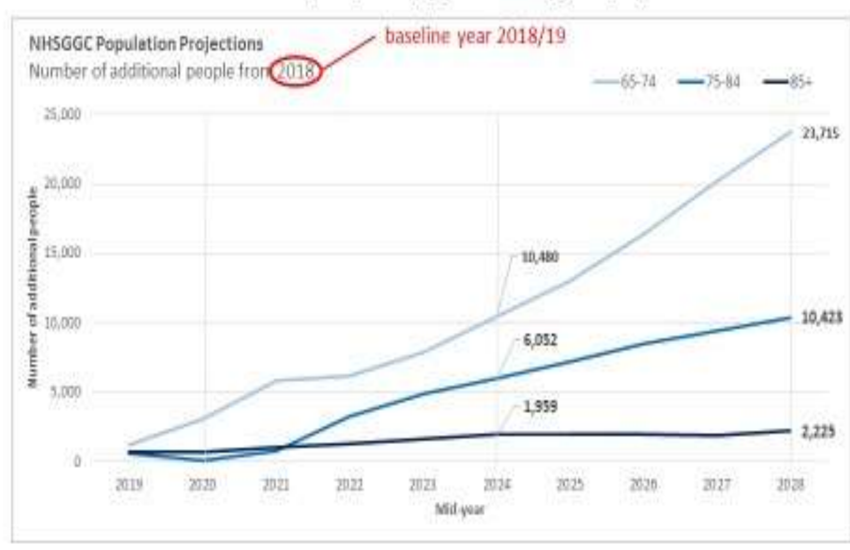
Summary

- Population Projections 2018 to 2028 — NRS data
  - Age groups 65-74, 75-84 & 85+
  - Age group 65+ alone
- Emergency Admissions Projections (Age 65+) — NHS GGC data
  - Actual numbers 2017/18 to 2020/21
  - Use rates per 1,000 population
  - Take into account increase in 65+ population
  - 2018/19 baseline (pre-COVID-19)
  - Use rates to propose 3 scenarios for 2021/22 to 2024/25
  - Taking into consideration RMP4 target for 2021/22

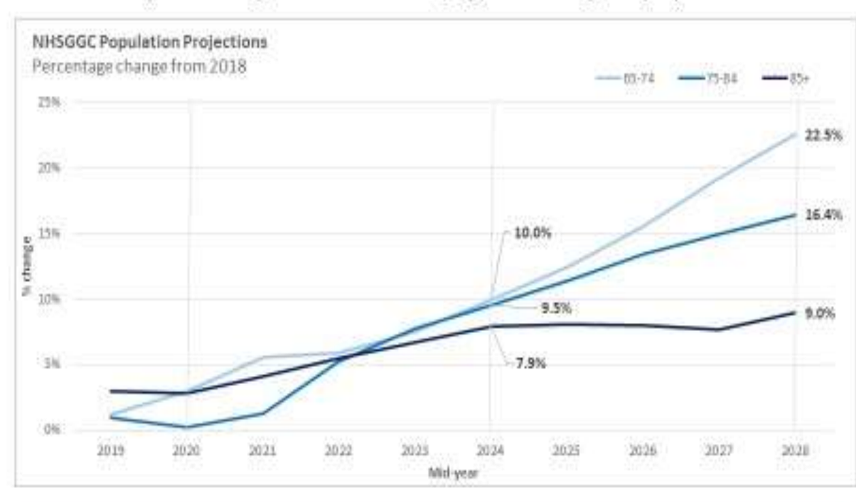
Population Projections
Number of people (aged 65+ groups)



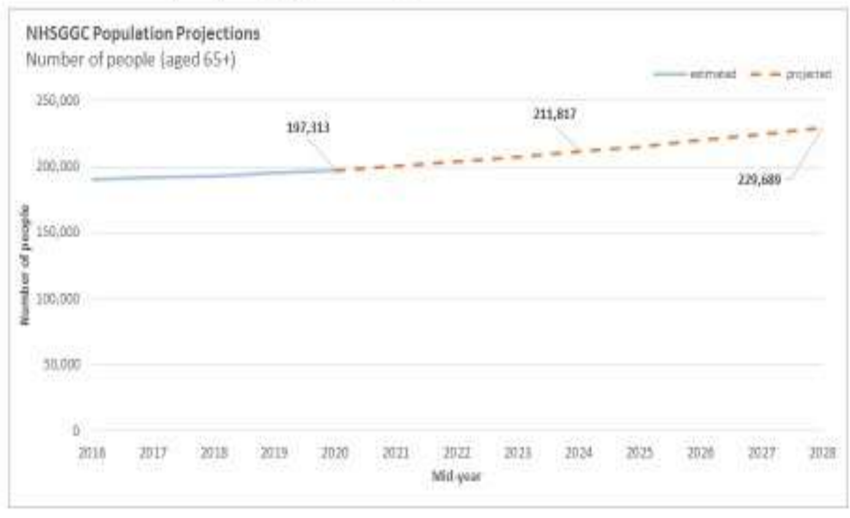
Population Projections
Number of additional people (aged 65+ groups)



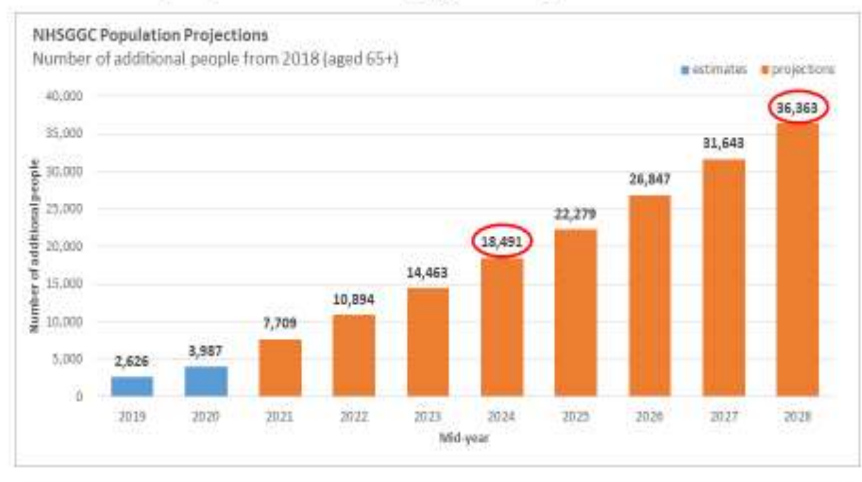
Population Projections
Percentage change from 2018 (aged 65+ groups)



Population Projections
Number of people (aged 65+)

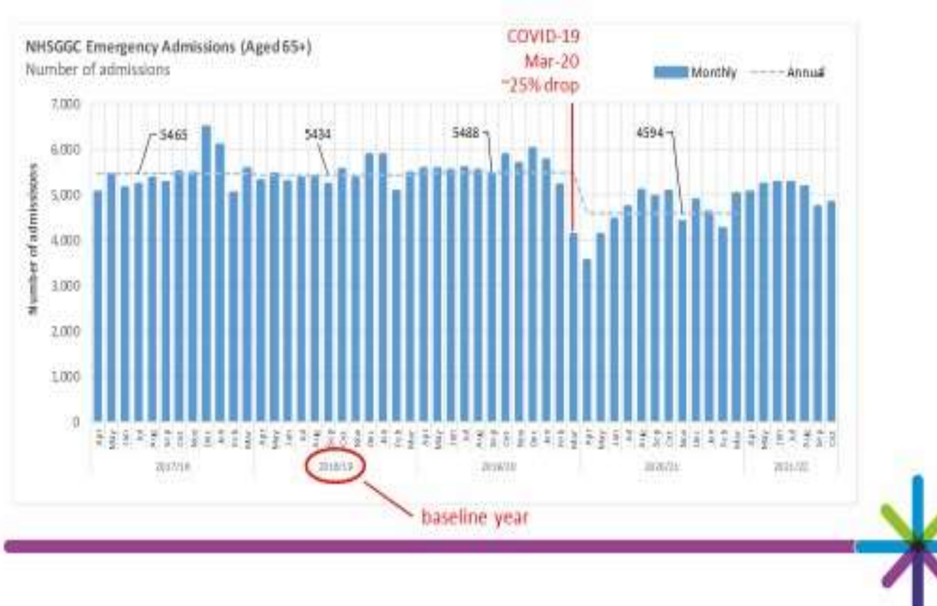


Population Projections
Additional people from 2018 (aged 65+)



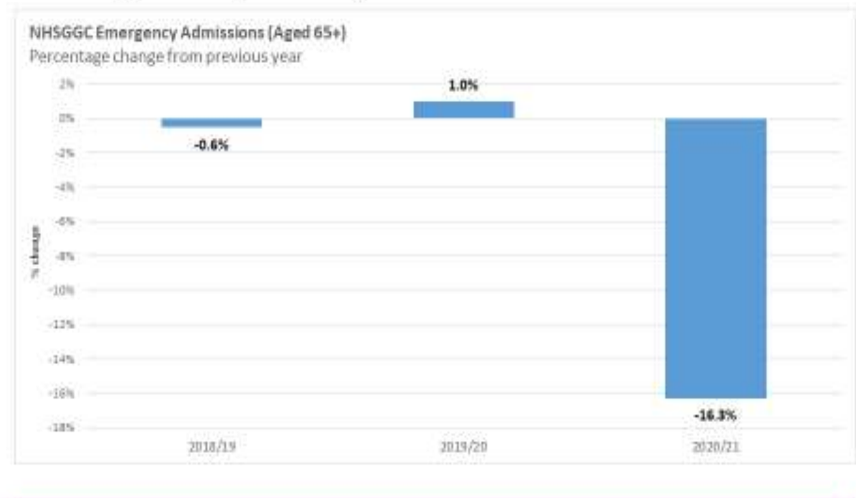
Population Projections
Change from 2018 (aged 65+)

Emergency Admissions (Ages 65+)
Number of admissions



Emergency Admissions Ages 65+
Number of admissions

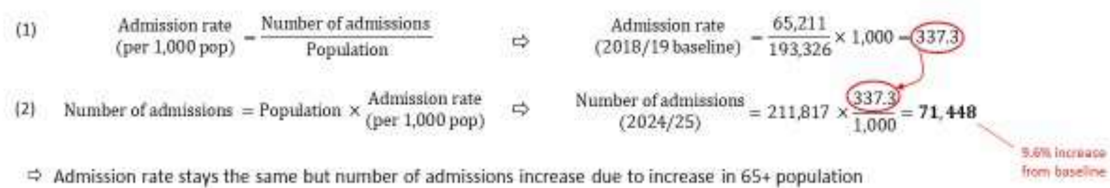
Emergency Admissions Ages 65+
% change from previous year

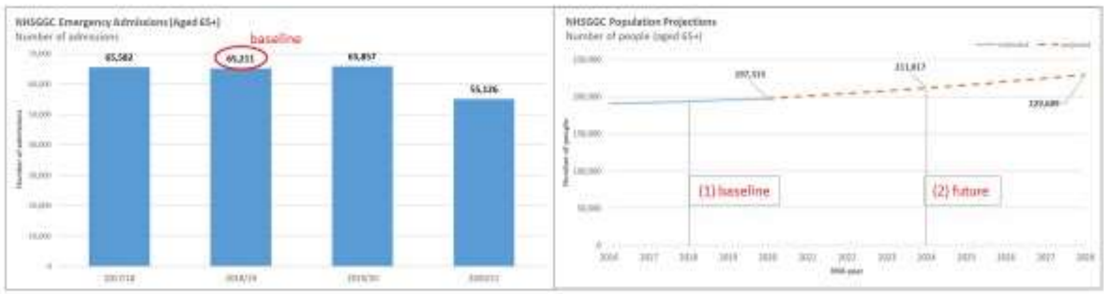


Emergency Admissions Ages 65+
Admission rates (per 1,000 population)

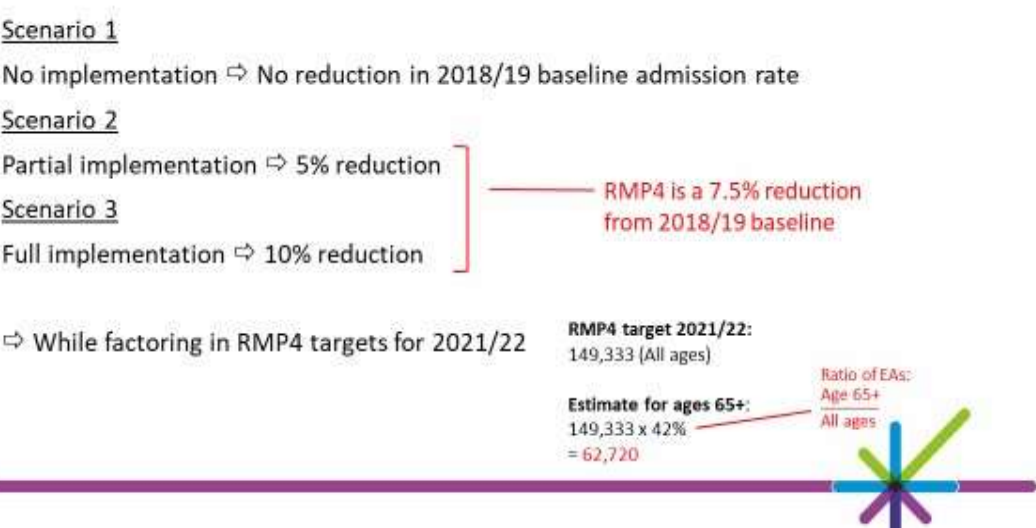
Emergency Admissions Ages 65+
Projections Theory

- Use baseline admission rate with population projections to estimate future number of admissions





Emergency Admissions Ages 65+
Projection Scenarios



Scenario 1: No reduction in 2018/19 baseline (no implementation)

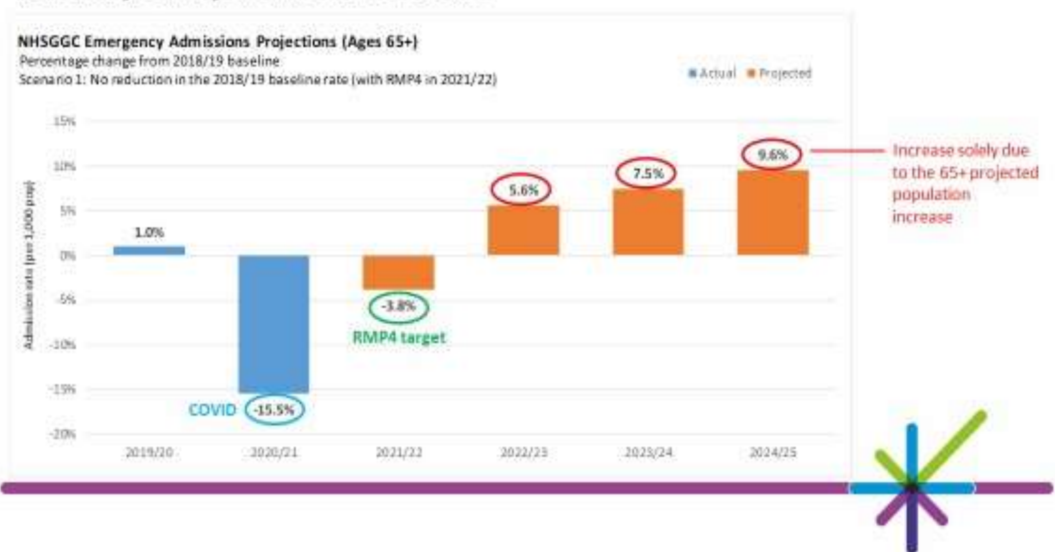
Admission rates (per 1,000 population)

Scenario 1 No reduction in 2018/19 baseline (no implementation)

Number of Admissions

Scenario 1: No reduction in 2018/19 baseline (no implementation)

Percentage change from 2018/19 baseline



Scenario 2: 5% reduction in 2018/19 baseline (partial impl.)

Admission rates (per 1,000 population)

Scenario 2: 5% reduction in 2018/19 baseline (partial impl.)

Number of Admissions

Scenario 2: 5% reduction in 2018/19 baseline (partial impl.)

Percentage change from 2018/19 baseline

Scenario 3: 10% reduction in 2018/19 baseline (full impl.)

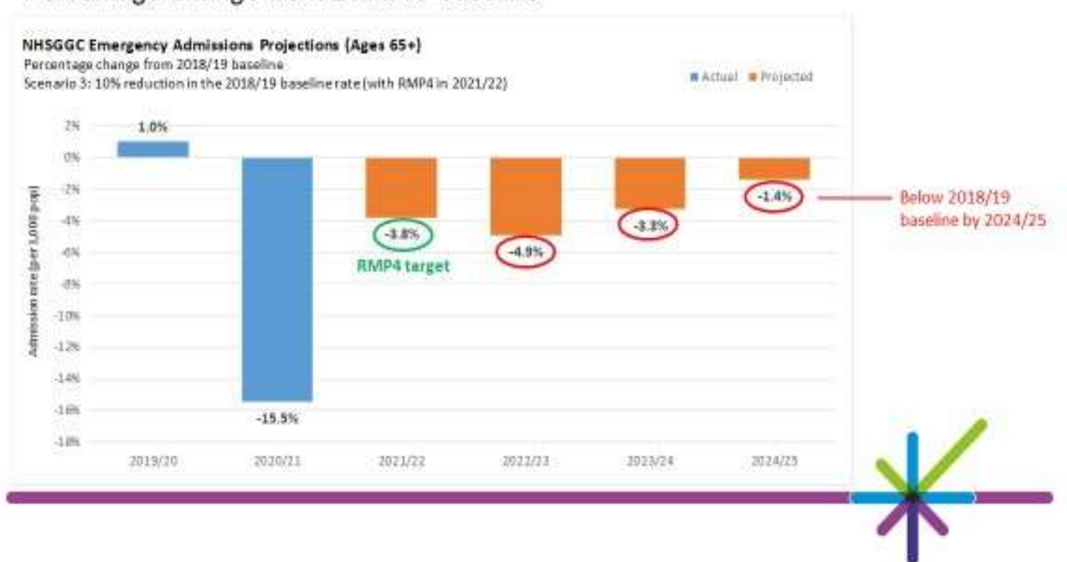
Admission rates (per 1,000 population)

Scenario 3: 10% reduction in 2018/19 baseline (full impl.)

Number of Admissions

Scenario 3: 10% reduction in 2018/19 baseline (full impl.)

Percentage change from 2018/19 baseline



Agenda Item Number: 4c.

Appendix 3

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	240322-04 Agenda item number 4
2	Report Title	Unscheduled Care Commissioning Plan (Design & Delivery Plan 2022/23 – 2024/25)
3	Date direction issued by Integration Joint Board	24th March 2022
4	Date from which direction takes effect	24th March 2022
5	Direction to:	NHS Greater Glasgow and Clyde only
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	All functions as they relate to the delivery of services related to the commissioning strategy for unscheduled care, and are outlined with the appendix attached to this report.
8	Full text of direction	NHS Greater Glasgow and Clyde is directed to design and deliver the integrated system of care for health and social care services that includes the strategic commissioning intentions for acute hospital services, as outlined within this report and appendix.
9	Budget allocated by Integration Joint Board to carry out direction	Should be implemented as outlined in the financial framework developed to support implementation of the plan.
10	Details of prior engagement where appropriate	Engagement through NHS GG&C six HSCPs and NHS Board CMT / Acute Division.
11	Outcomes	Delivery of the strategic priorities for the IJB as set out within the Strategic Plan within the financial framework available to deliver on this as set out within the paper.
12	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the East Dunbartonshire Integration Joint Board and the East Dunbartonshire Health and Social Care Partnership.
13	Date direction will be reviewed	March 2023

Interim Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 5.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**24 MARCH 2022**
REPORT REFERENCE:	**HSCP/240322/05**
CONTACT OFFICER:	**ALAN CAIRNS / ALISON WILLACY (J/S) PLANNING, PERFORMANCE AND QUALITY MANAGER**
SUBJECT TITLE:	**HSCP STRATEGIC PLAN 2022 - 2025**

1.1 **PURPOSE**

1.2 The purpose of this report is to advise the HSCP Board of the outcome of the second period of consultation on the HSCP Strategic Plan 2022-25 and to consider a final version of the plan for approval.

2.1 **RECOMMENDATIONS**

It is recommended that the Health & Social Care Partnership Board:

2.2 Note the consultative processes undertaken in support of the HSCP Strategic Plan 2022-25;

2.3 Approve a final HSCP Strategic Plan 2022-25 as set out at **Appendix 1**;

2.4 Note that some financial data in the final published plan may be updated to reflect the conclusion of the budget setting process and final outturn data; and

2.5 Grant the HSCP Chief Officer the delegated authority to make final amendments to the HSCP Strategic Plan 2022-25 in response to any amendments that the HSCP Board may request at its meeting on 24 March 2022, and in relation to any necessary updates to financial data, in consultation with the Chair of the HSCP Board. This delegated authority would also extend to the final formatting of the published version of the plan as it undergoes graphic redesign.

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.1 **BACKGROUND/MAIN ISSUES**

3.2 At its meeting on 24 June 2021, the HSCP Board approved the commencement of the first of two periods of consultation to support the development of a new East Dunbartonshire HSCP Strategic Plan for the period 2022-25, in line with a detailed Communication and Engagement Plan. A consultation report was prepared for this exercise that set out the main national and local drivers and influences and proposed a number of themes for priority action and proposed enablers for change.

3.3 At its meeting on 16 September 2021, the HSCP Board was appraised of the outcome of this initial consultation exercise and approved a final set of strategic priorities and enablers upon which the new Strategic Plan would be developed.

3.4 In line with the Public Bodies (Joint Working) (Scotland) Act 2014, the commencement of a second period of consultation was approved by the HSCP Board at its meeting on 20 January 2022. A draft HSCP Strategic Plan 2022-25 was prepared for this purpose that was built around the framework of priorities and actions that had already been agreed. This second period of consultation commenced on 20 January until 4 March 2022 and followed the same processes used during the first period of consultation and as described in the Communication and Engagement Plan that was approved by the HSCP Board at its meeting on 24 June 2021. The combined duration of formal consultation on the plan totalled of over 15 weeks and was in addition to full engagement with the HSCP Strategic Planning Group at each of its meetings during 2021-22.

3.5 At the conclusion of the second period of consultation, all comments were considered and a final version of the Strategic Plan 2022-25 has now been prepared for consideration and approval by the HSCP Board.

3.6 The process of consultation involved the following groups and individuals, with additional profile via the HSCP website and via social media channels. Dedicated consideration of the process and draft plan was also undertaken by the HSCP Board membership at its development session on 25 February 2022:

- HSCP Strategic Planning Group
- HSCP Leadership Group / Forum
- HSCP Staff Partnership Forum
- HSCP Public Service User & Carer Group
- HSCP Clinical & Care Governance Group
- HSCP Board Development Seminar
- NHS GGC Corporate Management Team
- NHS GGC FP&P Committee
- EDC Corporate Management Team
- EDC Elected Member engagement via Technical Note
- HSCP Locality Planning Groups
- EDVA Third Sector Interface Group(s)
- GP Forum
- Carers Partnership Group

3.7 The general feedback on the consultative draft Strategic Plan as a document was positive, in terms of its coherence, structure and the inclusion of a “plan on a page”.

There was relatively little change proposed by partners and stakeholder on the main objectives of the plan. In this respect there was acknowledgement that the priorities, enablers and programme of action had already been consulted upon and agreed through consensus during the first period of consultation in the summer of 2021.

3.8 The most substantial changes to the document have been to increase the Working Together section of the plan, to include a fuller range of policy areas where the HSCP contributes to wider collaborate endeavour. The Strategic Priority "Collaborative Commissioning" has been broadened and better articulated by renaming it "Collaborative Commissioning and Whole System Working". There has also been both tightening and elaboration of wording in places throughout the document to ensure all stakeholders feel included and their roles recognised. These changes have been important to maximise the extent to which the HSCP in its widest sense can have a sense of ownership of the strategic direction over the next 3 years.

3.9 As considered by the HSCP Board at its last meeting on 20 January 2022, the draft HSCP Strategic Plan 2022-25 underwent formal impact assessment in areas of environment, equality and the Fairer Scotland Duty, in support of its preparation.

3.10 In order to ensure approval is not delayed beyond the end of financial year, it is proposed that the HSCP Chief Officer is given delegated authority by the HSCP Board to make final adjustments to the HSCP Strategic Plan 2022-25 in response to any amendments that the HSCP Board may request at its meeting on 24 March 2022, and in relation to any necessary updates to financial data, in consultation with the Chair of the HSCP Board. This delegated authority would also extend to the final formatting of the published version of the plan as it undergoes graphic redesign.

4.1 **<u>IMPLICATIONS</u>**

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan;-

This report relates directly to the preparation of a new Strategic Plan for the period 2022-25 and takes account of a review of the 2018-21 Strategic Plan that had the following priorities:

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

4.3 Frontline Service to Customers – The Strategic Plan directs the work of the services delegated to the partnership therefore the plan directly informs services to customers.

4.4 Workforce (including any significant resource implications) – The Strategic Plan directs the work of the services delegated to the partnership therefore the plan directly informs the activities of the workforce.

4.5 Legal Implications – There is a legal requirement to prepare a Strategic Plan.

4.6 Financial Implications – The Strategic Plan directs the use of the financial resources available to the partnership.

4.7 Procurement – None.

4.8 ICT – None.

4.9 Corporate Assets – None.

4.10 Equalities Implications – The Strategic Plan aims to promote equality and address inequalities therefore there is a positive impact. A full Equalities Impact Assessment has been undertaken, in addition to an assessment in support of the Fairer Scotland Duty

4.11 Sustainability – A Strategic Environmental Impact Screening Assessment has been undertaken as part of the preparation of this report.

4.12 Other – None.

5.1 **<u>MANAGEMENT OF RISK</u>**

The risks and control measures relating to this Report are as follows:-

5.2 A suite of impact assessments has been undertaken to support the development of the HSCP Strategic Plan as part of the drafting process.

6.1 **<u>IMPACT</u>**

6.2 **STATUTORY DUTY** – There is a legal requirement to prepare a Strategic Plan.

6.3 **EAST DUNBARTONSHIRE COUNCIL** – East Dunbartonshire Council is a partner of the HSCP and constituent body of the HSCP Board. The Council is also a prescribed consultee of the Strategic Plan, so will be directly engaged in the development of the plan. The approval of the Strategic Plan rests with the HSCP Board.

6.4 **NHS GREATER GLASGOW & CLYDE** – Greater Glasgow and Clyde Health Board is a partner of the HSCP and constituent body of the HSCP Board. The Health Board is also a prescribed consultee of the Strategic Plan, so will be directly engaged in the development of the plan. The approval of the Strategic Plan rests with the HSCP Board.

6.5 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –** Direction required and set out at **Appendix 2**.

7.1 POLICY CHECKLIST

7.2 This Report has been assessed against the Policy Development Checklist and as it is a new policy has been subject to full impact assessment, with the assessment reports provided for information and consideration of the HSCP Board at its meeting of 20 January 2022.

8.1 APPENDICES

8.2 **Appendix 1:** final draft HSCP Strategic Plan 2022-25
8.3 **Appendix 2:** Direction to the Council and Health Board

Strategic Plan: 2022-25

Caring Together to Make a Difference

Please note: This is a pre-publication version. Once approved, the document will be converted into a version that is more visually appealing, maximising the use of infographics and ensuring accessibility standards are met.

Version: draft final

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Foreword

As Chair of East Dunbartonshire's Integration Joint Board I am pleased to introduce to you the third Strategic Plan for East Dunbartonshire Health & Social Care Partnership (HSCP).

We have been through two very challenging years, and we know that there will be further impact on our communities, and on people's physical and mental wellbeing, as we look towards the years ahead. The plan outlines our ambition to improve the opportunities for people in our communities to live as well as they can. We aim to provide support across the lifespan, from early support to families and young children, to support for those most vulnerable in our communities. We will also continue to refine our plans year on year, as we better understand the longer term impact of the pandemic, and of people's needs as we look towards recovery and renewal.

In East Dunbartonshire we have a strong track record of effective partnership working, with our staff, people who use our services, local communities and our partners in the Council, NHS and third and independent sectors. This strong partnership working will continue to be instrumental in supporting people in our communities effectively, and in working to address the health and wellbeing inequalities that we see.

We hope that you will recognise the ambition in our plan and continue to join us in a collaborative approach.

Jacqueline Forbes
Chair, East Dunbartonshire Integration Joint Board

Strategic Plan on a Page

The illustration below provides an overview of the Strategic Plan 2022-25. It shows the relationship between the strategic priorities and enablers and the actions that will be taken forward in support of these.

EAST DUNBARTONSHIRE HSCP STRATEGIC PLAN ON A PAGE

OUR VISION
Caring Together To Make A Difference

OUR VALUES
Honesty, Integrity, Professionalism, Empathy and Compassion, Respect

HSCP Strategic Priorities

Empowering People	Empowering Communities	Prevention and Early Intervention	Public Protection	Supporting Families and Carers	Improving Mental Health and Recovery	Post Pandemic Renewal	Maximising Operational Integration
Improving personalisation	Building informal support options	Extending rehabilitation and reablement	Prioritising our Key Public Protection Statutory Duties	Supporting carers with their own needs and in their caring role	Improving adult recovery services	Understanding and responding to the impact of the pandemic	Right Care Right Place: urgent and unscheduled health and social care redesign
Reducing inequality and inequity of outcomes	Building local integrated teams	Supporting diversion from prosecution		Implementing The Promise for children and young people	Improving mental health support for children and young people		
Improving information and communication	Modernising day services	Improving school nursing services		Strengthening corporate parenting	Improving post-diagnostic dementia support		Developing integrated quality management arrangements

Commitments in support of the Strategic Priorities

HSCP Strategic Enablers

Workforce and Organisational Development	Medium Term Financial and Strategic Planning	Collaborative Commissioning and Whole System Working	Infrastructure and Technology
Supporting the wellbeing of the health and social care workforce	Maximising available resources	Co-designing solutions with the third and independent sectors	Modernising health and social care facilities
Equipping the workforce and workplace during and after the pandemic	Balancing investment and disinvestment	Supporting primary care improvement	Maximising the potential of digital solutions
Implementing a skills framework for supporting children's mental health and wellbeing	Delivering financial sustainability	Redesigning the Public Dental Service	

Commitments in support of the Strategic Enablers

The "Engine Room": work that will deliver the changes

HSCP Improvement Plans	Wider Partnership Improvement Plans	Council & Health Board Improvement Plans	Hosted Services Improvement Plans

Introduction

Health & Social Care Partnerships: Some Background

The East Dunbartonshire Health and Social Care Partnership (HSCP) was established in 2015 following Scottish Government legislation to integrate health and social care services. The work of the Partnership is governed by the Integration Joint Board, which is known as the HSCP Board. It comprises members from both East Dunbartonshire Council and NHS Greater Glasgow and Clyde Board, as well as those representing the interests of the third sector, staff, independent contractors, service users and carers and provider organisations. The HSCP is designed to be collaborative at every level, involving partners, stakeholders and representing the interests of the general public.

The ways in which health and social care services are planned and delivered across Scotland has significantly changed through integration. The HSCP Board is responsible for the integrated planning of a wide range of community health and social care services for adults and children. The delivery or arrangement of those services is then carried out by the Council and the Health Board on behalf of the HSCP Board, in line with its strategic and financial plans. The HSCP Chief Officer is responsible for the management of planning and operational delivery on behalf of the Partnership overall. An illustration of these governance arrangements is set out at **Annex 1**.

The East Dunbartonshire HSCP is one of six in the Greater Glasgow and Clyde area. To ensure consistency and for economy of scale, some health services are organised Greater Glasgow-wide, with a nominated HSCP hosting the service on behalf of its own and the other five HSCPs in the area. A full list of the health and social care services and functions delegated to the HSCP Board is set out in the Integration Scheme.[1]

The HSCP Strategic Plan

Every HSCP Board is required to produce a Strategic Plan that sets out how they intend to achieve, or contribute to achieving, the National Health and Wellbeing Outcomes. Strategic Plans should also have regard to the National Integration Delivery Principles. Strategic Plans should consider how to best meet the particular population needs of their areas and should also set out their plans for localising services into smaller communities within their overall geography.

[1] East Dunbartonshire Health and Social Care Partnership Board | East Dunbartonshire Council

The Health and Wellbeing Outcomes
People are able to look after and improve their own health and wellbeing and live in good health for longer.
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.
People who use health and social care services have positive experiences of those services, and have their dignity respected.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
Health and social care services contribute to reducing health inequalities.
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.
People who use health and social care services are safe from harm.
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.
Resources are used effectively and efficiently in the provision of health and social care services.

The Integration Delivery Principles
That the main purpose of services is to improve the wellbeing of service-users
That those services should be provided in a way which:
• Is integrated from the point of view of service-users,
• Takes account of the particular needs of different service-users,
• Takes account of the particular needs of service-users in different parts of the area in which the service is being provided,
• Takes account of the particular characteristics and circumstances of different service-users,
• Respects the rights of service-users,
• Takes account of the dignity of service-users,
• Takes account of the participation by service-users in the community in which service-users live,
• Protects and improves the safety of service-users,
• Improves the quality of the service,
• Is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care),
• Best anticipates needs and prevents them arising, and
• Makes the best use of the available facilities, people and other resources.

The Overall Direction of the HSCP Strategic Plan 2022-25

This is the third full Strategic Plan produced by East Dunbartonshire HSCP. The last Strategic Plan 2018 – 2021 set out to improve the health and wellbeing of adults and children in East Dunbartonshire through the design and delivery of improved integrated health and social care arrangements and services. The Partnership later produced two HSCP Locality Plans which were developed in consultation with local communities. The HSCP Locality Plans provided a framework for how the Partnership intends to improve health and wellbeing at a local level whilst contributing to the achievement of the overall strategic priorities.

This new plan reflects on the progress the Partnership has made and sets out the strategic direction for the next three years and the key priorities it will focus on. Our vision remains unchanged, and our refreshed strategic priorities continue to reflect and support delivery of the National Health and Wellbeing Outcomes.

However, it is important to acknowledge that the landscape of health and social care has changed markedly in the few short years since the last plan was published. Our aspiration to improve and develop services and partnerships in our 2018-21 Strategic Plan was affected significantly by financial pressures, which were shared with the Health Board and Council. This was compounded by increasing demand pressures, both in terms of increasing volume and increasing complexity of levels of care. The impact of the Covid-19 pandemic has been substantial and may be felt over the full period of this new Strategic Plan. For these reasons, this Strategic Plan has aspirations based on the realities of the pressures being faced in the health and social care sectors and building towards a fair, equitable, sustainable, modern and efficient approach to service delivery. Some of these areas of redesign with take longer than the three years of this Strategic Plan to deliver. Unless new resource streams are forthcoming, any requirement to invest further in one service area will require greater efficiency or disinvestment in another. Implementing the Plan will also continue to be based on certain assumptions and dependencies that can in reality be fragile. Where we do have new funding streams, we want to:

- Invest in early intervention and prevention;
- Empower people and communities by encouraging more informal support networks at a local level;
- Ensure that people have access to better information earlier, to allow them to access the right support at the right time, from the right person.

These developments should deliver better outcomes for people and will also make for a more efficient, sustainable system of care and support.

It is predicted we will continue to see significant change in the make-up of our growing population, with an increase in people living longer with multiple conditions and complex needs who require health and social care services. This rise in demand is expected to increase pressure on financial resources, rendering current models of service delivery

unsustainable. We have shaped this plan to move in a strategic direction that is responsive and flexible for the future.

As we prepare to publish this new Strategic Plan, the Scottish Government's emerging plan on the creation of a National Care Service is underway, with potentially significant implications for local Health and Social Care Partnerships. In the meantime, we have orientated this Strategic Plan based on what is known to us at this time. In the event of changes to the health and social care landscape, the HSCP Board will update and refresh this Strategic Plan as necessary.

Annual Delivery Planning and Performance Review

Each year, the HSCP Board will draw down actions in support of this Strategic Plan into an Annual Delivery Plan, which will be costed and prioritised. We will then report on progress towards each Annual Delivery Plan, and this overarching Strategic Plan, every year through our Annual Performance Report. More regular quarterly performance reports will also be provided to the HSCP Board and thereafter to the Council and Health Board. More detail on this approach to "measuring success" is described later in the Plan.

Health and Wellbeing of our Population

An understanding of the communities and people across the HSCP area population is vital in the planning and provision of health and social care services. This section is divided into three main parts: the first part is derived from East Dunbartonshire Council's Area Profile 2021 and sets out general population data as may impact or influence the health and social care needs of the population. The second part is more specific to the particular aspects of health and social care prevalence for the population, and is informed by Joint Strategic Needs Assessments prepared by East Dunbartonshire HSCP. The final part summarises what the data appears to be indicating and how this affects the planning of future services.

GENERAL POPULATION PROFILE DATA (Source: East Dunbartonshire Council Population Profile 2021[2])

Population Projections (2018 based)

By 2028:

- The overall population of East Dunbartonshire will increase by 3.8%.
- Children aged 0-15 are projected to increase by 4.5%.
- The working age population is predicted to increase by 3%.
- The highest population increase is expected to be seen in those aged 75+ with a predicted increase of 26% and by more than 40% for people over 85 (the highest in Scotland).

Life Expectancy

East Dunbartonshire has the second highest life expectancy in Scotland for both males and females, when compared with other council areas across Scotland.

Ethnicity

- The 2011 Census reported that 88.6% of the population in East Dunbartonshire were White Scottish with 4.8% being White Other British. 4.2% of the population were from a minority ethnic group.

Household Composition

- The 2011 Census reported that 11.8% of East Dunbartonshire households were one person households and is projected to rise by 10% between 2018 and 2043, with other household sizes remaining the same or reducing.

[2] Statistics, facts and figures | East Dunbartonshire Council

Average Weekly Earnings

- The average gross weekly earnings for full time workers living in East Dunbartonshire in 2020 was 22% higher than the Scottish average, with female full time workers earning more than male full time workers.

Children in Families with Limited Resources

- East Dunbartonshire has an estimated 12.4% of children who live in families with limited resources after housing costs, considerably lower than Scotland as a whole at 20.7%.

Crime/Community Safety

- East Dunbartonshire is regarded as a relatively safe place to live with the level of crime being around half that of the Scottish average.

Health (2011 Census)

General Health

- 84.9% of residents in East Dunbartonshire reported their health as being very good or good, 2% higher than the Scottish average.
- The percentage of East Dunbartonshire residents reporting their health as bad or very bad (4.3%) was lower than the Scottish average (5.6%).

Limiting Illness or Disability

- In East Dunbartonshire fewer people reported that their day-to-day activities were limited because of illness or disability (19.4%) compared to Scotland as a whole (21.4%).

Teenage Pregnancies

- The rate of teenage pregnancies is considerably lower in East Dunbartonshire when compared to Scotland as a whole, with numbers decreasing nationally and locally.

Provision of Unpaid Care (2011 Census)

- 10.9% of residents across East Dunbartonshire were reported to be providing unpaid care to relatives, friends or neighbours compared with 9.4% in Scotland.
- Of those who provided 50 hours or more of unpaid care the majority were aged 65 and over and were female.

Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS 2018)

- Smoking, alcohol and drugs use is lower in East Dunbartonshire than across Scotland as a whole. With drug use, however, the prevalence is closer, with the same percentage of young people aged 15 years or more having used drugs in the last month (12%).

Deprivation

- East Dunbartonshire is, as a whole, relatively less deprived than many other local authorities in Scotland. However, East Dunbartonshire has 8 datazones in the most deprived 25% in Scotland.

FINDINGS OF HEALTH & SOCIAL CARE JOINT STRATEGIC NEEDS ASSESSMENTS 2021[3] (All sources detailed within)

Population Health

- 41.1% of East Dunbartonshire residents reported feeling in 'very good health' compared with 34.4% for Scotland (Source: Scottish Surveys Core Questions 2019)
- The proportion of the East Dunbartonshire population prescribed drugs for anxiety, depression or psychosis has increased from 13.6% in 2010/11 to 18.4% in 2019/20. Nationally the figure increased from 15% to 19.7%.
- 5.6% of the adult population in East Dunbartonshire reported a disability. Nationally this figure is 6.7% (Source: Census 2011)
- Of those with a reported disability, 48% were related to sensory impairment (Source: Census 2011).

Health & Well-being of Children and Young People Survey

- Only 13% of school pupils surveyed from East Dunbartonshire met the Scottish Government target of 60 minutes of moderate exercise a day
- 18% of school pupils surveyed in secondary school said they were current smokers
- 27% of school pupils surveyed said they drank alcohol at least once or twice a month

Child and Adolescent Mental Health

- There was a 44% increase in young people being prescribed antidepressants between 2014/15 and 2019/20

Pregnancy

- 5.5% of woman reported being current smokers at their first antenatal appointment in 2019/20.

[3] East Dunbartonshire Health and Social Care Partnership Board | East Dunbartonshire Council

- 21% of pregnant woman in East Dunbartonshire in 2019/20 were considered to be obese, with 48.8% overweight or obese.

Long Term Conditions

- 28% of East Dunbartonshire residents identified themselves as having one or more long term conditions. The figure nationally was 30% (Source: Census 2011);
- 6% of individuals on East Dunbartonshire GP registers had a diagnosis of cancer in 2018/19 (Source: Public Health Scotland);
- Arthritis, cancer and coronary heart disease were the most prevalent conditions in East Dunbartonshire, though prevalence was lower than the Scotland figures for all (Source: Public Health Scotland).

Hospital Activity

- 52% of patients in East Dunbartonshire who had an emergency admission to hospital in 2018/19 were aged over 65yrs (Scotland 44%)
- Of those with multiple emergency admissions 49% were aged 65 years or over (Scotland 41%)
- The East Dunbartonshire Accident and Emergency attendance rate increased slightly from 255.9 per 1,000 in 2017/18 to 260.7 in 2019/20, however still remained below the Scotland rate of 285.1
- The number of people with multiple emergency admission (2+) decreased by 7% between 2014/15 and 2018/19 (Scotland experienced a 6% increase)
- East Dunbartonshire had an elective admission rate of 166.7 per 1,000 in 2019/20, around 50% higher than the Scotland rate of 111 per 1,000
- 17.1% of elective hospital admissions in East Dunbartonshire were for ‘General Surgery’ and 13.7% for ‘Gastroenterology’.
- East Dunbartonshire has a higher Accident and Emergency attendance rate for under 16 year olds, compared with Scotland
- In 2018/19 only around 12% of under 16 Accident and Emergency attendances resulted in a hospital admission

Deaths

- 71.8% of deaths in East Dunbartonshire in 2019 occurred in those aged 75+ (Scotland 63.0%)
- The most common cause of death in East Dunbartonshire for 2019 was cancer, which accounted for 29.6% of all adult deaths
- For those who died, 89% of people in East Dunbartonshire spent the last 6 months of their life at home or community setting (Scotland 88%)

SUMMARY OF THE HEALTH AND SOCIAL CARE NEEDS OF THE EAST DUNBARTONSHIRE POPULATION

Despite relatively low average levels of deprivation, East Dunbartonshire faces challenges in terms of demand for health and social care services. These demands are in a significant part due to an ageing population and high life expectancy, with East Dunbartonshire having experienced the largest growing 85+ population in Scotland, which is the age-group most in receipt of services.

The significantly longer life expectancy in East Dunbartonshire (compared to the Scottish average), means that proportionately more older people here are likely to be affected by long-term conditions such as cancer and arthritis that can lead to further health complications. This is supported by the finding that significantly more emergency admissions in East Dunbartonshire were aged 65+ compared with Scotland as a whole. East Dunbartonshire also has a higher elective hospital admission rate than Scotland, which is also associated with an ageing population[4].

With the growth in the 85+ population projected to continue to rise by around 5% per year, it should therefore be expected that East Dunbartonshire will continue to see a rise in elective admissions in the coming years, with associated frailty also leading to a higher risk of unscheduled hospital care. With the COVID-19 pandemic causing a backlog of elective admissions nationally, this may be particularly felt in East Dunbartonshire which may result in increasing demand for primary care and community-based services.

Mental health prevalence is on the increase for children and young people, with growing numbers receiving prescribed medication. Drug use amongst young people in East Dunbartonshire is close to the Scottish average.

In public health terms is also crucial to recognise the impact of relative poverty on health and wellbeing. Despite relative prosperity overall in East Dunbartonshire, the known impact of deprivation in affected communities is an issue that the HSCP must prioritise in order to ensure that access to and impact of services is equitably targeted to people and communities who are risk of poorer health.

At the time of preparing this Strategic Plan, the COVID-19 pandemic is already demonstrating its impact on health and wellbeing. Higher rates of mental ill health, alcohol and drug use and public protection referrals have all been experienced in East Dunbartonshire over the period of the pandemic, and likely to have a number of yet unknown consequences on both population health, which should be taken in to account for future planning. Some of these trends pre-date the pandemic; for example: the proportion of the East Dunbartonshire population prescribed drugs for anxiety, depression or psychosis has increased substantially. It will be incumbent upon the HSCP and all of its partners to work together to meet both the pre-existing and new challenges post-pandemic.

[4] ANALYSIS OF TRENDS IN EMERGENCY AND ELECTIVE HOSPITAL ADMISSIONS AND HOSPITAL BED DAYS: 1997/98 TO 2014/15, R Wittenberg et al, 2015

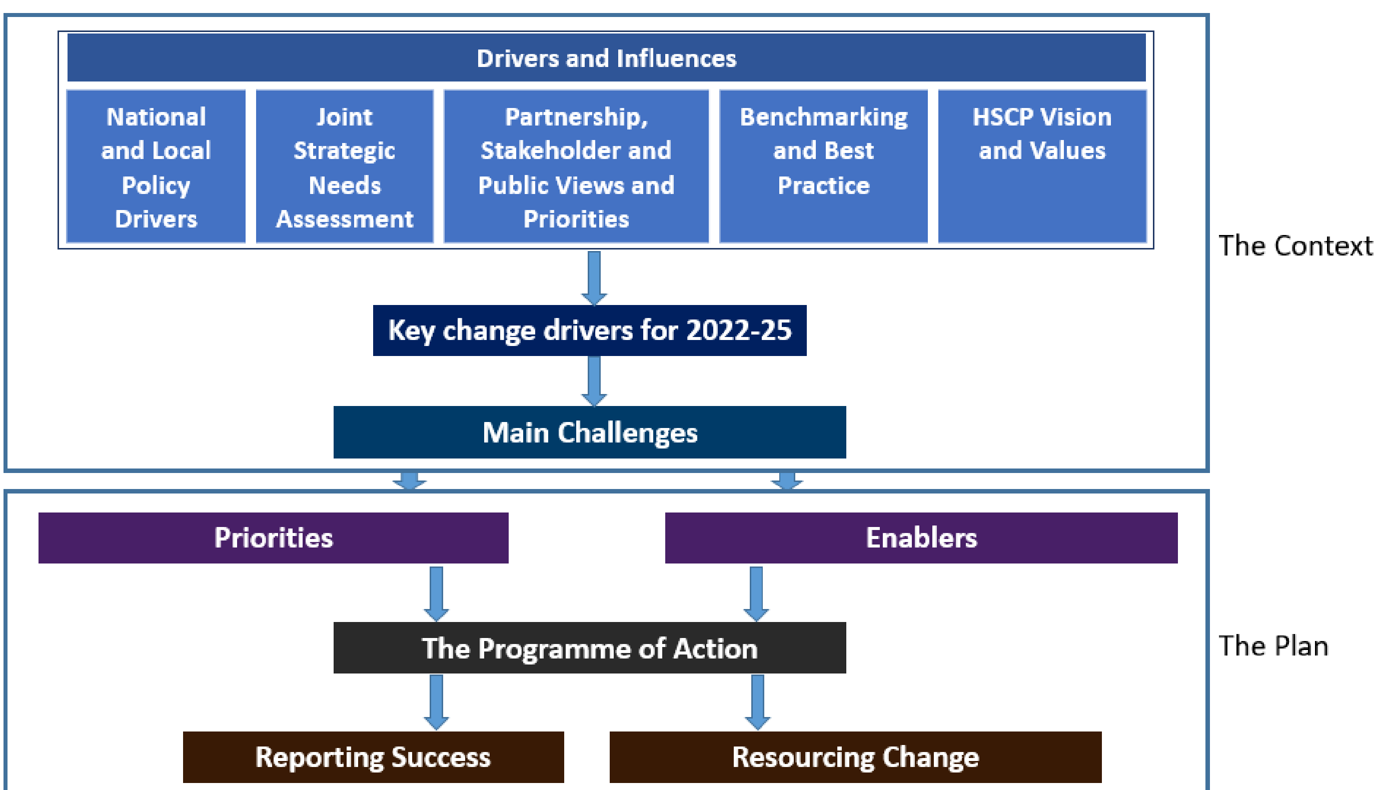
The Context for Change

Drivers for Change

When we considered our plans for the next three years, we had to think about what is driving change nationally and locally. In this plan, we call these “drivers for change”.

These drivers for change collectively indicate what and where our focus needs to be. We then need to consider where we currently stand in relation to these drivers and therefore what work we need to do to meet the demands and challenges that lie ahead. Much of what we need to do will be common with other HSCPs, but some will be specific to the needs of our local communities and reflect local priorities.

We have considered that the main drivers for change are: national and local policy; the health and social care needs of our population; the views, expectations and aspirations of local people; examples of good work being done elsewhere; and our Partnership’s vision and values. These should collectively help identify what the challenges are, how we meet these challenges and what our priorities should be. This planning process is show below:



We have separated out our Strategic Priorities and our Strategic Enablers. We learned from our last Strategic Plan that change does not happen unless investment is made in areas such as workforce, workplace, technology, planning and financial systems to support these changes. So we wanted to give greater profile to these “enablers” for change in our new Plan. More detail on these priorities and enablers is set out later in the Plan.

National and Local Policy Drivers

The box below sets out what we consider to be the key policy drivers for the next three years. This list does not include everything that the HSCP does on a daily basis; that would be a much longer list. Rather, we wanted to identify what we think will be the main drivers for change over the period of this plan.

Key Policy Drivers: National	
United Nations Convention on the Rights of the Child	Audit Scotland: Health and Social Care Integration - Update on progress (Nov 2018)
Human Rights Act 1998	Digital Strategy For Scotland (2021)
National Clinical Strategy for Scotland (2016)	A Fairer Healthier Scotland (June 2012)
Scottish Government Review of Progress with Integration of Health and Social Care (Feb 2019)	Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic
Public Bodies (Joint Working) (Scotland) Act 2014	Re-mobilise, Recover, Re-design: the framework for NHS Scotland
A Fairer Scotland for Disabled People: Delivery Plan (2016) and Duty (2018)	Joint Inspection of HSCP Adult Services in East Dunbartonshire (July 2019)
Health and Social Care Delivery Plan (Dec 2016)	Scottish Govt: Framework for Community Health and Social Care Integrated Services (Nov 2019)
Healthcare Improvement Scotland: Making Care Better - Better Quality Health and Social Care for Everyone in Scotland: A strategy for supporting better care in Scotland: 2017–2022	The Promise: action to take forward the findings of the independent care review for care experienced children and young people (Oct 2020)
Community Mental Health and Wellbeing Supports and Services Framework (Children and Young People)	A Scotland Where Everybody Thrives: Public Health Scotland's Strategic Plan 2020–23 (Dec 2020)
Rights, Respect and Recovery: Alcohol and Drug Treatment Strategy	Coronavirus (COVID-19): Strategic Framework (update - Feb 2021)
Suicide Prevention Action Plan: Every Life Matters	The Independent Review of Adult Social Care (March 2021)
Justice in Scotland: vision and priorities (July 2017)	The National Perinatal and Infant Mental Health Policy Framework
Coming home: complex care needs and out of area placements 2018	National Mental Health Strategy 2017-2027 (March 2017)
Universal Health Visiting Pathway in Scotland: pre-birth to pre-school	Guidance on Joint Investigative Interviewing of Child Witnesses in Scotland
National Learning Disability Strategic: The Keys to Life	Transforming nursing, midwifery and health professions roles
Best Value: revised statutory guidance 2020	2018 GP Contract and Memorandum of Understanding
National public protection statute & guidance	
Achieving Excellent in Pharmaceutical Care	National Strategy for Community Justice

Key Policy Drivers: Local	
The East Dunbartonshire Local Outcome Improvement Plan (2017-27)	NHSGG&C and East Dunbartonshire Council Covid-19 Recovery and Remobilisation Plans
NHSGG&C Health and Social Care Strategy: Moving Forward Together (July 2019)	NHSGG&C Board-wide strategies: Mental Health, Learning Disability, Unscheduled Care, Health Visiting, School Nursing, District Nursing, Rehabilitation.
Turning the Tide through Prevention: NHSGG&C Public Health Strategy 2018-28	Five Year Strategy for Adult Mental Health Services in Greater Glasgow and Clyde 2018-2023

Analysis of the Health and Social Care Needs of the East Dunbartonshire Population

We have undertaken a major analysis of the health and social care needs of the local population and produced our findings in two documents, called Joint Strategic Needs Assessments; one for adults and one for children. Some of the key findings and potential implications are set out in the previous section of this Plan.

Consultation and Engagement with Partners, Stakeholder and the Public

The preparation of this Strategic Plan has also been supported by analysis of consultation activity undertaken by services and by the HSCP more widely since the preparation of the last Strategic Plan. This activity is summarised at **Annex 2** and has helped to indicate the priorities for improvement and development that are set out in this document.

Benchmarking and Best Practice

We looked at the most recently prepared Strategic Plans in other HSCP areas, to find out the priority areas for improvement and development identified by them. Of the 13 plans we looked at, the most common priorities are set out in the chart below. These were:

Prevention
Effective use of resources
Integration
Equality
Engagement
Wellbeing
Personalisation
Locality
Community

In November 2019, the Scottish Government published "A Framework for Community Health and Social Care Integrated Services[5]" which was designed to inform the development of local transformation plans, drawing on what is known to work in other areas. We have used this document to support the early preparation of our new Strategic Plan.

[5] a-framework-for-community-health-and-social-care-integrated-services-07-november-2019.pdf (hscscotland.scot)

HSCP Vision and Values

The East Dunbartonshire HSCP's vision is "Caring Together to make a Difference", supported by seven values of Professionalism, Integrity, Honesty, Respect, Empathy and Compassion. These principles are at the heart of this new Strategic Plan and set the tone for how we intend to deliver the plan for the people of East Dunbartonshire.

The Main Challenges

After analysing the main policy drivers, the local needs analysis and the priority work being taken elsewhere, we think that the main challenges for the HSCP over the next few years will be:

The Main Challenges
Post-pandemic recovery and consequence
Population and demographic change, particularly for older people
Increasing volume and complexity of presenting needs
Social and health inequalities
Increasing mental health and wellbeing concerns
Increasing public protection concerns
Need for improved outcomes for care experienced young people
Increasing pressure on informal carers
Demand for personalisation and choice
Importance of adopting human rights-based approaches
Pressure on acute hospital in-patient services
Pressure on primary and community health and social care services
Financial constraints and public sector reform
The uncertainties of the review of adult social care
Environmental and climate impacts

Meeting These Challenges

The next section of the Strategic Plan sets out the priorities, enablers and actions that need to be taken forward in East Dunbartonshire to best meet these challenges, within the resources available.

Our Strategic Priorities and Enablers

The Strategic Plan emphasises the need to plan and deliver services that contribute to health, wellbeing and safety throughout people's lives. This approach focuses on a healthy start to life and targets the needs of people at critical periods throughout their lifetime. It also includes intervening and supporting people when their safety and welfare may be at risk and if they find themselves involved with justice services. The Strategic Plan promotes timely effective interventions that address the causes, not just the consequences, of ill health, deprivation and a range of other life circumstances.

By analysing the key drivers for change and the main challenges set out in the previous section, the HSCP has identified eight **Strategic Priorities** and four **Strategic Enablers** to support the delivery of these priorities:

STRATEGIC PRIORITIES			
Empowering People	Empowering Communities	Prevention and Early Intervention	Public Protection
Supporting Carers and Families	Improving Mental Health and Recovery	Post-pandemic Renewal	Maximising Operational Integration

We know from experience that improvement and development of services does not happen on its own. It often needs other factors to permit, allow or empower a change to happen. In this new Strategic Plan we think it is important to give higher profile to these enablers. If we can invest in the enablers then it is more likely that service improvement and development can happen. The key enablers for change that we have identified so far, are set out in the box below:

STRATEGIC ENABLERS			
Workforce and Organisational Development	Medium Term Financial and Strategic Planning	Collaborative Commissioning and Whole System Working	Infrastructure and Technology

Taking Forward These Strategic Priorities and Enablers

As outlined in the Introduction, the HSCP needs to balance its aspirations for transformative service redesign and continuous improvement with an approach that delivers achievable and sustainable change. These strategic priorities and enablers provide the framework for change, but the actions taken in their pursuit need to be specific, measurable, achievable, realistic and deliverable within timescale.

Some of these areas of development will take longer than the three years of this Strategic Plan and will be dependent upon decisions about future funding that we are not able to predict at this time. For these reasons, a Programme of Action has been outlined in the next section of the Strategic Plan that aims to provide more detail on what the HSCP Board intends to focus on specifically, in pursuit of these priorities.

It is important to ensure we are clear about the linkages between our local strategic priorities and enablers and the National Health and Wellbeing Outcomes. These linkages are set out in **Annex 3**.

Our Programme of Action

This section focuses in more detail on what we intend to take forward in pursuit of our Strategic Priorities and Enablers, over the three years of this plan (2022-2025). Some of these actions will be focused on **improving** what we already do, whereas other actions will be more transformative in nature and will contribute to longer term **service redesign**. Many of the objectives set out are driven by national policy, but the implementation of these as well as locally driven objectives will be informed by local needs and priorities.

For each action set out below, there will be a **delivery mechanism** established. These delivery mechanisms will collectively act as the "engine room" for change. This approach recognises that the Strategic Plan does not have the space to set out in detail how all actions will be taken forward and their specific deliverables, but that detail does need to be set out transparently at some level. Our commitment is that each action will be taken forward with its own project-planning arrangements in place and with a project lead established. Each year an **Annual Delivery Plan** will draw down the Strategic Plan actions for the year, with progress reported regularly to the HSCP Board and then annually as part of the HSCP Board's Annual Performance Review.

Strategic Priority	Commitment	Objectives for 2022-25
Empowering People	Improving personalisation	Embed and further develop digital solutions to support self-management **(Redesign)**.
		Further develop person centred, rights-based, outcome focused approaches **(Improvement).**
	Reducing inequality and inequity of outcomes	Further reduce inequality of health outcomes and embed fairness, equity and consistency in service provision **(Improvement).**
	Improving information and communication	Improve service information and public communication systems, advice, reflecting specific communication needs and preferences **(Improvement)**.
Empowering Communities	Building informal support options	Work with communities to develop a network of assets and informal supports, to complement formal, statutory support options **(Redesign)**.
	Building local integrated teams	Develop local, co-located services with integrated multi-disciplinary teams to improve services and reduce our carbon footprint **(Redesign)**.
	Modernising day services	Redesign day services for older people and adults with learning disabilities, to create a wider range of informal and formal support options **(Redesign)**.

Prevention and Early Intervention	Extending rehabilitation and reablement	Further develop rehabilitation services and reablement approaches to sustain people for longer in the community (**Improvement)**
	Supporting diversion from prosecution	Extend the range of options for diversion from prosecution available to the Procurator Fiscal Service to extend ability to address the underlying causes of offending, as an alternative to prosecution (**Improvement).**
	Improving school nursing services	Develop School Nursing Services in line with "Transforming Nursing, Midwifery and Health Professions' Roles: The school nursing role" (**Improvement)**.
Delivering our Key Social Work Public Protection Statutory Duties	Prioritising public protection	Ensure the highest quality standards in identifying and responding to actual and potential social work public protection concerns (**Improvement)**.
Supporting Families and Carers	Supporting carers with their own needs and in their caring role	Recognise better the contribution of informal carers and families in keeping people safe and supporting them to continue to care if that is their choice (**Improvement)**.
	Implementing The Promise for children and young people	Ensure that every care experienced child grows up loved, safe and respected, able to realise their full potential (**Improvement).**
	Strengthening corporate parenting	Strengthen corporate parenting, to improve longer term outcomes for care experienced young people, by community planning partners working collectively (**Improvement).**
Improving Mental Health and Recovery	Improving adult mental health and alcohol and drugs recovery	Redesign services for adult mental health and alcohol and drugs services to develop a recovery focussed approach **(Redesign)**.
	Improving mental health support for children and young people	The provision of faster, more responsive support for children and young people with mental health challenges (**Improvement).**
	Improving post-diagnostic support for people with dementia	Increase the capacity of the post diagnostic support service (**Improvement).**
Post Pandemic Renewal	Understanding and responding to the impact of the pandemic	Understand the impact of the pandemic on the health and wellbeing of our population (including those living in care homes), the responses necessary to meet these needs and resource requirements **(Redesign)**.

Maximising Operational Integration	Right Care Right Place: urgent and unscheduled health and social care redesign	Improve patient experience, safety, clinical outcomes, and organisational efficiency in responding to and managing urgent health care needs and preventing unnecessary hospital care **(Redesign)**.
	Developing integrated quality management arrangements	Further develop robust, quality-driven clinical and care governance arrangements that reflect the National Health and Social Care Standards and the Partnership's Quality Management Framework (**Improvement).**
Strategic Enabler	**Commitment**	**Objectives for 2022-25**
Workforce and Organisational Development	Supporting the wellbeing of the health and social care workforce	Respond to the pressures across all staff, independent contractors, commissioned services, partners and stakeholders due to the impact of the pandemic, with wellbeing support prioritised **(Redesign)**.
	Equipping the workforce and workplace during and after the pandemic	Ensure that the workforce and the workplace is prepared and equipped to respond to the impact of the pandemic **(Redesign)**.
	Redesigning the Public Dental Service	Redesign the Public Dental Service by implementing a new service delivery model (Redesign).
	Implementing a skills framework for supporting children's mental health and wellbeing	Support the improvement of children's mental health and wellbeing, by implementing a national workforce knowledge and skills framework **(Improvement)**.
Medium term Financial and Strategic Planning	Maximising available resources	Maximise available resources through efficiency, collaboration and integrated working **(Improvement)**.
	Balancing investment and disinvestment	Balance investment and disinvestment to deliver HSCP priorities within the medium term financial plan **(Improvement)**.
	Delivering financial sustainability	Ensure longer term sustainability of services within available resources **(Redesign)**
Collaborative Commissioning and Whole System Working	Co-designing solutions with the third and independent sectors	Build collaborative commissioning through the development of improved efficiency, co-designed and co-produced solutions and better outcomes in collaboration with third and independent sector providers **(Redesign)**.

	Supporting primary care improvement	Support primary care improvement and multi-disciplinary working through development in line with the new General Medical Services Contract Memorandum of Understanding **(Improvement)**.
Infrastructure and Technology	Modernising health and social care facilities	Progress towards the development of appropriate, modern facilities that enable co-location of team members and services as well as alignment with GP Practices **(Redesign)**.
	Maximising the potential of digital solutions	The delivery of a comprehensive Digital Health and Social Care Action Plan that maximises the potential of digital solutions, whilst ensuring equality of access for everyone **(Redesign)**.

Redesign and Transformation: The Principles

The Financial Plan section of this document sets out in more detail how these development commitments will be undertaken within the HSCP's overall budget. As indicated in the Introduction, the HSCP operates within a constrained financial environment, so unless new funding is forthcoming, any investment in one area will have to be offset by increased efficiency or disinvestment in another area of the HSCP's business. In order to make this process as transparent as possible, the Financial Plan will identify any new specific additional funding that has been received (or may be expected) to support new developments. Over the course of the next three years, some additional new funding sources may be introduced that we are not yet aware of, but so too may be reductions in funding or pressures elsewhere.

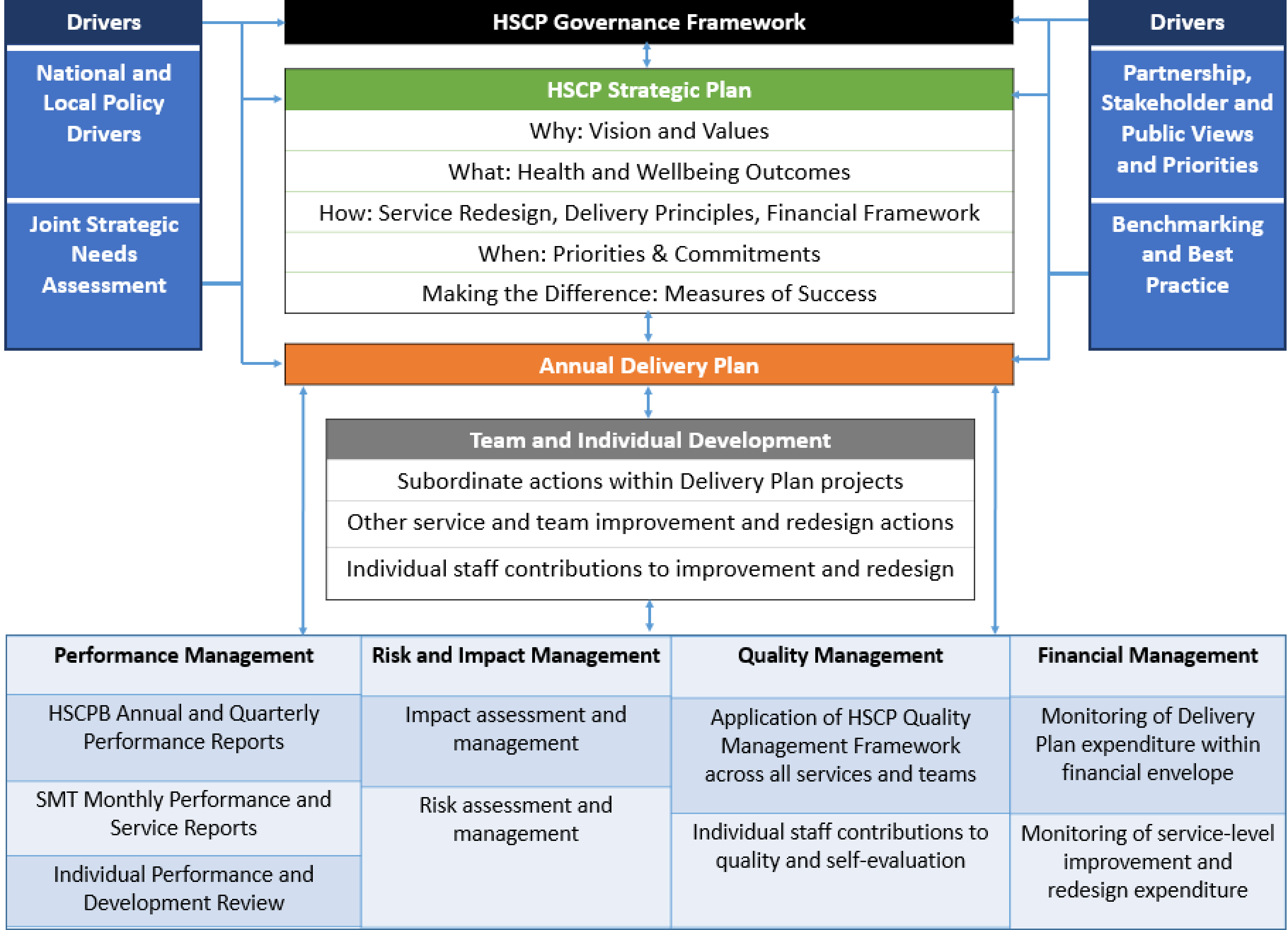
The idea behind service redesign and transformation is a recognition that a combination of greater demand for services, increasing levels of complexity and financial pressures means that the current ways of designing and delivering some services may need to fundamentally change. The objective of service redesign and transformation is to ensure that the HSCP is able to best meet these challenges in the future. In doing so, the following principles will be applied to ensure consistency in the approach to redesign and to generate efficiencies in ways that minimise negative impact:

- Contribute to delivery of the Strategic Plan priorities and enablers;
- Maximise opportunities for integration and collaboration;
- Maximise the use of technology/digital delivery;
- Maximise the potential for informal supports and community assets;
- Maximise community-based care;
- Ensure fairness and equity;
- Localise services wherever possible;
- Meet statutory obligations; and
- Commit to Best Value.

Organisational Alignment: "The Golden Thread"

It is vital that the Strategic Plan is an active cog in the work of the HSCP. Sometimes strategies are written, then gather dust until they are replaced, without having had guiding impact across the organisation. With this HSCP Strategic Plan, the intention is to ensure that its strategic priorities and enablers are aligned and woven into the fabric of the organisation. This means that while the Strategic Plan sets out the direction of travel at a relatively high level, its priorities are owned at every level and by everyone in the Partnership can recognise their contribution at individual, team and leadership levels. This is often called the "golden thread" of planning and performance management. It means that the organisation as a whole has shared ambitions and goals across the HSCP. It clarifies the role of leadership and accountability with agreed priorities, agreed performance targets, a shared commitment to deliver by everyone and the delivery of planned objectives at all levels.

In illustration, this process is set out organisationally below, for the HSCP. The structure shows the change drivers, the central role of the Strategic Plan and the function of Annual Delivery Plans that will draw down actions each year in support of the Strategic Plan's goals. Below that, is the service level improvement activity that is more operational and the contributions that individuals make to this. Along the bottom are the controls and supports to the process, including feedback mechanisms on performance, cost, risk, impact and quality.



Working Together

The Health and Social Care Partnership is collaborative by definition. The HSCP Board operates within a wider context of planning together with East Dunbartonshire Council and Greater Glasgow and Clyde Health Board HSCP, as well as by the Third Sector, by independent sector providers, independent primary care contractors and across the full spectrum of Community Planning. Partnership working is of utmost importance to make the best use of our local resources for the benefit of people living and working in our communities. The HSCP Strategic Plan aligns itself in particular to East Dunbartonshire's Community Planning priorities and NHS Greater Glasgow and Clyde's vision for health and social care, Moving Forward Together.

This section sets out some of the main collaborative approaches as well as some of the key areas of joint policy development that the HSCP will contribute to.

Community Planning

The HSCP Board is an equal partner in the East Dunbartonshire Community Planning Partnership and has responsibility for leading on key outcomes within the Local Outcome Improvement Plan, as well as contributing to others:

Local Outcome 1:	East Dunbartonshire has a sustainable and resilient economy with busy town and village centres, a growing business base, and is an attractive place for visitors and investors.
Local Outcome 2:	Our people are equipped with knowledge and skills for learning, life and work.
Local Outcome 3:	Our children and young people are safe, healthy and ready to learn.
Local Outcome 4:	East Dunbartonshire is a safe place in which to live, work and visit.
Local 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 active lifestyles.
Local Outcome 6:	Our older population and more vulnerable citizens are supported to maintain their independence and enjoy a high quality of life, and they, their families and carers benefit from effective care and support services.

Central to the HSCP's contribution to community planning is how it can support a locality-based approach. Community planning within localities (previously called "Place" planning) allows community planning partners to look at outcomes in the context of smaller

communities and to plan how we will work with each other and with local people in these areas. In 2011 a locality approach to delivering services began in Harestanes & Hillhead and has since been extended to Auchinairn, Lennoxtown and Twechar. Using a locality approach means encouraging greater communication between services and with residents of a particular locality to devise solutions to reduce disadvantage in their area. This puts the people, who are local to that area, central to the service planning.

Moving Forward Together

NHS Greater Glasgow and Clyde's strategy Moving Forward Together (MFT) describes a tiered model of services where people receive care as near home as possible, travelling to specialist centres only when expertise in specific areas is required. MFT promotes greater use of digital technology and maximising the utilisation of all resources, with a drive to ensure all practitioners are working to the top of their professional abilities.

It recommends supported self-care and better links between primary and secondary care. The key elements on which the Moving Forward Together Programme has been based are:

Aligned to the national strategic direction
Consistent with the West of Scotland Programme
Reflect a whole system programme across primary, secondary and tertiary health care and social care
Maximise digital solutions to support remote care and self-care
Extend the use of cornerstone clinical systems to support workflow and access to the Electronic Health & Care Record (EHCR).
Use the knowledge and experience of our wide network of expert service delivery and management teams
Involve our service users, patients and carers from the outset
Engage with, and listen to, our staff and working in partnership
Affordable and sustainable.

Workforce Planning

East Dunbartonshire HSCP are developing a 3 year Workforce Plan in tandem with the Strategic Plan to ensure that we have the workforce available to deliver on the Plan. Our Workforce Plan will also align with the National Workforce Strategy for Health and Social

Care which will be launched in early 2022. In addition our workforce plan will link to both NHSGGC and East Dunbartonshire Council's workforce plans as the employers. Key to our Workforce Plan will be retaining and developing our current workforce through a focus on their wellbeing, this will include their physical, mental, financial and pastoral wellbeing. We also need to ensure that there are opportunities available to staff to maintain their statutory registration requirements and that processes are in place that allow staff to progress in their chosen careers. We will also focus on the diversity of our workforce, looking to ensure that East Dunbartonshire HSCP is seen as offering employment of choice for all, and that young people are encouraged to see that a career in Health and Social Care is very rewarding, thus ensuring that our workforce is more representative of our community. A key action from the Workforce Plan will be to look creatively about how we attract and retain staff to identified posts that we currently regard as difficult to recruit.

Unscheduled Care

The HSCP has responsibility for strategic planning, in partnership with the NHSGGC, of those hospital services most commonly associated with the emergency care pathway, alongside primary and community health care and social care. This is known as unscheduled care and most commonly refers to the prevention of admission to hospital where it can be avoided, reducing attendance at Emergency Departments where it is not clinically appropriate and ensuring people can leave hospital when it is no longer the more appropriate place for them to be.

In recent years unscheduled care services in NHSGGC have faced an unprecedented level of demand. The health and social care system, including primary and social care, has not seen such consistently high levels of demand before. Whilst, as an HSCP specifically and a health board generally, the system works well to manage high levels of demand, we struggle to meet some key targets consistently and this must remain an area of joint focus.

Change is needed therefore if we are to meet the challenges ahead and successfully shift the balance of care from hospital to community, with people being empowered to manage their own care needs with support, and with acute hospitals being able to prioritise their resources towards people that require hospital-level care. The emphasis is on supporting more people at home or in other community settings when it is safe and appropriate to do so.

As six HSCPs, with our partners in the acute sector, and with people, communities and the third and independent sectors, we are committed to delivering on the aspirations set out the *NHSGGC Unscheduled Care Design and Delivery Plan*.

The plan is focused on three main themes reflecting the patient pathway:

- Prevention and early intervention with the aim of better support people receive the care and treatment they need at or close to home and to avoid hospital admission

where possible. This includes the management of frailty, empowering people to stay active and independent even with illness or into older age;

- Improving the primary and secondary care interface by providing GPs with better access to clinical advice and designing integrated patient pathways for specific conditions; and,
- Improving hospital discharge and better supporting people to transfer from acute care to appropriate support in the community via the *Home First* model making use of *Discharge to Assess* and *Discharge without Delay* principles.

Primary Care

Around 90% of all health care is delivered in primary care; it is the cornerstone of the NHS, central to the achievement of our strategic priorities set out in this Strategic Plan with and for local people. Primary Care has been undergoing a transformation over the last 3 – 5 years, and the Covid-19 pandemic has significantly impacted the workload of GP practices and the way they need to interact with patients into the future. The partnership between community services, secondary care, primary care/ GP practices and patients/communities needs to be refreshed with a new dialogue about how primary care operat
es in the context of the whole health and care system.

The vision set out in NHSGGC Remobilisation Plan is to have in place a whole system of health and social care enabled by the delivery of key primary care and community health and social care services. Patients continue to look to their GP as the "gate-keeper" for their care and support, and we have a collective challenge to re-frame that perspective putting patients at the centre where they are in control of accessing the right support from the right person at the right time.

Through our Primary Care Improvement Plan (PCIP) and related activity we have been expanding primary care teams with new staff and roles to support more patients in the community. This has included the development of Pharmacotherapy services (including GP practice based pharmacists), Advanced Practice Physiotherapists working in general practice, Wellbeing Workers and Advanced Nurse Practitioners. The vaccination programme has also in the main been diverted away from general practice and delivered by the HSCP and the Health Board. All of this should support local GPs to spend more time clinically managing patients with complex care needs, in line with national expectations.

Mental Health

The East Dunbartonshire approach to mental health service redesign aligns to the NHSGGC Mental Health Five Year Strategy which commenced in 2017. This work is key to delivering on our mental health priorities and focus upon shifting the balance of care. An Adult Mental Health Programme Board oversees the delivery of this strategy, and work on

a specific older people's mental health strategy began in 2018. The overall approach has been to view mental health services as one integrated system, albeit serving different needs and localities with specific care pathways, with a key assumption in recovery planning that demand for mental health services and support will increase during and after the pandemic.

The NHSGGC Mental Health Five Year Strategy has a number of key themes which include prevention, early intervention, the development of recovery oriented and trauma aware services, maximising integrated working, and shifting the balance of care from in-patient to community support, which fully align to the vision, values and the strategic priorities within the HSCP Strategic Plan.

As part of the Five Year Strategy a number of initiatives have been established, including the development of out-of-hours supports and crisis resolution, peer support and involvement of those with lived experience, and the development of Mental Health Assessment Units to provide a consistent model of treatment across the health board area as an alternative to hospital admission. Future initiatives will focus on developing new models of care with enhanced investment in community services, including pathway development. A proactive approach to discharge planning will be promoted, with closer integration with community and social care services to ensure smoother patient flow across in-patient and community settings. These developments will continue to be sensitive to the emerging impacts of the pandemic.

The Promise

In February 2020, the Independent Care Review was published, which aimed to identify and deliver lasting change in Scotland's 'care system' and led to the publication of The Promise.

The Promise reflects the voices of everyone who contributed to the Care Review, and tells Scotland what it must do to make sure its most vulnerable children feel loved and have the childhood they deserve. The Promise outlines five foundations that must be at the heart of plans and priorities for children and families: voice, care, people, scaffolding & family.

East Dunbartonshire HSCP is committed to ensuring The Promise shapes future planning to strengthen the things we do well and make the fundamental changes required.

The Promise Scotland envisages the work of change to take place over a 10 year period. Locally, our initial priorities have included promoting awareness of The Promise and establishing networks across East Dunbartonshire and further afield. A multi-agency steering group has been established, involving care experienced people and embedding The Promise is a key component of the work of the East Dunbartonshire Delivering for Children and Young People Partnership.

The next steps are to develop a Promise Aims and Actions Plan specific to East Dunbartonshire and informed by our partnerships with care experienced people, our

integrated workforce and the work of The Promise Scotland. We will require a measured, sustained and long-term approach across East Dunbartonshire to ensure we work to towards the changes required. Action over the period of the Strategic Plan will be reflected in HSCP Annual Delivery Plans as well as through the Integrated Children's Services planning and reporting arrangements.

Supporting Carers

This plan makes a commitment to support carers with their own needs and in their caring role, and to recognise better the contribution of informal carers and families in keeping people safe, and supporting them to continue to care if that is their choice.
This commitment is to carers of all ages, including young carers. As part of our commitment we will continue to work with partners to deliver enhanced access to carer support services, improving carer support and access to information. We will promote engagement and carer-led services and continue to develop public awareness and carer friendly communities. The Carers (Scotland) Act 2016 outlines specific duties for public bodies, including the joint production of a Carers Strategy. In support of this, our existing Carers Strategy will be refreshed during the first year of our Strategic Plan.

Digital Health and Care

In line with the Scottish Government *Digital Health and Care Strategy: enabling, connecting and empowering*, the HSCP seeks to progress the digital transformation agenda. Opportunities to transform the way that care and support is delivered, the way practitioners work, the way our services operate and crucially how people self-manage their needs centre around the increased use of digital technology. The HSCP has a Digital Health and Care Board and is developing a digital health and care action plan to drive investment and action to take forward this agenda.

Technology Enabled Care, including telecare and community alarms, is now commonplace in health and social care. The use of smartphone apps to help management long term conditions is early in its development, but increasing in popularity. The Covid-19 pandemic has exponentially increased the use of digital solutions for home and mobile working, and we have seen a rise in the potential for use of video and other digital consultations with service users and patients. We aim to capitalise on the 'new normal' as we come through the pandemic, building on the opportunities to offer choice for individuals and their families between face to face interaction with health and care professionals or virtual consultation.

Throughout the lifetime of this plan, the core areas of action in the digital agenda are:

- Transforming our Telecare suite from analogue to digital channels by 2024;
- Maximising opportunities for and uptake of *Virtual Patient Management* (VPM) and digital service user interaction;

- Increasing the scope for people living with long term conditions and disabilities (including mental health and substance use/misuse) to manage their lives digitally via smart apps technology (*Home and Mobile Health Monitoring - HMHM*);
- Increasing support at a distance opportunities for people living independent in their own homes but who require assistance to feel safe and included through a range of digital options;
- Use of web based solutions to support people to self-assess for equipment or resources to enable them to live independently (*Ask Sara*, the East Dunbartonshire *Asset Map*); and,
- Maximising the roll out of agile working technology to all health and are staff affording the opportunity to work flexibility and efficiently (*Digitally Enabled Workforce*).

Self Directed Support

Any individual who has been assessed as eligible for formal social care support will be offered options to direct their own support. Self Directed Support is about giving the service user or carer more choice and control over the care and support that they receive to enable the cared for person to live as independently as possible. Since its inception, East Dunbartonshire HSCP has continued to implement and develop Self Directed Support whilst incorporating the values (respect, fairness, independence, freedom and safety) and principles (collaboration, informed choice, involvement, participation, innovation, responsibility and risk enablement) contained within the legislation.

The HSCP has developed a three year Implementation Plan (2021 – 2024) which focuses on achieving four specific outcomes to further develop Self Directed Support locally:

- All planning for change and measurement across Self Directed Support activities must involve the people, workers and organisations affected;
- Senior decision makers and system create the culture and conditions for choice and control over social care support;
- Workers enable and empower people to make informed decisions about their social care support;
- Workers across all aspects of social care support exercise the appropriate values, skills, knowledge and confidence; and,
- People have choice and control over their social care support.

Reducing Inequalities

Central to the objectives of the HSCP Strategic Plan 2022-25 is to pursue improvement activity that contributes to reducing inequality and inequity of health and social care outcomes. In addition to this being a dedicated action area in support of the Empowering People priority, the plan itself has been fully Equality Impact Assessed in line with the requirements of the Equality Act 2010. The Strategic Plan has also been assessed in

support of the Fairer Scotland Duty which requires public bodies to actively consider how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

Climate Action

All Public Bodies, including Health & Social Care Partnerships, are required by the Scottish Government to reduce greenhouse gas emissions, adapt to a changing climate and promote sustainable development. The HSCP's constituent bodies employ the HSCP workforce and hold capital, fleet and infrastructure, so responsibility sits primarily with East Dunbartonshire Council and NHS Greater Glasgow and Clyde, with the HSCP adhering to the policies of these two organisations. The HSCP will contribute to carbon reduction over the period of the Strategic Plan by:

- Reducing business miles;
- Developing localised services;
- Promoting flexible working policies;
- Reducing waste, and;
- Maximising energy efficiency.

