East Dunbartonshire Health & Social Care Partnership

A meeting of the East Dunbartonshire Health and Social Care Partnership Integration Joint Board will be held within the **Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT on Thursday 23rd March 2023 at 9.30am** or via remote access during COVID Pandemic restriction arrangements 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

Any other business - Chair decides if urgent

Signature of minute of meeting for the HSCP Board held on; 19th January 2023

Item	Report by	Description	Update	For Noting/ Approval
		STANDING ITEMS		
1.	Chair	Declaration of interests	**Verbal**	**Noting**
2.	Martin Cunningham	Minute of HSCP Board held on 19th January 2023	**Paper**	**Approval**
3.	Caroline Sinclair	Chief Officer's Report	**Verbal**	**Noting**
		STRATEGIC ITEMS		
4.	Caroline Sinclair	CAMHS Paediatric Services Update	**Paper**	**Approval**
5.	Jean Campbell	Records Management Plan interim update	**Paper**	**Noting**
6.	Jean Campbell	Budget 2023/24	**Paper**	**Approval**

Item	Report by	Description	Update	For Noting/ Approval
7.	Jean Campbell	HSCP Annual Delivery Plan 2023-2024	**Paper**	**Approval**
8.	A Willacy / A Cairns	Quarter 3 Performance Report	**Paper**	**Noting**
9.	David Aitken	MAT Standards Update	**Paper**	**Noting**
10.	David Aitken	Carers Strategy Development Update	**Paper**	**Approval**
GOVERNANCE ITEMS				
11.	Jean Campbell	Financial Performance on Budget 2022/23 – Month 10	**Paper**	**Approval**
12.	Carolyn Fitzpatrick	Clinical and Care Governance Minutes held on 11th January 2023	**Paper**	**Noting**
13.	Derrick Pearce	Strategic Planning Group Minutes held on 15th December 2023	**Paper**	**Noting**
14.	Tom Quinn	Staff Forum Minutes held on 18th January 2023	**Paper**	**Noting**
15.	Gordon Cox	Public Service User and Carer Group Minutes held on 2nd February 2023	**Paper**	**Noting**
16.	Caroline Sinclair	East Dunbartonshire HSCP Board Agenda Planner	**Paper**	**Noting**
17.	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 29th June 2023

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 NO: 02.

Minute of virtual meeting of the Health & Social Care Partnership Board held on **Thursday, 19 January 2023.**

Voting Members Present: EDC Councillors **McDIARMID, MURRAY & SMITH**

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

Non-Voting Members present:

C. **Sinclair**	Chief Officer and Chief Social Work Officer
J. **Campbell**	Chief Finance and Resource Officer
L. **Connell**	Interim Chief Nurse
G. **Cox**	Service User Representative
A. **Innes**	Third Sector Representative
F. **McManus**	Carers Representative

Jacquie Forbes (Chair) presiding

Also Present: D. **Aitken**	Interim Head of Adult Services
C. **Carthy**	Interim Head of Children's Services & Criminal Justice
M. **Cunningham**	Corporate Governance Manager – EDC
L. **Dorrian**	General Manager – Oral Health NSGG&C
K. **Lamb**	Head of Specialist Children's Services
F. **Munro**	Lead AHP
V. **McLean**	Corporate Business Manager
D. **Pearce**	Head of Community Health and Care Services
T. **Quinn**	Head of Human Resources - ED HSCP
L. **Walsh**	Senior OD Advisor

SEMINAR – FRAILTY UPDATE

The Board heard from the Head of Community Health and Care Services and the Lead AHP with a further presentation on Frailty, which supplemented the previous Board training session on this matter.

Upon conclusion and following questions from those present, the Chair thanked the officers for their informative and engaging presentation.

APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Councillor Alan Moir and Craig Bell – Trades Union representative

HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD
19 JANUARY 2023

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 – 17th NOVEMBER 2022

There was submitted and approved a minute of the meeting of the Health & Social Care Partnership (HSCP) Board held on 17 November 2022.

3. INTERIM CHIEF OFFICER'S REPORT

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

- Covid Update – remains prevalent, outbreaks in care homes, combined impact of seasonal winter viruses.
- National Pressures on Health & Care Services – hospitals, both in patient and A&E, HSCP continues to assist by supporting as many people as possible in the community, care at home however has significant recruitment issues
- Group A Strep – higher numbers and also severity of current strain.
- GP Practices – challenging times combining "Business as Usual" with new demands and the impact of managing conditions for people related to issues such as delayed elective surgery
- Children at Risk of Harm Inspection – Stage1 – initial presentation, staff survey, file reading – gathering info and evidence – broadly well received areas of good practice and areas for development. Stage 2 – Inspectors via Staff Forums – week beg 6 Feb 2023, Initial feedback in March, Final Inspection report in April 2023.
- Staff Awards – Awards Panel led by Board Chair Jacquie Forbes - have met and have received an overwhelming number of examples of fantastic work across the service areas. Panel agreed that the reporting of "good news" as outlined in the various submissions to the Panel was an area for improvement.

Following questions the Board noted the information.

4. EQUALITIES MAINSTREAM REPORT 2023 - 2027

A Report HSCP/190123/04 by the Head of Community Health and Care Services, copies of which had previously been circulated, describes the processes and actions undertaken in the development of the revised Health & Social Care Partnerships Equality Mainstream Report 2023 - 2027. Full details were contained within the Report and attached Appendices.

Following consideration, and having heard the Head of Community Health and Care Services in response to questions the Board agreed as follows:

a) To note the content of the Report

b) To approve the draft report for publication on the Health & Social Care Partnership's webpage, contained within the main East Dunbartonshire Council's Web site.

5. SOCIAL SUPPORT FOR OLDER PEOPLE STRATEGY 2023-2028 AND SERVICE DELIVERY MODEL

A Report HSCP/190123/05 by the Head of Community Health and Care Services, copies of which had previously been circulated, requested approval to publish and enact the finalised Social Support Strategy for Older People and sought approval for the preferred delivery model for delivering centre based day care services following the conclusion of extensive consultation and options appraisal. Full details were contained within the Report and attached Appendices.

Following consideration, the Board agreed as follows:

a) To approve the five year Social Support for Older People Strategy, and associated Strategic Needs Assessment (Appendix 1), and that officers should arrange to publish these;

b) To note the content of the Equalities Impact Assessment undertaken on the Strategy (Appendix 2), and the intention to undertake a further EQIA on the proposed service delivery model;

c) To approve the officer recommended service delivery model for centre based day care for older people option set out in 3.14 and within Appendix 3;

d) To instruct Officers to commence activities associated with implementing the preferred option and taking forward the necessary service change and commissioning activities required; and

e) To approve the directions set out in Appendix 4.

6. SPECIALIST CHILDREN'S SERVICES SINGLE SERVICE ALIGNMENT

A Report HSCP/19012023/06 by the Chief Officer, copies of which had previously been circulated, providing an update to East Dunbartonshire Health and Social Care Partnership Board on the progress towards planning for implementation of a single service structure for Specialist Children's Services Child (SCS). SCS comprises Child and Adolescent Mental Health Services (CAMHS) and Specialist Community Paediatrics Teams (SCPT) Services.

This report provided an opportunity to update on the planning, engagement and initial process for the creation of a single management for SCS, with a view to a fuller report being submitted in March for approval of the details of transition. Full details were contained within the Report and attached Appendices.

Following consideration and having heard the Chief Officer in response to questions, the Board agreed to note the content of the Report and that a further report would be submitted for approval in March 2023 including the details of the transition of staff and budget.

7. CODE OF CONDUCT FOR MEMBERS INTEGRATED JOINT BOARDS

A Report HSCP/190123/07 by Chief Finance Officer, copies of which had previously been circulated, updating the Board on the revised Model Code of Conduct for Members of Integrated Joint Boards (attached as Appendix 1). Full details were contained within the Report and attached Appendices.

Following consideration, the Board agreed to approve and adopt the Model Code of Conduct for East Dunbartonshire Integration Joint Board.

8. PRIMARY CARE IMPROVEMENT PLAN UPDATE

A Report HSCP/190123/08 by the Head of Community Health and Care Services, copies of which had previously been circulated, providing an update to the Health and Social Care Partnership Board on the following: East Dunbartonshire Primary Care Improvement Plan (PCIP) Tracker, and the remaining challenges in terms of overall affordability, workforce and premises associated with this. Full details were contained within the Report and attached Appendices.

Following discussion and having heard the Head of Community Health and Care Services in response to questions, the Board agreed to note the contents of the report.

9. ADULT LEARNING DISABILITY DAY CENTRE REDESIGN UPDATE

A Report HSCP/190123/09 by Interim Head of Adult Services, copies of which had previously been circulated, updating the Health & Social Care Partnership Board on the progress of the new Allander Adult Learning Disability Day Service Development in Bearsden. Full details were contained within the Report and attached Appendices.

Following discussion and having heard the Interim Head of Adult Services in response to questions, the Board agreed to note the report.

10. UNSCHEDULED CARE UPDATE

A Report HSCP/190123/10 by the Head of Community Health and Care Services, copies of which had previously been circulated, updating the Board members on developments in the Governance of the Unscheduled Care agenda and Scottish Government's high impact change areas for 2022/23. Full details were contained within the Report and attached Appendices.

Following consideration, the Board noted the content of the Report

11. FINANCIAL PERFORMANCE ON BUDGET 2022/23 – MONTH 8

A Report HSCP/190123/11 by Chief Finance Officer, copies of which had previously been circulated, updating the Board on the financial performance of the partnership budget as at month 8 of 2022/23 .Full details were contained within the Report and attached Appendices.

Following consideration, and having heard the Chief Finance Officer in response to questions, the Board agreed as follows:

a) To note the projected outturn position is reporting a surplus on budget of £2.671m as at month 8 of the financial year 2022/23 (after adjusting for anticipated impact of movement to / from earmarked reserves).

b) To note and approve the budget adjustments outlined within paragraph 3.2 (Appendix 1)

c) To note the HSCP financial performance as detailed in (Appendix 2)

d) To note the progress to date on the achievement of the current, approved savings plan for 2022/23 as detailed in (Appendix 3).

e) To note the anticipated reserves position at this stage in the financial year set out in (Appendix 4).

f) To note the summary of directions set out within (Appendix 5)

12. HSCP IJB DIRECTIONS LOG UPDATE

A Report HSCP/190123/12 by Chief Finance & Resources Officer, copies of which had previously been circulated, updating the Integration Joint Board on the status of HSCP Integration Joint Board Directions which are recorded and issued to East Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. Full details were contained within the Report and attached Appendices.

Following consideration, the Board noted the content of the Report

13. EAST DUNBARTONSHIRE HSCP CORPORATE RISK REGISTER UPDATE

A Report HSCP/190123/13 by Chief Finance & Resources Officer, copies of which had previously been circulated, providing the Board with an update on the Corporate Risks and how they are mitigated and managed within the HSCP . Full details were contained within the Report and attached Appendices.

Following consideration, the Board approved the Corporate Risk Register.

14. MINUTES OF EXTRAORDINARY MEETING OF PERFORMANCE, AUDIT AND RISK COMMITTEE ON 27TH OCTOBER 2022

A Report HSCP/190123/14 by Chief Finance & Resources Officer, copies of which had previously been circulated, updating the Board on the HSCP Extraordinary Performance, Audit and Risk Committee meeting held on 27th October 2022 (attached as Appendix 1).

Following consideration, the Board noted the draft minutes of the HSCP Extraordinary Performance, Audit and Risk Committee Meeting held on 27th October 2022.

15. DRAFT MINUTES OF CLINICAL & CARE GOVERNANCE GROUP MEETING HELD ON 2ND NOVEMBER 2022

A Report HSCP/190123/15 by the former Clinical Lead - Dr Paul Treon, copies of which had previously been circulated, shared the draft minutes of the Clinical and Care Governance Group meeting held on 2nd November 2022.

Following consideration, the Board noted the content of the Clinical and Care Governance Group Meeting held on 2nd November 2022.

16. HSCP STRATEGIC PLANNING GROUP DRAFT MINUTES OF 3rd NOVEMBER 2022

A Report HSCP/190123/16 by D. Pearce, copies of which had previously been circulated, sharing the draft minutes of the HSCP Strategic Planning Group held on 3 November 2022.

Following consideration, the Board noted the content of the HSCP Strategic Planning Group draft minutes of 3 November 2022.

17. EAST DUNBARTONSHIRE HSCP BOARD AGENDA PLANNER

A Report HSCP/190123/17 by T. Quinn, copies of which had previously been circulated, sharing the minutes of the Staff Partnership Forum meeting held on 26 October 2022.

Following consideration, the Board noted the content of the Staff Partnership Forum Meeting held on 26th October 2022

18. PUBLIC, SERVICE USER & CARER (PSUC) UPDATE

A Report HSCP/190123/18 by D. Radford, copies of which had previously been circulated, describing the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUC).

Following consideration, the Board heard from the Service Users and Carers representatives and thereafter noted the progress of the Public, Service User

& Carer Representatives Support Group.

19. EAST DUNBARTONSHIRE HSCP BOARD AGENDA PLANNER

Following consideration, the Board noted the content of the East Dunbartonshire HSCP Agenda Planner

20. ANY OTHER COMPETENT BUSINESS

None

21. DATE OF NEXT MEETING

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

Thursday 23rd March 2023

All held in the Council Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT or via remote access

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 04.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**23rd MARCH 2023**
REPORT REFERENCE:	**HSCP/230323/04**
CONTACT OFFICER:	**CAROLINE SINCLAIR, CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**
SUBJECT TITLE:	**SPECIALIST CHILDREN'S SERVICES SINGLE SERVICE ALIGNMENT**

1.0 PURPOSE

1.1 The purpose of this report is to provide an update on the progress towards planning for implementation of a single service structure for Specialist Children's Services Child (SCS). SCS comprises Child and Adolescent Mental Health Services (CAMHS) and Specialist Community Paediatrics Teams (SCPT) Services. This report is further to the introductory report considered at the last meeting of the Board and is submitted for noting and approval.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the Report;

2.2 Note that the details of the financial and resource transfers related to the implementation of a single SCS service alignment are contained within the budget setting report for consideration.

2.3 Note the financial due diligence work which has been completed by the Chief Finance & Resources Officer in relation to the SCS budgets being delegated from NHS GG&C from the 1st April 2023.

2.4 Note the Chief Finance & Resources Officer assurances in relation to the sufficiency of the SCS budget to be delegated, subject to effective risk mitigation and the successful delivery of efficiency initiatives to deliver a balanced budget for 2023/24 and beyond.

2.5 Approve the hosting of SCS within East Dunbartonshire HSCP on behalf of the NHS Board and the other five HSCP's across GG&C and all that this entails.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 As noted in the previous report on this matter, it has been agreed that there should be a single system management arrangement for Specialist Children's Services (SCS) which includes CAMHS and Specialist Community Paediatrics Teams. This will bring together, into a single management and financial structure, the currently delegated Tier 3 HSCP SCS services and the Board wide Tier 4 services.

3.2 The current arrangements, whereby Tier 4 CAMHS and Community Paediatrics services are aligned to the Chief Officer for East Dunbartonshire and Tier 3 CAMHS and Community Paediatrics services are hosted across the other 5 HSCPs, will be consolidated under a formal hosting arrangement within East Dunbartonshire HSCP. This will include consolidation of all the budgets supporting the delivery of these services and a refresh of the associated governance and reporting arrangements through East Dunbartonshire IJB, and through other IJBs as part of regular performance reporting.

3.3 The main principles that will guide the transition are as follows:

- Services will continue to be delivered locally, and by existing teams
- Services will remain located within their current HSCPs
- Services will continue to work closely in partnership with HSCP colleagues

3.4 Change will be guided by a project plan which will be developed and includes a consultation and engagement plan. Work will be inclusive of all key stakeholders and staff partnership colleagues. An Oversight Group has been put in place to support the work, with representation from all HSCPs within the GGC area.

3.5 Further and fuller details, including responses to requested additional information raised as the original paper made its way through the various IJB processes across GG&C are available in **Appendix 1** - SCS Realignment Briefing.

3.6 The total budget and resource transferring as part of this realignment are £32.007m and 760.3 whole time equivalents (WTEs) and this is reflected within the Board's budget setting paper as part of this agenda. The governance process in deciding whether the IJB will accept the hosting of further services from NHSGG&C and the due diligence process for the budgets that are set to transfer along with the associated risks are set out below.

Governance Arrangements for Consideration of Hosting

3.7 The governance for the responsibilities and accountabilities of hosting arrangements for services delegated by NHSGG&C, are set out in broad principles within the IJB Scheme of Integration. Where an IJB is the Lead Partnership in relation to a service it is responsible for the operational oversight of such service; through its Chief Officer, will be responsible for the operational management on behalf of all the IJBs; and carries out the planning and delivery of these hosted services as agreed with each IJB in line with their strategic plan with responsibility for the operational budget for these hosted services.

3.8 The current Scheme of Integration for East Dunbartonshire provides for the delegation of both community based and in patient (except secure forensics) mental health services and for those partnerships with Children's Services delegated, the scheme is therefore compliant with the new hosting arrangement proposed for SCS.

3.9 There are proposed changes to the Scheme of Integration to make the arrangements for hosting services clearer and more transparent. This sets out that:

- The Integrated Joint Board has operational responsibilities for any services which it Hosts on behalf of other Integrated Joint Boards. In delivering a Hosted Service the Integrated Joint Board has primary responsibilities for the provision of the services and bears the risk and rewards associated with service delivery in terms of the demand and finance and resource required.

- If the Integrated Joint Board plans to make significant changes to a Service which it Hosts which increases or decreases the level of service available in specific localities or service wide, it will consult with the other Integrated Joint Boards affected prior to implementing any significant change.

Financial Due Diligence Process

3.10 Professional guidance recommends that a due diligence process is undertaken to consider the sufficiency of the revenue budget for an Integration Joint Board (IJB) to carry out its delegated functions, and to meet anticipated levels of demand to allow its HSCP to proceed on a sound financial basis.

3.11 The due diligence process ensures a consistency in approach for Chief Officers and Chief Finance Officers, providing a transparent evidence based methodology to identify continuing pressures, demands and associated risks in relation to the delegated functions. This allows the identification of any relevant and necessary management action to be taken, including any potential baseline funding adjustments. This is the process which was applied to the delegation of health and social care budgets at the inception of HSCPs and is equally applicable to any further delegation of budget as is the case for the hosting of single management and budgetary arrangements for SCS within East Dunbartonshire HSCP.

3.12 The due diligence process has been informed by a comprehensive review of actual expenditure reported in the ledger accounts for the most recent three years and a comparison undertaken with the budgets in those years along with projections within the current year.

3.13 In line with relevant Scottish Government guidance, the Chief Finance & Resources Officer has been working with the Chief Finance Officers within the other 5 HSCPs and the Assistant Director of Finance – Financial Planning & Performance within NHS GG&C over the last few months to seek assurance that the budgets for 2023/24 being transferred to the IJB on the 1st April 2023 are adequate and that the makeup of budgets and any underlying risks and assumptions are mutually understood.

3.14 This report provides an update on the outcome and findings of this due diligence process as set out below:-

a) A comprehensive financial due diligence process has been completed for the SCS budget to be delegated by NHS GG&C from the 1st April 2023, which concludes that the 2023/24 budget is sufficient to deliver on the outcomes and priorities for SCS, subject to effective risk mitigation and the successful delivery of efficiency initiatives to deliver a balanced budget.

b) There are a number of risks associated with the financial management of the SCS budget and these are set out in detail in Appendix 1. These include:

- risks related to the consolidation of the budget within East Dunbartonshire where the financial risk is currently shared with the NHS Board and across the other five HSCPs;
- the impact on the level of general reserves requiring to be held to mitigate financial risks in year and unexpected fluctuations in budget expenditure in future years;
- uncertainty around the levels of future Scottish Government funding to support the Mental Health Recovery and Renewal Programme (MHRR) including the requirement to deliver on regional programmes;
- the known risks following the outcome of the due diligence process requiring management action to ensure a balanced budget into future years.

3.15 There are a range of measures in place to mitigate the risks above including continued engagement with the management team within SCS to look at efficiency measures needed to deliver a balanced budget for 2023/24 and into future years – this includes reviewing levels of turnover of staffing across SCS which is expected to continue, ensure funding allocated from SG is used to deliver on key priorities for SCS and engagement continues with SG colleagues to maximise the funding available to support delivery.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. **Supporting Carers and Families**
6. **Improving Mental Health and Recovery**
7. Post-pandemic Renewal
8. Maximising Operational Integration

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – Realignment of line management for a small number of existing SCS Service Managers.

4.4 Legal Implications – None.

4.5 Financial Implications – There are financial implications in the movement of the relevant budgets which are set out in detail in the report.

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 – None.

5.0 MANAGEMENT OF RISK

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

5.1 The Oversight Group will ensure the effective and efficient transition to a single model and will capture any risks for mitigation within the project plan.

6.0 IMPACT

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.3 **NHS GREATER GLASGOW & CLYDE** – No direction required as the financial and resource transfers are set out within the budget setting report and as such are supported by the direction associated with that report.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –** None.

7.0 POLICY CHECKLIST

7.1 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.

8.0 APPENDICES

8.1 **Appendix 1** – SCS Realignment Briefing
8.2 **Appendix 2** – Equality Impact Assessment

Appendix 1 - Specialist Children Services Alignment Briefing.

Briefing setting out the pre-established rationale for realignment of Specialist Children's Services

1. Situation

Planning and engagement to align Specialist Children's Services (SCS) which includes CAMHS and Specialist Community Paediatrics into a single management and financial structure in underway. This will see the currently complex and scattered arrangement of delegated Tier 3 HSCP SCS services and the Board hosted Tier 4 services managed in a single arrangement.

A paper on the planned realignment was tabled at the NHS GG&C Finance Planning & Performance Committee on 7th February 2023 for Information providing a progress update and was broadly supported. Engagement with all IJBs has been undertaken with papers tabled for noting at their January meetings. Staff engagement sessions have also been planned for each HSCP and are underway.

2. Background

2.1 Structure

Specialist Children's Services (SCS) provides CAMHS and Specialist Community Paediatrics Teams (SCPT) services for Children and Young People, both in and out of hours, at Tier 3 (community HSCP level), and Tier 4 (GGC wide, Regional and National Services including in-patient services).

In 2015 Tier 3 CAMHS and Tier 3 Community Paediatric services were delegated to Renfrewshire, Inverclyde and East Renfrewshire and West Dunbartonshire HSCP's (excluding medical staff). In 2019, and in line with other HSCPs, Tier 3 SCS services were delegated to Glasgow City HSCP.

Table 1 below details the team breakdown of the **Tier 3** Specialist Children's Service to be aligned, which includes CAMHS and SCPT, by HSCP. Services for East Dunbartonshire, with the exception of Speech and Language Therapy, are provided by Glasgow HSCP.

HSCP	Number of CAMHS Teams	Number of SCPT Teams
Glasgow City	4xCAMHS (North/South/East/West)	4xSCPT (North/South/East/West)
Renfrewshire	1xCAMHS	1xSCPT
East Renfrewshire	1xCAMHS	SCPT provided from Glasgow HSCP
Inverclyde	1xCAMHS	1xSCPT
West Dunbartonshire	1xCAMHS	1xSCPT
East Dunbartonshire	CAMHS and SCPT services provided by Glasgow City HSCP, other than SLT	

Table 1

The Tier 4 and Board wide professional functions and services have remained retained by the Health Board, rather than delegated to HSCPs, and they are managed by a single HSCP Chief Officer, currently East Dunbartonshire, on behalf of the Board, rather than on behalf of the HSCP.

Tier 4 services are delivered Board wide, regionally and nationally and include:

- Child and Adolescent inpatient units
- Unscheduled and intensive CAMHS
- Eating Disorder, FCAMHS, Leaning Disability CAMHS and Trauma services
- Infant Mental Health Team

Tier 4 SCS also deliver services into Women and Children's Directorate and includes:

- Paediatric OT, SLT and the Community Children's Nursing team
- Liaison Psychiatry, Paediatric Psychology and Maternal and Neonatal psychology

2.2 Budget and Workforce

HSCP	Gross Indicative Roll Forward Budget £'000	Income Indicative Roll Forward Budget £'000	Net Indicative Roll Forward Budget £'000	Recurring WTE (Excluding MHRR)
Tier 4 - Hosted	20,284	-5,180	**15,104**	304.2
Glasgow City	11,966	-2,397	**9,569**	301.1
Renfrewshire	2,104	-362	**1,742**	44.3
East Dunbartonshire	533	-297	**236**	11.8
West Dunbartonshire	1,753	-315	**1,438**	44.4
Inverclyde	1,240	0	**1,240**	35.0
East Renfrewshire	974	-229	**745**	19.4
TOTAL	**38,854**	**-8,780**	**30,074**	**760.3**
Notes				
Awaiting confirmation of pay uplift for 22/23				
Awaiting confirmation of any movements to be agreed as part of due diligence				
Excludes non-recurring SG funding anticipated 23/24 from Mental Health Recovery & Renewal (MHRR), Eating Disorders, Infant Mental Health & Maternal & Neonatal Psychology				

The HSCP budgets above include recurring Tier 3 delegated CAMHS services with a total gross annual budget of £5.9m with circa 182wte, Tier 3 delegated SCPT services with a total gross annual budget of £12.2m with a circa 264 wte and Tier 3 delegated management and support services with a gross annual budget of £0.4m with circa 10 wte. Tier 4 hosted services has a total gross annual budget of £20.3m with circa 304 wte.

In addition to the recurring budget, additional funding is anticipated from SG through the Mental Health Recovery and Renewal which is expected to see the Tier 3 CAMHS funding increase by £6.3m and circa 128 wte and Tier 4 services increase by £2.8m. A workforce plan is in development for the Tier 4 services including the new regional Intensive Psychiatric Care Unit and the regional services development for FCAMHS, SECURE and Learning Disabilities. These will see an overall increase in the service estate and reach. In addition the Tier 3 and 4 services should also see additional funding received in previous years on a non-recurring basis continue into 2023/24 for MH outcomes £2.2m, Eating Disorders £0.5m, Infant Mental Health £0.7m and Maternal & Neonatal Psychology £0.5m with workforce increasing by approx. 27 wte. Additional income of £2.8m also expected to continue from NHS Education for Scotland.

In total this provides for an anticipated gross budget of £54.6m for SCS including the anticipated non- recurring funding where we await confirmation from SG.

Implementation of the single management model requires drawing together the funding currently held across a range of HSCP and SCS budgets, under a range of different codes, into one structure. This will include costing of the new model of service delivery to ensure this is viable within the budgets that are transferring. This will be overseen by a Chief Finance Officer.

The delegated Tier 3 services are currently operationally managed in HSCP's by 6.0 service managers whose remit is predominately SCS. The six service managers are line managed by HSCP Heads of Children's Services who also manage a range of other services in their remit i.e. Health .visiting/School nursing and social work and social care children's services. These six service managers are the only staff whose direct line management will be affected by the change.

The hosted Tier 4 services are currently operationally managed by 2.5 wte service managers. The service managers are line manged by the Head of Specialist Children's Services (HoSCS) who also has line management responsibility for the Clinical Directors, Professional Leads and Quality Improvement team. The HoSCS also has responsibility for strategic planning and governance for Specialist Children's Services as a whole alongside the Clinical Directors.

3. The case for alignment

Specialist Children's Services is a specialist relatively small and susceptible service. It is often at risk of sustainability issues in relation to the specialist workforce. It is currently organised in a complex manner which can create operational challenges both in terms of management of complexities that span Tier 3 and 4 services and the ability to be flexible and resilient with finite resources in the face of growing demand. A single management and financial arrangement would support flexibility of workforce recruitment to support equality of access. The fragmentation of management arrangements, through 6 HSCP's for Tier 3 services, and through the Health Board and 1 HSCP for Tier 4 services, has created complexity. The Tier 3 teams rely on the Board wide Tier 4 services, and Regional services to support complex cases and on the single system arrangement for Medical staff and Psychotherapy staff. Additionally a close working relationship is required with Adult Mental Health Services and with the Women and Children's Directorate.

The aim of the realignment is to create a management structure that ensures robust clinical standards, governance and performance, which is linked across, and in to, Women and Children's, Acute Adult, and Adult Mental Health Services in GGC. That works in partnership with other Health Boards and HSCPs and is accountable to NSS for the delivery of identified services. A management structure that ensures whole system responsibility to adapt and change to ensure sufficient resource is available to safely manage demand.

The single system management arrangement aims to offer the following advantages:

- Adaptability cross system and read across for budgets and workforce (for medical staffing this currently exists)
- Planning and performance: - a single management arrangement would strengthen the effectiveness of strategic planning and specifically the implementation of improvements plans. The complexity of management arrangements has led to a mixed prioritisation across the 6 HSCP's
- Better ability to meet increasing demand for CAMHS through creation of a single workforce plan to minimise waiting times for children and young people
- Improved standardisation of service delivery and reduced variation across the Board area
- Improved resilience and contingency arrangements, as well as ability to single system planning to meet unforeseen peaks of demand in specific localities
- Improved cohesion between Tier 3 and Tier 4 services which include the national and regional in-patient units
- Continued positive interface with acute Women and Children's Directorate and strengthens links with secondary care
- A more cohesive structure to take forward the development of new regional services including FCAMHS and Secure Care to include reviewing the increasing pressures from the private Secure Care estate on local teams where these units are situated across HSCP's.

- More streamlined accounting for performance:- A single chief officer and associated management team will ensure a more streamlined and effective accounting for the service performance both to the Health Board, Scottish Government and HSCP's
- Better ability to standardise service model and offer:- It is essential that the specialist nature of CAMHS and SCPT is strengthened though adherence to service specifications and evidenced based practise and that regardless as to where a child and family access the service they are assured of access to the same high standards of care and MDT. A single management arrangement will ensure the workforce plans mirror across all teams and the care pathways governed to maintain standards of care and the development of new pathways.

4. Clinical perspective

Clinical directors have been consulted on the change proposal and acknowledge that Specialist Children's Services currently has a complex structure of community services with Board-wide, hosted teams and locality-based teams, that work together to provide care for children, young people and families who need it across NHSGGC, alongside regional and national inpatient services.

Generally clinical staff welcome a re-alignment of management structures as a means by which training initiatives, workforce planning and clinical governance can be managed in a more integrated way across the Health Board area, taking account of local need alongside service delivery priorities for these small, specialist services. Staff have fed back the value that they place on working alongside HSCP and local education colleagues to look after children and young people, and do not want to lose opportunities to continue to develop children's services that work alongside each other in each local area.

'Overall it is a benefit for SCS to have an overarching financial, governance and leadership structure. It will be important to ensure robust links and ongoing collaboration with local partner's therefore we will require to have very good communication and relationships with the HSCPs'

'SCS requires to be embedded and part of the local service delivery. The work in the ND pathway highlights this perfectly where we are making real strides in combining the specialist service in a multi-agency approach' SCS SLT Staff

Medical staff are already managed centrally by the Clinical Directors for CAMHS and SCPT so there will be no change for them, but medical staff are supportive of the re-alignment of all staff groups to help support alignment of approaches to service governance and service improvement in consultation with colleagues in HSCPs.

'We recognise the challenges of working in devolved structures, and hope that the biggest change will be our ability to turn professional decisions into operational actions, the current system seems clunky and difficult to navigate' SCS SCPT Medical staffing

Considering the data within the service on numbers of referrals indicates a sustained high level of demand for the services and scrutiny of referrals shows increasing levels of complexity, risk and need. The ongoing increase in number and complexity of referrals to CAMHS certainly involves very strong partnership working with HSCPs and partner agencies and the relationships with local systems and staff are valued and important to deliver the best care to the families we look after together. However, it is felt that managing workforce and skills-based pressures on teams is complex currently in terms of flex of resource when this is required to meet clinical need in the best way. Medical staff in Specialist Children's Services are already managed centrally across GGC and so any need to respond to gaps in provision can be met, but this is not true for other clinical staff such as nurses and psychologists who are managed through complex and distributed structures across HSCPS. A single structure would promote more ability to adapt and flex based on a single financial framework.

Quality assurance systems are in place across GGC SCS already, but effective and efficient workforce planning can be complex given the need to interface with systems in each HSCP around agreement to posts and in particular, the hosting of senior clinical posts who must provide supervision and support to staff across community services. There are many staff coming in, through the additional Mental Health Recovery and Renewal Funding, who are new to CAMHS, and whole system planning is required for upskilling and support for these staff, and existing staff, to meet the increasing severity and complexity of need in the children and young people we look after.

5. Impact on children and young people who use the services, and their families, carers and guardians

Specialist Children's Services has been working to improve how it obtains feedback for Children young people and their families. The experience of service questionnaire has been digitised and service users encouraged to use the QR codes to provide feedback with each team receiving bespoke reports.

Engagement has also been undertaken in partnership with SAMH in relation to what young people would like to see available on line in relation to our services and on how we can develop these. Similarly in partnership with Glasgow university young people have been consulted on factors which impact on their engagement with the clinical team.

While the proposed alignment will not affect the services that are delivered to children and young people feedback will continue to be sought. The principles of the service alignment, outlined at section 7 below, emphasise the commitment to services being delivered by the same staff as they currently are, from the same settings. As such an impact is not expected for the majority of staff or service users.

Advice has been sought from the Planning & Development Manager for the Equality and Human Rights Team on whether the realignment would require and EQIA

The service is already committed to the following for people who use it, and this will be sustained. Children, young people and families can expect:

- Equality of access based on risk and urgency
- A standardised service, governed robustly to ensure standards of care
- Service delivered in the local area
- Services that are well integrated with Education, Primary Care and the third sector
- The ability to provide feedback and be consulted on service developments
- Confidence that should they need access to Board wide and hospital based services they will get these seamlessly
- Assurance that through a network of professional leads and Clinical Directors they will receive high quality and assured care

6. Implementation of the Alignment

The alignment of the services will be guided by a project plan which will be developed and will include a communication and engagement plan.

The single system management arrangement will require a robust governance, management and financial structure to enable and drive improvement, and provide a GGC wide focus to strategic planning.

The roadmap will be underpinned by a set of principles which aim to minimise disruption of services and support staff with the transition

Principles
- Services will continue to be delivered locally, and by existing teams
- Services and staff will remain located within their current HSCPs
- Services and staff will continue to work closely in partnership with HSCP colleagues

Maintenance of local service delivery, links, and co-dependencies with preventative services and community based services will continue to be essential, and so there is a commitment to ensuring ongoing joint planning and collaboration. The services that are moving into the single service will commit to continuing to work closely with services being delivered and commissioned by HSCPs as part of their integrated local plans for services for children and families, including Tier 1 and Tier 2 services.

An Implementation Oversight Group supported by staff side has been established to oversee the development and implementation of the single service model. Sub groups relating to the component parts of the change will include convened. A Workforce Change Group will be established to oversee, advise and implement the processes for staff directly and indirectly impacted by the proposed changes reporting through the Oversight Group. A nomination will be sought from the Employee Director for a staff side representative to join the group given its Board wide remit.

6.1 Clinical Governance

The current clinical governance arrangements are complex. With Tier 3 services reporting through six individual HSCPs while also reporting into the existing Board wide Clinical Governance executive committee chaired jointly by the CAMHS and SCPT Clinical Directors. For the Tier 4 hosted services, governance is reported through the East Dunbartonshire HSCP clinical and care governance forum and through the Women and Children's Directorate governance group.

A sub group of the oversight group will focus specifically on refreshing and streamlining the governance reporting to ensure sight in all areas where it is required but a more streamlined approach, aligned to the new single structure.

6.2 Performance

There exists a regular reporting framework for HSCPs and the Women and Children's Directorate Which includes performance against national targets and service developments. There also exists quarterly interface meeting with all HSCP's where the respective Heads of Service, Service Managers and CDs consider challenges and achievements.

A sub group of the oversight group will focus specifically on refreshing the performance reporting.

6.3 <u>Financial Risks</u>

There are a number of significant financial risks, which have been identified through the due diligence process, for Specialist Children's Services moving into 2023/24 which are detailed below with mitigation on how these would be covered during 2023/24

- Income £11.7m – risk if any of this income is cut or no uplift given going into 23/24. Service would mitigate by reviewing services and taking necessary action to reduce accordingly. Some of the main sources of income include local authority Education Speech & Language Therapy Contracts, local authority Changing Children's Services Funds, West of Scotland health boards SLAs for Adolescent Inpatient Unit at Skye House, Secure Care unit users
- Scottish Government Non-Recurring Funding anticipated £13m – currently awaiting letters regarding 23/24 funding in relation to Mental Health Recovery and Renewal across Tier 3 and 4 services including historic MH outcomes £11.3m, Eating Disorders £0.5m, Infant

Mental Health £0.7m and Maternal and Neonatal Psychology £0.5m. Workforce plans are progressing in anticipation of this funding for 23/24 and in terms of recruitment some of the posts have been recruited on a permanent basis. This could be mitigated through the high levels of turnover Specialist Children's Services has seen over the last couple of years with turnover sitting around 16%.

- Adolescent Inpatient Unit – This year has seen an increase in the complexity of patients requiring increased observations resulting in need for use of agency staff at higher cost (£0.3m 22/23). This has been again mitigated with the higher levels of staff turnover and is expected to reduce once the Adolescent Inpatient Psychiatric Care Unit is opened (being developed through the SG Mental Health Recovery and Renewal funding).
- Adolescent Inpatient Unit – This service is funded through a service level agreement (SLA) with West of Scotland health boards based on a three year rolling average of occupied bed days. Ayrshire and Arran have indicated they are looking to provide a local service and potentially give notice on the SLA resulting in a financial risk of around £440k. This could be mitigated by looking at reduction in the number of beds and costs associated with current workforce model.
- Speciality Doctor Contract – SG have issued a new pay scale for Speciality Doctors which could result in a financial risk of circa £55k. The expectation is that the SG will fund this increase in cost but if funding is not received then review of service will be required to identify efficiencies to mitigate.
- CAMHS Out of Hours (OOH) Rota – Over the last year workforce issues/ maternity leaves have resulted in there not being adequate numbers of staff to allow the OOH rota to run with correct numbers. This has resulted in increased banding payments being made to the remaining staff £100k. This risk will be mitigated with staff returning from mat leave and a review of existing services to look at efficiency savings as for example vacancies arise.
- Additional service manager post for Glasgow City – unfunded (£100k) – This pressure will be mitigated through review of vacant post with post either being deleted or being realigned to new SG funding.
- Non pay costs – The current cost of living crisis and impact of inflation is resulting in increased non pay costs within the service. The service will be required to manage this risk within current available budget through efficiency savings and managing vacancies as they arise.

Below is a table of the Specialist Children budget pressures for 2023/24 and savings plans to mitigate these pressures.

Budget Pressures	**£'000**
Funded establishment staffing pressures	1,667
Additional Glasgow City Service Manager Post - Unfunded	100
Prior year unachieved saving	50
Child Health Supplies	389
Financial Challenge to be met from savings	**2,206**
Savings Plan	
Turnover savings (4.5%)	1,925
Deletion of unfunded vacant service manager post/ Realignment to new SG funding	100
Transition of Child Health Supplies for over 18's to Adult Services	36
Efficiency savings - Tier 4 services	145
Total Savings Programme 23/24	**2,206**
Residual Financial Gap 23/24	**0**

This should ensure the delivery of a balanced budget for 2023/24.

NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact Equality@ggc.scot.nhs.uk for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

Specialist Children's Services Single Service Alignment

Is this a: Current Service ☐ Service Development ☐ Service Redesign ☐ New Service ☐ New Policy ☐ Policy Review ☐

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.

Within the GG&C Health Board it has been agreed that there should be a single system management arrangement for Specialist Children's Services (SCS) which includes CAMHS and Specialist Community Paediatrics Teams. This will bring together, into a single management and financial structure, the currently delegated Tier 3 HSCP SCS services and the Board wide Hosted Tier 4 services.

The current arrangements, whereby Tier 4 CAMHS and Community Paediatrics services are aligned to the Chief Officer for East Dunbartonshire and Tier 3 CAMHS and Community Paediatrics services are hosted across the other 5 HSCPs, are intended to be consolidated under a formal hosting arrangement within East Dunbartonshire HSCP. This will include consolidation of all the budgets supporting the delivery of these services and a refresh of the associated governance and reporting arrangements through East Dunbartonshire IJB, and through other IJBs as part of regular performance reporting.