The Strategic Priorities and Enablers will be geared to contribute to these objectives, particularly through the following actions:

Strategic Priority	Action	Reducing Climate Impact
Empowering Communities	Building local integrated teams	Reducing travelling costs for staff, by operating within practice localities and collaborating closely with primary care GP practices.
	Modernising day services	Providing support within existing community assets, so reducing scale of building-based services with associated environmental impact.
Strategic Enabler	**Action**	**Reducing Climate Impact**
Workforce and Organisational Development	Supporting the wellbeing of the health and social care workforce	Promoting flexible working practices, including home working that can positively reduce greenhouse gas emissions and building-based space requirements.
Infrastructure and Technology	Modernising health and social care facilities	Developing local, integrated health and social care facilities, fewer in number and operating to higher efficiency standards, with services and resources under one roof.
	Maximising the potential of digital solutions	Increasing the availability of online, digital and virtual solutions, for people who would benefit from these options. These approaches reduce the need for travelling to building bases.

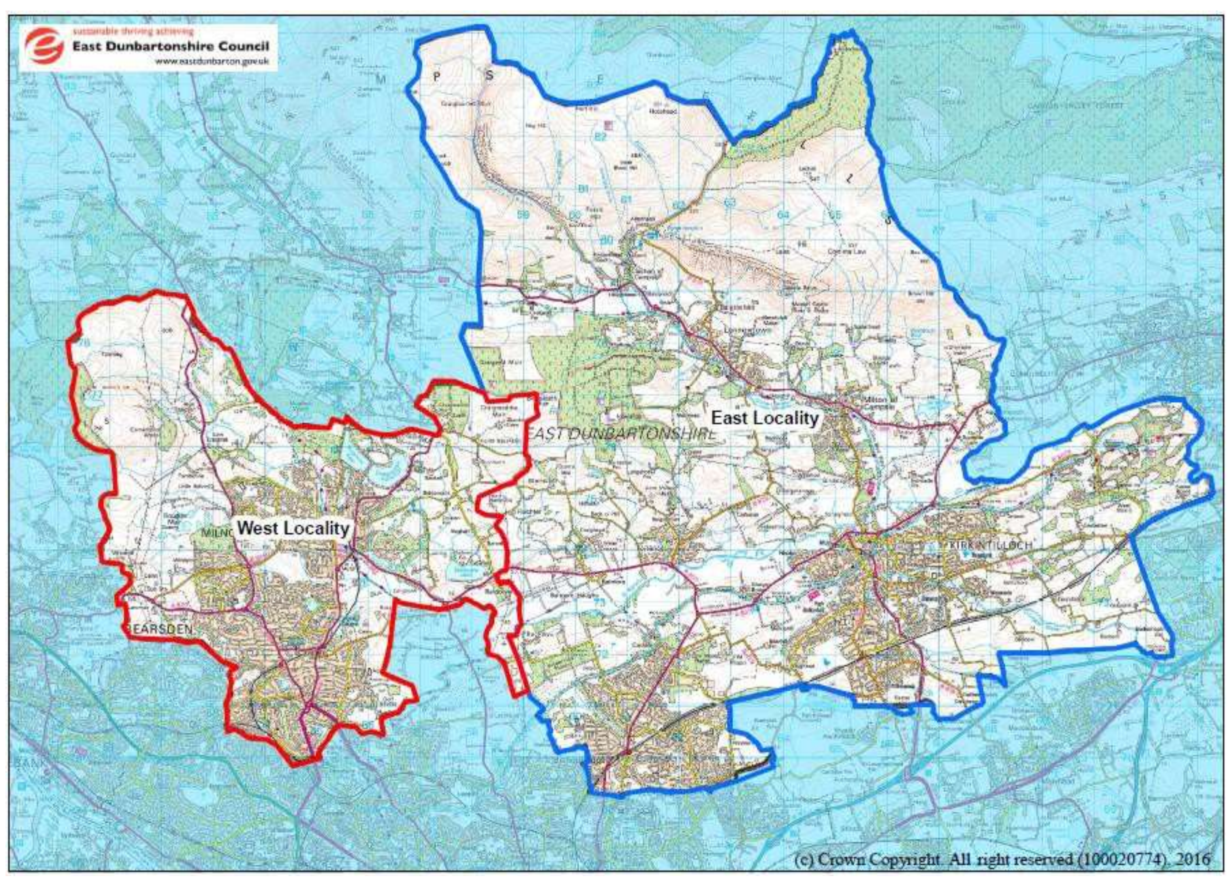
A Strategic and Environmental Impact Screening Assessment of this HSCP Strategic Plan has been undertaken as part of its preparation.

HSCP Locality Planning

East Dunbartonshire HSCP has been divided into two localities for health and social care planning and service delivery purposes. These HSCP locality areas reflect natural communities as shown in the map below and consist of:-

- The east of East Dunbartonshire (Bishopbriggs, Torrance, Lenzie, Lennoxtown, Kirkintilloch, villages and settlements).
- The west of East Dunbartonshire (Bearsden, Milngavie, villages and settlements)

East Dunbartonshire HSCP Localities: Map



When planning services we aim to reflect the diverse needs of our communities in how they are delivered and we adapt accordingly. To support this, each locality has a Locality Planning Group comprising a range of partners and stakeholders. Over the period of this Strategic Plan, these localities will be instrumental in delivering the strategic priorities in the following ways, reflecting their particular local needs and circumstances:

- Leading the HSCP's Community Empowerment priority at a locality level (including community planning activity in support of locality (previously "Place" planning);
- Implementing the Primary Care Improvement Plan, and;
- Localising integrated co-located services.

The Housing Dimension

The inclusion of a Housing Contribution Statement in HSCP Strategic Plans is designed to ensure that the role and contribution of the housing sector is given strong profile in contributing to the shared outcomes and priorities for health and wellbeing. The housing dimension reflects the emphasis on joint working with key stakeholders to deliver high quality services in our communities and provides the basis for measuring the contribution housing can make in meeting local and National priorities.

Governance and Strategic Background
Key policy drivers, specific to housing are listed below and represent the statutory obligations placed on the housing service in both social rented and private sectors.

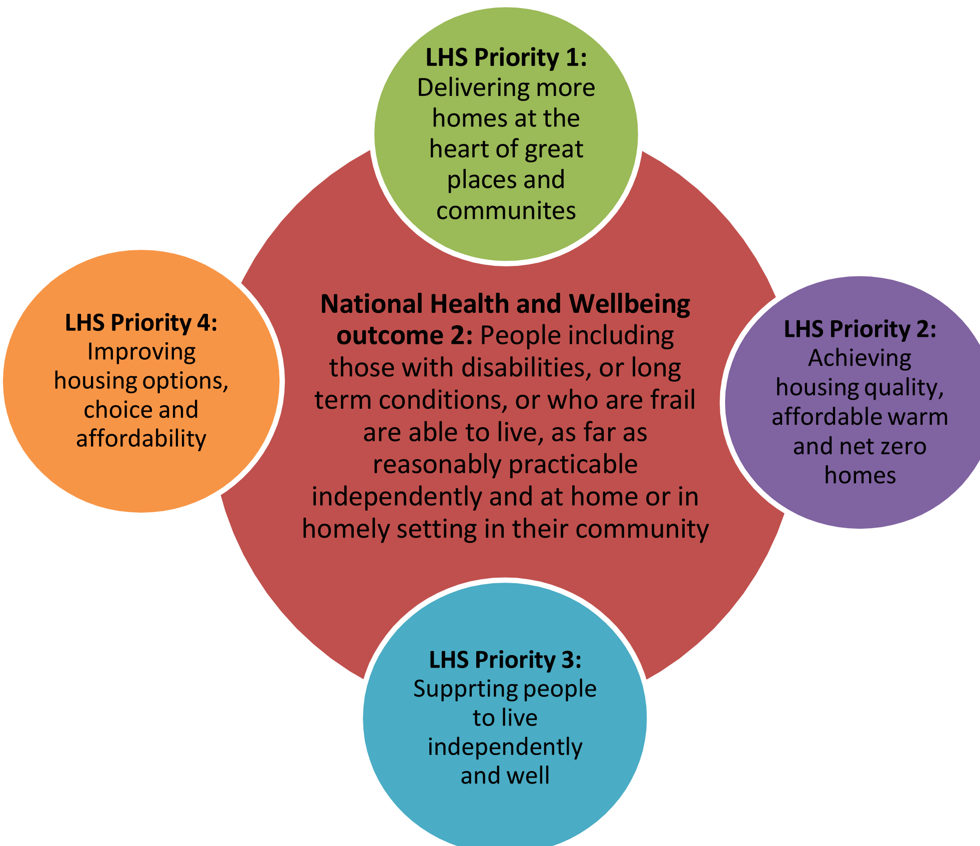
Key Housing Policy Drivers	
Housing (Scotland) Act 1987	Housing to 2040
Homelessness etc. (Scotland) Act 2003	Housing (Scotland) Act 2010
Housing (Scotland) Act 2001	Scottish Housing Regulator
Anti-social Behaviour etc. (Scotland) Act 2004	Housing (Scotland) Act 2014
Housing (Scotland) Act 2006	Local Development Plans

Local Housing Strategy (LHS)

The 2011 Census tells us that in East Dunbartonshire, there are just under 47,000 dwellings. Forty percent of these being owned outright. This is higher than the Scottish Average (28%) while 42% were recorded as being owned with a mortgage or loan. This is also higher than the Scottish average of 34%.

The Local Housing Strategy (LHS) details how the Council and its partners will tackle imbalances within the local housing system during its lifetime. A new five-year LHS is in preparation to commence in line with the timescales of this HSCP Strategic Plan and sets out a number of overall priorities that the Housing service will aim to address over the period 2022 to 2027.

The LHS priorities are delivered in a measurable way to evidence service performance and are enabled by long term planning to ensure actions are achievable, deliverable and sustainable in a culture of continuous improvement. A new Integrated Housing Management System (IHMS) is in development that will increase accessibility and introduce a more efficient service for tenants and other customers of the Council. This is due to be implemented during the summer of 2023 with other phases of IT investment targeted up until 2025. The LHS priorities are set out below, with particular reference given to how they will impact positively on health and wellbeing. Of the nine National Health and Wellbeing outcomes Housing has particular relevance to outcome 2:



LHS Priority 1: Delivering more homes at the heart of great places and communities

The Strategic Housing Investment Plan (SHIP) is supplementary to the LHS and sets out the strategic investment priorities for affordable housing.

East Dunbartonshire Council Housing Supply Targets – Local Development Plan (LDP)

	Private	Affordable	All-Tenure
Final Housing Supply Target 2012 to 2024	2,400	1,300	3,700

The Council's Housing programme targets 10% of homes as being wheelchair and accessible housing with other forms of amenity housing in addition to this. The LDP2 contains an all tenure target to underpin and extend the requirements across the private and Registered Social Landlord (RSL) sectors.

LHS Priority 2: Achieving housing quality, affordable warm and net zero homes

The Council must meet Scottish Housing Quality Standards (SHQS) and work to improve house conditions and energy efficiency in its properties. An extensive Capital Works Programme includes:

- Replacement windows
- Kitchens
- Bathrooms
- Roof replacement

- MR Rendering
- Cavity insulation
- Electrical rewire programme

Energy Efficient Scotland: Area based schemes (EES: ABS) previously known as HEEPS, is set to commence in February 2022. The Energy Efficiency Standard for Scotland (EESSH) was updated in July 2019 giving landlords a milestone of December 2032 to achieve EESSH2. In the context of climate change, these obligations on the Council sit within the broader vision of the Scottish Government to achieve net zero emission homes, set out in its Housing to 2040 Strategy.

LHS Priority 3: Supporting people to live independently and well

Provision of an aids and adaptations service assists older or disabled residents live independently in their own homes. The Council also operates a Care and Repair service providing free and practical advice and assistance to older residents. A Scheme of Assistance for owner occupiers provides financial assistance for disabled adaptions, mixed tenure roofing works for flatted properties, and dwellings that fall below the tolerable standard.

Telecare has an increasing role in promoting independence. The Council can provide equipment including: falls sensors, smoke sensors, and environmental monitoring and GPS devices that can accurately locate the whereabouts of the wearer. A community alarm system offers reassurance to a vulnerable person, and their family, to allow them to maintain independence in their own home.

LHS Priority 4: Improving housing options, choice and availability

As part of the national Ending Homelessness Together Action Plan (2018), all local authorities in Scotland were required to submit a Rapid Rehousing Transition Plan (RRTP) to the Scottish Government. In EDC the principal of RRTP is to be proactive, increase focus on prevention, minimise time in temporary accommodation and ensure homeless households access settled accommodation along with the right housing support.

The Housing options model tailors a range of elements to provide a person centred prevention approach. Detailed housing options data is provided to applicants on allocations, stock, turnover and alterative tenures. In addition, applicants are provided with access to a rent deposit scheme, welfare rights advice/income maximisation support; with the recent success rate of the housing options model in preventing homelessness exceeds 90% from an average 38% pre RRPT. During 2019/20, 91% of housing options enquiries were resolved without the need to make a homeless application, in 2020/21 this increased to 93%.

Summary of Housing Service's contribution to delivering the HSCP Priorities

Empowering people	Empowering communities	Prevention and early intervention
• Advice and assistance • Housing options • Housing support duty • Project 101 • Care and Repair • Aids and Adaptations • Scheme of Assistance • Sheltered Housing • Tenant Participation • Older People Research	• Strategic Housing Investment Plan • New Build Development programme • Anti-social behaviour prevention • Community safety • Scottish Housing Quality Standard • Energy Efficiency Standard for Scotland • Energy Efficiency Scotland : Area Based Schemes • Empty homes • Below tolerable standard	• Housing options • Rapid Rehousing Transition Plan • Housing support duty • Telecare • Community alarms • Rent deposit scheme • Temporary accommodation duty • First stop • The House project • Action for children • The Promise Scotland
Public protection	**Supporting families and carers**	**Improving mental health and recovery**
• Women's aid • Adult protection protocol • Child protection protocol • Prison protocol • Landlord registration	• Housing (Scotland) Act 2014 ("The 2014 Act") • Housing support duty • Joint working with third sector organisations • Social work children and families	• Key social work areas; learning and disability, alcohol and drugs, rehabilitation, mental health crisis team • Provision of supported accommodation • Joint working with third sector

The Financial Plan

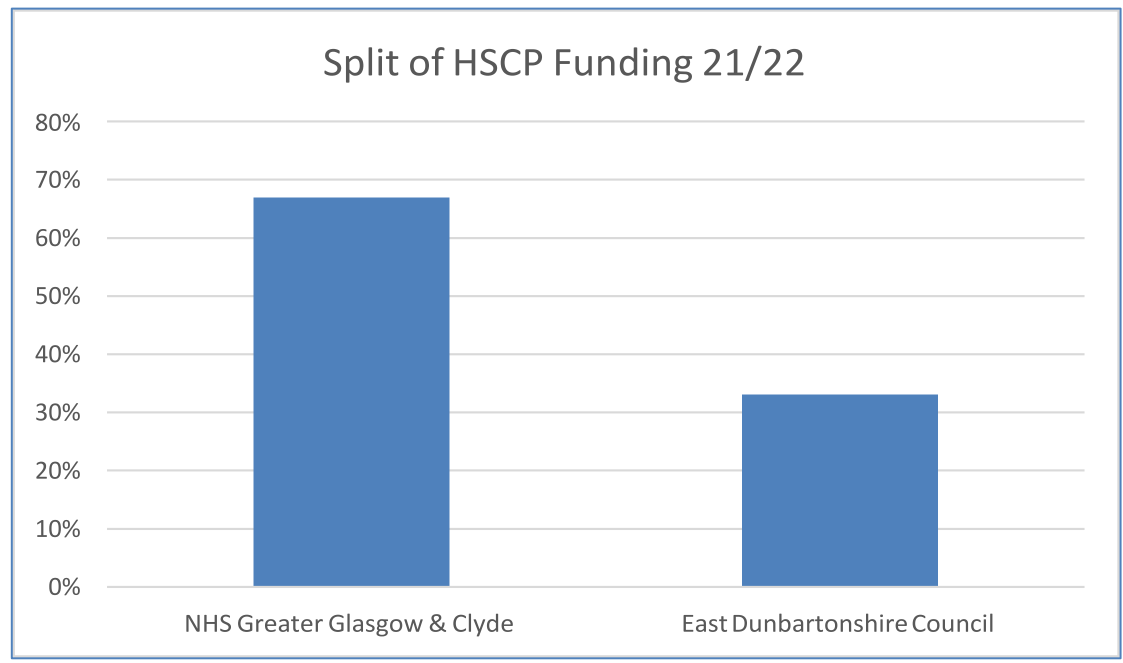
Financial Context

A Medium-Term Financial Strategy (MTFS) has been developed to pull together into one document all the known factors affecting the financial sustainability of the partnership over the medium term. This strategy establishes the estimated level of resources required by the partnership to operate its services over the next five financial years, given the demand pressures and funding constraints that we are likely to experience.

This MTFS for East Dunbartonshire HSCP outlines the financial outlook over the next 5 years (2022 – 2027), which covers the period of the Strategic Plan, and provides a framework which will support the HSCP to remain financially sustainable. It forms an integral part of the HSCP's Strategic Plan, highlighting how the HSCP medium term financial planning principles will support the delivery of the HSCP's strategic priorities.

East Dunbartonshire HSCP has been delivering a range of health and care services to our service users, patients and carers since September 2015 and has a recurring budget of £198.1m within which to deliver these services. This includes an amount of £37.8m related to set aside for the delivery of prescribed acute functions.

The budget is funded through delegated budgets from both East Dunbartonshire Council and NHS Greater Glasgow and Clyde:-



There are a number of key opportunities and challenges for the HSCP at a national and local level. The most significant opportunity being the Review of Adult Social Care, elements of which have now been reflected in the new programme for government, and

will see significant investment across a range of areas including the development of a National Care Services on an equal footing to the National Health Service, expansion of support for lower-level needs and preventive community support, increasing support to unpaid carers and sums paid for free personal care.

The HSCP has particular demographic challenges related to a growing elderly population particularly in older old age. In the 10 years from 2016-2026, the East Dunbartonshire 85+ population is projected to continue to rise faster than any other HSCP area (by 52%). Looking ahead to 2041, the 85+ population will continue to rise faster than all HSCP areas (153%), with the exception of West Lothian.

The onset of a pandemic (Covid-19) and the impact of this on the delivery of health and social care services has had significant implications in the immediate / short term and this is expected to continue in the medium term as services recover and potential longer term impacts emerge which are yet to be fully assessed.

The Financial Challenge

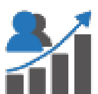
The medium term financial outlook for the HSCP provides a number of cost pressures with levels of funding not matching the full extent of these pressures requiring a landscape of identifying cost savings through a programme of transformation and service redesign. The HSCP is planning for a range of scenarios ranging from best to poor outcomes in terms of assumptions around cost increases and future funding settlements. This will require the identification of £14.1m to £27.8m of savings with the most likely scenario being a financial gap of £18.6m over the next five years. This will extend to £44.6m over the next 10 years, however this becomes a more uncertain picture as the future environment within which HSCPs operate can vary greatly over a longer period of time.

The table below shows the level of budget pressure the Partnership will face after assumptions have been made about the level of income likely to be received from partners. The budget pressures include, provision for pay awards, Scottish Living Wage uplifts, demographic projections and prescribing inflation and represent an increase of just over 2% of the total budget (excl set aside).

IJB Scenario Financial Planning	2022/23	2023/24	2024/25	2025/26	2026/27	5 Yr Total
Cost Pressures						
Payroll	1.124	1.163	1.202	1.243	1.285	6.018
Contractual	1.773	1.852	1.936	2.024	2.118	9.703
Future Demand - demographics	1.270	1.367	1.471	1.583	1.704	7.396
Prescribing	0.504	0.525	0.546	0.567	0.590	2.732
Un achieved savings	1.075	0.000	0.000	0.000	0.000	1.075
Recurring Savings	(0.975)	0.000	0.000	0.000	0.000	(0.975)
Other Non Pay	0.894	0.906	0.920	0.933	0.947	4.599
Total Cost Pressures	5.665	5.813	6.075	6.352	6.645	30.549
Aniticipated Funding Settlement	(2.370)	(2.377)	(2.385)	(2.393)	(2.401)	(11.927)
Financial Challenge	3.296	3.435	3.689	3.958	4.243	18.622

Based on the projected income and expenditure figures the HSCP will require to achieve savings between £3.3m and £4.2m each year from 2022/23 onwards. The aim of the strategic financial plan is to set out how the HSCP would take action to address this financial challenge across the key areas detailed below:

Key areas identified to close the financial gap

	Delivering Services Differently through Transformation and Service Redesign • Development of a programme for Transformation and service redesign which focuses on identifying and implementing opportunities to redesign services using alternative models of care in line with the ambitions of the HSCP Strategic Plan.
	Efficiency Savings • Implementing a range of initiatives which will ensure services are delivered in the most efficient manner.
	Strategic Commissioning • Ensuring that the services purchased from the external market reflect the needs of the local population, deliver good quality support and align to the strategic priorities of the HSCP.
	Shifting the Balance of Care • Progressing work around the unscheduled care commissioning plan to address a shift in the balance of care away from hospital based services to services delivered within the community. This within the context of a fragile primary care and community services infrastructure also needing redesign.
	Prevention and Early Intervention • Through the promotion of good health and wellbeing, self-management of long term conditions and intervening at an early stage to prevent escalation to more formal care settings.
	Demand Management • Implementing a programme focussed on managing demand and eligibility for services which enable demographic pressures to be delivered without increasing capacity. This is an area of focus through the Review of Adult Social Care.

HSCP Reserves

The partnership holds a general reserve of £1.9m which provides some resilience to manage in year demands and cost pressures. In line with the HSCP Reserves policy, a prudent level of reserves for a partnership with the scale and complexity attached to the budgets held by the HSCP would be 2% of net expenditure. This would equate to £3.2m (excluding Set Aside) which falls short of the actual reserves held by the HSCP. There is a

reliance on a challenging programme of transformation across health and social care services which given the complexity and timescales to deliver service redesign experiences a level of slippage during each year.

The partnership also holds a level of earmarked reserves (£10.9m) which will facilitate elements of service redesign, tests of change and support transformational change to assist with the delivery of the strategic priorities set out in this Strategic Plan. In the main this relates to Scottish Government funding to deliver on the specific national priorities.

SUMMARY

While the Strategic Plan in not fully costed at this stage, any investment that is known to support the delivery of various aspects of the plan has been identified and included. For the period over which the Strategic Plan covers, detailed savings plans are not known at this stage as these will be dependent on the outcome of service reviews, efficiencies to be delivered within the financial envelope available (Scottish Government only issue annual financial settlements so extent of savings requirements not known until Dec / Jan of each financial year), opportunities to be scoped in respect of digital / community led options where the benefits will be into future years. However, the premise behind the delivery of the Strategic Plan will be that initiatives will progress where there is specific new funding identified, the absence of which will require the identification of areas of dis-investment and re-prioritisation prior to these initiatives progressing.

There may be some opportunity through the use of ear-marked / general reserves to support tests of change or initial set up costs, however recurring funding will have to be identified to support any initiatives going forward. This will be set out within the HSCP Annual Delivery Planning process which will be developed alongside the annual budget process each year.

We are committed to making the best use of our resources to deliver best value in improving outcomes for people. Careful consideration is given to the allocation of financial resources to our many partner agencies who deliver commissioned services.

We will always seek to invest in those functions and services which can demonstrate a positive impact on people's health and wellbeing, and are aligned with the aims, commitments and priorities of our Strategic Plan. There will be times, however, when disinvestment options will be considered, particularly when the impact, alignment or value for money delivered by a service is not as strong as it could be.

Our investment/disinvestment decisions will always be rooted in the sustainability of our local market and the delivery of our Strategic Plan. We hope that any changes can be as a result of planned service reviews or known commissioning cycles, but we accept that there will be times when circumstances arise that present us with an opportunity to reconsider the allocation of resources.

Service Commissioning & Market Facilitation

This section builds on the HSCP's Commissioning Strategy and Market Facilitation Plan (2019 – 2022), and provides an update to the proposed approach to service commissioning and market facilitation over the next three years.

Commissioning Model

The three year period covered by this Plan will see a transformation of traditional commissioning approaches to one that is based on collaboration, trust and partnership, rather than driven by competition. In support of this transition, it is our approach that commissioning:

- Adopts a whole systems approach
- Should be outcomes focused (and not resource led)
- Is sustainable and viable whilst delivering value for money
- Ensures decisions are based on a sound methodology and appraisal of options
- Actively promotes solutions that enable prevention and early intervention
- Includes solutions co-designed & produced with partners & communities
- Balances innovation and risk
- Brings return on investment

Ethical Commissioning

Ethical commissioning goes beyond price and cost and provides the bedrock for a fairer, rights based, improved social care support system. It is underpinned by a relentless focus on quality, workforce and environment. This approach is intended to continuously improve standards and improve outcomes for people using services, as well as improving staff experience. Ethical commissioning and fair work practice will form the cornerstone of all future contractual relationships, with a view to ensuring the commissioned workforce is engaged, valued, rewarded and supported. In return we believe we will yield a more robust, sustainable, high quality and high performing market.

Collaborative Commissioning

Over recent years, procurement methodology and practices, supported by legislative underpinning has increasingly driven commissioning decisions, where price and a competitive market environment (characterised by competitive tendering between providers) dominates. Moving forward, and building on current practice, the HSCP plans to maximise opportunities for collaborative commissioning with the aim of improving services, outcomes, processes and efficiency.

Collaborative commissioning essentially requires a paradigm shift from the traditional commissioner / provider role to one of a more joined up, integrated approach. The key

aim of collaborative commissioning is to achieve better outcomes for people using services and improve, the experience of staff delivering them. Although local current commissioning practice actively involves people with lived experience, collaborative commissioning requires this level of engagement and participation at all levels of commissioning from the strategic planning end of the spectrum through to procurement of individual services and supports. This approach will in turn require providers to be more open and transparent around areas such as standards, quality, staff well-being and costs.

The HSCP is keen to learn and better understand the benefits of emerging commissioning models such as Public Social Partnerships (PSP's) and Alliancing. It is proposing, as part of its transformation of Mental Health and Alcohol & Drugs services, to explore these models further, with the dual aim of developing new sustainable models of support, whilst strengthening the collaborative approach.

Commissioning Delivery Plan

The Strategic Priorities and Enablers detailed within this Plan will be incorporated into a Commissioning Delivery Plan along with the financial resources that are to be aligned to each priority (as detailed within the Finance Section). In order to support innovation, growth and transformation, exit strategies and disinvestment across particular models of support will be necessary. However, any proposed changes will be consulted on and ratified by the HSCP Board, as appropriate, prior to implementation.

Market Facilitation

The HSCP takes the view that a well-informed, resourced and supported market is better placed to make a significant contribution towards the development of enhanced models of care and provide a more stable health and care environment.

Our approach to Market Facilitation remains aligned to three commonly understood elements:

- Market Intelligence: the development of a common & shared perspective of supply & demand
- Market Structuring: strategic activity designed to give the market shape and structure
- Market Intervention: intervening across & within markets to meet needs & outcomes

The recently updated Joint Strategic Needs Assessment along with other key data sources, will influence our approach to market facilitation and provide the baseline from which strategic planning, decision making and policy development will evolve.

Market Position

The commissioned market reflects a diverse range of providers including: third / voluntary, independent and private sectors, augmented by the HSCP's in-house provision. This is

collectively known as a “mixed economy” market. Many providers particularly across the third and voluntary sector typically fall into the Small to Medium Enterprise (SME’s) category, whilst those across other sectors (including Care at Home and Care Homes), often due to their sheer size, volume of business and national status, are typically categorised as Large Enterprises (LE’s).

The market currently comprises of over 400 services inclusive of Self Directed Support (SDS). Current contracts include a mixture of block, spot, and frameworks, some of which are commissioned locally whilst others (including the National Care Home Contract, Care and Support Flexible Framework, Fostering and Continuing Care National Residential Framework and Secure Care) are commissioned nationally via Scotland Excel. Although it is widely accepted that the National Care Home Contract is in need of urgent reform, the HSCP anticipates that this and some other core contracts will continue to be operated nationally, more bespoke contracts will be developed locally.

Commissioned Spend

In 2020-21, spend across the social care commissioned market in East Dunbartonshire totalled £56 million. As illustrated below, spend has risen exponentially (by over 60%) since 2013-14 with increasing demand & service costs, the introduction of the Scottish Living Wage, and more recently, the impact of Covid-19 being key factors in this cost growth:

2013-14: £35 million
2017-18: £46 million
£56 million

In 2020/21 – the main areas of spend were:

Day Services	£3.7m
Residential / Nursing Care	£21m
Care at Home (Homecare)	£10.2m
Supported Accommodation	£8m
Supported Living	£7m
Voluntary Organisations	£2.1m
Fostering	£1.3m

Based on previous trends, the projected commissioned spend in the final year of this Plan (2024-25) is anticipated to be in excess of £65 million. It is therefore essential, that providers prepare and are willing and able to:

- Embrace collaborative commissioning approaches
- Flex business / service delivery models to meet current and future needs

- Adopt as a minimum ethical / fair work practice requirements
- Actively engage and participate in “Test of Changes” to support service transformation
- Innovate service delivery models using digital solution/ platforms
- Identify alternative funding streams to support long term growth and sustainability

Market Forces

Despite the substantial growth in the market over recent years, fragility across Care at Home and Care Home sectors remains an on-going concern. A combination of factors including on-going workforce and low pay issues and increasing service / carer demands. Uncertainty has been exacerbated by COVID-19 which continues to de-stabilise the market, at the time of writing this Plan. Market fragility however, is not just a local issue, it extends beyond East Dunbartonshire and West Central Scotland. We remain committed to supporting providers on an individual basis and will continue to support and lead the market as a whole, as we navigate our way through this difficult and challenging period.

Provider Engagement Framework

The HSCP is committed to engaging regularly with providers via various forums including one to one meetings and on a more generic / sector basis. To help strengthen and support market engagement and representation, leads for Care at Home and Care Home Sectors are now established. These arrangements will help to build mutually supportive networks and to collaborate in support of the overall aims set out above.

Performance Management Framework

During the term of this Plan, the Contract Management Framework will, be replaced by a Performance Management Framework, which will incorporate:

- National Health & Well-Being Outcomes, as a minimum standard
- Systematic risk-based approach to monitoring / audits
- Standardised KPI’s across service delivery models
- Robust financial framework which supports financial transparency & best value
- More people with lived experience involved in monitoring & evaluation of services

Commissioning Support

East Dunbartonshire Council will continue to support the HSCP on matters relating to service commissioning, procurement, contracting and market facilitation in support of the objectives set out above.

Measuring Success: Performance, Standards and Quality

All organisations with a commitment to delivering a strategic vision, high quality services and meeting personal outcomes for service users must set in place a framework to measure, monitor and continuously seek to improve what it does. There should be confidence at all levels that it knows how well it is performing, that it knows what should improve and how, and that it knows the impact of any such improvements.

Measuring success in delivering positive change is a complex task, but should start and end with the desired outcomes. Improving outcomes usually requires changing the processes and systems that are in place, whether that be the way that we identify risk, or how we work better together to remove gaps or obstacles, or how we communicate and involve the people we are supporting, or how well we provide the treatment and support services themselves. Improvement may in some circumstances involve maintaining positive outcomes with improved levels of efficiency. The ultimate success of this Strategic Plan will be measured in how well it provides a framework for delivering the best possible outcomes for people, within the resources available.

Measuring the success of this Strategic Plan will involve a number of different but associated and interconnected elements. It is sometimes helpful to see this process in terms of the commissioning cycle:

The process of "analyse, plan, do and review" suggests that we may only need to measure success at the "review" stage. But in reality, as we move through these stages, we need to have confidence that each is being carried out properly.

We need to ensure that our analysis is good, that our planning is collaborative and properly targeted and that our action plans are specific, measurable achievable, realistic and deliverable in timescale (SMART). Only then can we realistically measure change to the experiences and outcomes for service users, patients and carers.

So, the HSCP will measure success in a number of ways. This is already the case, with quarterly performance reports to the HSCP Board and fuller Annual Performance Reviews,

with financial planning updates and regular progress reports on delivery of each Annual Delivery Plan. We will continue to develop more refined ways of measuring success, based on the following key areas, supported by the East Dunbartonshire HSCP Quality Management Framework and in pursuit of the National Health and Social Care Standards:

1. How well action plans are being progressed in support of the Strategic Priorities and Enablers;
2. How well the HSCP is operating financially;
3. How well local, regional and national quality and performance standards and targets are being met, including the national Health and Social Care Standards. These are usually a measure of how well operational systems and processes are working; and
4. How good the experiences and outcomes are for service users, patients and carers.

The schedule below sets out an initial framework for measuring success. This may well change over time, in response to new local or national approaches:

Annual Delivery Plan Reporting
Agreement of an Annual Delivery Plan for each year of the Strategic Plan that will draw down specific actions and deliverables for the year, in support of the Strategic Priorities and Enablers.
Preparation of subordinate, more detailed action plans where necessary, to ensure that a SMART based approach to project management is undertaken.
Quarterly reporting to the HSCP Board on the progress of the Annual Delivery Plan.
Yearly reporting of progress in the Annual Performance Review
Financial and Budget Reporting
Agreement of an annual budget, based on the cost of continuation of current services adjusted for changed costs and obligations, plus development and redesign distributions in support of each Annual Delivery Plan
Quarterly reporting to the HSCP Board on the progress of the annual budget
Performance Reporting
Quarterly and annual performance reporting across a wide range of measures, indicators and targets that measure performance of services and impact of changes consequent to improvement and redesign undertaken through Annual Delivery Plans. These include:
Integration Core Indicators
Percentage of adults able to look after their health very well or quite well (National Outcome 1)
Percentage of adults supported at home who agree that they are supported to live as independently as possible (National Outcome 2)
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (National Outcome 2, 3)

Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated (National Outcome 3, 9)
Total percentage of adults receiving any care or support who rated it as excellent or good (National Outcome 3)
Percentage of people with positive experience of the care provided by their GP Practice (National Outcome 3)
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life (National Outcome 4)
Total combined percentage of carers who feel supported to continue in their caring role (National Outcome 6)
Percentage of adults supported at home who agreed they felt safe (National Outcome 7)
Premature mortality rate for people aged under 75yrs per 100,000 persons (National Outcome 1,5)
Emergency admission rate (per 100,000 population) (National Outcome 1,2,4,5)
Emergency bed day rate (per 100,000 population) (National Outcome 2,4,7)
Readmission to hospital within 28 days (per 1,000 population) (National Outcome 2,4,7,9)
Proportion of last 6 months of life spent at home or in a community setting (National Outcome 2,3,9)
Falls rate per 1,000 population aged 65+ (National Outcome 2,4,7,9)
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (National Outcome 3,4,7)
Percentage of adults with intensive care needs receiving care at home (National Outcome 2)
Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population) (National Outcome 2,3,4,9)
Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency (National Outcome 2,4,7,9)
Ministerial Strategic Group – Performance Measures
Unplanned admissions – rate per 1000 population (National Outcomes 1,2,3,4)
Unplanned bed days - rate per 1000 population (National Outcomes 2,4,7)
A&E attendances - rate per 1000 population (National Outcomes 1,2,9)
Admissions from A&E – rate per 1000 population (National Outcomes 1,2,3,4)
Delayed discharge bed days - rate per 1000 population (National Outcomes 2,3,4,9)
Last 6 months of life spent at home or in a community setting - rate per 1000 population (National Outcomes 2,3,9)
Balance of Care (% of population in community or institutional settings) - rate per 1000 population (National Outcomes 2,4,9)

Local Social Work and Social Care Standards
Percentage of child care Integrated Comprehensive Assessments (ICA) for Scottish Children's Reporter Administration (SCRA) completed within target timescales (20 days), as per national target
Percentage of Initial Child Protection Case Conferences taking place within 21 days from receipt of referral
Percentage of first Child Protection review case conferences taking place within 3 months of registration
Balance of Care for looked after children: % of children being looked after in the Community
Percentage of first Looked After & Accommodated reviews taking place within 4 weeks of the child being accommodated
No. of Homecare Hours per 1,000 population 65+
Number of people taking up Self Directed Support options
People Aged 75+yrs with a Telecare Package
Number of People Aged 65+yrs in Permanent Care Home Placements
Number of Care Home Admissions and Discharges (including deaths)
Percentage of Adult Protection cases where the required timescales have been met
Percentage of customers (65+) meeting the target of 6 weeks from completion of community care assessment to service delivery
Percentage of people 65+ indicating satisfaction with their social interaction opportunities
Percentage of service users satisfied with their involvement in the design of their care packages
Percentage of adults receiving social care support whose personal outcomes have been partially or fully met
Percentage of Criminal justice Social Work Reports submitted to court by due date
Percentage of individuals beginning a work placement within 7 working days of receiving a Community Payback Order
Percentage of Court Report Requests Allocated to a Social Worker within 2 Working Days of Receipt
Local Health Care Standards
Percentage of People Waiting <3wks for Drug & Alcohol Treatment
Percentage of People Starting Treatment <18wks for Psychological Therapies
Percentage of People Newly Diagnosed with Dementia Accessing Post Diagnostic Support within 12 weeks of new diagnosis
Number of Alcohol Brief Interventions delivered against target
Smoking quits at 12 weeks post quit in the 40% most deprived areas against target

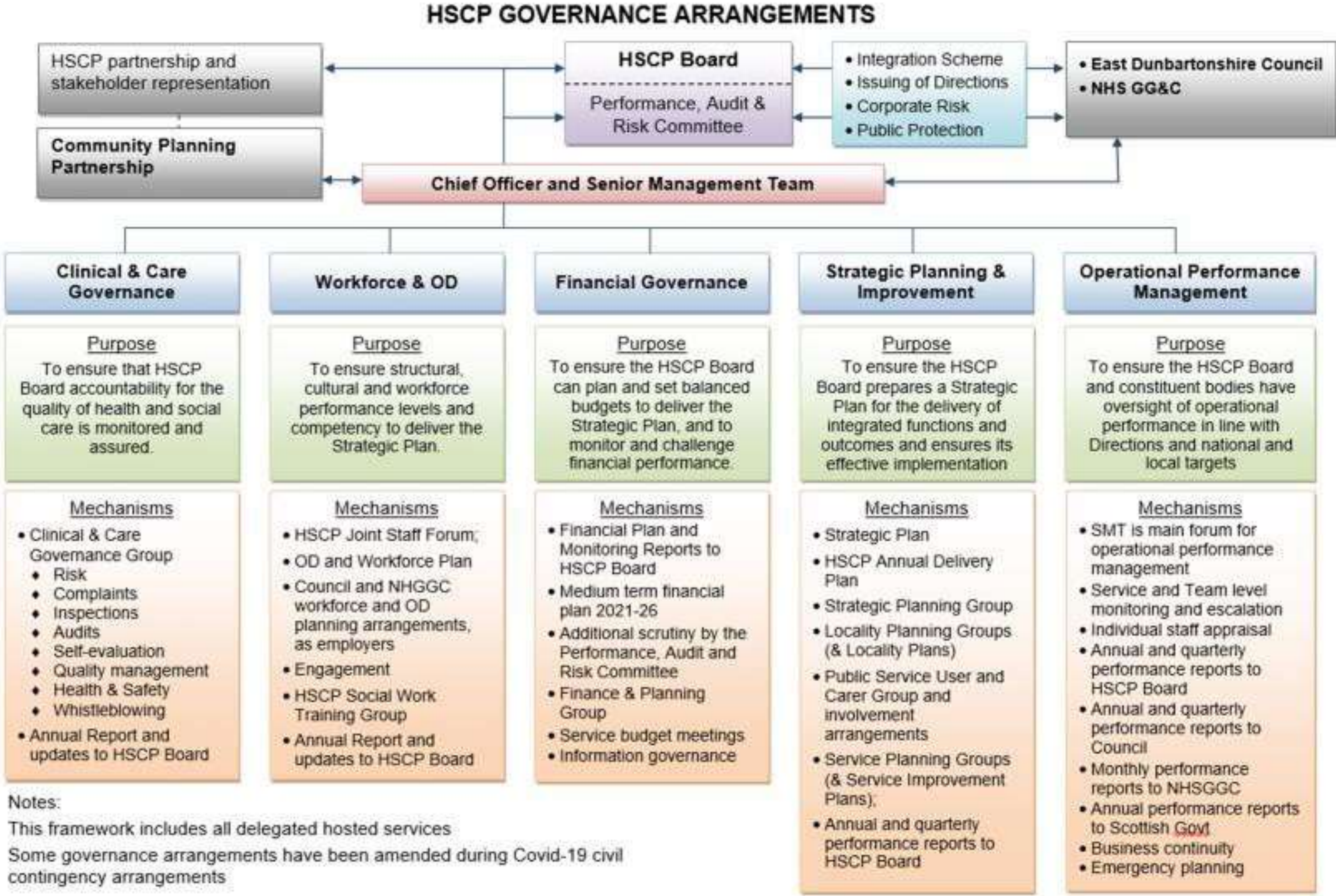
Percentage of People Waiting <18wks for Children and Adolescent Mental Health Services (CAMHS)
Percentage of Children receiving 27-30 month health assessment

Quality Management and Self Evaluation
Monitoring and evaluation of service quality and improvement, in support of continuous improvement and to measure impact of service redesign associated with the Strategic Plan.
Organisational development in support of the aims and values of the organisation and in pursuit of its objectives, as set out in the Strategic Plan.
Workforce development and wellbeing support to ensure staff are equipped to contribute their part to the delivery of the Strategic Plan.

Performance Target Setting

The Strategic Plan sets the direction of travel with clear commitments on action in pursuit of our strategic priorities and enablers. Performance targets are generally set on an annual basis, so these will be aligned to Annual Delivery and Financial Plans and reported on a quarterly basis to the HSCP Board.

Annex 1: HSCP Governance Arrangements



Annex 2: Participation and Engagement

Engaging and listening to communities, staff and partners has been central to determining the HSCP's key priorities. Patient, service user and carer engagement and involvement will be a continuous process to ensure views from all sectors of the community are captured and shared to influence decisions made. Mechanisms for capturing this include:

- Proactive feedback from patients, service users and carers via face to face contact with practitioners; real-time independent surveys; and national experience surveys;
- Responsive feedback in the form of complaints, comments and reported safety incidents;
- The contributions of the Service User & Carer Representative Group to ensure that service user experience is at the centre of the HSCP's work; and
- Regular stakeholder and community engagement events and exercises.

The process of consultation supporting the preparation of the East Dunbartonshire HSCP Strategic Plan 2022-25 has been in three main parts. The approach we have taken was in part influenced by the public health constraints of the pandemic:

- Obtaining views on the effectiveness of the previous Strategic Plan 2018-21 (November – December 2020);
- Obtaining views on what the main challenges are for health and social care over the next three years, that should inform our themes for development and improvement (July – August 2021);
- Obtaining views on a draft HSCP Strategic Plan 2022-25 (January to March 2022)

Review of Strategic Plan 2018-21

Before beginning the preparation of a new Strategic Plan, it was important to consider how effectively our previous plan performed. To do this we asked three questions:
How well does our current strategic plan meet guidance standards?
How well have our Strategic Priorities driven improvement and development in services and integrated processes, and have they stood the test of time?
How well has the HSCP met its Strategic Priorities and associated measures of success?
We engaged with the HSCP's partners and stakeholders and with their support were able to reach the following conclusions:

How well does our current strategic plan meet guidance standards?	
Strengths	Areas for Development
The Strategic Plan is based upon comprehensive Strategic Needs Assessments; Strategic Priorities were based upon sound evaluation and extensive consultation and engagement; Good financial information is included at a care group and service level; The Plan includes a clear financial strategy; The Strategic Priorities are aligned well to national and local plans and outcomes; The Strategic Priorities indicate clear areas for investment; Locality profiles provide detailed analysis of population needs and demand.	The Plan doesn't fully relate the current expenditure profiles to the needs of local populations; The Plan does not explicitly allocate or redirect resources to proposed investments; The actions tended not to be fully costed and delivery timescales were not always clearly identified; The Plan does not specify in detail how and where investment will be offset by areas of disinvestment and transformational change; Locality planning intentions are limited, reflecting the early stage of locality development in the HSCP.

How well have our Strategic Priorities driven improvement and development in services and integrated processes, and have they stood the test of time?	
Strengths	Areas for Development
The Strategic Priorities were developed through extensive community consultation, based upon comprehensive needs assessment and are aligned to national and local outcomes frameworks. The Strategic Priorities have given orientation for areas of investment over the period.	The Strategic Priorities were not fully reflective of the transformational change agenda that has brought significant challenge through financial pressure. Future Strategic Priorities should be more transformational, reflecting the realities of disinvestment as well as investment and system change. The opportunity for strengthened linkage to Moving Forward Together and the Local Outcome Improvement Plan; Embedding assurance on preparedness for public health emergencies.

How well has the HSCP met its Strategic Priorities and associated measures of success.	
Strengths	Areas for Development
The HSCP has improved in just over half of its measures of success in support of its Strategic Priorities, after two years of the three year Strategic Plan; Performance has improved or remained stable in 80% of its measures over this period.	Further work is needed to ensure that measures of success fully reflect the areas for development, are SMART and are reportable; Further work may be necessary to ensure that improvement targets are achievable and are consistent with areas for investment.

Consultation on this Strategic Plan

There was broad support for the areas of challenge that had been identified and for the proposed priority areas. 36 people used the online survey, 92% of whom fully or partly agreed with the areas of challenge and the development themes that were identified, with 94% fully or partly agreeing with the enablers that were proposed. Comments tended to focus on the detail and the actions that would sit beneath these priority headlines and also on the rigour with which the Plan would operate, to deliver on its objectives. 2 respondents did not agree with the priorities that were proposed.

These was substantial discussion across the range of HSCP governance and representative groups, including:

- The HSCP Board
- The Strategic Planning Group (including Locality Planning Group members)
- The Joint Staff Partnership Forum
- The Public Service User and Carer Forum
- The HSCP Leadership Forum
- The local third sector network, organised through EDVA.
- The Carers Partnership Group

Across these groups, there was broad consensus that the challenges, improvement themes and enablers identified in the consultation report provided a positive framework for the new Strategic Plan.

Both consultative phases generated a great deal of comment and feedback that then informed the context that supports these improvement priorities in the final document.

Feedback relating to service matters included:

Feedback
Empowering Communities requires resourcing and building of confidence in communities;
The significance of third sector financial pressures and importance of collaborative commissioning;
Appropriate, modern facilities are necessary that offer viable alternatives to traditional hospital care and enable co-location of team members, as well as alignment with GP Practices.
Implementing the Promise for Children and Families Service will be a significant area of development work;
Staff wellbeing support should feature as part of the Workforce and Organisational Development enabler;
Reflecting the pressure that all HSCP staff, independent contractors and other partners face and action required to manage this;
Importance of referencing the GP Memorandum of Understanding more explicitly and its contribution to multi-disciplinary working and health and social care integration;
Importance of maintaining a focus on reducing avoidable hospital stays;

A focus on maximising digital and technological may risk excluding some people, particularly older, vulnerable people and people with cognitive issues;
Rising GP caseloads and access challenges may undermine improvement activity elsewhere;
The HSCP should develop trauma informed practice, which is a strengths-based approach that seeks to understand and respond to the impact of trauma on people's lives;
The importance of re-engaging locality planning post-Covid and linking this to place planning;
The need to improve access to services for people with Autism;
The importance of addressing environmental and climate change issues;
Links between health and social care and education services should be improved, particularly in support of young carers;
There is a need for greater investment in child and teenage health and wellbeing services;
We need to develop home care so that it is more robust and people are not lonely and isolated;
There should be an opportunity for certain out-patient hospital appointments to be held in the community;
There should be a communication strategy for improving access to patient, service user and carer information;
Solutions should be co-designed and co-produced with partners and communities;
Improving transport to and from hospital is essential;
There needs to be further investment in independent advocacy;
Health and social care services are often difficult to access when in crisis.

Points raised about the planning process included comments that the plan:

Should take on board the conclusions of the review of the current Strategic Plan;
Should be clear about its desired outcomes;
Is SMART (Specific, Measurable, Achievable, Realistic and Time-bound);
Should be clear about objectives that have a lifespan longer than the plan itself;
Distinguishes between priorities that are about "redesign" and those that are more involved with ongoing development and improvement;
Is appropriately aligned with Health Board and Council priorities and commitments;
Recognises and addresses potential constraints on delivery;
Does not over-reach, become too wide-ranging and risk not delivering, particularly in critical delivery areas that should be clearly indicated.

Annex 3: National Outcomes, Local Priorities & Enablers

The relationship between the National Health and Wellbeing Outcomes and the East Dunbartonshire HSCP Strategic Priorities and Enablers are set out in the chart below. This linkages shown are the ones that are most direct, but there may be other less direct associations:

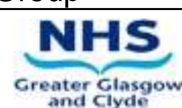
	National Outcome	East Dunbartonshire HSCP Strategic Priorities							
		Empowering People	**Empowering Communities**	**Prevention and Early Intervention**	**Public Protection**	**Supporting Families and Carers**	**Improving Mental Health and Recovery**	**Post Pandemic Renewal**	**Maximising Operational Integration**
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	X	X	X		X	X	X	
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.	X	X	X		X	X		
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	X	X			X	X		X
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	X	X	X	X	X	X	X	X

National Outcome		East Dunbartonshire HSCP Strategic Priorities							
		Empowering People	**Empowering Communities**	**Prevention and Early Intervention**	**Public Protection**	**Supporting Families and Carers**	**Improving Mental Health and Recovery**	**Post Pandemic Renewal**	**Maximising Operational Integration**
5	Health and social care services contribute to reducing health inequalities.	X	X	X	X	X	X	X	
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.	X	X	X		X	X		
7	People who use health and social care services are safe from harm.	X			X	X	X		X
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.							X	X
9	Resources are used effectively and efficiently in the provision of health and social care services.	X	X	X				X	X

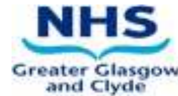
	National Outcome	East Dunbartonshire HSCP Strategic Enablers			
		Workforce & Organisational Development	Medium Term Financial & Strategic Planning	Collaborative Commissioning	Infrastructure & Technology
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	X	X	X	
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.	X	X	X	X
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	X	X	X	
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	X	X	X	
5	Health and social care services contribute to reducing health inequalities.	X	X	X	X
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.	X	X	X	
7	People who use health and social care services are safe from harm.	X	X	X	X
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.	X	X	X	
9	Resources are used effectively and efficiently in the provision of health and social care services.	X	X	X	X

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	240322-05 Agenda Item Number 5
2	Report Title	HSCP Strategic Plan 2022-25
3	Date direction issued by Integration Joint Board	24th March 2022
4	Date from which direction takes effect	1st April 2022
5	Direction to:	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No (Previous Strategic Plan preceded revised Directions procedures)
7	Functions covered by direction	All delegated functions as set out in the current East Dunbartonshire Integration Scheme
8	Full text of direction	Integration Authorities require a mechanism to action their strategic plans and this is laid out in sections 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act. This mechanism takes the form of binding directions from the Integration Authority to both of the Health Board and Local Authority. The Integration Joint Board directs partners to support the agreed areas of development as set out in the HSCP Strategic Plan 2022-25.
9	Budget allocated by Integration Joint Board to carry out direction	The budget allocated to the HSCP Strategic Plan 2022-25 is notionally set out in the medium term financial plan and will be specified in more detail annually as the total HSCP budget for each of the years 2022 to 2025, to be detailed at the time of the budget setting process and as approved by the HSCP Board, which for 2022-23 will be £198.122m
10	Details of prior engagement where appropriate	Preparation of the HSCP Strategic Plan was subject to two-stage statutory engagement with both constituent bodies and other prescribed consultees. Engagement with the constituent bodies has been through the following representative mechanisms: • HSCP Strategic Planning Group • HSCP Leadership Group / Forum • HSCP Staff Partnership Forum • HSCP Public Service User & Carer Group • HSCP Clinical & Care Governance Group



		• HSCP Board Development Seminar • NHS GGC Corporate Management Team • NHS GGC FP&P Committee • EDC Corporate Management Team • EDC Elected Member engagement via Technical Note • HSCP Locality Planning Groups • EDVA Third Sector Interface Group(s) • GP Forum • Carers Partnership Group Further details on the processes and outcomes of these consultative and engagement processes is set out variously in HSCP Board reports 2021-22.
11	Outcomes	This Direction is intended to ensure that the delivery of all existing and future delegated functions and associated directions carried out during the period of the HSCP Strategic Plan 2022-25 is carried out in line with the relevant iteration of the HSCP Strategic Plan, which is aligned to the National Health and Wellbeing Outcomes and subscribes to the National Integration Planning and Delivery Principles.
12	Performance monitoring arrangements	The performance monitoring arrangements are detailed in the “Measuring Success: Performance, Standards and Quality” section of the HSCP Strategic Plan 2022-25
13	Date direction will be reviewed	The HSCP Strategic Plan 2022-25 will be expected to operate for the full duration of its three year life-span, however this direction will be reviewed at least annually in line with the budget setting exercise.



Interim Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 6.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**24TH MARCH 2022**
REPORT REFERENCE:	**HSCP/240322/06**
CONTACT OFFICER:	**JEAN CAMPBELL, CHIEF FINANCE & RESOURCES MANAGER, ALAN CAIRNS / ALISON WILLACY (J/S), PLANNING, PERFORMANCE AND QUALITY MANAGER**
SUBJECT TITLE:	**HSCP ANNUAL DELIVERY PLAN 2022-23**

1.1 PURPOSE

1.2 The purpose of this report is to present the HSCP Annual Delivery Plan for 2022-23 for consideration and approval by the HSCP Board.

2.1 RECOMMENDATIONS

It is recommended that the Health & Social Care Partnership Board:

2.2 Approve the HSCP Annual Delivery Plan 2022-23 set out at **Appendix 1.**

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.1 BACKGROUND/MAIN ISSUES

3.2 Each year, the HSCP will set out actions in support of the Strategic Plan within an Annual Delivery Plan. The HSCP will report on progress on each Annual Delivery Plan, and the overarching Strategic Plan, every year through our Annual Performance Report. More regular quarterly performance reports will also be provided to the HSCP Board and thereafter to the Council and Health Board.

3.3 This Annual Delivery Plan relates to the business planning intentions of the HSCP Board for the period 2022-23 and sets out the actions in pursuance of the implementation of the Strategic Plan 2022-25.

3.4 The Annual Delivery Plan links each delivery plan action and outcome with a Strategic Plan priority or enabler, strategic commitment and strategic objective. It also identifies the measure of performance and/or success for each of these actions.

3.5 The Annual Delivery Plan is costed with funding investment or disinvestment identified and demonstrates the relevant linkages to the Local Outcome Improvement Plan, Health Board activities and the Council's transformation scoring criteria.

3.6 It should be noted that not every strategic objective has an action in this, year one, delivery plan. Though all strategic objectives will be addressed throughout the course of the Strategic Plan.

3.7 A copy of the Annual Delivery Plan for 2022-23 is included as **Appendix 1** and the associated Directions in **Appendix 2**.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan 2022-25;

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Delivering Key Social Work Public Protection
5. Supporting Families and Carers
6. Improving Mental Health and Recovery
7. Post Pandemic Renewal
8. Maximising Operational Integration
9. Workforce and Organisational Development
10. Medium Term Financial and Strategic Planning
11. Collaborative Commissioning
12. Infrastructure and Technology

4.3 Frontline Service to Customers – Any implications to frontline services to customers will be separately intimated, specific to the delivery action through the identified outcomes and performance measures.

4.4 Workforce (including any significant resource implications) – Any workforce implications will be separately intimated, specific to the delivery action.

4.5 Legal Implications – None.

4.6 Financial Implications – The financial impact of each delivery action is identified in the document. This will be monitored as part of the HSCP financial monitoring arrangements.

4.7 Procurement – Any procurement implication will be taken forward specific to the delivery action, with approvals as necessary.

4.8 ICT – Any ICT implication will be taken forward specific to the delivery action, with approvals as necessary.

4.9 Corporate Assets – None.

4.10 Equalities Implications – EQIAs will be undertaken in relation to the delivery actions if required.

4.11 Sustainability – Individual delivery actions will be impact assessed for sustainability proportionate to their scope and scale.

4.12 Other – None.

5.1 **MANAGEMENT OF RISK**

The risks and control measures relating to this Report are as follows:-

5.2 Individual delivery actions will be risk assessed proportionate to their scope and scale.

6.1 **IMPACT**

6.2 **STATUTORY DUTY** – None.

6.3 **EAST DUNBARTONSHIRE COUNCIL** – East Dunbartonshire Council will support transformation activity relating to Council delegated functions and will provide advice and guidance on other aspects of the Annual Delivery Plan development and implementation.

6.4 **NHS GREATER GLASGOW & CLYDE** – NHS Greater Glasgow and Clyde will support transformation activity relating to Health Board delegated functions and will provide advice and guidance on other aspects of the Annual Delivery Plan development and implementation.

6.5 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –** East Dunbartonshire Council and NHS Greater Glasgow & Clyde as set out in **Appendix 2.**

7.1 **POLICY CHECKLIST**

7.2 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.1 APPENDICES

8.2 Appendix 1 - HSCP Annual Delivery Plan for 2022-23
8.3 Appendix 2 - Directions Template

Interim Chief Officer

Caroline Sinclair

Agenda Item Number: 6a.

Appendix 1

Delivery Plan 2022 - 2023
Year 1 Strategic Plan 2022 - 2025

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2022-23	OUTCOMES (Expected Outcome / Impact in year)	FINANCIAL INVESTMENT / DISINVESTMENT AND SOURCE (For Year)	PERFORMANCE MEASURES (Measures Of Success in year)	DELIVERY LEAD(S)	LOIP / HB Link and Transformation Scoring Criteria
STRATEGIC PRIORITY / ENABLER	COMMITMENT	STRATEGIC OBJECTIVE						
Empowering People	Improve Personalisation	Embed and further develop digital solutions, to support self-management (Redesign)	Increase uptake of support at a distance (Telecare, Digital Support, and Supported Self-Management).	Increase in choice and control and flexibility for service users	Investment: Capital spend Revenue spend Disinvestment: Nil	Increased enhanced support for at a distance users through Technology Enabled Care Maximise the use of Telecare users	Overall lead: Jean Campbell Project Officers: Elaine Marsh James Gray Pentana admin: James Gray	LOIP 5 & 6 HB Digital Strategy TSC 2, 3, 4
	Reduce inequality and inequity of outcomes	Further reduce inequality of health outcomes and embed fairness equity and consistency in service provision (Improvement)	Develop HSCP Public Health Strategy and refresh objectives for Public Health Improvement Team	Renewed focus on public health and tacking health inequalities across the HSCP	Investment: Nil Disinvestment: Nil	Strategy development PI's will be developed through the strategy	Overall Lead: Derrick Pearce Project Officers: David Radford Pentana Admin: David Radford	LOIP 5 HB MFT, Realistic Medicine TSC 1,2,4
	Improving information and communication	Improve service information and public communication systems, advice, reflecting specific	Redesign of HSCP website within scope of full EDC website design	Improved service information and public communication system and advice reflecting	Investment: Nil Disinvestment: Nil	Increased hits on HSCP website pages	Overall lead: Norma Marshall Project Officers: Vandrew Mclean	LOIP 3, 5, 6 HB Realistic Medicine

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer

Caroline Sinclair

Agenda Item Number: 6a.

Appendix 1

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2022-23	OUTCOMES (Expected Outcome / Impact in year)	FINANCIAL INVESTMENT / DISINVESTMENT AND SOURCE (For Year)	PERFORMANCE MEASURES (Measures Of Success in year)	DELIVERY LEAD(S)	LOIP / HB Link and Transformation Scoring Criteria
STRATEGIC PRIORITY / ENABLER	COMMITMENT	STRATEGIC OBJECTIVE						
		communication needs and preferences (Improvement)		specific communication needs and preferences			Alison Willacy Service reps Pentana admin: Norma Marshall	TSC 2, 4, 5
Empowering Communities	Building informal support options	Work with communities to develop a network of assets and informal support options (Redesign).	Review and redefine operational approach to community led support	Maximised use of community assets Maximised self-management Increased choice and control	Investment: £25k additional management capacity – Adult Social Work Capacity funding Disinvestment: TBC	Monitor the uptake of SDS options through PI 'Number of people taking up SDS options	Overall lead: Derrick Pearce Project Officers: Fiona Munro Kathleen Halpin Kelly Gainty Pentana admin: Fiona Munro	LOIP 5, 6 TSC 2, 4, 5
			Develop compassionate communities model in East Dunbartonshire	Implementation of No-one Dies Alone	Investment: TBC Disinvestment: TBC	Volunteers recruited Increase in people being supported by Compassionate East Dunbartonshire Volunteer	Overall lead: Derrick Pearce/ Leanne Connell Project Officers: David Radford Kathleen Halpin Pentana admin: David Radford	LOIP 5, 6 HB Realistic medicine TSC 2
	Building local integrated teams	Develop local, co-located services with integrated multi-disciplinary	Refresh HSCP Locality Plans	Locality focused and integrated delivery model	Investment: £44k additional management capacity – Winter	Locality the are based within the locality in which they work	Overall lead: Derrick Pearce Jean Campbell	LOIP 5, 6 HB

Interim Chief Officer

Caroline Sinclair

Agenda Item Number: 6a.

Appendix 1

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2022-23	OUTCOMES (Expected Outcome / Impact in year)	FINANCIAL INVESTMENT / DISINVESTMENT AND SOURCE (For Year)	PERFORMANCE MEASURES (Measures Of Success in year)	DELIVERY LEAD(S)	LOIP / HB Link and Transformation Scoring Criteria
STRATEGIC PRIORITY / ENABLER	COMMITMENT	STRATEGIC OBJECTIVE						
		teams to improve services and reduce our carbon footprint (Redesign).	Identify a staff base in the West locality		Systems Pressures funding Capital and Revenue for accommodation Disinvestment: Staff travel savings	Reduction in Care at Home travel	Project Officers: Fiona Munro Kathleen Halpin Richard Murphy Vandrew McLean Pentana admin: Fiona Munro	Primary care improvement TSC 1, 2, 4, 6
	Modernising day services	Redesign day services, to create a wider range of informal and formal support options (Redesign).	Development and consultation on Social Support for Older People Strategy Tendering 23/24 Implementing 24/25	Day time support needs (frailty and cognitive impairment) and their carers is articulated Views of relevant stakeholders have informed the plan Sustainable model of service delivery in place for medium to long term	Investment: Scottish Living Wage increase Cost of contract to funded place levels Disinvestment: £51,000	Strategic needs assessment Commissioning Delivery Plan for Older Peoples Day Services	Overall lead: Derrick Pearce Project Officers: Richard Murphy Kelly Gainty Pentana admin: Kelly Gainty	LOIP 5, 6 TSC 1, 2, 4,

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer

Caroline Sinclair

Agenda Item Number: 6a.

Appendix 1

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2022-23	OUTCOMES (Expected Outcome / Impact in year)	FINANCIAL INVESTMENT / DISINVESTMENT AND SOURCE (For Year)	PERFORMANCE MEASURES (Measures Of Success in year)	DELIVERY LEAD(S)	LOIP / HB Link and Transformation Scoring Criteria
STRATEGIC PRIORITY / ENABLER	COMMITMENT	STRATEGIC OBJECTIVE						
		Redesign day services, to create a wider range of informal and formal support options (Redesign).	Learning Disability: Move to Allander Day Service. Development of employability, and community based support alternatives to formal day care.	Enhanced personalised and alternative community based services. Greater access to choice, and services which promote independence.	Investment: £45,000 for Project Lead (Scottish Government Carers Act funding) Disinvestment: Nil	Transition to new service at the Allander Leisure Centre Increase the number of community support options available	Overall lead: David Aitken Project Officers: David Radford Richard Murphy Caroline Smith Gayle Paterson Pentana admin: Gayle Paterson	LOIP 5, 6 TSC 1, 2, 4
Prevention and Early Intervention	Extending rehabilitation and re-ablement	Further develop rehabilitation services and reablement approaches to sustain people for longer in the community (Improvement)	Review of Community Occupational Therapy and Reablement services across the HSCP	Integrated delivery of a Reablement approach Increased capacity to absorb Reablement packages of care Increase in the number of customers requiring a reduced or no package following	Investment: Adult Winter Support funding - £991k to support rehab/re-ablement Disinvestment: Nil	Individuals with zero or reduced package after 6 weeks Increased number of cases picked up by Home for Me and Reablement Increase in equipment in lieu of care	Overall lead: Derrick Pearce Project Officers: Richard Murphy Fiona Munro Pentana admin: Richard Murphy	LOIP 5, 6 HB Community Rehab Strategy Unscheduled Care Design and Delivery Plan TSC 2, 4

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2022-23	OUTCOMES (Expected Outcome / Impact in year)	FINANCIAL INVESTMENT / DISINVESTMENT AND SOURCE (For Year)	PERFORMANCE MEASURES (Measures Of Success in year)	DELIVERY LEAD(S)	LOIP / HB Link and Transformation Scoring Criteria
STRATEGIC PRIORITY / ENABLER	COMMITMENT	STRATEGIC OBJECTIVE						
				their 6 weeks of Reablement				
Delivering our Key Social Work Public Protection Statutory Duties	Prioritising public protection	Ensure the highest quality standards in identifying and responding to actual and potential social work public protection concerns (Improvement)	Implementing 'Safe and Together' Implement Violence and Sex Offenders Register (VISOR) Update and implement new Child Protection Guidelines	Upskill the workforce on supporting victims and perpetrators of Domestic Violence. Sustain secure information sharing on high risk offenders Improve CP policy and procedure.	Investment: Nil Disinvestment: Nil	Number of staff trained. Visor technology installed Procedures updated.	Overall Lead: Claire Carthy Project Officers: Alex O'Donnell Pentana Admin: Claire Carthy	LOIP 3, 4 TSC 2, 3, 4
Supporting Families and Carers	Supporting carers with their own needs and in their caring role	Recognise better the contribution of informal carers and families in keeping people safe and supporting them to continue to care if that is their choice (Improvement)	Refresh HSCP Carers Strategy	Updated Carers Strategy to enhance access to carer support services and improve carer support and access to information. Improved engagement and	Investment: £57,000 for Carers Lead Post (Scottish Government Carers Act funding) Disinvestment: Nil	Carers Strategy 2023-2026 to be refreshed and completed Short Breaks Statement updated	Overall lead: David Aitken Project Officers: Alison Willacy Alan Cairns Kelly Gainty Pentana admin: Alison Willacy	LOIP 5 & 6 TSC 2, 3, 4

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2022-23	OUTCOMES (Expected Outcome / Impact in year)	FINANCIAL INVESTMENT / DISINVESTMENT AND SOURCE (For Year)	PERFORMANCE MEASURES (Measures Of Success in year)	DELIVERY LEAD(S)	LOIP / HB Link and Transformation Scoring Criteria
STRATEGIC PRIORITY / ENABLER	COMMITMENT	STRATEGIC OBJECTIVE						
				carer lead services Enhanced public awareness and carer friendly communities.				
	Implementing The Promise for children and young people	Ensure that every care experienced child grows up loved, safe and respected, able to realise their full potential (Improvement).	Implementation of The Promise with a focus on Family Group Decision Making	Embedding the principles of the United Nations Convention on the Rights of the Child Improving services for Looked After Children and Care Leavers	Investment: £100,000 Family Group Decision Making Grant Disinvestment: Nil	Staff completed and confident in working with The Promise and United Nations Convention on the Rights of the Child Implementation of family group decision making and measurement of outcome	Overall lead: Community Planning Partnership DCYPP Project Officers: Claire Carthy Raymond Walsh Pentana admin: Claire Carthy	LOIP 3, 5 TSC 2, 3, 4
	Strengthen corporate parenting	Strengthen corporate parenting, to improve longer term outcomes for care experienced young	Delivery of Year 2 of Children's House Project: Ensure cohort 2 complete the programme and are	Provision of safe secure permanent tenancies	Investment: Year 1 and year 2 Life Changes Trust Grant £202,667	Increased number of young people leaving care and moving to own permanent tenancy	Overall lead: Claire Carthy Project Officers: Claire Carthy Raymond Walsh	LOIP 3, 5 TSC 1, 2, 4

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2022-23	OUTCOMES (Expected Outcome / Impact in year)	FINANCIAL INVESTMENT / DISINVESTMENT AND SOURCE (For Year)	PERFORMANCE MEASURES (Measures Of Success in year)	DELIVERY LEAD(S)	LOIP / HB Link and Transformation Scoring Criteria
STRATEGIC PRIORITY / ENABLER	COMMITMENT	STRATEGIC OBJECTIVE						
		people, by community planning partners working collectively (Improvement).	offered permanent accommodation.	Skilling young people to manage their own tenancy Supporting young people to a positive destination Provide wrap around emotional and wellbeing supports	Disinvestment: Nil Costs Avoided: 22/23 (projected) £1,060,784		Pentana admin: Claire Carthy	
Improving Mental Health and Recovery	Improving adult mental health and alcohol and drugs recovery	Redesign services for adult mental health and alcohol and drugs services to develop a recovery focused approach (Redesign).	Review of commissioned mental health and alcohol and drugs services. Develop action plan for reshaping of services. Comprehensive Engagement Plan to be developed and completed with all stakeholders.	Strategic Commissioning Mental Health/Alcohol and Drug Recovery Post to be recruited to. Strategic Commissioning Plan completed in year one. Strategic needs assessment implemented	Investment: £92k Increased commissioning support capacity for 2 years (funded through SG Action 15 funding) Disinvestment: Nil	Strategic Commissioning Plan and tender process ready to proceed in line with collaborative commissioning approach.	Overall lead: David Aitken Project Officers: Stephen McDonald Gillian Healy Lynsay Haglington Pentana admin: David Aitken	LOIP 5, 6 HB 5 year Strategy for Mental Health Alcohol and Drug Prevention Framework TSC 2, 4

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2022-23	OUTCOMES (Expected Outcome / Impact in year)	FINANCIAL INVESTMENT / DISINVESTMENT AND SOURCE (For Year)	PERFORMANCE MEASURES (Measures Of Success in year)	DELIVERY LEAD(S)	LOIP / HB Link and Transformation Scoring Criteria
STRATEGIC PRIORITY / ENABLER	COMMITMENT	STRATEGIC OBJECTIVE						
	Improve mental health support for children and young people	The provision of faster, more responsive support for children and young people with mental health challenges (Improvement).	Implementation of the Children and Young People's Mental Health and Wellbeing Framework	Development and enhancement of Tier 1 and Tier 2 services.	Investment: Grant funding £278,000 Disinvestment: Nil	Increased number of children and young people accessing supports.	Overall lead: Claire Carthy Project Officers: Vivienne Tennant Pentana admin: Claire Carthy	LOIP 3 TSC 1, 2, 4
	Improve post-diagnostic support for people with dementia	Increase the capacity of the post diagnostic support service (Improvement)	Review current model of Post Diagnostic Support delivery and align with new National and GGC-wide Dementia Strategies aspirations and aims	Reach of service widened. Increase alignment of service to strategic aims.	Investment: Mental Health Recovery and Renewal Post Diagnostic Support funding - £64,896 Disinvestment: Nil	Improved access to Post Diagnostic Support within 6 weeks of diagnosis	Overall lead: Derrick Pearce Project Officers: Fiona Munro Pentana admin: Fiona Munro	LOIP 5, 6 HB Older Peoples Mental Health Strategy TSC 2, 4
Post Pandemic Renewal	Understanding and responding to the impact of the pandemic	Understand the impact of the pandemic on the health and wellbeing of our population (including those	Mainstream testing Refresh and streamline PPE arrangements Review accommodation arrangements in line	Services have resumed to optimal service delivery levels in response to assessed need	Investment: Winter planning non-recurring funds Disinvestment:	Continue to offer a mixed medium of consolations Waiting times targets met	Overall lead: Caroline Sinclair Project Officers: Heads of Service Pentana admin: Alan Cairns	LOIP 3, 5, 6 TSC 2, 4

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2022-23	OUTCOMES (Expected Outcome / Impact in year)	FINANCIAL INVESTMENT / DISINVESTMENT AND SOURCE (For Year)	PERFORMANCE MEASURES (Measures Of Success in year)	DELIVERY LEAD(S)	LOIP / HB Link and Transformation Scoring Criteria
STRATEGIC PRIORITY / ENABLER	COMMITMENT	STRATEGIC OBJECTIVE						
		living in care homes), the responses necessary to meet these needs and resource requirements (Redesign).	with SG Guidance and GGC and EDC policies Organisational Development Plan in support of staff orientation back to buildings.		Nil			
			Unpaid work services backlog: Ensuring those sentenced are able to complete their hours and are not breaching any order.	Orders are completed on time without incurring any breaches.	Investment: £144,000 Grant Disinvestment: Nil	Orders are completed on time.	Overall lead: Claire Carthy Project Officers: Alex O'Donnell Pentana admin: Claire Carthy	LOIP 4 TSC 2, 3, 4
Maximising Operational Integration	Right Care Right Place: urgent and unscheduled health and social care redesign	Improve patient experience, safety, clinical outcomes, and organisational efficiency in responding to and managing urgent health care needs and preventing unnecessary	Joint Commissioning Plan for Unscheduled Care: Implement the 22/23 actions	Improved interface between secondary care and community services to keep people at home Improved early identification of	Investment: £2,468,373 Unscheduled Care Financial Framework (funded through Adult Winter Planning funding /	Local action plan written and signed off by IJB Unscheduled Care Performance Framework Quarterly Performance Report	Overall lead: Derrick Pearce Project Officers: Fiona Munro Alison Willacy Pentana admin: Fiona Munro	LOIP 5, 6 HB Joint Commissioning Plan for Unscheduled Care Implementation

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2022-23	OUTCOMES (Expected Outcome / Impact in year)	FINANCIAL INVESTMENT / DISINVESTMENT AND SOURCE (For Year)	PERFORMANCE MEASURES (Measures Of Success in year)	DELIVERY LEAD(S)	LOIP / HB Link and Transformation Scoring Criteria
STRATEGIC PRIORITY / ENABLER	COMMITMENT	STRATEGIC OBJECTIVE						
		hospital care (Redesign).		and action towards frailty	current care home budget) Disinvestment: Nil			TSC 2, 4
Workforce and Organisational Development	Supporting the wellbeing of the health and social care workforce	Respond to the pressures across all staff, independent contractors, commissioned services, partners and stakeholders due to the impact of the pandemic, with wellbeing support prioritised (Redesign).	Delivery of a range of measures to support staff wellbeing and support options	Improvement of staff wellbeing Motivate workforce Calendar of wellbeing events	Investment: SG money for wellbeing £74.000 Disinvestment: Nil	Maximised attendance iMatter outcomes are within the same parameters of previous years	Overall lead: Tom Quinn Project Officers: Organisational Development Advisor Pentana admin Tom Quinn	LOIP 3, 5, 6 HB NHSGGC Wellbeing Plan / HSCP Workforce Plan TSC 2,4
	Equipping the workforce and workplace during and after the pandemic	Ensure that the workforce and the workplace is prepared and equipped to respond to the impact of the pandemic (Redesign).	Will be met through actions within post pandemic renewal and infrastructure and technology commitments though a digitally enabled workforce		Investment: Nil Disinvestment: Nil		Overall lead: Tom Quinn Project Officers: Organisational Development Advisor	LOIP 3, 5, 6 HB Staff Governance Standards TSC 2, 4

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer

Caroline Sinclair

Agenda Item Number: 6a.

Appendix 1

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2022-23	OUTCOMES (Expected Outcome / Impact in year)	FINANCIAL INVESTMENT / DISINVESTMENT AND SOURCE (For Year)	PERFORMANCE MEASURES (Measures Of Success in year)	DELIVERY LEAD(S)	LOIP / HB Link and Transformation Scoring Criteria
STRATEGIC PRIORITY / ENABLER	COMMITMENT	STRATEGIC OBJECTIVE						
							Pentana admin: Tom Quinn	
	Redesigning the Public Dental Service to support the right care is being delivered in the right place at the right time	Redesign the Public Dental Service by taking forward the recommendations from the Public Dental Service Review (Redesign).	Implementation of the recommendations from the Public Dental Service review Programme Board	To maximise current and future estate, that is fit for purpose and future proof To review service delivery model to identify gaps in staff resources and skill mix To ensure focus on providing appropriate clinical care to those most in need To ensure focus on providing appropriate clinical care to	Investment: Use of earmarked reserves and any in year underspend to ensure resources are fit for purpose – amount tbc Provision of access funds via Acute services to support diversion from General Anaesthesia for Special Care - £88k tbc Disinvestment: Nil	Improved patient pathways and outcomes resulting in positive feedback or reduced complaints Improved referral pathways for Genera Dental Practitioners Improved feedback in iMatter demonstrated improved staff morale	Overall Lead: Clinical Services Manager for Primary Care Dental Services Project Officers: Clinical Director for Public Dental Services Pentana admin: Alison Willacy	LOIP 3, 5, 6 HB Public Dental Service Redesign Strategy TSC 1, 2, 4, 5, 6

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2022-23	OUTCOMES (Expected Outcome / Impact in year)	FINANCIAL INVESTMENT / DISINVESTMENT AND SOURCE (For Year)	PERFORMANCE MEASURES (Measures Of Success in year)	DELIVERY LEAD(S)	LOIP / HB Link and Transformation Scoring Criteria
STRATEGIC PRIORITY / ENABLER	COMMITMENT	STRATEGIC OBJECTIVE						
				those most in need To ensure the Public Dental Service is part of the Board's Digital Strategy				
Medium Terms Financial and Strategic Planning	Maximising available resources	Maximise available resources through efficiency, collaboration and integrated working (Improvement)	Review of HSCP organisational structures	Structure is fit for purpose, maximises integration and delivers on Scottish Government commitments to enhance capacity	Investment: Chief Social Work Officer monies, (share of £98k) Adult Social Work Capacity Funding (£351k), Adult winter Planning Funding (£4.3m), Carers Funding (£70k) Disinvestment: £47.5k	Approved structure Posts recruited to	Overall lead: Caroline Sinclair Project Officers: Heads of Service Pentana admin: Jean Campbell	LOIP 3, 5, 6 TSC 1, 2, 4

Interim Chief Officer

Caroline Sinclair

Agenda Item Number: 6a.

Appendix 1

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2022-23	OUTCOMES (Expected Outcome / Impact in year)	FINANCIAL INVESTMENT / DISINVESTMENT AND SOURCE (For Year)	PERFORMANCE MEASURES (Measures Of Success in year)	DELIVERY LEAD(S)	LOIP / HB Link and Transformation Scoring Criteria
STRATEGIC PRIORITY / ENABLER	COMMITMENT	STRATEGIC OBJECTIVE						
	Balancing investment and disinvestment	Balance investment and disinvestment to deliver HSCP priorities within the medium term financial plan (Improvement).	Development of Annual Strategic Delivery Plan for 22/23 will be the vehicle for delivery of this commitment					LOIP 3, 5, 6 TSC 1, 2, 4
	Delivering financial sustainability	Ensure longer term sustainability of services within available resources (Redesign)	Development of Annual Strategic Delivery Plan for 22/23 will be the vehicle for delivery of this commitment					LOIP 3, 5, 6 TSC 1, 2, 4
Collaborative Commissioning	Co-designing solutions with the third and independent sectors	Build collaborative commissioning through improved efficiency, co-designed and co-produced solutions and better outcomes in collaboration with third and independent sector providers (Redesign)	Explore Alliance service delivery model & undertake Test of Change Review engagement framework to support collaborative approach with third and independent sector.	Alliance model deemed feasible for implementation across services Remodelling completed, agreed & implemented	Investment: TBC through review Disinvestment: TBC through review	Test of Change successfully completed Commissioning Delivery Plan Provider Forums more joined up/ integrated –service improvement / redesign strengthened by	Overall Lead: David Aitken Project Officers: Gillian Healey Pentana Admin: Gillian Healey	LOIP 3, 5, 6 HB Mental Health 5 Year Strategy Alcohol & Drugs Prevention Framework TSC 1, 2, 3, 4

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2022-23	OUTCOMES (Expected Outcome / Impact in year)	FINANCIAL INVESTMENT / DISINVESTMENT AND SOURCE (For Year)	PERFORMANCE MEASURES (Measures Of Success in year)	DELIVERY LEAD(S)	LOIP / HB Link and Transformation Scoring Criteria
STRATEGIC PRIORITY / ENABLER	COMMITMENT	STRATEGIC OBJECTIVE						
						collaborative approach		
	Supporting Primary Care Improvement	Support primary care improvement and multi-disciplinary working through development in line with the new General Medical Services Contract Memorandum of Understanding (Improvement).	Conclude implementation of the Primary Care Improvement Plan Memorandum of Understanding (2): Community Treatment And Care Service Vaccination Transformation Programme Pharmacotherapy	Maximised delivery of New General Medical Services Contract	<u>Investment:</u> £278k Primary Care Improvement Fund Increase for 22/23 (£1.9m overall) £178K Primary Care and Mental Health Wellbeing Service funding <u>Disinvestment:</u> Nil	Maximise implementation of Memorandum Of Understandings within financial envelope	<u>Overall lead:</u> Derrick Pearce <u>Project Officers:</u> Dianne Rice <u>Pentana admin:</u> Dianne Rice	<u>LOIP</u> 3, 5, 6 <u>HB</u> Primary Care Improvement Planning <u>TSC</u> 2, 3, 4
Infrastructure and Technology	Modernising health and social care facilities	Progress towards the development of appropriate, modern facilities that enable co-location of team members and services as well as alignment with GP	Property Strategy development and implementation: Primary Care Improvement Priorities Hybrid working maximisation	More accommodation for clinical front facing care	<u>Investment:</u> Reserves TBC <u>Disinvestment</u>: Nil	Increase in accommodation	<u>Overall lead:</u> Jean Campbell <u>Project Officers:</u> Vandrew McLean <u>Pentana admin:</u> Jean Campbell	<u>LOIP</u> 3, 5, 6 <u>HB</u> NHSGGC Property Strategy and Capital Plans

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer

Caroline Sinclair

Agenda Item Number: 6a.

Appendix 1

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2022-23	OUTCOMES (Expected Outcome / Impact in year)	FINANCIAL INVESTMENT / DISINVESTMENT AND SOURCE (For Year)	PERFORMANCE MEASURES (Measures Of Success in year)	DELIVERY LEAD(S)	LOIP / HB Link and Transformation Scoring Criteria
STRATEGIC PRIORITY / ENABLER	COMMITMENT	STRATEGIC OBJECTIVE						
		Practices (Redesign).	Implement Primary Care property priorities					TSC 2, 4
	Maximising the potential of digital solutions	The delivery of a comprehensive Digital Health and Social Care Action Plan that maximises the potential of digital solutions, whilst ensuring equality of access for everyone (Redesign).	Implement 22/23 Digital Action Plan including: Maximise experience of remote technology for a digitally enabled workforce Implement Analogue to Digital Telecare Transformation by 2024	Increase in digitally enabled workforce Reducing carbon footprint of HSCP	Investment: Capital/Income spend Revenue spend Disinvestment: Nil	Increase number of telecare customers Increased remote working Increased support at a distance users (measure to be developed)	Overall lead: Jean Campbell Project Officers: Elaine Marsh James Gray Pentana admin: James Gray	LOIP 3, 5, 6 HB Digital Strategy TSC 2, 3, 4

Appendix 1: Transformational Scoring Criteria

NO.	HEADING	EXPLANATION
1	Improved Efficiency	Reduced future capital liabilities, revenue savings are secured, operational efficiencies are secure.
2	Corporate Priorities	Supports corporate development plan objectives, alignment with corporate objectives, and alignment with service plan.
3	Statutory and Legal Responsibilities	Meets statutory/legal requirements, avoids adverse operational/financial impact, and mitigates reputational risk.
4	Service Delivery	Supports Delivery of existing Services within Budget, continued acceptable outcomes for Stakeholders, Improves service delivery to customers.
5	Maintenance and Enhancement of Core Assets	Enhances the asset or extends the useful life of the asset (i.e. cost avoidance).
6	Sustainability	Meets the council commitment to the sustainability agenda.