A single system management arrangement is a development that Scottish Government are keen to see progressed and it has been raised within the CAMHS performance support meetings that are currently in place. It is seen as critical to the improvement of the co-ordination and management of services across GG&C and the performance of CAMHS and community paediatrics across the health board area.

The main principles that will guide the transition is as follows:

- Services will continue to be delivered locally, and by existing teams
- Services will remain located within their current HSCPs

- Services will continue to work closely in partnership with HSCP colleagues

Change will be guided by a project plan which will be developed and will include a consultation and engagement plan. Work will be inclusive of all key stakeholders and staff partnership colleagues. An Oversight Group will be put in place to support the work, with representation from all HSCPs within the GGC area.

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.). Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report.

This EQIA has been undertaken to demonstrate transparency of process and evidence that due regard has been shown in meeting the 3 parts of the Public Sector Equality Duty in any decisions proposed. The 3 parts are:

- Eliminate Discrimination, harassment and victimisation
- Advance equality of opportunity
- Foster good relations between people who share a protected characteristic and those who do not

As this change of service relates exclusively to a change of management arrangements with no anticipated impact on patient experience of service design or delivery, we do not anticipate risk of legislative breach.

Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name:	**Date of Lead Reviewer Training:**
Karen Lamb, Supported by Lesley Boyd	

Please list the staff involved in carrying out this EQIA
(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Specialist Children's Services service managers x 7

		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
1.	**What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.**	***A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.***	As this service change does not impact on direct service experience for our patients and poses no additional requirements of staff (either physically moving, travelling or changing job role) there is no requirement to assess risk against disaggregated data by protected characteristic of either employee or patient groups.	
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
2.	**Please provide details of how data captured has been/will be used to inform policy content or service design.** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐	***A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake.***	As per above, though specialist child and adolescent mental health services have access to desegregated patient and employee data by some protected characteristics, the nature of the service change is limited and does not impact directly or indirectly on protected characteristic groups.	

	2) Promote equality of opportunity ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ■	***(Due regard promoting equality of opportunity)***		
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
3.	**How have you applied learning from research evidence about the experience of equality groups to the service or Policy?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ■	***Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people.*** ***(Due regard to removing discrimination, harassment and victimisation and fostering good relations).***	A single system management approach has been supported by the Scottish Government as the most effective way to operationally and strategically meet the demands of complex specialist children's services. This model is currently in operation in all other Health Board areas within Scotland.	

		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
4.	**Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐	***A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.*** ***(Due regard to promoting equality of opportunity)*** **** The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.***	As this decision does not impact on direct service experience for our patients there is no tangible change in service to engage with our patient group on. This decision relates solely to the management of services and proposed changes to currently devolved arrangements, In line with this, recognised processes have been followed to engage with staff-side representation.	

	4) Not applicable ■			
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
5.	**Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation ☐** **2) Promote equality of opportunity ☐** **3) Foster good relations between protected characteristics. ☐** **4) Not applicable ■**	***An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire.*** ***(Due regard to remove discrimination, harassment and victimisation).***	The scope of the decision being made does not cover any changes to physical access to existing services but limits itself to management arrangements of services.	

		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
6.	**How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ■ **The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be**	***Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.*** ***Written materials were offered in other languages and formats.*** ***(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).***	Changes to current management arrangements will be discussed in partnership through staff-side representation and direct engagement with staff currently employed within service. As previously stated, there is no anticipated change to roles and responsibilities or the physical location of staff that poses a risk if breaching our responsibilities as outlines in the Public Sector Equality Duty.	

	paid in your evidence to show how the service review or policy has taken note of this.			
7	**Protected Characteristic**		**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(a)	**Age** **Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ■		No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.	

(b)	**Disability** **Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ■	No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.	
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(c)	**Gender Reassignment** **Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐	No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.	

	2) Promote equality of opportunity ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ■		
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(d)	**Marriage and Civil Partnership** **Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ■	No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.	

(e)	**Pregnancy and Maternity** **Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	While there is no anticipated impact on patients or staff, any planned changes to management structure will be communicated to staff absent from the workplace due to pregnancy, maternity or paternity leave in line with protections afforded under the Equality Act (2010).	
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(f)	**Race** **Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐	No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.	

	3) Foster good relations between protected characteristics ☐ **4) Not applicable** ■		
(g)	**Religion and Belief** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ■	No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.	
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(h)	**Sex** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?**	No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.	

	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ■		
(i)	**Sexual Orientation** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ■	No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.	

	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(j)	**Socio – Economic Status & Social Class** **Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?** **The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here:** Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) Seven useful questions to consider when seeking to demonstrate 'due regard' in relation to the Duty: 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? 2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)? 3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage?	No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to people through further reducing inequality of outcome caused by socio-economic disadvantage.	

	4. Are some communities of interest or communities of place more affected by disadvantage in this case than others? 5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions? 6. How has the evidence been weighed up in reaching our final decision? 7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? 'Making Fair Financial Decisions' (EHRC, 2019)21 provides useful information about the 'Brown Principles' which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement22 should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.		
(k)	**Other marginalised groups** **How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?**	No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to marginalised groups currently accessing services.	
8.	**Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?**	There is no anticipated cost saving from the proposed realigned management arrangements. A single management structure is expected to bring a more effective co-ordination of service provision which may lead to greater efficiencies within services.	

	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ■		
		Service Evidence Provided	**Possible negative impact and Additional Mitigating Action Required**
9.	**What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.**	All staff groups will continue to receive role specific training required to undertake respective roles in specialist children's mental health services. This will include completion of the Statutory and Mandatory Equality and Human Rights e-learning module.	

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom

of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

This decision will not impact on the human rights afforded to either patients or staff.

Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR* .

This decision will not impact on the human rights afforded to either patients or staff. However, staff within the service will be fully engaged with all developments of the decision making process.

*

- **F**acts: What is the experience of the individuals involved and what are the important facts to understand?
- **A**nalyse rights: Develop an analysis of the human rights at stake
- **I**dentify responsibilities: Identify what needs to be done and who is responsible for doing it
- **R**eview actions: Make recommendations for action and later recall and evaluate what has happened as a result.

Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

- [x] Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- [ ] Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- [ ] Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- [ ] Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

11. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

N/A

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.	**Date for completion**	**Who is responsible?(initials)**
N/A		

Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

Lead Reviewer: **Name**
EQIA Sign Off: **Job Title**
Signature
Date

Quality Assurance Sign Off: **Name**
Job Title
Signature
Date

NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
MEETING THE NEEDS OF DIVERSE COMMUNITIES
6 MONTHLY REVIEW SHEET

Name of Policy/Current Service/Service Development/Service Redesign:

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: alastair.low@ggc.scot.nhs.uk

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 05.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**23rd MARCH 2023**
REPORT REFERENCE:	**HSCP/230323/05**
CONTACT OFFICER:	**JEAN CAMPBELL, CHIEF FINANCE & RESOURCES OFFICER, TELEPHONE NUMBER 0141 232 8216**
SUBJECT TITLE:	**RECORDS MANAGEMENT PLAN INTERIM UPDATE**

1.0 PURPOSE

1.1 The purpose of this report is to set out the way in which East Dunbartonshire Integration Joint Board (IJB) will provide an interim update to ED HSCP Records Management Plan (RMP) Version 2 at 2021 to meet the requirements of the Public Records (Scotland) Act 2011 and seeks the IJB's approval for its content as well as onward submission to the Keeper of the Records of Scotland for review and agreement before 31st March 2023.

2.0 RECOMMENDATIONS

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

2.1 Consider the content of the Report: and

2.2 Approve the update of the East Dunbartonshire HSCP Records Management Plan, giving approval that this can now be formally submitted to the Keeper of the Records of Scotland by 31st March 2023 subject to any further minor amendments.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Following the agreement of our authority's Records Management Plan (RMP) in December 2021, the Assessment Team for National Records Scotland have offered East Dunbartonshire Integrated Joint Board the opportunity to provide a Progress Update Review (PUR) on our records management provisions.

3.2 This is a voluntary scheme; there is no obligation under the Act for authorities to submit a PUR and there is no legal requirement or expectation on authorities to do so.

3.3 The Progress Update Review (PUR) mechanism is intended to help authorities demonstrate their continuing compliance with s.5(1)(a) of the Public Records (Scotland) Act 2011 (the Act) to keep their RMPs under review.

3.4 It is also an opportunity for authorities to highlight and share any advances being made in the provision of their records management services and to receive impartial feedback and advice on those advances by the Assessment Team.

3.5 All PUR submissions will be assessed by the Public Records (Scotland) Act Assessment Team rather than by the Keeper. The resulting PUR assessment reports will therefore express the opinion of the Assessment Team about the submitted updates and they will not change the Keeper's statutory assessment of an authority's RMP as agreed under the Act.

3.6 The assessment will provide an informal indication of what marking an authority might expect should it submit a revised RMP to the Keeper under the Act. In this way the PUR mechanism offers authorities a "health-check" on the developments and modifications in their records management provisions since agreement of their RMP.

3.7 This PUR mechanism does not affect the statutory right to submit a revised RMP at any time for assessment and agreement by the Keeper under s.5(6) of the Act.

3.8 A PUR should be submitted by 31st March 2023.

3.9 Appendix 1 details the draft PUR submission for East Dunbartonshire Integration Joint Board, with input from both East Dunbartonshire Council and NHSGG&C with regards to information governance and records management support.

3.10 The Assessment Team will consider the submitted PUR and provide the IJB with an assessment normally within 2 months. The IJB is then given one month to respond to this assessment. Once agreed the final report will be sent to the IJB and is published on the National Records Scotland website.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Board Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection

5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

4.2 Frontline Service to Customers – None.

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

4.4 Legal Implications – The legal requirements are embedded within the Public Records (Scotland) Act 2011.

4.5 Financial Implications – Potential financial implications for the organisation if the Act is not administered as it will lead to fines.

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 – None.

5.0 MANAGEMENT OF RISK

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

5.1 None.

6.0 IMPACT

6.1 **STATUTORY DUTY –** Integration Joint Boards (IJBs) are required to submit a Records management Plan (RMP) to the Keeper of the Records of Scotland. The RMP sets out how East Dunbartonshire IJB's records will be created and managed in line with national policy. This is a responsibility which all public bodies must comply with.

6.2 **EAST DUNBARTONSHIRE COUNCIL** – The HSCP will be relying on East Dunbartonshire Council for the delivery of sound information governance in support of delivery of a robust records management approach and delivery of the HSCP Records Management Plan.

6.3 **NHS GREATER GLASGOW & CLYDE** – The HSCP will be relying on NHSGG&C for the delivery of sound information governance in support of delivery of a robust records management approach and delivery of the HSCP Records Management Plan.

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

7.0 POLICY CHECKLIST

7.1 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.

8.0 APPENDICES

8.1 Appendix 1 – Records Management Plan Interim Update

Progress Update Review (PUR) Template: Integration Joint Board East Dunbartonshire

Element	Status of elements under agreed Plan 09DEC21	Status of evidence under agreed Plan 09DEC21	Progress assessment status 20.02.23 Keeper to complete	Keeper's Report Comments on Authority's Plan 09DEC21	Self-assessment Update as submitted by the Authority since 09DEC21	Progress Review Comment 20.02.23 Keeper to complete
1. Senior Officer	G	G		Update required on any change to senior staff member identified as holding corporate responsibility for records management. The *RMP* also includes the following action against this element "Further Development IJB Records Management Procedure, which identifies roles and responsibilities, will be produced once the RMP has been approved." **This is a welcome idea and the Keeper requests that he is provided with a copy of this guidance if it is developed.**	No change during interim period since December 2021. For East Dunbartonshire Council there has been no change, and updates to the East Dunbartonshire Council Records Management Plan has been postponed due to the migration over to Microsoft 365 project which will feed into a brand new suite of policies, procedures and new Records Management Plan based on those. The plan to further develop IJB Records Management Procedure identifying roles and responsibilities will progress in line with East Dunbartonshire Council RMP.	
2. Records Manager	G	G		Update required on any change.	No change during interim period since December 2021. Remains Karen Watt, East Dunbartonshire Council Information and Records Manager with responsibility for IJB records held by EDC.	

3. Policy	**G**	**G**		Update required on any change.	No change during interim period since December 2021.	
4. Business Classification	**A**	**G**		The *RMP* commits the authority to "Continue to review IJB records to ensure adherence to the BCS." (page 10). This is welcome. **However, the *NHS Greater Glasgow and Clyde Records Management Plan* has been graded with an amber for this element (a full business classification scheme has not yet been imposed on the organisation's records management system). The Keeper has determined that an IJB's plan cannot be given a RAG status superior to that of the partner body responsible for managing the IJB records.** **Therefore, the Keeper's agreement against this element will be on an amber 'improvement model' basis while the health board finalise their business classification and implements it on their new records management structure, which the Keeper understands will be a M365 solution.**	M365 has progressed for NHSGG&C however work is still ongoing to implement new records management procedure. NHSGGC have fully incorporated two electronic Information Assess Registers covering Personal Assets and Business Assets. The Board has a designated, Information Governance Officer with the day to day responsibility of managing the Information Asset Register. The management of the IAR is now a standing item on the Information Governance Steering Group Agenda.	
5. Retention Schedule	**G**	**G**		Update required on any change.	No change during interim period since December 2021.	

6. Destruction Arrangements	**G**	**G**		Update required on any change.	No change during interim period since December 2021.	
7. Archiving and Transfer	**G**	**G**		Update required on any change.	No change during interim period since December 2021. For East Dunbartonshire Council there has been no change, and updates to the East Dunbartonshire Council Records Management Plan has been postponed due to the migration over to Microsoft 365 project which will feed into a brand new suite of policies, procedures and new Records Management Plan based on those.	
8. Information Security	**G**	**G**		Update required on any change.	No change during interim period since December 2021.	
9. Data Protection	**G**	**G**		Update required on any change.	No change during interim period since December 2021. Data Protection | East Dunbartonshire Council Data Protection & Privacy - NHSGGC	
10. Business Continuity and Vital Records	**A**	**G**		The Keeper has previously agreed the business continuity arrangements in NHS Greater Glasgow and Clyde and in East Dunbartonshire Council. **However, the Keeper's agreement of this element of the council's RMP was under improvement model terms.**	No change during interim period since December 2021. For East Dunbartonshire Council there has been no change, and updates to the East Dunbartonshire Council Records Management Plan has been postponed due to the migration over to Microsoft 365 project which will feed	

				At the time of their submission, East Dunbartonshire Council were developing a *Business Continuity Plan* that would encompass all its services. The objective of creating, rolling out and publishing a comprehensive plan was a target in the Records Management Improvement Action Plan. The agreement is conditional on him being provided with a copy of the *Business Continuity Plan* when it had been approved by the relevant governance groups in the Council. However, this has not yet been provided. **As with element 4 above, the Keeper has determined that an IJB's plan cannot be given a RAG status superior to that of the partner body responsible for managing the IJB records.** **Therefore, the Keeper agrees this element of East Dunbartonshire Integration Joint Board's Records Management Plan under the same improvement model terms applied to that of East Dunbartonshire Council.**	into a brand new suite of policies, procedures and new Records Management Plan based on those.	
11. Audit Trail	**A**	**G**		The Keeper has previously agreed that the record tracking and identification arrangements in NHS Greater Glasgow and Clyde and in East Dunbartonshire Council. **However, he agreed this element**	No change during interim period since December 2021.	

				of East Dunbartonshire Council's *Records Management Plan* under 'improvement model' terms (February 2016). This means that he acknowledges that the Council had identified a gap in their records management provision (audit trails were not in a structured, consistent or centralised format). He agreed that the authority had committed to closing that gap. The Keeper's agreement was conditional on him being updated as the project progressed. The Council has yet to provide an update, so their plan remains at 'amber'. **As with elements 4 and 10 above, the Keeper can agree this element of the Integration Joint Board's *Records Management Plan* under the same amber 'improvement model' terms as its 'host' authority.**		
12. Competency Framework	**G**	**G**		Update required on any change.	No change during interim period since December 2021.	
13. Assessment and Review	**G**	**G**		Update required on any change.	No change during interim period since December 2021.	
14. Shared Information	**G**	**G**		Update required on any change.	No change during interim period since December 2021.	

15. Records Created or Held by Third Parties	**N/A**	**N/A**		The Keeper agrees that this element is not applicable. Update required on any change.	N/A	

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 06.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**23rd MARCH 2023**
REPORT REFERENCE:	**HSCP/230323/06**
CONTACT OFFICER:	**JEAN CAMPBELL, CHIEF FINANCE & RESOURCES OFFICER, TELEPHONE NUMBER 0141 232 8216**
SUBJECT TITLE:	**HSCP FINANCIAL PLANNING & ANNUAL BUDGET SETTING 2023/24**

1.0 PURPOSE

1.1 The purpose of this report is to update the Board on the financial planning for the partnership and agree the budget for 2023/24.

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 2023/24 from the NHS (Para 3.11) and Council (3.13 – 3.15) while noting the caveats arising from the risks associated with the uncertain landscape of service delivery and associated costs, particularly in relation to pay uplifts and prescribing pressures.

2.3 Note and approve the proposed increase in the set aside budget outlined in paragraph 3.12.

2.4 Approve the savings programme for 2023/24 to support delivery of a balanced budget position for the partnership outlined in paragraph 3.18.

2.5 Approve the approach for reserves outlined in paragraph 3.32 – 3.33 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 2023 – 2028 set out in paragraphs 3.34 – 3.38.

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 paragraph 3.26.

2.8 Note and approve the Directions to both East Dunbartonshire Council and NHS GG&C set out in Appendix 7.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 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. In addition the Scottish Government (SG) set out specific requirements within the financial settlement on partners to pass on funding which protects the baseline budget for IJBs and allocates any specific additional funding provided through the settlement.

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) 2023/24 Budget was passed by the Scottish Parliament on 21st February 2023 which included the financial settlement and distribution for both local authorities and Health Boards for 2023/24. This provides an uplift of 2% on recurring NHS delegated budgets with more to be said following conclusion of discussions on the 2023/24 pay deal (covering agenda for change and other staff groups) at an appropriate point in the new financial year. This sets an expectation that additional funding will be made available to support pay uplifts beyond the 2% assumed in the budget at this stage. In addition, specific additional funding of £95m was provided through Local Authorities to support integrated partnerships to continue delivery on a number of national policy initiatives related to a further increase in the Scottish Living wage (SLW) to £10.90 and an uplift in the free personal and nursing care rates. This has been offset by a reduction in SG funding for Adult Winter Planning – interim care which was provided non-recurringly in 2022/23.

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 2023/24.

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			
Pay Uplift 23/24	0.497	0.376	0.873
Pay Uplift 22/23	0.936	0.000	0.936
Planning & Commissioning Team	0.157	0.000	0.157
Contractual Inflation	3.452	0.231	3.683
Demand Pressures	(0.133)	0.000	(0.133)
Covid Pressures - C&F Residential / Fostering / Kinship	0.624	0.000	0.624
Future Demand - demographics	1.690	0.000	1.690
Prescribing		0.774	0.774
Other Cost Pressures / Movements	(0.499)	0.259	(0.240)
Increase to Set Aside			0.000
Total Budget Pressures 2023/24	**6.724**	**1.640**	**8.364**

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.

3.7 This equates to an overall financial pressure to the HSCP for 2023/24 of £8.364m.

3.8 The financial assumptions which have informed the pressures on budget for 2023/24 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 2023/24. 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 £437k albeit £188k related to NHS should be fully funded. However current negotiations and pay uplift offers are beyond 5% and based on the current offer of 5.5% for local government staff would equate to an additional cost pressure of £870k for the HSCP. There has been additional funding to local government of £100m (with potential for a further £55m) to support the 2023/24 pay uplift which should mitigate this pressure. Discussions are ongoing with Council colleagues on the share of this for East Dunbartonshire Council and specifically for the HSCP.

- 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) increase from £10.50 per hr to £10.90 per hr for 2023/24. 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 continue on the uplift to the NCHC. These discussions have been subject to delay and are problematic for 2023/24 due largely to perceived un resolved issues within the 2022/23 rate with Scottish Care pushing for additional funding to support occupancy levels and provider returns (including efficiencies) as well as recurring Covid-19 costs, energy and insurance pressures. The assumed uplift for 2023/24 is consistent with the increase applied for 2022/23, however there is a risk that uplifts could go beyond these assumptions - 5.6% (nursing) and 5.1% (residential) have been built into the budget.