Agenda Item Number: 6b.

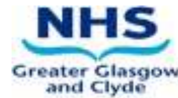
Appendix 2.

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	240322-06 Agenda Item Number 6
2	Report Title	HSCP Annual Delivery Plan 2022-23
3	Date direction issued by Integration Joint Board	24 March 2022
4	Date from which direction takes effect	1 April 2022
5	Direction to:	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	Yes (reference number: 240621-17) Supersedes
7	Functions covered by direction	HSCP Annual Delivery Plan 2022-23: The business planning intentions of the HSCP Board for the period 2021-22 in pursuance of the implementation of the current Strategic Plan which covers all delegated functions of the IJB.
8	Full text of direction	The Integration Joint Board directs partners to support the agreed areas of development as set out in the HSCP Annual Delivery Plan 2022-23. The Annual Delivery Plan draws together the strategic development priorities for the year, informed by the Strategic Plan's development priorities, the NHS Moving Forward Together Strategic Plan, the priorities of East Dunbartonshire Council as set out in the Community Planning Partnership's Local Outcome Improvement Plans, new statute and policy drivers, and identified areas for transformation change and our savings requirements. The Annual Delivery Plan is attached as appendix 1 to the cover report.
9	Budget allocated by Integration Joint Board to carry out direction	The funding implications, both spend and disinvestment, are set out within the body of the Annual Delivery Plan which is attached as appendix 1 to the cover report.
10	Details of prior engagement where appropriate	Preparation of the HSCP Strategic Plan was subject to two-stage statutory engagement with both constituent bodies and other prescribed consultees. Engagement with the constituent bodies has been through the following representative mechanisms: • HSCP Strategic Planning Group • HSCP Leadership Group / Forum

Appendix 2.

		• HSCP Staff Partnership Forum • HSCP Public Service User & Carer Group • HSCP Clinical & Care Governance Group • HSCP Board Development Seminar • NHS GGC Corporate Management Team • NHS GGC FP&P Committee • EDC Corporate Management Team • EDC Elected Member engagement via Technical Note • HSCP Locality Planning Groups • EDVA Third Sector Interface Group(s) • GP Forum • Carers Partnership Group Further details on the processes and outcomes of these consultative and engagement processes is set out variously in HSCP Board reports 2021-22. The specific actions in the Annual Delivery Plan are the points of action during year 1 of the implementation of the Strategic Plan
11	Outcomes	The HSCP Annual Delivery Plan 2022-23 operates in line with the HSCP Strategic Plan 2-22-25, which is aligned to the National Health and Wellbeing Outcomes and subscribes to the National Integration Planning and Delivery Principles.
12	Performance monitoring arrangements	The performance monitoring arrangements are detailed in the “Measuring Success: Performance, Standards and Quality” section of the HSCP Strategic Plan 2022-25
13	Date direction will be reviewed	31 March 2023



Interim Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 7.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**24TH MARCH 2022**
REPORT REFERENCE:	**HSCP/240322/07**
CONTACT OFFICER:	**ALAN CAIRNS / ALISON WILLACY (J/S) PLANNING, PERFORMANCE AND QUALITY MANAGER**
SUBJECT TITLE:	**HSCP QUARTER 3 PEFORMANCE REPORT 2021-22**

1.1 PURPOSE

1.2 The purpose of this report is to inform the HSCP 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 October to December 2021 (Quarter 3).

2.1 RECOMMENDATIONS

It is recommended that the Health & Social Care Partnership Board:

2.2 Note the content of this report, and;

2.3 Consider the Quarter 3 Performance Report 2021-22 at **Appendix 1.**

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.1 **BACKGROUND/MAIN ISSUES**

3.2 The 2021-22 HSCP Quarter 3 Performance Report contains a range of information, most of which is available and complete for the full reporting period. However there are routine delays with the publication of validated data by Public Health Scotland, due to incomplete hospital-derived data in Section 3 of the report and the timing of certain waiting times data publications. In order to provide an indication of up to date performance in these areas, tables and charts are included that use Greater Glasgow and Clyde Health Board's own activity data for the full year. These are also presented in a way that permits summary comparison of our performance against targ
ets and with other HSCP areas across the Health Board area. The methodology of local Health Board data differs in aspects from national data publications, so is not precisely comparable. However it provides an accurate proxy set of data while waiting for published national figures.

3.3 The Covid-19 pandemic continues to impact on a number of the performance metrics covering October to December 2021, with the diversion of health and social care resources to support the crisis response during lockdown, and the impact of social distancing on business-as-usual service activity.

3.4 As a result of the Covid-19 pandemic, presenting need, demand, service activity, performance and impact have all been significantly affected in ways that affect the metrics and interpretations that are normally used to measure performance. During 2020-21, the HSCP suspended summary RAG ratings to avoid the risk of misrepresentation of the attribution of "positive" service activity to performance, in the context of the pandemic's impact on service activity. Summary RAG ratings for 2021-22 has been re-introduced, but caution should continue to be applied to interpretation. Where activity is clearly and significantly impacted by the pandemic in the most recent reporting period, this will be represented by a white rating. The HSCP Board is invited to consider performance across each of the indicators and measures, which are aligned to the delivery of the national Health and Wellbeing Outcomes and the HSCP strategic priorities.

4.1 **IMPLICATIONS**

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan;-

Quarterly performance reports contribute to the HSCP Board scrutiny of performance and progress against the Strategic Plan priorities.

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

9. Statutory Duty

4.3 Frontline Service to Customers – None.

4.4 Workforce (including any significant resource implications) – None.

4.5 Legal Implications – None.

4.6 Financial Implications – None.

4.7 Procurement – None.

4.8 ICT – None.

4.9 Corporate Assets – None.

4.10 Equalities Implications – None.

4.11 Sustainability – None.

4.12 Other – None.

5.1 **MANAGEMENT OF RISK**

The risks and control measures relating to this Report are as follows:-

5.2 None at this stage.

6.1 **IMPACT**

6.2 **STATUTORY DUTY** – None.

6.3 **EAST DUNBARTONSHIRE COUNCIL** – The report includes indicators and measures of quality and performance relating to services provided by the Council, under Direction of the HSCP Board.

6.4 **NHS GREATER GLASGOW & CLYDE** – The report includes indicators and measures of quality and performance relating to services provided by NHS Greater and Clyde, under Direction of the HSCP Board.

6.5 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –** No Direction Required.

7.1 **POLICY CHECKLIST**

7.2 This Report has been assessed against the Policy Development Checklist.

8.1 **APPENDICES**

8.2 **Appendix 1 -** HSCP Performance Report Quarter 3 2021-22

PERFORMANCE REPORT 2021-22
QUARTER 3

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 are set out in defined sections in accordance with where the data are sourced and reported. However, all the indicators set out in Sections 3-5 are inter-dependant; for example, good performance in social or health care service targets can contribute to improved performance elsewhere across the whole system.

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.

Covid-19 Pandemic Impact:

The Covid-19 outbreak impacts on a number of the performance metrics covering 2021-22 with the diversion of health and social care resources to support the crisis response during lockdown, and the impact of social distancing on business-as-usual.

The HSCP has business continuity plans in place to guide the delivery of essential services and Covid-19 Recovery and Transition Plans are also in place which inform the process of guiding service recovery through and out of the pandemic. These plans sets out the approach the partnership will take to critical response and transitional post emergency phases of the pandemic. During ongoing response planning we will be working across service areas in collaboration with partner organisations, service users and the wider community to maintain and re-establish service provision to meet the needs of our residents.

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) are monitored, and reported in this section

This section of the quarterly report ranks each of the performance indicators and measures that feature in the report against a red, amber and green (RAG) rating, reflecting activity against targets and improvement plans.

As a result of the Covid-19 pandemic, presenting need, demand, service activity, performance and impact have been significantly affected in ways that affect the metrics and interpretations that are normally used to measure performance. During 2020-22, the HSCP suspended summary RAG rating to avoid the risk of misrepresentation of the attribution of "positive" service activity to performance, in the context of the pandemic's impact on service activity.

We have re-introduced the summary RAG rating for 2021-22, but caution should continue to be applied to interpretation. Where activity is clearly and significantly impacted by the pandemic in the most recent reporting period, this will be represented by a white rating.

- Positive Performance (on target) improving (11 measures)
- Positive Performance (on target) declining (0 measures)
- Negative Performance (below target) improving (2 measures)
- Negative Performance (below target) declining (3 measures)
- Performance affected by Covid-19 (9 measures)

Positive Performance (on target & maintaining/improving)

4.1	Number of homecare hours per 1,000 population 65+
4.2	% of People 65+ with intensive needs receiving care at home
4.3	% of Service Users 65+ meeting community care assessment to service delivery waiting times target (6 weeks)
4.5	% of Adult Protection cases where timescales are met
6.1	Child Care Integrated Assessments (ICAs) submission timescales to Reporters Administration
6.3	% of first Child Protection review conferences taking place within 3 months of registration
6.5	% of first Looked After and Acccommodated Children (LAAC) reviews taking place within 4 weeks of accommodation
6.6	% of children receiving 27-30 months assessment
7.1	% of individuals beginning a work placement within 7 days of receiving a Community Payback Order
7.2	% of Criminal Justice Social Work reports submitted to court on time

7.3	% of court report requests allocation to a social worker within 2 days

Positive Performance (on target but declining)

No PIs in this category

Negative Performance (below target but maintaining/improving)

5.1	% of people waiting <3 weeks for drug and alcohol treatment
6.2	% of initial Child Protection case conferences taking place within 21 days from receipt of referral

Negative Performance (below target and declining)

5.2	% of people waiting <18 weeks for psychological therapies
5.3	% of people newly diagnosed with dementia receiving post diagnostic support
6.4	% of children being Looked After in the community

Performance affected by Covid-19

3.1	Number of unplanned acute emergency admissions
3.2	Number of unscheduled hospital bed days
3.3	Number of Delayed Discharge Bed Days
3.4	Number of Accident and Emergency attendances (all ages)
4.4	Number of people 65+ in permanent care home placements
5.4	Total number of alcohol brief interventions delivered (cumulative)
5.5	Smoking quits at 12 weeks post quit in the 40% most deprived areas
5.6	Child and Adolescent Mental Health Services (CAMHS) waiting times
8.5 / 8.6	NHS Knowledge & Skills Framework and Council Performance Development Review achievement against target

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 Strategic Group for Health & Community Care (MSG) to monitor the impact of integration. Delays can occur with completeness of hospital-based data, so these tables and charts are based upon the most recent reliable data relevant to the reporting period.

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

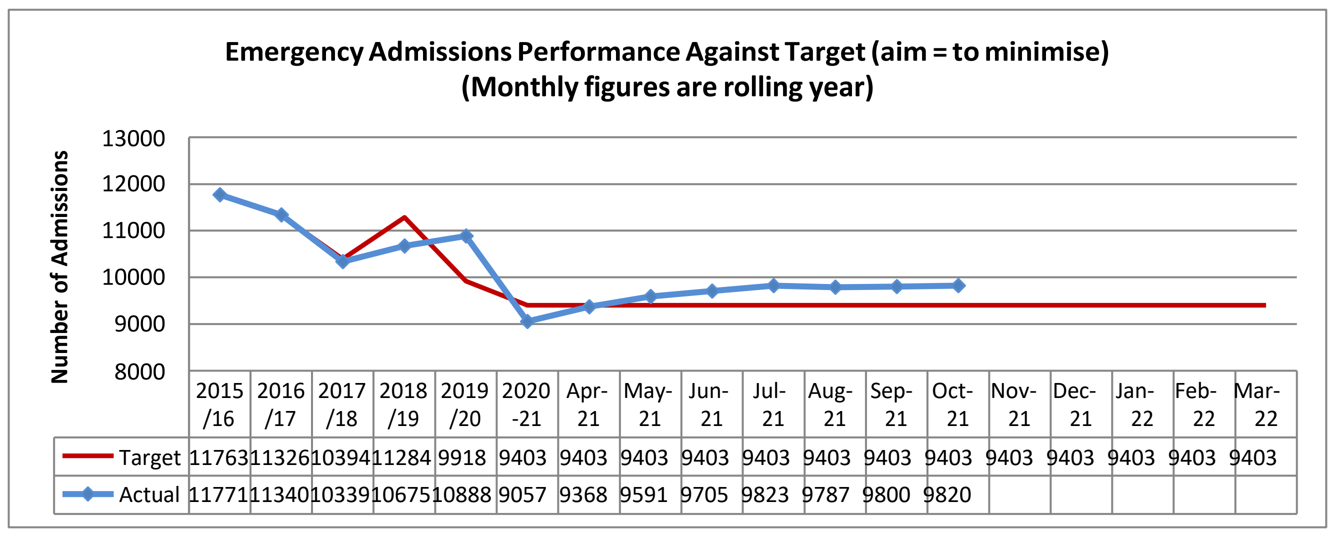
Rationale: Unplanned emergency acute admissions are focussed on reducing inappropriate use of hospital services and shifting the focus from a reliance on hospital care towards proactive support in the community setting. Aim = to minimise.

Table 3.1 Quarterly Number of Unplanned Acute Emergency Admissions

Q3 2020-21	Q4 2020-21	Q1 2021-22	Q2 2021-22	Q3 2021-22	Target (2021-22)
2,308	2,310	2,631	2,551	Full Q3 not available	2,351

*Based on availability of complete data for quarter at time of report – subject to update.

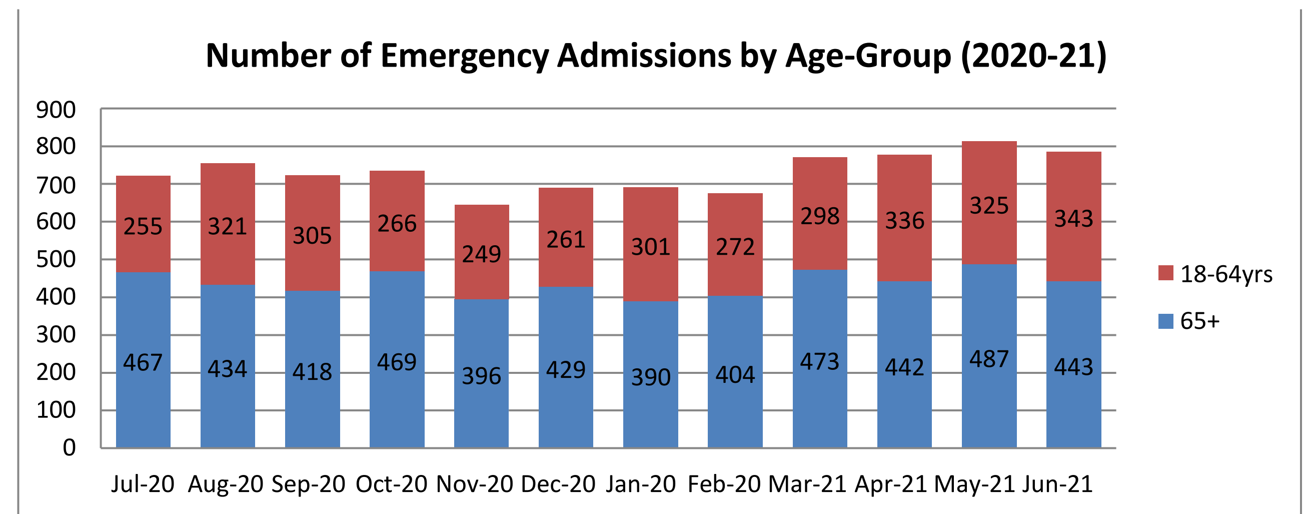
Figure 3.1a Rolling Year Number of Unplanned Emergency Admissions*



	2015/16	2016/17	2017/18	2018/19	2019/20	2020-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Target	11763	11326	10394	11284	9918	9403	9403	9403	9403	9403	9403	9403	9403	9403	9403	9403	9403	9403
Actual	11771	11340	10339	10675	10888	9057	9368	9591	9705	9823	9787	9800	9820					

*Based on availability of complete data for quarter at time of report – subject to update

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. 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 of East Dunbartonshire residents as clinically appropriate.

The national source data publication extends only to October 2021, but the impact of the Covid-19 pandemic reduced emergency hospital admissions for most of 20-21. This was reflective of a substantial reduction in non-Covid-related emergency hospital activity during this period. This may be due partly to public messaging at the time to protect the NHS in its efforts to treat people with Covid-19 and community reaction to avoid public areas where transmission levels may be higher. Certainly, emergency admissions reduced most particularly during each of the most active waves of the pandemic. Admissions since quarter 1 have showed a steady increase and we are above target for admissions since May 21.

Improvement Actions:
The Partnership will continue to work with NHSGGC colleagues to impact positively on admissions levels through preventative work. Improvement activity is focused on the continued development of community based rehabilitation, providing rapid assessment to assist in the prevention of admission. Learning from the Covid-19 experience has and is being used to inform improvement going forward in relation to looking collectively to see what arrangements should be retained and what can be explored further, for example: digital consultations. Key to this work will be to ensure that behind these trends, people are not having proper diagnosis and treatment compromised.

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. Aim = to minimise

Table 3.2 Quarterly number of Unscheduled Hospital Bed Days (all ages)

Q3 2020-21	Q4 2020-21	Q1 2021-22	Q2 2021-22	Q3 2021-22	Quarterly Target (2021-22)
20,501	21,127	21,278	20,564	Full Q3 not available	20,181

*Based on availability of complete data for quarter at time of report – subject to update.

Figure 3.2a Rolling year number of Unscheduled Hospital Bed Days

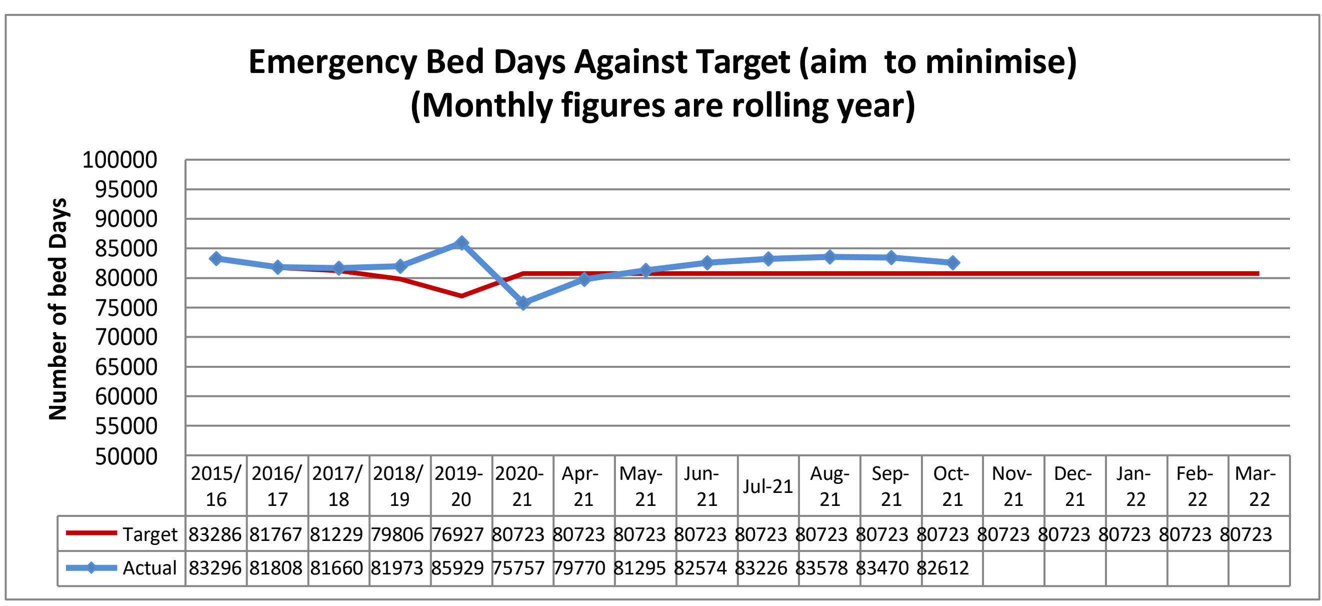
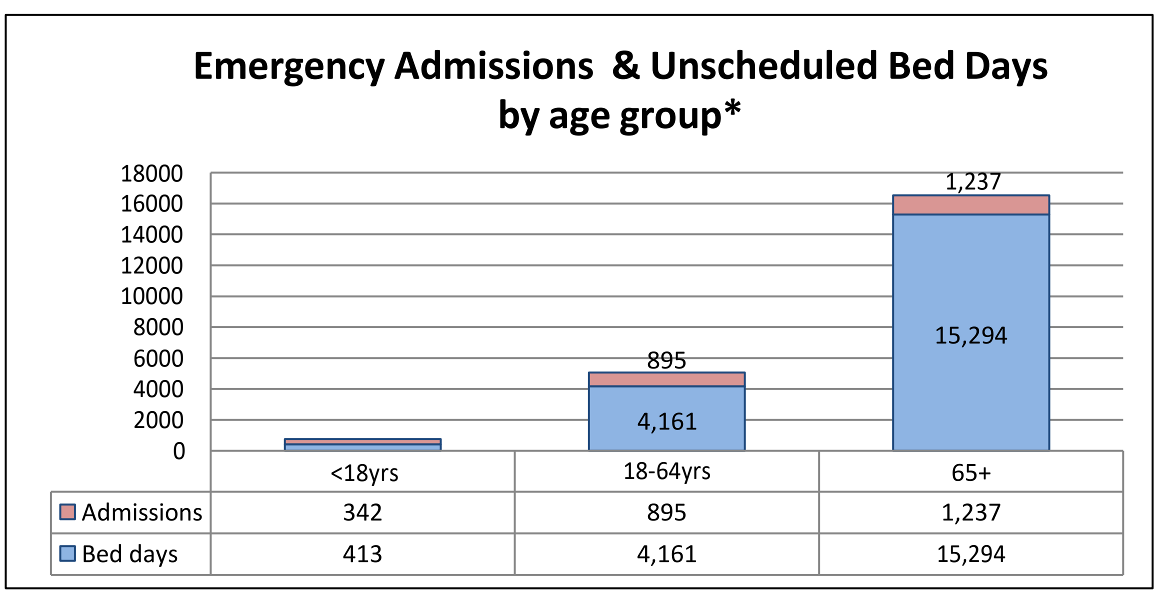


Figure 3.2b Number of Unscheduled Admissions/Hospital Bed Days by Age Group *



*Based on most recent complete 3 month data period (>=95% complete) August to October 2021

Situational Analysis:

This indicator describes the number of bed days in secondary care used by patients who have been admitted unexpectedly. Fig 3.2a shows a challenging trend away from the target trajectory over the years to 2019-20, but the pandemic significantly reversed this trend

during 2020-21, reflecting the reduction in emergency hospital admission, described above. The national source data publication extend only to October 2021, but as with admissions, there is an indication of recovery in emergency hospital activity, although a slight decline in admissions can be seen this quarter we are still above target.

Improvement Actions:
In normal circumstances, our primary focus continues to be on prevention of admission, where possible, so that unnecessary accrual of bed days is avoided. This continues to be an important component of managing hospital capacity through the pandemic and towards recovery. Improvement activity continues to include daily scrutiny of emergency admissions and proactive work with identified wards to facilitate safe discharge. This operates alongside proactive work to support people currently in our services who are at greatest risk of admission via activity such as falls prevention, polypharmacy management and anticipatory care planning. In the Covid context, as we move through recovery and remobilisation, the balance will be to ensure diagnosis and treatment are optimised and that time in hospital is absolutely necessary and for clinical reasons.

3.3 Delayed Discharges

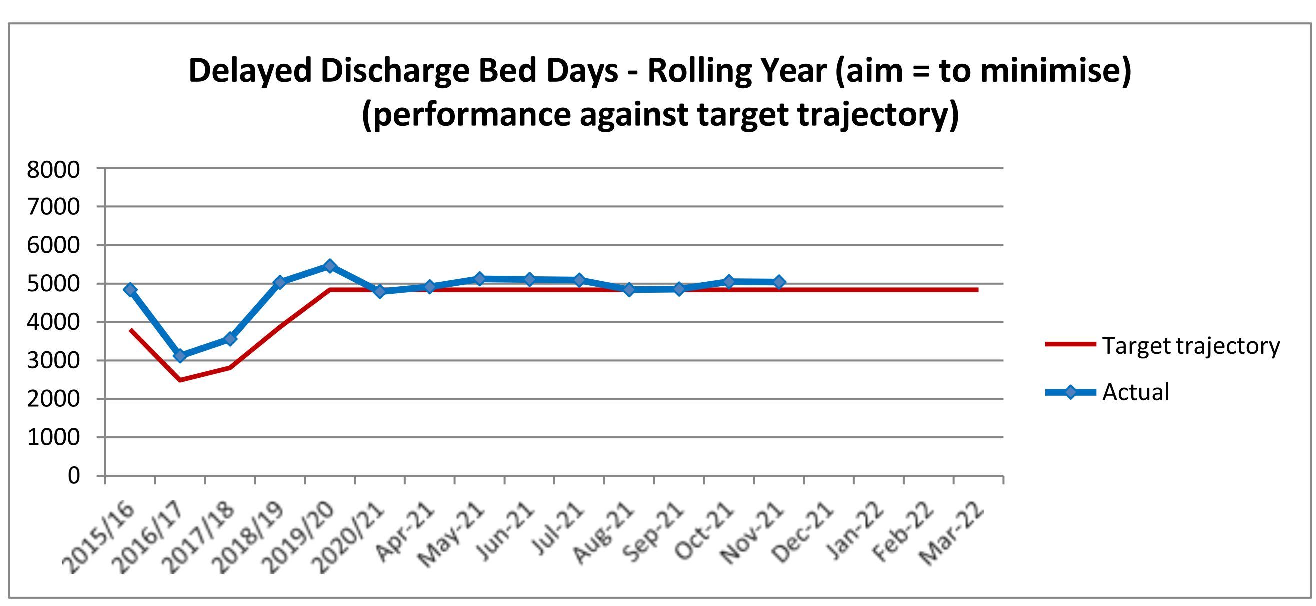
Rationale: People who are ready for discharge will not remain in hospital unnecessarily.
Aim = to minimise

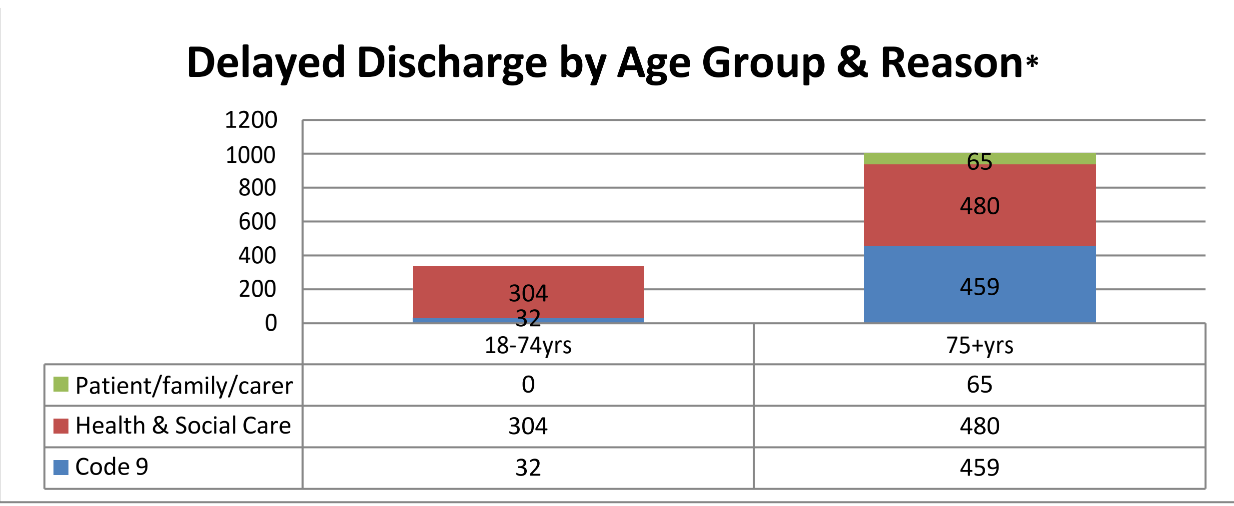
Table 3.3 Quarterly Number of Delayed Discharge Bed Days (18+)*

	Q3 2020-21	Q4 2020-21	Q1 2021-22	Q2 2021-22	Q3 2021-22	Quarterly Target (2021-22)
No. Bed Days	1,266	1,481	1,072	1,036	Full Q3 not available	1,210

*Based on availability of complete data for quarter at time of report – subject to update.

Figure 3.3a Rolling year number of Delayed Discharge Bed Days (18+)





	18-74yrs	75+yrs
Patient/family/carer	0	65
Health & Social Care	304	480
Code 9	32	459

*Based on most recent complete 3 month data period (September to November 2021)

Situational Analysis:
Facilitating discharge from hospital when a patient is clinically fit to return home is an important component of the health and social care whole system. This ensures that people are supported safely at home where possible, reduces the loss of independence and allows hospital resources to be used for people in need of clinical care. This has been a particular focus during the period of the pandemic. 2020-21 was characterised by a marked reduction overall in delayed discharges due to Covid-19 emergency planning. Between the successive waves, delays returned to pre-Covid levels, impacted often by the need to ensure safe and well-planned discharge through testing and liaison with care providers in the community and because there was an increase in the numbers patients resuming elective surgery and being delayed in their discharge thereafter. National data is only available to November 2021, but in general terms it can be expected that delays will increase through recovery and remobilisation. External scrutiny from the NHSGG&C Discharge Team continues to reflect their assurance that all is being done by EDHSCP in relation to delayed discharges. They recognise the specific challenge for us regarding complex cases because there is sustained throughput of our delayed patients, unless there are specific circumstances.

Improvement Actions:
Use of electronic operational activity “dashboards” 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. Home for Me coordinates our admission avoidance and discharge facilitation work (including discharge to assess) across a range of services. We continue to work closely with care homes and other registered care providers to provide intensive support and assurance during the pandemic.

3.4 Accident & Emergency Attendances

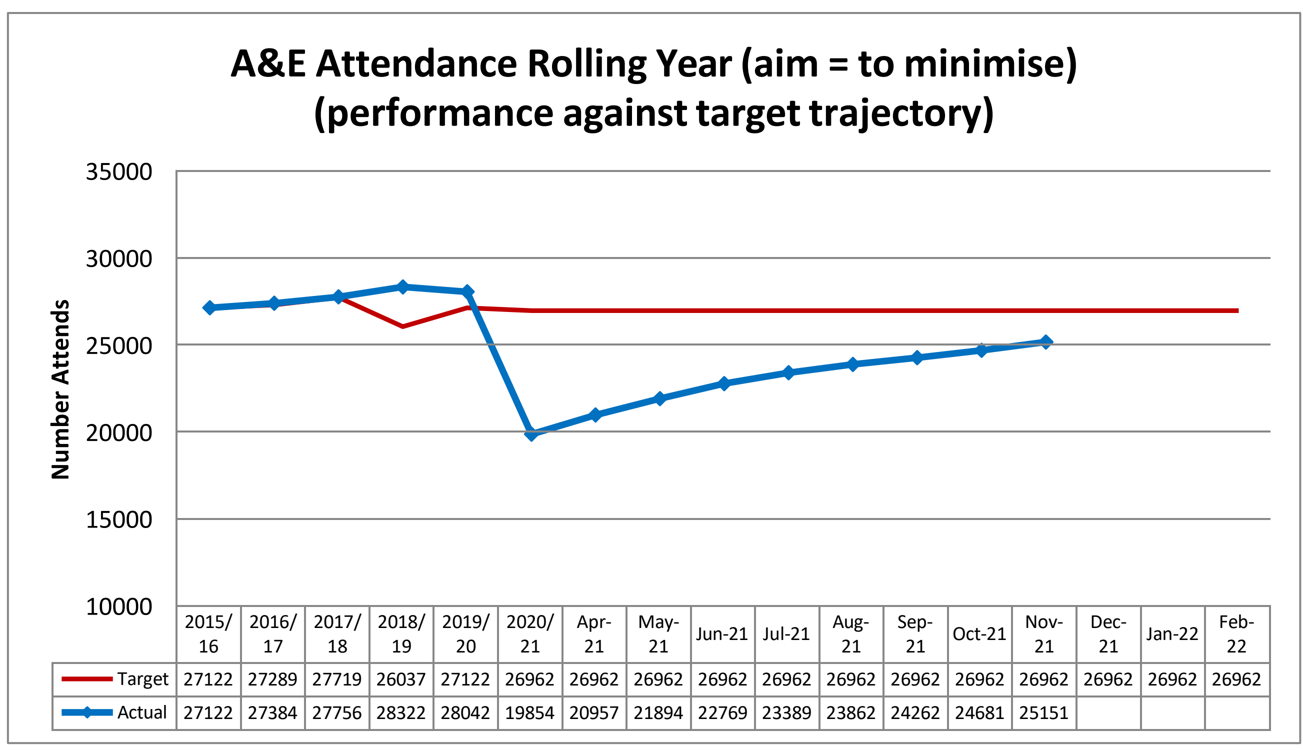
Rationale: Accident & Emergency attendance is focussed on reducing inappropriate use of hospital services and changing behaviours away from a reliance on hospital care towards the appropriate available support in the community setting. Aim = to minimise

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

Q3 2020-21	Q4 2020-21	Q1 2021-22	Q2 2021-22	Q3 2021-22	Quarterly Target (2021-22
5,080	4,883	6,991	7,308	Full Q3 not available	6,740

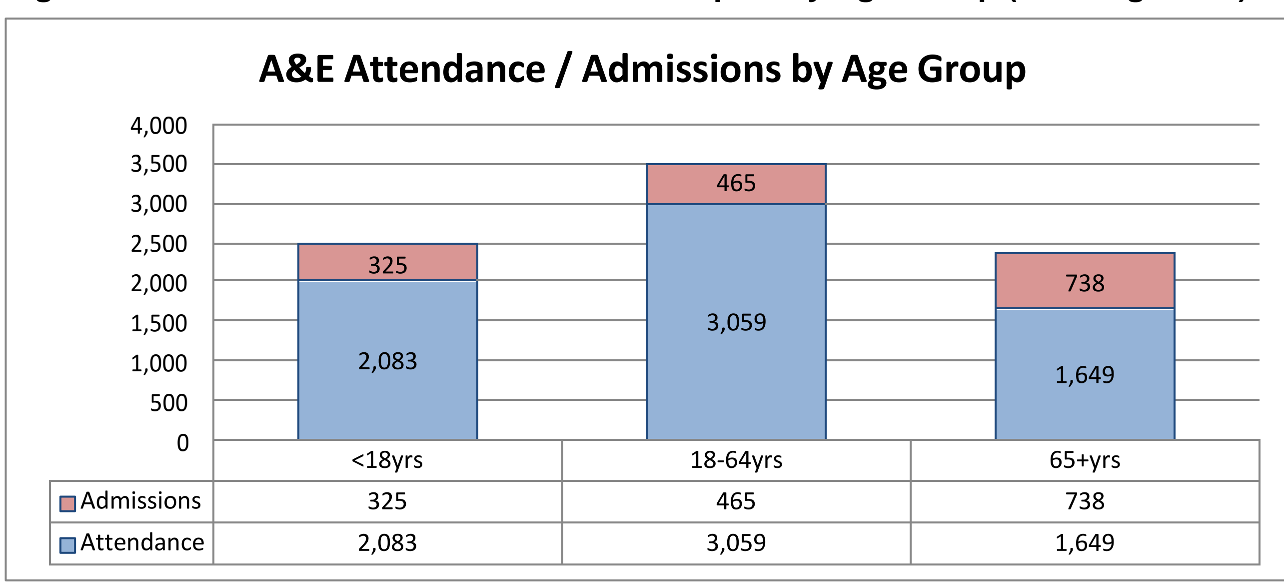
*Based on availability of complete data for quarter at time of report – subject to update.

Figure 3.4a Rolling year number of A&E Attendances



	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Target	27122	27289	27719	26037	27122	26962	26962	26962	26962	26962	26962	26962	26962	26962	26962	26962	26962
Actual	27122	27384	27756	28322	28042	19854	20957	21894	22769	23389	23862	24262	24681	25151			

Figure 3.4b A&E Attendances Admitted to Hospital by Age Group (Jun-Aug 2021*)



	<18yrs	18-64yrs	65+yrs
Admissions	325	465	738
Attendance	2,083	3,059	1,649

*Based on most recent complete 3 month data period (>=95%) September – November 2021

Situational Analysis:
During 2019-20, East Dunbartonshire had the second lowest level of emergency department attendances across Greater Glasgow and Clyde and this continued in 2020-21. The reduction in attendances over the past 12 months has been impacted in the main by Covid-19, due to a combination of public messaging and reduced community circulation.

The data in figure 3.4b shows the proportion of those who attended A&E who were subsequently discharged, suggesting a significant number of those attending A&E could have had their needs met in the community or via self-care. In order to address this on a national level "Right Care, Right Place" is now operating across Scotland. Scotland's new approach to urgent care has those with non-life threatening conditions who would usually visit an ED first, asked to call NHS 24 day or night on 111 through the NHS Board's Flow Navigation Hub. People can also continue to call their GP practice for urgent care or access help online from NHS Inform.

In common with emergency admissions and associated days in hospital outlined above, a similar pattern of substantial interruption was experienced during 2020-21, with emergency non-Covid-19 emergency attendances reducing markedly. National data is only available to November 2021, but is can be seen across the unscheduled care metrics that activity is increasing.

Improvement Actions:
From an HSCP perspective we continue to support Primary Care transformation to improve patient access to the right advice and support from the appropriate professional and/or alternative community resources.

3.5 Local Data Updates and Benchmarking

As indicated at the start of this section, the data reported in this report is provided as part of a national publication by Public Health Scotland (PHS). Data linkage and verification results in a time-lag, which explains why the most recent reporting month is October 2021 for a number of these core indicators.

In order to provide a local update to these figures, the table below is included here. This table is populated with NHSGGC data, which applies a slightly different methodology to PHS but is accurate for use as proxy data to show more up to date figures. The table compares our performance for the reporting year to date against target, against performance last year and against other HSCP's in Greater Glasgow and Clyde. As indicated above, the Covid-19 pandemic continues to significantly impact the pattern of unscheduled care during the reporting period:

East Dunbartonshire HSCP Unscheduled Care
Data Summary: April to December 2021

Measure	Actual (Year to Date)	Target (Year to Date)	Target RAG	Rank in GGC (most recent month)
Emergency Dept. Attendances (18+)	13,923	14,756		2
Emergency Admissions (18+)	6,735	7,052		2
Unscheduled bed days (18+)	64,497	60,542		3
Delayed discharge bed days (all ages)	3,543	3,629		3

* RAG rating tolerance level is less than 10% more than target

(Source: NHSGGC - East Dunbartonshire HSCP Analysis)

The increase in unscheduled bed days may be in part to individuals presenting at a more acute stage of unwellness and being in a more deconditioned state with a weaker immune system. With the added pressure of an older population within East Dunbartonshire. There has also been an increase in the number of in-patients being categorised as AWI (Adults with Incapacity) since mid-2021 which is impacting negatively on the delayed discharge bed days.

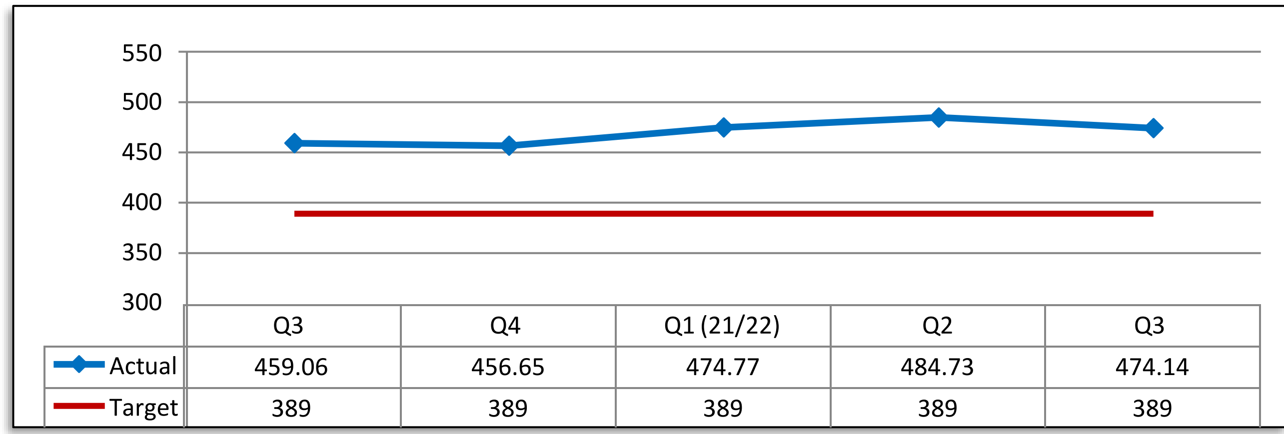
This section provides an updated report of Social Care core dataset and includes data collated by East Dunbartonshire Council's Performance & Research Team. Although reported separately from the Health and Social Care data, the following indicators are integral to achieving the targets set out in Health 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.
Aim = to maximise in comparison to support in institutional settings

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



	Q3	Q4	Q1 (21/22)	Q2	Q3
Actual	459.06	456.65	474.77	484.73	474.14
Target	389	389	389	389	389

Situational Analysis:
This indicator was first established nationally to measure the extent of community-based support, in comparison with institutional care. The number of homecare hours per 1000 population over 65 is above target. Whilst this demonstrates success in supporting people in the community, the increase is also a result of rising demand and complexity. Our analysis on the reasons for this rising demand point to the disproportionate increase in people aged 85+ in East Dunbartonshire, which has been the highest in Scotland over the past 10 years at +5% per year. We are projected to continue to have the fastest growing increase over the next 10 years. People aged 85+ overall have the greatest level need in terms of volume and intensity of older people's service.

Improvement Action:
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.

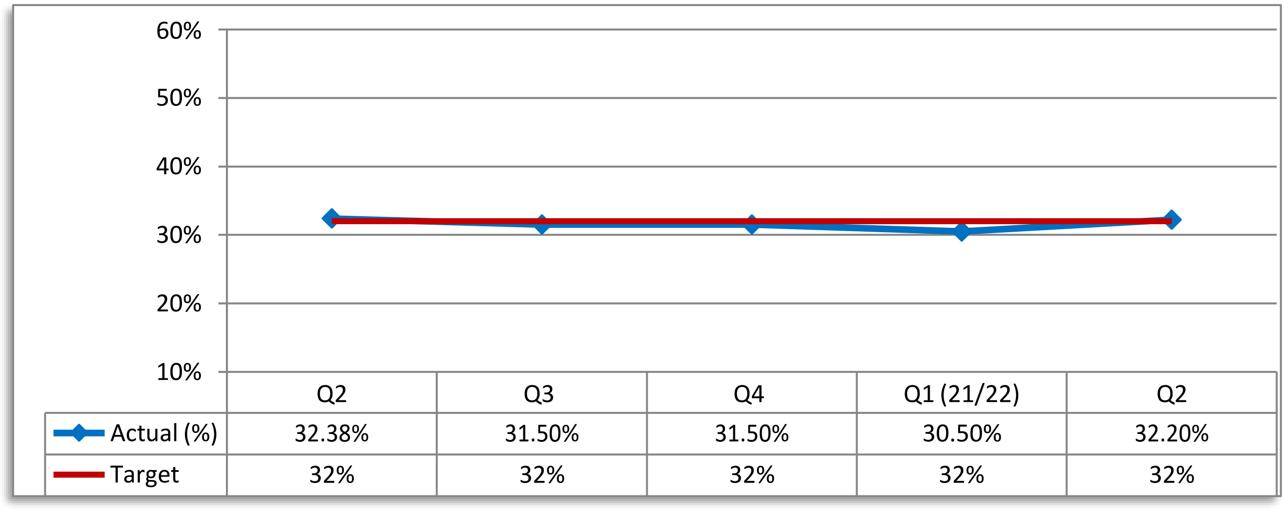
Implementation of the revised organisational structure and service delivery model resulting from the strategic review of care at home is complete, although the impact of the covid-19 pandemic has been considerable and elements of refinement remain. High level benefits realisation has been undertaken and a subsequent increase to establishment, increase in Senior Carer leadership time and adjustments to shift patterns etc. are being taken forward. A joint service improvement plan with the care inspectorate following inspection on August 2021 is complete and the service was re-inspected in January and graded at 4 (Good) for all inspection areas.

The HSCP has developed a Covid-19 transition and recovery plan for homecare services to inform the way through and out of the pandemic. This will ensure that services continue to be available for people with eligible needs and maximises care in the community. The service are anticipating and preparing for a sustained demand for service and a potentially fragile service position as winter approaches and another wave of Covid-19 impacts on the service.

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.
Aim = to maximise.

Figure 4.2 Percentage of People Aged 65+yrs with Intensive Needs Receiving Care at Home (aim = to maximise)



	Q2	Q3	Q4	Q1 (21/22)	Q2
Actual (%)	32.38%	31.50%	31.50%	30.50%	32.20%
Target	32%	32%	32%	32%	32%

Situational Analysis:
This indicator measures the number of people over 65 receiving 10 hours or more of homecare per week, which is a measure of intensive support. Our policy is to support people with intensive care needs in the community as far as possible, traditionally the aim has been to maximise this value. However we also have to be mindful of the need to maximise independent living using “just enough” support rather than creating over-dependency. We have been consistently around target for this indicator but have reported a slight dip over

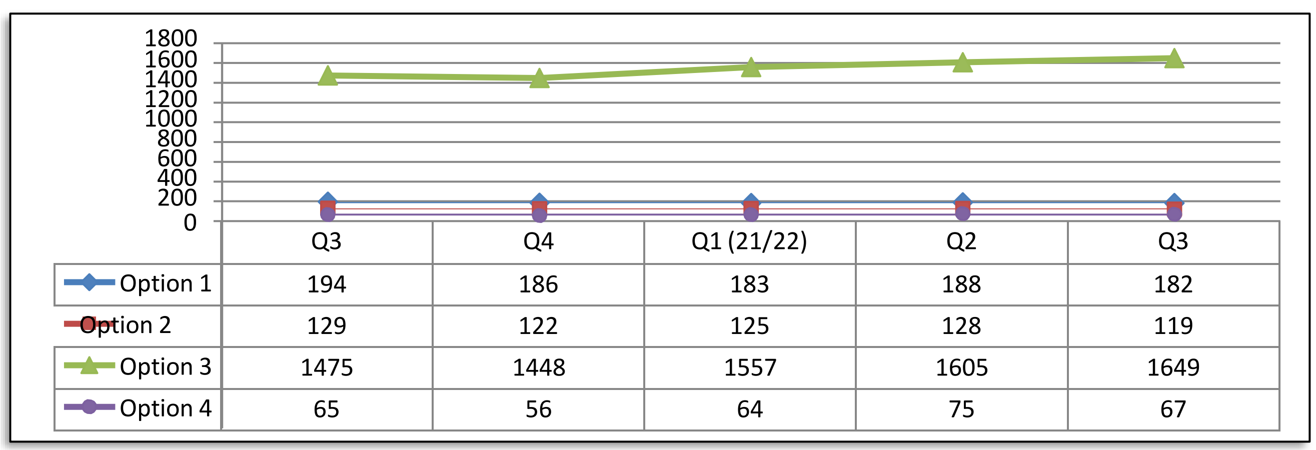
past three quarters, which may be a consequence of Covid-19-related demands, however we are back on target this quarter.

Improvement Action:
Our intention is to maintain good, balanced performance in this area.

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.

4.2b(i) Number of people taking up SDS options



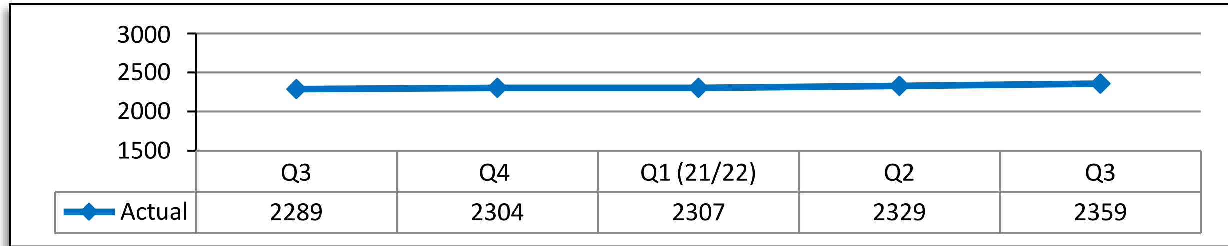
	Q3	Q4	Q1 (21/22)	Q2	Q3
Option 1	194	186	183	188	182
Option 2	129	122	125	128	119
Option 3	1475	1448	1557	1605	1649
Option 4	65	56	64	75	67

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. This quarter has seen a decrease across options 1, 2 and 4, and an increase in option 3. The issues relating to the recruitment of social care staff and Personal Assistants may be becoming a barrier just now to those options were the customer has more responsibility for sourcing the support independently.
The distribution of SDS choices is remaining broadly stable.

Option 1 – The service user receives a direct payment and arranges their own support
Option 2 – The service user decides and the HSCP arranges support
Option 3 – After discussing with the service user, the HSCP decides and arranges support
Option 4 – The service user uses a mixture of options 1-3.

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.

4.2b(ii) People Aged 75+yrs with a Telecare Package (aim to maximise)



	Q3	Q4	Q1 (21/22)	Q2	Q3
Actual	2289	2304	2307	2329	2359

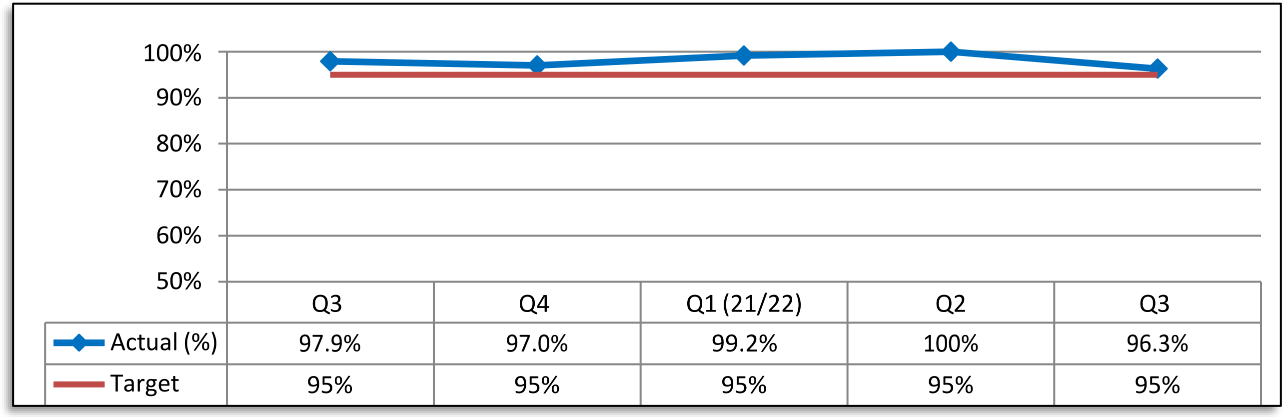
Situational Analysis:
There has continued to be a gradual increase in the number of people aged 75 and over with a telecare package. This is in line with expectations, as the population of people in East Dunbartonshire aged 75+ increases and telecare opportunities are maximised.

Improvement Action:
We continue to implement the actions of our Digital Health and Social Care Action Plan, seeking to link traditional telecare with telehealth monitoring and technology enabled care. A proposal for a shared alarm receiving solution across all 32 Local Authorities is being considered along with a shared data set for monitoring and reporting.

4.3 Community Care Assessment to Service Delivery Timescale

Rationale The HSCP has a duty to undertake community care assessments for those in need, and are responsible for developing packages of care to meet identified need. The national standard is to operate within a six week period from assessment to service delivery, which encourages efficiency and minimises delays for service-users.
Aim = to maximise.

Figure 4.3 Percentage of service users (65+yrs) meeting 6wk target (Aim = to maximise)



	Q3	Q4	Q1 (21/22)	Q2	Q3
Actual (%)	97.9%	97.0%	99.2%	100%	96.3%
Target	95%	95%	95%	95%	95%

Situational Analysis:
While very many people receive services well within the 6 week target from the completion of their community care assessment, this measure ensures that we can track compliance with this national target timescale. We consistently score very highly with compliance levels of around 100%. After a slight downturn as a consequence of Covid-19 restrictions on normal working, performance has recovered and the service has successfully delivered the national target. Previously the quarterly target has been reported as 100%, this has been

highlighted as an administrative error in the performance reporting system this month. Consequently the target has been updated retrospectively to reflect the correct target of 95%.

Improvement Action:
The focus is to continue to deliver high levels of performance in this areas.

4.4 Care Home Placements

Rationale: The focus of the HSCP is to maximise opportunities for people to live active, independent lives in the community for as long as possible, in order to prevent avoidable long term care placement. Aim = monitor care home placement numbers/maintain baseline

Figure 4.4a Number of People Aged 65+yrs in Permanent Care Home Placements (snapshot)

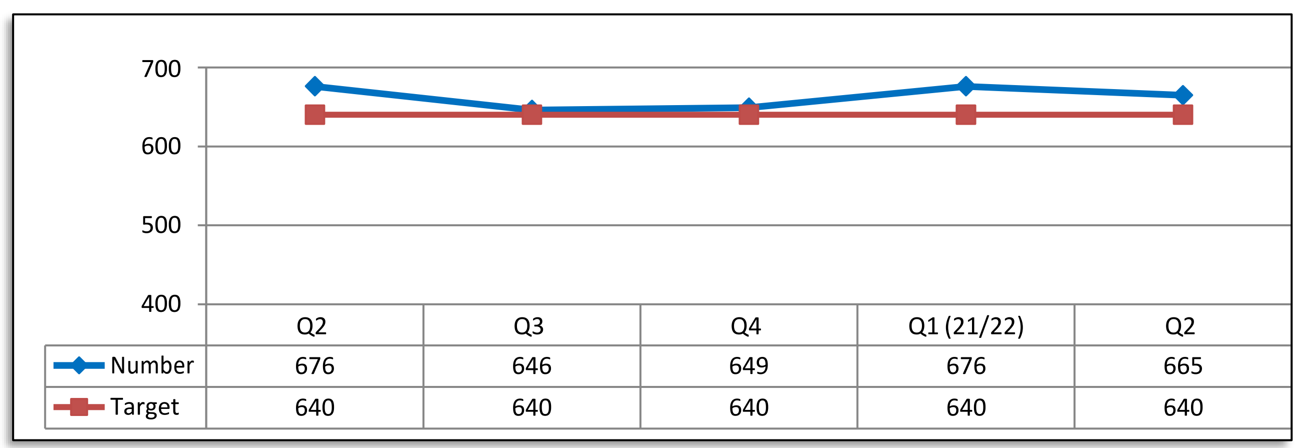
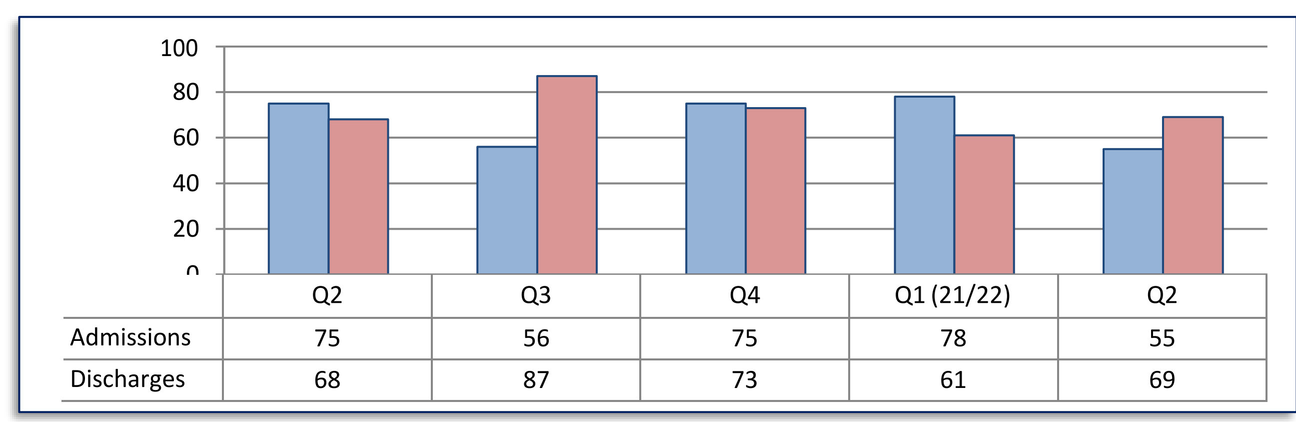


Figure 4.4b Number of Care Home Admissions and Discharges (including deaths)



Situational Analysis:
Care home admissions are determined at an individual level, based upon an assessment of support needs and with consideration to the balance of care and cost thresholds. The HSCP policy is to support people in the community for as long as possible, which is generally the preference of the individual concerned. National and local policy is also geared towards carefully balancing the use of care home admissions. Increases in care at home provision

to older people demonstrates that this has been successful, but demand pressures continue across all service sectors.

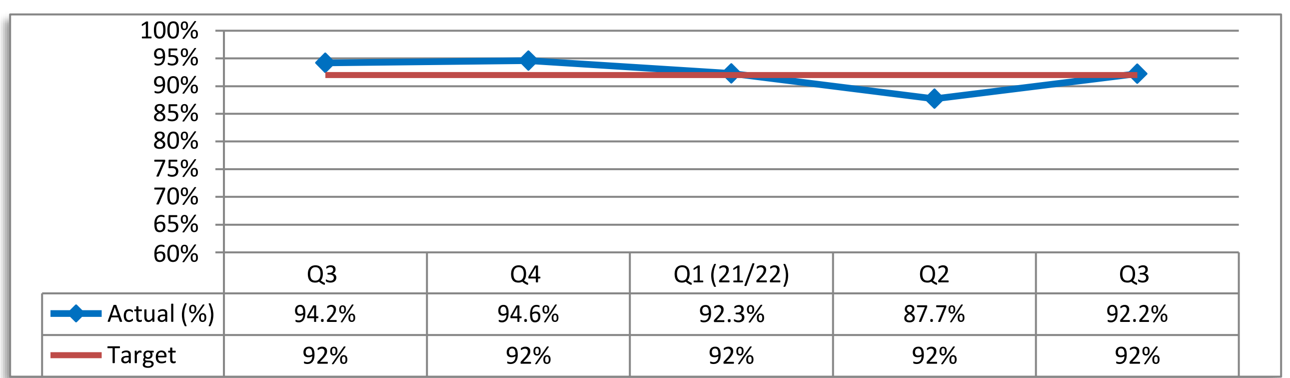
The availability of care home admission and discharge data is generally subject to time lag, due to transactional processes and recording, so the most recent data relates to April to June 2021, but the highly challenging impact of Covid-19 on the care home sector can be seen in the trend in Fig 4.4b. A return to a more balanced position is shown for 2020-21 Q4 and 2021-22 Q1 but still with lower than pre-Covid admission levels.

Improvement Action:
Work continues to analyse and manage care home admission pressures, taking into account the potential consequences, both personal and organisational, for decision-making. Intensive support and assurance work is being provided by the HSCP for all care homes in the area during the pandemic.

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 the speed with which sequential ASP actions are taken against timescales laid out in local social work procedures. Aim = to maximise.

Figure 4.5 Percentage of Adult Protection cases where timescales were met (Aim = to maximise)



	Q3	Q4	Q1 (21/22)	Q2	Q3
Actual (%)	94.2%	94.6%	92.3%	87.7%	92.2%
Target	92%	92%	92%	92%	92%

Situational Analysis:
High performance levels have been sustained however there has been a dip in performance this year due to the impact of Covid-19 on staffing levels within the team. Adult protection referrals increased after the first wave of the pandemic, increasing caseloads, but the target has been consistently met in the 12 months prior to this quarter and has been met in Q3.

Improvement Action:
Continue to pursue achievement of compliance with target timescales. Performance is regularly scrutinised by the Adult Protection Committee to identify improvement opportunities and these are progressed where possible. An updated national performance reporting framework is anticipated during the coming year and reporting will be adjusted to meet this, if required.

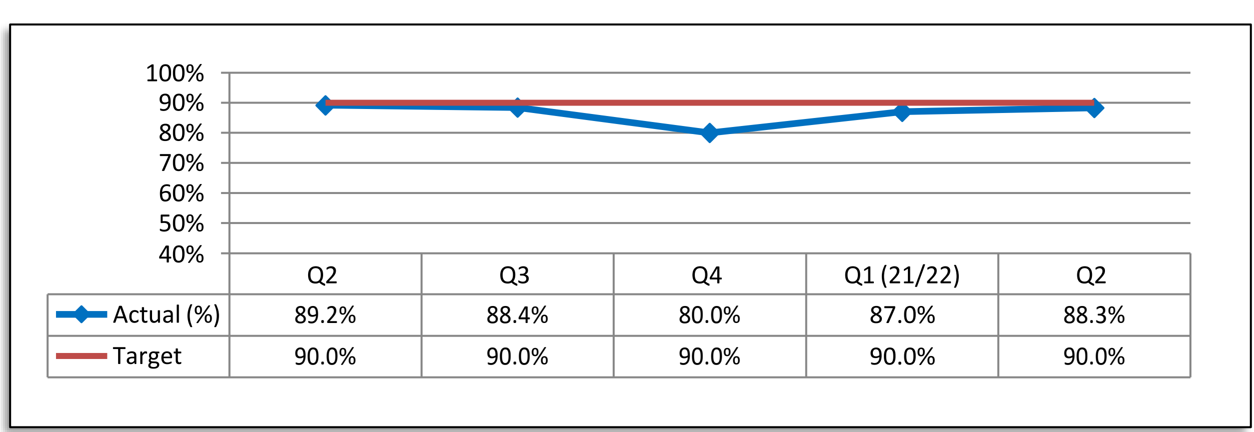
LDP Standards refer to a suit of targets, set by the Scottish Government, which define performance levels that all Health Boards are expected to either sustain or improve. This section reports on the Standards delivered by, or relevant to, the HSCP.

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 (aim = to maximise)



	Q2	Q3	Q4	Q1 (21/22)	Q2
Actual (%)	89.2%	88.4%	80.0%	87.0%	88.3%
Target	90.0%	90.0%	90.0%	90.0%	90.0%

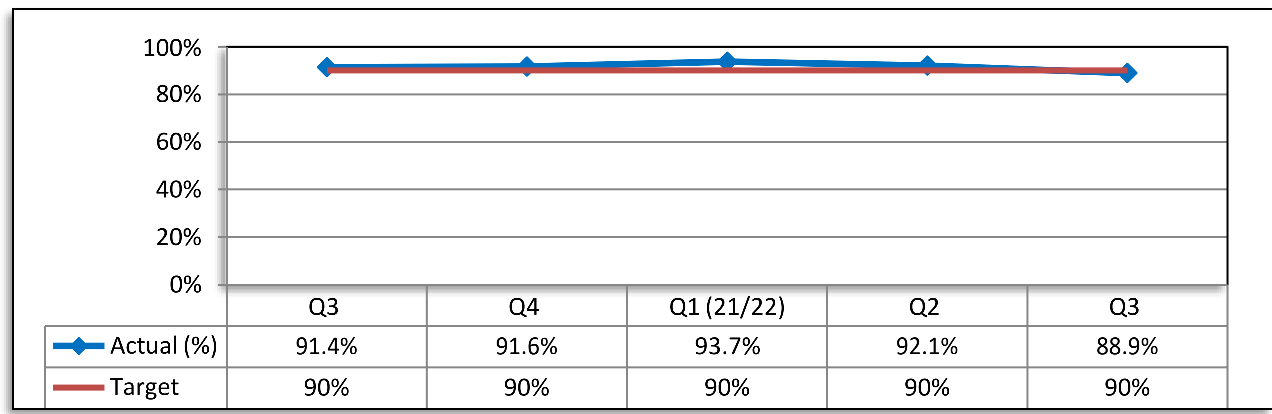
Situational Analysis:
2021-22 Quarter 3 waiting time performance data had not been published at the time of preparing this report. Performance has returned to previous levels following a dip in Q4 due to staffing shortages, an increase in demand and the introduction of a new management information system, but is still slightly below target level.

Improvement Action:
The team will continue to work to maintain and further improve performance in this area in the longer term.

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 Starting Treatment <18wks for Psychological Therapies (aim = to maximise)



	Q3	Q4	Q1 (21/22)	Q2	Q3
Actual (%)	91.4%	91.6%	93.7%	92.1%	88.9%
Target	90%	90%	90%	90%	90%

Situational Analysis:

This includes the Community, Primary and Older People's Mental Health Teams. Performance is the percentage of people seen within 18 weeks from referral to psychological therapy has consistently performed above the standard target, but has dropped slightly below this quarter. This level of performance was achieved whilst the service has been experiencing recurring recruitment challenges over Clinical Psychologists and even during periods of pandemic lockdown, when alternative mechanisms for providing support were used, which met the needs of the people being supported.

Improvement Action:

The Mental Health Teams have developed service continuity plans and recovery and transition plans to inform the way forward, to ensure that people continue to have access to therapeutic support. This will continue to include maximising digital methods where this works for patients.

5.3 Dementia Post Diagnostic Support

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 (aim = to maximise)

	Q3	Q4	Q1 (21/22)	Q2	Q3
Actual (%)	94%	97%	86%	0%	2%
Target	90%	90%	90%	90%	90%

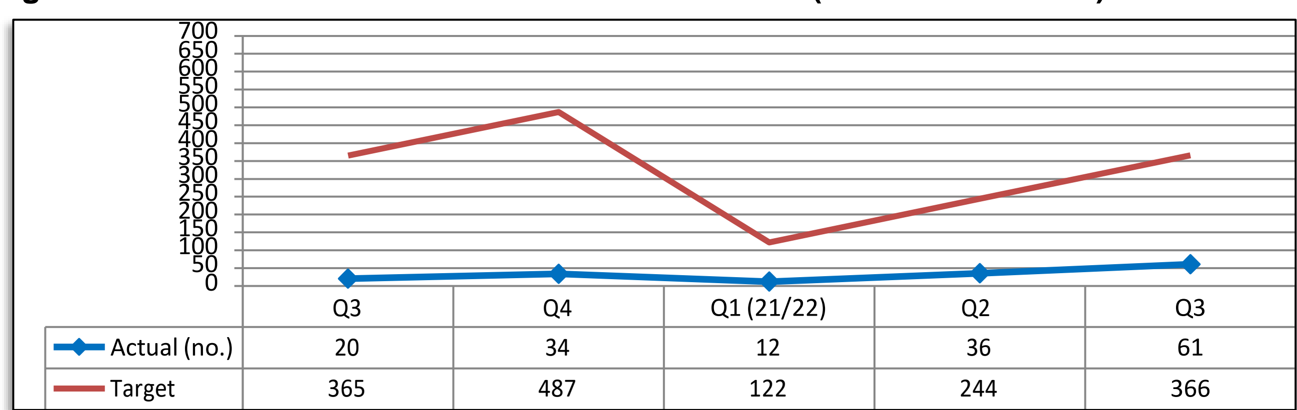
Situational Analysis:
This indicator examines how many patients are accessing PDS within 12 weeks of new diagnosis. The service had been impacted significantly by Covid-19 lockdown measures. The period after the first wave saw a significant improvement, with Q4 reaching 97%. Unfortunately performance has been impacted in 2021-22 by non-Covid related staffing issues, specifically in Quarter 2 and 3 where only 1 customer met the 12 week target due to high caseloads of the remaining staff members.

Improvement Action:
Work will be ongoing to return performance to target levels. The HSCP are undertaking a review of PDS provision early in 2022, including recruitment, making use of the newly allocated Scottish Government funding for PDS.

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 Cumulative total number of ABIs delivered (aim = to maximise)



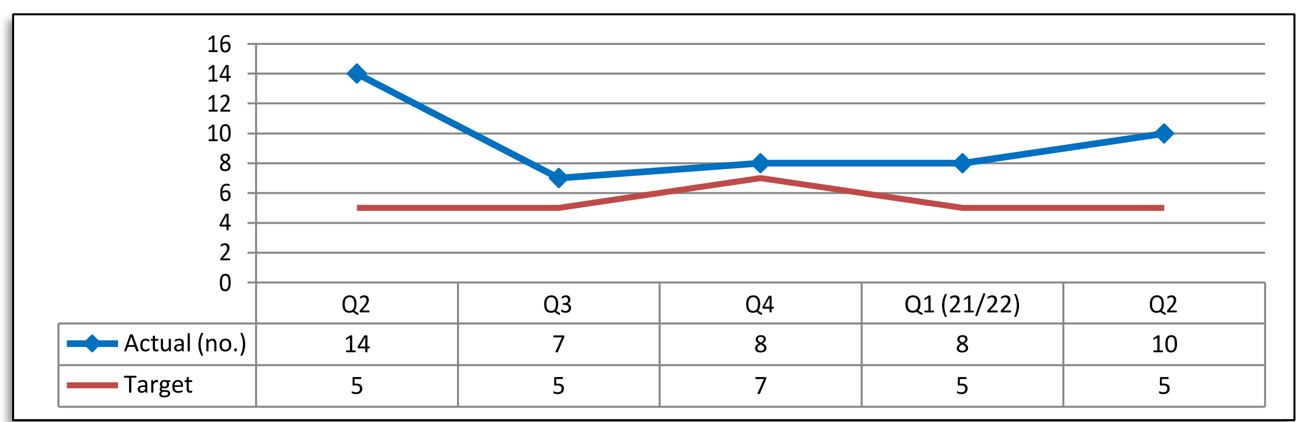
Situational Analysis:
The target of 487 Alcohol Brief Interventions was achieved and exceeded by some margin over 2019-20 at 610 interventions. However, Fig 5.4 shows that the delivery of ABIs have been significantly reduced during 2020-21 and 2021-22. Performance continues to be challenging and only 61 ABIs have been delivered this year due to the severe impact of Covid-19 restrictions on these therapeutic interventions.

Improvement Action:
Recovery plans are underway to inform the return to previous levels of service. Alternative engagement methods will be maximised, such as use of digital, but continued social distancing will likely be impactful for a continued period of time.

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 (aim = to maximise)



	Q2	Q3	Q4	Q1 (21/22)	Q2
Actual (no.)	14	7	8	8	10
Target	5	5	7	5	5

Situational Analysis:
Targets for smoking cessation are set centrally by NHSGGC. Data is generally 3 months behind, so Fig 5.5 shows the most recent data available. Performance was impacted by the pandemic with constraints particularly affecting successive waves. Nonetheless, the target of 22 quits was exceeded with 34 achieved for the full year of 2020-21 and this trend is looking likely to continue into 2021-22 with 18 quits have been achieved against the target of 10. The target is set by NHSGGC varies with a higher target always being set in the last quarter of the reporting year.

Improvement Action:
Although referral numbers and intervention mechanisms were detrimentally affected during both the first and second waves, the target was nonetheless met during this period which is a credit to the service. As we move through and out of the pandemic, the objective will be

to increase referrals and reinstate normal intervention methods, when safe to do so. Alternative methods of intervention will continue to be used on a blended basis as some "virtual" approaches have been found to be successful.

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

Rationale: 90% 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 (aim = to maximise)

	Q3	Q4	Q1 (21/22)	Q2	Q3
Actual (%)	57%	61%	61%	63%	48%
GG&C RMP4 Target			72.2%	75%	75%
RTT Target	90%	90%	90%	90%	90%

Situational analysis:
NHSGGC CAMHS aims to prioritise improvement on the Referral to Treatment (RTT) performance in a managed way that acknowledges the considerable task of balancing demand and capacity. Increases in demand, and increases in complexity of cases, over the last year in particular have had a significant impact on clinical capacity and we are working to resolve this as efficiently and safely as possible. For Quarter 3 in East Dunbartonshire, 44.4% of children currently on the waiting list had waited less than 18 weeks for treatment, and 48.2% of children who started treatment had waited less than 18 weeks. The upward trend in % of patients seen in less than 18 weeks has not continued into Q3. This is a result of a focus on seeing those children waiting longest (hence the increase in patients waiting RTT). The total number of children seen month on month increased substantially (Q2 – 83 seen, Q3 – 139 seen of which 67 waited less than 18 weeks to be seen).

Improvement Actions:
The following improvement actions are in progress to address demand on the service:

- Focus on remobilisation target data for completed first treatment appointments continues. First treatment appointment activity levels are increasing, in line with RMP4 targets described below.

- A CAMHS Mental Health Recovery and Renewal Programme Board has been initiated to oversee the plan to utilise the Phase 1 funding to improve waiting times in CAMHS, deliver the full revised CAMHS service specification, and increase the transition timescales up to age range 25 years for targeted groups. Workforce planning in relation to Phase 1 of MHRR funds is underway.
- CAMHS Waiting List Initiative resource agreed with Chief Officers and staff in post. The plan has been revised, and trajectories have been remodelled using a Public Health Scotland Tracker tool. CAMHS Waiting List Initiative Group will now meet bimonthly to monitor performance of the plan.
- The focus on long waits, and recent return to RAG prioritisation as part of Covid contingency plans, mean improvement to RTT is likely to take until late spring 2022 before improvements are seen. Recruitment in relation to MHRR will assist.
- Regular performance updates supplied to CAMHS management and teams to ensure the most effective use of clinical capacity for the waiting list and open caseload.
- Regular monitoring of CAMHS clinical caseload management available to the service on a monthly or as required basis.
- Scottish Government funding has been provided to HSCPs for the development of community mental health and wellbeing Tier 1 and 2 resource for children and young people
- Ongoing use of NearMe/Attend Anywhere, and remote/digital group options, to increase numbers of children seen and clinical capacity, and encourage teams to work efficiently to see children sooner.
- There was an increased focus on DNA rate for choice appointments over the quarter. Actions including a refresh of SMS text reminders, and offering children and families a choice of appointments have assisted in improving attendance.
- Ongoing implementation of the revised RTT guidelines. GGC CAMHS now use a model where the clinician stops the clock when they start treatment, which is mainly first contact.

Agreed Trajectory until March 2022
Please note that this trajectory is for GGC CAMHS and not specific to East Dunbartonshire. Specialist Children's Services leadership and CAMHS management are closely monitoring this progress and aim to keep the service on track for a return to achieving the RTT target. RMP3 targets have been superseded by RMP4 and also now report on the split of waiting times between 'seen within 52 weeks' and 'seen in more than 52 weeks'. For Q1 & Q2 of 2021/22 the targets have been met. The first treatment appointments target increased in Q3, as many teams provided additional first treatment appointments in the CAPA cycle (Oct-Dec), the quarter target was exceeded.

Figure 5.6a Targets for CAMHS

Projections	Quarter ending 30/06/2021	Quarter ending 30/09/2021	Quarter ending 31/12/2021	Quarter ending 31/03/2022
CAMHS - First Treatment Appointments (patients treated within 52 weeks of referral) (Definitions as per published statistics)	1203	1013	1440	1500
CAMHS - Backlog First Treatment Appointments (patients treated after waiting	74	8	0	0

52+ weeks, if applicable) (Definitions as per published statistics)				
CAMHS - Performance against the 18 week standard (%) (Definitions as per published statistics)	72.20%	75%	75%	80%

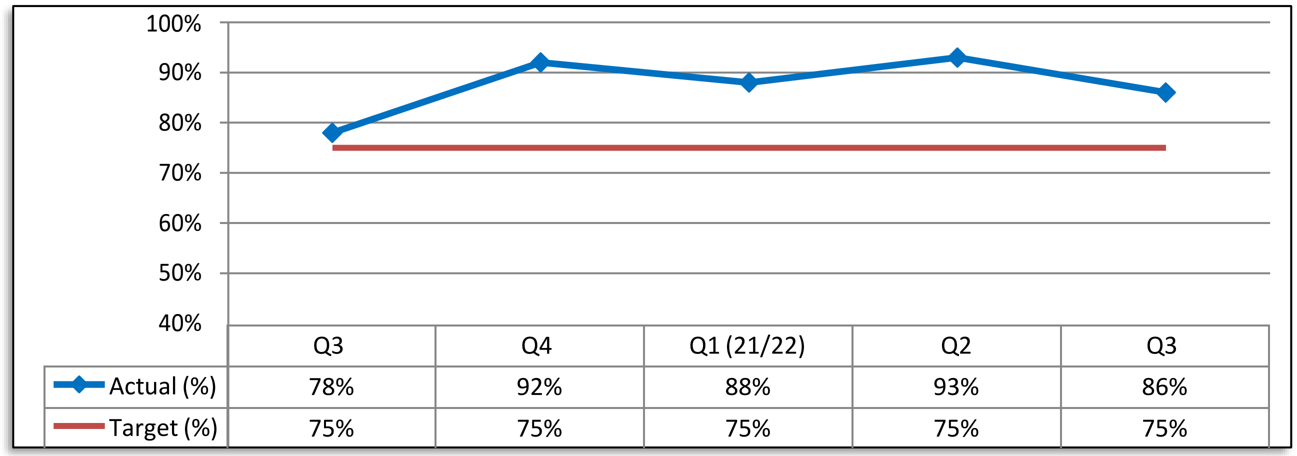
This section provides an updated report performance against key Children and Families indicators. The indicators reported are:

- **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 Reporters Administration (SCRA) Timescales

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

Figure 6.1 Percentage of Child Care Integrated Assessments (ICA) for SCRA completed within 20 days (aim = to maximise)



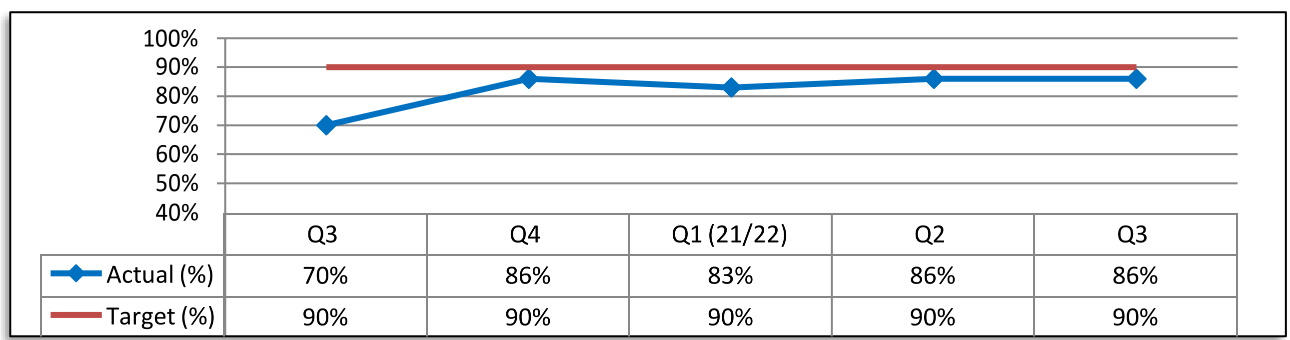
Situational Analysis:
Quarter 3 shows a return to previous performance levels of above target. The actual figure reflects 6 out of 7 ICA reports being submitted to SCRA within the target timescale.

Improvement Action:
Maintain good performance.

6.2 Initial Child Protection Case Conferences Timescales

Rationale: Local standard and timescales set by East Dunbartonshire Child Protection Committee. Aim = to maximise

Figure 6.2 Percentage of Initial Child Protection Case Conferences taking place within 21 days from receipt of referral (aim = to maximise)



	Q3	Q4	Q1 (21/22)	Q2	Q3
Actual (%)	70%	86%	83%	86%	86%
Target (%)	90%	90%	90%	90%	90%

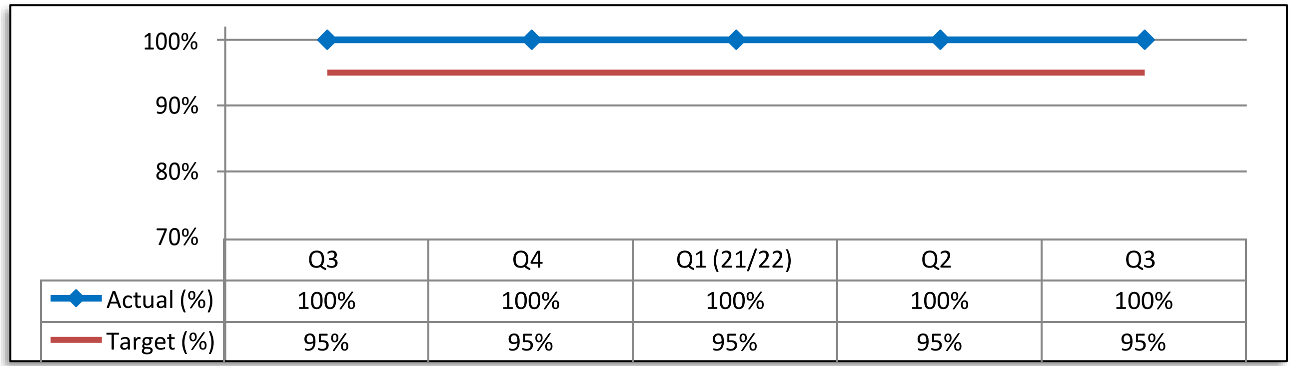
Situational Analysis:
Performance in Q3 is below target due to 1 of the 7 initial child protection case conferences having to be rescheduled to enable partner agency attendance. This demonstrates the impact of small number changes on overall percentages.

Improvement Action:
To continue to maximise performance at or above target levels.