- Free Personal and Nursing Care (FPNC) - the increase to the FPNC has been uplifted by 9.98%, 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 decrease in packages of £133k built in for 23/24 which establishes a new baseline post-covid). There are however significant pressures within Children's services related to residential placements, fostering and kinship payment with an additional £624k built into the budget for this care group.

- Demographic Pressures – working from post-covid baselines, there is expected continuing growth in care placements / care at home packages during 2023/24, in recognition of the continuing increase in demands for social care services in the area of older people's services. This provides for a 5% projected increase during 2023/24 and is based on the trends over the last 10 years (2008 – 2018) expected to continue for the next 10 years (2016 – 2026). In addition, an element has been built in for children known to be transitioning into adult learning disability services who will require a care package in place of education to support with daily living.

- Prescribing Costs – The uplift on prescribing is based on previous year trends (pre covid) at 4%. There have been significant increases on volumes and prices of medicines over the last 3 months (information on prescribing actuals generally run 2 months behind) and this is expected to continue for the last 3 months of the current year and into the new financial year. Prices are currently assumed to increase by an average 5.96% with volumes assumed to increase by 3.36%. If the trends continue at these levels throughout 2023/24 then this would represent a significant pressure to the HSCP. Given this is singularly the biggest budget for the HSCP it would be prudent to increase the earmarked reserve for prescribing to reflect the potential additional pressures of approx. £1.0m and mitigate any in year risks and movements on this budget.

Financial Settlement 2023/24

3.9 The Scottish Government announced its draft budget on the 15th December 2022 with the final budget being approved by the Scottish Parliament on the 21st February 2023. 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 23/24 (£m)	ED HSCP Allocation - LA Settlement 23/24 (£M)	ED HSCP Allocation - NHS Settlement 23/24 (£M)
FPNC Uplift	15	*0.507*	
Pay Uplift to £10.90 recurring	100	*1.948*	
Interim Care	(20)		
LA Pay Award		0.714	
LA Circular Variations - various		- 0.312	
LA Circular Variations - Scottish Workforce Capacity		0.445	
Other Changes		0.006	
NHS Uplift			*1.162*
SG Allocation 2023/24	**95.0**	**3.308**	**1.162**

3.10 This includes changes to the Local Authority (LA) financial settlement, which have been passed onto the HCSP, as a consequence of changes to the SG Circular to Local Authorities related to underlying variations within the circular based on deprivation, rurality and activity across Scotland. Overall this has a positive impact on the HSCP of £133k with £445k relating specifically to workforce capacity. The deduction for the non-recurring element related to Interim Care (£407k) has already been removed from the recurring budget to be carried forward for Social Work services.

3.11 The letter issued from the Scottish Government to NHS Boards and Integration Authorities (attached as **Appendix 1**) specified that NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 2% over 2022/23 agreed recurring budgets. NHS GG&C have provided the partnership with high level budget figures for 2023/24 and an indicative budget proposal letter based on the SG settlement (attached as **Appendix 2**). This is subject to the final month 12 recurring budget levels and formal Health Board approval in April 2023. The expectation that the full uplift is passed through to partnerships would equate to an uplift to East Dunbartonshire HSCP of £1.162m.

3.12 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 23/24 (an additional £0.753m from the estimated value for 2022/23). This is now set at £38.382m. An unscheduled care commissioning plan has been developed across NHS GG&C HSCP's and sets out the commissioning intentions for usage of the set aside budget going forward.

3.13 The letter issued to the President of COSLA (attached as **Appendix 3**) and finance circular issued to local authorities on the 15th December 2022 detailed the indicative allocation to local authorities which included specific provision in relation to funding for health and social care totalling £115m (£100m for the SLW uplift for 23/24 and £15m relates to the FPNC uplift). This represents an additional £2.455m for ED HSCP. The SG settlement includes an offsetting amount for non-recurring interim care money ending (£20m) which means a reduction of £0.407m for ED HSCP. The overall share of the net additional funding of £95m for ED HSCP is therefore £2.048m.

3.14 The letter from the Scottish Government specifies that the funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2022-23 recurring budgets for services that are delegated to IJBs and therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £95m greater than 2022-23 recurring budgets.

3.15 In addition the Council have passed through a share of the £260.6m (£140m revenue funding, £120.6m capital funding) made available to support the pay uplift for 2022-23 for local authority staff, which includes social work staff delegated to the HSCP. This equates to £0.714m for the HSCP for 2023/24. East Dunbartonshire Council have provided the partnership with the proposed budget allocation for 2023/24 to the HSCP set out in **Appendix 4.**

3.16 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 2023/24	**6.724**	**1.640**	**8.364**
Additional Funding (per SG Finance Circular)			
EDC - Flat Cash + new monies+ circular changes	(3.308)		(3.308)
NHS - 2% Uplift		(1.162)	(1.162)
NHS - Increase to Set Aside (2% Uplift)			0.000
Financial Challenge to be met from Savings	**3.416**	**0.478**	**3.894**

3.17 The overall financial gap for the partnership is therefore £3.894m.

3.18 The financial challenge will require to be covered through a programme of savings in order for the HSCP to set a balanced budget. Detailed work has progressed, over the last 6 months, to develop savings options which build on transformation and service redesign work already underway, securing service efficiencies and maximising the use of new funding to support areas of service where pressures are being acutely felt. A range of options have been developed delivering projected savings of £3.894m. These are set out below:

Workstream	Action	Full Year Impact 23/24	Smoothing Reserve 23/24
	Community Health & Care		
Policy	Development of a Charging Policy for Telecare	30,000	30,000
Service Change	Review of Older People Day Supports	-	
Service Change	Health Improvement Redesign	50,000	
Efficiency	Demographic Growth	1,043,746	
Service Change	Review of Continuing Care	277,000	
Service Change	Review of PDS funding from Carers	70,000	
		1,470,746	
	Mental Health, Learning Disability & Addictions		
Efficiency	Impact of New Investment on Mainstream budgets	136,000	
Efficiency	Increased turnover due to delays / difficulties in recruitment	250,000	
Service Change	Cessation of review Team function	101,415	
Service Change	Review of Pineview / move to 2 bedded unit	338,356	
Efficiency	Review of Suuported Accommodation / Support Living Budgets for Adult Services in line with Fair Access policy and access to resources	407,000	407,000
Service Change	New Allander Daycare opportunties	190,900	
Service Change	Review of Voluntary Sector / MH / Addicitions Commissioning	30,000	
		1,453,671	
	Childrens Services		
Service Change	Continuance of House Project model	500,000	
		500,000	
	Strategic & Resources		
Efficiency	Review of Planning & Commissioning funding	157,000	157,000
Efficiency	Management Efficiencies	313,000	
		470,000	
	Total Savings Programme 23/24	3,894,417	594,000

3.19 There are a number of areas where savings have been identified that are considered to be of a higher risk where it may take some time to phase these in during the course of 2023/24, where SG guidance is awaited on changes to charging for non-residential care or where the implementation of a service review will take time to fully implement. In recognition of this the HSCP would be seeking to under write these initiatives with a 'smoothing' reserve for 2023/24 until these savings are fully implemented.

3.20 The Annual Service Delivery Plan for 2023/24 will be aligned to the Strategic Plan 2022 – 2025 commitments and will set out the actions and priorities to be delivered in Year 2 of the plan including areas for investment and dis-investment in support of the financial sustainability of the HSCP.

3.21 Work will continue to assess the potential financial impact from the areas of work progressing during 2023/24 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.

3.22 There has been a development session with IJB Board members to look at the budget setting for the HSCP for 2023/24 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.

3.23 The summary of the financial position for the partnership for 2023/24 is set out below:-

	Delegated SW Functions (£m)	Delegated NHS Functions (£m)	Total HSCP (£m)
Recurring Budget 2022/23 (excl. Set aside)	69.918	92.118	162.036
SCS Budgets transferred to ED HSCP		30.074	30.074
Set Aside		38.382	38.382
Total Recurring Budget 2022/23	69.918	160.574	230.492
Financial Pressures - 23/24	6.724	1.640	8.364
2023/24 Budget Requirement	76.642	162.214	238.856
2023/24 Financial Settlement / Budget 2023-24	73.226	161.736	234.962
Financial Challenge 23/24	3.416	0.478	3.894
Savings Plan 23/24	(3.396)	(0.498)	(3.894)
Residual Financial Gap 23/24	**0.020**	**(0.020)**	**(0.000)**

3.24 This provides a balanced budget position for the HSCP for 2023/24.

3.25 The delegated health budget for 2023/24 includes the consolidation of SCS budgets within East Dunbartonshire under a new hosting arrangement. This increases the HSCP by £30.074m. The details of the budgets transferring were set out in report HSCP/230323/04 considered earlier on the agenda.

Financial Risks

3.26 There are a number of significant financial risks to the HSCP moving into 2023/24 with uncertainty on the funding to support pay uplifts for Social Work staff, pressures in relation to prescribing expected to continue into the new financial year, pressures on contractual spend for Social Work care providers with funding only available to support the SLW element. These risks are set out below with mitigation on how these would be covered during 2023/24, some which have the potential to erode the HSCP general reserves position:

Potential Area of Pressure	Pressure Included in Budget (£m)	Potential Addl Pressure / Risk Exposure (£m)	Mitigation	Earmarked Reserve (£m)	Potential Use of General Reserve (£m)
Social Work Pay Uplift - 5.5%	0.497	0.870	Share of £100m SG funding, manage through turnover and therafter resort to general reserve		tbc
NHS Policy Initiatives - afc unfunded	-	0.586	Curtail progamme within financial envelope		
Prescribing Pressure	0.774	1.000	Enhance earmarked reserve for prescribing	1.000	
Contract Uplifts - NCHC / Non Res - 1%	3.452	0.605	Manage number of placements / general reserves		0.605
Savings Programme - high risk projects	3.894	0.594	Create 'smoothing' reserve to manage phasing in of savings in year	0.594	
TOTAL	8.617	3.655		1.594	0.605

- **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 is expected to be met with additional funding from SG, however a 5.5% pay uplift for

local authority staff = £0.870m albeit additional funding to support the LA pay uplift has now been announced.

- **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 is 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 previous year trends pre covid (4%) which will create a potential gap based on current trend for volumes and price increase. This will be mitigated through the enhancement of an earmarked reserve to manage the risks related to prescribing.
- **Cost Pressures –** The assumptions built in for anticipated demand and cost pressures for social work may extend 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 £100m made available through the LA settlement to meet the cost of the pay uplift to care providers to £10.90, however other contractual pressures will have to be met within current budget – a 1% increase on contracts would equate to approx. £0.688m.
- **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.
- **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.
- **Partnership Reserves** – the general reserves for the partnership are predicated on the financial performance and projections for 2022/23 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.
- A copy of the financial risk register is included as **Appendix 5**.

Partnership Reserves

3.27 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.

3.28 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 £3.8m for the partnership.

3.29 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

3.30 The expected partnership reserves at the year-end are set out in **Appendix 6.**

3.31 The position set out provides for earmarked reserves in the region of £6.7m. The most significant reductions relate to the use in year of the Covid reserve (£3.6m spend in year with the return of £6.1m to SG to meet covid pressures across the wider system), the use of PCIP, MH Action 15 and ADP reserves to support expenditure during the year.

3.32 The current financial performance, as set out in the budget monitoring report for Month 10, provides for a projected underspend on budget of £2.993m. This will be subject to some movement as the year end concludes and relates in the main to a reduced number of care placements and care packages across older people and adult social care services than those assumed at the budget setting last year, due largely to the continuing impact of Covid and difficulties and delays in recruiting to a number of posts across health and social care services. This will be taken to reserves and will support the creation of a 'smoothing' reserve to phase in savings plans set out within this report of £0.594m and also to increase the prescribing reserve by £1.0m to mitigate anticipated increased pressures in the volumes and pricing of medicines.

3.33 This will leave a general reserves / contingency balance of £4.477m to ensure compliance with the HSCP reserves policy and provide a cushion to manage any in year pressures or unplanned events during 2023/24. This is set out in the table below:

General / Contingency Reserve	**£m**
General Reserve (projected)	6.071
Proposed:	
Earmarked - Smoothing	(0.594)
Earmarked - Prescribing	(1.000)
Balance - Contingency	4.477

Impact on the HSCP Medium Term Financial Strategy 2023 – 2028

3.34 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.

3.35 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.

3.36 As part of consideration of the Budget 2023/24, the financial plan has been reviewed and the financial planning assumptions revised where appropriate. These assumptions and the financial impact has been primarily impacted through pay settlements for both health and social care staff being higher than anticipated from when the original strategy was developed, and this is expected to continue in the short term while the cost of living crisis prevails and inflation remains at high levels. We have also seen continued increases in the SLW and other contractual increases, such as FPNC and NCHC expectations in light of the continuing economic position.

3.37 The main areas for consideration within the MTFS for the HSCP are :-

- 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 £17.2m to £38.4m of savings (previously £11.5m to £21.8m) with the most likely scenario being a financial gap of £17.2m over the next five years.
- This will extend to £42.3m (previously £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 £4.1m and £4.5m (previously £0.5m and £3.0m) each year from 2023/24s onwards

3.38 A fuller review and update of the MTFS will be progressed to reflect the priorities and strategic direction within the Strategic Plan 2022 – 2025 as well as considering the range of risks and challenges currently facing the HSCP.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Board Strategic Plan 2022-2025 Priorities;-

1. Empowering People

2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

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.

4.2 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.

4.3 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.

4.4 Legal Implications – None.

4.5 Financial Implications – The financial landscape for the partnership is challenging for 2023/24 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.

4.6 Procurement – None.

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

4.8 Corporate Assets – None.

4.9 Equalities Implications – None.

4.10 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.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 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.

6.0 IMPACT

6.1 **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.

6.2 **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.

6.3 **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.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –** East Dunbartonshire Council and NHS Greater Glasgow & Clyde (Directions template attached as **Appendix 7**)

7.0 POLICY CHECKLIST

7.1 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.

8.0 APPENDICES

8.1 Appendix 1 – 2023-24 - Budget Letter - NHS Chief Execs
8.2 Appendix 2 – Letter from NHS GG&C re HSCP Financial Settlement 2023-24
8.3 Appendix 3 – Local Government Finance Settlement letter from Mr Swinney to COSLA on Budget 2023-24 - 15 December 2022
8.4 Appendix 4 – East Dunbartonshire Council Letter re Budget Allocation 2023/24 – 27th February 2023
8.5 Appendix 5 – HSCP Financial Risk Register 2023/24
8.6 Appendix 6 – HSCP Projected Reserves Position at 31st March 2023
8.7 Appendix 7 – Directions Template

8.8 Appendix 7a – Directions NHS 2023 - 2024
8.9 Appendix 7b – Directions EDC 2023 - 2024

Directorate for Health Finance and Governance
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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

15th December, 2022

Dear Chief Executives

Scottish Government Budget 2023-24

Following the announcement of the Scottish Government's Budget for 2023-24 by the Deputy First Minister in Parliament today, I am writing to provide details of the indicative funding settlement for Health Boards. A breakdown of this is provided in **Annex A** to this letter.

The Deputy First Minister has set out this budget in the context of the current cost of living crisis and funding parameters set by the Chancellor of the Exchequer in November 2022. This budget sets out the next steps to deliver the Health and Social Care commitments outlined in the Programme for Government, taking into account the current economic environment and recent Emergency Budget Review.

As in previous years, the position 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 and pay funding arrangements. I will keep you up to date with any changes to our planning assumptions.

Budget Uplift

Compared to 2022-23 budgets, Boards will receive a total increase of 5.9% for 2023-24. This includes recurring funding for pay in 2022-23 and a baseline uplift of 2% for 2023-24. Within this total, those Boards furthest from NRAC parity will receive a share of £23.2 million, which will continue to maintain all Boards within 0.8% of parity.

In terms of pay, given the challenging and uncertain outlook for inflation, the need to conclude some pay deals for the current year and the associated implications for spending baselines, the Government has not set out a public sector pay policy alongside the 2023-24 Budget and we will say more on 2023-24 pay (covering Agenda for Change and other staff groups) at an appropriate point in the new year. As part of Boards recurring adjustments for 2022-23, amounts have been included based on pay offers for Agenda for Change and Medical and Dental staffing in 2022-23. The Agenda for Change pay deal remains subject to agreement, and we will work with Directors of Finance to finalise this position once the outcome is known. I will write to Boards in 2023 to confirm finalised baseline budgets following the conclusion of this work.

Health & Social Care Levy Funding

I can confirm that the £69.1 million allocated in 2022-23 to support Boards with the costs of the additional National Insurance levy in 2022-23 will remain with Boards. Following the change in policy by UK Government, this funding is not ringfenced and it is to be determined locally how this resource is utilised.

Covid-19 Funding

Whilst the scale of Covid-19 costs has reduced significantly in 2022-23 and projected to reduce further in 2023-24, we recognise that there are specific legacy costs that will require additional funding support in the new financial year. This includes funding for:

- Vaccinations staffing and delivery;
- Test & Protect activities including Regional Testing facilities;
- Additional PPE requirements; and
- Some specific Public Health measures.

Following today's budget we will seek to provide early clarity as to the total funding to be provided to support these costs. However, beyond the above, NHS Boards and Integration Authorities should expect to meet remaining costs from baseline funding and should continue to drive these costs down as far as possible.

Policy Funding

In addition to the baseline uplift outlined, funding aligned to policy commitments and recovery of health and social care services will be allocated to Boards and Integration Authorities in 2023-24. It is our intention to provide early indication of allocations, where possible, and to align this to the planning guidance that will be issued in relation to Annual Delivery Plans, setting out the priorities for health and social care in the coming year.

Recognising the level of funding that is provided through in-year non-recurring allocations, and to maximise flexibility in delivery, we intend to review funding arrangements ahead of 2023-24. As part of this work, we will seek to bundle and baseline funding where this is appropriate. We will work closely with both Territorial and National Boards to establish a suitable approach.

Health and Social Care Integration

In line with previous years, 2023-24 NHS payments to Integration Authorities for delegated health functions must deliver an uplift of 2% over 2022-23 agreed recurring budgets and make appropriate provision for 2022-23 pay.

The Health and Social Care Portfolio will transfer net additional funding of £95 million to Local Government to support social care and integration, which recognises the recurring commitments on adult social care pay in commissioned services (£100 million) and inflationary uplift on Free Personal Nursing Care rates (£15 million). This is offset by non-recurring Interim Care money ending (£20 million).

The overall transfer to Local Government includes additional funding of £100 million to deliver a £10.90 minimum pay settlement for adult social care workers in commissioned services, in line with Real Living Wage Foundation rate.

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2022-23 recurring budgets for services delegated to IJBs and, therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £95 million greater than 2022-23 recurring budgets.

Capital Funding

The Health Capital settlement for 2023-24 is in line with the expectations of the Capital Spending Review. Therefore I can confirm that Boards' Capital Resource Limit will be in line with that for 2022-23, plus additional funding will be provided for legally committed projects. The capital programme and commitments is subject to ongoing review by the National Infrastructure Board and the Capital Investment Group, and Boards will be advised at the earliest opportunity on any further allocations for projects in development during 2023-24.

2023-24 Financial Planning

As previously confirmed, where Boards are indicating that financial support is required in 2022-23, we have asked Boards to submit financial recovery plans in the new year, setting out a return to financial balance in the next three years. I expect that Boards are taking proactive steps to develop these plans.

We will be requesting that financial plans for 2023-24 are submitted in the new year and will be issuing guidance to this effect shortly. As noted in my letter on 12 September, all Boards are expected to be engaging with the Sustainability and Value (S&V) programme, reflecting this work at a local level to support delivery of a cost reduction target of 3% per annum and productivity and related improvements in line with the four aims. The S&V board is now meeting regularly as are the working groups taking forward specific ideas. Value propositions have been set out to bring various elements of this work together which will be shared in due course.

Longer term work is required as we move out of recovery, towards transformation and renewal of our health services to deliver world-class, safe, person-centred, and sustainable healthcare for the people of Scotland. This will build on and prioritise specific areas of work in a joined-up way, whilst working in parallel to develop longer term transformation and renewal of our health services.