6.3 First Child Protection Review Conferences Timescales

Rationale: Local standard and timescales set by East Dunbartonshire Child Protection Committee. Aim = to maximise

Figure 6.3 Percentage of first review conferences taking place within 3 months of registration (aim = to maximise)



	Q3	Q4	Q1 (21/22)	Q2	Q3
Actual (%)	100%	100%	100%	100%	100%
Target (%)	95%	95%	95%	95%	95%

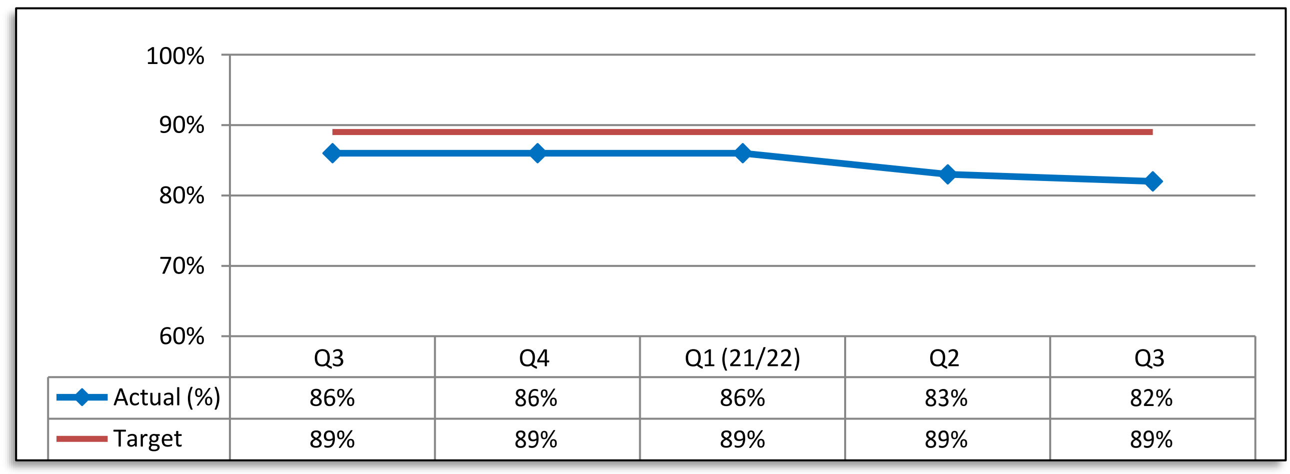
Situational Analysis:
Performance in Q3 continues to above target with 100% with all 3 Child Protection Reviews within the quarter taking place within timescale.

Improvement Action:
Team Managers will continue to maximise the achievement of Review Case Conferences timescales.

6.4 Balance of Care for Looked After Children

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

Figure 6.4 Percentage of Children being Looked After in the Community (aim = to maximise)



	Q3	Q4	Q1 (21/22)	Q2	Q3
Actual (%)	86%	86%	86%	83%	82%
Target	89%	89%	89%	89%	89%

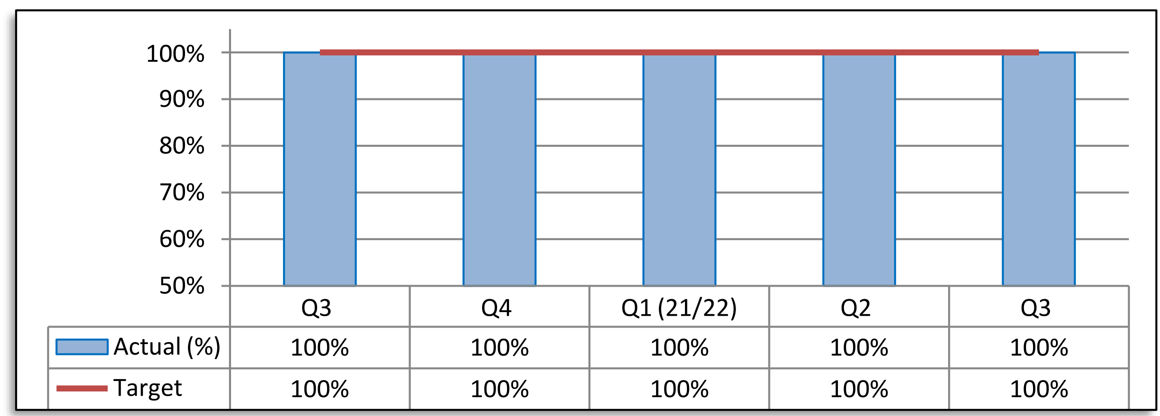
Situational Analysis:
There continues to be an increase in LAC placements across East Dunbartonshire. There has been a slight decrease in the number of children looked after in the community this quarter for the first time in 21/22. Combined with an increase in the numbers of residential placements resulting in a change to the balance of care which remains below target.

Improvement Action:
Work continues to redress the balance of care by reviewing out of authority placements and continuing the Foster Carer recruitment campaign.

6.5 First Looked After & Accommodated (LAAC) Reviews Timescales

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

Figure 6.5 Percentage of first LAAC reviews taking place within 4 weeks of accommodation (aim = to maximise)



	Q3	Q4	Q1 (21/22)	Q2	Q3
Actual (%)	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

Situational Analysis:
Performance continues to remain on target.

Improvement Action:
To maintain high levels of performance.

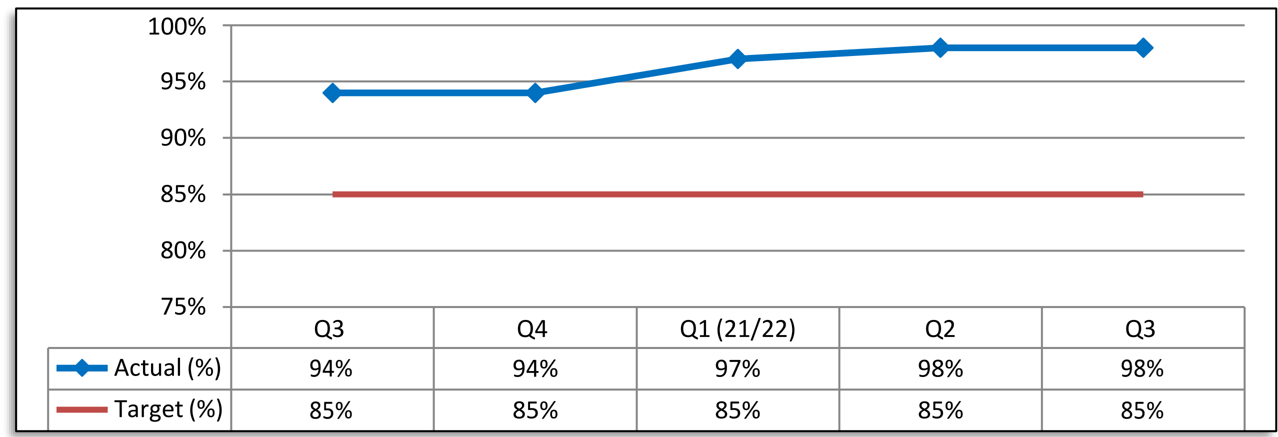
6.6 Children receiving 27-30 month Assessment

Rationale: The central purpose of the 27-30 month contact is to seek parental concerns to identify children whose social, emotional and behavioural development puts them at risk of adverse life course outcomes.

Having identified these children, interventions must be put in place to optimise child development in preparation for education. The plan is that wherever possible, children's needs should be met in time for them to benefit from universal nursery provision at age 3.

The Scottish Government target is for 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 (aim = to maximise)



	Q3	Q4	Q1 (21/22)	Q2	Q3
Actual (%)	94%	94%	97%	98%	98%
Target (%)	85%	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 to specialist services. Uptake of the 27-30 month assessment across East Dunbartonshire HSCP has been consistently high and above target. Q3 performance continues to be above target performance.

Improvement Action:
Monitor and continue to maximise performance. Data reports are monitored on a monthly basis at team meetings to support early identification of variances and allow improvement plans to be developed where required. Covid-19 service recovery planning is in place and will be followed to support these actions.

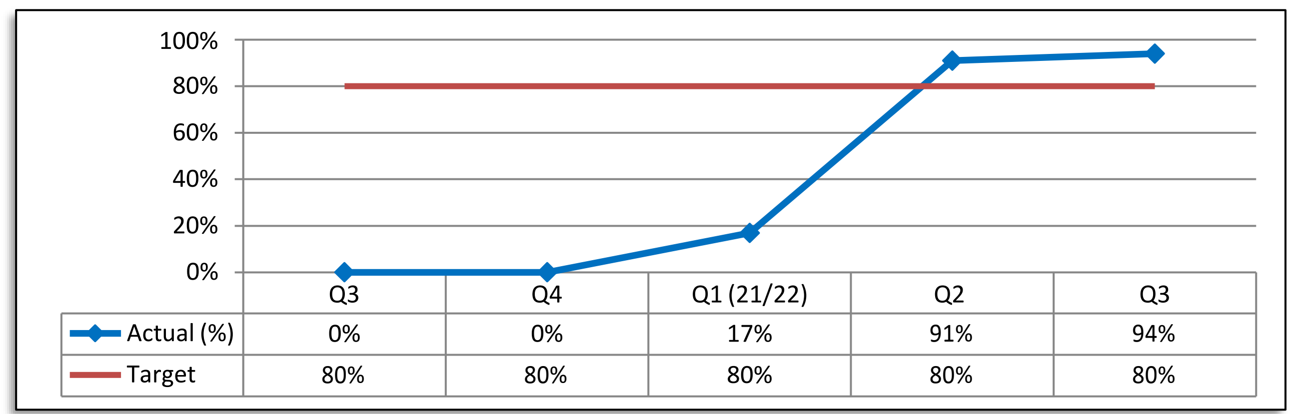
This section provides an updated report performance against key Criminal Justice indicators. The indicators reported are:

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 (aim = to maximise)



Situational Analysis:

During normal times, there is a challenge with this performance metric when service users who attend immediately after court but are then unable to commence due to a further conviction, ill health with GP line, employment contract clashing with immediate start or if subject to an existing order which means the new order cannot commence until the original one is completed. These factors are out with the control of the service.

During 2020/21, work placements were suspended by the Scottish Government during two extended periods due to Covid-19 public health constraints. This had a consequential impact on achievement of this target, for reasons out with the control of the service. Performance. 2021-22 Q1 was also affected by this service suspension for the majority of the reporting period. The lifting of the national suspension and additional resource funding has resulted in Q2 and Q3 performance returning to above target.

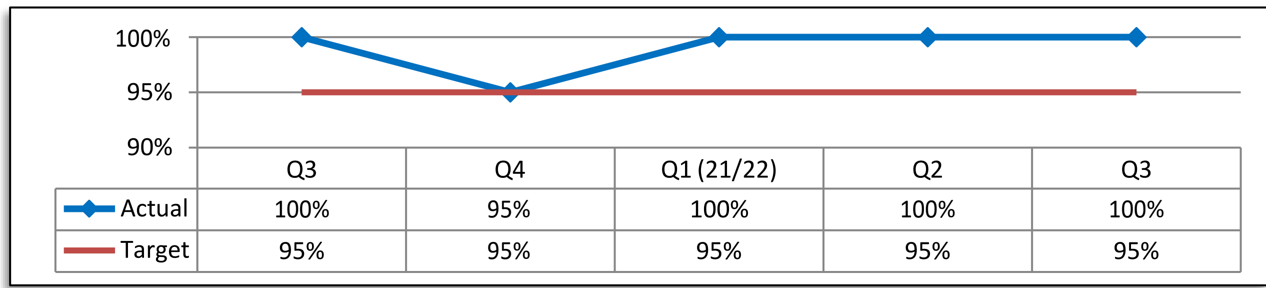
Improvement Action: The focus will be on the recovery of services in line with national and local public health guidance**.**

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 (aim = to maximise)

Rationale: National Outcomes & Standards (2010) stresses the importance of providing reports to courts by the due date, to facilitate smooth administrative support arrangements.



	Q3	Q4	Q1 (21/22)	Q2	Q3
Actual	100%	95%	100%	100%	100%
Target	95%	95%	95%	95%	95%

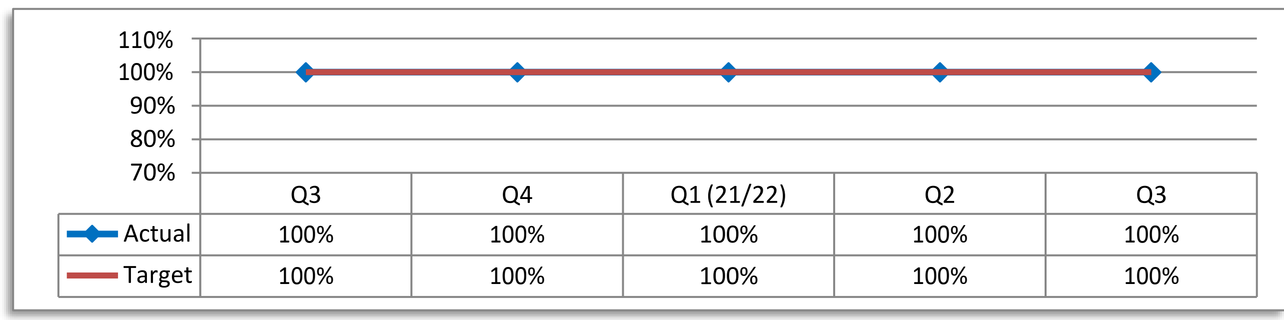
Situational Analysis: Performance in Quarter 3 is above target for this indicator. 40 reports were submitted to Court during the quarter and all were within the target timescale.

Improvement Action: Monitor and maintain.

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 (aim = to maximise)



	Q3	Q4	Q1 (21/22)	Q2	Q3
Actual	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

Situational Analysis: Performance continues to be on target with all 71 reports being within the target timescale.

Improvement Action: The service will continue to maximise performance levels.

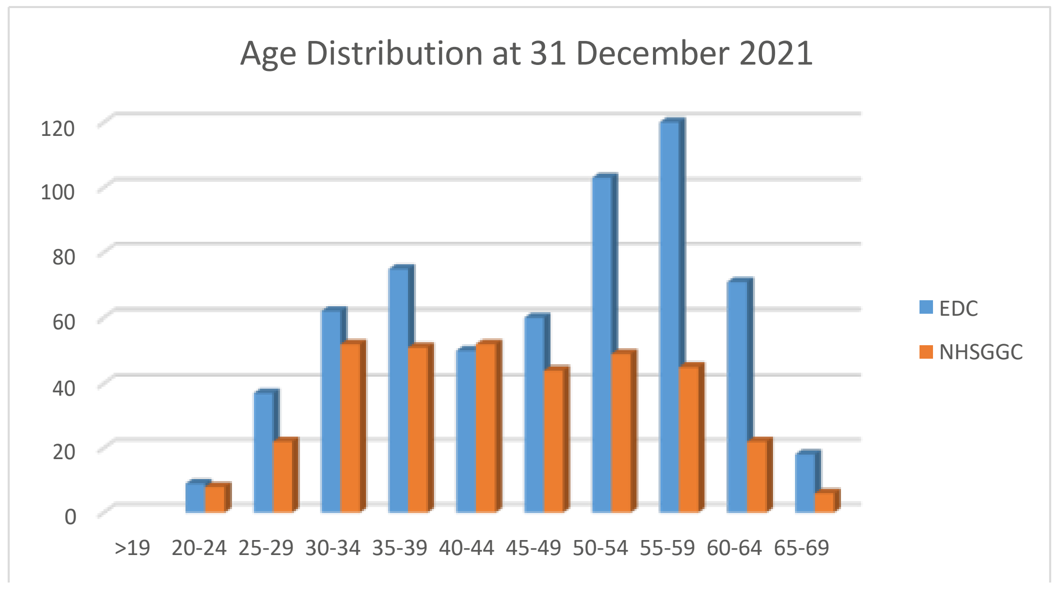
- Workforce Demographics
- Sickness / Absence Health Staff and Social Care Staff
- Knowledge & Skills Framework (KSF) / Personal Development Plan (PDP) / Personal Development Review (PDR)

8.1 Workforce Demographics

Employer	Headcount				WTE			
	Mar-21	Jun - 21	Sept - 21	Dec-21	Mar - 21	Jun-21	Sept-21	Dec-21
NHSGGC	334	342	341	351	281.5	288.23	286.53	295.6
EDC	607	604	605	605	508.5	509.68	509.53	507.88
Total	941	946	946	956	790	797.91	796.06	803.48

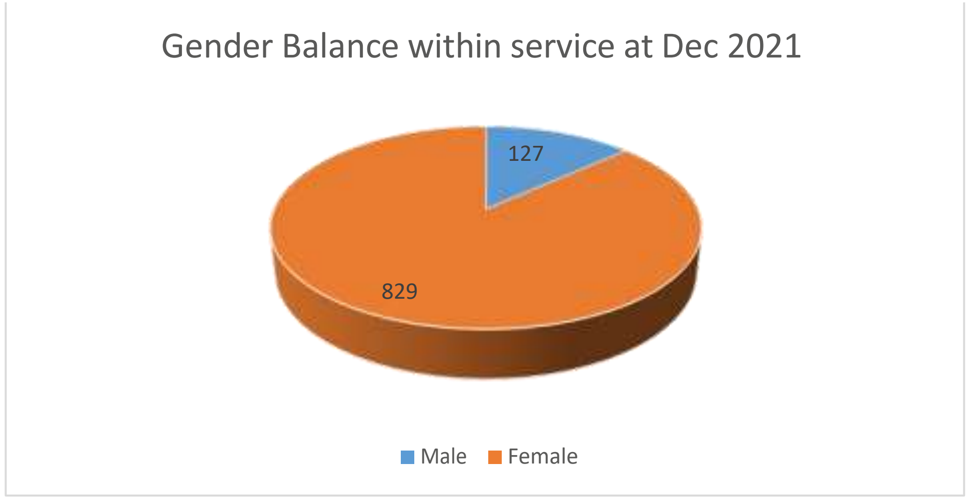
The picture on workforce shows an increase overall since September 2021 of 12 with an overall increase of 7.24wte staffing. This picture shows that the partnership is working hard to accommodate flexible working for staff with some staff increasing their hours.

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 less than 25 yrs. of age (17). 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



The gender ratio of female to male employed staff has increased in the 3rd Quarter of 2021-22, with 87% of staff being female.

8.4 Sickness / Absence Health and Social Care Staff

Average sickness absence within EDC has been slowly reducing since the start of 2021.

Overall absence is well managed within the HSCP and as identified the main contributing factor in both Health and Social Care for higher absence is aligned with staff moving from short term to longer term absence due to health conditions. There is a notional absence threshold of 4% across both East Dunbartonshire Council and NHSGGC.

Sickness / Absence %		
Month	**EDC**	**NHSGGC**
Apr 21	7.95	3.22
May 21	7.94	3.21
June 21	7.24	3.75
July 21	8.39	4.23
Aug 21	8.55	3.5
Sept 21	8.41	4.52
Oct 21	9.88	4.76
Nov 21	11.19	6.48
Dec 21	13.41	6.01
Average	**9.22**	**4.40**

8.5 KSF / PDP / PDR

KSF Activity	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	July 21	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21
Actual	54.8	52.8	53.2	52.3	53.2	51.8	46.2	42.4	40.2	42	44	44
Target	80	80	80	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. Due to Covid-19 our progress towards the target figure was paused but whilst some work is being done it is likely to be the final quarter of 2021-22 before we return to target, and we are building it around Wellbeing.

8.6 Performance Development Review (PDR)

PDR		
Quarter	**% recorded***	**Target %**
Q4	70.08	85
Q1	20.20	65
Q2	36.2	75
Q3	37.48	80

PDR (Performance, Development Review) is the Council process for reviewing staff performance and aligning their learning and development to service objectives. During 2021-22 some staff have continued, due to Covid-19, to be shielding, redeployed and working from home and the front line staff have had to continue new ways of working, and adapt quickly taking, into account Government Guidance around the Pandemic.

* With the focus being on maintaining key service delivery PDR may have not been carried out or recorded as usual. Where formal PDRs have not been completed managers have been encouraged to undertake wellbeing and shorter term objective setting conversations.

Interim Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 8.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**24th MARCH 2022**
REPORT REFERENCE:	**HSCP/240322/08**
CONTACT OFFICER:	**JEAN CAMPBELL, CHIEF FINANCE & RESOURCES OFFICER, TELEPHONE NUMBER 0141 232 8216**
SUBJECT TITLE:	**FINANCIAL PERFORMANCE BUDGET 2021/22 – MONTH 10**

1.1 PURPOSE

1.2 The purpose of this report is to update the Board on the financial performance of the partnership as at month 10 of 2021/22.

2.1 RECOMMENDATIONS

It is recommended that the Health & Social Care Partnership Board:

2.2 Note the projected Out turn position is reporting a year end under spend of £3.2m as at month 10 of 2021/22. This assumes a drawdown of earmarked reserves and full funding from Scottish Government (SG) to support Covid expenditure for the year over and above that held within HSCP reserves for this purpose.

2.3 Note and approve the budget adjustments outlined within paragraph 3.2 **(Appendix 1).**

2.4 Note the HSCP financial performance as detailed in **(Appendix 2).**

2.5 Note the progress to date on the achievement of the current, approved savings plan for 2021/22 as detailed in **(Appendix 4).**

2.6 Note the impact of Covid related expenditure during 2021/22.

2.7 Note the summary of directions set out within **(Appendix 5).**

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Budget 2021/22

The budget for East Dunbartonshire HSCP was approved by the IJB on the 25 March 2021.This provided a total net budget for the year of £176.791m (including £33.712m related to the set aside budget). This included £0.676m of agreed savings to be delivered through efficiencies, service redesign and transformation and a £1.1m financial gap which required the identification of additional transformation activity to deliver a balanced budget for the year and moving forward into future financial years. Given the focus of leadership and management capacity remains on the response to and recovery from the Covid-19 pandemic, the IJB agreed to the creation of a transformation reserve of £1.1m to under write the financial gap until such times as work can resume to identify and deliver transformation activity.

3.2 There have been a number of adjustments to the budget since the HSCP Board in March 2021 which has increased the annual budget for 21/22 to £200.517m. A breakdown of these adjustments are included as **Appendix 1.** These adjustments along with recurring funding streams identified during the year end process for 20/21 and in the initial monitoring periods of the budget for 21/22, including additional funding to support Scottish Living wage uplifts to the care home sector, have reduced the financial gap to £0337m. There were significant increases to the budget since the last report including an uplift to reflect the additional monies to support an increase to pay for our commissioned service providers and additional funding to support winter pressures which came through in period 10.

3.3 Partnership Performance Summary

The overall partnership position is showing a projected year end under spend on directly managed partnership budgets of £3.2m at this point in the financial year, an improvement of £1m on that reported at month 8. This assumes a drawdown on earmarked reserves at this point in the financial year of £8.460m (of which £6.128m relates to Covid) and that there will be a full funding allocation from the SG to support all Covid related expenditure beyond the levels of earmarked reserves held by the HSCP for this purpose, as identified within the quarterly LMP returns.

3.4 A breakdown of the projected underspend against the allocation from each partner agency is set out in the table below:

Partner Agency	Annual Budget	Projected Year End Expenditure	Projected Variance - Mth 10	Projected Variance - Mth 8	Movement from last period
East Dunbartonshire Council	62,659	60,855	1,804	1,436	368
NHS GG&C	137,858	136,466	1,392	782	610
TOTAL	200,517	197,321	3,196	2,218	978

3.5 The most significant movements in the financial performance this period relate to a reduction in the projection for prescribing based on Nov 2021 volumes / prices (+£400K), the reduction in the financial gap due to the reflection of additional income from the SG to support the SLW increase (+£599k), further reduction in non- SW housing grant / care and repair variations (+£150k) and the inclusion of a provision for bad debts (-£129k). There continues to be positive movements in payroll variances as a result of delays in filling vacancies and movements in care packages across adults and older people’s services.

3.6 There has been a further submission for Qtr 3 (to end December 2021) to the SG for total anticipated Covid related expenditure for 2021/22. The totality of the Local Mobilisation Plan expenditure for East Dunbartonshire at Qtr 3 was £6.425m to be funded through current Covid reserves of £6.128m and the balance to be funded through additional Covid funding from the SG. A sum of £0.395m has already been received during 21/22, predominantly for anticipated PPE expenditure. The Qtr 3 claim represents a reduced claim from that previously submitted due to the impact of the recently announced Winter Pressures funding which provides recurring funding to support a number of areas such as homecare pressures, staffing, management / project capacity, additional care home placements and further identified offsetting savings were also included.

3.7 The projected underspend now includes the anticipated underspend from the impact of the additional funding to support winter pressures. The totality of Adult Winter Planning Funding to East Dunbartonshire HSCP for 2021/22 is £3.6m (including £0.8m for an uplift to social care pay for commissioned services). It is not expected that this will be spent in full during 2021/22 and will therefore be taken to HSCP ear marked reserves to be used to support Covid and winter pressures into 2022/23. The projected expenditure against this funding stream is still to be fully assessed as plans are implemented, posts recruited to and expenditure incurred but is expected to generate a significant underspend in the region of £2.2m, which will be taken to earmarked reserves.

3.8 The projected year end underspend across each care group area is set out in the table below:

Care Group	Annual Budget Total (£000)	Projected Variance Total (Mth 10)	Reserves Adjustment	Revised Actual Variance Mth10	Revised Actual Variance (Mth8)	Movement
Mental Health, Learning Disability, Addictions & Health Improvement	28,787	2,307	(592)	1,715	1,675	39
Community Health & Care Services	49,789	3,469	(2,553)	916	853	63
Children & Criminal Justice Services	14,443	(466)	62	(404)	(447)	43
Business Support	4,284	263	(307)	(44)	(844)	800
Other Non SW - PSHG / Care & Repair/Fleet/COG	1,348	434	0	434	284	150
FHS - Prescribing	20,620	711	0	711	349	362
FHS - GMS / Other	29,830	0	0	0	0	0
Oral Health - hosted	13,983	2,397	(2,397)	0	0	(0)
Set Aside	37,759	0	0	0	0	0
Covid	(326)	(6,260)	6,128	(132)	348	(480)
Projected Year End Variance	**200,517**	**2,854**	**341**	**3,196**	**2,218**	**978**

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

a) Mental Health, Learning Disability, Addiction Services (projected £1.715m under spend, a small positive movement since that reported at month 8 of £0.039m) –The overall underspend relates to a downturn in the number of care packages across residential, daycare, homecare and supported living for learning disability and to a lesser extent within mental health services. Daycare budgets were based on approx. 1000 hrs of care services per week and are currently averaging 867 hrs per week (a slight upward trend in activity on that reported at month 8). There is a continuing upward trend on the resumption of care packages across respite and daycare which had ceased during covid as the picture continues to improve. In addition we continue to experience some positive payroll variations due to reduced staffing levels within our

Pineview service, which supports young adults with complex autism, due to a void placement, transport and within our community mental health and health improvement teams due to vacancies across psychology and nursing.

b) Community Health & Care Services (projected underspend of £0.9m, a small positive movement since that reported at month 8 of £0.063m) –There are some residual cost pressures in this area related to the delivery of our in house homecare service due to a combination of increased overtime to cover vacancies, absence and demand pressures. These pressures are being mitigated through the application of SG adult winter planning funding and through a downturn in purchased care at home provision. Work continues to understand the increasing demand in the context of a downward trend in care home placements, people attending daycare and capacity within purchased care at home services. This is supported by a review of overtime usage with a tightening up on procedures for approving overtime and a review of the impact of the service redesign with an investment in capacity building to increase the number of carers to free up the role of the senior carer to undertake the appropriate administrative tasks which in turn allows supervisors to focus on customer reviews to ensure service levels align with need.

   There are also pressures in equipment purchases to support people to remain at home. These pressures are being offset by a downturn in care home placements (709 service users per week assumed at budget setting compared to an average of 692 placements per week based on current numbers – a slight decrease in numbers since that reported at month 8) and a further downturn in purchased homecare provision (9.936 hours per week at budget setting compared to 8,837 hrs per week based on current levels – a further reduction since that reported at month 8). There are also some positive payroll variations across the rehabilitation team, psychology and nursing to support elderly mental health services. Overall this is providing a favourable variance at this stage in the financial year.

c) Children & Criminal Justice Services (projected £0.4m overspend, a small positive movement since that reported at month 8 of £0.1m) – There are challenging turnover savings within this area as vacancies move to be filled, however these are expected to be achieved in full by the year end. This is compounded by significant pressures on residential placement - 18 placements assumed at budget setting with 23 placements currently in place (excluding those which are Covid related, an increase of 1 placement since that last reported at Month 8) and increases in costs as the education funding element ceases for children aged 16+. Some of these costs are Covid related and being set against this funding, however there has been an overall increase in demand across Children's services.

d) Prescribing (projected underspend of £0.711m, a positive movement of £0.362m since that reported at month 8) – There continues to be a downturn in the volumes of medicines being prescribed based on budgeted projections and prices for medicines, based on an average cost per item, is also seeing a reduction. The price increases associated with paracetamol and sertraline previously attributed to Covid and included within the HSCP LMP return have now been removed and assumed will be covered through the under spends in this area.

e) Business Support (projected overspend of £0.044m, a positive movement since that reported at month 8 of £0.8m) – The pressure in this area relates to the financial gap (£0.3m) which remained at the time of setting the 2021/22 budget requiring the identification of additional transformation activity to deliver a balanced budget for this

year and moving forward into future financial years. This is mitigated through residual funding related to delivery of the Scottish Living Wage (SLW) commitments awaiting final allocation to care packages and through the positive performance on budgets within older people and adult services. Work to identify recurring savings forms part of the financial planning work already underway through the HSCP Leadership Team as part of consideration of the 2022/23 budget process. There are also some recurring accommodation cost pressures related to KHCC and additional costs associated with the interim management structure currently in place.

f) Housing Aids and Adaptations and Care of Gardens (projected underspend of £0.4m, a positive movement since that reported at month 8 of £0.1m) - there are a number of other budgets delegated to the HSCP related to private sector housing grants, care of gardens, care and repair and fleet provision. These services are delivered within the Council through the Place, Neighbourhood & Corporate Assets Directorate. The positive variance relates to a vacancy within the care and repair service which is planned to be incorporated within the wider in house team to provide some resilience and also a downward trend in the number of private sector housing grants to be awarded which may increase as work to progress tenders is underway.

g) Oral Health (projected breakeven, no movement from that reported at month 8) – Underspend as a result of vacancies not recruited to as services not running at full capacity and reduced non-pay costs. As services return to normal activity vacancies will be recruited. There are plans being considered to look at test of change and non-recurring equipment requirements which are utilising the under spends in this area and delivering a breakeven position at year end. There has been significant additional funding from SG of £2.8m in this area for dental equipment (hand pieces) and ventilation improvements which will be taken to earmarked reserves for continuing spend on these initiatives in 2022/23.

h) Covid Expenditure (projected overspend of £0.1m, a negative movement of £0.5m since that reported at month 8) – the movement relates to adjustments to costs and additional offsetting savings which will require less additional funding from SG than that previously anticipated, primarily related to a downturn in PPE costs for which full funding was provided.

3.10 The consolidated position for the HSCP is set out in **Appendix 2**. The detailed budget monitoring reports for the NHS budgets and SW budgets delegated to the partnership are provided in **Appendix 3**.

3.11 Savings Programme 2021/22

There is a programme of service redesign and transformation which was approved as part of the Budget 2021/22. Progress and assumptions against this programme are set out in **Appendix 4**.

3.12 Partnership Reserves

The indicative position projected to 31 March 2022, with regard to partnership reserves is set out below;-

HSCP Reserve 2021/22	Balance at 31st March 2021	Proposed Use of Reserves 21/22	Anticipated Additions to reserves 21/22	Projected Balance at 31st March 2022
	£000	**£000**		**£000**
HSCP Transformation	(1,100)			(1,100)
Apropriate Adults	(4)			(4)
Review Team	(170)			(170)
Children's MH & Wellbeing Programme	(25)			(25)
Children's MH & Emotional Wellbeing - Covid	(201)	201		0
Scottish Govt. Funding - SDS	(77)			(77)
SG - Integrated Care / Delayed Discharge Funding	(282)			(282)
Oral Health Funding	(403)	403	(2,800)	(2,800)
Infant Feeding	(13)	13	(60)	(60)
CHW Henry Programme	(15)	15	(15)	(15)
SG - GP Out of Hours	(39)			(39)
SG - Primary Care Improvement	(878)	878	(1,300)	(1,300)
SG – Action 15 Mental Health	(572)	572	(700)	(700)
SG – Alcohol & Drugs Partnership	(112)	112	(500)	(500)
SG – Technology Enabled Care	(11)			(11)
GP Premises	(118)		(73)	(191)
PC Support	(27)			(27)
Prescribing	(185)			(185)
Covid	(6,128)	6,128	(9,900)	(9,900)
Intergration Authority Support				0
Adult Winter Planning Monies			(2,166)	(2,166)
Community Living Change Funding	(341)			(341)
Psychological Therapies	(60)			(60)
District Nursing	(31)	31	(75)	(75)
Chief Nurse	(51)	51	(52)	(52)
Health & Wellbeing	(55)	55	(80)	(80)
Specialist Children - SLT	(3)			(3)
Dementia			(65)	(65)
Workforce Wellbeing			(74)	(74)
Unaccompanied Asylum Seeking Children (UASC)			(22)	(22)
Mental Health Recovery & Renewal			(51)	(51)
Implementation of National Trauma Training Programme			(50)	(50)
Care Experienced			(20)	(20)
Woodland Garden Project	(7)			(7)
Total Earmarked	**(10,909)**	**8,460**	**(18,003)**	**(20,452)**
Contingency / General	**(1,935)**		**(3,196)**	**(5,131)**
General Fund	**(12,844)**	**8,460**	**(21,199)**	**(25,582)**

3.13 This will provide a general / contingency reserve moving into 2022/23 in the region of £5.1m. This will move the partnership into compliance with the HSCP Reserves policy, approved in August 2016 and the actions set out through Audit Scotland to demonstrate a level of financial sustainability for the partnership into future years. This provides for a prudent reserve of 2% of net expenditure in the context of the size, scale and volatility of HSCP budgets which equates to approx. £3.2m. It will also afford some opportunity to create an earmarked reserve to support the property strategy for the HSCP to move forward some key initiatives such as Primary Care Improvement.

3.14 The ear marked reserves positon has been updated to reflect expected spending plans against the specific areas identified and any known additional funding due to come to the partnership prior to year-end. This provides for projected earmarked reserves of £20.5m.

3.15 Financial Risks - The most significant risks that will need to be managed during 2021/22 are:

- A new pay deal was agreed in May for NHS staff which effectively offered an average 4% uplift across the Agenda for Change (AfC) pay scales. The Scottish Government committed to fully fund the additional cost of the base 4% however the funding would not cover the additional incremental pressure of the revised AfC pay scale. Health Boards have received an allocation of funding in July and the six local CFOs are working with NHSGGC finance colleagues on individual allocations and there is a gap in funding. The impact for medical staff has yet to be concluded and further funding is anticipated from SG to support this element.
- Negotiations on the 21/22 pay uplift for local authority staff has now been concluded and the uplift agreed at 2% up to Grade 8 and thereafter a 1% uplift for those on grades at a higher level. The pay uplift was backdated to the 1st January 2021. The assumptions at the time of the budget setting was for a 2% uplift across all pay levels from the 1st April 2021. This has created a budget pressure of @£150k over and above original budget assumptions. This has been built into year-end projections. There has been additional funding allocated to Local Authorities, on a one off basis as part of wider Covid support, which may mitigate some of the impact of the agreed pay uplift and work is ongoing to quantify the extent to which this will cover any pay pressures.
- The ongoing impact of managing Covid as we move through the recovery phase and the recurring impact this may have on frailty for older people, mental health and addiction services moving forward.
- Delivery of a recurring savings programme identified as part of the budget process for 2021/22.
- Un Scheduled Care - The pressures on acute budgets remains significant with a large element of this relating to pressure from un-scheduled care. If there is no continued improvement in partnership performance in this area (targeted reductions in occupied bed days) then there may be financial costs directed to partnerships in delivery of the board wide financial improvement plan. There is an Un-scheduled Care Commissioning Plan which sets out the key areas for investment across HSCP areas to improve delayed discharge and hospital attendance figures, however there remains a financial gap for East Dunbartonshire which requires consideration of recurring / non-recurring funding.
- Children's Services - managing risk and vulnerability within Children's Services is placing significant demand pressures on kinship payments, external fostering placements and residential placements which will increase the risk of overspend which will impact on achieving a balanced year end position.
- Funding allocations for PCIP and Action 15 have been updated for revised NRAC shares across Scotland – this has had a positive impact for East Dunbartonshire, however other HSCP areas are making representation to the SG for these monies to be allocated on historic NRAC shares as commitments have been based on previous indicative funding allocations.
- 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.

4.1 **IMPLICATIONS**

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan –

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

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.

4.3 Frontline Service to Customers – None.

4.4 Workforce (including any significant resource implications) – None.

4.5 Legal Implications – None.

4.6 Financial Implications – The financial performance to date is showing that the budget is projected to underspend at year end by £3.2m. A £1.1m Transformation reserve was approved at the time of agreeing the Annual Budget for 21/22 to under write the financial gap on the premise that further transformation activity would be identified to meet this gap on a recurring basis. As things stand currently, this reserve would not be required in this financial year and can be considered towards any future year pressures. The position is also dependent on the SG providing full funding to cover all Covid related expenditure. The current position would enable the HSCP to further its general reserve in line with the HSCP Reserves policy to provide a contingency to manage in year pressures and support ongoing financial sustainability.

4.7 Procurement – None.

4.8 Economic Impact – None.

4.9 Sustainability – The sustainability of the partnership in the context of the current financial position and potential to create general reserves will support ongoing financial sustainability. In order to maintain this position will require a fundamental change in the way health and social care services are delivered within East Dunbartonshire going forward in order to meet the financial challenges and deliver within the financial framework available to the partnership on a recurring basis.

4.10 Equalities Implications – None.

4.11 Other – None.

5.1 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

5.2 There are a number of financial risks moving into future years given the rising demand in the context of reducing budgets which will require a radical change in way health and social care services are delivered which will have an impact on services users / carers, third and independent sector providers and staffing. The risks are set out in paragraph 3.15.

6.1 IMPACT

6.2 STATUTORY DUTY – None.

6.3 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.

6.4 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.

6.5 DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH – East Dunbartonshire Council and NHS Greater Glasgow & Clyde (Directions template attached as appropriate)

7.1 POLICY CHECKLIST

7.2 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.1 APPENDICES

8.2 Appendix 1 – Budget Reconciliation 2021/22
8.3 Appendix 2 – Integrated HSCP Financial Performance at Month 10
8.4 Appendix 2a – NHS Financial Performance at Month 10
8.5 Appendix 2b – Social Work Financial Performance as at Period 10
8.6 Appendix 3a – NHS Budget Monitoring Report Month 10
8.7 Appendix 3b – Social Work Budget Monitoring Report Period 10
8.8 Appendix 4 – HSCP Savings Update 21/22
8.9 Appendix 5 – Direction Template

East Dunbartonshire HSCP
Consolidated Budget Reconciliation 2021/22

APPENDIX 1

2021/22 Budget Reconciliation	**NHS £000**	**Local Authority £000**	**Total £000**
Budget Approved at HSCP Board on 25th March 2021	**84,678**	**58,401**	**143,079**
Set Aside approved at HSCP Board on 25th March 2021	33,712		33,712
TOTAL Budget Approved	118,390	58,401	176,791
Period 3 Budget Adjustments			
Rollover Budget Adjustment	455		455
PSHG / Care & Repair Adjustment to HSCP		664	664
SG - Scottish Living Wage Contribution			0
Covid Funding			0
AfC Additional Uplift	378		378
Covid Funding - FHS	54		54
MH Strategy - Action 15	297		297
ADP	250		250
PCIF including GP Premises	1,463		1,463
Outcomes Framework Uplift 3% (Dental, HepC, BBV)	76		76
FHS Adjustments	1,606		1,606
Smoking Prevention	41		41
District Nursing	84		84
Ventiliation Improvement Allowance (GDPs)	1,111		1,111
Revenue to Capital Transfer (Dental Equipment)	(11)		(11)
Dental transfer - Homeless post	15		15
Period 6 Budget Adjustments			
Covid Funding - FHS	(54)		(54)
Smoking Prevention	1		1
Electric Handpieces (GDPs)	1,666		1,666
Revenue to Capital Transfer (Dental Equipment)	(95)		(95)
Silverbirch RT transfer from East Ren	89		89
Infant Feeding	69		69
SESP - LD to HSCPs	13		13
School Nursing	37		37
Workforce Wellbeing	37		37
Apemilast from acute	29		29
Restatement of set aside based on refinement of budgets for delivery of prescribed acute functions			0
Transfer Specific Funding from Children & Families to Education		(67)	(67)
Period 8 Budget Adjustments			
Covid Funding	395		395
Dental Bundle	4,614		4,614
Pharmacy Global Sum Adjustment	(93)		(93)
FHS Adjustment	74		74
Apemilast from acute	24		24
Workforce Wellbeing	37		37
Re-mobilisation of dental services	1,044		1,044
Dementia - Post Diagnostic Support	65		65
District Nursing	36		36
GP Premises	65		65
ADP	429		429
Dental Transfer - Post to Secondary Care	(43)		(43)
Community Link Workers - £500 Bonus Payments	2		2
Set Aside Uplift 2021/22	4,047		4,047
Winter Pressures funding		2,489	2,489
Period 10 Budget Adjustments			
SG Uplift - Medical/ Dental/ AfC Band 8-9	52		52
ADP	37		37
PCIF	278		278
Winter Pressures funding	686		686
Adult Social Care - Chief Nurse	52		52
Apemilast from acute	57		57
Winter Pressures funding		(408)	(408)
Unaccompanied Asylum Seeking Children (UASC)		22	22
Mental Health Recovery & Renewal		51	51
Implementation of National Trauma Training Programme		50	50
Care Experienced Funding		20	20
Living Wage / Social Care Uplift		1,436	1,436
Revised 2021/22 Budget	**137,858**	**62,658**	**200,516**
Anticipated Covid Funding Outstanding			*0*
Anticipated 2021/22 Budget	***137,858***	***62,658***	***200,516***

East Dunbartonshire HSCP
Consolidated Financial Performance 2021/22 - Mon th 10 **APPENDIX 2**
Period to the 31st January 2022

Care Group Analysis	Annual Budget 2021/22 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Strategic & Resources	4,284	1,326	2,006	(680)	4,021	263	51	(358)	(44)	-1.03%
Older People & Adult Community Services	44,849	33,278	31,878	1,400	41,374	3,475	909	(3,462)	922	2.06%
Physical Disability	4,940	3,911	3,725	186	4,946	(6)	0	0	(6)	-0.13%
Learning Disability	21,254	16,097	15,135	962	20,251	1,004	0	0	1,004	4.72%
Mental Health	5,460	3,926	3,452	474	4,740	720	572	(751)	542	9.92%
Addictions	1,491	746	618	128	1,024	467	112	(500)	79	5.27%
Planning & Health Improvement	582	456	380	76	466	116	55	(80)	91	15.67%
Childrens Services	14,040	11,413	11,254	159	14,606	(567)	229	(117)	(455)	-3.24%
Criminal Justice Services	403	254	280	(26)	302	101	0	(50)	51	12.63%
Other Non Social Work Services	1,348	1,011	629	381	914	434	0	0	434	32.21%
Family Health Services	29,830	26,017	26,017	0	29,830	0	0	0	0	0.00%
Prescribing	20,620	17,072	16,565	507	19,909	711	0	0	711	3.45%
Oral Health Services	13,983	8,407	8,182	226	11,586	2,397	403	(2,800)	0	0.00%
Set Aside	37,759	31,466	31,466	0	37,759	0	0	0	0	0.00%
Covid Expenditure	(326)	452	3,208	(2,756)	5,935	(6,260)	6,128	0	(132)	40.64%
Net Expenditure	200,517	155,830	154,794	1,037	197,662	2,854	8,460	(8,119)	3,196	1.59%

Subjective Analysis	Annual Budget 2021/22 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Employee Costs	50,316	39,236	38,820	417	50,142	174	174	(715)	347	0.69%
Property Costs	372	276	293	(17)	399	(27)	(27)	0	(27)	-7.38%
Supplies and Services	6,304	3,143	2,786	357	6,033	272	272	(24)	335	5.32%
Third Party Payments (care providers)	61,361	46,947	45,407	1,540	60,103	1,257	1,257	(1,068)	3,027	4.93%
Transport & Plant	729	608	504	104	629	100	100	0	100	13.69%
Administrative Costs	5,347	2,195	1,792	403	4,899	448	448	(17)	430	8.05%
Family Health Services	30,561	26,616	26,458	158	30,561	0	0	0	0	0.00%
Prescribing	20,620	17,072	16,565	507	19,909	711	711	0	711	3.45%
Other	(587)	(802)	0	(802)	0	(587)	(587)	0	349	-59.37%
Resource Transfer	18,875	15,729	15,729	(1)	18,875	1	0	0	0	0.00%
Set Aside	37,759	31,466	31,466	0	37,759	0	0	0	0	0.00%
Gross Expenditure	231,657	182,486	179,819	2,667	229,310	2,347	2,347	(1,825)	5,272	2.28%
Income	(31,140)	(26,656)	(25,026)	(1,630)	(31,647)	508	508	(6,294)	(2,076)	6.67%
Net Expenditure	200,517	155,830	154,794	1,036	197,662	2,855	2,854	(8,119)	3,196	1.59%

25%
26%
31%

East Dunbartonshire HSCP
Consolidated Financial Performance 2021/22 - Month 10 **APPENDIX 2A**
Period to the 31st January 2022

Care Group Analysis	Annual Budget 2021/22 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Forecast Full Year Spend £000	Forecast Full Year Variance £000	Reserves Adjustment (OUT)	ESTIMATE Reserves Adjustment IN	Revised Actual Variance	Variance %age
Strategic & Resources	£20,028	£14,984	£14,778	206	£19,634	395	51	(199)	247	1.23%
Older People & Adult Community Services	£8,189	£5,872	£5,833	39	£7,111	1,078	909	(1,940)	47	0.57%
Learning Disability	£675	£562	£558	4	£670	5			5	0.69%
Mental Health	£2,922	£1,974	£1,690	283	£2,495	428	572	(700)	300	10.26%
Addictions	£838	£211	£244	(33)	£489	349	112	(500)	(39)	-4.70%
Planning & Health Improvement	£582	£456	£380	76	£466	116	55	(80)	91	15.67%
Childrens Services	£2,431	£1,908	£1,866	42	£2,354	77	28	(75)	30	1.25%
Family Health Services	£29,830	£26,017	£26,017	0	£29,830	0			0	0.00%
Prescribing	£20,620	£17,072	£16,565	507	£19,909	711			711	3.45%
Oral Health Services	£13,983	£8,407	£8,182	226	£11,586	2,397	403	(2,800)	0	0.00%
Set Aside	£37,759	£31,466	£31,466	0	£37,759	0			0	0.00%
Covid Expenditure		£745	£745	0	£1,579	(1,579)	1,579		(0)	#DIV/0!
Net Expenditure	137,858	109,673	108,324	1,350	133,882	3,976	3,710	(6,294)	1,392	1.01%

Subjective Analysis	Annual Budget 2021/22 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Forecast Full Year Spend £000	Forecast Full Year Variance £000	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Employee Costs	£26,879	£21,261	£20,639	622	£26,268	611			611	2.27%
Property Costs	£323	£269	£289	(20)	£347	(24)			(24)	-7.54%
Supplies and Services	£5,091	£2,148	£2,034	115	£4,953	138			138	2.70%
Third Party Payments (care providers)	£451	£309	£336	(27)	£483	(32)			(32)	-7.08%
Transport & Plant				0	£0	0			0	
Administrative Costs	£4,328	£1,361	£1,158	204	£4,089	239			239	5.52%
Family Health Services	£30,561	£26,616	£26,458	158	£30,561	0			0	0.00%
Prescribing	£20,620	£17,072	£16,565	507	£19,909	711			711	3.45%
Other	-£250	-£208	£0	(208)	£0	(250)			(250)	100.00%
Resource Transfer	£18,875	£15,729	£15,729	(1)	£18,875	0			0	0.00%
Set Aside	£37,759	£31,466	£31,466	0	£37,759	0			0	0.00%
Gross Expenditure	144,637	116,022	114,673	1,350	143,245	1,392	0	0	1,392	0.96%
Income	-£6,778	-£6,349	-£6,349	0	-£9,362	2,584	3,710	(6,294)	(0)	0.00%
Net Expenditure	137,858	109,673	108,324	1,350	133,882	3,976	3,710	(6,294)	1,392	1.01%

East Dunbartonshire HSCP
Consolidated Financial Performance 2021/22 - Month 10 **APPENDIX 2b**
Period to the 30th January 2022

Care Group Analysis	Annual Budget 2021/22 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Strategic & Resources	(15,744)	(13,657)	(12,772)	(885)	(15,613)	(131)		(159)	(291)	1.85%
Older People & Adult Community Services	36,660	27,405	26,044	1,361	34,263	2,398		(1,522)	875	2.39%
Physical Disability	4,940	3,911	3,725	186	4,946	(6)			(6)	-0.13%
Learning Disability	20,580	15,535	14,577	958	19,581	999			999	4.85%
Mental Health	2,537	1,952	1,762	190	2,245	293		(51)	242	9.52%
Addictions	652	535	374	161	534	118			118	18.09%
Childrens Services	11,608	9,505	9,388	117	12,253	(644)	201	(42)	(485)	-4.18%
Criminal Justice Services	403	254	280	(26)	302	101		(50)	51	12.63%
Other Non Social Work Services	1,348	1,011	629	381	914	434			434	32.21%
Covid Expenditure	(326)	(293)	2,463	(2,756)	4,356	(4,681)	4,549		(132)	40.63%
Net Expenditure	62,659	46,157	46,470	(313)	63,780	(1,121)	4,750	(1,825)	1,804	2.88%

Subjective Analysis	Annual Budget 2021/22 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Employee Costs	23,436	17,976	18,181	(205)	23,873	(437)	888	(715)	(264)	-1.13%
Property Costs	49	7	4	3	52	(3)			(3)	-6.34%
Supplies and Services	1,214	995	753	243	1,080	134	88	(24)	198	16.30%
Third Party Payments (care providers)	60,910	46,638	45,071	1,566	59,621	1,289	2,838	(1,068)	3,059	5.02%
Transport & Plant	729	608	504	104	629	100			100	13.69%
Administrative Costs	1,019	834	634	199	810	209		(17)	192	18.82%
Family Health Services	0	0	0	0	0	0			0	
Prescribing	0	0	0	0	0	0			0	
Other	(337)	(594)	0	(594)	0	(337)	936		599	-177.48%
Set Aside	0	0	0	0	0	0			0	
Gross Expenditure	87,020	66,464	65,147	1,317	86,065	955	4,750	(1,825)	3,880	4.46%
Income	(24,361)	(20,307)	(18,676)	(1,630)	(22,285)	(2,076)			(2,076)	8.52%
Net Expenditure	62,659	46,157	46,470	(313)	63,780	(1,121)	4,750	(1,825)	1,804	2.88%

NHSGG&C - East Dunbartonshire HSCP - Period Ending 31st January 2022 (Month 10)

APPENDIX 3A

Care Group	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000	Reserves Adjs Drawdown (Income) £'000	Forecast Spend £'000	Forecast Variance £'000	Forecast Variance %	Summary Variance Analysis
Alcohol+drugs Recovery Service	949.9	322.7	355.5	(32.8)		989.3	**(39.4)**	**-4.1%**	Pressure from unfunded Band 6 Care & Treatment post - agreed by Andy Martin/ Saket approx 4 or 5 years ago? Assumes ADP + additional drug death funding fully spent or balance allocated to earmarked reserve.
Adult Community Services	9,308.2	6,991.5	6,952.4	39.1		9,261.3	**46.9**	**0.5%**	Equipu pressure estimated at £230k full year - £210k of winter support funding allocated to cover, continuing care pressure estimated at £33k as a result of prior year price increase. Some of pressures offset by current vacancies, assumed turnover continues throughout the year. Assumed Full PCIP allocation spent or balance to be carried forward via EMR.
Child Services - Specialist	522.2	435.1	366.6	68.5		460.0	**62.2**	**11.9%**	Underspend as a result of non-recurring mat leave savings and reduced non-pay costs.
Child Services - Community	2,233.5	1,797.3	1,823.8	(26.5)		2,265.3	**(31.8)**	**-1.4%**	Pressure 2 x Band 7 posts £126k - under review to identify funding source. Discussions ongoing re HV trainees and potential cost pressure to be picked up by HSCPs (not currently factored into forecast). School nurses on course paid via central budget
Fhs - Prescribing	20,620.9	17,072.7	16,565.8	506.9		19,909.6	**711.3**	**3.4%**	April - October volumes currently down by 18k items with prices on average 6p under at £10.94 per item (YTD GIC £267k under). Credit in relation to 20/21 overaccrual £185k. Other small underspends from central GIC and dental income included in forecast. All rebates received and expected now included. Additional costs of Sertraline & Paracetamol as a result of covid included in current costs, assumed covered from in year reduced costs and no additional funding from SG.
Fhs - Gms	14,952.1	13,756.8	13,756.8	0.0		14,952.1	**0.0**	**0.0%**	
Fhs - Other	15,476.4	12,726.4	12,726.4	0.0		15,476.4	**0.0**	**0.0%**	
Learn Dis - Community	674.6	562.2	558.3	3.9		669.9	**4.7**	**0.7%**	Pressure as a result of £50k unachieved saving to be achieved from LD review. Offset in year by slippage from vacancies/ mat leave.
Men Health - Adult Community	2,627.5	1,823.3	1,715.0	108.3		2,537.5	**90.0**	**3.4%**	Non-recurring slippage in year from psychology/ nursing vacancies. Nursing vacancies now filled with psychology recruitment progressing.
Men Health - Elderly Services	1,287.3	1,072.8	897.8	175.0		1,077.3	**210.0**	**16.3%**	Slippage in recruitment, psychology vacancy ongoing, nursing vacancies being filled with bank where possible, review ongoing to transfer service back to Lanarkshire which would result in loss of income and not filling the 4 x Band 5 nursing vacancies to cover.
Oral Health	15,479.6	9,762.0	9,536.4	225.6		15,479.6	**0.0**	**0.0%**	Underspend as a result of vacancies not recruited as services not running at full capacity and reduced non-pay costs. As services return to normal activity vacancies will be recruited. Review of current wte in post v funding required. Underspend to be used for non-recurring equipment requirements. Assumes additional SG funding for handpieces £1.7m, ventilation £1.1m and remobilisation £1m fully spent, put to EMR or returned to SG.
Administration + Management	1,896.6	1,407.2	1,368.3	38.9		1,849.9	**46.7**	**2.5%**	£82k now allocated from financial planning to cover pressure in accommodation budget from KHCC service charge
Planning & Health Improvement	677.1	523.1	447.1	76.0		585.9	**91.2**	**13.5%**	Underspend from mat leave savings and reduced non-pay spend as a result of covid. Information Officer vacancy slippage to be used to fund fixed term post for 1 year from Nov 21 (seconded via EDC Education).
Resource Transfer - Local Auth	17,846.4	14,872.0	14,872.0	0.0		17,846.4	**0.0**	**0.0%**	
Financial Planning + Reserves	2,325.0	1,431.6	1,264.9	166.7		2,125.0	**200.0**	**8.6%**	Projected £200k underspend from prescribing savings (currently excluded from RT to Council until clear if saving will be achieved within prescribing). £68k of £155k financial planning balance allocated to medical/ dental and Band 8-9 pay uplift paid October with arrears November. £52k additional funding received to cover additional uplift. ADP PfG funding offsetting legacy savings £245k (risk if funding doesn't continue into 22/23).
Expenditure	106,877.3	84,556.7	83,207.1	1,349.6	**0.0**	**105,485.5**	**1,391.8**	**1.3%**	
Alcohol+drugs Recovery Service	(111.7)	(111.7)	(111.7)	0.0	**111.7**	(0.0)	**(111.7)**	**100.0%**	
Adult Community Services	(1,119.2)	(1,119.2)	(1,119.2)	0.0	**909.2**	(210.0)	**(909.2)**	**81.2%**	
Child Services - Specialist	(296.5)	(296.5)	(296.5)	0.0		(296.5)	**0.0**	**0.0%**	
Child Services - Community	(28.0)	(28.0)	(28.0)	0.0	**28.0**	0.0	**(28.0)**	**100.0%**	
Fhs - Prescribing	(0.8)	(0.8)	(0.8)	0.0		(0.8)	**0.0**	**0.0%**	
Fhs - Other	(598.1)	(466.5)	(466.5)	0.0		(598.1)	**0.0**	**0.0%**	
Men Health - Adult Community	(834.3)	(790.6)	(790.6)	0.0	**572.4**	(261.9)	**(572.4)**	**68.6%**	
Men Health - Elderly Services	(158.3)	(131.9)	(131.9)	0.0		(158.3)	**0.0**	**0.0%**	
Oral Health	(1,496.6)	(1,354.8)	(1,354.8)	0.0	**403.5**	(1,093.1)	**(403.5)**	**27.0%**	
Administration + Management	(112.7)	(112.7)	(112.7)	0.0	**51.2**	(61.5)	**(51.2)**	**45.4%**	
Planning & Health Improvement	(95.1)	(67.5)	(67.5)	0.0	**55.0**	(40.1)	**(55.0)**	**57.8%**	
Resource Transfer - Local Auth	(348.0)	(290.0)	(290.0)	0.0		(348.0)	**0.0**	**0.0%**	
Financial Planning + Reserves	(1,579.0)	(1,579.0)	(1,579.0)	0.0	**1,579.0**	0.0	**(1,579.0)**	**100.0%**	
Income	(6,778.3)	(6,349.2)	(6,349.2)	0.0	**3,710.0**	**(3,068.3)**	**(3,710.0)**	**54.7%**	
East Dunbartonshire Hscp	**100,099.0**	**78,207.5**	**76,857.9**	**1,349.6**	**3,710.0**	**102,417.2**	**(2,318.2)**	**-2.3%**	

APPENDIX 3B

GENERAL FUND REVENUE MONITORING 2022/23

SUMMARY FINANCIAL POSITION

As at : 30 January 2022	BUDGET		ACTUAL		VARIANCE	
Accounting Period 10	Annual Budget	Budget Period 10	Expenditure Period 10	Projected Annual	At Period 10	Projected Period 12
Integrated Health & Social Care Partnership						
Community Health & Care Services	41,824	31,484	29,935	39,400	1,550	2,425
Mental Health, Learning Disability, Addictions & Health Improvement	23,918	18,133	16,799	22,475	1,334	1,443
Children & Families and Criminal Justice	12,044	9,784	9,687	12,584	97	(540)
Social Work Strategic / Resources	(15,466)	(13,449)	(12,617)	(15,406)	(832)	(61)
Covid 19	(326)	(293)	2,463	4,653	(2,756)	(4,978)
Housing (Disabled Adaptations/ Care & Repair)	664	498	203	371	295	294
HSCP Overspend Position for Discussions at HSCP Board					(313)	(1,418)
Transfer from Earmarked Reserves (incl NHS Covid Earmarked)				(4,750)		4,750
Transfer to Earmarked Reserves				1,825		(1,825)
Anticipated SG Income to Support Covid				(297)		297
Total	**62,659**	**46,157**	**46,470**	**60,854**	**(313)**	**1,804**

Appendix 3B

GENERAL FUND REVENUE MONITORING 2021/22
DETAILED FINANCIAL POSITION as at Period 10: 30 January 2022

INTEGRATED HEALTH AND SOCIAL CARE

COMMUNITY HEALTH & CARE SERVICES (ALL)

		Annual Budget £000	Budget Period 10 £000	Expenditure Period 10 £000	Projected Annual £000	Variation Period 10 £000	Projected Year End Variation £000
1	**Employee Costs**	10,255	7,714	7,979	10,333	-265	-78

There are residual cost pressures in this area related to the delivery of our in house homecare service due to a combination of increased overtime to cover vacancies, absence and demand pressures within the service - these are being covered through application of SG adult winter planning funding and through a downturn in purchased care at home provision offsetting in house pressures. Work is underway to understand the increasing demand in the context of a downward trend in care home placements, people attending daycare and capacity within purchased care at home services. There is ongoing scrutiny of overtime usage with a tightening up on procedures for approving overtime and a review of the impact of the service redesign with an investment in capacity building to increase the number of carers to free up the role of the seniors to undertake administrative tasks allowing supervisors to support the process of customer reviews to ensure service levels align with need. The overall variation in this area has reduced by £0.576m due to an increase in SG adult winter planning funding invested in payroll with £0.614m expected to be carried forward into Earmarked reserves.

		Annual Budget £000	Budget Period 10 £000	Expenditure Period 10 £000	Projected Annual £000	Variation Period 10 £000	Projected Year End Variation £000
2	**Property Costs**	0	0	0	0	0	0

No variation on budget is expected

		Annual Budget £000	Budget Period 10 £000	Expenditure Period 10 £000	Projected Annual £000	Variation Period 10 £000	Projected Year End Variation £000
3	**Supplies and Services**	684	570	546	822	24	-137

Budgets relate to Homecare PPE (personal protective equipment) , telecare costs and homecare related disabled adaptations. Additional costs relate to House cleans, CM2000 discs, Access to work equipment and Shred It. This is partly offset within the Physical Disability service as In year savings on supplies and services can now be anticipated. This is in relation to the client budget for Holidays and outings and stairlifts. This projection also includes an estimated provision for bad debts. £0.002m underspend in PPE relates to winter pressures funding which will be carried to Earmarked reserves.

		Annual Budget £000	Budget Period 10 £000	Expenditure Period 10 £000	Projected Annual £000	Variation Period 10 £000	Projected Year End Variation £000
4	**Agencies and Other Bodies**	31,813	23,997	22,342	29,397	1,654	2,417

At this stage there is a reduction in the commitment value of Residential accommodation, Homecare and Daycare, however, Supported living packages have increased significantly. Covid has had a substantial impact in this area.
Residential placements have seen a significant reduction in number due to Covid related deaths. This has reduced expenditure profiles throughout the year. This variance between budget and expenditure is more pronounced as provisions were made for a 5% demographic increase which has not transpired. Whilst the severity of Covid-19 means that this level of expenditure is unlikely to re-establish itself in the short term our demographic profile is such that they will return, and increase, over current provisions at some point. Placements are now gradually starting to increase and it is assumed that this trend will continue. The projections include an estimate for packages still to go onto the Carefirst system including an estimated increase throughout the year. Residential assumptions made as part of the budget setting process were based on client numbers mid year 20/21. Including the demographic increase, in Older People's services, this estimated circa 709 placements (excluding respite and palliative care). Projections assume an average of 692 placements per week. External Homecare assumptions for Older People and Physical disability services assumed approximately 9,936 hours per week. Projections currently assume an average of 8,837 hours per week. This is across all Self Directed Support types. Although, currently, we are projecting significant reductions in Residential and Homecare, there has been a shift in Care type to Supported Living. Budgeted vs projected in this area is showing an excess of over 500 hours per week. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments. This does not include any additional future unknown costs that may be a result of the impact of Covid on individuals i.e. there is a risk that Carefirst packages, suspended as a result of the Pandemic, will be re-instated throughout the year. The variation in this area has reduced by £1.153m, however, £0.889 of this relates to new winter pressures funding which will be carried forward into Earmarked reserves.

		Annual Budget £000	Budget Period 10 £000	Expenditure Period 10 £000	Projected Annual £000	Variation Period 10 £000	Projected Year End Variation £000
5	**Budget Savings**	0	0	0	0	0	0

No variation on budget is expected

		Annual Budget £000	Budget Period 10 £000	Expenditure Period 10 £000	Projected Annual £000	Variation Period 10 £000	Projected Year End Variation £000
6	**Transport and Plant**	5	4	7	5	-2	-0

No variation on budget is expected

		Annual Budget £000	Budget Period 10 £000	Expenditure Period 10 £000	Projected Annual £000	Variation Period 10 £000	Projected Year End Variation £000
7	**Admin and Other Costs**	265	193	183	212	10	53

The variation within this area is in relation to an assumed reduction in Fleet recharges and to the transfer of support routed through Glasgow Council for the Voluntary Sector (GCVS) over to self directed support. The variation in this area has reduced by £0.017m, however, all of this relates to new winter pressures funding which will be carried forward into Earmarked reserves.

		Annual Budget £000	Budget Period 10 £000	Expenditure Period 10 £000	Projected Annual £000	Variation Period 10 £000	Projected Year End Variation £000
8	**Health Board Resource Transfer Income**	-509	-424	-424	-509	0	0

No variation on budget is expected

		Annual Budget £000	Budget Period 10 £000	Expenditure Period 10 £000	Projected Annual £000	Variation Period 10 £000	Projected Year End Variation £000
9	**Other Income**	-689	-570	-698	-859	129	170

GENERAL FUND REVENUE MONITORING 2021/22 DETAILED FINANCIAL POSITION as at Period 10: 30 January 2022	Annual Budget £000	Budget Period 10 £000	Expenditure Period 10 £000	Projected Annual £000	Variation Period 10 £000	Projected Year End Variation £000
The restart of Daycare services has gradually commenced in line with Scottish Government Covid guidance. Recharge income in this area will be substantially reduced as a result of Covid. This variation has been reported through the Mobilisation plan and has been funded by the Scottish Government and has been built into this budget. The variation reported relates to additional Telecare income received and estimated Sheltered housing support recharges.						
Total - Community Health & Care Services	**41,824**	**31,484**	**29,935**	**39,400**	**1,550**	**2,425**
Transfer from Earmarked Reserves				**0**	**0**	**0**
Transfer to Earmarked Reserves				**1,522**	**0**	**-1,522**
MENTAL HEALTH, LEARNING DISABILITY, ADDICTIONS & HEALTH IMPROVEMENT (EDC only)						
1 Employee Costs	**5,897**	**4,557**	**4,231**	**5,677**	**327**	**220**
Overall within this area projections show that there will be a underspend in budget. Projections assume some vacancies will be filled with commencement dates as discussed with managers. It is assumed that staff turnover savings will be achieved. Projected overspends in overtime and other pay are based on profiles of spend. This report assumes that the vacancies within the Pineview service may not be filled this financial year, unless one further client placement is placed there. However staff turnover savings have not been fully achieved. Payroll variations will continue to be monitored. New funding of £0.051m for Mental Health recovery and renewal is not likely to be spent this financial year and will be transferred to Earmarked reserves.						
2 Property Costs	**0**	**0**	**1**	**0**	**-1**	**-0**
No variation on budget is expected.						
3 Supplies and Services	**127**	**106**	**59**	**44**	**47**	**83**
In year savings can now be reported in relation to supplies for clients, small tools and adaptations within the daycare service. In addition to this a reduction in bad debts provision can now be assumed.						
4 Agencies and Other Bodies	**18,245**	**13,768**	**12,851**	**17,224**	**917**	**1,020**
At this stage there is a substantial reduction in the estimated Commitments against Daycare, Homecare and Supported Living Packages. This is mainly as a result of Covid. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments. This does not include any additional future unknown costs that may be a result of the impact of Covid on individuals i.e. there is a risk that Carefirst packages, suspended as a result of the Pandemic, will be re-instated throughout the rest of the year. The main areas of variation are Supported Living where packages have been reduced or suspended and in Daycare where budget estimates were based on approximately 1000 hours per week and are currently averaging approximately 867 hours per week. Some of the impact here will be as a consequence of the SG guidance to continue to support services which have reduced / stopped as a result of Covid with the host authority making sustainability payments to compensate for these reduced placement numbers - this is being claimed by host authorities through SG Covid funding. This continues to impact daycare and respite placements, particularly those outwith our local area.						
5 Budget Savings	**0**	**0**	**0**	**0**	**0**	**0**
No variation on budget is expected						
6 Transport and Plant	**646**	**539**	**439**	**544**	**99**	**102**
Transport costs are currently underspending in line with reduced day care services. At this stage we don't anticipate that this service will bounce back and so can assume that there will be an in-year saving in this area.						
7 Admin and Other Costs	**161**	**122**	**88**	**119**	**34**	**42**
Fleet recharges are to be reviewed. It can be assumed that charges will be in line with last financial year until this review has been completed. In year savings can also be assumed within the day service and Alcohol and Drugs recovery service.						
8 Health Board Resource Transfer Income	**-663**	**-553**	**-553**	**-663**	**0**	**0**
No variation on budget is expected						
9 Other Income	**-495**	**-406**	**-317**	**-470**	**-89**	**-24**
The gradual restart of Daycare services is in line with Scottish Government Covid Guidance. This has resulted in a loss of income recharges for Daycare, Lunch clubs and Transport. This variation has been reported through the Mobilisation plan. The budget for this year was reduced in line with these assumptions. Additional Income has been received in relation to an insurance recovery, NQSW Support Year early implementation grant scheme 2021-22 and secondment recharge income. Also, additional income for support services and John Street Board and Lodgings is anticipated.						

GENERAL FUND REVENUE MONITORING 2021/22 DETAILED FINANCIAL POSITION as at Period 10: 30 January 2022	Annual Budget £000	Budget Period 10 £000	Expenditure Period 10 £000	Projected Annual £000	Variation Period 10 £000	Projected Year End Variation £000
Total - Mental Health, Learning Disability, Addictions & Health Improvement	23,918	18,133	16,799	22,475	1,334	1,443
Transfer from Earmarked Reserves				0	0	0
Transfer to Earmarked Reserves				51	0	-51
CHILDREN & FAMILIES AND CRIMINAL JUSTICE						
1 Employee Costs	6,295	4,928	4,795	6,159	133	135
Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers. At this stage projections show that there will be an underspend in this budget and staff turnover savings will be achieved. Staff turnover savings are budgeted at 8.56% of total employee costs. Budgets includes additional posts funded through grants received for Mental Health and Wellbeing. Included within the budget is new funding for Implementation of National Trauma Training Programme of £0.050m. It is not anticipated that this will be spent this year so will be carried to Earmarked Reserves.						
2 Property Costs	49	7	3	52	4	-3
The variation in budget reported is in relation to anticipated refurbishment costs of the Criminal Justice workshop. This is fully funded by the Section 27 grant received from the Scottish Government.						
3 Supplies and Services	170	125	85	134	40	36
The variation reported is in relation to anticipated expenditure not yet allocated but included to match funding from the Scottish Government for Criminal Justice. When spend is identified budgets may be vired across other categories. This variation is partly offset with slow spend, as a result of Covid, in the Home and Belonging Project In year savings can also be assumed within other supplies lines. Included within the budget is new funding for Unaccompanied Asylum Seeking Children of £0.022m. It is not anticipated that this will be spent this year so will be carried to Earmarked Reserves.						
4 Agencies and Other Bodies	7,100	6,006	6,241	7,867	-235	-768
Projections are indicating pressures mainly in Children's residential packages where each additional care package can have a substantial impact on the budget. Projections also include £0.154m of costs for Mental Health and Emotional Wellbeing Services for Children and Young People and their families impacted by Covid. This will be funded through Earmarked reserves. Assumptions made as part of the budget setting process were based on client numbers mid year 20/21. Residential / Secure placements totalled 18 at this point. Current figures total 23 excluding Covid related. There is also a movement in the average costs where placements with an assumed Education element have ceased and new higher value placements have commenced. Also included are residual payments from placements in for part of the year. Numbers exclude those allocated to Covid. Client numbers for fostering and kinship have decreased from 126 to 119, however, again also included are residual payments from part year placements. Included within the budget is new funding for Care Experienced Children of £0.020m. It is not anticipated that this will be spent this year so will be carried to Earmarked Reserves.						
5 Transport and Plant	78	65	56	77	9	1
In year savings can now be assumed within the Children's residential service.						
6 Admin and Other Costs	280	281	189	236	92	43
Fleet recharges are to be reviewed. It can be assumed that charges will be in line with last financial year until this review has been completed. It can also be assumed that Pathways payments will underspend this financial year. In year savings in Other admin and conferences and courses can now be assumed. £0.047m mental health and wellbeing expenditure budgets transferred to education are funded by Earmarked reserves.						
7 Income	-1,927	-1,628	-1,682	-1,942	54	15
Within Criminal Justice budgets now include £0.142m Scottish Government funding for recovery work linked to the Covid19 pandemic. Within Children's services budgets now include Scottish Government funding in relation to Children & Young Peoples Mental Health & Wellbeing Programme and Winter Plan for Social Protection totalling £0.382m. Over and above this there is £0.201m held in Earmarked reserves being funding from last financial year for mental health and emotional wellbeing services for children , young people and their families impacted by the Covid 19 pandemic. Also within Children and Families, additional income included this Financial Year is in relation to Unaccompanied Asylum Seeking Children and the Promise Partnership partly offset by underspends of funding for the Life Changes Trust Projects - Corporate Parenting and The House Project.						
Total - Children & Families and Criminal Justice	12,044	9,784	9,687	12,584	97	-540
Transfer from Earmarked Reserves				-201	0	201
Transfer to Earmarked Reserves				92	0	-92
SOCIAL WORK STRATEGIC / RESOURCES						
1 Employee Costs	829	646	646	816	0	13
Detailed analysis of costs to date continue. At this point projections assume that there will be a variation to budget. This is in relation to unachieved turnover savings and also to the Interim restructure which is partly funded by the NHS.						
2 Property Costs	0	0	0	0	0	0

GENERAL FUND REVENUE MONITORING 2021/22 DETAILED FINANCIAL POSITION as at Period 10: 30 January 2022	Annual Budget £000	Budget Period 10 £000	Expenditure Period 10 £000	Projected Annual £000	Variation Period 10 £000	Projected Year End Variation £000
No variation on budget is expected						
3 Supplies and Services	**6**	**5**	**1**	**3**	**4**	**3**
In year savings can now be assumed in relation to Office equipment and materials.						
4 Agencies and Other Bodies	**1,301**	**889**	**1,170**	**1,093**	**-281**	**208**
The variation on budget expected is in relation to funding for the Scottish Living Wage not yet allocated to packages this is partly offset with additional costs where the 3rd sector saving has not been implemented as a result of Covid. Also included within the budget is new funding for Winter pressures of £0.159m. It is not anticipated that this will be spent this year so will be carried to Earmarked Reserves.						
5 Budget Savings	**-337**	**-594**	**0**	**0**	**-594**	**-337**
It can be assumed at this stage that budget savings will not be achieved. This has been included on the Mobilisation Tracker submitted to the Scottish Government.						
6 Transport and Plant	**0**	**0**	**0**	**0**	**0**	**0**
No variation on budget is expected						
7 Admin and Other Costs	**311**	**236**	**174**	**228**	**62**	**83**
Fleet recharges are to be reviewed. It can be assumed that charges will be in line with last financial year until this review has been completed. Over and above this in year savings can now be assumed in relation to printing, stationery and other administrative costs.						
8 Health Board Resource Transfer Income	**-17,385**	**-14,488**	**-14,488**	**-17,355**	**0**	**-30**
Resource Transfer schedule is £30k less due to a saving that had been aligned to health for Mental Health Commissioning review which should have been from Social Work.						
9 Other Income	**-190**	**-142**	**-119**	**-190**	**-23**	**0**
No variation on budget is expected						
Total - Social Work Strategic / Resources	**-15,466**	**-13,449**	**-12,617**	**-15,406**	**-832**	**-61**
Transfer from Earmarked Reserves				**0**	**0**	**0**
Transfer to Earmarked Reserves				**159**	**0**	**-159**
Housing (Disabled Adaptations / Care & Repair)						
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	**664**	**498**	**203**	**371**	**295**	**294**
A projected underspend can be reported on care and repair due to the home safety advice service budget now having been incorporated into the in-sourced care and repair service more generally. It is not anticipated that this additional funding would be required in future years. An underspend can be forecast against disabled adaptations, although work on tenders is currently being carried out and material costs are anticipated to increase, potentially reducing some of this underspend going forward.						

GENERAL FUND REVENUE MONITORING 2021/22 DETAILED FINANCIAL POSITION as at Period 10: 30 January 2022	Annual Budget £000	Budget Period 10 £000	Expenditure Period 10 £000	Projected Annual £000	Variation Period 10 £000	Projected Year End Variation £000
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 - Housing (Disabled Adaptations / Care & Repair)	**664**	**498**	**203**	**371**	**295**	**294**
Transfer from Earmarked Reserves				**0**	**0**	**0**
Transfer to Earmarked Reserves				**0**	**0**	**0**
COVID						
1 Employee Costs	**162**	**131**	**530**	**888**	**-399**	**-726**
This relates to additional costs associated to staff isolation, Supporting provider claims, Social worker and Care homes support Agency workers and also for remobilisation to reduce the backlog in waiting lists, moving and handling and occupational therapy. There is a high increase expected as a lot of these initiatives have not yet started, e.g. occupational therapy.						
2 Property Costs	**0**	**0**	**0**	**0**	**0**	**0**
No variation on budget is expected						
3 Supplies and Services	**227**	**189**	**62**	**78**	**128**	**149**
PPE costs are expected to continue. This is based on last year's costs incurred and assumes the same requirement level.						
4 Agencies and Other Bodies	**1,787**	**1,481**	**2,264**	**3,669**	**-783**	**-1,881**
Based on sustainability calculator for care homes until the end of October. Additional payments based on audit of provider claims submitted so far plus an assumption for similar levels on outstanding provider claims - assumed to continue at similar levels for the remainder of the financial year. Additional care packages / support hours put in place to support carers / prevent carer breakdown - spend based on actuals assumed to continue at similar level for the duration of 21/22 based on standard phasing. Also includes additional mileage for care at home service due to changes required in use of pool cars during this period. Relates to additional care at home packages to support individuals who would otherwise be at day centres.						
5 Budget Savings	**0**	**0**	**0**	**0**	**0**	**0**
No variation on budget is expected						
6 Transport and Plant	**0**	**0**	**2**	**3**	**-2**	**-3**

GENERAL FUND REVENUE MONITORING 2021/22 DETAILED FINANCIAL POSITION as at Period 10: 30 January 2022		Annual Budget £000	Budget Period 10 £000	Expenditure Period 10 £000	Projected Annual £000	Variation Period 10 £000	Projected Year End Variation £000
	Car Valet service costs assumed.						
7	**Admin and Other Costs**	**2**	**2**	**1**	**15**	**1**	**-13**
	Relates to emergency payments from S12 for food / electricity. Minimal spend incurred to date.						
8	**Health Board Resource Transfer Income**	**0**	**0**	**0**	**0**	**0**	**0**
	No variation on budget is expected						
9	**Other Income**	**-2,504**	**-2,096**	**-395**	**-297**	**-1,701**	**-2,207**
	The latest return to the Scottish Government now include offsetting costs reductions. The majority of the pressures reported to the Scottish Government will not be claimed back as these will be funded from Earmarked Covid Reserves held within both the Local Authority and the NHS.						
Total - COVID		**-326**	**-293**	**2,463**	**4,356**	**-2,756**	**-4,681**
Transfer from Earmarked Reserves (EDC & NHS)					**-4,549**	**0**	**4,549**
Transfer to Earmarked Reserves (EDC & NHS)					**0**	**0**	**0**
Total Integrated Health and Social Care Variances		**62,659**	**46,157**	**46,470**	**63,780**	**-313**	**-1,121**
Transfer from Earmarked Reserves		**0**	**0**	**0**	**-4,750**	**0**	**4,750**
Transfer to Earmarked Reserves					**1,825**	**0**	**-1,825**
Total Integrated Health and Social Care Variances (net of reserves)		**62,659**	**46,157**	**46,470**	**60,854**	**-313**	**1,804**

East Dunbartonshire HSCP
Financial Planning 2021/22 - Savings Programme

APPENDIX 4

Workstream	Action	Lead	Full Year Impact 21/22	Saving Achieved 21/22	Comments
	Service Redesign (19/20 Savings Cfwd)				
Policy	Fair Access to Community Care	David	200	200	On Track
Service Change	Review of Daycare	Derrick	50	50	On Track
			250	250	
	Service Redesign (20/21 savings c/fwd)				
Assets	Children's Services 'House' Project Development	Claire	400	400	On Track
Service Change	LD Supported Accomodation Review (In House Service)	David	0		
Service Change	LD Supported Accomodation Review (Commissioned Services)	David	0		
			400	400	
	TOTAL C/fwd Savings Programme 21/22		**650**	**650**	
	New Savings 21/22				
Efficiency	Review of Health Improvement Budgets (health)		26	26	On Track
	Total Approved Savings Programme 21/22		**676**	**676**	
Historic Savings	CM2000	Derrick	150	0	Block contracts awarded - will not progress, alternative to be scoped
- reflected in Budget 21/22	Voluntary Sector - 5% Efficiency	Gillian	185	46	Assume half year - capture efficiencies post Covid
	Sleepovers	David A	13	0	Fire safety risk impacting delivery of this proposal
	Fair Access to Community Care	David A	50	50	On Track
	Review of Mgt Structure	Caroline	25	0	Interim structure in place pending review - delay due to Covid
	House Project	Claire	200	200	On Track
	Review of Daycare East	Derrick	25	25	On Track - met through capacity in expenditure budgets
	Total		648	321	
	Un achieved Savings - Covid related			164	Included within LMP Return - assume funded through SG
	Total Savings 21/22		**1,324**	**1,161**	
	Shortfall			**163**	

Agenda Item Number: 8.

Appendix 5

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	240322-08 Agenda item number 8
2	Report Title	Financial Performance Budget 2021/22 – Month 10
3	Date direction issued by Integration Joint Board	24th March 2022
4	Date from which direction takes effect	24th March 2022
5	Direction to:	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	Yes supersedes 200122-09
7	Functions covered by direction	Budget 2021/22 – all functions set out within Appendix 2.
8	Full text of direction	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2018-22, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.
9	Budget allocated by Integration Joint Board to carry out direction	The budget delegated to NHS Greater Glasgow and Clyde is £137.858m and East Dunbartonshire Council is £62.658m as per this report.
10	Details of prior engagement where appropriate	Engagement through chief finance officers within the respective partner agencies as part of ongoing budget monitoring for 2021/22.
11	Outcomes	Delivery of the strategic priorities for the IJB as set out within the Strategic Plan within the financial framework available to deliver on this as set out within the paper.
12	Performance monitoring arrangements	The budget will be monitored through standard budget monitoring and reporting arrangements to the IJB and in line with agreed performance management framework.
13	Date direction will be reviewed	Complete – Budget 2021/22 monitoring report will supersede this direction planned for June 2022.

Interim Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 9.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**24th MARCH 2022**
REPORT REFERENCE:	**HSCP/240322/09**
CONTACT OFFICER:	**JEAN CAMPBELL, CHIEF FINANCE & RESOURCES OFFICER, TELEPHONE NUMBER 0141 232 8216**
SUBJECT TITLE:	**HSCP FINANCIAL PLANNING & ANNUAL BUDGET SETTING 2022/23**

1.1 PURPOSE

1.2 The purpose of this report is to update the Board on the financial planning for the partnership and agree the budget for 2022/23.

2.0 RECOMMENDATIONS

It is recommended that the Health & Social Care Partnership Board:

2.1 Note the position within the financial planning assumptions and acknowledge that these have been formed following partnership collaboration.

2.2 Agree to accept the indicative budget settlement for 2022/23 from the NHS (Para 3.10) and Council (3.12 – 3.13) while noting the caveats arising from the current situation as it relates to the health and social care partnership's necessary response to Covid-19 and the risks associated with the uncertain landscape of service delivery and associated costs.

2.3 Note and approve the proposed increase in the set aside budget outlined in paragraph 3.11.

2.4 Approve the savings programme for 2022/23 to support delivery of a balanced budget position for the partnership outlined in paragraph 3.16.

2.5 Approve the approach for reserves outlined in paragraph 4.7 and note this is dependent on the financial performance of the partnership delivering as projected through the Month 10 budget monitoring reports.

2.6 Note the impact on the HSCP Medium Term Financial Strategy 2022 – 2025 set out in section 6 and approve the revised Strategy included as Appendix 5.