It is clear that there is significant financial challenge in 2023-24 and we will continue to work closely with Chief Executives to address this. I thank you again for your support to date and your continued engagement moving into the next financial year.

Yours sincerely

Richard McCallum
Director of Health Finance and Governance

Annex A – Board Funding Uplifts

	2022-23 Allocation	Recurring Allocations*	22-23 Pay**	Total 2022-23 Allocation	Uplift***	2023-24 Total Allocation	Uplift from 2022-23	*NRAC Funding*	*Distance from NRAC Parity*	*HSC Levy Funding (retained by Boards) *****	Uplift from 2022-23 (inclusive of HSC Levy)
NHS Territorial Boards	£m		£m	£m	£m	£m		*£m*	*%*	*£m*	%
Ayrshire and Arran	806.8	(0.6)	27.4	833.5	16.7	850.2	5.4%	*0.0*	*-0.4%*	*4.4*	6.0%
Borders	234.8	(0.1)	8.0	242.6	6.0	248.6	5.9%	*1.1*	*-0.8%*	*1.3*	6.5%
Dumfries and Galloway	334.1	(0.2)	11.3	345.3	6.9	352.2	5.4%	*0.0*	*1.9%*	*1.8*	6.0%
Fife	749.4	(0.5)	25.5	774.3	16.5	790.8	5.5%	*1.0*	*-0.8%*	*4.0*	6.1%
Forth Valley	598.1	(0.3)	20.3	618.1	13.0	631.1	5.5%	*0.6*	*-0.8%*	*3.2*	6.1%
Grampian	1,072.2	(0.9)	36.4	1,107.7	22.2	1,129.9	5.4%	*0.0*	*-0.4%*	*5.8*	6.0%
Greater Glasgow and Clyde	2,504.0	(1.4)	85.0	2,587.6	51.8	2,639.4	5.4%	*0.0*	*1.7%*	*13.6*	6.0%
Highland	725.6	(0.5)	27.8	752.9	15.3	768.2	5.9%	*0.2*	*-0.8%*	*3.9*	6.4%
Lanarkshire	1,346.8	(0.8)	45.7	1,391.8	32.3	1,424.1	5.7%	*4.5*	*-0.8%*	*7.3*	6.3%
Lothian	1,639.3	(1.3)	55.7	1,693.7	49.6	1,743.3	6.3%	*15.7*	*-0.8%*	*8.9*	6.9%
Orkney	57.1	(0.1)	1.9	59.0	1.2	60.2	5.5%	*0.1*	*-0.8%*	*0.3*	6.0%
Shetland	57.0	0.0	1.9	59.0	1.2	60.1	5.5%	*0.0*	*2.3%*	*0.3*	6.1%
Tayside	856.5	8.7	29.1	894.3	17.9	912.2	6.5%	*0.0*	*-0.7%*	*4.7*	7.1%
Western Isles	84.5	(0.0)	2.9	87.3	1.7	89.0	5.4%	*0.0*	*11.5%*	*0.5*	6.0%
Territorials Total	**11,066.1**	**2.0**	**379.0**	**11,447.1**	**252.2**	**11,699.2**	**5.7%**	***23.2***		***60.0***	**6.3%**
NHS National Boards											
National Waiting Times Centre	68.1	0.0	6.2	74.3	1.5	75.8	11.3%			*0.9*	12.8%
Scottish Ambulance Service	305.9	5.6	16.2	327.7	6.6	334.2	9.3%			*2.0*	10.0%
The State Hospital	40.0	0.0	1.7	41.7	0.8	42.5	6.3%			*0.3*	7.0%
NHS 24	78.4	5.5	5.0	88.9	1.8	90.7	15.7%			*0.7*	16.7%
NHS Education for Scotland	492.3	1.4	13.8	507.5	10.1	517.6	5.1%			*2.8*	5.7%
NHS National Services Scotland	355.3	5.6	10.4	371.2	7.4	378.6	6.6%			*1.5*	7.0%
Healthcare Improvement Scotland	30.4	1.1	1.4	32.9	0.7	33.6	10.4%			*0.2*	11.0%
Public Health Scotland	52.1	0.2	3.5	55.8	1.1	56.9	9.3%			*0.7*	10.8%
Nationals Total	**1,422.6**	**19.5**	**58.0**	**1,500.1**	**30.0**	**1,530.1**	**7.6%**			***9.1***	**8.3%**
Total NHS Boards	**12,488.7**	**21.5**	**437.0**	**12,947.2**	**282.2**	**13,229.3**	**5.9%**			***69.1***	**6.5%**

* Includes recurring allocations from 2021-22

** Includes estimated funding for Agenda for Change and Medical & Dental pay uplift in 2022-23.

*** Includes NRAC parity adjustments.

**** Included in Boards 2022-23 Baseline Budgets

Greater Glasgow and Clyde NHS Board

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Date: 9th March 2023
Our Ref: FMcE

Enquiries to: Fiona McEwan
Direct Line: 07957638165
E-mail: fiona.mcewan@ggc.scot.nhs.uk

Dear Caroline

2023/24 Indicative 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 2023/24. An update to this letter formally confirming your final allocation for 2023/24 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 the pay awards have been 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 2023/24 is 2.0% totalling £51.8m.

The HSCP Settlement

The Scottish Government's budget letter issued on 15th December 2022 states that *"In line with previous years, 2023-24 NHS payments to Integration Authorities for delegated health functions must deliver an uplift of 2% over 2022-23 agreed recurring budgets and make appropriate provision for 2022-23 pay."*

The total allocation uplift to all six HSCPs should be £18.5m based on the current recurring budget at 31st January 2023. This will be adjusted when the 2022/23 out-turn is finalised in April and the pay award allocations have been confirmed.

A further adjustment will also be required to the individual HSCP settlements when the reallocation of the Specialist Children's budgets have been agreed.

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 2022/23 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 budget letter NHS Boards and Integration authorities should expect to meet the remaining costs from baseline funding and should continue to drive these costs down as far as possible as there is no additional funding available to support these costs with the exception being the following:-

- Vaccinations staffing and delivery;
- Test & Protect activities including Regional Testing facilities;
- Additional PPE requirements; and
- Some specific Public Health measures

Recharges to HSCPs

The following items will continue to be charged to the HSCP during 2023/24:

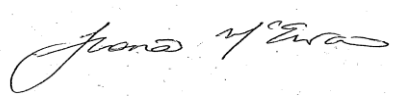
- The HSCP's proportional share of the Apprenticeship Levy based on your HSCP's payroll cost;

- 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; and

- The HSCP's share of Office 365 costs based on the number of licences in use.

Meetings will be arranged before the end of the financial year to allow us to formalise the funding and processes that are required for 2023/24. In the meantime, this letter enables the HSCP to produce its financial plans for 2023/24.

Yours sincerely



Fiona McEwan
Assistant Director of Finance- Financial Planning & Performance
NHS Greater Glasgow and Clyde

Appendix 1 – Financial Allocation 2023/24 (based on month 10 figures)

Spend Categories		East Dunbartonshire Hscp
		£000s
Family Health Services		34,186
Fhs Income		(1,123)
Family Health Services Budget (Net)		**33,062**
Prescribing & Drugs		21,215
Non Pay Supplies		2,785
Pay		17,917
Other Non Pay & Savings		19,217
Other Income		(2,078)
Budget - HCH incl Prescribing		**59,056**
Total Rollover budget - NET		**92,118**
Adjustments:		
Non Recurring budget allocated to base		(1,771)
Budget Eligible for HCH & Prescribing uplift		**57,286**
Uplifts		
Scottish Government allocation	2.00%	**1,146**
Uplift for pay 22.23 tbc		
Total Uplift		**1,146**
Revised Budget		**93,264**
Set Aside		
2022/23 Estimated Value		**37,630**
Uplift @ 2%	2%	**753**
2023/24 Set Aside Value		**38,382**

An Leas-phrìomh Mhinistear agus Ath-shlànachadh Cobhid
Deputy First Minister and Cabinet Secretary for Covid Recovery
John Swinney MSP

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Councillor Morrison
COSLA President
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EH12 5BH

Copy to: Councillor Steven Heddle
The Leaders of all Scottish local authorities

15 December 2022

Dear Shona,

Today I formally set out the Scottish Government's proposed Budget for 2023-24 in a statement to the Scottish Parliament. I write now to confirm the details of the local government finance settlement for 2023-24.

As discussed when I met with you, the Resources Spokesperson, and Group Leaders on 1 December, we are facing the most challenging budget circumstances since devolution. This is primarily due to over a decade of austerity eroding financial settlements from Westminster, compounded by the impact of Brexit and the disastrous mini-budget. Scottish and local government are experiencing unprecedented challenges as a result of the UK Government's economic mismanagement, resulting in rising prices and soaring energy bills, with inflation estimated to be running at a 41 year high of 11.1% at the time of the Chancellor's Autumn Statement.

My Cabinet colleagues and I have engaged extensively with COSLA Leaders and spokespersons over the course of the year and there is collective understanding that this economic context is also having a significant impact upon local authorities. Councils, like the Scottish Government and rest of the public sector, are working hard to support people through the cost crisis. In this regard we are hugely grateful to councils for their hard work and we fully appreciate that no part of public life has been immune from taking deeply difficult decisions to live within the current fiscal reality.

I have already taken the unprecedented step of making a statement to Parliament to reprioritise over £1.2 billion of funding as part of my Emergency Budget Statement. Despite the scale of that challenge the Scottish Government actively chose to protect Councils during

that exercise and increased the funding available to councils whilst most other portfolios were required to make significant savings.

The Scottish Government's revenue raising powers offer limited flexibility to deal with challenges of this magnitude. I wrote to the Chancellor on 19 October to highlight the impact of inflation on the Scottish Government's budget and to call for additional funding to help us deal with these inflationary pressures and to support public services.

As we face these challenges, and in the absence of meaningful change in direction by the UK Government, we need to work together to ensure that we deliver for people within the financial constraints we have. I very much welcomed the open discussion on 1 December about how we focus our efforts on our shared priorities, and to that end we are offering to jointly develop an approach to working within this budget which delivers our ambitions.

The Local Government Settlement

Before turning to that offer, I will first set out how I have sought to support local government through the budget itself.

The Resource Spending Review guaranteed the combination of General Revenue Grant and Non-Domestic Rates Income at existing levels between 2023-24 and 2025-26 including the baselining of the £120 million that was added in Budget Bill 2022-23. The Budget delivers those commitments in full, despite the fact that the UK Government's Autumn Statement reversed their previous position on employer National Insurance Contributions resulting in negative consequentials. This decision has conferred around £70 million of additional spending power for local government.

The difficult decisions in the Emergency Budget Statement provided one-off additional funding to support enhanced pay deals for local government staff. We recognise the role that increasing pay for local authority employees, especially those on lower incomes, plays in helping more people cope with the cost crisis, but the fact remains that every additional pound we spend on recurring pay deals, must be funded from elsewhere within the Scottish Government budget. I therefore hope that councils will welcome the fact that the budget baselines the additional £260.6 million allocated in 2022-23 to support the local government pay deal and also delivers additional funding to ensure that payment of SSSC fees for the Local Government workforce will continue to be made on a recurring basis.

Despite the challenging budget settlement I have sought to increase funding as much as I can. I have been able to increase General Revenue Grant by a further £72.5 million, taking the total increase to over £550 million. I have also ensured that we have maintained key transfers worth over £1 billion and added a further £102 million of resource to protect key shared priorities particularly around education and social care.

The Resource Spending Review also confirmed the outcome of the 2021 Capital Spending Review and this has been supplemented by £120.6 million mentioned as part of the support to the local government pay deal plus a further £50 million to help with the expansion of the Free School Meals policy.

With regards to that wider settlement, we are providing £145 million to be used by councils to support the school workforce. The Cabinet Secretary for Education and Skills has written separately to COSLA on this matter.

I am also very grateful for the work undertaken through the Early Learning and Childcare Finance Working Group to develop and scrutinise detailed analysis of the delivery costs for the 1140-hour commitment. This is crucial to ensuring we meet our shared commitment to providing transparency and value for money in a significant programme of public sector investment. The Early Learning and Childcare settlement for 2023-24 takes account of significant declines in the eligible population in recent years and makes provision for important policy and delivery priorities based on feedback from COSLA and local government colleagues.

As set out in separate detailed communications, the Health and Social Care Portfolio will transfer net additional funding of £95 million to Local Government to support social care and integration, which recognises the recurring commitments on adult social care pay in commissioned services (£100 million) and inflationary uplift on Free Personal Nursing Care rates (£15 million). This is offset by the non-recurring interim care money ending (£20 million).

The overall transfer to Local Government includes additional funding of £100 million to deliver a £10.90 minimum pay settlement for adult social care workers in commissioned services, in line with Real Living Wage Foundation rate.

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2022-23 recurring budgets for services delegated to IJBs and therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £95 million greater than 2022-23 recurring budgets.

The consolidation of funding into the new £30.5 million homelessness prevention fund not only reflects the importance local and national government jointly place on homelessness prevention and earlier intervention, but also simplifies the homelessness funding landscape. This provides more flexibility for council and greater clarity for citizens who want to understand how national and local government are working jointly to improve outcomes.

In total, including the funding to support the devolution of Empty Property Relief, the budget increases the local government settlement by over £550 million relative to the Resource Spending Review position.

I am conscious of the position you set out to me, and the challenges which councils will still face, like all parts of the public sector, in meeting current and emerging demands from within this budget. Therefore, I am offering to continue to work with you with real urgency in the coming weeks to determine how we might jointly approach these challenges and ensure sustainable public services to support our shared priorities now and in the future.

Delivering for People and Communities by Working Together Flexibly

Through the Covid Recovery Strategy, Scottish Government and Local Government, committed to work together to address the systemic inequalities made worse by Covid, to make progress towards a wellbeing economy, and accelerate inclusive person-centred public services.

We must sustain this focus on the outcomes we care most deeply about, in particular:

i) tackling child poverty,

ii) transforming the economy to deliver net zero, and
iii) sustaining our public services.

No single part of the public service landscape can deliver these outcomes alone. We need to work in partnership to deliver outcomes for people and places across Scottish and local government as our two spheres of government, recognising our joint accountability for change. Local service providers have the critical relationships with people and communities and must be empowered and enabled to organise services around their needs, rather than the funding stream, policy area or body delivering. By doing so, we will collectively reduce complexity and barriers for people, deliver improved outcomes and reduce inequalities among communities in Scotland, and enable the fiscal sustainability of key public services.

Strong local leadership will make this approach work in practice, supported by a national vision and learning from good practice. Community Planning Partnerships are the mechanism in which we need to see a collective and intensive effort to align available resources into prevention and early intervention focused on delivering shared outcomes for people and place. Local authorities have the leading, critical role in CPPs, but CPPs also involve a range of public bodies which must play their part, alongside local third sector and community bodies.

The Scottish Government is committed to building trust and maximising benefits for our citizens and communities. We will act to:

- align budgets to maximise impact on outcomes;
- remove barriers which hinder flexibility in funding, and in the design and delivery of services around people, helping to embed the service changes flowing from this;
- require our partner public bodies and agencies to work collaboratively within CPPs to deliver shared outcomes, take action to address local priorities and align local funding, this will be supported by our Place Director network;
- enable third sector partners to participate and contribute in local plans, including through flexible funding.

Local authorities are key partners in this endeavour. Through COSLA, we will invite local authorities to work with us to:

- prioritise spending to agreed key outcomes for which we are jointly accountable, with clarity as to the way in which we will work together to secure and measure success;
- ensure that joint plans of activity across Community Planning Partnerships can deliver those outcomes in a way which reflects the needs of a local communities, and to robustly account for delivery of these plans;
- share resources across CPPs to deliver these activities in whatever way is most effective;
- continue to share and learn from best practice nationally and locally to embed person centred approaches that work for individuals and communities, and reduce barriers and duplication in our joint systems.

We will seek to agree jointly how to put this commitment into operation practically over the coming months and to develop robust assurance that demonstrates delivery of critical priorities and reform. We need to be data driven and transparent, reflecting the accountability which comes with responsibility. Scottish and Local Government need to agree metrics and mechanisms for monitoring impact and outcomes, so that intervention and resource can be

targeted where it is most needed to secure improvement. This will include seeking to reduce unnecessary reporting.

This approach is aimed at building trust and relationships and as well as adopting it through this budget, it will be reflected in the partnership agreement that will underpin the New Deal for Local Government set out in the Resources Spending Review. In order to offer flexibility across funding and work towards removal of ring fencing, the Scottish Government will need clear commitment from local government about delivery of agreed joint outcomes.

The Cabinet Secretary for Social Justice, Housing and Local Government would welcome an initial discussion on this when you meet next week at the Strategic Review Group, in order to pave the way for work at pace among our officials.

Non-Domestic Rates and Other Local Taxation Measures

As Leaders will be aware, the 1 April 2023 marks the date of the next Non-Domestic Rates revaluation, and the first to reflect the reforms introduced by the independent Barclay Review of Non-Domestic Rates. These reforms, including the move to three-yearly revaluations and a one-year tone date, will ensure that property values more closely align with prevailing property market conditions in Scotland.

The Budget freezes the poundage and acknowledges the impact of the revaluation by introducing a number of transitional reliefs to ensure that any properties which see significant increases in their rates liabilities following the revaluation do so in a phased manner. The Barclay Review also recommended a number of reforms to the Non-Domestic Rates appeals process which are critical to ensuring the deliverability of the three-yearly revaluation.

The new two-stage appeals process will commence on 1 April 2023 alongside the transfer of functions of Valuations Appeals Committees to the Scottish Courts and Tribunals Service. The Non-Domestic Rates (Scotland) Act 2020 and subsequent regulations have, amongst other things, provided Assessors and Councils with greater information-gathering powers and have also increased the transparency of the process for ratepayers including, for the first time, the provision of draft values on 30 November 2022. These reforms are intended to reduce the reliance on the formal appeals process to deliver accurate rateable values and the Act also provided a legal basis for the pre-agreement of values.

Many of the reforms of the Barclay Review seek to incentivise behaviour changes to deliver a more effective and efficient system. Reflecting the ability to pre-agree values and the importance of building resilience in the new appeals system to support the transition to more frequent revaluations, Ministers plan to make administrative changes to the funding treatment of appeals associated with public sector bodies, including councils.

The current system essentially sees the public sector challenge other parts of the public sector with private sector advisor fees effectively extracting resources from public services. The conclusion of the process determines funding allocations outside the remit of the annual budget framework with successful public bodies benefiting financially to the detriment of other ratepayers and public services. The volume of public sector appeals also serves to delay access to justice for other appellants.

Ministers do not believe that this offers value for money for the public. Whilst the right to propose and appeal will remain, to incentivise the use of the pre-agreement powers and

discourage the continued reliance on the formal appeals process, from 1 April 2023, all bodies, including councils, who receive their funding through the Scottish Government budget process, will see the financial incentive for proposing and appealing removed.

Where a property occupied by a public body is subject to a successful proposal or appeal, the financial benefit from the reduction in rateable value will result in a downward re-determination of revenue allocations at a subsequent fiscal event. On this basis, Ministers will be encouraging all public bodies to begin the process of pre-agreement with their local assessors ahead of 1 April 2023 to ensure that values are accurate prior to the start of the revaluation and that this approach be adopted by default for future revaluations.

The Non-Domestic Rates (Scotland) Act also had the effect of abolishing Empty Property Relief as agreed with the Scottish Green Party a part of the 2019-20 Budget process. Unoccupied properties will therefore be liable for full rates from 1 April 2023 if relief is not available under a local scheme. To effectively devolve responsibility for the relief and provide greater fiscal empowerment for council, as agreed by the Settlement and Distribution Group, the budget provides an additional £105 million of General Revenue Grant, significantly more than the cost of maintaining the national relief in light of the subsequent decision to freeze the poundage.

In addition, following consultation with members of the Institute of Revenues, Rating and Valuation, we will bring forward regulations intended to empower councils to tackle rates avoidance more effectively. In combination, the funding transfer and the proposed new powers will provide significant additional fiscal flexibility to councils to administer support for unoccupied properties in a way that is tailored to local needs.