2.7 Note the risks to the Partnership in meeting the service demands for health & social care functions and in the delivery of the strategic priorities set out in the Strategic Plan set out in section 5.

2.8 Note and approve the Directions to both East Dunbartonshire Council and NHS GG&C set out in Appendix 6.

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3 BACKGROUND/MAIN ISSUES

3.1 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 Partnership from the respective parties in furtherance of the delivery of the Strategic Plan and to support the effective delivery of the services delegated to it.

3.2 The Integration Joint Board (IJB) is required to set a balanced budget each financial year and to take a view as to whether the settlement from each constituent body is sufficient for it to be able to deliver on the services delegated to it and the priorities set out within the Strategic Plan.

3.3 The Scottish Government (SG) 2022/23 Budget was passed by the Scottish Parliament on 10th February 2022 which included the financial settlement and distribution for both local authorities and Health Boards for 2022/23. This provides an uplift of 2% on recurring NHS delegated budgets, an uplift for national insurance (NI) increases plus the full year effect of specific funding to support Adult Winter pressures related to the enhancement of multi-disciplinary teams to support maintaining people outwith a hospital setting. In addition, specific additional funding of £554m was provided through Local Authorities to support integrated partnerships to continue delivery on a number of national policy initiatives including the full year effect of funding to support Adult Winter pressures related to providing interim care solutions and expanding care at home capacity.

3.4 The outcome of work undertaken in partnership with finance colleagues within NHS GG&C and East Dunbartonshire Council provides a detailed picture for the partnership on the extent of local pressures and what this will mean in terms of a financial challenge for ED HSCP in 2022/23.

3.5 The financial pressures facing the partnership are detailed in the table below:

HSCP	Delegated SW Functions (£m)	Delegated NHS Functions (£m)	Total HSCP (£m)
Expenditure Pressures			
Payroll	0.587	0.460	1.047
Contractual Inflation	4.691	0.283	4.974
Demand Pressures	1.500		1.500
Future Demand - demographics	1.357		1.357
Prescribing		0.416	0.416
Other Cost Pressures / Movements	(0.413)	0.368	(0.045)
Increase to Set Aside		0.755	0.755
SW Winter Pressures (SG Funded)	2.932	1.262	4.194
New Monies	0.566		0.566
Implementation of Carers Act	0.242		0.242
22/23 Pressures	**11.462**	**3.544**	**15.006**
Un-achieved Savings 21/22	0.936		0.936
COVID			0.000
Total Budget Pressures 2022/23	**12.399**	**3.544**	**15.943**

3.6 Proposed budget allocations have been subject to budget challenge with the above uplifts representing expected pay and cost inflation, known current demand pressures, anticipated future activity / demographic pressures and trends within prescribing budgets. In addition the expected cost implications from additional funding identified

through the SG settlement has been quantified. This also includes the residual recurring funding gap (£0.936m) at the point of setting the budget for 2021/22 which was under-written through the creation of a transformation reserve and for which recurring savings will require to be considered. This represented a pragmatic approach to setting the Budget for 2021/22 given the focus of attention was on the management of the Covid response and the recovery of services as an improving picture emerged.

3.7 This equates to an overall financial pressure to the HSCP for 2022/23 of £15.9m.

3.8 The financial assumptions which have informed the pressures on budget for 2022/23 are detailed below:

- Payroll Inflation – pay awards have been assumed at 2% for Social Work and Community Health services (being the uplift from the SG for the NHS). Negotiations continue in relation to Agenda for Change and through COSLA for local authorities to finalise pay arrangements for 2022/23. The Scottish Government will re-visit funding arrangements for NHS Boards once these pay negotiations are concluded. As an indication, a further 1% increase in the pay award would represent an additional cost pressure of £462k albeit £168k related to NHS should be fully funded.

- Contractual Inflation – contractual inflation reflects anticipated annual increases in payments to third and independent care providers. The key areas of significance in this area are:

  - The Scottish Living Wage (SLW) increased from £9.50 per hr to £10.02 per hr on the 1st December 2021, the full year effect of this increase will be felt in 2022/23. In addition there is a further increase to the SLW to £10.50 from the 1st April 2022. This increase applies to all adult social care providers delivering residential care, care at home, supported living, daycare, housing support and direct care including all SDS Option 1s. In addition where providers deliver across adult and children's services then these contract prices have also been increased to negate the inequity this would cause across the services provided by these care providers. Specific funding has been provided through the SG settlement to meet these cost pressures.

  - National Care Home Contract (NCHC) - discussions with Scottish Care also continue on the uplift to the NCHC with a headline cap to the rate increase of 5.5% built into cost pressures for both nursing and residential care.

  - Free Personal and Nursing Care (FPNC) - the increase to the FPNC has been uplifted by 10% with funding provided from SG to meet this cost pressure. Specific funding has been provided through the SG settlement to meet these cost pressures.

- Demand Pressures –The demand pressures relate in the main to the full year cost of Social Work care packages for individuals currently in receipt of social care services. The level of care placements / packages across adult and older people has seen some recovery in the last few periods, however has not recovered to the levels experienced pre-covid for areas such as residential care, purchased care at home and learning disability daycare (overall increase in packages of £456k built in for 22/23). There are however significant pressures within Children's services related to residential placements, fostering and kinship payment with an additional £943k built into the budget. Additional pressures related to placements made in response to the

pandemic are assumed to be funded through continued Covid funding available in 2022/23 – these placements will continue to be monitored with exit plans being developed where appropriate. This will represent a significant pressure (£1m) in the event that Covid funding is not sufficient or packages require to be continued on a recurring basis.

- Demographic Pressures – there is an expected growth in care placements / packages in recognition of the continuing increase in demands for social care services in the area of older people's services, albeit this will be from a much lower baseline for 2022/23. This provides for a 5% projected increase during 2022/23 and is based on the trends over the last 10 years (2008 – 2018) expected to continue for the next 10 years (2016 – 2026).

- Prescribing Costs – The uplift on prescribing is in line with the general uplift from the SG of 2% for 2022/23. There was a decrease in the volume of prescriptions during 21/22 and price increases related to a number of medicines which moved onto short supply have levelled off – both trends relate to the impact of Covid and are expected to resume to normal trends during 2022/23. Previous (normal) year trends would suggest an increase of 4% on this budget would be prudent, given the volatility of this budget area, it is proposed to maintain an ear- marked reserve to mitigate any in year risks and movements on this budget in year.

- SG Funded Initiatives - the costs attributed to the additional funding made available through the settlement for the 2022/23 impact of Adult Winter Pressures, National Trauma Training, MHO capacity and Adult Social Workforce capacity have been built in at the funding levels available or where proposals are more developed such as the Winter Planning proposals, then these have been so reflected.

- Covid Costs – there are expected to be ongoing costs related to the response to Covid with support to social care providers extended to June 2022, ongoing costs associated with PPE, testing, vaccinations and loss of income from daycare and dental closures being some of the key areas continuing to be impacted. The SG have announced additional funding to be allocated to HSCPs during 2021/22 to meet ongoing costs associated with the Covid response and recovery. This will be earmarked within the HSCP reserves for this purpose. The financial planning assumptions for 2022/23, provided to the SG, for East Dunbartonshire HSCP anticipated costs related to Covid would be in the region of £5.73m. The funding allocated by SG at the end of February 2022 to meet ongoing Covid pressures was £9.9m (letter attached as **Appendix 1**). It is expected that an element of the funding provided will be to support un-scheduled care represented within the Un Scheduled Care Commissioning Plan for GG&C.

Financial Settlement 2022/23

3.9 The Scottish Government announced its draft budget on the 9th December 2021 with the final budget being approved by the Scottish Parliament on the 10th February 2022. This process also included agreement of associated funding allocations to both NHS Boards and Local Government. This provided for specific additional investment in health and social care partnerships to deliver on a number of commitments as set out below:

Financial Settlement	SG Funding thru LA 22/23 (£m)	ED HSCP Allocation - LA Settlement 22/23 (£M)	ED HSCP Allocation - NHS Settlement
Carers Act	20.4	*0.401*	
FPNC Uplift	15.0	*0.542*	
RLW Baseline to £9.50	30.5	0.599	
Pay Uplift to £10.02 recurring	144.0	2.829	
Care at Home Capacity	124.0	2.525	
Interim Care	20.0	0.407	
Multi Disciplinary Working - Support Staff			*0.448*
Multi Disciplinary Working - Enhance MDTs			*0.814*
Pay Uplift to £10.50 /SC Investment	200.0	*3.911*	
SG Allocation 2022/23	**553.9**	**11.214**	**1.262**
National Trauma Training	1.6	0.050	
MHRR	3.7	0.068	
Fair Work	50.0	tbc	
Care Home / Care at Home Oversight	4.8	0.448	
Adult Social Workforce Capacity	17.2		
SSSC (2.5m) / SG directly (0.5m)	3.0		
Unpaid Carers	5.0	tbc	
NHS Uplift - National Incurance	3.0	tbc	
Other Budget Changes / Increases:			
Pay Increases		0.458	
NHS - 2% Uplift			1.117
NHS Uplift - National Insurance			0.122
NHS - Increase to Set Aside (2% Uplift)			0.755
	642.210	12.238	3.256

3.10 The letter issued from the Scottish Government to NHS Boards and Integration Authorities (attached as **Appendix 2**) specified that NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 2% over 2021/22 agreed recurring budgets. NHS GG&C have provided the partnership with high level budget figures for 2022/23 and an indicative budget proposal letter based on the SG settlement (attached as **Appendix 3**). This is subject to the final month 12 recurring budget levels and formal Health Board approval in April 2022. The expectation that the full uplift is passed through to partnerships would equate to an uplift to East Dunbartonshire HSCP of £1.117m plus £0.112m related to national insurance uplifts. In addition, the 2022/23 Adult Winter Planning Funding related to Multi-Disciplinary Working will be passed through from GG&C Health Board to support delivery on these priorities – an indicative allocation of £1.262m is expected for East Dunbartonshire. This would represent a total uplift of £2.501m.

3.11 In addition to the above, the set aside remains a notional budget allocation and has been restated to reflect current activity within the acute functions delegated to the HSCP and uplifted by 2% for 22/23 (an additional £0.755m). This is now set at £38.514m. An unscheduled care commissioning plan has been developed across NHS GG&C HSCP's and sets out the first steps in developing strategic plans for un-scheduled care which will support the commissioning intentions for usage of the set aside budget going forward.

3.12 The letter issued to the President of COSLA (attached as **Appendix 4**) and finance circular issued to local authorities on the 9th December 2021 detailed the indicative allocation to local authorities which included specific provision in relation to funding for health and social care totalling £554m. This represents an additional £11.214m for ED HSCP. This includes an indicative allocation of £3.911m related to the ED share of £200m to support the further uplift of pay to £10.50 for our commissioned service providers and capacity to address other social work pressures including the non-pay uplift to the NCHC and costs related to the NI increase across the commissioned sector (the budget will be adjusted in period 2 of 2022/23 as this comes through the LA settlement). In addition further funding was allocated to deliver on specific initiatives related to National Trauma Training (£50k), Mental Health Recovery & Renewal (MHRR) to support mental health officer capacity (£68k), funding to enhance adult social work capacity (£448k) and uplifts for pay costs for Council employed Social Work staff (excl NI - £458k).

3.13 The letter from the Scottish Government specifies that the funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2021-22 recurring budgets for adult social care services that are delegated. Therefore, Local Authority adult social care budgets for allocation to Integration Authorities must be £554m greater than 2021-22 recurring budgets. In addition recurring adjustments to SW budgets of £1.024m have been included to bring the total increase in local authority funding to £12.238m.

3.14 A summary of the impact from the respective financial settlements is detailed below:-

HSCP	Delegated SW Functions (£m)	Delegated NHS Functions (£m)	Total HSCP (£m)
Total Budget Pressures 2022/23	**12.399**	**3.544**	**15.943**
Additional Funding (per financial planning assumptions)			
EDC - Flat Cash + Pay pressures (excl NI) + Share of £554m + new monies	(12.238)		(12.238)
NHS - 2% Uplift + NI Uplift + Share of Adult Winter Planning Monies 22/23		(2.501)	(2.501)
NHS - Increase to Set Aside (2% Uplift)		(0.755)	(0.755)
Financial Challenge to be met from Savings	**0.161**	**0.288**	**0.449**

3.15 The overall financial gap for the partnership is therefore £0.449m.

3.16 The savings programme approved from the 2021/22 budget process has been reviewed, quantified and included as full year savings for 2022/23 where these will be recurring and deliverable during 2022/23. This is supplemented by a number of new savings options identified for progression during 2022/23. In total these options are expected to generate £0.449m. These are set out below:

Workstream	Action	Lead	Full Year Impact 22/23
	Service Redesign (21/22 Savings Cfwd)		
Policy	Fair Access to Community Care	David	140
Efficiency / Service Improvement	Children's Services 'House' Project Development	Claire	200
	Total C/fwd Savings 21/22		**340**
	New Savings 22/23		
Efficiency / Income Generation	Charging for Telecare	Derrick	10
Efficiency	OP Daycare Commissioning - review	Derrick	51
Efficiency	Management Savings	Derrick	48
	Total New Savings 22/23		**109**
	Total Savings Programme 22/23		**449**

3.17 The Annual Service Delivery Plan for 2022/23 will be aligned to the Strategic Plan 2022 – 2025 commitments and will set out the actions and priorities to be delivered in Year 1 of the plan including areas for investment and dis-investment in support of the financial sustainability of the HSCP. The key commitments within the Strategic Plan are set out below:

- Empowering People
- Empowering Communities
- Prevention and Early Intervention
- Public Protection
- Supporting Families and Carers
- Improving Mental Health & Recovery
- Post Pandemic Renewal
- Maximising Operational Integration

3.18 Work will continue to assess the potential financial impact from the areas of work progressing during 2022/23 through the Annual Delivery Plan with opportunities for any future year efficiencies through service redesign and benefits accruing from these initiatives captured into future financial years.

3.19 There has been a development session with IJB Board members to look at the budget setting for the HSCP for 2022/23 including the savings programme to meet the financial challenge and close the financial gap. Delivery against these principles will be subject to ongoing scrutiny as part of current governance processes with the update reports on the Annual Delivery Plan being presented at future meetings of the Board and through the Performance, Audit and Risk Committee for scrutiny and challenge.

3.20 The summary of the financial position for the partnership for 2022/23 is set out below:-

	Delegated SW Functions (£m)	Delegated NHS Functions (£m)	Total HSCP (£m)
Recurring Budget 2021/22 (excl. Set aside)	58.402	87.379	145.781
Set Aside		37.759	37.759
Total Recurring Budget 2021/22	58.402	125.138	183.540
Financial Pressures - 22/23	11.462	3.544	15.006
Recurring Financial Gap 21/22	0.936		0.936
2021/22 Budget Requirement	70.801	128.682	199.483
2022/23 Financial Settlement	70.640	128.394	199.034
Financial Challenge 22/23	0.161	0.288	0.449
Budget Savings 20/21 - F/Y Impact	(0.340)	0.000	(0.340)
Transformation / Application of General Reserves	0.000	0.000	0.000
Savings Plan 22/23	(0.061)	(0.048)	(0.109)
Residual Financial Gap 22/23	**(0.240)**	**0.240**	**0.000**

3.21 This provides a balanced budget position for the HSCP for 2022/23.

4.1 Partnership Reserves

4.2 The requirement to hold financial reserves is acknowledged in statute with explicit powers being provided under schedule 3 of the Local Government (Scotland) Act 1975. Such powers allow for the creation and maintenance of a general reserve and for elements to be earmarked for specific purposes. It is the responsibility of the Chief Finance Officer to provide advice on appropriate and prudent level of reserves taking into account the scale of the partnership budgets and the levels of risk to the partnership's financial position.

4.3 In common with local authorities, IJB's are empowered under the Public Bodies (Joint Working) Scotland Act 2014 (section 13) to hold reserves and recommends the development of a reserves policy and reserves strategy. A Reserves policy was approved by the IJB on the 11th August 2016. This provides for a prudent reserve of 2% of net expenditure which equates to approximately £3.210m for the partnership.

4.4 As part of the annual budget setting process the Chief Finance & Resources Officer should review the level of reserves in terms of the adequacy of these reserves in light of the IJB's medium term financial plan and the extent to which these:

- create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of general reserves;
- create a contingency to cushion the impact of unexpected events or emergencies – this also forms part of general reserves; and
- create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities

4.5 The expected partnership reserves at the year-end are set out below:-

HSCP Reserve 2021/22	Balance at 31st March 2021	Proposed Use of Reserves 21/22	Anticipated Additions to reserves 21/22	Projected Balance at 31st March 2022
	£000	£000		£000
HSCP Transformation	(1,100)			(1,100)
Apropriate Adults	(4)			(4)
Review Team	(170)			(170)
Children's MH & Wellbeing Programme	(25)	25		0
Children's MH & Emotional Wellbeing - Covid	(201)	201		0
Scottish Govt. Funding - SDS	(77)			(77)
SG - Integrated Care / Delayed Discharge Funding	(282)			(282)
Oral Health Funding	(403)	403	(2,800)	(2,800)
Infant Feeding	(13)	13	(60)	(60)
CHW Henry Programme	(15)	15	(15)	(15)
SG - GP Out of Hours	(39)			(39)
SG - Primary Care Improvement	(878)	878	(1,300)	(1,300)
SG – Action 15 Mental Health	(572)	572	(700)	(700)
SG – Alcohol & Drugs Partnership	(112)	112	(500)	(500)
SG – Technology Enabled Care	(11)			(11)
GP Premises	(118)		(73)	(191)
PC Support	(27)			(27)
Prescribing	(185)			(185)
Covid	(6,128)	6,128	(9,900)	(9,900)
Intergration Authority Support				0
Adult Winter Planning Monies			(2,166)	(2,166)
Community Living Change Funding	(341)			(341)
Psychological Therapies	(60)			(60)
District Nursing	(31)	31	(75)	(75)
Chief Nurse	(51)	51	(52)	(52)
Health & Wellbeing	(55)	55	(80)	(80)
Specialist Children - SLT	(3)			(3)
Dementia			(65)	(65)
Workforce Wellbeing			(74)	(74)
Unaccompanied Asylum Seeking Children (UASC)			(22)	(22)
Mental Health Recovery & Renewal			(51)	(51)
Implementation of National Trauma Training Programme			(50)	(50)
Woodland Garden Project	(7)			(7)
Total Earmarked	**(10,909)**	**8,485**	**(17,983)**	**(20,407)**
Contingency / General	**(1,935)**		**(3,196)**	**(5,131)**
General Fund	**(12,844)**	**8,485**	**(21,179)**	**(25,537)**

4.6 The position set out provides for earmarked reserves in the region of £20.4m. The most significant additions relate to funding allocated from the SG for specific initiatives related to further Covid funding to support the continuing impact of the pandemic, Adult Winter Planning funding and SG funding to support the recovery of dental services. In addition, full funding allocations were made in respect of PCIP, Action 15 MH and ADP where there continue to be issues in relation to recruitment which will hamper the ability to spend this money in year.

4.7 The current financial performance, as set out in the budget monitoring report for Month 10, provides for a projected underspend on budget of £3.2m. This will be subject to some movement as the year end concludes and relates in the main to the significant downturn in care placements across older people and adult social care services and prescribing. This will be taken to reserves and will support the creation of an accommodation redesign reserve at £1.5m as part of the HSCP property review in delivery of the Primary Care Improvement Programme and wider accommodation challenges.

4.8 This will leave a general reserves / contingency balance of £3.631m to ensure compliance with the HSCP reserves policy and provide a cushion to manage any in year pressures or unplanned events during 2022/23. This is set out in the table below:

	£m
General Reserve (projected)	5.131
Proposed:	
Earmarked - Accommodation Redesign	(1.500)
Balance - Contingency	3.631

5.1 Financial Risks - The most significant risks that will need to be managed during 2021/22 are:

- **Cost Pressures –** The assumptions built in for anticipated demand and cost pressures for social work are beyond that expected, particularly in relation to contractual uplifts relating to the NCHC uplift and demand for care packages in line with the recovery of service delivery models post covid. The former element is still subject to negotiation and finalisation through COSLA and Scotland Excel. There is funding available from SG as part of the £554m made available through the LA settlement to meet the cost of the pay uplift to care providers to £10.50 and to address social care pressures. An element of this funding could be used to address additional contractual pressures, however by hypothecating a larger element of this funding means there will be less to manage other social work pressures.
- **Pay Uplift –** The assumptions related to the pay awards for local authority and NHS staff are still subject to negotiation through COSLA and the Scottish Government and if these are higher than assumed will create an additional cost pressure. The latter may be met with additional funding. An additional 1% increase = £462k.
- **Prescribing Expenditure** – Prescribing is singularly the most significant risk to the Partnership in terms of cost and demand volatility. This is particularly significant for medicines moving onto short supply which has been a concern over the last couple of years and may be impacted following the UK exit from the EU and the impact on the supply chain from the coronavirus. The uplift included for prescribing is in line with the NHS uplift (2%) which will create a potential gap based on previous year trends being nearer a 4% increase (pre covid). This will be mitigated through the maintenance of an earmarked reserve to manage the risks related to prescribing.
- **Covid-19** - The 2022/23 budget proposals are presented on the basis that costs associated with the Covid response and recovery of services will continue and that there will be funding available from the SG to cover these costs. There is a risk that funding may not be sufficient to cover the full extent of these costs and the ongoing / long term impact from Covid is not known with certainty at this stage.
- **Un Scheduled Care** - The pressures on acute budgets remain 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 / delayed discharges) then there may be cost implications as the set aside arrangements are finalised and implemented.
- **Achievement of Savings Targets** –There are elements of savings target where further work has to be progressed to realise the efficiency / savings identified and this will be reliant on the resources required to take these initiatives forward. There are also risks attached to the delivery of these savings which have been detailed within individual savings proposals.

- **Partnership Reserves** – the general reserves for the partnership are predicated on the financial performance and projections for 2021/22 delivering as expected. These will be used to mitigate any in year pressures or unplanned events.
- **Demographic Pressures** – Increasing numbers of older people, children transitioning into Adult Services and increasing numbers of LAAC is placing significant additional demand on a range of services including residential placements, day care and home care. These factors increase the risk that overspends will arise and that the IJB will not achieve a balanced year end position. The provision of a general / contingency reserve within the HSCP will mitigate these risks.

6.1 **Impact on the HSCP Medium Term Financial Strategy 2022 – 2027**

6.2 The HSCP Medium Term Financial Strategy (MTFS) was approved through the HSCP Board on the 24th June 2021. The Medium-Term Financial Strategy for East Dunbartonshire IJB outlines the financial outlook for the IJB over the next 5 years and provides a framework which will support the IJB to remain financially sustainable. It forms an integral part of the IJB's Strategic Plan, highlighting how the IJB medium term financial planning principles will support the delivery of the IJB's strategic priorities.

6.3 This is subject to regular review in the context of annual financial settlements, specific Covid impacts and any other significant changes which may have a bearing on the financial position of the HSCP.

6.4 As part of consideration of the Budget 2022/23, the financial plan has been reviewed and the financial planning assumptions revised where appropriate.

6.5 The main areas for consideration within the MTFS for the HSCP are :-

6.5.1 The medium term financial outlook for the IJB provides a number of cost pressures with levels of funding not matching the full extent of these pressures requiring a landscape of identifying cost savings through a programme of transformation and service redesign.
6.5.2 The IJB is planning for a range of scenarios ranging from best to poor outcomes in terms of assumptions around cost increases and future funding settlements. This will require the identification of £11.5m to £21.8m of savings with the most likely scenario being a financial gap of £11.5m over the next five years.
6.5.3 This will extend to £28.9m over the next 10 years, however this becomes a more uncertain picture as the future environment within which IJBs operate can vary greatly over a longer period of time.
6.5.4 Based on the projected income and expenditure figures the IJB will require to achieve savings between £0.5m and £3.0m each year from 2022/23 onwards

6.6 A copy of the updated MTFS is included as **Appendix 5.**

7.1 **IMPLICATIONS**

The implications for the Board are as undernoted.

7.2 Relevance to HSCP Board Strategic Plan –

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

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.

7.3 Frontline Service to Customers – the budget will deliver increased investment in capacity building across care at home services, adult social care workforce and support to carers which will deliver additional service offerings to current and future service users.

7.4 Workforce (including any significant resource implications) – the budget will see increased investment in to enhance staffing capacity across health and social care as well as increase to pay within the commissioned social care sector.

7.5 Legal Implications – None.

7.6 Financial Implications – The financial landscape for the partnership is challenging for 2022/23 and beyond. This is as a consequence of continuing demand and cost increases, challenging demographic pressures and ongoing financial austerity within Partners. The HSCP is able to deliver a balanced budget position through a combination of savings and investment of funding from the SG to enhance capacity across health and social care services to meet these cost and demand pressures. The backstop will be a resort to the reserves held by the HSCP.

7.7 Procurement – None.

7.8 Economic Impact – None.

7.9 Sustainability – The sustainability of the partnership in the context of the current financial position and potential to create general reserves will support ongoing financial sustainability. In order to maintain this position will require a fundamental change in the way health and social care services are delivered within East Dunbartonshire going forward in order to meet the financial challenges and deliver within the financial framework available to the partnership on a recurring basis.

7.10 Equalities Implications – None.

7.11 Other – None.

8.1 **MANAGEMENT OF RISK**

The risks and control measures relating to this Report are as follows:-

8.2 There are a number of financial risks moving into future years given the rising demand in the context of reducing budgets which will require a radical change in way health and social care services are delivered which will have an impact on services users / carers, third and independent sector providers and staffing. The risks are set out in paragraph 5.0.

9.1 IMPACT

9.2 **STATUTORY DUTY –** The Integration Scheme is a Statutory Instrument that is approved through Parliamentary Order. This established our Integration Scheme and in so doing legally constituted the East Dunbartonshire Integration Joint Board (IJB) as a body corporate. It also specifies legally the relationships and obligations of the constituent bodies and the IJB. The specifics of the interrelationships are set out in the Integration Scheme. The Integration Scheme requires the IJB to set a balanced budget and describes the obligations of the constituent bodies in so doing. These are statutory obligations and requirements.

9.3 **EAST DUNBARTONSHIRE COUNCIL** – The impact and risks to the services delivered through the partnership will be significant in the event of a financial settlement that challenges the delivery of core, statutory services and contains demand, cost and demographic pressures. Effective management of the partnership budget will give assurances to the Council in terms of managing the partner agency's financial challenges.

9.4 **NHS GREATER GLASGOW & CLYDE** – The impact and risks to the services delivered through the partnership will be significant in the event of a financial settlement that challenges the delivery of core, statutory services and contains demand, cost and demographic pressures. Effective management of the partnership budget will give assurances to the Health Board in terms of managing the partner agency's financial challenges.

9.5 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –** East Dunbartonshire Council and NHS Greater Glasgow & Clyde (Directions template attached as appropriate)

10.1 POLICY CHECKLIST

10.2 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

11.1 APPENDICES

11.2 Appendix 1 – Further Covid Funding 2021-22 Letter to HSCP CFOs 25 Feb 22
11.3 Appendix 2 – 2022-23 - Budget Letter - NHS Chief Execs
11.4 Appendix 3 – Letter from NHS GG&C re HSCP Financial Settlement 2022-23
11.5 Appendix 4 – Local Government Finance Settlement letter from Ms Forbes to COSLA on Budget 2022-23 - 09 December 2021
11.6 Appendix 5 – HSCP Medium Term Financial Strategy 2022 - 2027
11.7 Appendix 6 – Directions Template

Health Finance, Corporate Governance & Value Directorate
Richard McCallum, Director

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HSCP Chief Finance Officers
NHS Board Directors of Finance
Cc:
HSCP Chief Officers
Local Government Directors of Finance
NHS Chief Executives

via email

25th February 2022

Colleagues

Further Covid funding 2021-22

Following the recent submission of your Quarter 3 financial returns, I am writing to confirm further funding of £981 million for NHS Boards and Integration Authorities to meet Covid-19 costs and to support the continuing impact of the pandemic. This funding is being provided on a non-repayable basis and includes provision for under-delivery of savings. While I anticipate that funding will be allocated in line with **Annexes A and B**, it will be a matter for NHS Boards and Integration Authorities to agree any revisions where appropriate to take account of local circumstances.

Within the overall funding outlined above, £619 million is being provided for Integration Authorities, which includes funding for a range of Covid-19 measures. The significant disruption to services has created a backlog of demand as well as increasing unmet need and frailty of service users. Investment is needed across day care services, care at home and to support unscheduled care, to keep people within the community, where possible and safe to do so, to avoid unplanned admissions and impacts on delayed discharges. Alongside this is the impact on mental health and services have been stepped up through, for example, Mental Health Assessment Units. This funding will also cover sustainability payments to social care providers and additional staff costs across Health & Social Care.

Where funding remains at year end 2021-22, this must be carried in an earmarked reserve for Covid-19 purposes in line with usual accounting arrangements for Integration Authorities, and I expect that this funding to be used before further allocations are made through the Local Mobilisation Planning process. This can be used to support continuation of costs which were funded in 2021-22 as a direct result of Covid-19. Use of these allocations to meet Covid-19 expenditure should be agreed by the IJB Chief Finance Officer and the NHS Board Director of Finance. The funding should be targeted at meeting all additional costs of responding to the Covid pandemic in the Integration Authority as well as the NHS Board.

/cont'd

St Andrew’s House, Regent Road, Edinburgh EH1 3DG

Any proposed utilisation of the earmarked reserves to meet new expenditure that had not been funded in 2021-22 will require agreement from the Scottish Government, and it will remain important that reserves are not used to fund recurring expenditure, given the non-recurring nature of Covid funding.

Thank you for your support and engagement during 2021-22 and I look forward to continued close work with you as we take forward plans for 2022-23 and beyond.

Yours sincerely

Richard McCallum
Director of Health Finance and Governance

Annex A Funding by Board Area

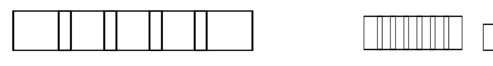
Further Covid-19 Funding (£000s)	Health Board	HSCP	Total
NHS Ayrshire & Arran	14,420	42,765	57,185
NHS Borders	7,471	17,575	25,046
NHS Dumfries & Galloway	13,997	16,146	30,143
NHS Fife	20,947	43,961	64,908
NHS Forth Valley	7,531	32,355	39,886
NHS Grampian	7,533	55,697	63,230
NHS Greater Glasgow & Clyde	88,484	132,917	221,401
NHS Highland	10,947	37,604	48,551
NHS Lanarkshire	15,121	68,810	83,931
NHS Lothian	31,641	114,566	146,207
NHS Orkney	2,575	3,746	6,321
NHS Shetland	999	3,620	4,619
NHS Tayside	2,441	45,355	47,796
NHS Western Isles	1,608	3,887	5,495
NHS National Services Scotland	118,110	-	118,110
Scottish Ambulance Service	11,326	-	11,326
NHS Education for Scotland	- 1,909	-	- 1,909
NHS 24	-	-	-
NHS National Waiting Times Centre	5,436	-	5,436
The State Hospital	-	-	-
Public Health Scotland	3,071	-	3,071
Healthcare Improvement Scotland	- 176	-	- 176
Total	**361,573**	**619,004**	**980,577**

Please note these figures represent the total funding across several allocations (PPE, Test & Protect, Vaccinations and General Covid Funding). A detailed analysis will be provided to each NHS Territorial Board setting out the split across Board and Integration Authorities.

Annex B Total Funding by Integration Authority

Integration Authority	Further Covid-19 Funding £000s
East Ayrshire	14,143
North Ayrshire	15,891
South Ayrshire	12,731
Scottish Borders	17,575
Dumfries and Galloway	16,146
Fife	43,961
Clackmannanshire & Stirling	16,819
Falkirk	15,536
Aberdeen City	24,317
Aberdeenshire	19,675
Moray	11,705
East Dunbartonshire	9,930
East Renfrewshire	14,781
Glasgow City	73,130
Inverclyde	10,370
Renfrewshire	16,964
West Dunbartonshire	7,741
Argyll & Bute	11,881
North Highland	25,724
North Lanarkshire	32,102
South Lanarkshire	36,708
East Lothian	13,537
Edinburgh City	70,314
Midlothian	9,506
West Lothian	21,209
Orkney	3,746
Shetland	3,620
Angus	11,843
Dundee	16,784
Perth & Kinross	16,728
Western Isles	3,887
Total	**619,004**

Please note these figures represent the total funding across several allocations (PPE, Test & Protect, Vaccinations and General Covid Funding). A detailed analysis will be provided to each NHS Territorial Board setting out the split across Board and Integration Authorities.



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Chief Executives, NHS Scotland

Copy to: NHS Chairs
NHS Directors of Finance
Integration Authority Chief Officers
Integration Authority Chief Finance Officers

Issued via email

9 December 2021

Dear Chief Executives

Scottish Government Budget 2022-23

Following the announcement of the Scottish Government's Budget for 2022-23 by the Cabinet Secretary for Finance and the Economy in Parliament today, I am writing to provide details of the funding settlement for Health Boards. A breakdown of the total is provided in **Annex A** to this letter.

The Cabinet Secretary has set out that this is a transitional budget, paving the way for a full resource spending review in May 2022, and taking the next steps to deliver the Health and Social Care commitments outlined in the Programme for Government. As in previous years, the position set out in this letter will be subject to any amendments agreed through the Scottish Parliament's Budget Bill process, as well as recognising the further work that we will undertake with you specifically in relation to Covid-19 funding arrangements. I will keep you up to date with any changes to our planning assumptions.

Baseline Funding

All Boards will receive a baseline uplift of 2% along with further support for increased employer national insurance costs arising from the UK Health and Social Care Levy. In addition, those Boards furthest from NRAC parity will receive a share of £28.6 million, which will continue to maintain all Boards within 0.8% of parity.

In terms of pay, initial funding has been allocated in line with the Scottish Public Sector Pay Policy for planning purposes. This will be used as an anchor point in the forthcoming Agenda for Change pay settlement and funding arrangements for Boards will be revisited by the Scottish Government in line with the outcome of the pay negotiations.

Boards should make appropriate provision for medical, dental and other staff groups, and expect to accommodate these costs within the baseline uplift.

Covid-19 Funding

We recognise the scale of anticipated Covid commitments and expenditure for 2022-23 and are keeping this under close review. To this end, we are currently seeking clarity on the level of Covid-19 funding that will be provided by HM Treasury in 2022-23. In addition however to the baseline uplift we will provide:

- an initial £30 million in 2022-23 on a recurring basis to support the permanent recruitment of Vaccination staff. Further funding will be provided following review of staffing models across NHS Boards.

- funding of £33 million for the first six months of 2022-23 for the National Contact Centre staffing and Test and Protect contact tracing staffing, £17.5 million for mobile testing units, and a further £4.1 million for the regional labs staffing in 2022-23.

We will set out more detail on overall financial support as we receive further clarity from HM Treasury and as planning arrangements are developed. We will continue to work closely with NHS Directors of Finance and Chief Financial Offcers, to ensure that all appropriate steps are being taken to deliver value and efficiency across totality of spending.

Investment in Improving Patient Outcomes

In addition to the funding above, a total of £845.9 million will be invested in improving patient outcomes in 2022-23, as set out below:

Improving Patient Outcomes	2021-22 Investment in reform (£m) Restated	2022-23 Investment in reform (£m)	Increase for 2022-23 (£m)
Primary Care	250.0	262.5	12.5
Waiting times	196.0	232.1	36.1
Mental Health and CAMHS	231.1	246.0	14.9
Trauma Networks	37.8	44.3	6.5
Drugs Deaths	61.0	61.0	0.0
TOTAL	**775.9**	**845.9**	**70.0**

When combining the £70 million increase in investment set out above with the increase of £317.4 million in baseline funding for frontline NHS Boards, the total additional funding for frontline NHS Boards will amount to £387.4 million (3.2 per cent) in 2022-23 - see **Annex A.**

Core Areas of Investment

Further detail on funding allocations and arrangements will be set out by individual policy areas, however please note the overall funding committed:

Primary Care

Investment in the Primary Care Fund will increase to £262.5 million in 2022-23 as a first step to increasing primary care funding by 25% over the life of this Parliament. Funding will continue to support the delivery of the new GP contract as well as wider Primary Care reform and new models of care including multi-disciplinary teams and increased use of data and digital.

Waiting Times Recovery

Investment of £232.2 million is being provided to support waiting times improvement, recovery and reform. This includes £60 million for NHS Recovery and an additional support for National Treatment Centres. As in previous years this includes £10 million for winter, to allow Boards maximum opportunity to plan as appropriate.

Mental Health and CAMHS

Funding of £246 million for Improving Patient Outcomes will be directed to a range of partners for investment to support mental health and children and young people’s mental health. It will help fund a range of activities which support prevention and early intervention through offering a sustained increase in investment in mental health services. It will support our commitment to increase direct mental health funding by at least 25% over this parliamentary term. It will incorporate recurring funding of £120 million, which was provided in 2021-22 to support the delivery of the Mental Health Transition and Recovery Plan, published in October 2020, including significant funding to improve Child and Adolescent Mental Health Services and to reduce waiting times.

As part of the 2022-23 budget we are investing to deliver commitments across perinatal and infant mental health, school nursing service, increased funding for suicide prevention, enhanced services for children and young people, and action on dementia, learning disabilities and autism.

Health Boards and their partners are expected to prioritise mental health and to deliver the Programme for Government commitment that at least 10% of frontline health spending will be dedicated to mental health and at least 1% will be directed specifically to services for children and young people by the end of this parliamentary session.

Trauma Networks
This funding will increase from £37.8 million to £44.3 million, taking forward the implementation of the major trauma networks.

Alcohol and drugs
The total 2022-23 Portfolio budget of £85.4 million includes £50 million to be targeted towards reducing drugs deaths. This is part of the delivery of the National Drugs Mission, with a commitment to provide a total of £250 million of additional funding by 2025-26. Funding will support further investment in a range of community-based interventions, with a focus on supporting individuals and their families within their community, as well as an expansion of residential rehabilitation and improving delivery of frontline care as part of the overarching aim of reducing harms and avoidable deaths caused by substance misuse.

Health and Social Care Integration
In 2022-23, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of 2% over 2021-22 agreed recurring budgets, and make appropriate provision for increased employer national insurance costs.

The Health and Social Care Portfolio will transfer additional funding of £554 million to Local Government to support social care and integration, which recognises the recurring commitments on adult social care pay and on winter planning arrangements. In doing so, we recognise the potential range of costs associated with elements of the winter planning commitments, and that some flexibility in allocation of funding may be required at a local level.

The overall transfer to Local Government includes additional funding of £235.4 million to support retention and begin to embed improved pay and conditions for care workers, with the Scottish Government considering that this funding requires local government to deliver a £10.50 minimum pay settlement for adult social care workers in commissioned services, in line with the equivalent commitment being made in the public sector pay policy. The additional funding will also support uprating of FPNC and the Carers Act.

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2021-22 recurring budgets for social care services and therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £554 million greater than 2021-22 recurring budgets.

Capital Funding
Territorial Boards should assume a five per cent increase in their initial capital formula allocation. National Boards formula capital will be unchanged.

Financial Planning

As previously confirmed, we will return to three year financial planning in 2022-23. It is expected that Boards will submit these plans in line with the timescales for three year operational plans, however we will provide further updates on this in advance of the new financial year.

It is recognised that some specific cost pressures have been highlighted by NHS Boards, such as those relating to CNORIS, Office 365 and PACS reprovisioning. We will undertake further work with Directors of Finance to determine the extent of these pressures and planning assumptions that should be made.

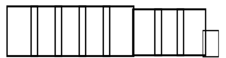
Yours sincerely

RICHARD MCCALLUM
Director of Health Finance and Governance

Annex A – Board Funding Uplifts

NHS Territorial Boards	2021-22 Allocation	Recurring Allocations**	Total 2021-22 Allocation	Uplift***	Uplift	2022-23 Total Allocation	*NRAC Funding*	*Distance from NRAC Parity*
	£m	£m	£m	£m	%	£m	*£m*	*%*
Ayrshire and Arran	774.5	12.0	786.4	20.3	2.6%	806.8	*0.2*	*-0.8%*
Borders	222.7	3.7	226.3	8.5	3.7%	234.8	*2.7*	*-0.8%*
Dumfries and Galloway	320.6	5.2	325.8	8.3	2.6%	334.1	*0.0*	*1.3%*
Fife	712.6	11.2	723.8	25.5	3.5%	749.4	*7.0*	*-0.8%*
Forth Valley	569.4	9.2	578.7	19.4	3.4%	598.1	*4.6*	*-0.8%*
Grampian	1,027.9	17.6	1,045.5	26.7	2.6%	1,072.2	*0.0*	*-0.5%*
Greater Glasgow and Clyde	2,398.1	43.4	2,441.5	62.4	2.6%	2,504.0	*0.0*	*1.9%*
Highland	691.9	12.6	704.5	21.2	3.0%	725.6	*3.1*	*-0.8%*
Lanarkshire	1,286.1	20.2	1,306.3	40.6	3.1%	1,346.8	*7.2*	*-0.8%*
Lothian	1,569.5	26.0	1,595.5	43.8	2.7%	1,639.3	*3.0*	*-0.8%*
Orkney	54.8	0.9	55.7	1.4	2.6%	57.1	*0.0*	*0.6%*
Shetland	54.6	0.9	55.6	1.4	2.6%	57.0	*0.0*	*2.4%*
Tayside	819.9	14.4	834.4	22.2	2.7%	856.5	*0.8*	*-0.8%*
Western Isles	81.1	1.2	82.4	2.1	2.6%	84.5	*0.0*	*12.1%*
Territorials Total	**10,583.7**	**178.5**	**10,762.2**	**303.9**	**2.8%**	**11,066.1**	***28.6***	
NHS National Boards								
National Waiting Times Centre	60.9	4.9	65.9	2.2	3.4%	68.1		
Scottish Ambulance Service	283.7	14.2	297.9	8.0	2.7%	305.9		
The State Hospital	38.1	0.8	39.0	1.0	2.7%	40.0		
NHS 24	73.8	2.4	76.2	2.2	2.9%	78.4		
NHS Education for Scotland	471.7	8.3	479.9	12.4	2.6%	492.3		
NHS National Services Scotland	341.4	5.4	346.8	8.5	2.4%	355.3		
Healthcare Improvement Scotland	27.5	2.2	29.7	0.7	2.5%	30.4		
Public Health Scotland	48.6	1.7	50.4	1.7	3.4%	52.1		
Nationals Total	**1,345.8**	**39.9**	**1,385.8**	**36.8**	**2.7%**	**1,422.6**		
Total NHS Boards	**11,929.5**	**218.4**	**12,148.0**	**340.7**	**2.8%**	**12,488.7**		
Improving Patient Outcomes******	**775.9**		**775.9**	**70.0**		**845.9**		
Total Frontline NHS Boards*	**11,816.2**	**200.9**	**12,017.1**	**387.4**	**3.2%**	**12,404.4**		

* Frontline NHS Boards comprise the 14 NHS Territorial Boards, National Waiting Times Centre, Scottish Ambulance Service, State Hospital and NHS 24.
** Includes recurring allocations from 2020-21 and funding for Agenda for Change and Medical & Dental pay uplift in 2021-22.
*** Includes funding for increased employer NI contributions and NRAC parity adjustments.
**** Restated for Mental Health and NHS Recovery Funding



Greater Glasgow and Clyde NHS Board

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Date: 9th March 2022
Our Ref: FMcE

Enquiries to: Fiona McEwan
Direct Line: 07957638165
E-mail: fiona.mcewan@ggc.scot.nhs.uk

Dear Caroline

2022/23 Financial Allocation to East Dunbartonshire Health and Social Care Partnership

Further to initial informal discussions with Chief Officers and Chief Finance Officers, I am writing to you with an indicative budget proposal for 2022/23. An update to this letter formally confirming your final allocation for 2022/23 will be issued on behalf of the Board after the Board's financial plan has been approved at the April board meeting and when the Board's financial out-turn is confirmed along with further clarification on the totality and distribution of future Covid-19 funding is determined.

Annual uplift to NHSGGC

The annual general uplift is provided by the Scottish Government to support Boards in meeting expected additional costs related to pay, supplies (which includes prescribing growth and utilities charges) and capital charges. The Board's uplift for 2022/22 is 2.0% totalling £48.8m with a further allocation of £13.6m to support the increased employer national insurance costs arising from the UK Health and Social Care Levy.

The HSCP Settlement

The Scottish Government's budget letter issued on 9 December 2022 states that *"In 2022-23, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of 2% over 2021-22 agreed recurring budgets, and make appropriate provision for increased employer national insurance costs."*

The total allocation uplift to all six HSCPs should be £21.1m based on the current recurring budget at 31 January 2022. This will be adjusted when the 2021/22 out-turn is finalised in April.

An indicative allocation based on Month 10 figures is included in **Appendix 1**

Set Aside Budget

This is initially based on the estimated set aside budget for 2021/22 uplifted by 2.0% and will be revised when the Board's final out-turn is confirmed. This figure represents the

estimated actual usage of in scope Acute services. This will continue to be a notional allocation.

Covid-19 Funding

As per the Scottish Government Letter issued on the 25th of February 2022 for further Covid funding in 2021/22:

"Where funding remains at year end 2021-22, this must be carried in an earmarked reserve for Covid-19 purposes in line with usual accounting arrangements for Integration Authorities, and I expect that this funding to be used before further allocations are made through the Local Mobilisation Planning process. This can be used to support continuation of costs which were funded in 2021-22 as a direct result of Covid-19. Use of these allocations to meet Covid-19 expenditure should be agreed by the IJB Chief Finance Officer and the NHS Board Director of Finance. The funding should be targeted at meeting all additional costs of responding to the Covid pandemic in the Integration Authority as well as the NHS Board."

Recharges to HSCPs

The following items will continue to be charged to the HSCP during 2022/23:

- The HSCP's proportional share of the Apprenticeship Levy based on your HSCP's payroll cost; and

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

Meetings will be arranged before the end of the financial year to allow us to formalise the funding and processes that are required for 2022/23. In the meantime, this letter enables the HSCP to produce its financial plans for 2022/23.

Yours sincerely

Fiona McEwan
Assistant Director of Finance- Financial Planning & Performance
NHS Greater Glasgow and Clyde

Appendix 1 – Financial Allocation 2022/23 (based on month 10 figures)

Spend Categories		East Dunbartonshire HSCP
		£000s
Family Health Services		30,429
FHS Income		(685)
Family Health Services Budget (Net)		**29,744**
Prescribing & Drugs		20,791
Non Pay Supplies		2,251
Pay		16,883
Other Non Pay & Savings		18,996
Other Income		(1,285)
Budget - HCH incl Prescribing		**57,635**
Total Rollover budget - NET		**87,379**
Adjustments:		
Non Recurring bud allocated to base		(1,771)
Budget Eligible for HCH & Prescribing uplift		**55,865**
Uplifts		
Scottish Government allocation	2.00%	**1,117**
Uplift for National Insurance increases	13.6 m	**122**
Total Uplift		**1,239**
Revised Budget		**88,619**
Set Aside Budget		
2021/2022 Value		37,759
Uplift @ 2%		755
2022/23 Value		**38,514**

EAST DUNBARTONSHIRE
HEALTH & SOCIAL CARE PARTNERSHIP

MEDIUM TERM FINANCIAL STRATEGY
2022/23 – 2027/28

East Dunbartonshire Health and Social Care Partnership

Medium Term Financial Strategy

2022/23– 2027/28

Executive Summary

This Medium-Term Financial Strategy for East Dunbartonshire IJB outlines the financial outlook over the next 5 years and provides a framework which will support the IJB to remain financially sustainable. It forms an integral part of the IJB's Strategic Plan, highlighting how the IJB medium term financial planning principles will support the delivery of the IJB's strategic priorities. The Strategic Plan for 2022 – 25 has been developed and approved through the IJB on the 24th March 2022.

East Dunbartonshire HSCP has been delivering a range of health and care services to our service users, patients and carers since September 2015 and has a budget of £199m within which to deliver these services. This includes an amount of £38.5m related to set aside for the delivery of prescribed acute functions.

There are a number of key opportunities and challenges for the HSCP at a national and local level. The most significant opportunity being the Review of Adult Social Care, elements of which have now been reflected in the new programme for government, and will see significant investment across a range of areas including the development of a National Care Services on an equal footing to the National Health Service, expansion of support for lower-level needs and preventive community support, increasing support to unpaid carers and sums paid for free personal care.

The IJB has particular demographic challenges related to a growing elderly population particularly in older old age. In the 10 years from 2016-2026, the East Dunbartonshire 85+ population is projected to continue to rise faster than any other HSCP area (by 52%). Looking ahead to 2041, the 85+ population will continue to rise faster than all HSCP areas (153%), with the exception of West Lothian.

The onset of a pandemic (Covid-19) and the impact of this on the delivery of health and social care services has had significant implications in the immediate / short term and this is expected to continue in the medium term as services recover and potential longer term impacts emerge which are yet to be fully assessed.

The Financial Challenge

The medium term financial outlook for the IJB provides a number of cost pressures with levels of funding not matching the full extent of these pressures requiring a landscape of identifying cost savings through a programme of transformation and service redesign. The IJB is planning for a range of scenarios ranging from best to poor outcomes in terms of assumptions around cost increases and future funding settlements. This will require the identification of £11.5m to £21.8m of savings with the most likely scenario being a financial gap of £11.5m over the next five years. This will extend to £28.9m over the next 10 years, however this becomes a more uncertain picture as the future environment within which IJBs operate can vary greatly over a longer period of time.

Based on the projected income and expenditure figures the IJB will require to achieve savings between £0.5m and £3.0m each year from 2022/23 onwards. The aim of the strategic financial plan is to set out how the IJB would take action to address this financial challenge across the key areas detailed below:

Key areas identified to close the financial gap

Delivering Services Differently through Transformation and Service Redesign

- Development of a programme for Transformation and service redesign which focuses on identifying and implementing opportunities to redesign services using alternative models of care in line with the ambitions of the HSCP Strategic Plan.

Efficiency Savings

- Implementing a range of initiatives which will ensure services are delivered in the most efficient manner.

Strategic Commissioning

- Ensuring that the services purchased from the external market reflect the needs of the local population, deliver good quality support and align to the strategic priorities of the IJB.

Shifting the Balance of Care

- Progressing work around the un-scheduled care commissioning plan to address a shift in the balance of care away from hospital based services to services delivered within the community.

Prevention and Early Intervention

- Through the promotion of good health and wellbeing, self-management of long term conditions and intervening at an early stage to prevent escalation to more formal care settings.

Demand Management

- Implementing a programme focussed on managing demand and eligibility for services which enable demographic pressures to be delivered without increasing capacity. This is an area of focus through the Review of Adult Social Care.

1. Introduction

1.1 The East Dunbartonshire Health and Social Care Partnership (ED HSCP) has now been operating for just over 5 years. The partnership was formally established in September 2015 in accordance with the provisions of the Public Bodies (Joint Working) (Scotland) Act (2014) and corresponding Regulations in relation to a range of adult health and social care services. The Integration Scheme was revised and approved by the Scottish Government in August 2016 to extend delegated functions in relation to NHS Community Children's Services; Children's Social Work Services; and Criminal Justice Social Work Services.

1.2 The third iteration of the Strategic Plan was approved by the IJB in March 2022 which set the key strategic priorities for the partnership, over the period 2022 - 2025, and included a medium term financial plan.

1.3 This medium term financial strategy (MTFS) aims to pull together in one place all the known factors affecting the financial position and sustainability of the organisation over the medium to longer term (5 - 10 years) and fulfil the recommendation of Audit Scotland within their audit report as part of the 2019/20 Annual Accounts.

1.4 This MTFS will establish the estimated level of resources required by the ED HSCP to operate the services delegated to it over the next five financial years and also estimate the level of demand pressures likely to be experienced by these services. It will take cognisance of the IJB Strategic Plan 2022 – 2025 and the ED HSCP Integration Scheme as well as any other relevant strategies agreed by the IJB since it became operational. It will also take cognisance of the strategies, plans and policies of its partners where relevant to the operation of the delegated services.

1.5 The MTFS will assist in delivering the strategic plan, further improve strategic financial planning and maximise the use of resources across the medium term.

2. Key Principles

2.1 There are a number of key principles within which the partnership financial planning is set:

- The use of resources must be aligned and promote the delivery of the key priorities set out within the strategic plan.
- Spending should be contained within the original budget set during the budget setting process; where this is not possible recovery plans will be required to deliver financial balance and protect constituent body budget positions.
- In the event that recovery plans are not successful or have a detrimental impact on the services being delivered, then the IJB may agree to cover any overspend through the use of reserves, where available, whilst a permanent solution to the overspend is identified.
- The Annual Delivery Plan approved by the IJB in March 2022 will seek to manage increasing demand or generate financial savings as well as deliver on the partnership strategic priorities.
- The preference towards the delivery of recurring savings and those budgets should be balanced on a recurring basis, the use of one-off savings only to be used where part of the overall financial strategy.

- The creation of reserves in line with the Reserves policy, approved by the IJB, to mitigate in year budget movements and provide some contingency throughout the year to manage demand and budget pressures to protect frontline services. This would include the use of earmarked reserves to support the delivery of service redesign and transformation to ensure sustainable services into the future.
- Working in partnership with NHS GG&C, EDC, the third sector and the other five GG&C IJBs to deliver the best and most efficient services possible within the financial allocations delegated.

3.0 National Context

3.1 The IJB operates in a complex environment with requirements to ensure statutory obligations, legislative and policy requirements, performance targets and governance and reporting criteria are met whilst ensuring the operational oversight of the delivery of health and care services.

Scottish Government Medium Term Health and Social Care Financial Framework

3.2 The publication of the 'Scottish Government Medium Term Health and Social Care Financial Framework' in October 2018 set 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.

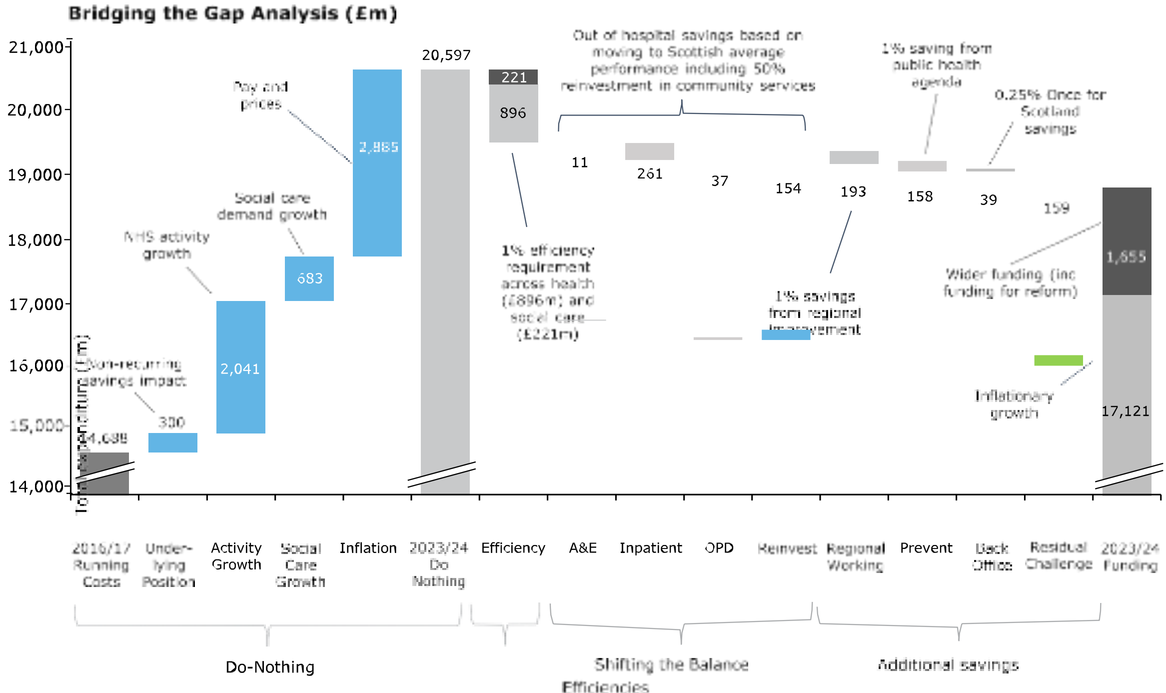
3.3 The framework provides an estimate of the future resource requirements across health and social care following analysis of historic expenditure trends, increasing unit costs, drivers of demand growth, government spending policy commitments and the range of activity which will contribute to the reform of health and social care delivery across Scotland. 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. Reform programmes 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.

3.4 Scottish Government Medium Term Health and Social Care Financial Framework included some key messages:

- The drivers for growth are recognised as price including pay and inflation, activity demand and growth and demographic impacts. The combined impact on each partner area is estimated at an annual growth rate of:
  - Health services 3.5%
  - Social care 4% which is slightly higher recognising the impact that the very elderly have on demographic pressures
- The framework sets out a number of approaches and initiatives to address this challenge through investment, reform and efficiency. These include shifting the balance of care, regional working, public health and protection, once for Scotland and a continued efficiency agenda.
- The framework will be revised to reflect progress and future iterations will include assessment of local and regional delivery plans.

The extract below from the plan summarises the strategy:

FIGURE 8. SYSTEM REFORM BRIDGING ANALYSIS



3.5 There are a number of other policy areas that will impact such as regional planning and local government review.

3.6 The Scottish Government has recently confirmed a move to multi-year budget settlements from 2020/21 for NHS Boards and whilst this may not be a panacea to funding constraints the degree of certainty this will bring to forward financial planning is a positive development.

3.7 The expectation is that partnerships are developing plans within an overall set of financial parameters taking into account workforce and service considerations as well as the local context within which partnerships are operating.

Health and Social Care Delivery Plan

3.8 In December 2016, the Scottish Government published the Health & Social Care Delivery Plan which sets out the programme for further enhancing health and social care services. Critical to this is shifting the balance of where care and support is delivered from hospital to community care settings, and to support individuals at home where appropriate. This furthers the Scottish Government's wider goal, to shift the balance of care from the acute sector to Community Care by 2021.

3.9 Although no figures are available beyond 2022/23, it is anticipated that the public sector in Scotland will continue to face a challenging medium term financial outlook. There is significant uncertainty over what the scale of this challenge will be. There remains wider risks which could further impact on the level of resources made available to the Scottish Government including the changing political and economic environment within Scotland, the UK and wider. This will potentially have significant implications for the East

Dunbartonshire HSCP parent organisations and therefore the settlements delegated to support Heath and Social Care services.

3.10 Looking forward to 2022/23 and beyond, it is important to be clear that within the current models of service delivery, the challenging financial settlements available will require further recurring savings to be made by the HSCP.

Audit Scotland Reports

3.11 Recent reports from Audit Scotland in relation to health and social care integration clearly articulate many of these risks, including:

- The need for greater clarity on how shifting the balance of care will work in practice, in order to release money for IJBs to invest in more community based and preventative care;
- How IJB members, from different backgrounds, can work effectively and manage conflicts of interest, and often complex relationships with partner organisations;
- Most IJBs do not oversee the operation of acute services which could potentially limit the impact they can achieve; and
- Budget setting challenges: as budgets flow through parent organisations and not directly from the Scottish Government. Furthermore, parent organisation budget setting timelines do not currently align.

3.12 Audit Scotland undertook an early review into the changes being brought about through the integration of health and social care in its paper of March 2016. The report, ‘Changing Models of Health and Social care’, set out the challenge of increasing demand for services and growth over the next 15 years in Scotland. Among the pressures identified in this were:-

- 12% increase expected in GP consultations;
- 33% increase in the number of people needing homecare and a 31% increase in those requiring ‘intensive’ homecare;
- 35% increase in demand for long stay care home places; and
- 28% increase in acute emergency bed delays and a 16% increase in acute emergency admissions.

The Audit Scotland report went on to say that on the basis of these estimated increases in demand, there would need to be an increased annual investment of between £422 and £625 million in health and social care services in order to keep pace.

Ministerial Strategic Group for Health and Community Care – Review Progress with Integration of Health and Social Care

3.13 In February 2019, the Scottish Government published the ‘Ministerial Strategic Group for Health and Community Care Review of Progress with Integration of Health and Social Care’.

3.14 The proposals contained in the report are based around six features of integration highlighted in the Audit Scotland report Health and Social Care Integration– Update on Progress, which are:

- Collaborative Leadership and Building Relationships;
- Integrated Finances and Financial Planning;

- Effective Strategic Planning for Improvement;
- Agreed Governance and Accountability arrangements;
- Ability and willingness to share information; and
- Meaningful and sustained engagement.

3.15 The proposals are all aimed at improving integration and meeting the Scottish Government's original vision for IJBs, however, in reality these will require considerable changes to systems, processes and operational methodologies to allow these to be met.

3.16 Six years after IJBs were established, the set aside budget for delegated services provided in large hospitals still has not been delegated to IJBs. Discussions are still ongoing as to how this can be done and continue to operate effectively.

3.17 The current model of funding delivered via NHS Boards, and Local Authorities, to HSCPs, is driving demands to deliver savings that cannot now be achieved without major impact on service capacity, performance and delivery and with a direct impact on service users. Decisions on these savings are made by IJBs whose guiding purpose is to ensure there is a local Strategic Plan in place to enable the balance of care shifts to take place, allowing local people to be supported to live and remain in their own homes and communities. The challenge in delivering this is compounded by the wider financial and demand pressures in other related parts of the health and social care system – particularly Acute services, GP services, home care, rehabilitation services and mental health services.

COVID-19 PANDEMIC IMPACT AND RESPONSE

3.18 As the year end for 2019/20 came to a close, the onset of a pandemic (Covid-19) and the impact of this on the delivery of health and social care services was emerging. The World Health Organisation (WHO) declared the virus a pandemic on 11 March 2020 and Scotland moved into lockdown on the 23rd March 2020. The HSCP implemented business continuity measures at this time and a number of key responses were put in place to manage the impact of the pandemic. This inevitably cuts across 'business as usual' and the delivery of the key strategic priorities for the HSCP and this continues as we see a process of recovery and re mobilisation of services to more normalised levels.

3.19 <u>Impact on business as usual in the delivery of services</u>
The Covid-19 pandemic has led to significant changes in the ways in which people are living and working, and changes to the focus of health and social care services delivery. The Health & Social Care Partnership continues to provide essential care and protection services, in line with Business Continuity and the Caring for People Plans. There is a clear focus within the Business Continuity Plan on continuing to provide support to our most vulnerable services users and patients, alongside a commitment to supporting staff to work safely and in line with Health Protection Scotland advice. As such, as many of our staff as possible are now working remotely from home.

3.20 Other changes have included a public protection collaborative team consisting of specialists in child and adult protection, and justice services, to ensure our approach is consistent with the changes to legislation that have been brought about through the Coronavirus (Scotland) Bill and to ensure there is clear and regular guidance to staff undertaking these duties.

3.21 <u>Funding consequences</u>
The HSCP's response to the Covid-19 pandemic has resulted in additional costs being incurred, including short term costs such as those relating to increased demand for care, staffing and PPE costs. The HSCP, along with all other HSCPs, was required to submit a Local Mobilisation Plan to Scottish Government, outlining the actions being taken in response to the Covid-19 situation. This is supported by further detail which is submitted on a regular basis through the health board to the Scottish Government, detailing the financial costs associated with these actions. These costs are being separately tracked internally for monitoring and reporting purposes and to help secure additional funding available. For the HSCP this additional funding is necessary, given the limited available reserves.

3.22 During 2022/23 the HSCP will continue to be focussed on the recovery of services which were impacted during 20/21 and 21/22 maintaining elements which have provided opportunities for improved ways of working, albeit there continue to be elements of responses to outbreaks, impacts on staffing, support to care provider sustainability and limited access to buildings while social distancing measures remain in place.

3.23 The Scottish Government have confirmed that additional funding will be available to support ongoing costs associated with Covid and similar processes for accounting for this funding will be in place as was during 2021/22. Financial planning assumptions have been provided to the SG to support the quantification of ongoing costs at a national level for those elements that are known.

3.24 Longer term funding impacts are difficult to comment on at this stage, as future funding settlements are subject to a greater degree of uncertainty and the longer term impacts on costs are also highly uncertain. Although it is expected that there will be significant changes in demand pressure patterns as a result of Covid-19, mapping and quantifying these is difficult as there remains much unknown regarding the medium and long term impacts of the pandemic. Demand trends will be closely monitored for any implications for future service delivery.

3.25 The HSCP recognises that the pandemic is a health crisis, social crisis, and economic crisis of unprecedented scale, with profound and permanent implications for our society. The crisis has brought about significant developments in, and embedding of, remote and digital ways of working that will be utilised throughout the pandemic and beyond. The full practical implications of the pandemic on society's expectations of care providers, the HSCP's demand for services, service users and ways of working in the medium and long term are not yet fully apparent but will continue to be assessed as the situation evolves and further government advice becomes available.

Independent Review of Adult Social Care in Scotland

3.26 On 1 September 2020 the First Minister announced that there would be an Independent Review of Adult Social Care in Scotland as part of the Programme for Government. The Review was chaired by Derek Feeley, a former Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland. Mr Feeley was supported by an Advisory Panel of Scottish and international experts.

3.27 The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use

services, their carers and families, and the experience of people who work in adult social care. The review took a human-rights based approach.

3.28 The Independent Review was published on 3 February 2021 and its recommendations are now reflected in the Scottish Government programme for change following the Holyrood elections in May 2021.

3.29 Amongst the Review's 53 recommendations is a call for system redesign, including the creation of a National Care Service (NCS) and the introduction of ethical and collaborative commissioning. The NCS would be created by a new law, led by a Chief Executive, and report directly to the Scottish Government. It would oversee local commissioning and procurement, supported by reformed Integration Joint Boards. Services would be procured from local authorities and third and independent sector providers. The NCS would also be responsible for implementing a new approach to improvement, similar to the NHS Patient Safety Programme. Some of the key recommendations relating to governance include:

- Accountability for social care support should move from local government to Scottish Ministers, and a Minister should be appointed with specific responsibility for Social Care;
- The proposed National Care Service for Scotland should be established in statute along with, on an equal footing, NHS Scotland, with both bodies reporting to Scottish Ministers;
- IJBs should be reformed to take full responsibility for the commissioning and procurement of adult social care support locally, accountable directly to the Scottish Government as part of the National Care Service;
- Budgets that are currently distributed to Integration Joint Boards via Local Authorities and Health Boards should be allocated directly by the Scottish Government;
- Social care services should be procured by the NCS in conjunction with IJBs from local authorities and third and independent sector providers, with social work services provided by local authorities;
- The Care Inspectorate and Scottish Social Services Council should become part of the National Care Service;
- The National Care Service should oversee social care provision at national level for people whose needs are very complex or highly specialist and for services such as prison social care that could be better managed on a once-for-Scotland basis. This should also apply to workforce development and improvement programmes to raise standards of care and support.
- The role for children's social care services and criminal justice services should be carefully considered as part of any changes.

3.30 The report sets out the investments required to create a system of social care support that will enable everyone in Scotland to get the social care support they need to live their lives as they choose and that promotes ad ensures human rights well-being independent living and equity. The Review estimates that the total cost of the recommendations it makes would amount to additional expenditure of £0.66bn per year, approximately 0.4% of Scottish GDP.

3.31 Adult social care support in Scotland requires greater investment. To secure better access to social care support, better terms and conditions for the social care workforce, better sustainability, the economic benefits of a strong social care sector, and to meet the aspirations set out within the wider report requires:

- Prioritising investment in social care as a key feature of Scotland's economic plans for recovery from the effects of the Covid-19 pandemic.
- Careful analysis by a National Care Service, with its partners in the National Health Service, Integration Joint Boards and beyond, of opportunities to invest in preventative care rather than crisis responses, to avoid expenditure on poor outcomes such as those experienced by people who are delayed in hospital.
- Additional investment is required across a number of areas of Adult Social Care order to:
  - ➢ expand access to support including for lower-level needs and preventive community support;
  - ➢ implement the recommendations of the Fair Work Convention;
  - ➢ remove charging for non-residential social care support;
  - ➢ increase the sums paid for Free Personal and Nursing Care for self-funders using care homes to the levels included in the National Care Home Contract;
  - ➢ re-open the Independent Living Fund, with the threshold sum for entry to the new scheme reviewed and adjusted; and
  - ➢ Review financial support made available to unpaid carers and increase investment in respite.

- Robustly factoring in demographic change in future planning for adult social care.
- Careful consideration to options for raising new revenues to increase investment in adult social care support.

3.32 The report promotes a new way of thinking about the funding of social care support and acknowledges that it creates jobs and economic growth and suggests a number of new funding mechanisms for consideration.

3.33 A number of these recommendations are progressing with an investment in pay uplifts for commissioned service providers which saw an increase from £9.50 per hour in 2021/22 to £10.50 per hour from the 1st April 2022, increased investment in workforce terms and conditions within commissioned service provision, increased investment in care at home capacity and the adult social care workforce, reviews underway on the independent living fund, non-residential charging and charging for residential care.

UK and Scottish Government Legislative and Policy Changes

3.34 UK and Scottish Government legislation and policies and how they are funded can have implications on the IJB and how and where we use our funding over time. Current examples include:

- Withdrawal from the European Union (Brexit) - The UK left the EU on the 31st January 2020 under the agreed Withdrawal Agreement with a 12 month transitional period to 31st January 2021 to continue talks to negotiate exit from the EU with a trade deal in place. The impact of this withdrawal has had limited impact on the services delivered through the HSCP, however this continues to be monitored as time elapses.
- From 1 April 2019 adults of any age, no matter their condition, capital or income, who are assessed by their local authority as needing Free Personal Care, are entitled to receive this without charge. The levels of free personal care allowances are set to increase substantially over the coming years with a 7.5% increase for 2021/22, a further increase of 10% in 2022/23 and further increases recommended with the

Independent Review of Adult Social Care in line with care home rates aligned to the NCHC.

- Carers Act (Scotland) 2016 was effective from April 2018 and is intended to support carers' health and wellbeing and allows carers an assessment of need in their own right. Funding was provided to meet additional costs and to date this is working well. Continued support for unpaid carers is an area highlighted through the Independent Review of Adult Social Care for further investment in future years.
- Primary Care Improvement Plan funding to support the GP contract and develop sustainable services going forward. Our plans include both local and NHSGGC system wide work.
- Mental Health Action 15 funding is intended to allow improvement to how a wide range of mental health services are delivered and increase the number of workers in this field by 800 nationally by the end of the programme. Our plans include both local and GGC system wide work.
- Fair Work Practices including the Scottish Living Wage (increased to £10.50 per hour in 2022) impacts on the costs of the services we provide and purchase.

Scottish Government Funding

3.35 Scottish Government funding is the main source of funding for both Councils and Health Boards and changes to policy, legislation or changes in the economy can have an impact on the funding which they receive. Between 2013/14 and 2019/20, revenue funding of Councils has fallen by just under 6% in real terms. Scottish Government revenue funding of Health Boards has increased by 6% in real terms between 2008/09 and 2018/19. The Scottish Government looks set to continue this increase in Health funding, with a clear commitment to increasing the health budget by £2bn over the lifetime of the current parliament, representing an increase of just under 2% per annum in real terms between 2018/19 and 2021/22. Funding for local government is forecast to reduce in real terms by 2% per annum, excluding the additional resources ring fenced for early year developments.

3.36 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.

3.37 East Dunbartonshire Council and Greater Glasgow and Clyde Health Board delegate budgets to the IJB to enable the IJB to fund the services which it commissions. Any changes to the Scottish Government funding which they receive is likely to impact on the level of budgets which are delegated to the IJB and the level of savings which are required to meet demand, demographic and inflationary pressures.

3.38 The Scottish Government budget approval of 10th February 2022 had a number of key messages for IJB's 2022/23 budget allocations including:

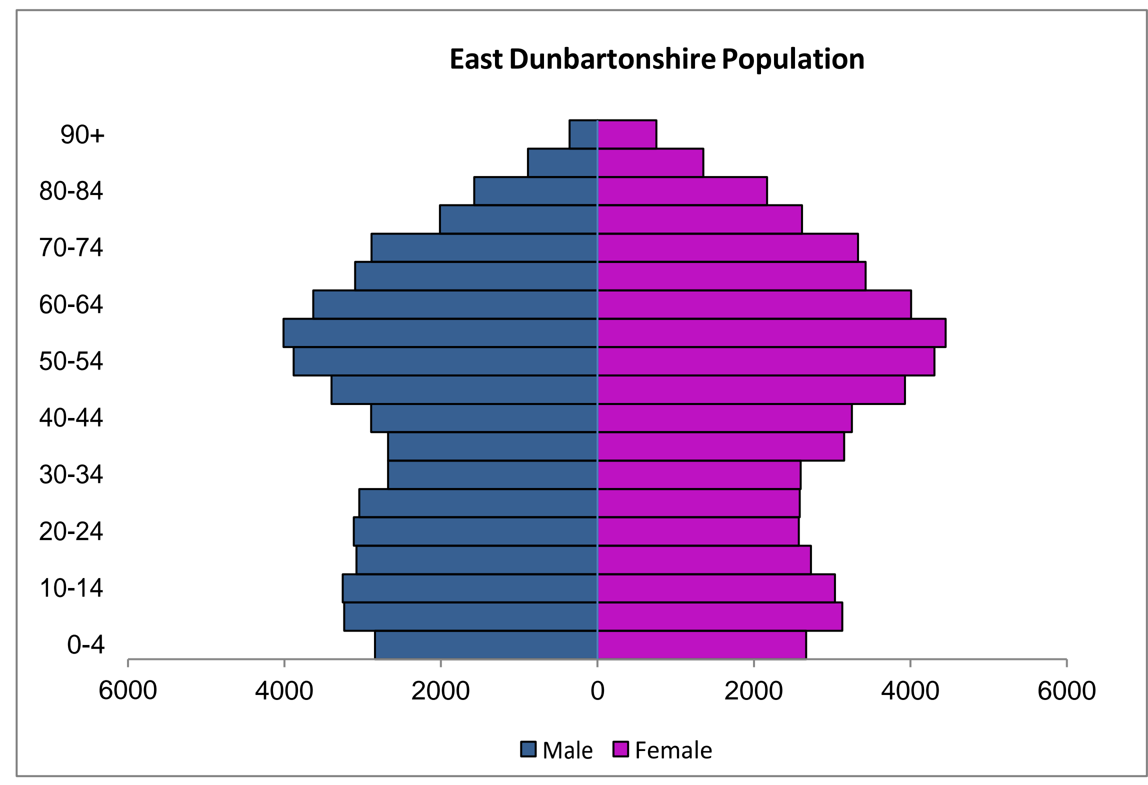
- An increase in NHS baseline funding of 2% with corresponding uplift to community health budgets for HSCPs.
- Additional funding of £619million will be provided to support the ongoing response to the pandemic.
- In addition to the baseline funding uplift to NHS services, a total of £845.9 million will be invested in improving patient outcomes in 2022-23 including Primary Care

Improvement, Waiting Times, Mental Health and CAMHs, Trauma Networks and tackling drug deaths.

- A further £554 million investment from the health portfolio to Local Authorities for investment in adult social care and integration. This takes the total funding transferred from the health portfolio to £1.4 billion in 2022-23. The additional £554 million will support delivery of the Living Wage (£174.5 million), continued implementation of the Carers Act (£20.4 million), uprating of free personal care (£15 million), Adult Winter Planning Monies (£144 million) and a further increase to the Living Wage (£10.50) / Social Care Investment (£200 million).

4.0 Local Context

4.1 East Dunbartonshire has a population of approximately 108,640 (based on 2019 estimates, an increase of 0.3% on 2018 estimates) and is a mix of urban and rural communities. It has frequently been reported in quality of life surveys as one of the best areas to live in Scotland based on people's health, life expectancy, employment and school performance. Economic activity and employment rates are high and the level of crime is significantly below the Scottish average. Despite this, inequalities exist across the authority and there are pockets of deprivation where the quality of life falls well below the national average. The graph below shows how the population is split by gender:



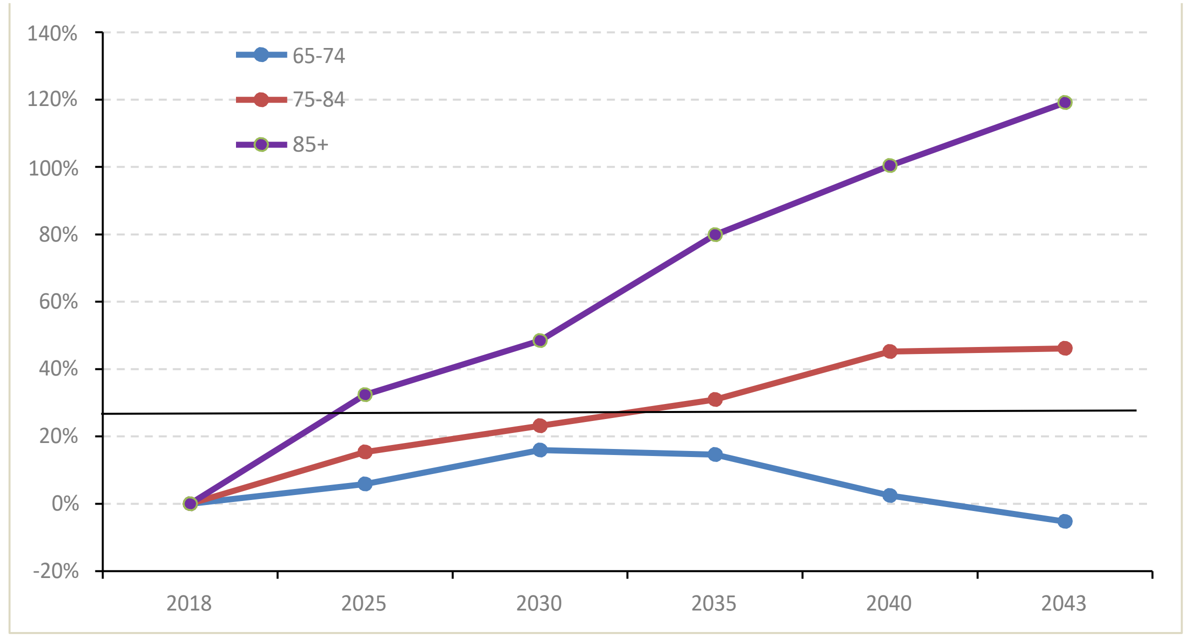
Source: NRS 2019 mid-year population estimate

4.2 The National Records of Scotland (NRS) population projections suggest there will be an increase of 7.6% in the overall population of East Dunbartonshire from 2018 – 2043 due to significant estimated rise in the population aged over 65yrs.

4.3 The figure below shows the proportion of increase projected in the older population from 2019-2043. The largest increase is in individuals aged over 85yrs, which is projected to

rise by over 100% from 3203 to 7,017 people. This projected rise in East Dunbartonshire's older population, many of whom will be vulnerable with complex needs, suggests that demand for health and social care services will rise accordingly.

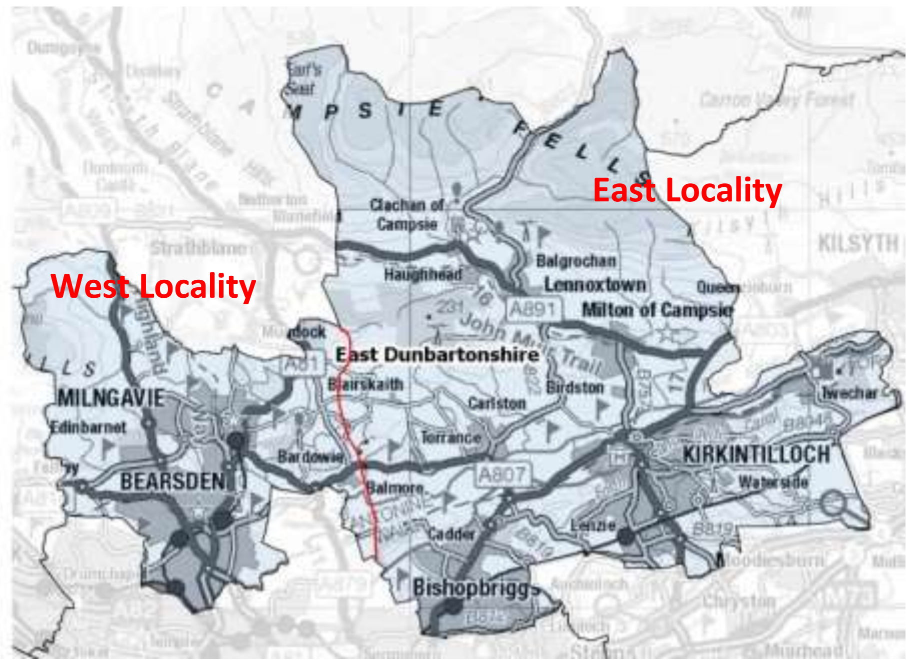
4.5 Figure 1: East Dunbartonshire population projection % by age group 2018-2043



Localities

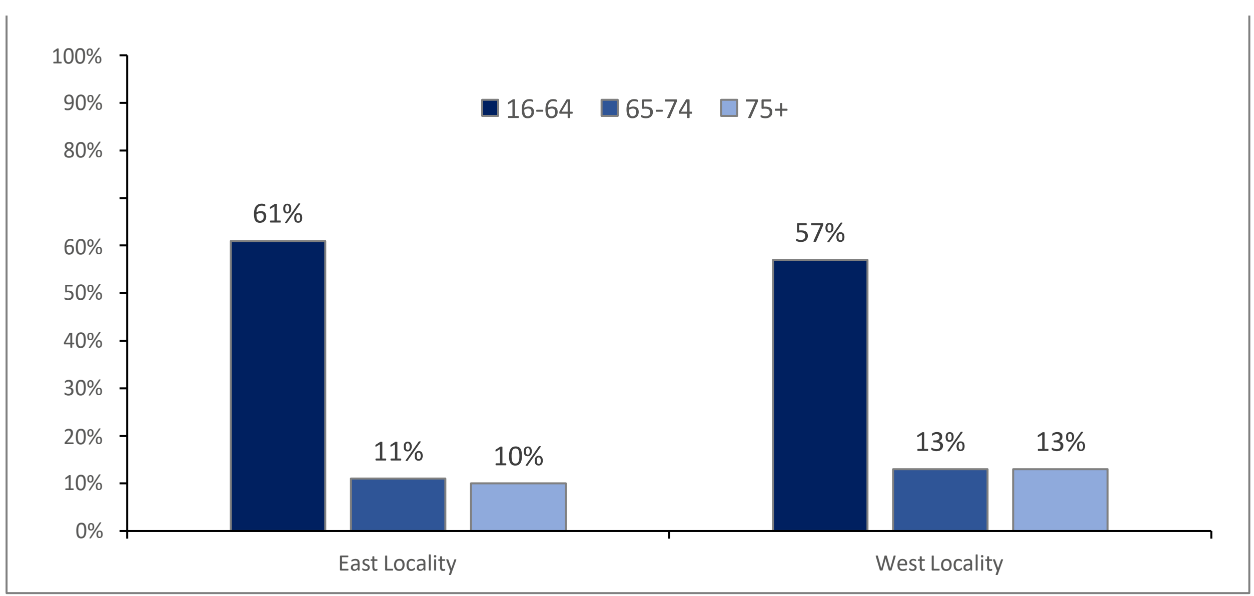
4.6 To allow the Health and Social Care Partnership (HSCP) to plan and deliver services which meet the differing needs within East Dunbartonshire, the area has been split into two geographical localities; East Dunbartonshire (East), referred to as East locality and East Dunbartonshire (West), referred to as West locality.

4.7 Figure 2: East Dunbartonshire Locality Map



4.8 The East Locality includes 62% (66,911) of East Dunbartonshire's population, while the West Locality accounts for 38% (41,729) of the population. The demographic breakdown by locality showed a slightly older population in the West locality for ages 65+.

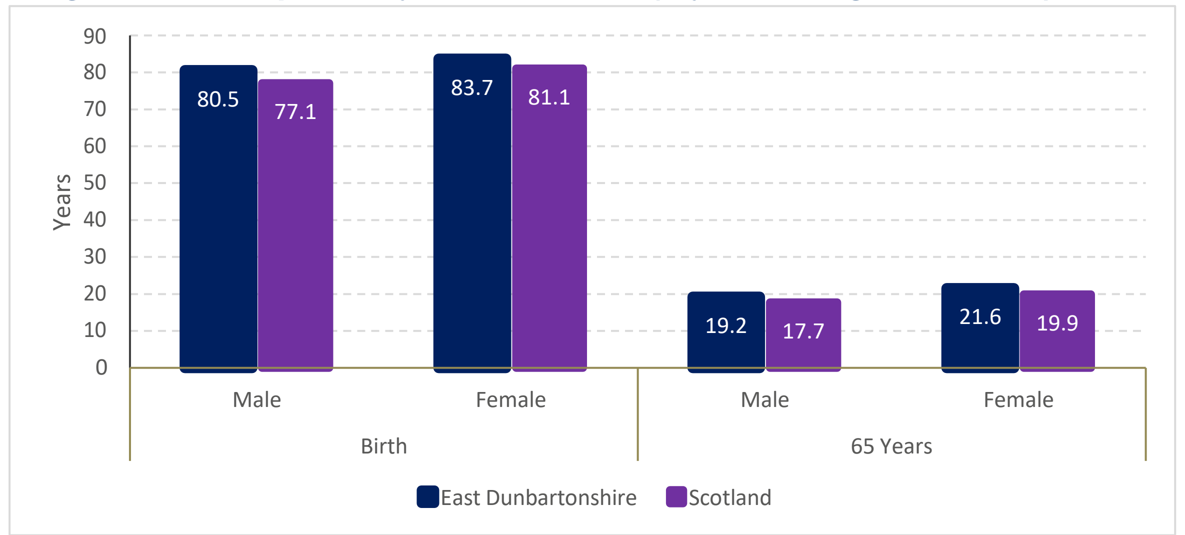
4.9 Figure 3: Population breakdown by locality 2019



Life Expectancy

4.10 The NRS publication showed that East Dunbartonshire continued to have the highest life expectancy at birth in Scotland for males and the second highest for females. The life expectancy of females at birth in East Dunbartonshire is around 3 years higher than males. Life expectancy at the age of 65 years was also higher than Scotland for both male and females in East Dunbartonshire.

4.11 Figure 4: Life expectancy at birth and 65 (3-year average 2017-2019)



Source: NRS/ScotPHO

4.12 Life expectancy and healthy life expectancy provide useful measures for planning services. Healthy life expectancy estimates the number of years an individual will live in a healthy state. Therefore, the number of years people are expected to live in 'not healthy' health is the difference between life expectancy and healthy life expectancy. Table 2 shows the number of years people were estimated to live in 'not healthy' health, with East Dunbartonshire having a lower estimate than Scotland.

4.13 Table 1: Number of years 'not healthy' health (3-year average 2017-19)

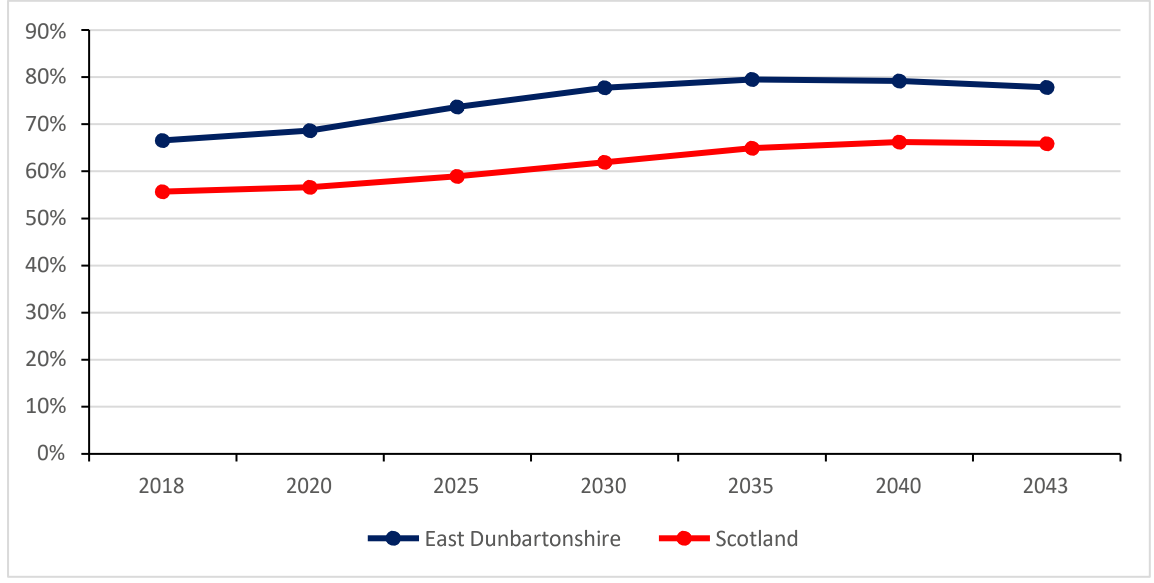
Local Authority	Expected period in 'not healthy' health	
	Males	Females
East Dunbartonshire	10.7	17.2
Scotland	15.4	19.2

Source: NRS

Population Dependency Ratio

4.14 The population dependency ratio refers to the proportion of the dependent population (0-16 years and over 65 years or non-working age) in relation to the independent population (16-64 years or "working age"). The higher the dependency ratio, the lower the working age population compared to the proportion of "dependents". This can have resource implications on health and social care service provision. The population dependency ratio was calculated using recent NRS population estimates projected to 2043, taking into account changes in the State pension age. As the total number of dependants in East Dunbartonshire was increasing faster than the working age population, the population dependency ratio was projected to increase to 77.9% in 2043 (Scotland 65.9%).

4.15 Figure 5: East Dunbartonshire dependency ratio; 2018 - 2043

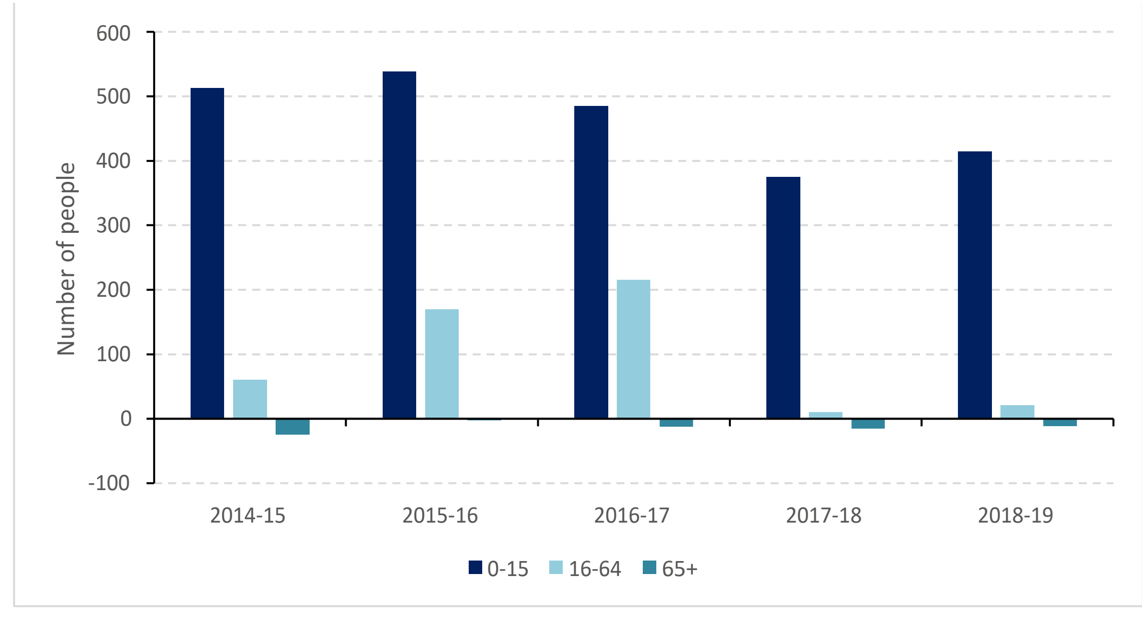


Source: NRS

Migration

4.16 Over the last 5 years there has been a higher number of people moving into East Dunbartonshire (4,060 per year) than those moving out (3,510 per year). Individuals aged 0 to 15 accounted for the largest group of in-migrants, while individuals aged 65+ were the largest group of out-migrants.

4.17 **Figure 6: East Dunbartonshire Net Migration 2014/15 - 2018/19**



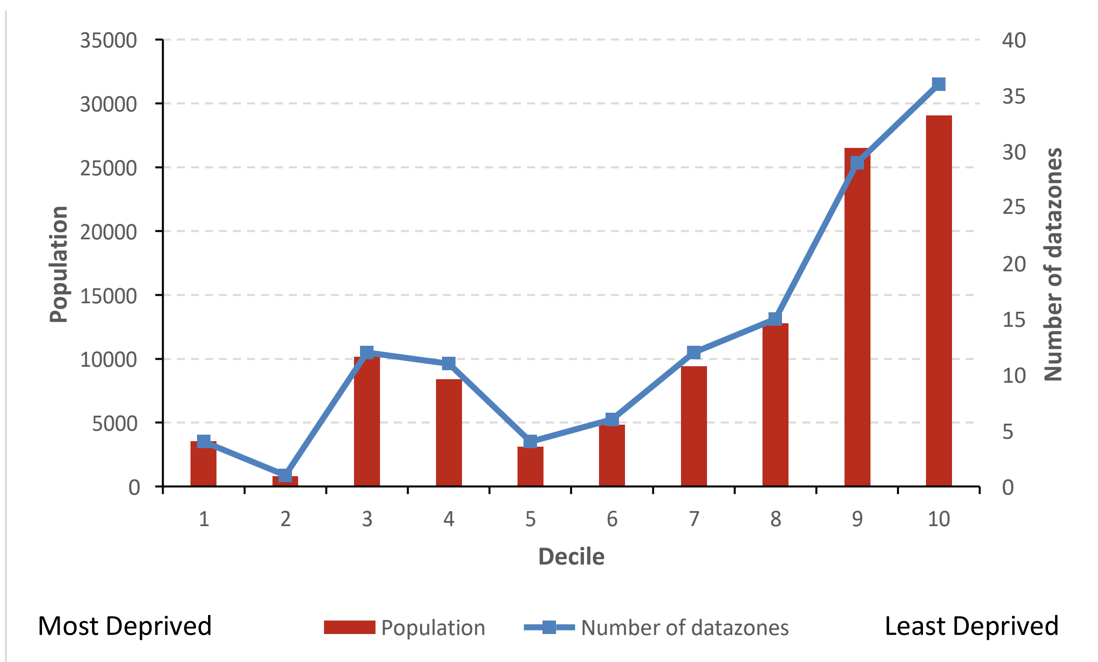
Source: NRS

Deprivation

4.18 The Scottish Index of Multiple Deprivation (SIMD) ranked datazones, small areas with an average population of 800 people, from the most deprived to the least deprived. Using

deciles, with 1 being the most deprived and 10 being least deprived, the chart below illustrates the number of people and datazones in each decile in East Dunbartonshire.

4.19 **Figure 7: East Dunbartonshire population by SIMD decile**



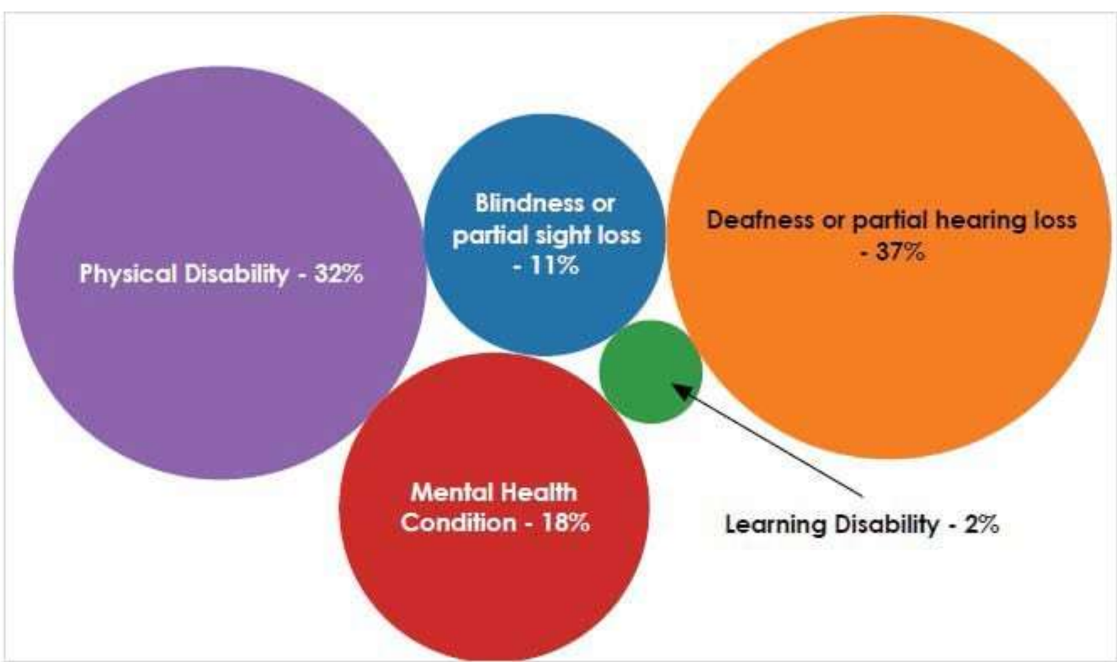
4.20 Although the majority of the population lived in the least deprived deciles', there were 4 datazones areas in East Dunbartonshire categorised amongst the most deprived in Scotland, three in the Hillhead area of Kirkintilloch and one in Lennoxtown.

Population Health

4.21 In the Census in 2011, 84.9% of East Dunbartonshire residents described their health as good or very good (Scotland 82.2%). This was the highest at 98% among the younger population (0-29yrs) but the percentage decreased with age to only 62% of those aged 75yrs and above describing their health as good or very good. In the West Locality, 66% of people aged 65yrs and above described their health as good or very good, compared to 57% in the East Locality.

4.22 The 2011 Census included a question on particular disabilities including sensory impairment, physical disability, mental health condition or learning disability. There were 5.6% of the adult population in East Dunbartonshire who reported a disability (Scotland 6.7%).

Reported Disability by Percentage in East Dunbartonshire



4.23 The number of long term conditions rises with age and we need to support those with complex needs so that they may manage their conditions and lead an active, healthy life. The most diagnosed long term condition in East Dunbartonshire is hypertension. The prevalence for this condition, cancer and atria fibrillation, are all notably higher than the rate for Scotland.

4.24 Analysis of the Burden of Disease study indicates that years of life lost to disability and premature mortality in East Dunbartonshire is the second lowest in Scotland. This is understood to be a reflection of relatively low deprivations levels across the authority as a whole. East Dunbartonshire experiences above average prevalence of Parkinson's certain cancers, certain respiratory diseases, certain digestive diseases, sensory conditions and self-harm (the latter for all ages)

Demographic Projections

4.25 Analysis of projected demand, demography and cost pressures in Older People Services was undertaken in *September 2014*, in preparation for pre-integration budget setting.

4.26 The 2014 report found that with increasing age comes increasing complexity of care needs and associated costs. The majority of social care services were found to be delivered to people aged over 75. For example, around 70% of home care customers were over 75, with the majority of these 85+. 40% of people aged 85+ were in receipt of at least one care at home service and approximately 15% of East Dunbartonshire residents aged 85+ were resident in a care home.

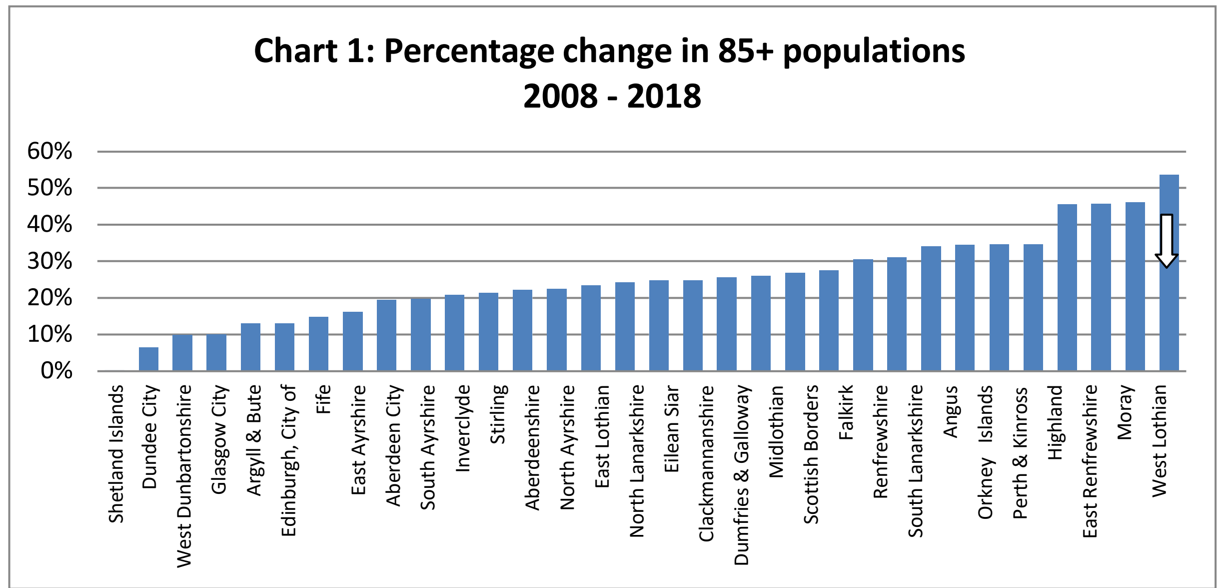
4.27 The 2014 report found that East Dunbartonshire was in the midst of the largest and steepest growth in people aged over 85 in the country, and was facing a consequential and exponential pressure on resources. The report also found that the authority had the lowest expenditure on older people social care services of any local authority area in

Scotland, and also with the greatest gap between expenditure and older population pressures.

4.28 In the face of continued pressure on older people services and budgets, the 2014 report was re-visited, 5 years on, and projections on future trends estimated to give some insight into future financial planning considerations.

4.29 In 2014 planning assumptions for East Dunbartonshire, it was reported that between 2003 and 2013, East Dunbartonshire experienced the fastest growing increase in people aged 85+ of any local authority in Scotland (59%).

4.30 Chart 1 shows the actual changes in the 85+ population for East Dunbartonshire over the past 10 years, compared to all other HSCP areas in Scotland. In common with 2014 assumptions, this demonstrates that East Dunbartonshire has continued to experience the largest increase in this population (by 54%).



4.31 Chart 2 demonstrates that in the 10 years from 2016-2026, the East Dunbartonshire 85+ population is projected to continue to rise faster than any other HSCP area (by 52%).

Looking ahead to 2041, the 85+ population will continue to rise faster than all HSCP areas (153%), with the exception of West Lothian.

Chart 2: Projected % Change in 85+ Population (2016 base in order of projected change by 2026)

East Dunbartonshire
West Lothian
Orkney Islands
East Renfrewshire
Moray
Stirling
Shetland Islands
Clackmannanshire
Highland
Perth and Kinross
North Ayrshire
Falkirk
Midlothian
Aberdeenshire
South Ayrshire
Argyll and Bute
East Lothian
Na h-Eileanan Siar
Fife
Dumfries and Galloway
Angus
North Lanarkshire
Scotland
South Lanarkshire
Scottish Borders
East Ayrshire
Renfrewshire
Inverclyde
City of Edinburgh
West Dunbartonshire
Dundee City
Aberdeen City
Glasgow City

0% 50% 100% 150% 200%

Percentage Change

2041 % change
2026 % change

4.32 East Dunbartonshire has seen a 40% increase in people over the age of 75 since 2002, which is a positive reflection of advances in health and social care, but has placed considerable pressure on services during a period characterised by public sector reform and diminishing resources. With an increase in the frail older population, service pressure has been experienced in both the community and secondary healthcare settings.

4.33 The demographic pressures for older people present particular challenges within East Dunbartonshire.

Impact on Demand

4.34 Care at home demand (hours of service) has increased by 5% per year since 2014, exactly in line with the increase in 85+ population;

4.35 Care home placements have risen by 25% between 2013 and 2018, almost exactly in line with the population increase of people aged 85+ over the same period (26%) and equates to 5% additional demand per year;

4.36 East Dunbartonshire's performance is comparatively very high (better that other HSCPs in 79% of the core integration indicators), but has still deteriorated in 44% of indicators. This has been in the face of increasing demand to reduce unscheduled care, with substantially more challenging targets and no corresponding resource transfer;

4.37 The East Dunbartonshire Hospital Assessment (HAT) Team has seen a 162% increase in referrals from 2008-2018, with a proportionate increase in service expenditure. This is as a consequence of faster turnaround of hospital discharge and the increase in demand due to the steep rise in numbers of vulnerable older people.

4.38 East Dunbartonshire's older people's service expenditure in 2017-18 expressed as a rate of the 65+ population is slightly below average, but expressed as a rate of the 85+ population is in the lowest quartile nationally, inclusive of the additional £2.02m overspend in 2017-18.

4.39 Whilst the majority older people service expenditure costs are market determined, our in-house home care service presents efficiency challenges and costs substantially more than the market rate. This brings additional pressure on overall budgets.

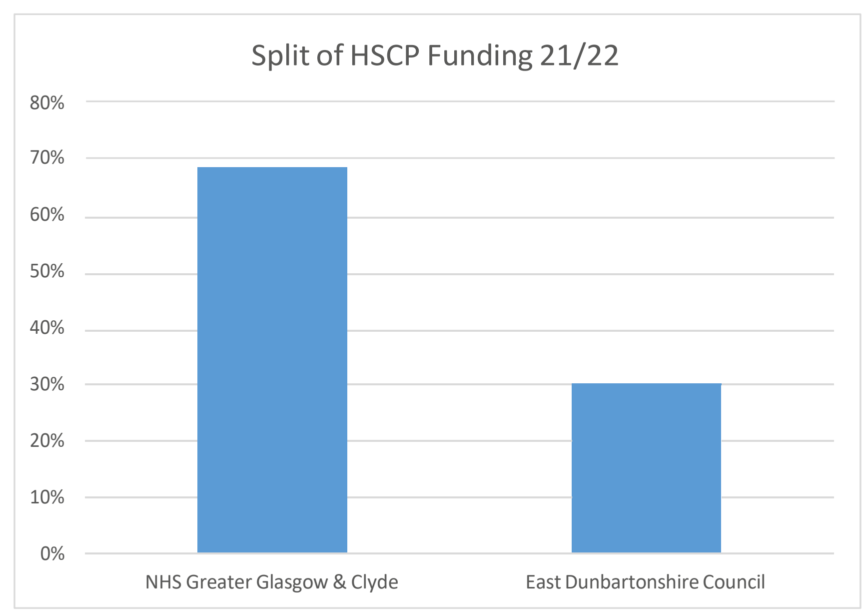
4.40 There has also been a significant increase in the number of children being referred to Social Work Services, with 40% increases in referrals reported in the Integrated Children's Services Plan. Non-engaging families was the most common area of concern alongside neglect, domestic violence and parental alcohol misuse. Child Protection registrations have doubled in the 10 years to 2018.There has also been a sharp rise in parental mental health being identified as a significant concern. This is an area of cross-cutting focus between children and adult services.

4.41 Demand on services for other adult care groups and for children's disability services has also increased. The number of young people with disabilities transitioning to adult services is experiencing a notable increase, both numerically and in terms of complexity. This can be demonstrated by an anticipated increase in the Adult Joint Learning Disability Team over the next three years' as children move on into adult services equivalent to over 7% of its total caseload.

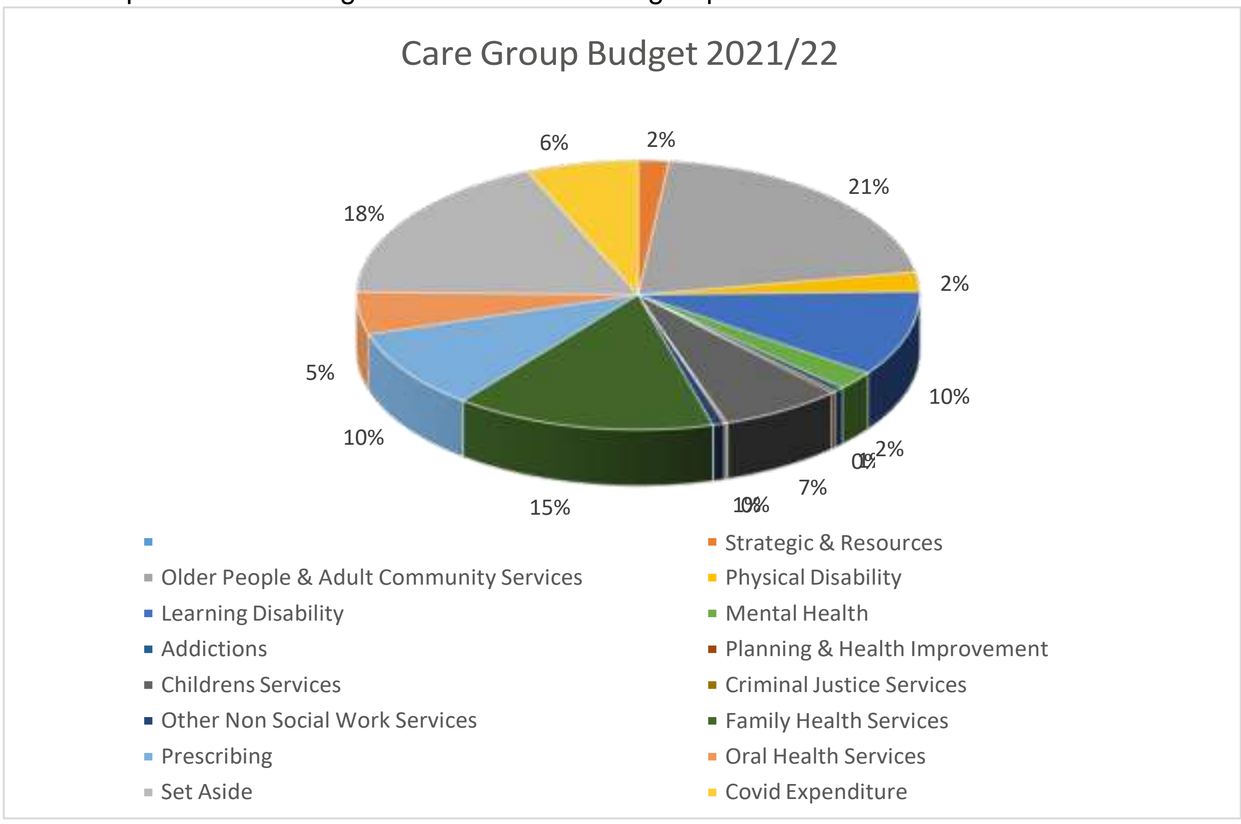
5 East Dunbartonshire Financial Landscape

5.1 The total recurring budget for the East Dunbartonshire HSCP for 2022/23 is £199m which includes £38.5m for set aside (an allocation reflecting the usage of certain prescribed acute services including A&E Inpatient and Outpatient, general medicine, Rehab medicine, Respiratory medicine and geriatric medicine).

5.2 The budget is funded through delegated budgets from both East Dunbartonshire Council and NHS Greater Glasgow and Clyde:-



5.3 This is split across a range of services and care groups as follows:-

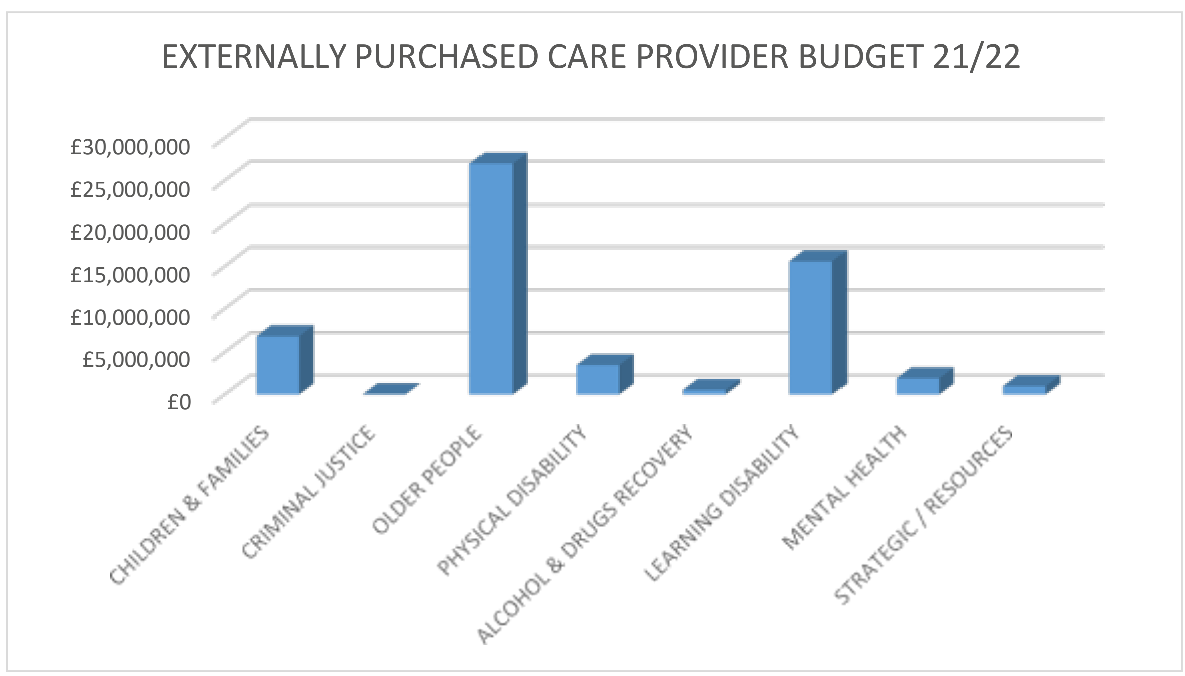


5.4 The budget is used to fund payroll costs for services delivered directly through the local authority and community health services such as homecare, district nursing, rehabilitation services, social work assessment and care management and learning disability daycare, approximately 25% of the budget is used in this way. Other significant elements of the budget relate to family health services (26%) including prescribing of medicines related to external GP contractors, dental practices and ophthalmology. The most significant area of the budget relates to the purchase of care provision from the independent and 3rd sector market across a range of services including care homes and residential services, care at home, supported living, supported accommodation and daycare services to support older people. This represents 31% of the budget.

Our Current Purchased Care Costs

5.5 The care that we purchase from a range of providers constitutes a significant element of the overall budget. This is budgeted at £56.3 million for the year 2021/22, the chart below shows how this is spent across care groups:

Purchased Care £56.3 million



5.6 We hold the budget for Oral Health & Dental Services and host the primary care element of this service on behalf of the other 5 HSCPs within the Greater Glasgow and Clyde area. The table below shows that of, total expenditure of £9,820,000 during 2020/21, how the 2020/21 costs relate to the usage by HSCP:

ORAL HEALTH & DENTAL SERVICES HOSTED BY EAST DUNBARTONSHIRE IJB	2020/21 £000
Glasgow	5,528
Renfrewshire	1,431
Inverclyde	563
West Dunbartonshire	623
East Renfrewshire	867
East Dunbartonshire	808
ORAL HEALTH &DENTAL SERVICES	**9,820**

5.7 Similarly each of the other 5 HSCPs host one or more services on behalf of the other HSCPs. The table below shows the 2019/20 cost of our populations' consumption of those services:

SERVICES PROVIDED TO EAST DUNBARTONSHIRE IJB BY OTHER IJBs WITHIN NHS GREATER GLASGOW AND CLYDE	2020/21 £000
MSK Physio	545
Retinal Screening	52
Podiatry	180
Primary Care Support	324
Continence	399
Sexual Health	667
Mental Health Services	909
Augmentative & Alternative Communications	19
Oral Health	808
Addiction	906
Prison Healthcare	166
Healthcare in Police Custody	187
General Psychiatry	2,615
Old Age Psychiatry	1,256
Total Cost of Services consumed within East Dunbartonshire	**9,033**

5.8 Under current arrangements there are no financial transactions between HSCPs for hosted services, with the tables showing costs for information and allowing us to understand the total system wide cost of our population use of services; however this arrangement may change in future years.

5.9 In addition to our annual budget we also have ring-fenced funding from the Scottish Government for the Primary Care Improvement Fund, Alcohol & Drugs Partnership and Mental Health Action 15, Covid and Adult Winter Planning being the main components. Our allocations for these funds are set out below and our spending plans comprise a number of local and NHSGGC wide projects and initiatives:

Ear marked Reserve	2021/22 £000
Mental Health Action 15	700
Alcohol & Drugs Partnership Funding	500
Primary Care Improvement Fund	1,300
Covid Funding	9,900
Adult Winter Planning	2,166

5.10 During the 2022/23 budget process, the IJB agreed £0.45m of savings to help close the budget gap and deliver a balanced budget for 2022/23.

Current Financial Position

5.11 The current financial position (as at March 2022) for East Dunbartonshire HSCP is impacted significantly in the last financial year as a result of the Covid pandemic. In previous financial years the HSCP was experiencing significant cost pressures in the areas of older people services relating to care home, care at home and alternatives to day centre provision. In addition, there were some pressure on learning disability services relating to supported accommodation and support to young adults with autism and daycare supports / supported living for young people transitioning through to learning disability services.

5.12 The impact of the pandemic has seen a significant decrease in these areas of pressure as services have been reduced or ceased altogether which has led to a reported projected underspend on the HSCP budget of £3.2m for 2021/22 (net of reserves movement). Funding was made available through the SG to fund all Covid related expenditure including sustainability payments to the independent sector, PPE, additional staff costs, loss of income as services remained closed and compensation for the under achievement on ongoing savings programmes.

5.13 While this position is expected to continue in the immediate term as funding continues to be made available from the SG to support the Covid pandemic, this is not expected to continue over the short / medium term as services move into recovery and life across the country moves back to some sense of normality.

Reserves

5.14 The partnership holds a general reserve of £1.9m which is expected to increase to circa. £5.1m, depending on the year end position for 2021/22. This provides some resilience to manage in year demands and cost pressures. In line with the HSCP Reserves policy, a prudent level of reserves for a partnership with the scale and complexity attached to the budgets held by the HSCP would be 2% of net expenditure. This would equate to £3.2m (excluding Set Aside) which falls short of the actual reserves held by the HSCP. However, if the current financial performance is maintained, it is expected that the general reserves position will be enhanced which will allow compliance with the HSCP Reserve policy. There continues to be a reliance on a challenging programme of transformation across health and social care services to deliver recurring financial balance into future years, which given the complexity and timescales to deliver service redesign experiences a level of slippage during each year.

5.15 The partnership also holds a level of earmarked reserves (£10.9m) which will facilitate elements of service redesign, tests of change and support transformational change to assist with the delivery of the strategic priorities set out in this Strategic Plan. In the main this relates to Scottish Government funding to deliver on the specific national priorities. These are expected to be enhanced during 2021/22 as significant additional funding from the Scottish Government has been received which is not expected to be spent in full by the year end. Based on current projections these are expected to rise to £20.4m. These are set out in detail in **Appendix 1.**

5.16 Given the significant financial pressures facing the partnership, there will be limited opportunities in future years to create further reserves, therefore the application of reserves will play an important role in the management of the current and future financial

position as well as acting as a catalyst for engineering and testing service redesign and different service models.

Medium Term Outlook

5.17 In terms of medium term financial planning, a detailed analysis of costs, demands and anticipated funding settlements has been undertaken for the partnership and assuming nothing else changes an additional £38.7m could be required to meet current and anticipated costs for the next five years (albeit some of this is specific policy initiatives from the SG for which we anticipate funding will follow. This is based on the likely scenario for the HSCP over this period, however a range of scenarios have been evaluated based on best to worst case which could see financial pressures ranging from £11.5m (best case) to £21.8m, (worst case).This increases to £28.9m when forecasting for the next 10 years based on a likely scenario. This is set out in detail in **Appendix 2.**

5.18 This includes a range of key assumptions which are subject to a degree of uncertainty and it is therefore prudent for the partnership to plan for a range of potential outcomes and have the ability to respond accordingly. This will ensure flexibility and sustainability in financial planning terms and will maximise opportunities to make resources available to deliver on our strategic priorities.

5.19 The areas of key uncertainty include:-

- Impact of future Scottish Government funding levels on both the NHS and Local Authority;
- Pay Settlements and the impact of the decision to lift the pay cap on public sector pay;
- Demand led pressures particularly in the area of older people services but also for learning disability and children’s services;
- Cost pressures associated with contractual arrangements where new tendering arrangements require to be put in place and the implications of the Scottish Living Wage (SLW).
- Prescribing costs as a consequence of rising demand and costs associated with the short supply of drugs.

5.20 As set out above, the IJB will face cost pressures arising as a result of demand, inflation and changes in policy and legislation. Evaluating the key factors likely to impact over the medium term it is estimated that the IJB will face cost and demand pressures of £38.7m. The funding settlements from partner organisations will mitigate the financial challenges to the IJB, however they are not expected to cover the full extent of cost pressures anticipated. The main areas of cost pressure and likely funding settlements which the IJB can expect over the next five years is set out below providing the overall financial challenge the IJB is facing:-

IJB Scenario Financial Planning	2022/23	2023/24	2024/25	2025/26	2026/27	5 Yr Total
Cost Pressures						
Payroll	0.923	0.945	0.967	0.990	1.014	4.839
Contractual	4.691	1.852	1.936	2.024	2.118	12.622
Future Demand - demographics	1.357	1.367	1.471	1.583	1.704	7.483
Demand - Service Package Changes	1.500	0.000	0.000	0.000	0.000	1.500
Prescribing	0.416	0.433	0.450	0.468	0.487	2.253
Un achieved savings	0.936	0.000	0.000	0.000	0.000	0.936
New Monies	4.760	0.000	0.000	0.000	0.000	4.760
Other Non Pay	0.481	0.943	0.954	0.966	0.979	4.323
Total Cost Pressures	15.064	5.539	5.779	6.032	6.301	38.716
Aniticipated Funding Settlement	(14.615)	(2.989)	(3.096)	(3.207)	(3.325)	(27.232)
Financial Challenge	0.449	2.550	2.683	2.825	2.977	11.484

5.21 Pay Inflation – The pay assumptions for 2022/23 are still subject to ongoing negotiations with initial indications of a 2% pay uplift for NHS staff with a similar increase expected for Local Authority Staff.. Prior to this we had a multi-year pay settlement equating to 9% for the three years commencing 2018/19, an average of 3% each year. It would therefore be prudent to plan for similar levels of increase across the HSCP post Covid. It is expected that pay increases will remain a recurring pressure for partnerships and current assumptions provide for 2% increase each year for both health and social work staff. Assumptions also reflect the costs associated with the apprenticeship levy, on costs (NI and superannuation) and increments for staff moving through the salary grades.

5.22 Contractual / 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, free personal care payments, fees for fostering, adoption and kinship care and the impact of continuing pay increases for our commissioned service providers. There have been increases to the Scottish living wage since 2016/17 with an expectation that this will increase further to meet the national commitment to reach a national living wage of £10.50 by 2022. As in previous years it is expected that any increase will be funded by the Scottish Government through additional social care funding albeit this funding is may not sufficient to meet the full extent of commitments in this area including the National Care Home Contract. Exceptional pressures have been experienced for 22/23 related to NI increases, insurance and energy costs.

5.23 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. Taking all of the above into account, a year on year increase of 5% has been provided for within the financial model.

5.24 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. The provision within the financial plan reflect current demand and cost pressures based on previous years' experience and analysis and advice from prescribing leads.

5.25 Unachieved Savings - In addition, due to the ongoing impact of the Covid pandemic, the capacity to deliver transformation over the last year has diminished and there remains a funding gap of £0.9m in setting the budget for 2021/22. This was under-written through the creation of a transformation reserve to under write the delivery of future transformation but will require the identification of recurring savings to mitigate this gap, this has been factored into financial planning assumptions for 2022/23

5.26 New Monies – there have been a range of new policy initiatives during 2020 – 2022 related to managing the ongoing impact and recovery from the Covid pandemic and managing the pressures across the health and social care system. This has been met with funding from SG, some recurring and non-recurring. Full allocations have also been made in respect of current policy intents related to Primary Care Improvement, Mental Health Action 15 and Alcohol & Drug Partnership.

5.27 One of the Scottish Government's key policy commitments over the course of the last parliament and going forward into the new parliament to increase Health spending. Given the limited growth prospects for the Scottish Government budget, this commitment is likely to continue to have a challenging impact on Local Authority budgets which are anticipated to be subject to sustained real terms reductions over the coming years.

5.28 In light of this expectation, the assumptions for future year financial settlements provides that that for the delegated health budget the partnership should expect that the 2% uplift in NHS funding will pass through to the partnership along with any Barnett resource consequentials from the UK financial settlement relating to the community health services element of the health budget. In respect of the delegated local authority budgets, the partnership should expect a flat cash settlement with any funding to support social care initiatives, such as the Scottish Living Wage, implementation of the Carers Act, expansion in entitlement to FPC, will be passed onto the partnership to deliver on these priorities.

5.29 In addition to the delivery of key strategic priorities for the partnership, it is expected that we will require delivering significant year on year savings to address the financial challenges of reducing resources set against increasing cost and demand pressures. The partnership is therefore planning for the period 2022/23 to 2027/28 for a potential funding gap of between £11.5m to £21.8m with **£11.5m being the most likely** based on the most recent experience of costs and funding.

6 Medium Term Financial Strategy

6.1 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. In common with all other Health and Social Care Partnerships it is incumbent on East Dunbartonshire HSCP to review the way in which

we seek to respond to local need - demand is increasing, complexity is more acute year on year and the financial challenges will continue in the medium term.

6.2 A new approach to the management of demand and the response to need is required which must be guided by a core principle of redrawing the implied social contract between pubic bodies and citizens; maximising independence, enabling proportionate risk and supporting individuals to manage their own health and social care needs in their own communities for as long as possible.

6.3 The HSCP has been working to develop an approach which focuses on how we deliver services in a different way which links to the strategic priorities set out within the new Strategic Plan 2022 – 2025. The programme is about a new philosophy for health and social care in East Dunbartonshire. There is an overarching commitment in taking this approach to maintaining quality and to using the health and social care standards as a means of driving and assuring quality improvement and to this end an Annual Delivery Plan will be developed for each year of the Strategic Plan. This will set out the key priorities and actions for the year ahead including the areas for investment and dis investment (savings) in support of the financial sustainability of the HSCP. The key commitments within the Strategic Plan are set out below:

- Empowering People – through improving personalisation, reducing inequity and inequity of outcomes and improving information and communication.
- Empowering Communities – through building informal options, building local integrated teams and modernising day services.
- Prevention and Early Intervention – through extending rehabilitation and reablement, supporting diversion from prosecution and improving school nursing services.
- Public Protection – through prioritising our key public protection statutory duties
- Supporting Families and Carers – through supporting carers with their own needs and in their caring role, implementing The {Promise for children and young people and strengthening corporate parenting.
- Improving Mental Health & Recovery – through improving adult recovery services, improving mental health support for children and young people and improving post-diagnostic dementia support.
- Post Pandemic Renewal – through understanding and responding to the impact of the pandemic.
- Maximising Operational Integration – through right care right place: urgent and unscheduled health and social care redesign and developing integrated quality management arrangements.

6.4 In addition to the development of new ways of working across the HSCP, the partnership will continue to rely on a review of the services it delivers and ensuring that these are delivered in the best way which maximises efficiencies, secures improvement and delivers best value. These will focus on a number of key areas:

6.4.1 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 and systems development and 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 Whilst our successful history of providing

integrated services is a positive one this does mean that we have already taken many of the opportunities to redesign services, remove duplication and make associated efficiencies over the last 5 years.

6.4.2 Strategic Collaborative 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 advice 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.

6.4.3 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. 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. An un-scheduled care commissioning plan has been developed across GG&C with a number of work streams to deliver on these challenging targets and ensure that individuals are supported within the right settings to meet their needs at the time they need support.

6.4.4 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.

6.4.5 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. The HSCP has developed a 'Fair Access to Community Care' policy and the implementation and application of this policy needs to continue across the HSCP. 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. The ability to continue to develop these areas may be impacted through the implementation of the recommendations within the Review of Adult Social Care which seeks to cease non- residential charging and ensure a consistent approach for access to services across Scotland.

6.4.6 Service Reduction / Cessation – this would only be considered where the above elements have been exhausted and financial balance cannot be secured through these means alone. 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 development and investment 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.

6.5 It is recognised that within the Review of Adult Social Care services that there will be significant investment over the lifetime of this financial strategy which will support the national recommendations of the review but also align to the strategic priorities for the HSCP. The financial strategy will require to be reviewed as these initiatives are known with more clarity and the financial implications more certain.

7 Risk and Sensitivity Analysis

7.1 The medium term financial plan is a financial model and as such has risks associated with it. The IJB recognises strategic risks through the IJB Corporate Risk Register and the associated Financial Risk Register capture the key financial risks to the HSCP. This is used to ensure significant risk is identified and effective actions implemented that reduces these risks to acceptable levels whilst securing service delivery within available resources. The key risks set out in the Financial Risk Register are:

- Challenging Financial Settlements from partner agencies;
- Demographic pressures related to particular population growth across East Dunbartonshire generating additional demands for health & social care services;
- Increase in pay costs across health & social care staff;
- Increase in the cost of purchased care services;
- Increase in the costs associated with prescribing;
- Failure to maintain adequate reserves in line with the HSCP Reserves policy;
- Failure to identify sufficient levels of savings through transformation and service redesign;
- Failure to manage the non-recurring nature of funding allocations to the HSCP (eg dental bundle, PCIP, Action 15, ADP);
- Failure to manage the financial implications of new policy and legislative changes (eg. SLW, Carers funding, PCIP, Action 15, extension to FPC / increase to FPC allowances etc);
- As yet unknown costs associated with the medium / long term impact of the Covid pandemic;
- Potential additional costs as a consequence of the EU exit;
- Lack of robust financial information to support effective budget management and accurate reporting of the HSCP financial position to the IJB;
- Insufficient funding to support the new programme for government identified through the Adult Social Care Review

7.2 Sensitivity analysis is used to test the major assumptions made by the model and understand what the implications are if assumptions change. This effectively tests “what if” scenarios and enables the IJB to determine the potential fluctuation which could exist within the modelling and will assist future planning.

7.3 The table below show what would happen if the main assumptions increase by 1%. If, for example, pay uplifts were to increase by 1% above the assumptions set out within the plan for 2022/23, this would present an additional cost pressure of £462k.

Sensitvity Analysis (+1%)	2022/23 £000	2023/24 £000	2024/25 £000	2025/26 £000	2026/27 £000
Pay Award Uplift	462	472	484	495	507
Inflation / Contractual Uplift	1,564	617	645	675	706
Future Demand - demographics	271	273	294	317	341
Prescribing	104	108	112	117	122
Funding Contribution - EDC	(816)	(712)	(717)	(750)	(757)
Funding Contribution - NHS GG&C	(1,828)	(875)	(892)	(910)	(928)

7.4 There could be a number of outcomes or combination of changes to the assumptions which could cause variation within the medium term financial plan. The plan is based on the best assumptions available at this time. However, it is important that this is kept under review as part of the IJB's annual budget setting process and updated to reflect the latest information to refine the plan annually.

8 Longer Term Financial Planning

8.1 There is a strong argument most notably that put forward by Audit Scotland and the Accounts Commission, that longer term financial planning should provide for financial projections outwith current medium term planning horizons. In making the case for such both recognise the inherent challenges of setting reasonable assumptions given the likelihood that these will vary increasingly as the medium term gives way to the longer term.

8.2 The IJB recognises that the provision of indicative financial forecasts into the longer term will provide for increased openness and transparency in decisions taken with full cognisance of the longer term impact. Sustaining the IJB's current provision of a longer term planning without the provision of financial data is useful but not wholly complete. The challenge remains for the IJB to set financial forecasts outwith current time horizons. Merely acknowledging that the problem exists is not sufficient.

8.3 The proposed solution to this rests with the work currently in progress, and articulated above, within the both the short and medium term. East Dunbartonshire IJB operates within a wider local, Scottish, UK and international economy. Our work is delivered in support of, alongside and in conjunction with UK & Scottish Governments, other HSCPs, Health Boards, Councils and our Community Planning Partners. The IJB operates as an important local determinant within a much wider system with significant elements of our financial future not solely within our own gift. Working together with shared goals will be key to delivering against longer term priorities.

8.4 The last year has been typified by a level of prioritisation, collaboration, co-production and delivery at levels required to guard against the immediate and significant challenges posed by the pandemic. Those mechanisms that have enabled this to happen now require to be sustained, supporting future planning. It is necessary that those previous barriers remain down with open dialogue and shared plans being key to delivery.

8.5 Future financial planning seeks to continue those positive aspects of the last year whilst learning from the mistakes. This will give the IJB and the public sector the tools to jointly plan for a long term financial outlook that meets the changing needs of our population. The work set out in the body of this report seeks to delivery against these aspirations with financial planning being something more than can be reacted to in the short term but planned for over the long term.

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	240322-09
2	Report Title	HSCP Financial Planning & Annual Budget Setting 2022/23
3	Date direction issued by Integration Joint Board	24th March 2022
4	Date from which direction takes effect	1st April 2022
5	Direction to:	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	Budget 2022/23 – all functions set out within Appendix 6.
8	Full text of direction	East Dunbartonshire Council is directed to spend the delegated net budget of £70.640m in line with the Strategic Plan and the budget outlined within this report. NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £128.394m (incl. £38.514 related to set aside) in line with the Strategic Plan and the budget outlined within this report.
9	Budget allocated by Integration Joint Board to carry out direction	The budget delegated to NHS Greater Glasgow and Clyde is £128.394m and East Dunbartonshire Council is £70.640m as per this report.
10	Details of prior engagement where appropriate	Engagement through chief finance officers within the respective partner agencies as part of the development of the budget for 2022/23.
10	Outcomes	Delivery of the strategic priorities for the IJB as set out within the Strategic Plan within the financial framework available to deliver on this as set out within the paper.
10	Performance monitoring arrangements	The budget will be monitored through standard budget monitoring and reporting arrangements to the IJB.
11	Date direction will be reviewed	May 2022

Health and Social Care Partnership

Appendix 6a

Full Year Budget 2022/23 - Delegated Health Services by Subjective and Care Groups

Health Services (Subjective)	Full Year Budget
Payroll	18,697,000
Non Payroll	2,496,000
Purchase of Healthcare	19,039,000
Family Health Services	50,951,000
Financial Planning	0
Income	-1,303,000
OVERALL TOTAL	**89,880,000**

Health Services (Care Group)	Full Year Budget
Alcohol & Drugs	376,000
Adult Community Services	6,977,000
Child Services Community	2,156,000
Child Services Specialist	234,000
FHS - Prescribing	21,017,000
FHS - GMS	14,952,000
FHS - Other	14,878,000
Learning Disability - Community	680,000
Mental Health - Adult Community	1,538,000
Mental Health - Elderly Services	1,160,000
Oral Health	5,772,000
Administration & Management	1,632,000
Planning & Health Improvement	554,000
Resource transfer - Local Authority	17,848,000
Financial Planning	106,000
TOTAL	**89,880,000**

Set Aside	38,514,000
	128,394,000

Health and Social Care Partnership
Full Year Budget 2022/23 - Delegated Social Work Services by Subjective / Care Group

Social Work Services (Subjective)	Full Year Budget
Non-Teaching Employee Costs	25,316,249
Property Costs	423
Supplies & Services	1,097,896
Agencies & Other Bodies	65,573,277
Transport & Plant	728,027
Transfer Payments	198,263
Administrative Costs	833,480
Financing Costs	0
Income from Government Grants	-1,167,374
Budget Savings	240,395
Sales	-3,427
Fees & Charges	-1,134,717
Recharges to Other Departments	-75,036
Income from Rents	0
Other Income	-20,967,456
OVERALL TOTAL	**70,640,000**

Social Work Services (Care Group)	Full Year Budget
Older People	42,002,263
Physical Disability	5,299,582
Alcohol & Drugs recovery Service	917,865
Learning Disability	22,386,787
Mental Health	2,638,494
Children & families	12,817,055
Criminal Justice	334,704
SW Resources	2,941,162
Resource transfer Income	-18,697,912
OVERALL TOTAL	**70,640,000**

Council - Other Budgets	Full Year Budget
Care of Gardens	
Adaptations (PSHG)	450,000
Care & Repair	214,000
Fleet	
TOTAL Other	**664,000**

TOTAL COUNCIL DELEGATED	71,304,000

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 10.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**24 MARCH 2022**
REPORT REFERENCE:	**HSCP/240322/10**
CONTACT OFFICER:	**LISA JOHNSTON, GENERAL MANAGER, ORAL HEALTH DIRECTORATE**
SUBJECT TITLE:	**PUBLIC DENTAL SERVICE REVIEW PROGRAMME BOARD DRAFT REPORT**

1.1 PURPOSE

1.2 The purpose of this report is to share the outcome and recommendations of the work undertaken by the Public Dental Service Review Programme Board

2.1 RECOMMENDATIONS

It is recommended that the Health & Social Care Partnership Board:

2.2 Note the content of the Report.

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.1 **BACKGROUND/MAIN ISSUES**

3.2 The review of the Public Dental Services was undertaken to ensure that services being provided were fit for purpose and that the infrastructure was appropriate to support these services.

3.3 Following engagement with staff and stakeholders, the Programme Board was established to act as a forum to take forward the review and ensure that the PDS would be in a position to provide high quality care for their patient population in the most appropriate clinical setting.

3.4 Four working groups were established to take forward specific work streams:

- Estates
- Workforce
- Development of PDS Clinical Offer
- eDentistry

3.5 The outcome of these working groups and their recommendations is set out within the attached document.

3.6 The PDS Review was aligned to the Local Care work stream as part of NHSGGC Moving Forward Together strategy which recognised the need to transform services and change how we use resources to deliver safe and sustainable healthcare.

3.7 It should be noted the work of the Programme Board was substantially impacted on as a consequence of the Covid pandemic and has resulted in the need for consideration of any future planning to take the impact of this into account when considering how and where services are delivered.

4.1 **IMPLICATIONS**

The implications for the Board are as undernoted.

4.2 Relevance to;-

1. Promote positive health and wellbeing, preventing ill-health, and building strong communities
4. Address inequalities and support people to have more choice and control
5. People have a positive experience of health and social care services
8. Optimise efficiency, effectiveness and flexibility

4.3 Frontline Service to Customers – None.

4.4 Workforce (including any significant resource implications) – None

4.5 Legal Implications – None.

4.6 Financial Implications – None.

4.7 Procurement – None.

4.8 ICT – None.

4.9 Corporate Assets – None.

4.10 Equalities Implications – None

4.11 Sustainability – None.

4.12 Other – None.

5.1 **MANAGEMENT OF RISK**

The risks and control measures relating to this Report are as follows:-

5.2 None.

6.1 **IMPACT**

6.2 **STATUTORY DUTY** – None

6.3 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –** No Direction Required. (insert as appropriate)

7.1 **POLICY CHECKLIST**

7.2 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.1 **APPENDICES**

8.2 **Appendix 1** – Appendix 1 PDS Review Programme Final Report

ORAL HEALTH DIRECTORATE

PUBLIC DENTAL SERVICE REVIEW PROGRAMME BOARD REPORT

DRAFT

"Working with our partners to deliver the best possible oral health services"

February 2022

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Estates Group Report Appendix 1

Workforce Group Report Appendix 2

Clinical Offer Group Report Appendix 3

eDentistry Group Report Appendix 4

DRAFT

Members of the Public Dental Service Review Programme Board

Lisa Johnston	General Manager, Oral Health Chair, PDS Review Programme Board
Lee Savarrio	Chief of Dentistry
Susan Frew	Clinical Service Manager – Primary Care
Michael McGrady	Consultant in Dental Public Health
Tom Quinn	Head of Human Resources
James Donn	Representative Glasgow University
Karen Gallacher	Operational Manager, PDS
Tara Dunseith	Clinical Director, PDS
Tracey Welbury	Assistant Clinical Director, PDS
Jaqueline Frederick	Representative GDP Sub Committee
Angela McGee	Representative Caledonian University
David Paul	Representative BDA
Andrew McCready	Staff Side Representative
Linda Armstrong	Directorate Administrator and Project Lead

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Terms of Reference

The main focuses of the review was:

- To ensure continued high quality patient care
- Review the use of modern technology
- Improve communication
- Workforce development
- Cost effectiveness
- Review of all PDS facilities across OHD

Executive Summary

The Public Dental Service (PDS) in NHS Greater Glasgow & Clyde operates on a board wide basis and provides care for patients who have clinical, functional or deprivation needs and are unable to attend high street dental services. This service is currently provided from a large number of locations throughout Greater Glasgow & Clyde. It provides services for children, special care patients including those who are medically compromised, domiciliary care, prison dentistry and services for anxiety including sedation.

The PDS also support the undergraduate education of both Bachelor of Dental Surgery (BDS) and BSc Oral Health Sciences (Hygiene Therapy) students through an outreach programme, as well as providing the dental public health function on behalf of the Board.

There was a clear recognition of the need to modernise the PDS and seek innovative means of delivering safe, effective and patient centred care by appropriately trained and qualified staff. The clinical offer available to patients also needed to be clear and understood by staff, stakeholders and patients. The future delivery of care needed to be from appropriate settings and to ensure the best value for money from dedicated PDS resources.

Our clinical facilities needed to be fit for purpose, allowing where possible co-location of paediatric and adult services, with the flexibility to adapt to future requirements. We needed to seek innovative ways of working with our stakeholders to ensure care was being delivered efficiently and in the most appropriate settings, closer to where the patients live, and avoiding travel to secondary care facilities.

It was also recognised that moving forward the PDS also had to deal with the challenges posed by the Scottish Oral Health Improvement Plan.

The previous General Manager for Oral Health initiated a review of the PDS. The review report was finalised and circulated to all stakeholders in March/April 2019. The review set out to identify the drivers for change, the challenges, risks and opportunities for the PDS in the future and to provide recommendations to be tested as part of the next steps.

The PDS Review was aligned to the Local Care Work Stream as part of the Board's Moving Forward Together Strategy. The strategy recognises the need to transform our services and change how we use resources to deliver safe and sustainable healthcare.

However it was also important that in undertaking this review we looked to better define the clinical offer provided by the PDS, the referral routes to the service and the role that the PDS plays in shared care arrangements taking into account its role in preventative care through national campaigns and programmes.

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The Public Dental Service Review Programme Board was then established to act as a forum to take forward the review of the Public Dental Service across the Oral Health Directorate (OHD) and ensure that that moving forward we could provide the best possible service for our patient population in the most appropriate clinical setting.

Following the review and as part of the work of the Programme Board, four working groups were established to take forward specific areas of work.

1. Estates – to look at maximising the opportunities that our current and future estate can afford our service users and staff
2. Workforce – to develop a robust plan that ensures the provision of a reliable, well trained, flexible and skilled workforce
3. Development of our Clinical Offer – to establish the best possible clinical service we can provide to the population served by the PDS
4. eDentistry (IT Systems and Activity Data) – development of technology to benefit services

The reports of each of these working groups and their recommendations are set out within this document.

As a result of the COVID 19 pandemic, the progress of these working groups and the Programme Board was substantially impacted for a considerable period of time during 2020/21.

Any working assumptions already considered by the working groups had to change significantly as a consequence of COVID and has resulted in the need for future planning of estates and our clinical offer to take account of, for example, the requirement for improved ventilation, increased air exchanges in surgeries, remobilisation plans and social distancing requirements.

This, together with the effect of COVID on the services and activity provided by General Dental Services, has had a significant impact on the services PDS can provide at present and for the foreseeable future.

During 2021, PDS has commenced remobilisation of its services and this has been and will be interlinked to the work of the clinical offer and estates groups. As part of the remobilisation plans we must consider maintaining some of the different ways of working established during COVID such as Attend Anywhere and our enhanced working arrangements with GDS colleagues.

Given the delays already experienced, there was a desire to finalise the PDS Programme Board Report and move onto the implementation stage of the review whilst acknowledging that there are a number of ongoing factors which are still going to have a significant impact on the provision of PDS services in the future.

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Our Population

Since the review was undertaken and the report produced and circulated (early 2019), the population data has been updated. It was felt therefore, given the impact this could have on the future service requirements for the PDS, this information should be updated and included in this report, for use by each of the working groups when reviewing their recommendations and producing their implementation plans.

The initial work as part of the PDS Review explored the population data provided by National Records of Scotland and population projections based on the 2012 population data. This data projected an overall increase in the population for GG&C by 2035, with a small decrease in the child population and significant increases in the number of older people aged 65 and over. This older cohort of citizens will live longer with long-term illnesses and self-reported ill health. Older people are more likely to suffer from co-morbidities and, in addition, age-related frailty. These factors will impact on the complexity of oral health treatment required, either from the nature of the treatment and/or patient modifying factors.

This population data helped inform the PDS Review process, however, more recent population data is now available and it is necessary to review this data to ensure the inferences taken and the direction of the PDS Review have not been affected.

The revised population projections, based on 2018 population data, provide detail on projections to 2043. This data is detailed in Table 1 for time periods up to 2043 and across the age range.

Age Group	**Base Year**	**Projected Years**				
	2018	**2023**	**2028**	**2033**	**2038**	**2043**
0 – 14	185,852	184,299	**177,117**	172,213	171,232	171,132
15 – 29	247,366	230,918	**227,804**	231,886	229,128	219,695
30 – 44	236,664	265,448	**273,797**	266,371	252,108	250,633
45 – 59	243,734	224,004	**214,042**	218,812	243,446	251,413
60 – 74	173,211	190,448	**207,157**	208,649	192,005	184,978
75+	88,153	94,712	**100,801**	112,240	128,932	142,808
All ages	1,174,980	1,189,829	**1,200,718**	1,210,171	1,216,851	1,220,659

Table 1 - population projections for GG&C, based on 2018 population data (National Records of Scotland)

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The revised population projection estimates based on the 2018 population data are significantly different to the previous projections based on 2012 population data. This is understandable owing to changes in the variables between 2012 and 2018 affecting the projection outcomes.

Whilst the projected population numbers in each age group have changed, the overall pattern and structure of population projections has not altered - there is still an expectation of an overall reduction in the child & young adult population and an increase in the adult and older adult population in GG&C by 2043.

In addition to the updated population projections, there is now data available for the projected shifts in population by 2028 for each HSCP area. This is represented in three broad categories; children, working adults and pensionable age & over. This data is illustrated in Figures 1, 2 and 3.

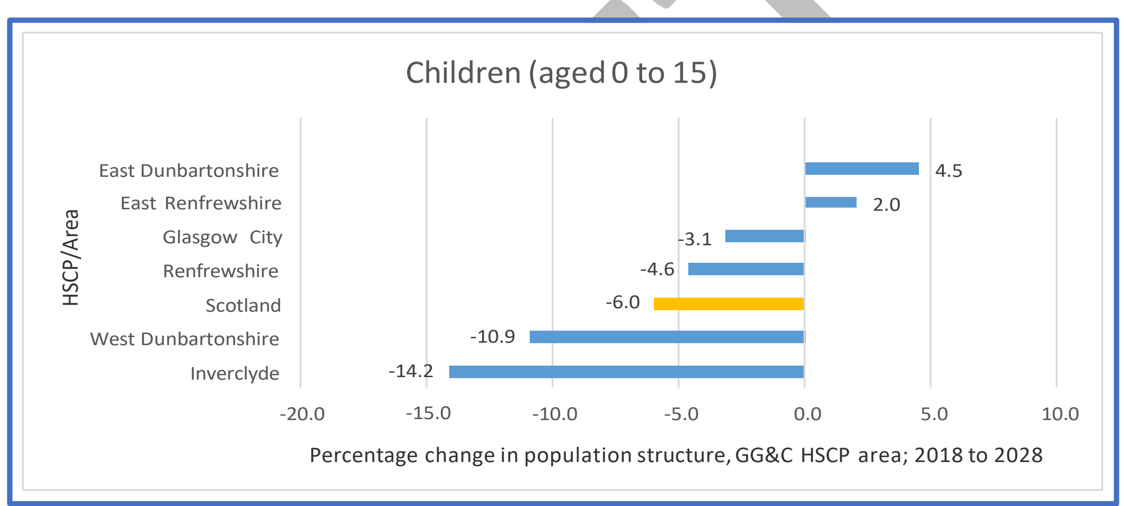

Figure 1 - Population Change for Children (aged 0 to 15) in GG&C 2018-2028

The projected change in the child population in GG&C between 2018 and 2028 is illustrated in Figure 1. The overall change is estimated to be a reduction in child population across all HSCP areas with the notable exceptions of East Dunbartonshire and East Renfrewshire, where there will be an expected growth of 4.5% and 2.0%, respectively. Significant reductions are expected in West Dunbartonshire and Inverclyde, where the child population is expected to reduce by 10.9% and 14.2%, respectively. The majority of dental care for children would be expected to be delivered by GDS, with more complex care and more vulnerable children seen within the PDS. The data does not provide any indication for changes in the number of patients expected to be seen by the PDS, but it may provide assistance in workforce planning and estates for paediatric dentistry.

The projected change in the working adult population in GG&C between 2018 and 2028 is illustrated in Figure 2. There is an expectation there will be an overall change in the working age adult population in GG&C, with the exceptions of West Dunbartonshire and Inverclyde, where there is projected to be a change of -1.6% and -6.0%, respectively.

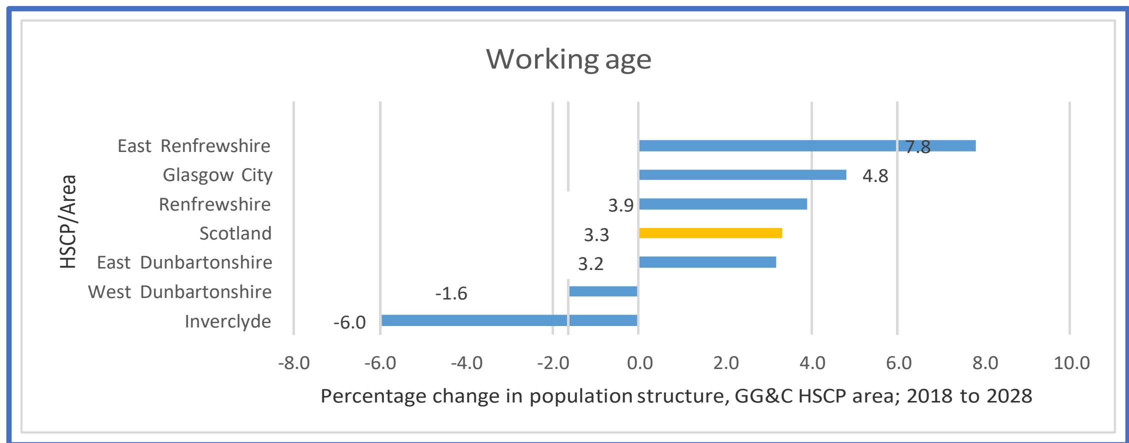

Figure 2 - Population change for working age adults in GG&C 2018-2028

Working age adults generally do not form a major client group for the PDS. However, within this increase in population there are likely to be increases in the number of working age adults with additional care needs, complex medical histories and other patient-modifying factors who will require some (or all) their care provided by the PDS. This data may help inform workforce planning and estates for Special Care Dentistry.

The projected change in population in GG&C for those of pensionable age and over, between 2018 and 2028 is illustrated in Figure 3. In line with previous population projection estimates, there is expected to be a significant increase in the older adult population by 2028. This is reflected across all HSCP areas, with the exception of Inverclyde and Glasgow City, where there are expected to be very small reductions of -0.1% and -0.3%, respectively.

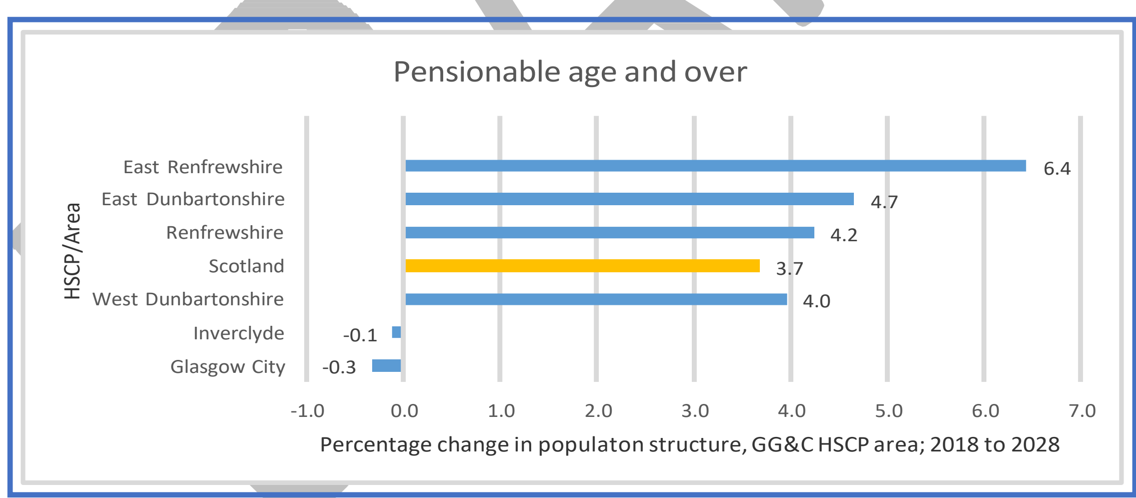

Figure 3 - Population change for pensionable age and over in GG&C 2018-2028

The expected changes in the numbers of older adults in GG&C by 2028 will have an impact on PDS services. Within this population group there are likely to be increasing numbers of patients with complex care needs, co-morbidities and frailty. This is likely to create increased demand on Special Care Dentistry and support for domiciliary care where GDS and enhanced domiciliary care GDS dentists are unable to manage care.

Finance

The funding for PDS comes from two main sources – Board funded historical community dental services and Scottish Government (SG) funded Salaried GDS.

As detailed in the PDS review document, in common with all Boards across Scotland, NHS GG&C operates in a challenging financial environment. Significant savings targets are placed on public services in order to achieve financial balance. This is likely to continue for the foreseeable future. The OHD contributes to a programme of efficiency savings to the Board and also faces reductions in the allocations received from Scottish Government.

Any reductions in funding place additional cost pressures on mainstream PDS services. Effective use of resources and service development continue to meet the cost pressures the OHD faces, at a time of increasing demands on the PDS services and rising costs.

The current (and historic) funding levels for the PDS in NHS GG&C are as follows:

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
	£k	£k	£k	£k	£k	£k	£k	£k
Community Dental Service (recurring budget)	2,377	2,291	2,248	2,240	2,221	2,209	2,295	2,300
Salaried GDS (annual allocation)	5,261	5,261	4,936	4,878	4,634	4,613.7	4,613.7	4,613.7 (TBC)
Total PDS	**7,638**	**7,552**	**7,184**	**7,118**	**6,855**	**6,822.7**	**6,908.7**	**6,913.7**

(PDS funding levels 2014/15 – 2021/22)

In addition to this funding we receive an annual allocation from NES to support outreach teaching within PDS. This is to provide undergraduate dental students with clinical experience outside a conventional university or dental hospital setting whilst providing dental care to patients.

NES Outreach SLA

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
	£k	£k	£k	£k	£k	£k	£k	£k
NES Outreach Funding	570.5	570.5	570.5	576.2	576.2	576.2	576.2	576.2

It is in line with these financial challenges that the review of the PDS was important to ensure we deliver our services within our allocated funding.

Consideration also was also given to the Board's Financial Improvement Plan which takes into account LEAN principles, best use of facilities, requirement for investment, areas of most need and access to services.

Any financial impact as a result of the recommendations from the working groups would have to be met within the financial envelope currently in place for PDS.

Should there be any recommendations around service redesign etc. which may require a 'spend to save' solution, again these would have to be met within the current PDS budget.

Any capital investment required would need to be submitted for approval via the Board's Capital Planning Group.

Overall Recommendations from Working Groups

Estates Group Recommendations:

- Continue to engage with all HSCPs, in particular Glasgow City and the Board's Capital Planning Teams regarding potential new builds and redesign projects to ensure that dental services are considered as part of any future projects and consider the viability of a Property Strategy
- Continue to utilise all of the current sites
- Continue to work with estates colleagues around improving ventilation in the PDS sites with less than optimum air exchanges in dental surgeries
- Work closely with the Clinical Offer Group to consider the future clinical offer for each site and the potential development of any additional sites

Workforce Group Recommendations:

- Service delivery model(s) should be reviewed to identify the gaps in staff resources both in terms of skill mix and availability whilst also trying to make maximum use of existing staff working patterns
- Our review of actions and activity during Covid-19, should be used to ensure that we implement learning from this experience to maximise the delivery model
- Need to identify Learning needs of staff to implement and maximise the benefits to be derived from both new technology and in relation to population complexity/vulnerability
- Need to look at the career pathways available to staff joining the Public Dental Service Workforce across all Job Families
- Need to look at the advertising of opportunities, especially at entry level to try and achieve a greater age, gender, ethnicity and disability demographics in our workforce
- Need to review the student experience whilst on placement with the Public Dental Service as this is likely to maximise future recruitment activity

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Clinical Offer Group Recommendations

Special Care Recommendations:

- Introducing a waiting list team to manage referrals
- Further promotion of the Special Care advice and support line to all partners
- Ensure that Oral Health Improvement activities such as toothbrushing and mouth care are routinely delivered or supported to all patients and especially to Special Care patients whilst in hospital or in community settings, enhanced oral improvement/treatment services should also be available when required
- An anaesthetic led sedation service would provide further options for patients who are unable to tolerate care in a general setting, however do not require a GA, provision of this service would enhance the available options for Special Care adults and children to receive the dental care they require
- Negotiate adequate access to Special care GA sessions, access to pharmacological anxiety management service
- Assess the ongoing training requirement of special care staff to adequately equip staff with the required training and development opportunities to maintain their skills and knowledge
- Further develop the relationship between hospital consultants and oral health staff. Review the funding for Oral Health support across NHS GGC acute hospitals and consider the potential funding arrangements for care provided to patients from other Health Boards
- Ensure robust referral process and support for our external and internal partners who refer to Special Care Dentistry
- Consideration needs to be given to the best way in which to support mentorship, training and ongoing that ESPs require
- There is a need to ensure adequate access to dental services for patients within the secure psychiatric setting

Paediatric Care Recommendations:

- Consider the development of a Paediatric Dental MCN with DHT,GDS,PDS and HDS input
- Population paediatric demographic information is available from the NDIP survey conducted every year, however we lack details of the dental needs of children with special needs. Dental services need to work with partner organisations to address this gap. However there is a need to gather Paediatric Special Needs demographic information on a regular basis to plan and review adequate health improvement and clinical service delivery

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Clinical Offer Group Recommendations cont

Paediatric Care Recommendations cont:

- Negotiate appropriate access to GA and provide additional support to patients who require it to ensure GA care is delivered in a timely manner
- Carry out training need assessment and then ensure a programme of training and development opportunities
- On call rota of paediatric staff to offer advice and support

Secure Units Recommendations:

- Continue to liaise with the secure units to ensure the surgeries used to deliver dental care are upgraded and meet all of the required standards
- Consider regular meetings to ensure the partnership with staff in the units is maintained and that dental clinical and Oral Health Improvement services are meeting the needs of the children in these units

Cleft Care Recommendation:

- A joint Secondary and Primary Care Group to review the current Cleft Care Service provision

Adult and Paediatric Outreach Recommendations:

- Establish regular meetings at a national and local level to measure performance of outreach centres against expected activity to ensure efficiency, effective, economic service provision
- PDS has made available additional resource to support the delivery of adult and paediatric outreach for a number of years, this model is unsustainable therefore negotiation around funding is required
- Requirement to explore options for staff development to ensure adequate and experienced staff are available to support students

Hygiene Therapy Recommendation:

- Establish regular meetings to facilitate partnership working with university and NHS oral health staff to ensure students gain robust experience when attending student outreach centres

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Clinical Offer Group Recommendations cont

Prison Based Dental Care Recommendation:

- Review the provision of prison based dental services and identify areas for improvement to aim to deliver the same level of care in prison as delivered out with the prison setting

Emergency Dental Care Recommendation:

- Carry out a review of Emergency Dental Care Service

Dental Service Provision for People who find themselves socially vulnerable Recommendation:

- Review current service provision to ensure adequate access and also to test if delivery of services should be adapted to better meet service user needs

eDentistry Group Recommendations:

- The IT infrastructure for the service needs to be updated to be fit for purpose and future proof
- Immediate/short term - eHealth will need to deliver on the strategic plan to systematically upgrade and replace hardware across the service
- Medium term - eHealth will need to deliver a business case to address the key areas of concern identified as set out in their project timeline
- Long term - Ongoing, work should be undertaken to scope the development of themes identified as part of the strategic vision for eDentistry in line with the establishment of a functioning and fit for purpose IT infrastructure within the service

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Next Steps /Timeline

There are a number of factors, not least the ongoing COVID situation, which will continue to impact and influence the services provided by the PDS in the future. Many of these are related to the provision of General Dental Services, including the increase in unscheduled care, the development and implementation of a dental staff bank and introduction of Key Performance Indicators.

It was therefore agreed that rather than delay the finalisation of the report, it should be concluded acknowledging the factors above and other which may have a significant impact on the services provided by the PDS. It is proposed that as and when the outcome of these actors are known they should be included and managed as part of the implementation plans.

Action	Timescale
Complete an EQIA for the overall project	February 2022
Finalised report and recommendations to be submitted to East Dunbartonshire Integrated Joint Board and the Board's Corporate Management Team meetings for approval	March 2022
Develop an implementation plan to take forward the recommendations of each working group	March 2022
Develop a communications and engagement plan for staff and stakeholders which will include engagement with patient user groups	March 2022
First phase of actions completed from implementation plan	April 2022

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Public Dental Service Review Programme Board

Estates Working Group Report

The review of the estate was primarily to consider how to maximise the opportunities that our current and future estate can afford our service users and staff.

However the Covid-19 pandemic has forced us to look at our estate differently, social distancing requirements and ventilation/air exchange issues, have and will continue to impact on the potential clinical offer for each site in the short, medium and long term and therefore the ongoing use of our current estate.

Following measurement of air exchange in all surgeries consideration of each has been made in terms of the number of staff who can safely be based in each site and the most suitable services to deliver from each site.

We also recognise that GDS activity levels are not at full capacity and this may remain so for some time. In addition many practices are not currently registering new patients and this unmet need, in particular capacity to manage this demand and that of unregistered patients, may result in retention or possibly expansion of PDS service provision in certain areas and therefore additional premises may be required.

There will be ongoing engagement with estates teams around maintenance and servicing of equipment on sites and this will continue as part of the implantation plan.

Appendix 1 details the current service provision within the sites used by the PDS and any potential improvements and/or investment required in the short to medium term.

We are also aware that planned projects such as Parkhead Hub and potential projects at Sighthill, Govan and GRI may impact upon some locations in the longer term.

Recommendations:

1. Continue to engage with all HSCPs, in particular Glasgow City and the Board's Capital Planning Teams regarding potential new builds and redesign projects to ensure that dental services are considered as part of any future projects and consider the viability of a property strategy.
2. Continue to utilise all of the current sites.
3. Continue to work with estates colleagues around improving ventilation in the PDS sites with less than optimum air exchanges in dental surgeries.
4. Work closely with the Clinical Offer Group to consider the future clinical offer for each site and the potential development of any additional sites.

February 2022

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Appendix 1

Service Key:

1 Special Care	3 Undergraduate Outreach	5 Post Graduate Education	7 Prisoners
2 Paediatrics	4 Sedation	6 Unregistered	8 Oral Surgery

**** Bariatric**

Clinic	Surgeries	IS	OPG	Hoist	Service	Areas for Improvement/Investment
Glasgow City HSCP						
Easterhouse HC	2	Yes	x	√	1	• 2 surgeries, 1 air exchange per hour however improvement required to reach 10 air exchanges per hour
Bridgeton HC	4	No	√	x	2,3	• Improvement to existing office, reception and seminar space required • 3 surgery = 10 air exchanges per hour, 1 surgeries > 1 air exchange improvement required to reach 10 air exchanges per hour
Townhead HC	3	No	x	√	1,2 **	• Issues in relation to air conditioning throughout the Health Centre currently being reviewed by Glasgow City HSCP • Potential investment required although centre wide improvements by HSCP currently under consideration • Scavenging to support sedation services
Gorbals HC	3	Yes	√	√	1,3,4,5	• No investment or improvements required
Victoria ACH	2	No	x	√	1	• Improvements required in both surgeries to allow for greater air exchange • Any improvements would require wider discussion with hospital estates/management teams

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Clinic	Surgeries	IS	OPG	Hoist	Service	Areas for Improvement/ Investment
Castlemilk HC	3	Yes	**x**	x	2,4	• 3 surgeries > 1 air exchange however improvement required to reach 10 air exchanges per hour
Pollok HC	3	No	x	x	2,3,	• 1 surgery = 10 air exchanges per hour, 2 surgeries > 1 air exchange improvement required to reach 10 air exchanges per hour
Govan HC	2	No	x	x	2,5	• Needs substantial investment as currently no mechanical ventilation
Stobhill ACH	3	Yes	x	No	1,4,8	• 2 surgeries = 10 air exchanges per hour, 1 surgeries > 1 air exchange improvement required to reach 10 air exchanges per hour • Any improvements would require wider discussion with hospital estates/management teams
Springburn HC	4	Yes	x	**√**	2,3,4	• 1 surgery = 10 air exchanges per hour, 3 surgeries > 1 air exchange improvement required to reach 10 air exchanges per hour
Drumchapel HC	2	Yes	x	x	2,4	• Surgeries in need or refurbishment due to age as current set up is prohibiting AGP care, however both surgeries >10 air exchanges per hour
Gartnavel Gen	2	No	x	**√**	1,5	• 1 surgery 3.79 – improvement required to reach 10 air exchanges per hour • Improvement to layout of surgeries required as current set up is prohibiting AGP care

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Clinic	Surgeries	IS	OPG	Hoist	Service	Areas for Improvement/Investment
Maryhill HC	2	Yes	x	√	1,2,4	• No investment or improvements required
Possilpark HC	2	Yes	x	x	2,4	• Requires some remedial work to get air exchange to 10 per hour
Inverclyde HSCP						
Greenock HC	5	Yes	√	Yes	1,2,3,4,7	• Recently moved to new Health Centre location May 2021
West Dunbartonshire HSCP						
GJNH	2	No	X	Yes	1,5	• Required improvements to IT/imaging
VCHC	9	Yes	√	Yes	1,2,3,4,5, 6	• 1 surgery = 10 air exchanges per hour, 8 surgeries > 1 air exchange improvement required to reach 10 air exchanges per hour
East Dunbartonshire HSCP						
Kirkintilloch HC	1	No	x	No	2	• Work currently ongoing with the ventilation system in the building, therefore waiting on confirmation of air exchange
Glasgow Wide						
EDTC	8	No	√	Yes	2,3,5,6,8	• Improvement to cooling and heating underway. Redesign of the clinic would assist maximising patient flow as issues relating to narrow corridor etc.?