Furthermore, I can confirm that the Scottish Government will not seek to agree any freeze or cap in locally determined increases to Council Tax, meaning each council will have full flexibility to set the Council Tax rate that is appropriate for their local authority area. I do hope that councils will reflect carefully on the cost pressures facing the public when setting council tax rates.

We are also committed to expanding councils' ability to raise additional revenues and discussions among our respective officials have commenced to identify a structured approach to future potential local taxes. At the same time, councils now have the power to establish local workplace parking levy schemes and our work to introduce a local visitor levy bill in this parliamentary session is on track.

Finally, I am conscious that, while it is not directly applicable to Local Government pay negotiations, many stakeholders have used Public Sector Pay Policy as a reference point in previous years. For this reason, I feel it is important to highlight to you that we have taken the decision not to announce pay uplifts or publish a Public Sector Pay Policy for 2023-24.

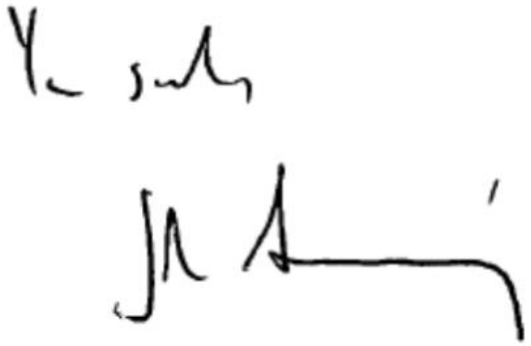
There are a number of reasons for this, not least among them the desire to approach pay negotiations differently for 2023-24, the imperative for reform and the need to ensure the sustainability of public sector pay and workforce arrangements. This does not change our view that our job in the midst of a cost crisis is not to press down on pay, particularly the most vulnerable. We will be sharing further guidance in relation to 2023-24 pay at an appropriate point in the new year which is likely to be considered by Trade Union colleagues relevant in Local Government pay negotiations, if you agree I will ask my officials to engage

with COSLA officers as this develops to determine if you might wish to formally endorse or adopt it.

I am under no illusions about the challenging fiscal environment we face across all of our public services over the next few years but I have sought to protect the local government settlement as far as possible as far as possible with an overall settlement of over £13.2 billion. The budget goes significantly beyond the commitments made in the Resource Spending Review. It provides substantive additional funding and it does not pass on the negative consequentials for employer national insurance contributions resulting from of the Autumn Statement. Importantly, it provides a number of fiscal and policy flexibilities. Alongside the settlement, I hope my offer to build on the Covid Recovery Strategy will be warmly and urgently received, to enable us to make urgent progress on the New Deal.

I want us to work in partnership, to build on the Covid Recovery Strategy and agree an approach which improves delivery of sustainable public services, designed around the needs and interests of the people and communities of Scotland, at its heart.

I would welcome confirmation that you are supportive of the proposed joint work outlined above and I look forward to working with COSLA and Leaders in the months ahead to deliver on our shared priorities.



JOHN SWINNEY

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JAMIE ROBERTSON
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27 February 2023

Ms. Jean Campbell
Chief Finance and Resources Officer,
Kirkintilloch Health and Care Centre
Saramago Street
Kirkintilloch
G66 3AT

Dear Jean,

Budget Allocation 2023/24

In line with your request, I am writing to confirm the Councils approved contribution to the East Dunbartonshire Integration Joint Board (the Board). As you are aware, on the 23 February the Council agreed its budget for the financial year 2023/24 and in doing so agreed an allocation of £71.278m for the Board.

The Budget follows the standard agreed needs-based distribution methodology and updating of indicators. It includes the allocation from Scottish Government for Free Personal and Nursing Care (£0.507m), Scottish Workforce Capacity (£0.445m), non-recurring Winter Funding (£0.407m) and a proportionate share of the Local Government Pay Award (£0.714m). The allocation does not include provision for the increase in the Living Wage (£1.948m) as this has not yet been allocated. This will be passed on, in full, in due course, and once received.

Taken together with uprating of indicators the Board should plan for a base budget equivalent to £73.226m. This provides for a budget uplift in excess of the share of the required national uplift of £95m as referred to in the letter from the Director of Health Finance and Governance on the 15 December 2022.

If you have any queries or wish to discuss please do not hesitate to contact me.

Yours sincerely,

JAMIE ROBERTSON
CHIEF FINANCE OFFICER

HSCP Finance Risk Register 2023/24

Risk Reference	Risk Event	Cause	Effect	Category of risk	Control Measures	Residual Likelihood	Residual Impact	Rank (Equals H*I)	Priority	Strategy for Risk	Risk Management Actions	Acceptable Likelihood	Acceptable Impact	Rank (Equals N*O)	Priority	Risk Owner
FR1	Challenging Financial Settlements from partner agencies	Financial settlements to partner agencies from the SG are challenging particularly in relation to local authorities. Partner agencies have competing priorities across other service areas / departments. Requirement within partner agencies to deliver significant financial savings to ensure a balanced budget. Funding allocations from SG come with particular committments which require to be met in the acceptance of any financial settlement which limits funding available to deliver on local priorities.	Lack of funding available to deliver on all HSCP strategic priorities. Significant savings required year on year to deliver a balanced HSCP budget. Overspend on budgets across service areas. Reliance on general reserves to manage in year pressures and undermining financial sustainability into future years. Reliance on additional partner contributions to balance the budget each year creating a liability to repay into future years.	Financial	Collaborative engagement in the development of the annual budget so pressures, risk and impacts well understood across partners. Development of a financial plan which clearly sets out the challenges and supports strategic planning. Ensure adequate general reserves in line with HSCP Reserves policy to mitigate in year pressures and provide a cushion to support financial challenges. Annual / medium term business planning which delivers transformation within financial envelope available.	4	4	**16**	**2**	Treat	Engagement with SG through CFO network to highlight financial challenges to support additional funding allocations to HSCPs. Development of a 5 year medium term financial strategy to capture anticipated cost pressures, expected financial settlement and actions required to deliver a balanced budget.	3	4	**12**	**2**	Chief Officer /Chief Finance & Resources Officer
FR2	Demographic pressures related to particular population growth across East Dunbartonshire generating additional demands for health & social care services	Increasing elderly population in East Dunbartonshire, particularly for those aged 85+ with a number of co morbities requiring support across a range of health & social care services. Increasing numbers of families with children with disabilities moving into East Dunbartonshire to access school provision who will transition into adult services requiring support to maintain independent living.	Demand for services to meet statutory need exceeds the budget available to deliver. Complexity of need can require high cost care packages. Individuals may have to wait for allocation of resource. Overspend on budgets may occur with resort to use of / diminuition of reserves.	Financial	Demographic projections built into financial planning assumptions based on population projections and assessment of previous year impact on service demand. Eligibility criteria in place to assist in managing the demand for services considered not to be critical. HSCP reserves policy in place to provide general reserves to mitigate in year budget pressures. Savings programme being developed in line with annual business planning.	4	4	**16**	**2**	Treat	Update on population projections to ensure financial assumptions remain relevant, development of a transformation plan that focuses on prevention / early intervention, digital solutions and empowering local communities to deliver significant changes required to support the wider population to self manage care where apropriate and manage demand.	3	4	**12**	**2**	Chief Officer /Chief Finance & Resources Officer
FR3	Increase in pay costs across health & social care staff	National pay awards agreed under agenda for change and COSLA negotiation processes for health and social care staff. Recognition of need to address fair pay agenda and secure higher pay for those working in the health & social care sector, particularly on the back of the heroic efforts made during the Covid pandemic. Regrading of staff groups / increments through the grade in delivery of policy objectives without apropriate levels of funding through SG to support financial impacts. Cost of living crisis and inflation levels increasing need for higher pay settlements across the public sector.	Increased payroll costs to support current service delivery models. Results in a financial pressure which inevitably needs to be met through the identification of savings across service areas.	Financial	Pay award assumptions built into financial planning each year. Funding uplift provided to support pay awards for NHS staff within HSCP. Additional SG funding to support LA pay uplifts including SW staff. Staff turnover assumptions included within payroll budgets. Review of skill mix for staff delivering on key priorities.	4	4	**16**	**2**	Treat	Development of flexible service delivery models which recognise future pay uplifts. Development of a medium term financial plan which includes realistic assumptions on future pay uplifts with action on how this will be addressed through transformation and service redesign. Access to SG funding to support Fair Pay Agenda.	3	4	**12**	**2**	Chief Officer /Chief Finance & Resources Officer
FR4	Increase in the cost of purchased care services	Increase to Scottish living wage (SLW) year on year, increase to national care home contract (NCHC) rates through national negoatiation processes, costs pressures for social care providers including impact from Covid, local re-tendering and contractual arrangements, complexity of care needs resulting in 1:1 / 2:1 care required for bespoke / high cost care packages. Cost of living crisis and inflation levels increasing non payroll costs resulting in increased pressures across provioder budgets. Sustainability of market.	Increase costs to purchase care from the market for current service delivery models. Results in a residual financial pressure which inevitably needs to be met through the identification of savings across service areas.	Financial	Impact assessment of SLW increases communciated through CFO Network to SG to support funding allocations, participation in national contractual arrangements to secure econcomies of scale, regular review of care packages to ensure reflective of changing / improving needs, engagement and support to local provider market to manage cost pressures, contract montioring in place including cost review.	4	3	**12**	**2**	Treat	Commissioning priority to support collaborative commissioning model across local care providers.	3	3	**9**	**3**	Chief Officer /Chief Finance & Resources Officer
FR5	Increase in the costs associated with prescribing	Increase in volume of medicines prescribed in response to need, supply of certain medicines moves onto short supply nationally / globally causing significant increase in prices, delivery of challenging savings programme across the NHS board area, cost of new medicines can be significant, discounts / rebates negotiated nationally are not as high as expected.	Increase in costs to purchase medicines results in a financial pressure which inevitably needs to be met through the identification of savings across service areas.	Financial	Engagement with NHS Board prescribing leads to ensure cost / volume assumptions are accurately reflected within financial planning each year, participation in development of savings programmes and investment to save options, local prescribing lead working with GPs to deliver on efficiencies across savings programme. Regular scrutiny and monitoring of demand levels / price of medicines to inform budget reporting. Annual uplift in funding from NHS.	4	4	**16**	**2**	Treat	Local savings initiatives / investment to save options to be developed.	3	4	**12**	**2**	Chief Officer /Chief Finance & Resources Officer
FR6	Failure to maintain adequate reserves in line with the HSCP Reserves policy	Reserves used to set a balanced budget. In year pressures are beyond the expectations within the financial plan requiring resort to use of reserves. Delivery of transformation requires initial investment (spend to save) or smoothing while project is in development and can fully deliver financial savings expected. Limited capacity within budget management to generate and replenish reserves each year, ear marked reserves for specific initiatives progresses to delivery.	Financial sustainability of the HSCP is compromised, there is no cushion to manage in year pressures, failure to adhere to HSCP reserves policy drawing audit scrutiny, reliance on additional partner contributions each year to deliver a balanced budget in line with the Intergation Scheme, creates a financial liability into future years to repay which compounds the issue of financial sustainability.	Financial	Reserves policy in place and regularly reviewed in context of HSCP financial position, robust budget monitoring arrangements in place to support effective budget management to maintain general reserves position. Transformation Board in place to oversee delivery of transformation activity. Development of annual delivery plan with consideration of financial implications and delivery within finanical envelope available.	4	4	**16**	**2**	Treat	Development of a medium term financial plan will mitigate the reliance on reserves through planning for expected financial pressures and identifiying a transformation priogramme that will deliver the changes required to live within the financial envelope available.	3	4	**12**	**2**	Chief Officer /Chief Finance & Resources Officer
FR7	Failure to identify and deliver sufficient levels of savings through transformation and service redesign	Budgets have been the subject of significant real terms 'cuts' over the years which means that year on year efficiencies become increasingly difficult to identify. Reliance on significant transformation and service redesign which takes time to plan, implement and may require some initial investment to deliver. Increasingly focus narrows to statutory functions which require to be delivered.	Reliance on non recurring reserves to set a balanced budget each year is not sustainable and compounds financial pressures into future years. Likellihood that budgets will overspend year on year with need for recovery plan and potential resort to additional contributions from partner bodies creating a liability into future years.	Financial	Regular financial planning meetings to develop annual delivery plan within financial envelope available. Transformation board in place to oversee achievement of annual delivery plan and scope opportunities for further activity.	4	3	**12**	**2**	Treat	Work in collaboration with partner bodies to identify areas which will deliver transformational change and support integrated working across health and socal care services.Creation of an earmarked 'smoothing' reserve to under write high risk savings while these are bedded in.	3	3	**9**	**3**	Chief Officer /Chief Finance & Resources Officer
FR8	Failure to manage the non recurring nature of funding allocations to the HSCP (eg dental bundle, PCIP, Action 15, ADP)	Non recurring funding allocations from SG do not attract an annual uplift and may be subject to reductions year on year. Funding allocated to support recurring costs related to staffing. Delays in notification of funding settlement. Clawback of reserves on unspent funding where there may be plans in place for non recurring spend to support policy delivery.	Real time reduction in the budget available to deliver on particular priorities, no uplift in funding to meet pay increments, year on year savings required to live within reducing / static financial envelope, lack of certainty each year on continuance of funding. Inability to plan, due to to uncertainty and delays in funding notifications, impact delivery of services.	Financial	Effective vacancy management to support flexible response to budget reductions, posts filled on a temporary basis or used to fund non recurring commitments at least in part, regular monitoring returns submitted to SG to evidence recurring need for funding.	3	3	**9**	**3**	Treat	Continued representation to SG to minimise non recurring funding allocations.	2	3	**6**	**3**	Chief Officer /Chief Finance & Resources Officer
FR9	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)	SG make a number of policy statements with specific funding allocated to deliver which may not be sufficient to meet the full extent of costs. Funding allocations confirmed / made at short notice / late in the financial year which require planning and recrutiment processes to implement which can delay spend in year.	Decisions required which live within the financial allocations provided which may not fully adhere to the implementation of policy, insufficient time to deliver on priorities given delays in recruitment, inability to use funding in year which can increase earmarked reserves and can then only be used non recurringly or may require to be repaid to SG.	Financial	Early planning in anticipation of funding allocations to reduce period of implementation. Reflect financial implications within financial planning assumptions at time of setting the budget to form part of savings programme to ensure full delivery. Use of reserves mechanism to ensure funding is spent on the initiative for which the funding has been made available.	4	3	**12**	**2**	Tolerate		4	3	**12**	**2**	Chief Officer /Chief Finance & Resources Officer
FR10	As yet unknown costs associated with the medium / long term impact of the Covid pandemic	Longer term impacts from the pandemic ongoing and the impact has yet to be felt - expectation that there will be an increased need for rehabilitation services, MH services and changing demands as we move out of recovery (eg care at home as opposed to care home).	Financial planning difficult to forecast with any certainty until the affects are fully recognised, possible unforseen budget shortfalls / overspends as response to need greater than expected	Financial	Financial modelling flexible enough to factor in changes in projected pressures. Annual business planning to respond to priorities for service delivery. Reserves available to respond to unplanned events during the year. SG funding priorities will deliver a share for ED which includes support to manage ongoing covid impacts.	3	3	**9**	**3**	Tolerate		3	3	**9**	**3**	Chief Officer /Chief Finance & Resources Officer
FR11	Potential additional costs as a consequence of the EU exit	Brexit deal resulting in agreements with the EU on the trade arrangements for goods and services which may have cost / process implications, impact on the free movement of individuals, cost escalation and delays in obtaining supplies to support service delivery. Potential for hardship of service users and patients requiring more input from statutory services.	Equipment not being available for services users for their own home. Lack of provision for certain foods and medical supplies to deliver in house care services. Insufficient staffing levels to deliver services or care. Impact on availability of medicines and or short supply issues leading to increased costs. Capacity to manage multiple events in addition to Covid.	Financial	Ongoing assessment of menus which may result in changes to the menu to reduce impact if supplies restricted, engagement with local care providers on scale of issues and ensure effective BCP arrangements are in place. Flexibility within in house services to respond to high risk need. Links via Equipu Steering group and wider mitigation issues across the system. Engagement with local providers on the scale of the issues. Budget monitoring to highlight any finanicla implications.	3	3	**9**	**3**	Treat	Participation in NHS Board wide groups / EDC group to determine any wider implications in order to assess what this may mean for local setrvice delivery.	2	3	**6**	**3**	Chief Officer /Chief Finance & Resources Officer
FR12	Lack of robust financial information to support effective budget management and accurate reporting of the HSCP financial position to the IJB	Systems not timeously updated with new / changed care packages, budget information not apropriately interrogated, agreed rates for care providers not updated timeously, delays in progressing annual financial assessments to inform service user contributions.	Expenditure on budget lines mis stated / in accurate, decisions taken on inaccurate financial position, mis reporting to the IJB.	Financial	Detailed review of payroll / care provider budgets during regular budget monitoring meetings, scrutiny of budget through Heads of Service to inform reporting to IJB. Service / Activity information considered alongside financial information.	3	3	**9**	**3**	Treat	Regular training / re enforcement with frontline staff on the importance of timeous paperwork to support accurate recording on systems.	2	3	**6**	**3**	Chief Officer /Chief Finance & Resources Officer
FR13	Insufficient funding to support the new programme for government identified through the Adult Social Care Review	High level assumptions within the Review on the financial impact of policy changes / priorities identified for delivery, elements of the Review which have not been costed which could have significant financial impacts	Statutory requirements to deliver on policy initiatives identified on the back of the Review which are not fully funded and will result in budget pressures.	Financial	Input to national workstreams to cost the impact on the Review for East Dunbartonshire	3	3	**9**	**3**	Tolerate		3	3	**9**	**3**	Chief Officer /Chief Finance & Resources Officer

East Dunbartonshire HSCP
Budget 2023/24
Projected Reserves at 31st March 2023

HSCP Reserve 2022/23	Balance at 31st March 2022 £000	Proposed Use of Reserves 22/23 £000	Anticipated Additions to reserves 22/23	Projected Balance at 31st March 2023 £000
HSCP Transformation	(1,100)			(1,100)
HSCP Accommodation Redesign	(2,000)			(2,000)
Apropriate Adults	(24)			(24)
Review Team	(130)			(130)
Children's MH & Wellbeing Programme	(25)	25		0
Children's MH & Emotional Wellbeing - Covid	(1)			(1)
Scottish Govt. Funding - SDS	(77)	1		(76)
SG - Integrated Care / Delayed Discharge Funding	(282)			(282)
Oral Health	(3,600)	3,600		0
Infant Feeding	(61)	61		0
CHW Henry Programme	(15)	15		0
SG - GP Out of Hours	(39)			(39)
SG - Primary Care Improvement	(1,292)	1,292		0
SG – Action 15 Mental Health	(687)	687		0
SG – Alcohol & Drugs Partnership	(652)	652		0
SG – Technology Enabled Care	(11)			(11)
GP Premises	(229)	229		0
PC Support	(27)			(27)
Prescribing	(185)			(185)
Covid	(9,963)	9,757		(206)
Community Living Charge	(341)			(341)
Psychological Therapies	(60)			(60)
District Nursing	(84)	84		0
Chief Nurse	(52)	52		0
Health & Wellbeing	(40)	40		0
Specialist Children - SLT	(3)	3		0
Woodland Garden Project	(7)			(7)
National Trauma Training	(50)			(50)
Adult Winter Planning Funding	(2,217)	596		(1,621)
Mental Health Recovery & Renewal	(51)			(51)
Telecare Fire Safety	(20)			(20)
Whole Family Wellbeing	(35)	35		0
Care Experienced Attainment	(20)			(20)
Unaccompanied Asylum Seeking Children	(22)			(22)
LAC Posts - Education Contribution	(39)	39		0
Dementia	(65)			(65)
Wellbeing	(92)			(92)
Premises	(36)	36		0
MH Estate Funding	(278)			(278)
Total Earmarked	(23,912)	17,204	0	(6,708)
General / Contingency Reserves	(3,078)		(2,993)	(6,071)
Total HSCP Reserves	**(26,990)**	**17,204**	**(2,993)**	**(12,779)**