Clinic	Surgeries	IS	OPG	Hoist	Service	Areas for Improvement/Investment
Renfrewshire HSCP						
RAH	24	Yes	X	Yes	1,2,3,4,5,6,8	• 24 surgeries with >1 air exchange but < 10 air exchanges, require ventilation improvement • Convert clinical lab to office or staff accommodation • Consider converting seminar room and hub to facilitate Attend Anywhere, private meetings etc. by creating pod type rooms • Any improvements would require wider discussion with hospital estates/management teams

All 3 prison dental clinics require improvement however this the responsibility of SPS albeit the Oral Health Directorate have a responsibility to ensure our staff are working in appropriate conditions and that the care delivered to our patients within these facilities is safe and effective.

2 of the 3 secure schools already have improvements underway, the third has significant challenges. Again this is out with Oral Health's remit however as with prisons we have a responsibility to ensure our staff are working in appropriate conditions and that the care delivered to our patients within these facilities is safe and effective.

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Public Dental Service Workforce

June 2021

February 2022

Current Workforce

This is an overview of current staff working within NHS Greater Glasgow & Clyde's Public Dental Service (PDS) which is part of the Oral Health Directorate. The PDS is one of the services delivered within Primary Care Dental Services which is hosted within East Dunbartonshire HSCP. The PDS currently operates clinically from 20 sites across Greater Glasgow & Clyde.

There are **202 staff** employed within the PDS with the whole time equivalent reported at 159.5 wte at June 2021. Table 1, shows the percentage of staff within each job family across the Public Dental Service by WTE and it is clear the majority of staff are employed as Dental Nurses and they account for almost 60% of the workforce.

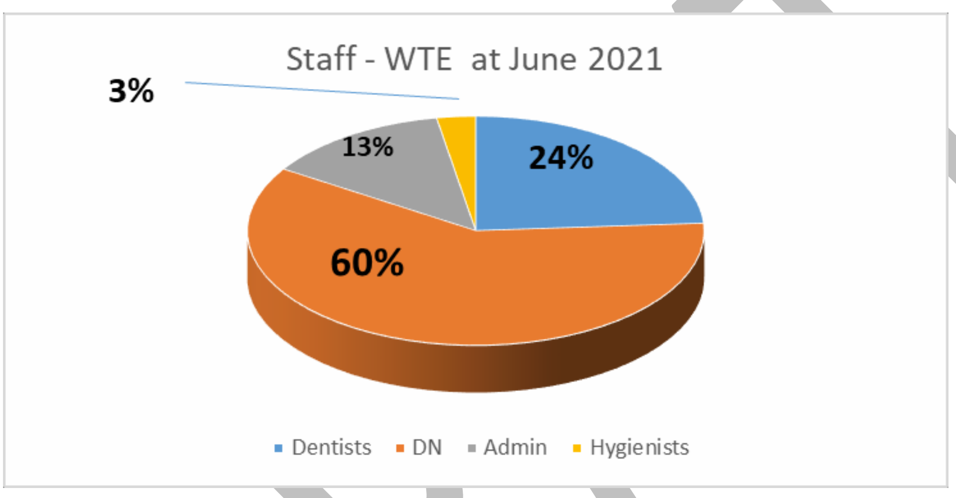

Table 1. Overall PDS Workforce

Employment Split

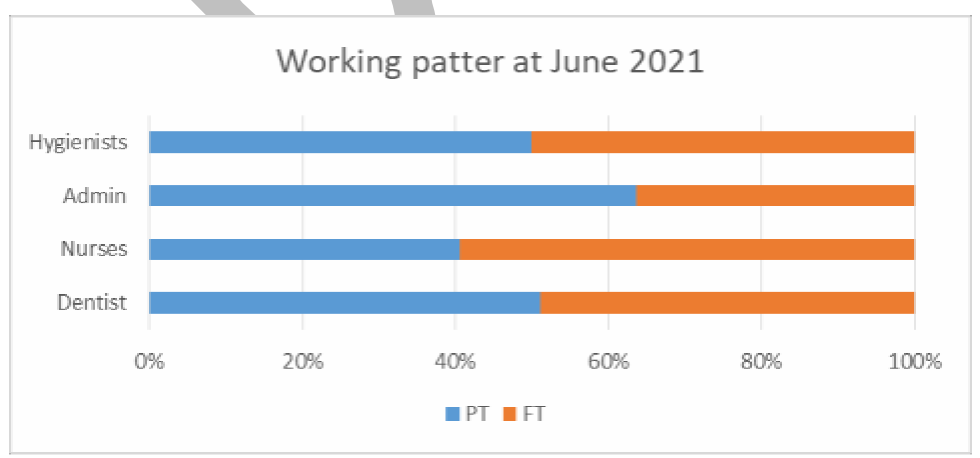

Table 2. Overall split of work pattern

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On further investigation, looking at the comparison on Contracted Hours by whole time equivalent across the services, we see that Dentists and hygienists are nearly 50% full-time, whilst Dental Nurses does better at 59% for full time working and administration staff are only 38% full-time. Some of this working pattern is attributed to the provision of our Emergency Dental Service.

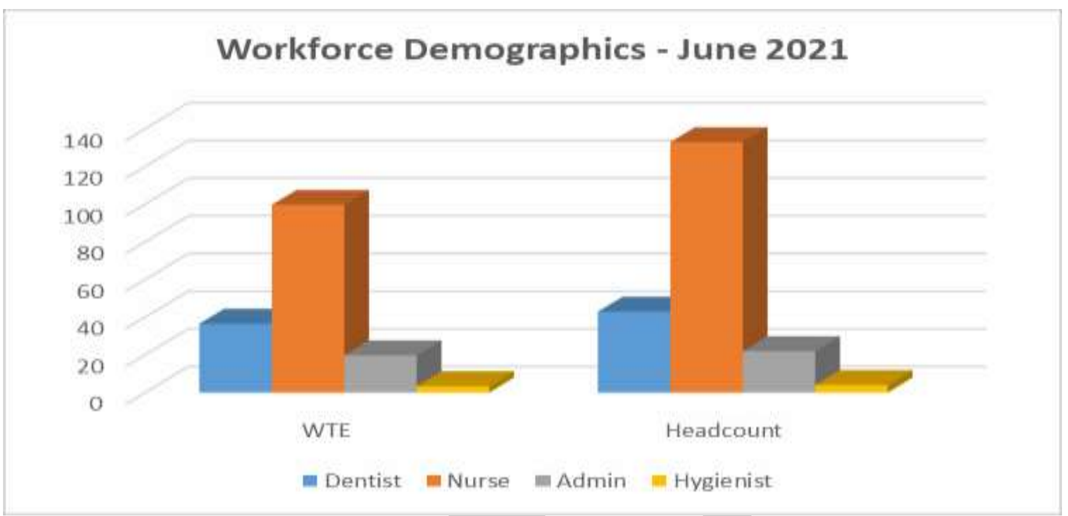

Table 3. Contracted Hours (WTE) for Public Dental Service at March 2021

When you look at the above table, the parity of part time working is clearly evident, with the exception of Dental Nursing is consistent between headcount and part-time working.

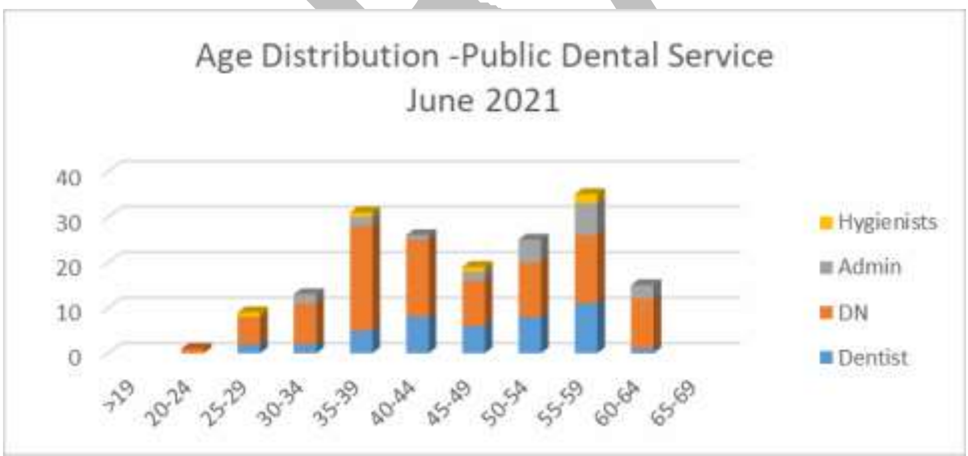

Table 4. Overview of age

In looking at the age profile, the overall age distribution of staff across the service looks fairly constant from the age of 35, with a peak within the age bracket 35-39 for dental nurses. Staff below the age of 30 only account for 5.4% of the workforce with 40% age 50 or above. More detail of the age distribution within specific job families are detailed below.

The age distribution of dentists show there are a high number within the age range 55-59 and only 4 dentists within the ages 25-34.

The age distribution of dental nurses is fairly constant, with the exception of the peak in the 35 - 44 age range.

The hygienist job family has a limited number of posts with only 4 posts across the Public Dental Service.

The age distribution of staff within the administration staff show 68% of staff members are age 50 or over. There are no staff members below the age of 30.

Overall, we have 1 staff member under the age of 25 and only 5% of the workforce are under 30yrs.

Gender Split (Employed staff in PDS)

Gender Balance - June 2021

Table 5 – Gender Split of PDS at June 2021

As displayed above the Oral Health Directorate records 94% of the PDS workforce as female, showing this a predominant gender split.

This split does not provide any difficulties for the service at the moment and there is no expectation this would contribute to any difficulties in provision of the service in the future. Although this should continue to be monitored to ensure appropriate resource are available.

An Analysis of Ethnicity and Disability for the Primary Care Dental Services

We do try to capture ethnicity and disability information at the recruitment stage of the process but unfortunately staff still do not complete all sections of required information. Detailed below is a snapshot of the information that we currently hold on the primary Care Dental Services staff, this includes some management posts and our health improvement team staff:

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Ethnicity	Headcount	%
Asian - Chinese, Chinese Scottish or Chinese British	<5	0.38%
Asian - Indian, Indian Scottish or Indian British	<5	1.53%
Asian - Other	<5	0.38%
Don't Know	54	20.69%
Mixed or Multiple Ethnic Group	<5	0.38%
Other Ethnic Group - Other	<5	0.77%
Prefer not to say	<5	1.15%
White - Irish	<5	0.38%
White - Other	11	4.21%
White - Other British	22	8.43%
White - Scottish	161	61.69%
Total	261	100.00%

Disability	Headcount	%
Don't Know	196	75.10%
No	62	23.75%
Yes	<5	1.15%
Total	261	100%

The above information is clearly showing that we have a predominately white workforce 194 staff with an additional 54 choosing not to say (95%), and that only 1.15% of staff identified as having a disability. Might be worthy of mention that “black” features so low that it is under “other”.

PEST Analysis – Public Dental Service Workforce Strategy Group

In June 2020, the workforce group undertook a PESTLE analysis as set out in Appendix 1, as a way of looking at the key challenges and connections that we require to seek answer to as we progress with the PDS review in general but also the more specific issues in developing a robust workforce plan. It is important that whilst many areas identified in the PESTLE Analysis will be relevant across the Oral Health Directorate that we focus on the main connections with the clear intention of having a robust workforce in the right place at the right time and with the right skills.

In this development the Safe Staffing Legislation, which came into force in 2021, will be key to our workforce plan. We need to ensure that we work with colleagues in other work streams to ensure that when identifying our clinical offer we are also identifying the number and skills of the workforce required to undertake these activities in a safe, efficient and effective manner which provides reassurance and confidence to the patient. In practice this is likely to see us need to maximise patient contact time and reduce staff travel time, not only meeting the safe staffing legislation but also supporting us to reduce our carbon footprint.

We need to ensure that we are mindful of the core outcomes of the OHIP, especially with regard to shared care and enhancing practitioner skills, which can already be demonstrated by the work undertaken to maximise opportunities for domiciliary care with GDPs.

We will need to be mindful of having sufficient staffing to enable us to provide opportunities for staff to participate in the enhanced CPD provision requirements of the GDC but also at the same time ensuring that staff are enhancing their skills and better enabled to make maximum use of new technology being implemented in a safe and effective way. The planning for these activities should be driven from the various appraisal and work planning activities undertaken by each occupational group.

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We will review our work undertaken during COVID-19 and see what lessons can be learnt and the impact some of this learning will have on the development of services, on staffing and the access to services especially in areas of deprivation or inequality.

Whilst the overall PDS review will have an EQIA undertaken we might need to have a subsection specifically looking at the workforce opportunities given our gender, ethnicity and disability imbalance in all staffing groups with the exception of Dentists in regard to gender, and also on our age and working pattern demographics as illustrated above in Tables 2, 4 & 5.

Recommendations:

1. Service delivery model(s) should be reviewed to identify the gaps in staff resources both in terms of skill mix and availability whilst also trying to make maximum use of existing staff working patterns.

2. Our review of actions and activity during Covid-19, should be used to ensure that we implement learning from this experience to maximise the delivery model.

3. Need to identify Learning needs of staff to implement and maximise the benefits to be derived from both new technology and in relation to population complexity/vulnerability.

4. Need to look at the career pathways available to staff joining the Public Dental Service Workforce across all Job Families.

5. Need to look at the advertising of opportunities, especially at entry level to try and achieve a greater age, gender, ethnicity and disability demographics in our workforce.

6. Need to review the student experience whilst on placement with the Public Dental Service as this is likely to maximise future recruitment activity.

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Appendix 1

POLITICAL	ECONOMIC
OHIP Enhanced Skills Practitioners Scottish Government General Dental Council Focus on inequalities Improve profile of OHD in NHSGGC	Decreasing budget Funding for teaching & training Increasing financial demand Staff training & development funding Complexity of integrated care pathways Changes to SDR
SOCIAL	**TECHNOLOGY**
Demographics Patient expectations Ageing population Accessibility Deprivation Rest and recuperation areas for staff	Education & Training for IT IT support Compatible systems across areas Equipment for new centres opening CAD technology Review of Attend Anywhere Increasing costs of equipment
LEGAL	**ENVIRONMENT**
Safe Staffing Legislation 2019 Equalities implications of new technology	Impact of COVID-19 Number of venues Impact of travel on patients and staff

PESTLE Analysis Grid

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PUBLIC DENTAL SERVICE REVIEW

Clinical Offer Working Group

June 2021

DRAFT

Below is a summary of the clinical offer for the populations served by the Public Dental Service in NHS Greater Glasgow and Clyde.

Clinical Services:

Special Care Dentistry

The Oral Health Improvement Plan (OHIP) recommends that special care dental services should limit themselves to the most complex patients, the service should ensure that Consultants and specialists are employed to both provide care and support the delivery of care.

To facilitate equity of access to Special Care Dental Services requires an equitable waiting list management service with appropriately trained staff to facilitate the most appropriate management, audit, and evaluation of waiting list data. The use of administration staff to carry out this function will release clinical staff allowing them to focus on clinical activity.

To facilitate shared care and maintain communication Special Care PDS clinicians should be available via a reactive on call service to provide support, advice and sign posting to referrers. The availability of this advice line provides a layer of support which promotes partnership working to maximise the oral health of special care patients whilst also potentially reducing inappropriate or referrals with inadequate information. Further promotion of the Special Care advice and support service will lead to an increase in referrals, consideration will need to be given to the skill mix and level of staff to adequately support this service.

Special Care Action 1

Introduction of a waiting list team to manage referrals.

Special Care Action 2

Further promotion of the Special Care advice and support line to all partners.

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Prevention is key for all patient groups, and it is important that tailored preventive programmes directed at particularly vulnerable groups are delivered in a consistent and comprehensive way. Health improvement (HI) and clinical teams must work together to ensure the efficacy and application of programmes such as Caring for Smiles (CFS), Open Wide etc. To achieve consistent delivery of HI activity and advice, there is a need to establish systems and processes across secondary care to provide OHI support for hospital inpatient oral care. This would include delivery of key oral health messages, and care whilst in hospital to maintain or improve the oral health of patients. Special Care patients could often benefit from enhanced oral health improvement services or treatments, or support, both in the community and whilst in hospital. Reaching all Special Care patients is challenging. To date education has been delivered during HCSW induction in the board and within all care homes and in many day care facilities. Input into all nursing programmes would aid a systematic approach to HI but would require investment or a shift of resources.

Special Care Action 3

Ensure that Oral Health Improvement activities such as toothbrushing and mouth care are routinely delivered or supported to all patients and especially to Special Care patients whilst in hospital or in community settings, enhanced oral improvement/treatment services should also be available when required.

Patients who fall into the Special Care category have higher levels of dental anxiety than patients in the general population, it is therefore important to offer anxiety management services to assist this population to receive the care they require. Key to delivery of these services is establishing anaesthetist led services and broadening service across PDS sites. Patients will benefit from an integrated and streamlined anxiety management service with one route to anxiety management, sedation, or general anaesthesia.

Special Care Action 4

An anaesthetic led sedation service would provide further options for patients who are unable to tolerate care in a general setting however do not require a GA, provision of this service would enhance the available options for Special Care Adults to receive the dental care they require.

It is important to provide an appropriate and available inpatient general anaesthetic service which adequately meets the needs of the Special Care population. It is also important to provide non-pharmacological anxiety management service for those unsuitable for sedation and to break the dependency cycle.

Special Care Action 5

Negotiate adequate access to Special Care GA sessions, access to pharmacological anxiety management service.

To ensure staff are adequately trained and prepared, all Special Care staff require ongoing training to address the rapid pace of advances in medicine and surgery, for example the development of biological medications, ensure staff have access to the required training and development opportunities to maintain their skills and knowledge to meet the increasing complex health care need of Special Care Adults.

Special Care Action 6

Assess the ongoing training requirement of Special Care staff to adequately equip staff with the required training and development opportunities to maintain their skills and knowledge

Relationship with patients' wider care teams are important for the delivery of holistic care and often the delivery of care requires liaison with other dental specialties. Given that many of special care dentistry plans are reactive and require to be executed timeously, support from other specialties will, on occasion, require to be readily available e.g. removal of wisdom teeth pre chemotherapy. Sustaining and developing relationships and connections throughout NHS GGC is important.

Improving the oral health of medically compromised patients requires liaison with hospital consultants. This liaison is facilitated by operating a similar clinical hierarchy including the consultant grade. Involvement with MDTs makes communication quicker and easier e.g., pre stem cell transplant, heart transplant.

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Consider formalisation of arrangements with particular medical and surgical services to achieve fiscal input. As Special Care clinicians provide oral healthcare support to regional and national services, there are opportunities to seek financial support from other health boards. Ensure adequate referral processes and guidance to support hospital referrers backed up by an education programme for junior doctors and specialist nurses. Maintain agility of care for urgent referrals.

Special Care Action 7

Further develop the relationship between hospital Consultants and Oral Health staff. Review the funding for Oral Health support across NHS GGC acute hospitals and consider the potential funding arrangements for care provided to patients from other Health Boards.

Some special care patients have a variety of health and social care challenges. Close liaison with colleagues in HSCPs is required e.g., working with day centres to identify those missing out on dental visits, liaison with CPNs.

Special Care Action 8

Ensure robust referral process and support for our external and internal partners who refer to Special Care dentistry.

Special Care Dentists are currently providing domiciliary care for vulnerable patients. Most of the domiciliary care for patient's resident in their own home and in Nursing Homes is provided by GDS. Special Care dentists are currently involved in the training and mentoring of the dental team within the GDS, in particular those undertaking the enhanced domiciliary training. A large percentage of GDP's have indicated that they would be willing to undertake Enhanced Skill Practitioner (ESP) training.

Special Care Action 9

Consideration needs to be given to the best way in which to support mentorship, training and ongoing that ESP's require.

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Special Care Dentists employed by the PDS currently provide oral care for those patient's resident in secure psychiatric wards.

Special Care Action 10

There is a need to ensure adequate access to dental services for patients within the secure psychiatric setting.

Paediatric Dentistry

To meet the oral health needs of the paediatric population of NHS GGC it is important to have a paediatric dentistry clinical network with care pathways across the Board, key stakeholders include PDS staff, GDS, HI, Community Partners, HV's, Consultants and Specialists in Paediatric Dentistry. Development of a paediatric network will ensure a collaborative approach to paediatric dental care with close links to key stakeholders including GDPs, health visitors and other members of the child health team. This would be maintained by the development of systems and processes to facilitate communication and share information and data.

Development of a paediatric clinical network would support 'Dentists with special interests in Paediatrics' and facilitate personal development and a career pathway for both PDS and GDS colleagues. This network would also maximise the benefits from a preventive approach by facilitating further improved close working links with health visiting colleagues. Access to EMIS for PDS and HDS would help highlight and identify those children most at risk. This is being developed in a joint QI project between health visiting and oral health. A small test of change is planned to begin this year where Dental Health Support Workers will be trained to support vulnerable families not just to GA, but oral health care. There is a need to ensure optimal partnership working to ensure all children have access to the required level of Oral Health improvement and preventative dental care.

Paediatric Care Action 1

Consider the development of a Paediatric Dental MCN with DHT, GDS, PDS and HDS input.

- Ongoing review of service delivery in line with epidemiological information on the dental needs of children with special needs
- Tailored service delivery and oral health promotion appropriately
- Delivery of Paediatric dental care is enhanced by available behavior management services. Support the Consultant-led service for comprehensive treatment under GA, and ensure Tailored GA services to special care children's needs. Provide additional transitional care for adolescents with additional needs into adult services

Paediatric Care Action 2

Population paediatric epidemiological information is available from the NDIP survey conducted every year however we lack details of the dental needs of children with Special Needs. Dental services need to work with partner organisations to address this gap. However there is a need to gather Paediatric Special Needs demographic information on a regular basis to plan and review adequate health improvement and clinical service delivery.

Paediatric Care Action 3

Negotiate appropriate access level to GA and provide additional support to patients who require it to ensure GA care is delivered in a timely manner.

Suitable opportunities for skill enhancement and secondments for PDS dentists in secondary care would help inform and develop a career structure for PDS paediatric dentists. To retain and motivate high quality staff requires the development of a better career structure within PDS. Ongoing participation in the support of under- and post- graduate training will provide additional personal development.

Paediatric Care Action 4

Carry out training need assessment and then ensure a programme of Training and Development Opportunities.

Feedback suggests referrers to PDS would benefit from advice and support from PDS in order to sign post and facilitate shared care which should enhance patient care and reduce paediatric referrals.

Paediatric Care Action 5

On call rota of paediatric staff to offer advice and support.

Secure Units

NHS GGC provide support to three secure children's units, Paediatric dental staff visit the three locations on a regular basis and provide dental care and advice. On review of the service all three unit stressed the importance of dental care being delivered on site. The units highlighted the high costs incurred by the units when children and young adults require to access other clinical services. The suggestion was that the way in which dental care is delivered in these unit is an example of good practice.

Secure Units Action 1

Continue to liaise with the Secure Units to ensure the surgeries used to deliver dental care are upgraded and meet all of the required standards.

Secure Units Action 2

Consider regular meetings to ensure the partnership with staff in the units is maintained and that dental clinical and OHI services are meeting the needs of the children in these units

Cleft Care

Standards of care for children with cleft lip and/or palate are set out in the Quality Assurance Programme for Cleft Care Scotland. These standards are based on the patient's journey from birth through to adulthood. They recommend that there is an appropriate and functioning multidisciplinary team at the clinic sites and treatment centers, "National Managed Clinical Network for Cleft Lip and Palate", Gallacher (2015).

Following recent liaison with the Cleft Surgical Team any joint GA's will be facilitated as far as possible using the current resource of consultants and specialists working in the hospital dental service. We have current agreement that any spare 30 minute slots on the cleft surgical lists will be made available to paediatric dentistry for cleft patients requiring dental treatment only. A scheme to identify qualifying patients has been developed within the current Paediatric Dentistry comprehensive care and extraction only GA waiting list.

Cleft Care Action1

A joint SC and PC group to review the current Cleft Care Service provision.

University outreach placements

The Public Dental Service hosts Undergraduate BDS and Hygiene Therapy students across a number of sites with NHS GGC.

The PDS is committed to Undergraduate education and is a key stakeholder in educating, training, and developing the future dental workforce. Maintaining strong links with educational providers is essential.

Paediatric Outreach- BDS, University of Glasgow

The purpose of the Paediatric outreach programme supported by the PDS is to provide community-based dental care which in turn provides service-learning experiences for dental students. Participation in outreach provides students with the opportunity to understand the importance of preventive care, shape patients earliest clinical experience and gain an appreciation of access to dental care issues in the community,. Outreach staff provide insight support and learning to develop patient behavioural management skills which students require to effectively deliver Clinical dental care.

Paediatric Outreach Action 1

Establish regular meetings at a national and local level to measure performance of outreach centres against expected activity to ensure efficient, effective, economic service provision.

Adult Outreach – BDS, University of Glasgow

BDS5 is a clinical consolidation year where undergraduate students gain valuable clinical experience on placement within PDS. BDS Students require to attain clinical competency and learning objectives across a broad range of dental disciplines to attain GDC registration.

Adult Outreach Action 1

Work closely with NES and University stakeholders to ensure educational quality, and clinical activity enables students to meet their learning outcomes. Evaluate performance of outreach centres to ensure efficient, effective, economic service provision and high quality patient care.

Adult Outreach Action 2

PDS has made available additional resource to support the delivery of adult outreach for a number of years, this model is unsustainable, and therefore negotiation around funding is required.

Adult Outreach Action 3

Requirement to explore options for staff development to ensure adequate and experienced staff are available to support students.

The aim is to develop graduates with a broad range of clinical skills who can provide a wide range of clinical treatments for their patients. Students attend 5 days a week on alternate weeks and have 4 or 5 appointment slots per day for patient care. The care delivered is not limited to items of treatment in the statement of dental remuneration.

Hygiene Therapy Outreach

The dental hygienists/therapists outreach provision in PDS aims to assist Caledonian University to develop a caring, knowledgeable highly skilled Hygiene Therapists, who, on qualification, can accept professional responsibility for their role in the safe and effective care of patients, within the framework of their knowledge and competence. Students gain real world experience in a supportive environment to develop patient management skills and apply their learning in a dental surgery environment ensuring an understanding of the role of the patient in decision making.

Hygiene Therapy Outreach Action 1

Establish regular meetings to facilitate partnership working with university and NHS Oral Health staff to ensure student gain robust experience when attending Student Outreach Centres.

Prison Based Dental Service

The PDS delivers dental service to around 2500 prisoners within the 3 SPS sites across NHS Greater Glasgow and Clyde. Those who find themselves in prison often have higher levels of dental decay and therefore dental needs than the general population (The Scottish Government. Equally Well: implementation plan. Edinburgh: 2008). It is challenging to deal with the volume of emergency care requirements within the prison setting which impacts upon the ability to provide routine dental care.

Prison Based Dental Care Action 1

Review the provision prison based clinical dental services and identify areas for improvement to aim to deliver the same level of care in prison as delivered out with the prison setting.

A Dental Health Support worker is employed to work across the 3 prisons and works closely with the other members of the prison-based Health Improvement team. The use of a DHSW is beneficial in this setting however additional resource would allow more to be achieved including the delivery of peer mentorship to assist in the rehabilitation of prisoners.

Emergency Dental Care

The PDS delivers Emergency Dental care to unregistered patients between the hours of 8:30 and 5pm every weekday apart from public holidays. Emergency Dental Care is provided by the Greater Glasgow and Clyde Emergency Dental Service (GGCEDS) in the evenings, weekend and during Public Holidays. This service would benefit from the review important elements to be included in this includes

- Review what model of service and sites will optimise access to emergency and occasional dental treatments
- Review staffing levels both daytime and OOH to maximise surgery capacity and access to dental care
- Review the job plans and banding for out-of-hours staff to allow for more skilled workforce providing operational as well as clinical support
- Introduce and evaluate the use of dental bank model to help promote delivery of GDS service and treatments by GDS colleagues
- Review the treatments offered in order to stabilise dentitions for longer than simple one-off episodes eg. Stabilisation or single course of treatment to counter access issues in GDS

Emergency Dental Care Action 1

Carry out a review of Emergency Dental Care Service.

Dental Service Provision for people who find themselves socially vulnerable

The Emergency Dental Services in NHS GGC are available for all unregistered populations. If people who are homeless require care often, they will receive care in either the daytime or evening Emergency Dental Service. However, homeless people can also access care from a GDP and work has been ongoing with homeless service providers and by the Dental Health Support Worker employed to work across these services to ensure all homeless people are aware of their available options to receive dental care. Work has also been ongoing with Homeless service providers to ensure staff working within the homeless sector are trained to provide oral health advice and provide sign posting.

Consideration of delivery of an enhance provision of preventive care programmes such as oral hygiene, topical fluoride, fluoride prescription toothpaste, SDF which would ideally be delivered by hygiene/therapy skill mixed team.

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Consideration should be given to;

- Evaluate a suitable site to act as a central 'hub' clinic ie. City centre where largest volume of patients are living. By dispersing the emergency care to multiple satellite clinics, level 1 of GDH could be reviewed for this purpose
- In addition to emergency and occasional care, this service would aim to provide short, medium, and long-term dental support whilst patients with social vulnerability are unable to access GDS
- In conjunction with the emergency service satellite clinics, this could become a clinical network which could act as a safety net for those with transient living arrangements and who tend to move around the city frequently
- Evaluate need for staffing levels- admin/ reception/ hub, DHSW to aid with patients who struggle to access care and the liaison with other services, dental nurses, dental team lead and dental manager plus dentist and hygiene/ therapy skill mix

Dental Service Provision for people who find themselves socially vulnerable
Action 1

Review current service provision to ensure adequate access and also to test if delivery of services should be adapted to meet service user needs.

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NHS GREATER GLASGOW & CLYDE

Oral Health Directorate

Public Dental Service

Public Dental Service Review

eDentistry Working Group

December 2021

DRAFT

February 2022

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Introduction

Information Technology (IT) plays a fundamental role in the day-to-day activities of the Public Dental Service (PDS) in NHS GG&C. The function of the IT infrastructure contributes towards the clinical and administrative activities for patient care and the operational management of the service. As such, the various components of the IT infrastructure (collectively badged as 'eDentistry') are a significant consideration and form a key section of the Public Dental Service Review.

Group Membership:

- Michael McGrady (Consultant in Dental Public Health)
- Karen Gallacher (Ops Manager PDS)
- Alison Fletcher (PDS Dental Officer)
- Jim Rae (eHealth)
- Alan Cowe (eHealth)
- Alastair Robertson (eHealth)
- Frank Bonner (University of Glasgow)

The structure of the eDentistry review within the PDS has consisted of the following work streams:

- Engagement with key stakeholders within and out with Board services, such as the e-Heath Directorate, Health Physics and third-party hardware and software providers
- The current status of the IT infrastructure
- Areas of concern and scoping for future development for eDentistry within the PDS through engagement with staff working in the service
- Identification of key or business critical issues requiring immediate attention
- A strategic approach for eDentistry for the PDS with short, medium and long - term goals identified

At the onset of the PDS Review, the roadmap was to be largely informed by Scottish Government's Strategic Vision for eDentistry[1]. Several aspects of this vision had already been delivered or were being implemented at the time of the PDS Review, such as the use of SCI Gateway referral pathways and communication with GDS and partners by secure NHS email, but others were to be considered during the review process.

The onset of the COVID-19 global pandemic has profoundly impacted the PDS, the result of which will have long-term effects on how the PDS will function in the provision of care to patients and how the service engages and communicates with patient groups.

[1] Scottish Government CDO & Dentistry Division: Strategic Vision for eDentistry. http://www.scottishdental.org/wp-content/uploads/2015/10/DC20151022eDentistry.pdf

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The pandemic has required the service to work and think in different ways in order to meet the untoward effects on patient care delivery. This has required the review group to address business critical elements of eDentistry where incidents have occurred, such as within digital radiography, but also has provided opportunities to explore novel methods of remote communication with patients through Attend Anywhere.

The focus of the review group has centred on the remobilisation of the PDS following COVID-19 and to provide a route map to address critical components of the IT infrastructure in order to support and facilitate a strategic vision for the future.

Current Status

Software

Within the Public Dental Service a variety of software programmes are utilised to support safe dental care for patients, aid communication and provide access to e-learning platforms. These packages comprise a broad variety of Board-delivered software, such as operating systems and propriety software packages to deliver specific clinical or administrative functions, such as electronic patient records and practice management software. A key consideration is the efficient and effective delivery of functionality with the ability to provide updates to packages, without conflicts occurring between the software packages running concurrently.

It has been noted a number of key programmes do not communicate well with each other effectively or efficiently as clinical information must be manually transferred between platforms e.g. R4 Clinical Plus should be able to share information (pre-populate) with the following programmes to support patient care, Clinical Portal, Trakcare, PACs and Vision. In addition, incident reporting through DATIX suggests there may be conflicts between Board software packages and proprietary third-party software leading to system error or failure – in particular in relation to digital radiography. These issues have been the subject of on-going investigation and remediation throughout the review process.

A summary of the major software packages utilised by the PDS:

R4 Clinical Plus – a proprietary Patient Management System by Carestream, on contract with NHS Scotland and used in every clinic to support patient care

SCI Gateway – referrals from clinicians within and out with NHS GGC, 3 gateways are currently in use e.g. Paediatric Pain and High Caries Referral Pathway, Paediatric Routine Care Pathway (both Paediatric Pathways are due to be merged after 1st June, 2021), Special Care Pathway and the Oral Surgery Pathway is in development. The majority of referrals are submitted to the department by General Dental Practitioners.

Clinical Portal - is a web-based application that presents, in one convenient location, patient clinical data from various NHS clinical systems. The application is widely accessed by a wide range of medical, nursing, AHP and administration staff, as well as by GPs and other Health Professionals, across NHS Scotland.

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All PDS clinicians have access to this programme and review of the content it holds is essential to ensure the safe recording and review of patient notes.

Trakcare - is a Patient Management System (PMS) used by NHS Greater Glasgow and Clyde. All patient episodes (Outpatient, Inpatient and Emergency) are recorded and managed on **Trakcare**. This system incorporates electronic requesting (Order Comms) for Labs, Radiology and Cardiology and electronic results acknowledgement/sign-off.

PACs - is a system for the digital capture, viewing, storage and transmission of medical images. It has replaced conventional x-ray film and has greatly improved access to patient information using a server and a network of computers interfaced with the hospital's diagnostic imaging equipment. Each PACS system sends copies of their imaging to the Scottish National Data Centre. This allows Clinicians from any Scottish Hospital fast and easy access to their patients' historical imaging and reports performed throughout Scotland via the PACS Global worklist.

Vision – is system to record all health records for Prisoners throughout HMPs in Scotland.

Opera - is a Theatre Management System used in all theatre suites in NHS Greater Glasgow & Clyde. The system captures the clinical record for patients having elective and emergency surgery and facilitates the delivery of performance information.

TURAS – is NHS Education for Scotland's (NES) single, unified platform for health and social care professionals, which offers appraisal and learning opportunities to staff and services

SOAR Appraisal - The Scottish Online **Appraisal** Resource **(SOAR)**, provided by NES**.**

Learn Pro - is an on-line learning platform which contains all eLearning for NHS GG&C.

Job Train – is a on line recruitment platform for managers to short list and appoint candidates for interview

Microstrategy – is a programme available to managers to support analytical workflow reporting

Datix – on line Incident Reporting system, available to all staff

eEss - (electronic Employee Support System) is the new national workforce system. Managers can access their employee's data online and get up to date information, as well as complete transactions which will then feed straight to Payroll.

iMatters - is the NHS Scotland Staff Engagement continuous improvement process. It forms a key part of the *Healthy Organisation Culture* element of the National 2020 Workforce Vision: *Everyone Matters*.

eSchedules – is a national platform available from PSD to allow Dentists to access their monthly schedule and allow access to patient and financial information.

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eExpenses - is a national system, it is a web expenses system for staff to compile and submit their own expenses claims for authorisation and payment, via the intranet.

SSTS - is a Time & Attendance System, it is the largest web-based system used by NHS Scotland.

EMIS - is the preferred clinical application used within NHSGGC Community for patient care and clinical recording of patient activity.

In addition to these packages are the Board supplied operating systems and software based on the Microsoft Windows Operating System. The Board are currently in the process of rolling out an upgrade to the Windows 10 operating system, which includes the replacement of the Microsoft Office package (with separate software packages for email, word processing, data capture and presentation) with Office 365 – an online platform covering all previous applications and additional management and communication tools.

As part of the review process it has been important to identify and address where software conflicts may exist between packages, which could impact upon service delivery.

Hardware

The ability of the PDS to utilise the large variety of software in order to deliver effective and safe patient care is predicated on having an appropriate hardware infrastructure in place. This hardware infrastructure requires the equipment to have the necessary Computer Processing Units (CPUs), Random Access Memory (RAM), hard drive storage and firmware/drivers for peripheral devices in order to function correctly.

The rapid advancements in digital technology often mean systems can become outdated and eventually obsolete. In order to address this, the eHealth Directorate have a programme to update and replace IT hardware across the Board services. The move to Windows 10 and Office 365 has required a wholesale replacement of IT hardware in a phased approach. The strategy for the updating of IT hardware is largely influenced by addressing key or critical service and by geography.

As the PDS is spread over a large number of geographically dispersed sites, the complete roll out of new equipment will take a significant period of time.

An attempt was made to collate an inventory of the current hardware infrastructure for the PDS.

This has proven challenging owing to the burden of commitment and impact of COVID-19 on the eHealth Directorate to deliver this in a timely manner. A local inventory was collated by PDS managers to identify what equipment currently exists for clinical and administrative functions in the PDS.

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This included:

- Desktop hardware/monitors including tag numbers
- Laptops including tag numbers
- Peripherals – keyboard, mouse, printers, scanners
- Digital radiography equipment – digital sensors, phosphor plates

Whilst the locally collected information was unable to determine the type of CPU and memory capacity of the current hardware, the individual tag numbers of the equipment were able to inform the review group and confirm the current hardware infrastructure is old and would not be fit for purpose moving forward to meet the requirements of the general upgrade to the operating system or any future development of digital technology within the PDS.

It was concluded an essential recommendation of the review group would be the need for a wholesale upgrade of the IT hardware in the PDS, with the specification of the equipment to meet reasonable and anticipated developments in technology to future proof the service.

Information Governance

As part of the review process it has been necessary to consider the current and future information governance requirements for eDentistry in the PDS. Much of this is informed by the Strategic Vision for eDentistry and Board policy. The current systems comply with the relevant legislation set out in GDPR but there is a need to ensure future compliance in relation to information sharing and how the various software platforms communicate as part of this process.

An additional consideration will be the move to a 'paper lite' system. Despite the presence of electronic patient records via R4 Clinical Plus, there remains a large amount of paper-based information currently used and a large 'archive' of paper-based records. The transfer of this information into an electronic format will have implications on how this information is transferred and the storage requirements this will need.

Focus Group Work

As part of the review process, the views and opinions of the PDS staff were sought to help inform the direction of travel and future position regarding to eHealth within PDS. It became clear, from user feedback some resources require adjustment.

In particular, the patient management system, R4 Clinical Plus requires changes. The current climate will have a significant impact on eDentistry as programmes such as Attend Anywhere will need to be factored into future plans. The main issues PDS relate to their patient management software system, R4 Clinical Plus.

It is a "clunky" system which was not intended for use on the scale NHS GGC require. R4 Clinical Plus is on a national contract making adjustment difficult.

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The key themes from the focus group centred on:

- Hardware – equipment within the department is incompatible and potentially too old to facilitate new communications options and its interface with other equipment is a cause for concern.
- Radiography – e.g. successful launch and capture of radiographic images.
- Referral pathways.
- R4 Clinical Plus – limitations include lack of accurate reporting which impacts on the ability to plan and monitor services, inability to link with other key software programmes e.g. Clinical Portal, Trak Care, Vision etc.

Engagement with the University of Glasgow

The teaching of Students from the University of Glasgow in Out Reach programmes within the PDS is a key consideration for the future development of IT services in the PDS. In order to deliver patient care in the Out Reach clinics, students are provided with generic R4 logins and connected to a generic list number.

The University of Glasgow proposes to continue using the General Dental Council mandated LIFTUPP iPad based assessment and feedback tool. This requires WI-FI access via Eduroam (UK University Wi-Fi network) and is currently supported at all NHSGGC premises attended by students.

LIFTUPP requires access to CHI numbers as the unique patient identifier this is arranged through the Caldicott Guardian via NES, at a national level.

Reporting of clinical activity, delivered by students is required for NES ACT reporting but consideration should be given to how this information might be provided by existing NHS systems e.g. Clinical Plus R4.

Students have been identified as clinical workers and are supported to gain access to all necessary NHS IT/digital systems, including PACS/R4+/Track/Attend Anywhere, to allow them to carry out their clinical duties.

Into the future, the University are investigating the use of intra-oral cameras, 3D printers and additional technology. The University hopes that such advancements can be supported by the PDS in the delivery of student teaching.

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A process for meeting the need to deliver a functional and future-proof IT infrastructure for the PDS has been identified. There is recognition within eHealth a strategic approach is required in order to not only address the immediate and business critical issues, but to also provide future platform to progress a long-term strategic vision for the development of eDentistry in the PDS.

The eHealth Directorate is reviewing the rollout of Windows 10 and Office 365 in relation to the Oral Health Directorate in order to prioritise those areas in critical need of update to hardware.

The eHealth Directorate have put in place a Project Proposal in order to address the areas of greatest concern, which will inform a business case designed to meet the needs of ensuring the IT infrastructure for the PDS will be fit for purpose and future proof. The Project Proposal focuses on the main areas of concern identified by the review group relating to: Hardware, IT infrastructure, referral pathways and R4 Clinical Plus; with short, medium and long-term solutions. This work can be summarised in the following sections as:

Hardware

Issues: the age and reliability of hardware.

Resolution required: equipment within the department is incompatible and potentially too old to facilitate new communications options and its interface with other equipment is a cause for concern.

Owner: eHealth Operations

Short Term Solutions

- Confirm an accurate hardware inventory with the eHealth Hardware Team
- Identify the correct specification for surgery PCs to operate the R4 system
- Confirm what accessories must be plugged into equipment e.g. digital radiography sensors or digital cameras

Medium Term Solutions

- Compile a Business Case for the purchase of new equipment to operate effectively all programmes that are required to be available at the same time during a clinical session
- Cost the plan to replace PCs within the department Long Term Solution
- Ensure the regular reviews take place to support the ongoing utility of the IT structures within the Public Dental Service and to future proof any requirements caused by new technical developments

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Long Term Solutions

- Ensure regular reviews take place to support the ongoing utility of the IT structures within the Public Dental Service and to future proof any requirements caused by new technical developments

IT Infrastructure

Issues: Investigate issues relating to the capture and viewing of dental x-rays that have led to breaches of IRMER legislation.

Resolution Required: The IT infra structure should allow the successful launch and capture of radiographic images.

Owner: eHealth Operations

Short Term Solution

- Identify what the manufacturers of R4 (Carestream) recommend as the best way to take and store radiographs within their programme

Medium Term Solution

- Identify if any additional IT equipment must be procured and what costs will be incurred

Long Term Solution

- Ensure that all future developments will be identified that will allow the safe exposure and storage of radiographs that will protect patient safety and comply with Health & Safety Regulations e.g. IRMER and IRR.

Referral pathways

Issues: Develop and implement SCI Gateway Referral Pathways for patients

Resolution Required: should be reviewed and ensure functionality that facilitates the submission of patient referrals and appropriate storage.

Owner: eHealth

Short Term Solution

- Update the existing SCI gateway referral pathways to allow submission of appropriate referral forms from the widest range of stakeholders

Medium Term Solutions

- Ensure new pathways are shared and understood by stakeholders
- Identify how the information from SCI gateways can be stored within a database that will be supported by IT

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- Identify ways in which referral information can be transferred to R4 without laborious time-consuming methods of data transfer

Long Term Solution

- Investigate IT solutions to store and easily access referral information

R4 Clinical Plus (Integration)

Issues: Identify and confirm the utility of R4 Clinical Plus to meet the needs of the PDS.

Resolution Required: The R4 programme has limitations which include the lack of accurate reporting which impacts on the ability to plan and monitor services, inability to link with other key software programmes e.g. Clinical Portal, Trak Care, Vision etc.

Owner: eHealth

Short Term Solution

- The PDS to identify a suite of weekly and monthly reports they wish to be made available for planning and review purposes

Medium Term Solutions

- Compile a list of programmes that should link with R4 to facilitate the best clinical care
- Arrange to meet with Carestream to identify what may be achieved with the linkages as above to R4
- Cost these solutions

Long Term Solution

- Discuss on a national level the requirements to be stated to Carestream to provide a fully functioning system to support dental care that fits Public Dental Services

NB. The direction of travel for 'Integration' will be informed by the Referral Pathway work

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Proposed Timeline for eHealth Project Work

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Strategic Vision for eDentistry

The strategic vision for eDentistry in the PDS provides an opportunity to scope out the implementation of new or additional technologies, which could improve the delivery of patient care. It has become clear from the review process any such implementation of new technologies would be predicated on the IT infrastructure within the PDS being of a sufficient specification to support future development.

The identification of the need for a wholesale update of the IT infrastructure within the PDS now places the adoption of some new technologies into later phases of a strategic plan. Nevertheless, opportunities have been identified and this will assist in ensuring the service specification for hardware and software will be appropriately informed.

ePrescribing

Prescribing of medication within dentistry is still largely paper-based and lags behind medical colleagues. The use of paper prescriptions requires hard copies to be handed to patients and presented to a pharmacist for dispensing. Governance arrangements for monitoring prescribing stewardship rely upon data obtained from PRISMS, which incurs time delays and a large manual effort in the collection, collation and interpretation of data.

The development and implementation of ePrescribing would provide opportunities to make the prescribing and governance arrangements more efficient and timelier.

3D Scanning

The field of intra-oral scanning is rapidly developing. Any decisions based on development within the PDS would require due consideration of the aspects of capital outlay, asset depreciation, on-costs and maintenance as well as replacement when equipment becomes superseded or obsolete. The recent Restorative Services Review has considered the use of intra-oral scanning in Glasgow Dental Hospital. The learning from this review and implementation will provide valuable insight for the PDS

There are numerous benefits to intra-oral scanning and its potential use in patient care. Intra-oral scanners have utility for use with dentate patients and partially dentate patients with implants. Potential advantages include improved decontamination and infection control and increased efficiency for laboratory processes. The latter includes reducing the need for laboratory poured models. This will result in more effective use of laboratory time, reduced gypsum waste and associated disposal cost. Intra-oral scanners have the potential for greater accuracy compared to traditional impression techniques and can be portable between clinics and units as well as forming part of the patient's electronic record.

Clinical Photography

There is an increasing need for medicolegal purposes and for monitoring treatment as well as education to photograph certain aspects of patient care in dentistry. This can involve still or video photography. The Public Dental Service has 7 clinical cameras within the department which are used to facilitate the capture of images of a patient's oral health. These photographs can be used for treatment planning, the measurement of disease and as a medico legal record of oral health at a particular point in time. The current scope of use in the service is limited and there is an opportunity to ensure more effective use in patient care.

The development of digital photography in PDS clinics would provide tangible benefits to patient care by enhancing patient information and consent processes, enhanced communication between clinicians and laboratory services, providing valuable monitoring opportunities for oral conditions as well as a tool for teaching and training purposes.

The advantages of improved clinical access to digital photography would need to be considered alongside the challenges associated with implementation and sustainability. These would include cross directorate work with eHealth, cost implications and issues relating to IT infrastructure (including integration with R4 Clinical Plus and data storage) and data security.

Attend Anywhere

Attend Anywhere provides a secure online video patient consultation tool. During the onset of the COVID-19 pandemic there was a need to reduce the number of face-to-face patient consultations. The offer of Attend Anywhere became available to the Oral Heath Directorate.

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It has proven to be a valuable adjunct to traditional patient communication tools and is an example of opportunities made available as a result of the response to COVID-19, which may not have been previously considered as part of service development.

The long-term impact of COVID-10 may result in the need to deliver COVID-safe clinical pathways for the foreseeable future. These pathways can limit the capacity of a service, including the numbers of patients who are able to attend clinical sites. Attend Anyway provides an opportunity for some consultations to be held online. This may provide benefit to patients by reducing the need to travel to clinical sites for some consultations and reduces the impact on service capacity by limiting the number of patients required to attend in person.

Netcall

Net Call is a programme widely used by a variety of departments with NHS Scotland to support patient communications. The programme integrates with existing IT systems e.g. TrakCare to contact patients with information relating to forth coming appointments, content relating to their GP sites and can advise patients of specific messages in the form of a URL that can supply essential health messages directed specifically at the patient's needs. This has been identified as an opportunity to improve communication and patient attendance within the PDS.

These communications can be set to link with the patient's mobile phone number and would appear as a text message usually set to inform the patient they have an appointment in 7 days. This message can be repeated as many times as the service requires and can be used to remind patients to rearrange appointments if they are unwell. The advantage of this approach is to maximise appointment utilisation and cut waiting lists. Due to recent upgrades of Netcall it is hoped that the planned pilot project will run in conjunction with RAH approximately late 2021.

Data Intelligence

A major objective is to develop clinical excellence within our services for patients. A key tool in service redesign, service planning and service evaluation is the ability to have robust data intelligence. The strategic vision for eDentistry should seek to provide mechanisms for the collation of comprehensive and contemporaneous data on patent pathways and outcomes from the various IT systems utilised in the PDS. This data intelligence would need to meet the requirements set out for information governance, such as GDPR.

At present the IT infrastructure within the PDS does not support such data collation and current collation of data is time and labour intensive. The development of improved and automated data collation will be predicated on the ability for eHealth to successfully 'integrate' the various software systems as part of their project work.

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Recommendations

The recommendations of the eDentistry group for the PDS Review are as follows:

- The IT infrastructure for the service needs to be updated to be fit for purpose and future proof

Immediate/Short Term

- eHealth will need to deliver on the strategic plan to systematically upgrade and replace hardware across the service

Medium Term

- eHealth will need to deliver a business case to address the key areas of concern identified as set out in their project timeline

Long Term

- ongoing work should be undertaken to scope the development of themes identified as part of the strategic vision for eDentistry in line with the establishment of a functioning and fit for purpose IT infrastructure within the service

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East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 11.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 24TH MARCH 2022

REPORT REFERENCE: HSCP/240322/11

CONTACT OFFICER: CLAIRE CARTHY, INTERIM HEAD OF CHILDREN'S SERVICES AND CRIMINAL JUSTICE TELEPHONE NUMBER 0141 777 3000 EXT 3095

SUBJECT TITLE: INTEGRATED CHILDRENS SERVICES ANNUAL REPORT 2020-2021

1.0 PURPOSE

The purpose of this paper is to inform IJB members of the partnership activity undertaken throughout 2020-21 and reported to Scottish Government.

2.1 RECOMMENDATIONS

It is recommended that the Health & Social Care Partnership Board:

2.2 Note the content of this report.

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

BACKGROUND/MAIN ISSUES

Legislation

3.1 The Children and Young People (Scotland) Act 2014 places a statutory duty on the Community Planning Partnership to report on strategic activity on an annual basis.

3.2 In East Dunbartonshire the Delivering For Children and Young People's Partnership (DCYPP) is responsible for LOIP 3, "Our Children Are Safe, Healthy and Ready to Learn".

3.3 DCYPP is required to produce an Integrated Children's Services Plan and report to Scottish Government on an annual basis. The annual report 2020-21 was delayed due to the outbreak of the Covid Pandemic.

3.4 The Annual Report 2020-2021 is attached for information.

Main Themes of the Report

3.5 The year 2020 was the first year of the global Covid Pandemic which placed unprecedented pressure on the partnership workforce whilst vulnerability for children, young people and families increased.

3.6 Despite the extreme pressure and real threat of the virus, core services continued to be delivered in accordance with the Covid guidance.

3.7 In addition to ensuring the safety and wellbeing of children, young people and families the partnership workforce continued to demonstrate a commitment to improvement and development of services.

3.8 The volume of improvement work reported to the Scottish Government for 2020-2021, in the context of a global pandemic, is outstanding and should be celebrated as a success.

Content of the Annual Report 2020-2021

3.9 The Annual Report 2020-2021 begins by setting the context of the Covid Pandemic and then includes a chapter on each of the 4 priority areas of the Integrated Children's Services Plan. The 4 priorities are Corporate Parenting, Keeping Children Safe, Children and Young People's Mental Health, Healthy Lifestyles.

3.10 The annual report evidences the work of the partnership embeds the values of GIRFEC, UNCRC, Rights Respecting Schools and The Promise. **(Appendix 1)**

4 IMPLICATIONS

The implications for the Board are as undernoted.

- ED HSCP must ensure children's rights are respected and protected.

- The work of DCYPP should be recognised and celebrated.

4.1 Relevance to HSCP Board Strategic Plan –

1. Promote positive health and wellbeing, preventing ill-health, and building strong communities
2. Enhance the quality of life and supporting independence for people, particularly those with long-term conditions
4. Address inequalities and support people to have more choice and control
9. Statutory Duty - LOIP 3: Our Children Are Safe, Healthy and Ready To Learn.

4.2 Frontline Service to Customers – None

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – None

4.5 Financial Implications – None

4.6 Procurement – None

4.7 ICT – None

4.8 Corporate Assets – None

4.9 Equalities Implications – None

4.10 Sustainability – None

4.11 Other – N/A

5.1 **MANAGEMENT OF RISK**

The risks and control measures relating to this Report are as follows:-

5.2 None.

6.1 **IMPACT**

6.2 **STATUTORY DUTY –** None.

6.3 **EAST DUNBARTONSHIRE COUNCIL** - There is a statutory responsibility to report on the activity of the Integrated Planning Partnership under The Children and Young People's (Scotland) Act 2014.

6.4 **NHS GREATER GLASGOW & CLYDE** – None.

6.5 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –** No Direction required.

7.1 POLICY CHECKLIST

7.2 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.1 APPENDICES

8.2 **Appendix 1:** Integrated Children's Services Annual Report 2020-2021

Integrated Children's Services Annual Report 2020-2021

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Introduction

I am pleased to present the Delivering for Children and Young People's Partnership Annual Report for East Dunbartonshire for the period 1 April 2020 to 31 March 2021. This report pertains to the work undertaken in respect of our Integrated Children's Services Partnership.

The purpose of this report is to provide key stakeholders, including, staff our children and families, with information on the work undertaken during the period 1 April 2020 to 31 March 2021.

In East Dunbartonshire, we believe that we are a place that puts young people at its heart. We are always striving to do better, and the views and experiences of children and young people really matter to everyone within our partnership. This report shows key activities of the last year and it is a fantastic display of excellence, passion and dynamic thinking in a really challenging period of time. Covid-19 presented unique challenges to everyone and especially young people. Schools closed, exams were cancelled, lockdown meant restrictions on movement, friends were unable to meet, parents and carers were furloughed, and grandparents were unable to see their grandchildren. Children and families experienced many stresses and there has been an impact on their Mental Health and Wellbeing. This, and our Protection activity, have been the key priorities for us throughout 2020-2021.

Caroline Sinclair
Interim HSCP Chief Officer and East Dunbartonshire Council Chief Social Work Officer
Chair of East Dunbartonshire Delivering for Children and Young People Partnership

Impact of the Covid Pandemic

When the pandemic took hold, services needed to adapt. Business continuity plans (BCP) were reviewed with only essential services operating. This was to ensure the safety of staff and the families we support. For the workforce, pathways were quickly established to access appropriate PPE and usage guidance. Risk assessments were completed for vulnerable staff members with pre-existing health concerns. Daily meetings took place to ensure all team members had relevant information to complete job tasks safely. Tasks were reviewed and in situations where children were looked after away from home, contact was made virtually or by telephone. For statutory, child protection and emergency visits, these were completed by staff adhering to the guidance from Public Health Scotland.

When the difficult and unprecedented decision was taken to close schools our children were sent home to learn at home with their parents and carers. Education staff, Social Workers and Children's Community Health staff continued to make contact with all children whilst the schools set up Hubs for vulnerable children to continue to attend in person.

IT quickly became an essential tool to enable meetings and case conferences to safely take place. The quality of systems and processes developed with practice and has become an essential tool for social work and partners. This allows reviews of child's plans to take place timeously, safely and with all partners present, including the child and family.

Risk assessments were completed for essential tasks, including contacts and transport. Initially only court order contacts were considered and these only took place face to face where this was necessary and safe to do so. As such most contacts moved to virtual and this was slowly progressed to direct contact in line with Public Health Scotland guidance and what was in the best interest of the child. Intervention, support and contact remain child centred, varying between families to ensure as a service we were meeting the individual needs of our children while keeping workers safe. Work practices were reviewed regularly with managers meeting 3 times a week to ensure effective communication pathways. As the pandemic progressed, guidance was update and practice reflected this.

In addition to the Risk Management meetings, the Public Protection Leadership Group was quickly established in order to ensure governance and oversight of protection activity. Child Protection referrals, investigations and registrations continue to be monitored through this process, as are child welfare concerns and duty visits. This is information was reported to the Scottish Government on a weekly basis.

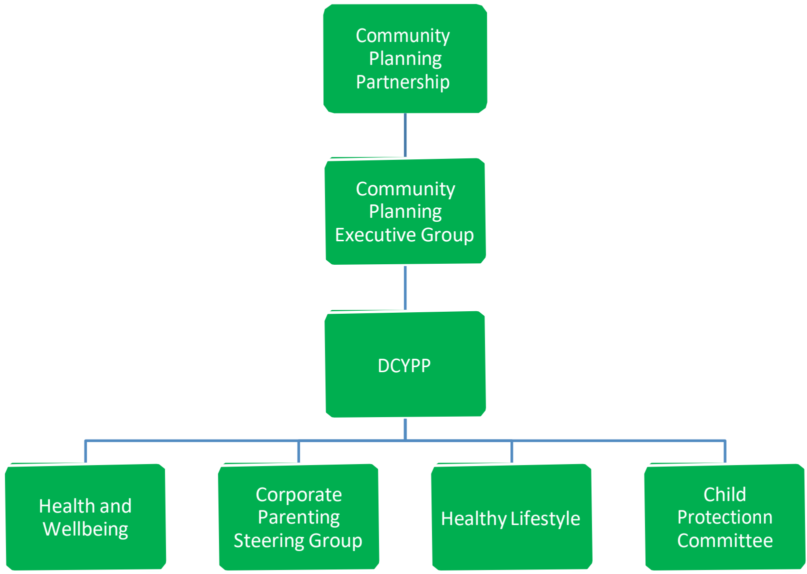
Staff welfare has been a priority throughout and is a standing agenda item at all risk management and business continuity meetings. Staff were sent home to work where possible but this resulted in a separation of the workforce. Leaders have worked very hard to ensure there are regular, alternative methods of communication and Support.

Supervision has remained a priority, newsletters published, welfare hubs established. Throughout 2020-2021 staff throughout the partnership demonstrated courage, commitment and professionalism as they continued to deliver high quality services to vulnerable children and families in the face of unprecedented challenge.

Context

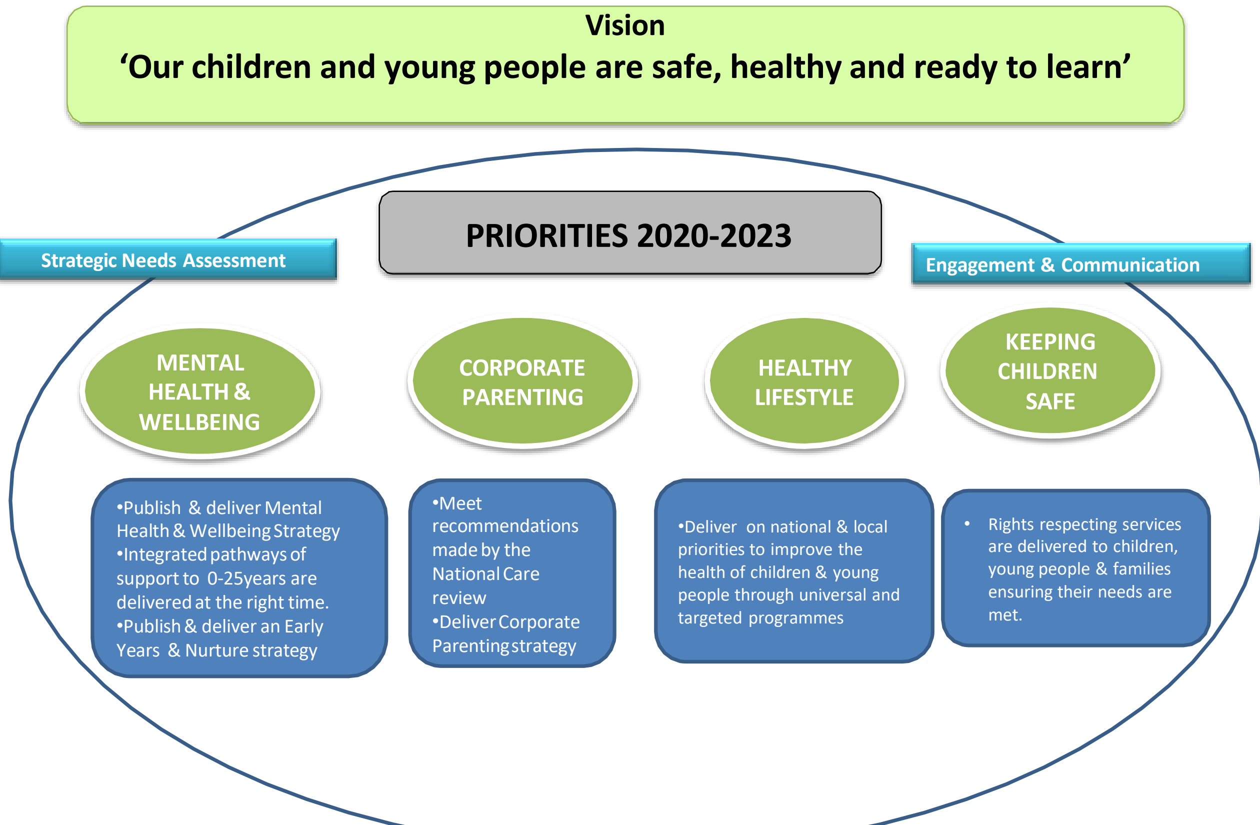
This annual report covers the period April 2020 to March 2021. As has been noted above, this was a time of unprecedented challenge as we adapted to the threat of the Covid virus and moved to a digital platform whilst delivering services to children and families.

In East Dunbartonshire, our Integrated Children's Services are remitted to the Delivering For Children and Young People's Partnership (DCYPP) which is a sub group of the Community Planning Partnership (CPP). DCYPP is responsible for delivering Local Outcome 3, "Our children are safe, healthy and ready to learn".



In November 2019 the DCYPP undertook a self-evaluation in order to review the Integrated Children's Services Plan 2017-2020 and identify key priorities for the next 3 year plan. This self-evaluation exercise took the form of a series of meetings of senior officers and practitioners from all partner agencies. This was a fortunate and timely exercise because when the pandemic hit us in March 2020 we already had an

agreed plan on a page and identified work streams.



Children’s Mental Health and Wellbeing

An East Dunbartonshire Children and Young Persons Mental Health and Wellbeing Strategy began to be developed in early 2021, this involved members of the community planning partnership coming together with the shared goal to improve children and young people’s mental health and wellbeing across East Dunbartonshire. The strategy development group shared the understanding that prevention and early intervention was to be the focus, but with clear links to local need, but also in line with our national priorities.

Scottish Government Children and Young People’s Mental Health Framework

The Scottish Government and COSLA published a National framework for community well- being services to children and young people’s mental health and wellbeing in 2019. From this Framework grant funding was allocated to each Local Authority in order to support the implementation of the framework. This funding criteria for local authorities was to develop new or enhance existing community support or services for children and young peoples to support mental health and wellbeing within the community for children aged between 5years - 24 years or, 26 if the child were cared experienced. Such services were to aim to take an early intervention and preventative approach tackling issues such as mental emotion and distress, rather than mental illness, with new services or innovative practice was to be based in line with the GIRFEC principles and take into account of national priorities, but be based upon local need.

A governance structure was introduced by the Chair of the DCYPP to ensure regular reporting on the progress of the framework outcomes. Two sub groups were formed and overseen by the HSCP Interim Head of Children’s Services, Criminal Justice and Social Work. This included a leadership steering group, the purpose of which was to look at local need and best practice with the second group concentrating on monitoring, evaluation and reporting on any new services or enhancement of an existing service which had benefitted from the allocated funding. These were to be directly reported back to the Scottish Government and COSLA.

The need for a project manager role was identified as part of the Framework funds to support both the DCYPP and to look at research and best practice around children’s mental health and wellbeing. Due to the pandemic and the restrictions on time to allocate this funding, desk top research was conducted across the local authority engaging with all sectors to map out what supports were available within the local community to support children and young people’s mental wellbeing.

Research took place virtually using both Teams and Zoom and when not available, telephone calls and emails. The purpose of this research was to identify services

available to children, young people and families, what was working well, best practice models and any particular gaps.

It was quickly established through the research that due to the impact of Covid-19 on children and young people's mental health, there was for many services a distinct training need for generalised mental health and more bespoke training to support children and young people in relation to mental health. A training analysis was developed to look at what training was available both locally and nationally. Mental wellbeing training was limited during this time as face to face training was not permitted and virtual training on mental health was not advised by some providers. The research conducted with services crossed the local authority mentioned.

Support for Mental Health during period of lock-down

During the period of lock-down, EDC Education Service developed an authority level Protocol (Vulnerable Children's Protocol) which ensured that the needs of vulnerable children were met over the period of March 2020 to June 2020 while educational establishments were closed. The protocol set out procedures to ensure that schools were in regular contact with vulnerable families. Those children who needed a safe place for wellbeing reasons, were able to attend Education Hubs, which were situated near to or in the child's locality. During the period of school and early years centre closures, weekly Pupil Support Groups were established to review on a regular basis the wellbeing of all children. In EDC Additional Support Needs school for children with complex needs, a multi-agency Pupil Support Group was held weekly where the needs of children were discussed with Health and Social Work colleagues and plans made to support wellbeing if needed.

Between March and June 2020, a series of Theory into Practice Briefings were produced by the Educational Psychology Service (EPS) on topics of direct relevance to the context. These included: managing grief and loss; dealing with trauma; growth mind-set; supporting transitions and emotion coaching. These briefings were used by school staff to build awareness and inform practice in supporting wellbeing.

A Nurture and Wellbeing Support Recovery Paper was shared with all Education Service staff in September 2020. This focused on guidance for all educational establishments to support the wellbeing of their school communities (adults and children).

Responding to Adverse Childhood Experiences (ACES) and Trauma

The Compassionate Connected Communities (CCC) Resource was introduced to all EDC mainstream schools in October and November 2019, with additional sessions being delivered at whole school level and to schools within the Wellbeing Inclusion Group from January to May 2020. This Education Scotland Resource is designed to complement Nurture Approaches and pulls together a range of research and resources which aim to support children and young people who have experienced ACEs and trauma. There is also a focus on staff wellbeing, which was considered by participants to be particularly relevant at this time.

CCC training has been evaluated positively by participants, in terms of increased knowledge and confidence. Next steps indicate further work is required on operationalising the theory in to practice and on supporting self-regulation through co-regulation. These outcomes have been incorporated in to CLPL planning for session 2020-2021.

Supporting Mental Health and Wellbeing through Social Emotional Learning - PAThS

Session 2019-2020 was the first sustainability phase of the completed five year implementation plan. This session, training has been delivered for those staff who are new to post or have not received training in previous sessions, including the one remaining school in EDC which had not yet accessed the PAThS programme.

Year on year evaluations of the impact of the programme demonstrate improvements in social/emotional and academic outcomes (i.e. attention/focus/staying on task). The programme is highly valued by pupils, families and teaching staff. Benefits are noted out-with the school environment where parents are engaged and involved.

Supporting mental health and wellbeing through Nurture

The EPS continues to support Secondary Wellbeing Resources in each school in gathering evaluative evidence to demonstrate their impact on improving young people's wellbeing.

In session 2019-2020, secondary schools were tasked with reporting on the impact of the Wellbeing Resources using a revised format. However, due to Covid-19 measures, these reports were not completed.

An Authority level Nurture Strategy and Implementation Plan has been launched, which focuses on establishing nurture groups and whole school nurture in twelve primary schools. This approach will be led by the Educational Psychology Service and the implementation plan will be coordinated by a multi-agency nurture steering group including Health Colleagues (including Speech and Language Therapy), Social Work and Education.

Supporting Mental Health and Wellbeing through Let's Introduce Anxiety management (LIAM)

All secondary school wellbeing teachers have continued to use the 'Let's Introduce Anxiety Management' (LIAM) approach with individual young people in association with clinical psychology colleagues. Primary colleagues have participated in LIAM training and have begun to use this approach with individual pupils.

Feedback from young people participating in LIAM and from Secondary teachers utilising the intervention, is that it is successful in supporting the wellbeing of the young people involved.

At national level. Evaluations of the impact of the LIAM programme are very positive

Improving Wellbeing through CALM training

CALM is a training framework and model which has been incorporated in to a five year plan within East Dunbartonshire Council Education Service. CALM is aligned with nurture approaches and trauma informed practice. Most staff in Tier 2 and 3 Resources have received training in CALM modules 1 and 2. An in-house training model has been developed which ensures that staff who are accredited as CALM trainers can train others within EDC. This allows more teachers to be trained and ensures fidelity to the programme. CALM training has been evaluated positively in relation to understanding behaviour, and adopting a common language in supporting children who are showing distress.

Improving wellbeing through the Autism Advisor Programme

The Autism Adviser Programme continues to be a strongly attended and well-used resource within EDC. There continues to be representation from each of the primary and secondary schools, as well as the majority of Voluntary and Partnership Early Years' Establishments.

In session 2019-2020, the programme, which continues to have multiagency input from speakers and presenters, was well attended in terms of both conferences and PLCs. The continuation of sector specific professional learning communities (PLC – primary and secondary, and separate Early Years' conferences) draws on and complements the core conferences, and agendas have been developed in response to participants' evaluations and specific requests for CPD.

There is close partnership with the Language and Communication Outreach Teachers in terms of planning and implementing the AA events.

Due to Covid related school closures, the physical conferences and PLCs from March - June 2020 did not go ahead. The AA community used the established Yammer site to share resources and ask questions - the volume of 'traffic' on this forum increased significantly over this period.

In Session 2020-2021, the Autism Adviser programme continued to build capacity within Tier 1 provision to support the well-being and promote attainment and achievement for learners with ASD and social communication difficulties. This was led by two EPs, in partnership with the Language and Communication and Wellbeing Outreach teaching team, and was delivered via Teams. The focus of the PLCs, which were based on practitioners' needs and requests, included transitions, Pathological Demand Avoidance, Autism Awareness Week and the Circles resources. Feedback on the programme was extremely positive, with comments including '*each session was informative and extremely relevant to practice*' and '*the sessions worked well on Teams and the delivery and pace was very good even when sharing screen and no presenter visible (or audience)*'.

Requests for future development were use of breakout rooms and sessions on parental engagement and play pedagogy. A need to focus on transitions at secondary school stage has also been identified and this session will be planned with partner agencies. One third of the practitioners who responded were new to the programme therefore next session's programme will include an introductory session in September

2021 for new AA practitioners. Positive Achievements' staff are invited to join the Secondary AA practitioners' sessions, following a request from the service manager.

Improving wellbeing through Co-Regulation

Evaluation of the impact of CCC training highlighted that participants considered further input on co-regulation to support self-regulation would be useful to improve support for learners who had experienced trauma. In the context of Covid-enabled school closures, a Theory in to Practice online Resource Pack was developed for use by individual schools.

Local authority professional learning took place virtually with a reconnector session in May 2021. The importance of Emotion Coaching as a methodology to increase empathy, support communication, regulation and problem solving was emphasised. The focus of the training was on collaboration and practical application in schools in line with feedback from CCC evaluations. Evaluation indicated that Emotion Coaching as an approach was highly valued by participants. Participants valued the emphasis on professional dialogue, reflection and developing greater perspective in supporting and developing emotional understanding for staff and pupils. In session 2021-22 Emotion Coaching will be delivered at Local Authority Level to the 12 designated nurture schools.

Additional Support Needs (ASN)

Additional Support Needs Leadership Seminars continued to provide professional updates for all schools and Early Years centres. The forum provides with a platform for sharing new and/or updated legislation and guidance related to ASN. It also facilitates consultation about local authority policy development. The seminars were held termly and were consistently evaluated very highly.

Inclusion Support Officers continued to provide first line advice and support to schools on a range of issues related to additional support needs within each locality. The multi-agency Locality Liaison Group (LLG) continued to provide advice and support to schools about meeting the needs of children with additional support needs.

Support for Care-Experienced Children

Care experienced children have been supported by an outreach teacher who provided literacy activities for three secondary schools. This was funded by the Care Experience Attainment Fund. This outreach support has improved confidence and class engagement for all the care experienced pupils supported. One secondary school recruited a Principal Teacher for Care Experienced and a Family Link Worker, targeting interventions for S1 pupils.

Almost a quarter of the Care Experience Attainment funding from Scottish Government supported the roll out of digital equipment for care experienced children in schools, leading to improved access to and engagement with online learning. Almost all secondary schools have adapted their proposals for the Care Experienced funds by responding to the pandemic and directing funds where they were most needed.

Supporting Mental Health and Wellbeing through the Counselling Service

Between April 2020 and March 2021, all secondary pupils and children aged ten years old and over in primary schools have had the opportunity to access support from Counselling Service providers. This pilot service provided with both on-site and remote support for pupils, families and school staff alongside consultancy and professional learning for staff. The support for pupils was also sustained throughout holiday periods. All schools are engaging with the service with almost all accessing the full programme of support in terms of working with school staff, pupils and families. Since August 2020, 365 young people accessed this provision. The majority of referrals continue to come from the secondary sector and referrals have been higher for girls than boys. The most prevalent reason for referral include: emotion regulation; personal/family circumstances; negative coping; stress and anxiety; and anger and depression. Other common referral reasons relate to peer group difficulties, interpersonal skills, bereavement and sexual and gender identity.
Evaluations using YP-Core and Wellbeing Indicators has consistently shown improved wellbeing for those young people who have participated in counselling.

A new development this session was the roll out of the Lesbian Gay Bisexual and Transgender Charter programme in secondary schools (LGBT). The LGBT charter is a school-wide inclusion programme led by a Champions group that includes staff and pupils. The LGBT Charter will empower individuals to challenge prejudice and proactively create an inclusive environment. The programme supports schools to achieve equity in education and reduce barriers to learning. A charter lead has been appointed at school level and a Quality Improvement Officer and LGBT Charter Manager are providing support across schools. In working towards the Bronze Charter Award, charter champions are currently reviewing school policies in their establishment to ensure they are compliant with the Equality Act (2010). They are also coordinating training for 20% of all school staff in their establishment. Both targets are a requirement for this award. All Charter leads coordinated activities to mark LGBT History Month with evaluations demonstrating the wide reach of these activities through, for example, whole school events and social media posts.

Keeping Children Safe

Child Protection

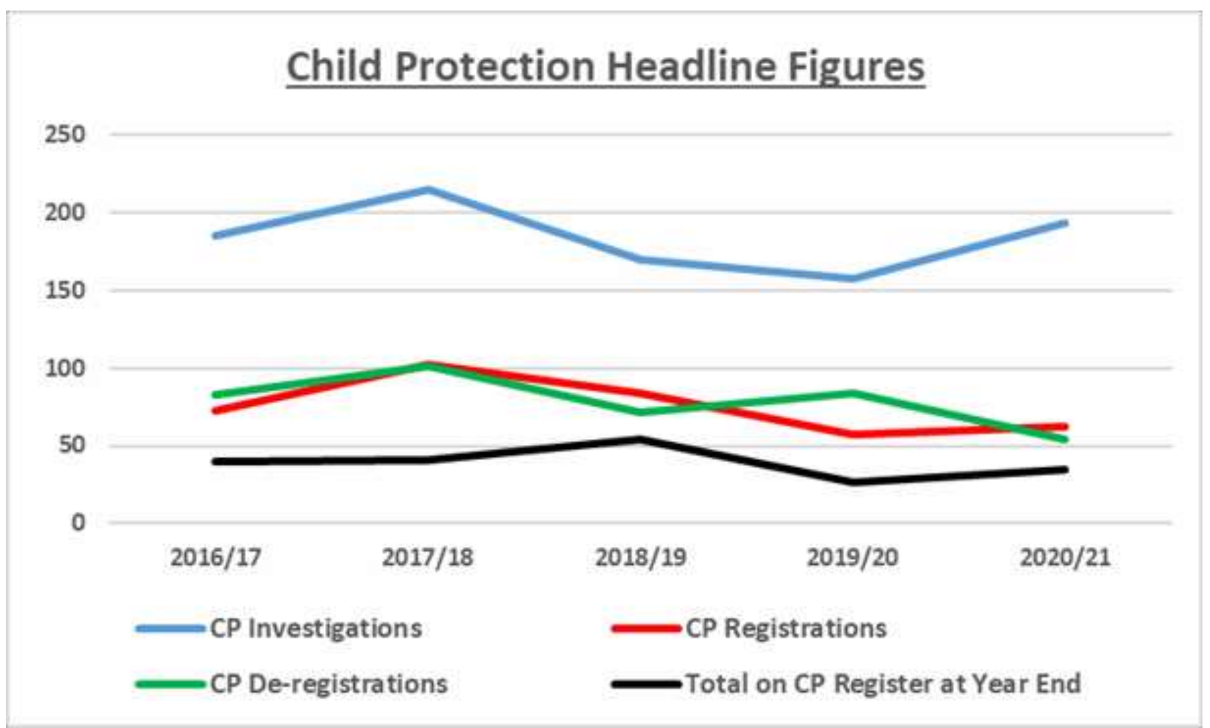
	2016/17	2017/18	2018/19	2019/20	2020/21
CP Investigations	185	215	170	157	193
CP Registrations	73	102	84	57	62
CP De-registrations	83	101	71	84	54
Total on CP Register at Year End	**40**	**41**	**54**	**27**	**35**

There has been a 23% increase in CP Investigations between 2019/20 and 2020/21, with 2020/21 being the second highest of the 5 years shown above. However, the conversion rate from investigation to case conference has remained fairly stable at 52% in 2019/20 and 51% in 2020/21.

	2019/20	2020/21
Education	34	29
Health	14	22
Housing	0	4
Other	18	28
Police	58	69
Social Work	33	41
TOTAL	**157**	**193**

The source of investigations has changed between 2019/20 and 2020/21 due to the pandemic. The closures of schools during various periods of 2020/21 has meant that there has been a decrease in referrals from Education which resulted in a CP Investigation. All other agencies have shown an increase as a source of investigation. Further exploration of the Other category would suggest an increase in community type referrals which was a significant change during the pandemic and possibly as a result of media campaigns to highlight the safety of children.

There has been a slight increase in the number of registrations in 2020/21 from the previous year, however it remains lower than previous years shown. Over the same period, there has been a significant decrease in de-registrations (35%) and is lower than any of the years shown. This means that the number of children on the Child Protection Register at the end of 2020/21 has increased from the previous year. However, it remains lower than the previous year's shown. The publication of the 2019/20 Child Protection Return would suggest that East Dunbartonshire have less children on the CP Register per 1,000 population than across Scotland as a whole. However, this figure also varies across comparator Authorities.



North Strathclyde Scottish Child Interview Pilot

- The JII North Strathclyde team went live on the 10th August 2020 and the team are co-located within Osprey House in Renfrewshire.

- The team is staffed by eight interviewers. The Children 1st Participation and Recovery Worker works closely with the team who are managed by a designated co-ordinator on site.

- The extensive training completed by the team was designed to enable the interviewers to be competent in the forensic interviewing of children and young people and to be Trauma Informed using five principles; safety, trustworthiness, choice, collaboration and empowerment.

The team aims to ensure that children and their non-abusing care giver will have access to support and advice throughout the JII process with an opportunity to express their views, needs and concerns to inform a best evidence approach. That all interviews take place in a safe child friendly, age appropriate way that gives consideration to any developmental or additional needs. Finally, that all children and their families will receive the practical and emotional support they require to recover.

Healthy Lifestyles

The East Dunbartonshire Integrated Children Services Plan, brings together key statutory and voluntary partners to the priorities it has established within its strategic action plan. The following provides a review of the actions undertaken towards support children and young people to have the capacity to have a healthy lifestyle during 2020.

Through a working group of the East Dunbartonshire Alcohol and Drugs Partnership, the Substance Use Prevention Group (SUPG) partners worked together to ensure that the resources and tools are accessed and are accessible to equip children and young people to make positive choices. Included within this approach:

- Partners collaborated to complete the Smoke Free Playpark campaign leading to 67 play parks now identified as smoke free areas. This has involved working with 14 Primary School establishments and engaging with around 600 pupils during this campaign.
- Early Years staff received specific alcohol focussed training, to raise awareness and capacity to the range of resources which they can utilise in building resilience and protective factors in young children.
- Teachers and support staff of Primary aged pupils received training (delivered online) which showcased resources to support substance use prevention and education
- Older children and young people (with a targeted delivery within the Place communities were offered and undertook series of (online) workshops that aimed provided to support substance use prevention.

The East Dunbartonshire Sexual Strategy Group has a dedicated sub group to progress Relationships, Sexual Health & Parenthood Education (RSHPE) through a specified action plan, progression in 2020/21 has noted:

- The delivery of Early Protective Messages training (early years teams)
- All Probationer Teaching (Primary and Secondary) staff, are offered quality assured training to ensure they have up to date awareness of the core issues associated with the RSHPE curriculum Training for Key Partner Agencies i.e. CLD, Social Work.
- Additional Support Learning schools were offered range of lessons to support delivery of RSHPE.
- Delivered training for Key Partner Agencies i.e. CLD, Social Work to increase confidence and knowledge around RSHPE.

- Reviewed, revised and delivered a public health campaign to promote online access to condoms and core sexual health service during periods of lockdown

The Scottish Government has provided funding to identify assess and pilot approaches to reduce breastfeeding inequalities, increase breastfeeding rates and sustain breastfeeding rates up to 6 weeks post birth through the development of a universal & sustainable approach.