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	230323-06
2	Report Title	HSCP Financial Planning & Annual Budget Setting 2023/24
3	Date direction issued by Integration Joint Board	23rd March 2023
4	Date from which direction takes effect	1st April 2023
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 2023/24 – all functions set out within Appendix 7.
8	Full text of direction	East Dunbartonshire Council is directed to spend the delegated net budget of £73.226m 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 £156.997m (incl. £38.382m 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 £156.997m and East Dunbartonshire Council is £73.226m 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 2023/24.
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 2023

Health and Social Care Partnership

Appendix 7a

Full Year Budget 2023/24 - Delegated Health Services by Subjective and Care Groups

Health Services (Subjective)	Full Year Budget
Payroll	54,479,000
Non Payroll	6,131,000
Purchase of Healthcare	19,560,000
Family Health Services	55,221,000
Financial Planning	0
Income	-12,037,000
OVERALL TOTAL	**123,354,000**

Health Services (Care Group)	Full Year Budget
Alcohol & Drugs	380,000
Adult Community Services	6,126,000
Child Services Community	2,312,000
Child Services Specialist	241,000
FHS - Prescribing	21,644,000
FHS - GMS	16,985,000
FHS - Other	16,175,000
Learning Disability - Community	689,000
Mental Health - Adult Community	1,559,000
Mental Health - Elderly Services	1,176,000
Oral Health	5,842,000
Specialist Children's Services	30,074,000
Administration & Management	1,661,000
Planning & Health Improvement	561,000
Resource transfer - Local Authority	17,777,000
Financial Planning	152,000
TOTAL	**123,354,000**

Set Aside	38,382,000

161,736,000

Health and Social Care Partnership
Full Year Budget 2023/24 - Delegated Social Work Services by Subjective / Care Group

Social Work Services (Subjective)	Full Year Budget
Non-Teaching Employee Costs	25,885,082
Property Costs	13,296
Supplies & Services	1,257,463
Agencies & Other Bodies	69,800,968
Transport & Plant	728,000
Transfer Payments	231,965
Administrative Costs	1,016,871
Financing Costs	0
Income from Government Grants	-1,673,416
Budget Savings	-3,416,002
Sales	-3,046
Fees & Charges	-1,075,573
Recharges to Other Departments	-26,244
Income from Rents	0
Other Income	-19,513,365
OVERALL TOTAL	**73,226,000**

Social Work Services (Care Group)	Full Year Budget
Older People	43,535,670
Physical Disability	5,368,504
Alcohol & Drugs recovery Service	972,251
Learning Disability	22,882,732
Mental Health	2,792,412
Children & families	13,848,683
Criminal Justice	519,052
SW Resources	1,852,775
Resource transfer Income	-18,546,079
OVERALL TOTAL	**73,226,000**

Council - Other Budgets	Full Year Budget
Care of Gardens	
Adaptations (PSHG)	331,000
Care & Repair	244,000
Fleet	
TOTAL Other	**575,000**

TOTAL COUNCIL DELEGATED	**73,801,000**

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 07.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**23rd MARCH 2023**
REPORT REFERENCE:	**HSCP/230323/07**
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 2023-24**

1.0 PURPOSE

1.1 The purpose of this report is to present the HSCP Annual Delivery Plan for 2023-24 for consideration and approval by the HSCP Board.

2.0 RECOMMENDATIONS

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

2.1 Approve the HSCP Annual Delivery Plan 2023-24 set out at **Appendix 1.**

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 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.

3.2 This Annual Delivery Plan relates to the business planning intentions of the HSCP Board for the period 2023-24 and sets out the actions in pursuance of the implementation of the Strategic Plan 2022-25.

3.3 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.

3.4 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.

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

3.6 A copy of the Annual Delivery Plan for 2023-24 is included as **Appendix 1** and the associated Directions in **Appendix 2**.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 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

4.2 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.

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

4.4 Legal Implications – None.

4.5 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.

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

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

4.8 Corporate Assets – None.

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

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

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

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

6.0 IMPACT

6.1 **STATUTORY DUTY** – None.

6.2 **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.

6.3 **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.

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

7.0 POLICY CHECKLIST

7.1 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.

8.0 APPENDICES

8.1 Appendix 1 - HSCP Annual Delivery Plan for 2023-24

8.2 Appendix 2 - Directions Template

East Dunbartonshire Health & Social Care Partnership

Chief Officer

Caroline Sinclair

Agenda Item: 7a. Appendix 1

Delivery Plan 2023 - 2024
Year 2 Strategic Plan 2022 - 2025

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2023-24	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)	Development of digital solutions to support digitally enabled workforce, digitally enabled service users – Home monitoring, analogue to digital implementation.	Sustaining current telecare users and increase uptake of home health monitoring, Near me increased uptake, Sol Connect increased uptake, Mind of my own (childcare), Care / Service user views, embed in tendering processes.	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
		Further develop person centred, rights-based, outcome focused approaches (Improvement)	Continue to develop as a Trauma Informed organisation	Development and delivery of information session for IJB Workforce trained in trauma informed	Investment: Scottish Government funding for a Trauma Co-ordinator until Nov 24.	Numbers of staff and leaders attending Scottish Trauma Informed Leaders Training (STILT).	Overall lead: Claire Carthy Project Officers: Alex O'Donnell Victoria Bannerman Pentana admin: Claire Carthy	LOIP 5, 6 HB MFT TSC 2

East Dunbartonshire Health & Social Care Partnership

Chief Officer

Caroline Sinclair

Agenda Item: 7a. Appendix 1

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2023-24	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						
				responsive practice	Disinvestment: NIL			
	Reduce inequality and inequity of outcomes	Further reduce inequality of health outcomes and embed fairness equity and consistency in service provision (Improvement)	Implement the Public Health Strategy	National priorities set out within Public Health Strategy approved through IJB	Investment: TBC Disinvestment: TBC	National priorities set out within Public Health Strategy	Overall lead: Derrick Pearce Project Officers: David Radford Pentana admin: David Radford	LOIP 5 HB MFT, NHSGGC Turning the Tide Strategy, Public Health Priorities for Scotland Strategy TSC 1, 2, 4
Empowering Communities	Building informal support options	Work with communities to develop a network of assets and informal support options (Redesign).	Pilot a community led support approach within a locality (e.g. Twechar), working through community planning partners.	Test of change complete in one locality or sub locality for expansion across East Dunbartonshire in future years	Investment: NIL Disinvestment: TBC	Community Led Support test of change scoped, implemented and evaluated Learning and model for implementation written up	Overall lead: Derrick Pearce Project Officers: James Johnston David Radford Kelly Gainty Pentana admin: Kelly Gainty	LOIP 5, 6 HB MFT TSC 2, 4, 5

East Dunbartonshire Health & Social Care Partnership

Chief Officer

Caroline Sinclair

Agenda Item: 7a. Appendix 1

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2023-24	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						
			Implementation of Compassionate ED model – no one dies alone	Implementation of No-one Dies Alone	Investment: £92k per annum for 2 years Disinvestment: NIL	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
	Modernising day services	Redesign day services, to create a wider range of informal and formal support options (Redesign).	Learning Disability day services – Development of community based services, employability, volunteering and community based model of support.	Enhanced community based services. Greater choice, and services which further promote independence. Flexibility within Allander day service to support re-provision of out of area placements.	Investment: Project Lead post funding. (SG Carers Act funded) Disinvestment: £190,900 saving from out of area daycare placements delivered through the Allander	Increase the number of community support options available. Increased numbers of people supported within alternatives to formal day services. Supported employment options and adults with learning disabilities within employment. Flexibility within Allander day	Overall lead: David Aitken Project Officers: Gayle Paterson Catherine Davison Richard Murphy David Radford Pentana admin: Gayle Paterson	LOIP 5, 6 TSC 1, 2, 4

East Dunbartonshire Health & Social Care Partnership

Chief Officer

Caroline Sinclair

Agenda Item: 7a. Appendix 1

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2023-24	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						
						service to support re-provision of out of area placements		
			Implement the 23/24 actions of the Social Support for Older People Strategy	Establishment of 2 service model, development of community support, review of befriending	Investment: £50k – community support budget, Disinvestment: NIL	Service specification and contractors in place for 2 centre service model by April 2024 Service for current users of Milan service re-provided by April 2024. Tired model in place with 2 centre based, 2 enhanced community group and local resources in place, with development plan for future years	Overall lead: Derrick Pearce Project Officers: Richard Murphy Kelly Gainty Pentana admin: Kelly Gainty	LOIP 5, 6 TSC 1, 2, 4
Delivering our Key Social Work Public Protection	Prioritising public protection	Ensure the highest quality standards in identifying and responding to actual and potential	Update and implement new Child Protection Procedures	Compliant with Government Guidelines	Investment: Child Protection Committees Scotland commitment to	Implementation of new procedures	Overall lead: Claire Carthy	LOIP 3, 4 TSC 2, 3, 4

East Dunbartonshire Health & Social Care Partnership

Chief Officer

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Agenda Item: 7a. Appendix 1

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2023-24	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						
Statutory Duties		social work public protection concerns (Improvement)		Updated procedures Better informed and better trained staff	commission writers with partner HSCPs <u>Disinvestment:</u> NIL	Changes to processes and practice	<u>Project Officers:</u> Michelle Dearie Lorraine Campbell <u>Pentana admin:</u> Claire Carthy	
			Respond to the outcome of the Children at Risk of Harm Inspection	To be determined by the outcome of the review once known	<u>Investment:</u> TBC <u>Disinvestment:</u> TBC	To be determined by the outcome of the review once known	<u>Overall lead:</u> Claire Carthy <u>Project Officers:</u> TBC <u>Pentana admin:</u> Claire Carthy	<u>LOIP</u> TBC <u>TSC</u> TBC
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 Learning/Intellectual Disability Strategy is in place up to 2024.	Updated Learning /Intellectual Disability Strategy to be completed. Engagement and Participation Plan to be established. Consultation document to be prepared to facilitate discussion / 'conversations'	<u>Investment:</u> Project Lead post funding. (Scottish Government Carers Act funded) <u>Disinvestment:</u> NIL	Learning / Intellectual Disability Strategy 2023-2026 to be refreshed and completed Implementation of National Coming Home Report	<u>Overall lead:</u> David Aitken <u>Project Officers:</u> Gayle Paterson Alan Cairns <u>Pentana admin:</u> Gayle Paterson	<u>LOIP</u> 5, 6 <u>TSC</u> 2, 3, 4

East Dunbartonshire Health & Social Care Partnership

Chief Officer

Caroline Sinclair

Agenda Item: 7a. Appendix 1

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2023-24	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						
				with people with learning / intellectual disability and their carers and families.				
	Strengthen corporate parenting	Strengthen corporate parenting, to improve longer term outcomes for care experienced young people, by community planning partners working collectively (Improvement).	Ongoing implementation of Children's House Project model	Improve outcomes for young people leaving care Provision of safe secure permanent tenancies Skilling young people to manage their own tenancy Supporting young people to a positive destination Provide wrap around emotional and wellbeing supports	Investment: NIL Disinvestment: NIL	Increased number of young people leaving care and moving to own permanent tenancy	Overall lead: Claire Carthy Project Officers: Claire Carthy Raymond Walsh Pentana admin: Raymond Walsh	LOIP 3, 5 TSC 1, 2, 4

East Dunbartonshire Health & Social Care Partnership

Chief Officer

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Agenda Item: 7a. Appendix 1

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2023-24	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						
Improving Mental Health and Recovery	Improving adult mental health and alcohol and drugs 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).	Delivery of Medically Assisted Treatment Standards (MAT Standards) 6 -10.	Provision of psychologically informed treatment, provision of MAT shared with Primary Care, access to independent advocacy, mental health care and treatment at point of MAT delivery, & provision of trauma informed care.	Investment: Additional funding provided by Scottish Government for delivery of MAT Standards - £278,000 Disinvestment: NIL	Access to psychology treatments. Choice for customers re provision of treatment from GP/primary care. Joint provision of Mental Health and Alcohol and Drug Recovery services. Trauma informed practice, care and treatment.	Overall lead: David Aitken Project Officers: Lynsay Haglington Seonaid McCorry Lorraine Currie Pentana admin: Lynsay Haglington	LOIP 5 HB 5 year Strategy for Mental Health TSC 2, 3, 4
		Redesign services for adult mental health and alcohol and drugs services to develop a recovery focused approach (Redesign).	As part of two year delivery plan - Embed Recovery Orientated Systems of Care (ROSC) based approach across existing / future commissioning arrangements - via	Options Appraisal to be completed and approved via SMT Implementation of two 2 year Commissioning Delivery Plan approved via SMT	Investment: Directed as part of Commissioning Plan Disinvestment: £30k	Options Appraisal completed 2 year Commissioning Delivery Plan established / implemented Re tender process completed for those	Overall lead: David Aitken Project Officers: Gillian Healy Simon Reilly Sharon Gallacher Lindsay Haglington Pentana admin: Gillian Healey	LOIP 5, 6 HB 5 year Strategy for Mental Health TSC 1, 2, 3, 4

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2023-24	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						
			strategic re-alignment of commissioning pathways. Review and renegotiation of Adult Commissioned Services Process will include mental health and alcohol and drugs services. Risk based Commissioning Plan and which will include contract renewal and recommissioning of services. Comprehensive Engagement Plan to be developed and completed with all stakeholders.	Commissioned services renegotiation / contract renewal completed. Service retender(s) completed as part of risk based Commissioning Plan. Enhanced stability of commissioned sector market.		services identified within Commissioning Plan. Updated contracts established with adult commissioned services.		

East Dunbartonshire Health & Social Care Partnership

Chief Officer

Caroline Sinclair

Agenda Item: 7a. Appendix 1

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2023-24	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).	Continue to develop tier 1 and tier 2 service for Children	Development and enhancement of Tier 1 and Tier 2 services.	Investment: £271,000 grant funding Disinvestment: NIL	Increased number of children and young people accessing supports.	Overall lead: Claire Carthy Project Officers: Vivienne Tennant Pentana admin: Vivienne Tennant	LOIP 3 TSC 1, 2, 4
			Realign Specialist Children's Services from the current dispersed management arrangements in to a single hosted management arrangement	Increased in the standardisation and equity of access. Increased flexibility of workforce and budgets	Investment: Realign existing hosted and delegated budget in to East Dunbartonshire as a single budget Disinvestment: NIL	Waiting times variance improvements Experience of service feedback	Overall lead: Caroline Sinclair Project Officers: Karen Lamb Pentana admin: Alan Cairns	LOIP 3, 5 HB Scottish Government's National Child and Adolescent Mental Health Services Specification

East Dunbartonshire Health & Social Care Partnership

Chief Officer

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Agenda Item: 7a. Appendix 1

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2023-24	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						
								Scottish Government's Mental Health Recovery and Renewal plans TSC 1, 2, 3
			Review and refresh workforce plans to ensure capacity to see and treat children and young people	Increased access to specialist assessment and treatment	Investment: Mental Health Recovery and Renewal funding Disinvestment: NIL	Performance against the national Waiting times standard of 90% of referrals seen within 18 weeks	Overall lead: Karen Lamb Project Officers: Julie Metcalfe Pentana admin: Alan Cairns	LOIP 3, 5 HB Scottish Government's National Child and Adolescent Mental Health Services Specification Scottish Government's Mental Health Recovery and Renewal plans TSC 1, 2, 3

East Dunbartonshire Health & Social Care Partnership

Chief Officer

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Agenda Item: 7a. Appendix 1

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2023-24	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						
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).	Review of in-house accommodation-based support services for Learning Disability. Review and redesign accommodation-based support services to ensure that in-house services continue to meet the needs of our community and can ensure that we can meet national expectations set out within the 'Coming Home' report.	Explore options for future service provision and complete needs assessment based against current provision, anticipated transition demand from children's services and those placed in out of area placements.	Investment: Project Lead post funding. (Scottish Government Carers Act funded) May require capital funding Disinvestment: £745k	Accommodation review completed and agreed option progressed	Overall lead: David Aitken Project Officers: Gayle Paterson Richard Murphy Stephen McDonald Gillian Healey Pentana admin: Gayle Paterson	LOIP 4, 5 TSC 1, 2, 3, 4
			Continue implementation of actions set out within the GGC Joint Unscheduled	Improved interface between secondary care and community	Investment: £152,759 for 23/24 Unscheduled Care Financial	Local action plan written and signed off by IJB	Overall lead: Derrick Pearce	LOIP 5, 6 HB Joint

East Dunbartonshire Health & Social Care Partnership

Chief Officer

Caroline Sinclair

Agenda Item: 7a. Appendix 1

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STRATEGIC PRIORITY / ENABLER	COMMITMENT	STRATEGIC OBJECTIVE						
			Care Plan for East Dunbarton for 2023/24, specifically which mitigate winter pressures for 23/24	services to keep people at home Improved early identification of and action towards frailty discharges	Framework (funded through Adult Winter Planning funding / current care home budget. <u>Disinvestment:</u> NIL	Unscheduled Care Performance Framework Quarterly Performance Report 7 day cover for advanced clinical decision making, revised assessment model	<u>Project Officers:</u> Fiona Munro Alison Willacy <u>Pentana admin:</u> Fiona Munro	Commissioning Plan for Unscheduled Care Implementation <u>TSC</u> 2, 4
	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).	Implementation of the Quality Management Framework	Corporate self-assessment against Quality Management Framework to be complete. Reporting dashboard re self-assessment to be developed. Resources and tools to be developed to support teams to	<u>Investment:</u> Information governance post developed to progress agenda £37k <u>Disinvestment:</u> NIL	Dashboard developed Minimum dataset of governance reports for HSCPs	<u>Overall lead:</u> Leanne Connell <u>Project Officers:</u> Jamie Steele Alan Cairns <u>Pentana admin:</u> Jamie Steele	<u>LOIP</u> 5, 6 <u>HB</u> Clinical and Care Governance Framework <u>TSC</u> 2, 4

East Dunbartonshire Health & Social Care Partnership

Chief Officer

Caroline Sinclair

Agenda Item: 7a. Appendix 1

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2023-24	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						
				self-assess against Quality Management Framework to identify service specific reportable data.				
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).	Development of a recruitment strategy for ED HSCP and wider Social care workforce in East Dunbartonshire. Continue delivery of a range of measures to support staff wellbeing and support options.	Development of clear messages about Health & Social care as a career A winter recruitment fair for all East Dunbartonshire Care providers Development of a "Wellbeing Calendar" of events	Investment: Circa £5K for resources from NHSGGC Endowments Disinvestment: NIL	Successful recruitment strategy Recruitment event Publicity of careers in Schools Nos of staff taking part in "Wellbeing Events" Publicity and promotion of wellbeing activity	Overall lead: Tom Quinn Project Officers: Lisa Walsh Pentana admin: Lisa Walsh	LOIP 4 HB Better Workplace TSC 2

East Dunbartonshire Health & Social Care Partnership

Chief Officer

Caroline Sinclair

Agenda Item: 7a. Appendix 1

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2023-24	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						
	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 those most in need To ensure the Public Dental Service is part of	<u>Investment:</u> Use of earmarked reserves and any in year underspend to ensure resources are fit for purpose – amount TBC <u>Disinvestment:</u> NIL	Improved patient pathways and outcomes resulting in positive feedback or reduced complaints Improved referral pathways for General Dental Practitioners Improved feedback in iMatter demonstrated improved staff morale	<u>Overall lead:</u> Clinical Services Manager for Primary Care Dental Services <u>Project Officers:</u> Clinical Director for Public Dental Services <u>Pentana admin:</u> Alison Willacy	<u>LOIP</u> 3, 5, 6 <u>HB</u> Public Dental Service Redesign Strategy <u>TSC</u> 1, 2, 4, 5, 6

East Dunbartonshire Health & Social Care Partnership

Chief Officer

Caroline Sinclair

Agenda Item: 7a. Appendix 1

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2023-24	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						
				the Board's Digital Strategy				
Medium Terms Financial and Strategic Planning	Delivering financial sustainability	Ensure longer term sustainability of services within available resources (Redesign)	Engage with public in relation to financial position to inform future priorities	Medium / longer term financial plan which has been fully consulted on	Investment: NIL Disinvestment: NIL	A range of methods developed and implemented to engage with wider stakeholders of the HSCP	Overall lead: Jean Campbell Project Officers: Fiona Shields Pentana admin: Jean Campbell	LOIP 3, 5, 6 TSC 1, 2, 4
Collaborative Commissioning	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).	Continue implementation within financial envelope, for Primary Care Implementation Plan	Expanded CTAC in Milngavie, development of pharmacotherapy hub	Investment: £3.150m PCIP funding + AFC uplift to be advised. Disinvestment: NIL	Maximise implementation of Memorandum Of Understandings within financial envelope	Overall lead: Derrick Pearce Project Officers: James Johnston Dianne Rice Pentana admin: Dianne Rice	LOIP 3, 5, 6 HB Primary Care Improvement Planning TSC 2, 3, 4

East Dunbartonshire Health & Social Care Partnership

Chief Officer

Caroline Sinclair

Agenda Item: 7a. Appendix 1

LINKS TO STRATEGIC PLAN 2022-25			DELIVERY PLAN ACTIONS 2023-24	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						
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).	Progression of Property Strategy – revisit Business Case for Integrated Health and Care Facility in the West Locality	ED HSCP Property Strategy in place. Update Business Case for Integrated Health & Social Care facility within West Locality. Progression of capital projects within Milngavie and Bishopbriggs town centres. Progression of capital works for improvements to existing premises to ensure modern fit for purpose accommodation.	Investment: £2.575m NHSGGC capital funding secured to support Milngavie / Bishopbriggs projects. £2m Accommodation Redesign reserve available to support wider accommodation priorities. Disinvestment: TBC	Completed ED HSCP Property strategy Projects completed in Milngavie and Bishopbriggs as planned Engagement and development of a new business case for an integrated Health and Care Centre in the West locality	Overall lead: Jean Campbell Project Officers: Vandrew McLean Pentana admin: Vandrew McLean	LOIP 3, 5, 6 HB NHSGGC Property Strategy and Capital Plans TSC 2, 4

East Dunbartonshire Health & Social Care Partnership

Agenda Item Number: 7b. Appendix 2

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	230323-07 Agenda item 7
2	Report Title	HSCP Annual Delivery Plan 2023-24
3	Date direction issued by Integration Joint Board	23rd March 2023
4	Date from which direction takes effect	1st April 2023
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: 240422-6) Supersedes
7	Functions covered by direction	HSCP Annual Delivery Plan 2023-24: The business planning intentions of the HSCP Board for the period 2023-24 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 2023-24. 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

		• 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 2 of the implementation of the Strategic Plan
11	Outcomes	The HSCP Annual Delivery Plan 2023-24 operates in line with the HSCP Strategic Plan 2022-25, 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	31st March 2024

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 08.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**23rd MARCH 2023**
REPORT REFERENCE:	**HSCP/230323/08**
CONTACT OFFICER:	**ALAN CAIRNS / ALISON WILLACY (J/S) PLANNING, PERFORMANCE AND QUALITY MANAGER**
SUBJECT TITLE:	**HSCP QUARTER 3 PERFORMANCE REPORT 2022-23**

1.0 PURPOSE

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 2022 (Quarter 3).