During the second year of this programme the programme engaged with 149 women, all of whom increased the time that their baby received breast milk, supporting the Scottish Government ambition to ensure every child has the best start to life.

Partners also delivered the Healthier Wealthier Children and Families Income Maximization programme which maximized a total of an additional 70 family's income to an overall value of £326k.

Peri-natal project

The development of the East Dunbartonshire Perinatal Mental Health Service used a collaborative approach to support mothers/caregivers wellbeing and mental health in the perinatal period. Noticing a need for an enhanced universal service to perinatal mental health, a steering group was set up in late 2019 involving various services across East Dunbartonshire HSCP including; The Primary Care Mental Health Team, The Health Visiting Team and The Public Health Improvement Team. Evidence was sought on best practice involving perinatal support and developed a tiered based approach to support mothers and families during the perinatal period.

However as pandemic started to shut down services, there was an urgency to get a service in East Dunbartonshire up and running as quickly as possible whilst other services were being closed.

Research suggested peer support was the best approach. Due to the Covid-19 restrictions the steering group set up the virtual Perinatal Mental Health service using a Plan, Do, Study, Approach (PDSA) to enable a test for any change project to be developed using small number of participants. This service allowed mothers/care givers the chance to come together (virtually) for 5 weeks to follow the evidenced based Dr Chris Williams Programme 'Enjoy your Baby'.

The 5 sessions were jointly delivered by a Primary Care Mental Health Practitioner and a Health Visitor. For those who preferred on a one to one support this was also offered. Referrals were made in to the service via health visitor assessment or mother/care givers could self-refer.

Here are some direct quotes from new mums who attended the 5 virtual sessions;

In addition, the Steering Group were provided with additional funds directed to mental health. For those women and partners who were in need of more specialist perinatal support, the Steering Group enabled engagement with The Connections Bluebell Service who are now providing a (virtual) specialist counselling service to mothers /caregivers across East Dunbartonshire. This service is provided at no additional cost to the family. All sessions are virtual at the moment due to Covid-19 restrictions, but we hope in the future that this will move to face to face delivery.

The use of the PDSA test of change on both services have allowed the steering group to adapt the services in line with the pandemic restrictions at this time.

Communication and Social Media

Our local social media platforms have become an incredibly important way of communicating to our local communities, especially during the pandemic. The ED Public Health Improvement Team continued to respond and provide advice to our local communities using Twitter and Facebook, providing healthy lifestyle information and promoting mental health and wellbeing updates. The frequent public service announcements including Covid-19 updates and local community support services were shared and re tweeted by partners within East Dunbartonshire Council Communications Team.

The Public Health Improvement Team also worked to re-develop the local Asset Map in Partnership with CEARTAS, due to the pandemic this re-launch was delayed. However was ready at the end of March 21.

Corporate Parenting

In East Dunbartonshire the CPP has a robust commitment to Corporate Parenting and a drive to continuously improve the experiences and outcomes of Looked After Children (LAC). During 2020-2021 the Corporate Parenting Steering Group had the challenge of moving to a digital platform in order to continue to meet. Despite the challenges of the pandemic, there are a number of successful development which are worth celebrating.

Ferndale Residential Services

Ferndale Residential Children's Service is our own in house service offering both residential accommodation and outreach services to vulnerable children and their families. On the very first weekend of the pandemic one of our young people accommodated in Ferndale developed symptoms of the Covid virus. So early on, there were no protocols in place and little guidance available. The Ferndale team worked tirelessly with colleagues in Health and Safety and Public Health in order to ensure the young person recovered safely while other young residents and staff were protected from contamination. This incident proved how resilient our workforce are and demonstrated their commitment to the young people they look after.

The Ferndale Residential Service has continued to operate throughout, delivering high quality care. Staff have supported young people who have experienced trauma and family relationship breakdown to settle in the unit whilst supporting others to more on to Continuing Care placements. The Ferndale Outreach Service has continued, albeit on a very different basis. Support continued to be offered by telephone to children and young people in need of support.

WiFi enabled at Ferndale residential unit for young people

The House Project

In March 2020 we secured funding from Life Changes Trust (LCT) to establish an East Dunbartonshire House project. Although slightly delayed due to the pandemic we began the recruitment process and started working with the first cohort of young people in February 2021. (This is a Cohort of ten young people: 1 x LAAC, 4 x continuing care, 4 x aftercare, 1 x homeless).

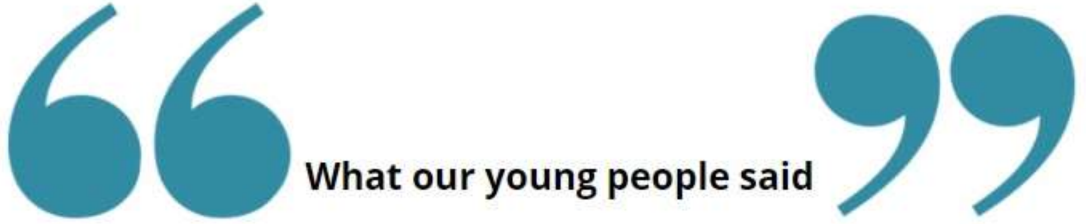
The House project is a trauma informed, relationship based approach, to supporting and working with care experienced young people to prepare them for independence with the ultimate aim that they will move into their own tenancy. The project aims to improve outcomes for care experienced young people by enhancing the transition into independence, providing them with long term support and building their confidence, skills and sense of community prior to moving into their own homes. Young people are supported through the delivery of group work and individual work to complete the house project programme.

The House project team is made up of a team leader and two facilitators and is part of and supported by the National House project. The House Project supports the delivery of The Promise particularly the outcomes that each young care experienced adult will experience their transition as consistent, caring, integrated and focussed on their needs, not on 'age of services' criteria. Housing pathways for care experienced young people will include a range of affordable options that are specifically tailored to their needs and preferences and the eradication of Youth homelessness.

We have had a remarkable response from partners in support of the House Project which have provided our young people with a wide range of opportunities and support. This has included:

- Scottish fire and rescue service committing to funding a two day fire skills and team building programme and visit to fire safety house that will be set up specifically for our young people
- EDLC providing gym membership for young people and a friend
- EDC Health improvement providing young people with the opportunity to undertake a health issues in the community course, currently scoping ideas from young people to fund community based activities that can improve mental health, funding staff training and opportunity for young people to access befriending services
- Justice services have provided support to transport and facilitate moving young people's furniture etc into new homes and one off grass cutting for young people to allow them to maintain this where it has become overgrown
- Young people's guarantee coordinator has offered to undertake training with young people of their choice for example health and safety, interviews skills etc.
- EDC housing department have provided young people with appropriate offers and consistently worked with the project to find the best homes for our young people

Celebrating Success: What our young people have to say



"I don't know where I'd be without the support"

"If I had this support with my last flat I might not have lost it"

"The support with my flat is definitely worth engaging with"

"It has been good to have someone to talk to and help me through challenging experiences.."

The Care Leavers' Champions Board

In 2020 a Champion's Board Group began to meet on a weekly basis via Microsoft Teams. The group had an average of 4 young people attend the weekly group from a pool of 10. The group was diverse in age and current living status – with the an age range from 14 years to 26 years old with some living in residential care, some now living back at home and others care leavers. There were positive outcomes from the group. The group provided an opportunity for young people to share their experiences of care and to highlight some of the difficulties and challenges that they faced.

The group was supported by a number of Corporate Parents who attended the meetings. Some Corporate Parents came to simply introduce themselves to the group and share with the group what services and supports they provided. Other Corporate Parents were invited to attend as a result of issues that were identified by young people. This provided a fantastic opportunity for a Corporate Parent to hear the stories and experiences of young people and gave those young people a real sense that they were being listened to.

This led to some follow-on opportunities with young people becoming involved. Young people were invited to work with Children's Hearing Scotland and share their experiences at a training event for new panel members. This was a great experience for both parties who each gained a better understanding of each other's situation. Children's Hearing Scotland are committed to working with and involving young people in their training moving forward. There were similar discussion in regards to Better Hearings and in involving young people in their development moving forward.

Throughout 2020, the first year of the Covid Pandemic, there had been continued engagement with young people on a 1-2-1 basis, over the telephone and through face-to face visits. This was often positive, but engagement with this also ebbed and flowed throughout the year due in part to some of the chaotic lifestyles led by young people. There was also a number of opportunities for the Champions Board to support young people individually through links that have been established.

Sewing packs and opportunities to support in guitar playing are some examples where the Champions Board have supported young people to pursue individual interests. Individual discussions had also taken place to create a more strategic planning group as well as a more social based champion's board group. Part of the discussions were around how to attract new young people and work best with them and how we plan to move forward once the restrictions lifted.

The ever changing landscape of 2020/21 meant that direct contact with groups proved difficult. Work was done however in preparation for restrictions being lifted and the ability to work directly with groups of young people. Plans had been discussed with Residential Staff at Ferndale about re-establishing small groups especially after the previous success of having a "girls group". Ground work had been completed from this especially in the planning of a new "boys group".

Throughcare, Aftercare and Continuing Care Team 2020/21

Support to children going through the adoption process- staff attending Permanency Planning Meetings, Adoption & Fostering panels, matching panels alongside Scottish Children's Reporter Administration hearings (SCRA).

All staff have dealt with the impact of poverty, homelessness and crisis relating to a huge portion of our Young People experiencing poor Mental Health.

Staff have worked in partnership with Health and Mental Health Services as we have had YP detained under mental health act.

Financial and practical assistance was provided to all of our Young People (Care Leavers) living in the community to ensure their basic needs are met.

Staff have also worked closely with Police due to YP being victims of crime, sexual violence and exploitation.

All staff have worked closely with housing to ensure all of our YP are in suitable accommodation which promotes there sense of safety.

We have arranged and used Self Directed Support to build packages of support for our most vulnerable YP.

All care plans have been reviewed. LAC reviews continued on a digital platform and Young People were provided with devices and data to enable them to attend and express their views.

Staying Connected: regular contact was maintained with all Throughcare and Continuing Care Young People which included telephone calls (mainly weekly) and minimum of monthly visits.

Secure Care: At the end of 2020, one Young Person was admitted to a Secure Care setting.

Christmas Project

To ensure children who live with vulnerability in East Dunbartonshire aren't forgotten about at Christmas, and particularly in this difficult year, the Community Support Team gratefully collected donations from the community which included presents, food parcels and vouchers for fresh produce, and, working with the Criminal Justice Service and East Dunbartonshire Council, distributed them to people in need in the community. Recipients include children and young people, families, homeless units, care-experienced young people and small local community groups.

Joint Leader of the Council said "Unfortunately this time of year can be very difficult for some of our local residents and the unprecedented events this year have resulted in even more people facing financial uncertainty. This project ensures that everyone can enjoy a little festive cheer after what has been an extremely challenging year."

Despite the coronavirus restrictions, there has been overwhelming support from all sectors of the community. Joint Leader of the Council added, "The large number of donations received and offers of support are testament to the goodwill and generosity of local voluntary organisations, businesses, residents and Council employees. Our dedicated Social Work Community Support Team has done a fantastic job in organising the collection and delivery of the contributions safely whilst restrictions to manage the pandemic are in place. I'd like to thank everyone involved for their efforts in making this Christmas a special time for everyone in East Dunbartonshire."

Children’s Rights

There have been 3 main strands to ensure that Children's Rights and their voices are being heard and strengthened in East Dunbartonshire - Mind Of My Own, Better Hearings and Advocacy.

Mind of My Own

Our Child Protection Committee (CPC) agreed to commission an app in a bid to make it easier to hear the views of our children. The process of identifying a suitable app was started and The Mind of My Own app was identified as being most relevant for the needs of our children and young people.

The Mind of My Own app, allows children and young people to have a voice when sometimes they can find it hard to talk and be heard by the people around them. This app allows children and young people to record how they are feeling at a time when they want to share. The children or young person can go on to the app via their own device and record thoughts feelings and wishes on a form available on the app. The form generates a report which is then shared with the child or young person’s social worker. Forms may also be completed with the social worker on a one to one basis if preferred by the child or young person. Their social worker can then share this report and the child's views at reviews and include in child's plans to ensure their voice is heard. By April 2021, the contract for Mind of My Own app was being finalised, alongside procurement and the DPIA being completed.

Better Hearings

The focus of our Better Hearings meetings over the time frame of this plan was: obtaining views of our young people in ED; improvements to reports for Children's Hearing System (CHS); and improving children's experiences of Hearings. Along with the plan to establish Mind of My Own to obtain children's views, Better Hearings identified the need for children and young people to receive a summary report. This version should be one page, jargon free and using language familiar to the child, reflecting their views. This was developed and trialled with a family of 5 children. Feedback was taken and the form adapted.

It was anticipated that this new summary report would be rolled out however this was delayed due to the pandemic. Following this and further review at Better Hearings, this will require further review to ensure it is compatible with legislative changes e.g. siblings rights as participants. This remains on the agenda for change with Better Hearings.

Test of change groups were established to consider improvements to reports for CHS. Within these, they developed an updated version of our Integrated Comprehensive Assessment (ICA) report. This has been tested by CHS and panel members have

provided positive feedback in relation to the form, its layout and the information contained. This form has been adapted in line with changes to legislation. In addition, reports are preceded with a multi-agency meeting. This ensures that all partner agencies have their input and views fully reflected within the report for CHS. The outcome of these changes are that all agencies feel an ownership of the report; panel members feel better prepared for hearings; and children and families better understand the paperwork.

Advocacy

In 2020 Scottish Government introduced funding for advocacy to children and young people involved in the CHS. In ED, Partners in Advocacy (PIA) were successful in being awarded the contract and alongside partners, developed operational guidance for delivery of advocacy services in ED. The purpose of this service is to put the child first, ensure they understand what is going on and support children at Hearings where they wish this to happen.

Social work and partners rolled out the operational guidance and completed briefings, both at service and team level. Social workers make referrals to PIA during assessments with children, or at any other time on the lead up to a Hearing where the child is wanting this referral. Referral pathways have been established and there is an ongoing steering group to ensure this continues to be promoted within services.

Who Cares? Scotland

Who Cares? Scotland is committed to ensuring, as far as possible, that they continue to deliver support to children and young people in care and amplify their voices throughout the coronavirus pandemic. Despite moving to a home-based working model for all staff, they endeavoured to deliver the same high-level service to their members via various communication methods. They provide 6 monthly reports on their activity and advocacy with care experienced children and young people within East Dunbartonshire.

They supported care experienced people to apply for Winter Wish programme of financial support via Who Cares? Scotland, and organised retail vouchers such as JD Sports and Amazon vouchers, Just Eat/ Hello Fresh vouchers for food over the week of Christmas as well as money to help with food and fuel to be sent to care experienced people who had applied.

Eight Care Experienced people from East Dunbartonshire had their Winter Wishes fulfilled and feedback from one care experienced person was ‘it’s amazing that Who Cares? Can do this and help out young people because Christmas is a really hard time’.

THIRD SECTOR CHILDREN & FAMILY COMMUNITY RESPONSE TO COVID-19: 2020/21

1) Community Response Groups

A series of local volunteer groups, based in the different areas that comprise East Dunbartonshire, emerged in the early days of the Lockdown to provide shopping and prescription deliveries for vulnerable and self-isolating people, including families with children.

EDVA played a critical role in coordinating and developing these groups including linking them with the already established Older People's Advice Line (OPAL), which is staffed, managed and operated by the local Citizens Advice Bureau, the Ceartas Advocacy Service and East Dunbartonshire Carer's Link in association with EDVA's Befriending Service. The OPAL Helpline routed calls seeking assistance with shopping and prescription to the local groups.

From March until late September 2020 this Shopping and Prescription Assistance Service delivered over 1,230 shopping and prescription deliveries, of which 52% are estimated to have been for families with dependent children enabling vulnerable families in the area to receive essential deliveries of shopping and prescription medicines.

As well as responding to referrals from the OPAL Line, the local groups have also assisted vulnerable families with children in their neighbourhoods, and EDVA has supported the groups through providing funding for volunteer expenses, advance payments for shopping, printing leaflets and other items.

There were originally five local community response groups which have now consolidated into three. They are:

- Community Assistance Group for Bearsden/Milngavie: effectively the west of the area
- G66 Response Group for Lenzie/Kirkintilloch/Lennoxtown/Twechar/Torrance, effectively the centre of the area
- G64 COVID Help covering Bishopbriggs/Auchinairn which is the eastern part of the area.

All the groups have 'Administrators' who route the calls from OPAL/EDVA to volunteers who then contact individuals who in turn make the shopping/prescription collections and then deliver them. In addition, EDVA has worked with the groups to ensure that all volunteers have a minimum Basic PVG, and where contact with children and vulnerable adults is concerned an Enhanced PVG.

2) Volunteer Recruitment

When lockdown was imposed, there was an upsurge of people across East Dunbartonshire offering to volunteer. EDVA's Volunteer Section was able to match and recruit people to the various local response groups which had emerged ensuring there was a sufficient supply of volunteers to meet the demands of the Shopping and Prescription Service.

As time progressed and some of the original batch of volunteers with the response groups returned to work and/or came off furlough, the Volunteer Section was able to recruit fresh volunteers for the group to replace them, thus ensuring continuity for the assistance service and the people, including families with children dependent on it.

As well as making a vital contribution to the Community Assistance Groups volunteers were also deployed as volunteer drivers for transporting children of vulnerable parents or of key workers to the Hubs which were set up in the area when schools were closed.

The volunteer response in East Dunbartonshire has been remarkable, including for vulnerable families, children and young people.

Other third sector organisations repurposed their service delivery to enable continued contacts with young people and their families, both one-to-one and group work via virtual platforms. Thus Carer's Link were able to continue to provide their Young Carer's support services. This included the Linked-up service opportunities for Young Carers to have the chance to talk individually and participate in groups with other young people who share similar experiences and to build new friendships. Through 2018-19 280 young carers under 18 registered with the Linked-up service and 140 young carers regularly attended group and holiday period activities. In spite of ongoing uncertainty and restrictions.

Most other third sector organisations working with families also changed their service delivery models to allow for continuity of contact, usually virtually, both one-to-one and in group work with young people including Ceartas Advocacy, EDAMH and Barnardo's.

Poverty

East Dunbartonshire Council, East Dunbartonshire Health and Social Care Partnership and NHS Greater Glasgow and Clyde work together to tackle child poverty throughout East Dunbartonshire. We have a robust Child Poverty Strategic Group which continues to meet to bring key heads of service together to consider and develop actions to tackle child poverty and its impacts across East Dunbartonshire. Under the leadership of the Community Planning Partnership (CPP) Team, the CPP Board monitors improvement and develops strategy and joint organisational plans to lead the achievement of CPP objectives outlined in the East Dunbartonshire LOIP.

This is achieved via the CPP structure with local outcome 2 (skills for learning, life and work) and local outcome 3 (children are safe, healthy and ready to learn) relating primarily to the child poverty actions. Both groups include membership from the third sector including the local Citizen Advice Bureau and EDVA. The CPP Team coordinates work particularly with partners to lead and develop actions to tackle poverty on a geographical level, our Place areas. Place work is a targeted approach that is underpinned by reducing inequalities and tackling child poverty. Regular Business Improvement Plans and How Good is Our Service reports provide detailed analysis of improvement in specific indicators across the Council and HSCP. These are updated annually and can be viewed on the Council website.

East Dunbartonshire officials attend the west of Scotland regional child poverty network convened by NHS Greater Glasgow and Clyde. This is an important meeting to learn from others and share good practice. Local child poverty leads network has developed solutions to topics such as employability and parental employment fund; housing and childcare in the last year. The network has also developed a set of long-term objectives to tackle child poverty, which network leads have agreed.

Celebrating Success: Case Study

Families across East Dunbartonshire benefited from the launch of online forms for children's benefit entitlements for the first time this year. An online form for free nursery meals free school seals (FSM), education maintenance allowance and school clothing grants (SCG) was made available, enabling families' easier access to their benefits and saving busy parents' time and a visit to a Council office.

The online forms were implemented in summer 2020, which supported our COVID-19 response. The distribution of vouchers in place of free school meals was widely advertised and encouraged more parents to apply which has further increased our uptake e.g. free school meal vouchers to eligible home schooling parents. We continue to monitor number of applications and spread the word via our local Hubs, social media

and group calls from School Support Managers. Online support including how you complete the forms is still available over the phone, at the local CAB or via Council Hubs. We hope to be able to progress training on social security changes for staff in the coming year, online if Covid 19 restrictions persist.

Conclusion

2020-2021 was an extremely challenging year as we were launched overnight into the centre of a global pandemic. Business Continuity Plans were enacted and Command and Control mechanisms enacted. Schools closed and Health and Social Care operations changed forever. Children and families suffered from Covid 19, the resulting physical and mental health problems and poverty.

Despite these societal challenges our workforce continued to support new born babies, vulnerable children, families under pressure, care leavers and young people on the edge. Staff embraced a digital transformation and continued to ensure connections with service users were strengthened.

Additionally, our commitment to improvement and transformational change continued and our DCYPP met on line to agree our Integrated Children's Services Plan 2020-2023. We also established work streams to ensure our priorities were delivered. The efforts of our staff were admirable, delivering on the operations and on the strategy simultaneously in the middle of a crisis. The work starting in 2020 proved a solid foundation upon which we continued to build; further achievements will be reported in our next Annual Report.

DCYPP

April 2020-March 2021

East Dunbartonshire
Health & Social Care
Partnership

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**24 MARCH 2022**
REPORT REFERENCE:	**HSCP/240322/12**
CONTACT OFFICER:	**JEAN CAMPBELL, CHIEF FINANCE & RESOURCES OFFICER, TELEPHONE NUMBER 0141 232 8216**
SUBJECT TITLE:	**HSCP DRAFT PERFORMANCE AUDIT AND RISK MINUTES HELD ON 21st JANUARY 2022**

1.1 PURPOSE

1.2 The purpose of this report is to update the Board on the HSCP Performance, Audit and Risk Committee meeting held on 21st January 2022 (attached as **Appendix 1**).

2.1 RECOMMENDATIONS

It is recommended that the Health & Social Care Partnership Board:

2.2 Note the draft minutes of the HSCP Performance, Audit and Risk Committee Meeting held on 21st January 2022.

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.1 BACKGROUND/MAIN ISSUES

3.2 Appended are the draft Performance, Audit and Risk Committee minutes from the meeting held on 21st January 2022.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan –

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

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.

4.3 Frontline Service to Customers – None.

4.4 Workforce (including any significant resource implications) – None.

4.5 Legal Implications – None.

4.6 Financial Implications – None.

4.7 Procurement – None.

4.8 ICT – None.

4.9 Corporate Assets – None.

4.10 Equalities Implications – None.

4.11 Sustainability – None.

4.12 Other – None.

5.1 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

5.2 None.

6.1 **IMPACT**

6.2 **STATUTORY DUTY** – None

6.3 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.4 **NHS GREATER GLASGOW & CLYDE** – None.

6.5 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –** No Direction Required.

7.1 **POLICY CHECKLIST**

7.2 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.1 **APPENDICES**

8.2 **Appendix 1** - Draft Performance, Audit and Risk Committee Minutes of 21st January 2022

Interim Chief Officer
Caroline Sinclair

Agenda Item Number: 12a.

Appendix 1

Minutes of
East Dunbartonshire HSCP Performance, Audit & Risk Committee Meeting
Date: Thursday 21st January 2021, 10am
Location: Via MS Teams

Present:	Jim Goodall (Chair)	**JG**	Ketki Miles	**KM**
	Jean Campbell	**JC**	Gillian McConnachie	**GM**
	Alan Moir	**AM**	Caroline Sinclair	**CS**
	Ian Ritchie	**IR**	Marie McFadden	**MM**
	Peter Lindsay	**PL**	Jacquie Forbes	**JF**
	Derrick Pearce	**DP**		
Minutes :	Christina Burns	**CB**		

No.	Topic	Action by
1.	**Welcome and Apologies**	**JG**
	The chair welcomed the Committee members to the meeting.	
2.	**Minutes of last meeting**	**JG**
	Minutes of the meeting held on the 28th October 2021 approved for factual accuracy, all matters covered within the agenda.	
3.	**Audit Scotland Proposed Annual Audit Report 2021/22**	**PL**
	Audit Planning work has only recently commenced for 2021/22. The annual audit plan will be issued once this is complete. PL confirmed the audit fee was agreed with JC recently. Details of the new external auditors will be communicated within the next few months and will most likely be the same auditors as the Local Authority. The deadline for the Audit sign off for 2021/22 Annual accounts is the end of October, this is a lengthier process due to accounts being audited remotely. There will be an aim to have this completed as early as possible. The annual audit plan will be available as soon as the planning work is finished and this will hopefully be submitted to the next PAR meeting. Further to a discussion with PL the group agreed to schedule a PAR meeting in Septembers and should this become unsuitable a further special meeting will be set up in October to sign off the accounts.	
4.	**HSCP Internal Audit Update**	**GM**
	This report provides an update on the internal activity across the HSCP and partnership organisations across East Dunbartonshire. In terms of HSCP specific work, a detailed review of follow up actions has been completed. There are two high risk actions in progress in relation to the HSCP and relate to contractual issues and are expected to be addressed through restructure and recruitment within the planning & commissioning team. With regards to the conclusion of the interim follow up work, it is positive that the HSCP and EDC have been able to close off a number of high risk	

<table>
<tr><td></td><td>actions during the pandemic. The remaining high risk actions should be prioritised in line with the revised deadlines agreed for 2022/23.

The report indicated that the Home Care audit will be deferred. Partial reliance can be put on the care at home inspection last year to avoid duplication as this does provide a degree of assurance the service is meeting the objectives and needs of services users.

GM therefore expects to be able to provide a year-end audit opinion in line with expectations.

GM also highlighted an error in Appendix 1 in relation to data cleansing and requested the due date is correctly noted as the 31st December 2022.</td><td></td></tr>
<tr><td>5.</td><td>HSCP Delivery Plan 2021 22 Update</td><td>JC</td></tr>
<tr><td></td><td>This is an update on the annual delivery plan which the HSCP has undertaken to develop and support the Strategic and Financial Plan. The IJB agreed to take this plan forward this year and regular updates will be provided to the PAR around the progress of the actions within the plan.

A Local Authorities approach has been replicated around reporting on projects and this has been refined further through the suggestions of members at previous meetings through categorising each of the actions and the intent for delivery. Actions have been categorised as efficiencies, improvement to service delivery, statutory responsibilities, corporate priority or sustainability and enhancement to assets.

In terms of the project themselves there has been no further movements since the last meeting. RAG Status for projects are as follows: 24 projects Green: 3 Amber and 0 Red.

Items identified as in Amber status relate to: The Primary Care Improvement Programme, Fair access to community Care and the PDS review.

Following clarification from Scottish Government (SG) on the outstanding areas awaited, the public dental service review can now restart and is now back on track for completion by the end of the financial year.

ACTION: JF requested that Appendices are numbered.

JF discussed the Highlight reports in appendix 1. JF suggested there are inconsistencies between appendices and suggested some of the actions should be in amber due to their fast approaching deadlines.

ACTION: JF is also keen to understand what happens if timescales are not met and suggested adding some narrative to detail actions will be carried forward.

JC discussed the House project and explained that the HSCP would be keen for some investment in this area to carry this project on, this is being discussed.

JC also advised the delivery plan relates to projects that can be delivered within the year however recognising some of these projects will have a</td><td></td></tr>
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	longer life span with activity continuing into future years.	
6.	**Care at Home Service Inspection July 2021**	**DP**
	This is a summary of the outcome most recent inspection of the internal Care at Home service from July last year. There has been some delays to the report. The report details the outcome of the inspection acknowledged that the service is in a process of continuous improvement. The continued improvements have been noted by the CI specifically in the relation to the revision of the operating model, the introduction of the leadership team and also the consistency positive feedback from users of the service. The outcome of the inspection was however disappointing for the service as despite the improvements noted, the overall public grading did not change and remained at 3 (adequate). Some dimensions of the grading criteria did improve however these were not reflected on the overall grading which is determined by the lowest grade achieved. DP explained this was a particularly bruising outcome for the service given the delivery of the service through extremis. CS highlighted additional winter monies were identified and used to strengthen some of the weaknesses identified. DP informed the PAR Committee pandemic caused a backlog of reviews and explained going forward reviews will be monitored weekly and additional review staff have been implemented to undertake this through the winter monies highlighted by CS. DP is hopefully this will provide the CI with some assurance around the quality assurance programme is in place.	
7.	**EDHSCP Corporate Risk Register Update**	**JC**
	IR is keen meetings are held prior to HSCP Board meetings. JC explained there are challenges around some dates due to the sign off of annual accounts as well as the availability of draft accounts and council recess. However dates are being amended and reviewed were possible. JC advised admin teams have been provided with an Adobe package which will hopefully allow the combining of PAR Committee papers for the next meeting.	
8.	**A.O.C.B.**	**JG**
	No further business for discussion.	
9.	**Date of next meeting**	**JG**
	Thursday 31st March 2022 at 12:00pm.	

East Dunbartonshire Health & Social Care Partnership

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**24TH MARCH 2021**
REPORT REFERENCE:	**HSCP/240322/13**
CONTACT OFFICER:	**DR PAUL TREON, CLINICAL DIRECTOR TELEPHONE 0141 232 8237**
SUBJECT TITLE:	**CLINICAL & CARE GOVERNANCE GROUP MEETING HELD ON 1st DECEMBER 2021.**

1.1 PURPOSE

1.2 The purpose of this report is to share the minutes of the Clinical and Care Governance Group meeting held on 1st December 2021.

2.1 RECOMMENDATIONS

It is recommended that the Health & Social Care Partnership Board:

2.2 Note the content of the Clinical and Care Governance Group Meeting held on 1st December 2021.

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.1 BACKGROUND/MAIN ISSUES

3.2 Clinical and Care Governance Group minutes highlight:

a) The group reviewed a Social Care compliant. The case highlighted the importance of the compliant handling process; from information gathering and full sharing within complaint response letters. A number of actions came out of the complaint itself; highlighting the importance of using complaints as a learning opportunity for service development. It was noted that grief reactions can play a part in complaints; and the importance of supporting individuals and their families to reduce stress can be noted across HSCP teams. A specific outcome from the compliant itself was to review local processes relating to assessment and prescribing of equipment,

b) The Oral Health Directorate updated that due to challenges around testing guidance/strategy they had been unable to implement updated infection control guidance (ARHAI) – which would allow respiratory v non-respiratory pathways.

c) Children and Families Service reported completing a self-evaluation exercise using the Quality Framework; and focusing on the 6 quality indicators within Care Inspectorate reporting. The team felt that the process supported focused refection on the service – including strengths, and areas for improvement. A report will be produced including a number of recommendations which will then inform an action plan for service improvement over the coming year.

d) Children and Families Services also fed back on the 'Lessons Learned' exercise that has been completed. This involved 5 individual case reviews which were carried out, before bringing together the learning into a single report. A number of actions were developed and implemented; with audits put in place to continue to monitor progress.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan;-

1. Statutory Duty

4.3 Frontline Service to Customers – None.

4.4 Workforce (including any significant resource implications) – None.

4.5 Legal Implications – None.

4.6 Financial Implications – None.

4.7 Procurement – None.

4.8 ICT – None.

4.9 Corporate Assets – None.

4.10 Equalities Implications – None**.**

4.11 Sustainability – None.

4.12 Other – None.

5.1 **MANAGEMENT OF RISK**

The risks and control measures relating to this Report are as follows:-

5.2 None.

6.1 **IMPACT**

6.2 **STATUTORY DUTY** – None

6.3 **EAST DUNBARTONSHIRE COUNCIL** – Provides assurance that clinical and care governance issues are scrutinised at the appropriate levels within the partnership and ultimately seek to improve the quality of services provided through the HSCP.

6.4 **NHS GREATER GLASGOW & CLYDE** – Provides assurance that clinical and care governance issues are scrutinised at the appropriate levels within the partnership and ultimately seek to improve the quality of services provided through the HSCP.

6.5 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –** No Direction Required.

7.1 **POLICY CHECKLIST**

7.2 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.1 **APPENDICES**

8.2 **Appendix 1** - Clinical & Care Governance Group minutes of meeting held on 1st December 2021.

Agenda Item Number: 13a. Appendix 1

Minutes of
East Dunbartonshire Health & Social Care Partnership
Clinical & Care Governance Sub Group
Wednesday 1st December 2021, 9.30am
Microsoft Teams Meeting

Members Present

Name	Designation
Paul Treon	Clinical Director, Chair
Carolyn Fitzpatrick	Lead for Clinical Pharmacy and Prescribing, Vice Chair
Tara Dunseith	Clinical Director, PDS
Leanne Connell	Interim Chief Nurse for HSCP
Fiona Munro	Lead AHP for HSCP (and deputising for Derrick Pearce)
Derrick Pearce	Head of Community Health and Care Services
Claire Carthy	Interim Head of Children and Families and Criminal Justice
Vandrew McLean	Corporate Business Manager
Fraser Sloan	Clinical Risk Lead

In Attendance

Name	Designation
Lorraine Arnott	PA/Business Support
Kelly Gainty	Adults and Community Care Support Worker/Self Directed Support Lead Officer

Apologies

Name	Designation
Caroline Sinclair	Interim Chief Officer and CSWO
Karen Lamb	Head of Specialist Children's Services

No.	Topic	Action by
1.	**Welcome and Apologies**	
	PT welcomed all and announced members present Apologies noted on page 1.	
2.	**Minutes of Previous Meeting**	
	Minute of previous meeting agreed and approved.	
3.	**Matters Arising**	
	• **Use of intravenous midazolam for dental admissions** – TD advised that the document has been complete, and will circulate to the group after the meeting. The guideline was developed, the summary of which being that intravenous midazolam is always given by titration to the patient's response, detailed therein, up to an agreed maximum dose.	
4.	**Actions / Outcomes Log**	
	CF reviewed the Actions & Outcomes Log • **Core Audits** – LC advised that a workstream is currently taking this forward as part of the Transforming Nursing Roles Group for Health Visiting. • **Use of intravenous midazolam for dental admissions** – Now complete as above. • **Datix Reporting Information Officer** – VMcL advised that Information Officer has been appointed and started early November. • **Corporate Risk Register** – Complete. • **Defibrillator Pads** - All to consider their defibrillators throughout the HSCP and how replacement pads are being checked and sourced. VMcL advised that pads have been ordered and will send round the details for ordering to members. Will be added to the quarterly inspections. Dental still unable to procure paediatric cartridges, information from dental practice advisors that the situation is slightly worse in general dental services, for some AED unable to procure adult or paediatric. Is a national procurement problem and has been added to risk register. • **Mental Health Welfare Report** – has been added to the agenda planner for 2022. Complete. • **Social Care Complaint** – VMcL advised that DP will speak to this at today's meeting. • **SCR Review** – Delayed. CC advised that this is now due Spring 2022; hoping will report to the next Child Protection Committee at the end of February. To be put back on the agenda for April. • **Datix Reports** – Ongoing action. 98 sitting in a holding area with 78 awaiting review. • **Governance items** – Ongoing action to ensure reports are submitted for meeting. • **Information Governance** – VMcL will request new training dates for 2022. • **Ongoing cleansing exercise and request Team Leads to clarify team details** – Update around training that will be available to sort incidents and learning from incidents. • **Learning outcomes –** VMcL advised that this ties in with Datix training that is available. • **Issues and impacts of COVID** – PT advised that discussions had taken place on opinions and issues of long COVID, continue to keep this as an ongoing action to remember to discuss different cohorts of patients. Discussed at HSCP Board and agreed to continue discussions where appropriate.	

6.	**Incident Theme**	
	• Social Care Complaint DP shared information on recent social care complaint, in respect of the complaint handling process with regard to complaint received. The learning included some potential gaps in information gathered and shared during initial investigation; which resulted in the subsequent finding on appeal that evidence used in the first part of the complaint response had been incomplete. The review process has ensured additional internal processes had been undertaken to address the concerns raised. Additional learning from this reflected that not enough had been done in the initial investigation period to determine whether all risks had been mitigated; including appropriate liaison with the care agency involved. This has resulted in a refresh of process in respect of the assessment and use of equipment that has to be used by a care agency. Also resulted in a change of process and scrutiny of equipment ordering and further process in relation to line management supervision undertaken for key members of staff involved. An element of grief management within the case; the review has highlighted the importance of supporting individuals and families to reduce distress in the future. Questions in relation to the complaint and the processes in place thereafter took place on how to improve on service provided and communication in the future. It was also agreed that it would be useful to standardise processes locally and look at the learning from this incident, and from other incidents across GGC regarding the assessment and prescribing of equipment. FS will look into the learning from other SARs and feedback to DP and LC. PT thanked DP for his review and information. For next meeting will be a review from Elaine Marsh in relation to Slips, trips and falls.	
7.	**Incident Trends**	
	a. Health b. Social Care c. Oral Health Directorate (Primary Care) d. Specialist Children's Services Non Clinical Incidents 04.10.21 – 21.11.21 • 6 incidents reported • 2 unexpected deaths, 2 sudden illness and deterioration, 1 inappropriate behaviour and 1 fall. • 5 awaiting review and 1 being reviewed/recoded. • 3 Addiction services, 1 CMHT, 1 Care at Home and 1 Community Care. Clinical incidents 04.10.21 – 21.11.21 • 24 incidents reported • 10 pressure ulcer care • 4 medication incidents • 4 other incidents • 1 violence and aggression, 1 slip trip and fall and 1 laboratory specimen • 13 awaiting review, 3 recoded and reviewed, 2 awaiting final approval and 6 finally approved. Social Care Incidents 10.10.21 – 31.10.21 • 8 incidents reported • 2 verbal assaults	

	• 1 physical assault • 1 injury/physical act • 1 injury/dog bite • 1 injury moving and handling • 2 slip trip and falls • 2 related to John Street, 2 Ferndale, 1 Social Work and 1 Home Care East. Core Brief update on Datix reporting and learning lessons from incident investigations attached for information. New Leanpro module available to manager's who have responsibility for reporting. **ACTION**: VMcL will send out report to all reviewers and approvers to ensure that Datix Management training has been completed.	
8.	**Complaints & Whistleblowing**	
	a. Health b. Social Care c. Oral Health Directorate (Primary Care) d. Specialist Children's Services (see Item 16) e. GP Complaints Survey Report f. Optometrist Complaints Report Quarter 4. Complaints via the HSCP Board Complaints inbox for this period 04.10.21 – 21.11.21, there have been 2 complaints noted which went to Stage 2, one for the CRT Team and one for the Community Mental Health Team, still in process, one response has gone and one is under investigation. Mostly enquiries being received at this point in time through the Complaints mailbox. A number in relation to GP complaints, however have been reminded of the process through GP practices. 8 Stage 2 complaints in total for this year. Social Care complaints, 6 received during the period 04.10.21 – 21.11.21; 3 Stage 1 complaints and 3 Stage 2 complaints. 1 still open, 1 partially upheld, 1 upheld and 3 not upheld; 1 disagreement with council decision, 1 staff attitude and behaviour and 4 related to services and standards. Optometry complaints; 3 responses and nil reported. **ACTION**: PT to make contact/engagement with Hugh Russell to discuss attendance at CCG meeting. No whistleblowing reports on health or social care side at this time. GP Complaints, 93.75% response. 52 overall, 31 closed at Stage 1 and 1 at Stage 1 where an extension was authorised. 18 sitting at Stage 2 with none carried forward. In terms of GP whistleblowing there was 6 responses overall, but none indicated that there were any whistleblowing complaints to be made aware of. No Oral Health complaints of note at this time. Whistleblowing Training information provided with agenda, to highlight whistleblowing training and where to find it and a spotlight on standard of record keeping and reporting of issues. SPSO updates attached. Annual report from SPSO, September update and role of the SPSO advisor all attached for information.	
	GOVERNANCE LEADS UPDATES / REPORTS	
9.	**Children & Families/Criminal Justice**	
	Report contained within agenda. CC advised that SCR is due to report in Spring time. She further informed the group that sadly, on 12th November she informed that the service had experienced the death of a	

	service user, young person open to Community Mental Health Team and a care experienced young person. Because the young person was known to a number of services CC advised that there will be a review into the circumstances of the death and reported back on at the next meeting. Clarity is required as to whether the Mental Health Team carry out a review under their procedures or whether the Child Death Review Hub are contacted and progress using their procedures. CC will feedback on at next meeting.	
10.	**Criminal Justice Services**	
	Report contained within agenda. CC informed that there were no exceptions to report at this time, everything stable at present.	
11.	**Community Health & Care Services**	
	Report contained within agenda. DP updated that there was nothing to add to the report already provided, other than to stress the sustained and ongoing pressures that the services are under due to increased demand and complexities. In respect of inspections, DP informed that an inspection was undertaken of the Care at Home service, draft version of report with clarifications on has been submitted back for review. Grade remains at adequate overall, still being discussed with Inspectorate.	
12.	**Commissioned Services**	
	Report contained within agenda. DP updated on the above. Nothing further to add to report provided but to be aware of the pressures on staffing across the Care at Home and Care Home services for Older Adults due to the national shortage of social care workforce.	
13.	**Joint Adult Services**	
	Report contained within agenda. Unfortunately DA submitted apologies for the meeting therefore there was no further update to the report already provided.	
14.	**Oral Health – Primary Care**	
	Report contained within agenda. TD advised additional information on clinical effectiveness, in that the service had hoped to be following ARHAI (Antimicrobial Respiratory Healthcare Associated Infections) guidance at this point; significant move for dentistry to have respiratory and non-respiratory pathway. This was due to be launch on 1st November but was then postponed to 29th November and so far been unable to adopt this guidance to date. Scottish Government testing policy has tested the guidance. Scottish Virology and Microbiology Network have leveled that no AGPs should be undertaken without a negative PCR test, no availability of PCR testing for asymptomatic individuals in Primary Care and have said that a negative LFT is not acceptable to them. CDO writing to contractors to advise them of this position. CDO will petition Cabinet Secretary with these concerns and repercussions of this.	
15.	**Specialist Children's Services**	
	Report contained within agenda. Unfortunately KL was unable to access the meeting due IT issues.	
16.	**Mental Health**	
	Report contained within agenda. No further update at time of meeting.	
17.	**Business Support**	
	Report contained within agenda. VMcL updated that further recruitment was underway to replace vacant post in the business support service with interviews scheduled in December for 2 x Band 2 posts and a Band 4 OPMH medical secretary post.	
18.	**Primary Care & Community Partnerships Governance Group update**	
	CF updated that she was unable to attend the last meeting and to date there are no minutes available from this meeting.	
19.	**Board Clinical Governance Forum update**	

	No update at this time. Still awaiting minutes to be approved.	
	RISK MANAGEMENT	
20.	**Clinical Risk Update**	
	FS advised that the next Clinical Risk report will be available for the February meeting. On quick review of the incident data he provided brief informal update. He informed that excluding Oral Health there has been significant increase in clinical incidents reported between July and December. The incidents have risen from 215 to almost 400. The majority of these relate to self-harm incidents reported by Specialist Children Services. There were 129 reported self-harm incidents which seen a rise of 170 compared to the last period. However he informed that these relate to 14 patients and the number of incidents per patient range between 1 and 89. Over the last 5 months, there have been decreases in incident types and no confidentiality breaches reported. This period has also seen the lowest number of drug errors reported since late 2018.	
21.	**SAE Actions**	
	FS also informed the members that there are currently 9 SAE reviews in progress; 4 Mental Health, 2 Specialist Children's Services, 2 Oral Health and 1 for Children & Families. The oldest occurred in March 2019 and the most recent in June 2021. 2 SAE reviews have concluded in the past 5 months, 1 in Mental Health and 1 in Oral Health and in terms of actions 2 have concluded since July and currently 4 in progress; 1 for Community Nursing and 3 for Oral Health. Finally 8 briefing notes currently required also for Mental Health, the oldest one being 13 months old from OPMH. FM asked if FS could forward the details for the OPMH briefing note. FS will liaise with FM.	
22.	**Corporate Risk Register**	
	No update and nothing further to add at this time. Any updates to forward to PT and CS. DP noted that sustained increases in demand and staffing pressures be included in the risk register. FM advised that equipment shortages should be added to the risk register that Equipu are experiencing as could impact on ability to deliver. PT advised FM that he will raise with CS and JC and will feedback.	
	CLINICAL EFFECTIVENESS / QUALITY IMPROVEMENT	
23.	**Quality Improvement Projects within HSCP**	
	Nothing to report at present, however PT asked members to feedback on any improvement works currently being undertaken. CC reported that the Children and Families service have been undertaking a self-evaluation exercise over the course of this year. The evaluation started in February with the help of Alan Cairns (AC) and used the Quality Framework for Children and Young People in Need of Care and Protection, as will be measured against this when next inspection takes place. Exercise covered both Children's Health services and Children's Social Work services. Weekly meetings were held and AC captured the main themes of each discussion and focused on the 6 areas that the Care Inspectorate would prioritise starting with the 6 quality indicators. Gathered some momentum in the exercise, and with the three service managers included, found a real energy around the work that was being carried out, and enabled the team to focus on evaluating services and to reflect on what was being done well and what could be improved on. It was a very candid process, and afforded open and frank discussions. The exercise was completed with a report on how the services measured up against each quality indicator and gave the service some recommendations which will be pulled together into an action plan and will be the basis for a service improvement plan for the coming year. CC noted this was a worthwhile exercise and will look to introduce involving the workforce moving forward.	

	PUBLIC PROTECTION	
24.	**Child Protection**	
	CC informed that child protection activity has been on the increase, there has been more initial referral discussion with the police and there has been an increase in joint investigative interviews. However, conversely she advised that the numbers on the child protection register have decreased. As numbers are generally quite low, she informed that if there is a larger sibling group when their names come off the register can have a significant impact on the percentage on the register itself. 27 names currently on the register and is a decrease from 40 from the last meeting. Looking into this as it is a trend that not comfortable with at present. Sub group from Child Protection committee are looking into this to try and understand if there is a problem receiving referrals or if there is a process issue and this is also reported to the Public Protection Leadership Group meeting.	
25.	**Adult Protection**	
	Unfortunately DA was unable to attend the meeting. DP updated after the Adult Protection meeting last week, DA intends to bring to the Clinical and Care Governance Group, the work done in relation to chronologies for consideration through this forum. Also some consideration in respect of the new National Improvement Framework in relation to Adult Protection and some of the national development works that DA will discuss at the next meeting.	
26.	**PREVENT** **Counter-terrorism**	
	Nothing to update on.	
27.	**MAPPA / Management of high risk offenders**	
	CC highlighted that numbers have been stable since last meeting. At the last meeting there were 65 open to the MAPPA and this figure remains the same. Most are being managed at a lower level so not high risk.	
28.	**MARAC** **Domestic Violence**	
	CC advised that no-one has been referred to the MARAC since the last meeting.	
	INFECTION CONTROL	
29.	**Infection Control Minutes**	
	Minutes included with the agenda for note. LC highlighted that the updated addendum to the National Infection Prevention Control manual for the respiratory pathway is now live as of 29th November 2021.	
	ESCALATIONS	
30.	**Items to be escalated to HSCP Board**	
	No items to be escalated.	
31.	**Items to be escalated to NHS G&C C&CGG**	
	No items to be escalated	
	GENERAL BUSINESS	
32.	**Process of SDS Standards Self-Evaluation**	

	KG attended to update on the SDS Standards of Self-Evaluation. She informed that she was here to discuss the implementation of the SDS National Standards Framework. In 2014 when SDS was implemented when the legislation came in. Guidance was given by Scottish Government and the legislation, however there were no rules, regulations or consistency on how this would be applied or how it would be implemented in relation into a whole variety of things. A few years after Social Work Scotland brought in a dedicated Policy team to look at guidance and developing a national standards framework. It was approved nationally in March 2021. The standards framework is not a mandatory requirement that the standards have to be met but it is envisaged by Social Work Scotland Policy team and Sottish Government that it will be utilised by national organisations such as Care Inspectorate and Audit Scotland and will be seen as goof practice to he adopted by all HSCPs. Eleven standards at the moment, and within each standard there are between 8 and 14 components. One of the concerns raised is that these standards will be easily implemented, some may need some work around and some standards may not be met unless there is a national mandate that allows for resources to be allocated to this. This has been raised as an issues that the Scottish Government and Policy team need to consider when implementing these standards. Eleven standards focus on independence advocacy and support, early help and support, strength and asset based approaches, meaningful and measurable recording practices, accountability, risk enablement, flexible and account focused commissioning, working autonomy, transparency, early planning for transitions and consistency of practice. Standard 12 is in the very early stages of development focusing on budget flexibility which will focus around what budgets can be spent on. Working group established to focus on these standards which KG advised she is part of. Baseline needs to be gathered on where the HSCP is at on these standards to develop this baseline. Have agreed through SMT to take one standard per quarter and all of stake holders will be involved for comment. Currently have SDS Implementation plan that was brought in in March 2021 and lasts to 2024 where it will be reviewed. Will be a slow process to finalise and develop baseline and action plan to tie in with refreshment of plan in 2024. Will be worked on over the next three years, and service managers will see every quarter if a standard applies and comes out for comment. Baseline will be developed to ensure that standards are met. PT thanked KG for a very good update.	
33.	**Children and Families Case Reviews: Lessons Learned.**	
	CC updated on during the course of the past year, CS in her capacity as CSWO had commissioned five separate case reviews to be undertaken by C&F Social Work Service. Previously reported two of the reviews to this group and now reporting on the last three. One requires no further action however the other two cases were discussed and updated on. Both reviews were undertaken by David Aitken in his capacity as Depute Chief Social Work Officer. In total DA review 4 cases, and the fifth case reviewed by Raymond Walsh. CC then referred members to the report that was submitted back to the CSWO which brings all the learning from all the cases into one document. Both cases the review concluded that there was no dangerous practice but areas of improvement have been identified. Common features in both reviews were that investigation hadn't been completed. Assessment was complete and investigation was complete however nothing on Carefirst to report that the work had been done. Lessons to be learned around written work and the recording of an assessment and the child's plan not being up to date. Audits have been put in place through supervision process. Audit will happen on a monthly basis. Children's reporter also now does not accept an up to date assessment without an up to date plan. Managers also have to authorise. A number of issues raised around the principal of being over optimistic. Fieldwork manager has discussed with team managers the realism with the assessment work and the capacity for change on the assessments. Also looked at processes around unborn babies needs and monitoring processes in through Carefirst on a weekly basis and to make sure that they are scrutinised. In conclusion of the five reviews all recommendations have	

	implemented, learned lessons from the reviews and have closed the loop and recommended that the reviews are concluded and would pass this work back to service managers to monitor and continue with the learning process.	
34.	**Integrated Children's Services Self-Evaluati on**	
	Discussed at earlier agenda item.	
35.	**AOCB**	
	VMcL advised that two submission for members of staff have been received for the Celebrating Success. Will report into this group the themes being submitted for Celebrating Success.	**All**
	Date and time of next meeting	
	23rd February 2022, 9.30am via MS Teams	

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**24TH MARCH 2022**
REPORT REFERENCE:	**HSCP/240322/14**
CONTACT OFFICER:	**DERRICK PEARCE, HEAD OF COMMUNITY HEALTH AND CARE SERVICES, TELEPHONE NUMBER 0141 232 8233**
SUBJECT TITLE:	**HSCP STRATEGIC PLANNING GROUP DRAFT MINUTES OF 12th JANUARY 2022**

1.1 PURPOSE

1.2 The purpose of this report is to share the draft minutes of the HSCP Strategic Planning Group held on the12th January 2022.

2.1 RECOMMENDATIONS

It is recommended that the Health & Social Care Partnership Board:

2.2 Note the content of the HSCP Strategic Planning Group draft minutes of 12th January 2022.

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.1 BACKGROUND/MAIN ISSUES

3.2 Appended is the draft minute of the Strategic Planning Group held on 12th January 2022.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan;-

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

The Strategic Planning Group is the statutory oversight and advisory forum driving the delivery of the HSCP Strategic Plan, thus its work has full relevance to all Key Strategic Priorities.

4.3 Frontline Service to Customers – None.

4.4 Workforce (including any significant resource implications) – None.

4.5 Legal Implications – None.

4.6 Financial Implications – None.

4.7 Procurement – None.

4.8 ICT – None.

4.9 Corporate Assets – None.

4.10 Equalities Implications – None.

4.11 Sustainability – None.

4.12 Other – None.

5.1 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

5.2 None.

6.1 **IMPACT**

6.2 **STATUTORY DUTY** – None

6.3 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.4 **NHS GREATER GLASGOW & CLYDE** – None.

6.5 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –** No Direction Required.

7.1 **POLICY CHECKLIST**

7.2 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.1 **APPENDICES**

8.2 **Appendix 1:** Draft Strategic Planning Group Minutes of 12th January 2022.

EAST DUNBARTONSHIRE HSCP

Minute of the Strategic Planning Group held 12th January 2022 via MS Teams

Present

Derrick Pearce	CHAIR – Head of Community Health & Care Services
Claire Carthy	Interim Head of Children's Services & Criminal Justice
Fiona McManus	Carers Representative
Alison Willacy	Planning, Performance & Quality Manager
Linda Tindall	Senior Organisational Development Adviser
Gillian Healey	Team Manager – Planning and Service Development
Joni Mitchell	Partnership Development Officer, EDVA
David Radford	Health Improvement & Inequalities Manager
Leanne Connell	Chief Nurse
Lisa Johnston	General Manager – Oral Health/ Lead Officer, Dentistry NHSGG&C
Dianne Rice	Primary Care ----
Fiona Munro	Team Manager – Rehab/OPMH and Lead for AHPs
Alan Cairns	Planning, Performance and Quality Manager
Karen Albrow	Carers Representative
Iain Marshall	Independent Sector Rep (Director of Care – Pacific Care)
Jean Campbell	Chief Finance and Resource Officer
Mike Hilferty	
Catherine McKiernan	
Claire Neil	
Fiona Robertson	
Gordon Cox	
Neil Ferguson	
Minutes:	Christina Burns

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Action

1. Introductions & Apologies

Dr Alison Blair, Alex O'Donnell, Caroline Sinclair, Gillian Lunn

2. Notes of Previous Meeting

Notes approved and all matters covered within the agenda.

3. Matters Arising

There were no matters arising.

4. Strategic Plan – Equality Impact Assessment

AW discussed the impact report and explained the findings of the assessment have been taken into consideration while drafting the strategic plan to ensure there are no negative impacts on anyone due to social economic status, protected characteristics and to ensure the is no detrimental environmental impact within the area.

The plan actively aims to promote equality and reduce inequalities.

The Equality impact assessments assess an organisations activities in order to address discrimination and to promote equality. These will be uploaded to the Health Boards website once finalised and completion of these assessments are a legal requirement.

AW confirmed Alan Low who is the Health Board equality and human rights Team manager at the health Board has reviewed the EQIA and is happy with the report as it currently stands.

4.1 Strategic Plan 2022-25 Consultation Draft

AC shared the presentation with the group.

AC discussed the process around the development of the HSCP Strategic Plan, which has followed 5 phases with work starting over a year ago. This has been a lengthy process to allow significant time for consultation and participation. AC also highlighted the review of the existing plan had been extended due to the impact of the pandemic.

AC confirmed stage 2 statutory engagement will begin after agreement through the HSCP Board on the 20th of January. AC advised todays focus is to appraise the SPG in the stage 2 statutory engagement and to recap on the process and progress of the Strategic Plan as well as to allow the SPG to review before the Plan is circulated more widely.

ACTION: AC asked the SPG to share with their representative networks and to engage in the stage 2 consultation process.

4.2 Fairer Duty Scotland Assessment Report

AW discussed the Fairer Scotland duty came into force on the 1st of April 2018. This places a legal responsibility to public bodies to take any actions to actively reduce inequalities while making strategic decisions. It is yet to be agreed how this will be taken forward by the Health Board area, AW advised there is some interest in how will be approached given that East Dun will be the first to undertake this within the health Board area.

ACTION: AW ask the group to contact AC/AW will any comments or questions re the above.

AC hopes to receive all comments around the Plan by the end of February due to the tight timescales around the HSCP Board cycle.

Hard copy formats can be made available for members of the group on request.

AC is keen to engage with other forums and groups to generate engagement in the process.

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5. Finance Update

JC advised it is still early in the financial calendar and the financial settlement was only agreed by the SG Finance minister before Christmas. This will be subject to change as it move through the approval process as settlements are yet to be agreed with the HSCP's partner agencies. Work is on-going to establish exactly what the impact of the settlement announce by the Finance Minister will be and how this should be allocated within the HSCP.

JC shared the presentation with the group detailing the projected position of the HSCP over the coming year including budget pressures. JC confirmed the reserves position is positive and expects the HSCP will be able to report a balance budget going into next year.

6 Updates

6.1 East & West LPG Update

The LPG's continue not to meet due to pressures for services and group members. The intention is to resume the meetings and the connections to be made between both H&SC planning groups and community planning groups.

6.2 3rd Sector Update

JM –The SG has issued the Communities Health And Wellbeing fund and there £275,000 to be distributed amongst 3rd, Community and Voluntary sectors/organisations in the areas. This launch in December and the closing date for the fund is the 24th of January 2022.

This is aimed to promote and support Mental Health at a population level to empower people after the impact of the pandemic. The fund is not intended for Clinical support Treatment or services. Small community groups can apply for up to £2000 and organisations up to £30,000 however monies must be issued by the end of March 2022 and must be spent by March 2023.

Engagement has taken place with PSCU through Anthony Craig and a local advisory group has been formed through the SPG and includes JM, DR and Evonne Bauer to assist with the assessment of the applications.

6.3 Independent Sector Update

GH reassured the group members around Omicron and its impact including the system wide pressure and advised services have continued over recent weeks and months with little impact and commended the staff for their hard work.

GH highlighted the importance of working with the sectors and the HSCP to strengthen these services and to offset the pressures and funding pressures.

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IM highlighted the anticipated challenges around recruitment. The salary increase in April will also place additional concerns on a number of Care Home providers.

There are concerns across the Care Home sector in relation to the contract rate and discussions are ongoing with COSLA and Scottish Care around this.

DP advised there has been an increase in the number of outbreaks within Care Homes in the area however outcomes for resident has greatly improved with no residents being clinically unwell as a result and most showing no symptoms.

6.4 Communications & Engagement

Dr Paul Treon attended the meeting to share the GP practice experience including the current pressures.
POA will remain on the agenda and FM highlighted some of the work around this.
Dates for next year's meetings have been agreed.

FM is keen to express her thanks to those members who continue to attend and also advised there have been two new members so far and is hopeful that numbers will increase further as time progresses.

DR confirmed although membership is healthy new members are being sought and challenges around attendance mainly relate to the virtual format of meetings and the challenges of accessing online.

6.5 Housing Update

CMc highlighted the strong link between wellbeing and housing within the area which is further demonstrated by the incorporation of the Health & Contribution statement in the Strategic Plan.

The Local Housing Strategy conference will take place on the 29th of January and asked that those who have received an invitation to attend confirm their attendance to allow the allocation of individuals into breakout sessions, an update will be prided and the next planning group meeting

6.6 Primary Care

- DR confirmed the finical tracker was submitted in November to the SGov outlining the projected recruitment and service levels for next year.
- All services have stabilised and are running well.
- First draft of funding for this year's allocation has been received.
- A bid has been submitted for the winter sport funding.

Primary Care OH

- GDS is open for business as usual however LJ highlighted the backlog of care due to the lack of access and complicating factors due to people unable to

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access dental care for a period of time and fallow time around aerosol generating procedures.

- Allowances are available to practices to reduce fallow time and have been set up by SGov for practices. This is now open to practices and has been extended to June 2022.

Information has been circulated to practices around continuity arrangements, RAG status and advice line have also been put in place.

6.7 Improving the Cancer Journey in East Dunbartonshire

A soft launch took place on the 25th of October and a more formal launch is planned for spring. Since this time there has been 55 referrals to the service, this has far exceeded the anticipated numbers which is positive news.

DR explained direct lettering has been very success, the service has been further promoted via social media as well as through colleagues at Stobhill Cancer Service.

7.0 AOCB

No discussion

8.0 Dates of Next Meeting:

3rd March 2022 at 10am

9th June 2022

1st September 2022

3rd November 2022

15th December 2022

2rd March 2023

DRAFT

East Dunbartonshire Health & Social Care Partnership

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**24th MARCH 2022**
REPORT REFERENCE:	**HSCP/240322/15**
CONTACT OFFICER:	**TOM QUINN, HEAD OF HUMAN RESOURCES, TELEPHONE NUMBER: 07801302947**
SUBJECT TITLE:	**STAFF PARTNERSHIP FORUM MINUTES OF 24th JANUARY 2022**

1.1 PURPOSE

1.2 The purpose of this report is to provide re-assurance to the Board that Staff Governance is an integral part of the governance activity within the HSCP.

2.1 RECOMMENDATIONS

It is recommended that the Health & Social Care Partnership Board:

2.2 Note the content of the minute of the Staff Partnership Forum of 24th January 2022

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.1 BACKGROUND/MAIN ISSUES

3.2 The full minute is attached at **Appendix 1**. Key items discussed included:

3.3 Forum received a comprehensive update on current COVID pressures, update on vaccinations and on our Business Continuity Planning, including what is happening with Mental Health Service across NHSGGC

3.4 Forum received an update and request for nomination for a workforce group on the proposed Test of Change for our Out of Hours District Nursing Service.

3.5 Forum receive a copy of the final draft of the Public Dental Service Review and information on a series of open events for staff during February 2022.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan;-

1. PRIORITY 9 - Statutory Duty

Key component of Workforce

4.3 Frontline Service to Customers – None.

4.4 Workforce (including any significant resource implications) – Compliance with the NHS Reform act 2002.

4.5 Legal Implications – None.

4.6 Financial Implications – None.

4.7 Procurement – None.

4.8 ICT – None.

4.9 Corporate Assets – None.

4.10 Equalities Implications – None

4.11 Sustainability – None.

4.12 Other – None.

5.1 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

5.2 None.

6.1 IMPACT

6.2 STATUTORY DUTY – None

6.3 EAST DUNBARTONSHIRE COUNCIL – None.

6.4 NHS GREATER GLASGOW & CLYDE – None.

6.5 DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH – No Direction Required.

7.1 POLICY CHECKLIST

7.2 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.1 APPENDICES

8.2 Appendix 1 - Draft Minute of the Staff Partnership Forum of 24th January 2022.

Interim Chief Officer
Caroline Sinclair

Agenda Item Number: 15a. Appendix 1

Minutes of Staff Partnership Forum

Monday 24 January 2022 at 12 noon

Items	Actions	Lead
1. Welcome & Confirmation of Attendees **Chair**: Caroline Sinclair **Attendees**: Lisa Johnston, Margaret Hopkirk, Caroline Smith, Andrew McCready, Tom Quinn, Simon McFarlane, Kathleen Halpin, Claire Carthy, Anne McDaid, Brian McGinty, Lynn Scott, Alistair McDonald, Nikki Edgar, Leanne Connell, Derrick Pearce. **Apologies**: Diana McCrone, Craig Bell, Allan Robertson, Mags McCarthy, David Aitken, Janice Campbell, Jenny Russell, Jean Campbell, Alistair MacDonald **PA** Margaret MacGregor		
2. Minutes of 13 December 2021 – approved for factual accuracy. **Simon McFarlane** – would still welcome discussion with regards to the Ethical procurement and pointed out this should be raised with EDC Trade Union. Caroline Sinclair offered her apologies and will refer to this later in the meeting. **Matters Arising** - None		
3. Current Situation on COVID-19 Derrick Pearce reported a much improved position in HSCP and significant reduction in absences in line with downturn in the community transmission. Acute Sector in hospitals under pressure and increased referrals. HSCP services responding admirably and making wellbeing support available. Simon referred to the pressure manifesting itself in external Providers, i.e.12 hour shifts, 7 days a week. He asked Derrick what information was available to ensure staff are not working excessive shifts. Derrick advised HSCP are aware of pressures on external Providers, however, not aware of significant overworking of people. All Contractors obligated to provide services within safe working conditions and Providers do liaise with HSCP. Caroline Sinclair asked if there were specific examples as Gillian Healey would want to know.	**Action**:SM to advise of any specific	SMcF

		examples	
4.	**HSCP Strategic Plan - Consultation** Caroline Sinclair advised the Plan was forwarded to everyone. Alison Willacy and Alan Cairns provided Caroline with a presentation and she will send on by email. This is the second stage of the consultation. A draft plan of what we plan to achieve is now out for consultation until24/03, pending final consideration. Alan and Alison will be attending a range of forums to seek views. Plan will be annually with an one year delivery plan. Alan and Alison happy to do detailed consultation required. Discussion on the Ethical Commissioning section, Andrew suggested arranging a Seminar and Caroline Sinclair was happy to do this and asked Tom to arrange. Simon also welcomed consultation of procurement element. Simon also referred to the relative poverty paragraph:	**Action**: AC/AW **Action**: AC/AW **Action**: TQ to arrange Seminar	
5.	**Finance Update** Caroline Sinclair reported a potential year end underspend of 2.2m depending on the Covid monies received.		
6.	**Winter Pressure Funding** Derrick advised Winter Pressure Funding Paper Appendix went to the Board. Just to share the final version. Social Care pressures has given us increased front facing services, timescales are tight. Recruitment of Health Care Social Workers is going well and we are continuing to monitor. Recruitment largely about vacancies in Care establishments. Simon asked, re new staff, can staff TU get invites to inductions and feed into that? Caroline Smith advised HSCP local induction is through a virtual training group. She will raise the point that Trade Unions want to be involved. Tom added we need to be mindful that we don't stray into Terms & Conditions.	Action: CSmith/TQ to look at how TUs are involved in Induction	CS/TQ
7.	**Service Review – DN OOHs** Kathleen Halpin updated on the previously reported challenges in Glasgow City to maintain the evening and out of hours DN services. To try and minimise issues we had started a Test of Change to allow delivery of service up to 10 p.m. Test of Change to be reviewed through local workforce group. Ann asked which staff representative had been contacted before the Test of Change was done. Derrick apologised this had not been done. Caroline Sinclair acknowledged this, adding we were in extremis and asked if staff side would nominate representatives for the group. Anne identified herself and Simon advised that Margaret would also join the group.	**Action:** AMD & MMC, to join group	KH/DP

8.	**BCP – Mental Health** Derrick reported position re pressures, some planning in place being revisited. We have not had a specific request for support but were part of the BCP. Mental Health Service under pressure at turn of year, staff and staff side are engaged.		
9.	**PDS Review** Lisa reported we have went through process re PDS review. Programme meeting paused at the time of pandemic. Reconvened and final report in pack for review. Tom advised that a series of staff session where being organized with Key Group members and staff side in attendance.		LJ
10.	**Request to change day of Meeting day** Tom advised everyone had been contacted re the change of meeting day. 11 returns: 5 OS – will chase; 2 voted Thursday; 4 either day; 1 has withdrawn from Group. Ann had hoped that they could organise this with Co Chairs' and Secretaries. Andrew added, "everyone needs a say". This has been put to the group for a democratic view. Lynn is wary about potential to alienate the Union.	**Action**: MM to chase, done 11/2	TQ/MM
11.	**AOCB** Andrew – advised that any requests for representatives to attend meetings should be put to staff-side for nominations.		
12.	**Date of Next Meeting:** 7 March 2022 at 12 noon		TQ

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 16.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**24th March/03/2022**
REPORT REFERENCE:	**HSCP/240322/16**
CONTACT OFFICER:	**DAVID RADFORD, HEALTH IMPROVEMENT & INEQUALITIES MANAGER, TELEPHONE NUMBER 0141 355 2391**
SUBJECT TITLE:	**PUBLIC, SERVICE USER & CARER (PSUC) UPDATE**

1.1 PURPOSE

1.2 The report describes the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUC).

2.1 RECOMMENDATIONS

It is recommended that the Health & Social Care Partnership Board:

2.2 It is recommended that the HSCP Board note the progress of the Public, Service User & Carer Representatives Support Group.

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.1 BACKGROUND/MAIN ISSUES

3.2 The full minute is included in **Appendix 1** and details the actions and progress of the PSUC representative support group (RSG), highlighting their progress.

3.3 The PSUC have held one meeting in 2022, the latest meeting took place on the 10 February 2022 and was held in a 'virtual' capacity on Microsoft Teams.

3.4 At the latest PSUC meeting, the members received a presentation from Alan Cairns (HSCP Planning, Performance & Quality Manager). Alan updated the group on Phase 2 of the HSCP Strategic Plan (2022-25).

3.5 The PSUC group membership has been actively promoting the ongoing recruitment for the group and as previously announced, three new members have joined the group (Susan Griffiths, Linda Hill and Michael O'Donnell). The new members have all received their virtual 'Induction Training' and 'Pack' and will be allocated a role in the near future.

3.6 The PSUC group have created a January edition of the Covid-19 information sheet (2022). This provided information on local Covid-19 infection data and signposts local residents to important Covid-19 information. This item has a readership of approximately 500+ (per month) to individuals and organisations across East Dunbartonshire. This is the first issue of 2022 and number twenty (20) since the start of the pandemic. See **Appendix 2.**

3.7 The PSUC group have also entered into discussions with East Dunbartonshire Voluntary Action (EDVA), who are the local Third Sector Interface (TSI). This is in regards to the current Power of Attorney (PoA) workstream. EDVA are offering advice around possible funding opportunities, which could assist East Dunbartonshire residents with future PoA applications.

3.8 The PSUC group members have also agreed to keep service users 'unmet need' as a key agenda item.

3.9 The members have also agreed their meeting calendar for 2022/2023. See **Appendix 3**.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan;-

1) Promote positive health and wellbeing, preventing ill-health, and building strong communities
2) Enhance the quality of life and supporting independence for people, particularly those with long-term conditions
3) Address inequalities and support people to have more choice and control
4) People have a positive experience of health and social care services
5) Improve support for Carers enabling them to continue in their caring role
6) Optimise efficiency, effectiveness and flexibility
7) Statutory Duty

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.

4.3 Frontline Service to Customers – None.

4.4 Workforce (including any significant resource implications) – None.

4.5 Legal Implications – None.

4.6 Financial Implications – None.

4.7 Procurement – None.

4.8 ICT – None.

4.9 Corporate Assets – None.

4.10 Equalities Implications – None**.**

4.11 Sustainability – None.

4.12 Other – None.

5.1 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

5.2 None.

6.1 IMPACT

6.2 STATUTORY DUTY – None

6.3 EAST DUNBARTONSHIRE COUNCIL – None.

6.4 NHS GREATER GLASGOW & CLYDE – None.

6.5 DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH – No Direction Required.

7.1 POLICY CHECKLIST

7.2 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.1 APPENDICES
8.2 Appendix 1: Public Service User and Carer Support Group of 10 February 2021.
8.3 Appendix 2: PSUC (Coronavirus) Covid-19 Info sheet January 2022.
8.4 Appendix 3: PSUC meeting dates 2022/23.

Agenda Item Number: 16a Appendix 1

Public Service User and Carer Support Group – 10 February 2022

Attending; Karen Albrow, Martin Brickley, Suzanne McGlennan Briggs, Gordon Cox, Linda Hill, Fiona McManus, Michael O'Donnell and Michael Rankin

Apologies; David Bain, Sandra Docherty, Susan Griffiths, Avril Jamieson, Linda Jolly, Mary Kennedy, Jenny Proctor and Frances Slorance

HSCP Staff in attendance; Alan Cairns, David Radford and Anthony Craig

Action points agreed at meeting:

Action	By who	When	G	A	R
PSUC carer's rep and HSCP officer to further identify local, regional and national examples of good practice in gathering carer's unmet need.	F McManus A Craig	By next meeting (12/05/2022)			
PSUC group have asked that an invitation be extended to interim Chief Officer to attend a meeting in 2021/22.	D Radford	Ongoing			
HSCP officer to share (Phase 2) draft strategic plan (2022-25) (A Cairns) presentation and accompanying Joint Strategic Needs Assessment (JSNA) with members.	A Craig	18/02/2022			
HSCP officer to share Children's Integrated Services Plan (2020-23) with all members.	A Craig	18/02/2022			
PSUC group to continue conversation with professional bodies re registration and costs (PoA).	AC and Carers Rep	Ongoing			
HSCP officer to scope possible funding opportunities (regional and national) to assist East Dun residents with PoA applications.	A Craig	Update at next meeting (12/05/2022)			
Chair and HSCP Officer to liaise and discuss current PSUC (HSCP Board & SPG) group vacancies.	Chair A Craig	Update at next meeting (12/05/2022)			

JANUARY. 2022

EDITION NO. 20

EAST DUNBARTONSHIRE CORONAVIRUS (COVID-19) UPDATE

Covid-19 Information sheet, created by the East Dunbartonshire Public, Service User and Carer (PSUC) group

East Dunbartonshire: local 7 day positive PCR cases (11 January 2022 to 17 January 2022)

Welcome to the latest East Dunbartonshire Public, Service User and Carer (PSUC) group Covid-19 (Coronavirus) information sheet.

The latest 7 day statistics up to the 17 January 2022 show **534*** positive PCR cases, which is a 7 day positive PCR rate of **491.0** per 100,000 population, with a 7 day PCR positivity rate of **17.5%.** The positive PCR cases show a slight decrease compared to the same period last month (December 2021) and overall the figures for Scotland are showing a decrease in the spread of the virus, which is a positive step in the right direction (click here for PCR and LFD combined).

We must remain vigilant and follow the FACTS guidance, though social distancing, good hand and respiratory hygiene and by using appropriate face coverings and by adhering to current Scottish Government guidance.

Please continue to follow Scottish Government and NHS advice.

*Public Health Scotland (20/01/2022)

(Covid-19) Staying Safe and Protecting others

Evidence shows that the highly transmissible Omicron strain of COVID-19 can infect those who have been vaccinated, or previously infected. The guidance will change from the 24 January 2022, please see below:

- there will be no limits on attendance at indoor public events
- there will be no requirement to have physical distancing between different groups in indoor public places
- hospitality premises no longer need to provide table service.
- non-professional indoor contact sports can resume
- the 3 household limit on indoor gatherings will be removed but we all should continue to keep gatherings as small as our circumstances allow for now - until the end of January.

(Covid-19) Meanwhile you should continue to follow the current guidance

- try to limit the number of contacts you would normally have
- avoid crowded places – shop at quieter times where possible and follow the enhanced precautions in shops and hospitality venues.
- take a lateral flow test before you visit someone in hospital or a care home or to accompany someone to medical appointments
- work from home if you can
- You should also follow other rules and guidance on how to stay safe, please SEE HERE.

Coronavirus (COVID-19): Get a test if you do not have symptoms

Free, fast and regular testing for people who do not have symptoms of coronavirus (COVID-19) is available to everyone in Scotland.

Regular testing helps us to find positive cases in people who have no symptoms, but who are still infectious. If people who test positive self-isolate, we can break chain of transmission and help limit the spread of coronavirus.

A negative lateral flow device (LFD) test does not guarantee that you do not have coronavirus. You must continue to follow protective measures.

Order rapid LFD tests to your home:
You can order LFD tests to be sent to your home. If you cannot place an order online, phone 119.

Collect rapid LFD tests from your nearest pharmacy:

- Find your nearest participating pharmacy

Do not enter a pharmacy if you have coronavirus symptoms. Self-isolate immediately and book a PCR test instead.

A negative lateral flow device (LFD) test does not guarantee that you do not have coronavirus. You must continue to follow protective measures.

Covid Vaccination Programme
East Dunbartonshire Update (21 January 2022)

The vaccination programme in East Dunbartonshire is progressing well. We have seen a very high uptake of the vaccines in East Dunbartonshire with 100% of all over 60s receiving their 2nd dose and over 99% of the over 65s having received their booster (dose 3) by 20 January 2022.

% of East Dunbartonshire residents 18+ received Dose 2, **97.8%**

% of East Dunbartonshire residents 40+ received booster or Dose 3, **92.6%**

% of East Dunbartonshire residents 30-39 received booster or Dose 3, **74.5%**

% of East Dunbartonshire residents 18-29 received booster or Dose 3, **50.9%**

Vaccinations (continued)

Currently East Dunbartonshire has the highest uptake for vaccinations in Scotland, with 77.6% of the 12 yrs + population having received their booster or dose 3.

The 40 yrs + population of East Dunbartonshire also has the highest uptake in Scotland with 92.6% having their booster or dose 3 (see here).

Coronavirus (COVID-19) Guidance

NHS inform has all the latest coronavirus (COVID-19) guidance from NHS Scotland and the Scottish Government, including physical distancing measures and advice for infected households.

Click on the link here to access: **NHS INFORM**

If you wish to know more about the work of the East Dunbartonshire Public, Service User and Carer (PSUC) group then please email: EDPSUC@ggc.scot.nhs.uk

Public, Service User and Carer (PSUC) Representatives Support Group

2022/2023 meeting dates

PSUC representatives support group - meeting dates – 2022/2023				
Day	**Date**	**Time**	**Venue**	**Room**
Thursday	10/02/2022	10.00am to 12.00pm	Virtual (TBC)	
Thursday	12/05/2022	10.00am to 12.00pm	Virtual (TBC)	
Thursday	04/08/2022	10.00am to 12.00pm	Virtual (TBC)	
Thursday	06/10/2022	10.00am to 12.00pm	Virtual (TBC)	
Thursday	08/12/2022	10.00am to 12.00pm	Virtual (TBC)	
Thursday	02/02/2023	10.00am to 12.00pm	Virtual (TBC)	

HSCP Integration Joint Board (IJB) - meeting dates – 2022/2023				
Day	**Date**	**Time**	**Venue**	**Room**
Thursday	20/01/2022	09.30am	Virtual (TBC)	
Thursday	24/03/2022	09.30am	Virtual (TBC)	
Thursday	30/06/2022	09.30am	Virtual (TBC)	
Thursday	15/09/2022	09.30am	Virtual (TBC)	
Thursday	17/11/2022	09.30am	Virtual (TBC)	
Thursday	19/01/2023	09.30am	Virtual (TBC)	
Thursday	23/03/2023	09.30am	Virtual (TBC)	

HSCP Strategic Planning Group (SPG) - meeting dates – 2022/2023				
Day	**Date**	**Time**	**Venue**	**Room**
Thursday	03/03/2022	10.00am to 12.00pm	Virtual (TBC)	
Thursday	09/06/2022	10.00am to 12.00pm	Virtual (TBC)	
Thursday	01/09/2022	10.00am to 12.00pm	Virtual (TBC)	
Thursday	03/11/2022	10.00am to 12.00pm	Virtual (TBC)	
Thursday	15/12/2022	10.00am to 12.00pm	Virtual (TBC)	
Thursday	02/03/2023	10.00am to 12.00pm	Virtual (TBC)	

sustainable thriving achieving
East Dunbartonshire Council

Interim Chief Officer
Caroline Sinclair

Agenda Item Number: 17.

East Dunbartonshire HSCP Board Agenda Planner Meetings

January 2022 – March 2023

Update: 27.01.22

Standing items (every meeting)
Declaration of Interests
Minutes of last meeting (CS)
Chief Officers Report (CS)
Board Agenda Planner (CS)
HSCP Board Agenda Items – 30th June 2022
Older Adults Support Strategy
Financial Reports
Year end outturn
HSCP Board Development Seminar – 18th August 2022 (tbc)
Introduction to the HSCP
Oral Health
HSCP Board Agenda Items – 15th September 2022
Topic Specific Seminar – Update on the New Allander – David Aitken
HSCP Board Development Seminar – 20th October 2022 (tbc)
Adult Services
Mental Health & Learning Disabilities
HSCP Board Agenda Items – 17th November 2022
HSCP Board Development Seminar – 22nd December 2022 (tbc)

Children & Families & Criminal Justice
Care & Community Services
HSCP Board Agenda Items – 19th January 2023
Topic Specific Seminar – Frailty Update – Derrick Pearce
HSCP Board Development Seminar – 16th February 2023 (tbc)
Finance update 2023/24
HSCP Board Agenda Items – 23rd March 2023

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
DISTRIBUTION LIST

	Name	Role	Designation	Papers
ED HSCP BOARD MEMBERS - VOTING				
1	Jacqueline Forbes	Chair - Voting Board Member	NHS non-executive	**1**
2	Jim Goodall	Voting Board Member	Elected member	**1**
3	Ketki Miles	Voting Board Member	NHS non-executive	**e-copy only**
4	Sheila Mechan	Voting Board Member	Elected member	**1**
5	Alan Moir	Voting Board Member	Elected member	**1**
6	Ian Ritchie	Voting Board Member	NHS non-executive	**1**
ED HSCP BOARD MEMBERS - NON VOTING				
7	Caroline Sinclair	Board Member	Interim Chief Officer	**1**
8	Jean Campbell	Board Member	Finance Lead Representative	**1**
9	Alex Meikle	Board Member	Voluntary Sector Representative	**1**
10	Gordon Cox	Board Member	Service User Representative	**1**
11	Fiona McManus	Board Member	Interim Carers Representative	**1**
12	Leanne Connell	Board Member	Interim Chief Nurse	**1**
13	Allan Robertson	Board Member	Trades Union Representative	**1**
14	Craig Bell	Board Member	Trades Union Representative	**1**
15	Paul Treon	Board Member	Clinical Director	**1**
16	Adam Bowman	Board Member	Acute Representative	**1**
17	Caroline Sinclair	Board Member	Chief Social Work Officer	**1**
SUPPORT OFFICERS - FOR INFORMATION				
18	Linda Tindall	Support Officer	Organisational Development Lead	**e-copy only**
19	Derrick Pearce	Support Officer	Head of Health and Community Care Services	**1**
20	David Aitken	Support Officer	Head of Adult Services	**1**
21	Alan Cairms	Support Officer	Planning, Performance Manager & Quality Manager	**1**
22	Alison Willacy	Support Officer	Planning, Performance Manager & Quality Manager	**e-copy only**
22	Gillian McConnachie	Support Officer	Chief Internal Auditor HSCP	**e-copy only**
23	Karen Donnelly	Support Officer	EDC Chief Solicitor and Monitoring Officer	**paper and e-copy**
24	Martin Cunnigham	Support Officer	EDC Corporate Governance	**e-copy only**
25	Jennifer Haynes	Support Officer	Interim Corporate Services Manager	**e-copy only**
26	Vandrew McLean	Support Officer	Corporate Business Manager	**e-copy only**
27	Lisa Johnston	Support Officer	General Manager, Oral Health Directorate	**paper and e-copy**
28	Paul Treon	Support Officer	Clinical Director	**e-copy only**
29	Tom Quinn	Support Officer	Head of HR NHS	**e-copy only**
30	Caroline Smith	Support Officer	HR EDC	**e-copy only**
31	Pauline Halligan	Support Officer	Executive Officer, Organisational Transformation	**e-copy only**
32	Alisdair McDonald	Support Officer	EDC HR and OD Manager	**e-copy only**
SUBSTITUTES				
33	Councillor Mohrag Fischer	EDC Elected member		**e-copy only**
34	Councillor Graeme McGinnigle	EDC Elected member		**e-copy only**
35	Councillor Rosie O'Neil	EDC Elected member		**e-copy only**
36	A. Jamieson	Carers Rep		**e-copy only**
			TOTAL:	**21**