2.0 RECOMMENDATIONS

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

2.1 Note the contents of this report; and

2.2 Consider the Quarter 3 Performance Report 2022-23 at **Appendix 1**.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 The 2022-23 HSCP Quarter 3 Performance Report contains a range of information, most of which is available and complete for the full reporting period.

3.2 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, Greater Glasgow and Clyde Health Board's own hospital-derived activity data has been included. These are presented in a way that also permits summary comparison of our performance against targets 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 new Child Protection National Guidance has resulted in changes in terminology and timescales for the stages within the national child protection process. What was previously known as an Initial Child Protection Case Conference (6.2) is now known as an Initial Child Protection Planning Meeting and the associated national target timescales have changed from 21 days to 28 days. The associated national target timescales for First Child Protection Review Conference (6.3) has also changed from 3 months to 6 months, to support a context in which children and young people receive a more consistent approach to care and protection. The revised timeframes allow for more qualitative work to be completed in the assessment period and the registration period.

3.4 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.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

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 – None.

5.0 MANAGEMENT OF RISK

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

5.1 None.

6.0 IMPACT

6.1 **STATUTORY DUTY** – None

6.2 **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.

6.3 **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.

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

7.0 POLICY CHECKLIST

7.1 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.

8.0 APPENDICES

8.1 **Appendix 1** – HSCP Quarter 3 Performance Report 2022-23

East Dunbartonshire
Health & Social Care
Partnership

PERFORMANCE REPORT 2022-23
QUARTER 3

sustainable thriving achieving
East Dunbartonshire Council
www.eastdunbarton.gov.uk

NHS
Greater Glasgow
and Clyde

SECTION 1
Introduction

This HSCP Quarterly Performance Report provides an agreed suite of measures that report on the progress of the priorities set out in the Strategic Plan. Information is reported from national and local NHS sources and East Dunbartonshire Council sources to provide the most up to date information available. For clarity and ease of access, the data 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 pandemic impacts on a number of the performance metrics covering 2022-23 with the diversion of health and social care resources to support the crisis response, as well as service access challenges during periods of high levels of community and hospital disease transmission.

The HSCP has business continuity plans in place to guide the delivery of essential services. Covid-19 Recovery and Transition Plans are also in place which guide service recovery through and out 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.

SECTION 2
Performance Summary

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.

We have re-introduced the pre-Covid summary RAG rating (below), but caution should continue to be applied to interpretation. Full information on the impacts on performance is set out for each individual measure within the report.

- Positive Performance (on target) improving
- Positive Performance (on target) declining
- Negative Performance (off target) improving
- Negative Performance (off target) declining

Positive Performance (on target & maintaining/improving)

4.1	Number of homecare hours per 1,000 population 65+
4.3	Percentage of service users (65+yrs) meeting 6wk target
4.5	% of Adult Protection cases where timesscales are met
4.6	Adult Social Work: Service User Personal Outcomes
5.2	% of people waiting <18 weeks for psychological therapies
5.6	Child and Adolescent Mental Health Services (CAMHS) waiting times
6.1	Child Care Integrated Assessments (ICAs) submission timescales to Reporters Administration
6.2	% of Initial Child Protection Planning Meetings taken place within Child Protection National Guidance
6.3	% of first Child Protection review conferences taking place within 6 months of registration
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

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

Positive Performance (on target but declining)

4.2	Percentage of People Aged 65+yrs with Intensive Needs Receiving Care at Home
7.2	% of Criminal Justice Social Work reports submitted to court on time

Negative Performance (below target but maintaining/improving)

3.1	Number of unplanned acute emergency admissions
3.2	Number of unscheduled hospital bed days
3.3	Quarterly Number of Delayed Discharge Bed Days
6.4	% of children being Looked After in the community

Negative Performance (below target and declining)

3.4	Number of Accident and Emergency attendances (all ages)
5.1	Percentage of People Waiting <3wks for Drug & Alcohol Treatment
5.3	% of people newly diagnosed with dementia receiving post diagnostic support
5.4	Total number of ABIs delivered
5.5	Smoking quits at 12 weeks post quit in the 40% most deprived areas
6.5	% of first Looked After and Acccommodated Children (LAAC) reviews taking place within 4 weeks of accommodation
8.5 / 8.6	NHS Knowledge & Skills Framework and Council Performance Development Review achievement against target (EDC sickness absence data is unavailable)

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 (minimum 95% complete).

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

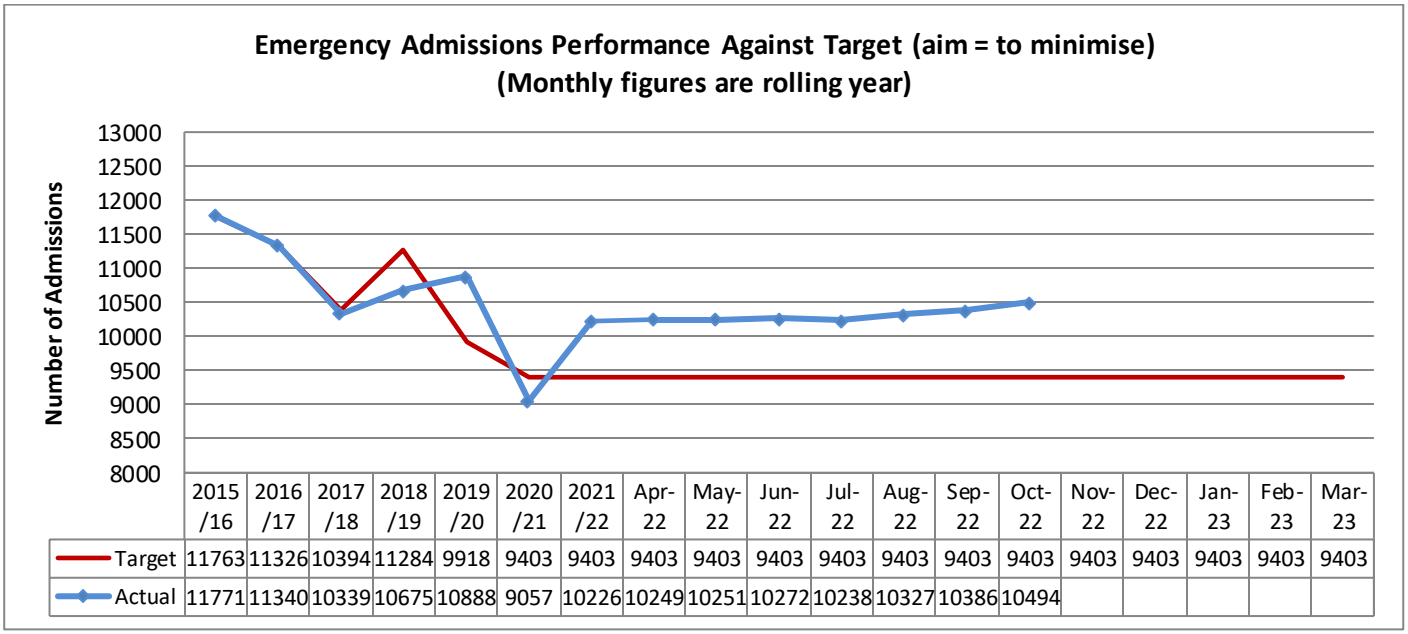
Rationale: Unplanned emergency acute admissions are focussed on reducing inappropriate use of hospital services and shifting the focus from a reliance on hospital care towards proactive support in the community setting. Aim = to minimise.

Table 3.1: Quarterly Number of Unplanned Acute Emergency Admissions

Q3 2021-22	Q4 2021-22	Q1 2022-23	Q2 2022-23	Q3 2022-23	Target (2022-23)
2,520	2,526	2,675	2,665	Full Q3 not available	2,351

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

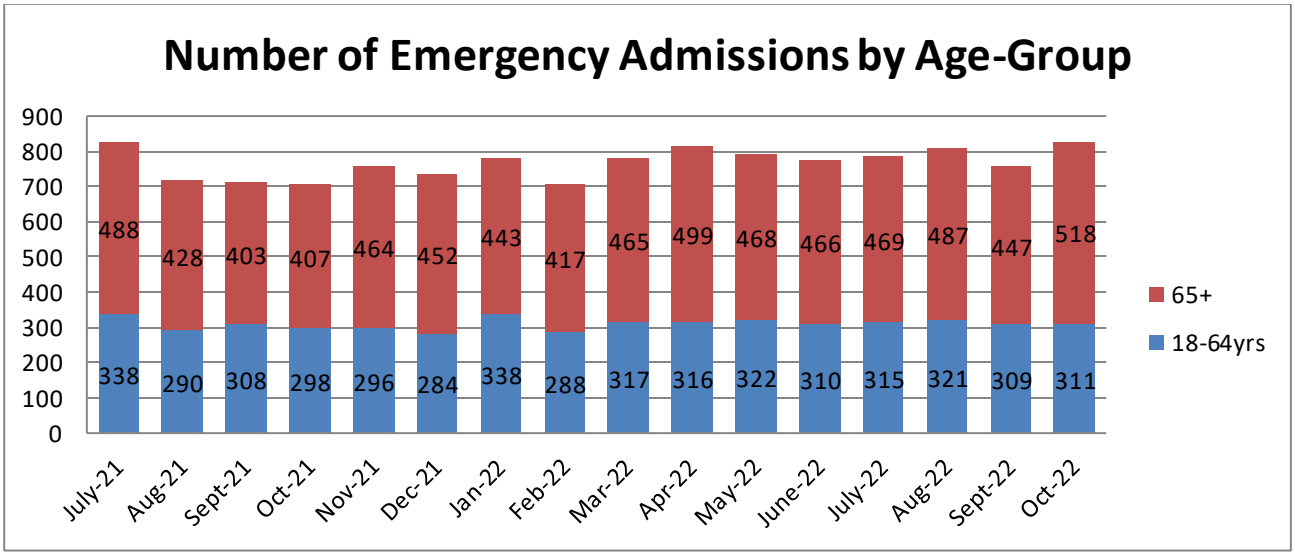
Figure 3.1a: Rolling Year Number of Unplanned Emergency Admissions*



	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Target	11763	11326	10394	11284	9918	9403	9403	9403	9403	9403	9403	9403	9403	9403	9403	9403	9403	9403	9403
Actual	11771	11340	10339	10675	10888	9057	10226	10249	10251	10272	10238	10327	10386	10494					

*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, and how much of a burden of disease is potentially being experienced by our residents.

Since the height of the Covid pandemic, when emergency admissions reduced substantially, admissions have, since the start of 2021-22, shown a steady increase and we have been in excess of our target for admissions since May 2021.

Improvement Actions:
The HSCP continues to deliver on our local Unscheduled Care plan in partnership with the acute sector. Improvement activity is focused on the continued development of the Home First Response Service at the Queen Elizabeth University Hospital with corresponding expanded and enhanced community based rehabilitation services, providing rapid assessment to assist in the prevention of admission and expedite discharge from acute services. Learning from the Covid-19 experience has and is being used to inform ways of working, this includes the expansion of falls prevention work in care homes and an increase in access to advanced clinical decision making in community services through our Advanced Practitioner cohort. 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 2021-22	Q4 2021-22	Q1 2022-23	Q2 2022-23	Q3 2022-23	Quarterly Target (2022-23)
21,643	22,392	22,797	22,717	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

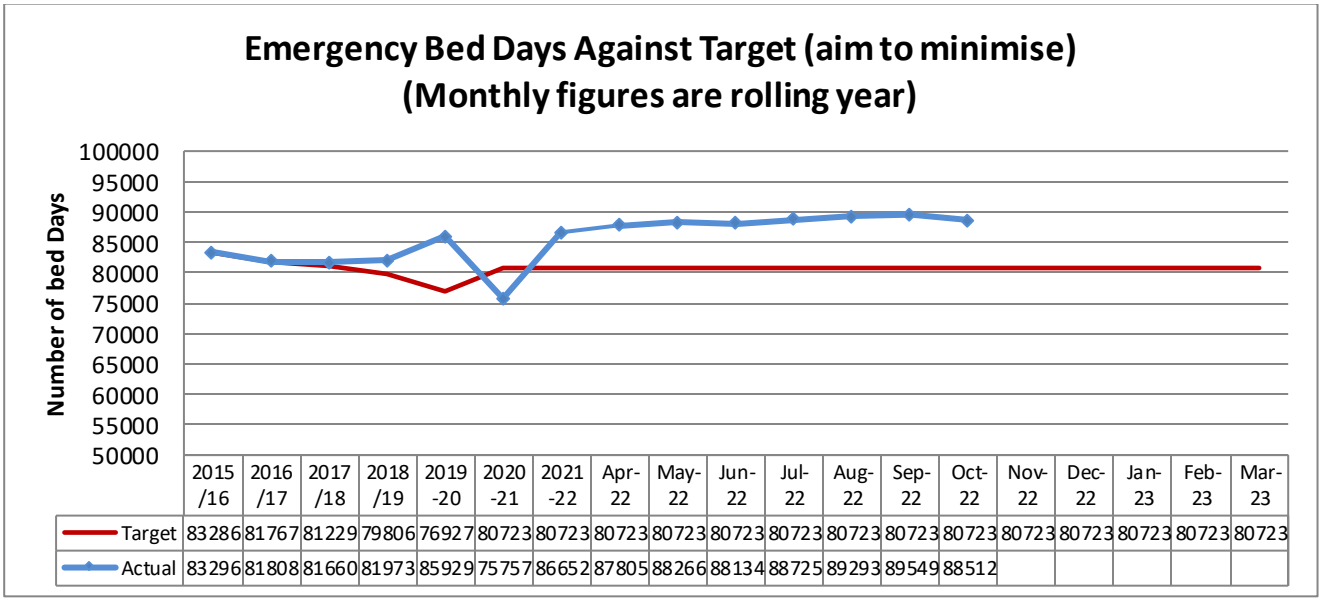
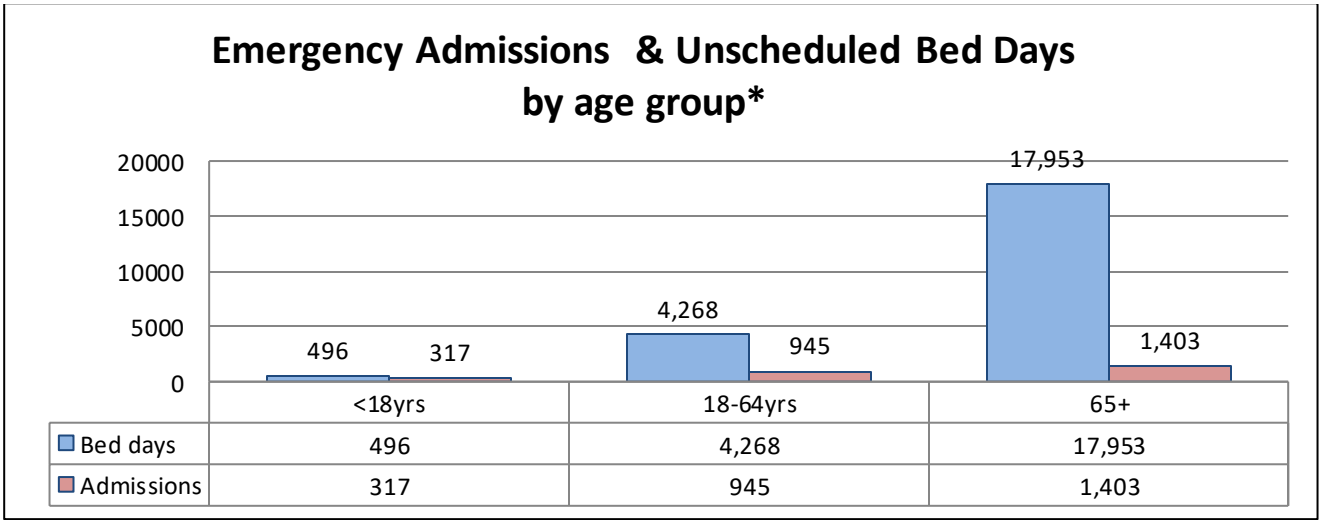


Figure 3.2b: Number of Unscheduled Admissions/Hospital Bed Days by Age Group *



*Based on most recent complete 3 month data period (July to September, >=98% complete)

Situational Analysis:
This indicator describes the number of bed days in secondary care used by patients who have been admitted unexpectedly. Fig 3.2a illustrates what was a challenging trend away from the target trajectory over the years to 2019-20, the short term impact of the pandemic significantly reversed this trend during 2020-21. The "bounce-back" during 2021-22 which has been sustained into quarter 2 of 2022-23, has taken emergency bed days back to pre-Covid levels and off-target. This is linked to the increasingly complexity and frailty of people from East Dunbartonshire admitted as an emergency, and the impact of their experience during the pandemic on their suitability/safety for immediate discharge home. The most recent rolling year published data to October 2022 shows a slight downturn in bed days.

Improvement Actions:
As 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. Improvement activity continues to include daily scrutiny of emergency admissions and proactive work with identified wards to facilitate safe discharge. This operates alongside further 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. As referenced above, new developments are being progressed to support the turnaround of patients who present to emergency departments who can be supported towards a planned rather than emergency episode of care by tailoring community support at home, or to provide this as soon after an avoidable admission as possible.

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 2021-22	Q4 2021-22	Q1 2022-23	Q2 2022-23	Q3 2022-23	Quarterly Target (2022-23)
1,438	1,742	1,989	1,813	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+)

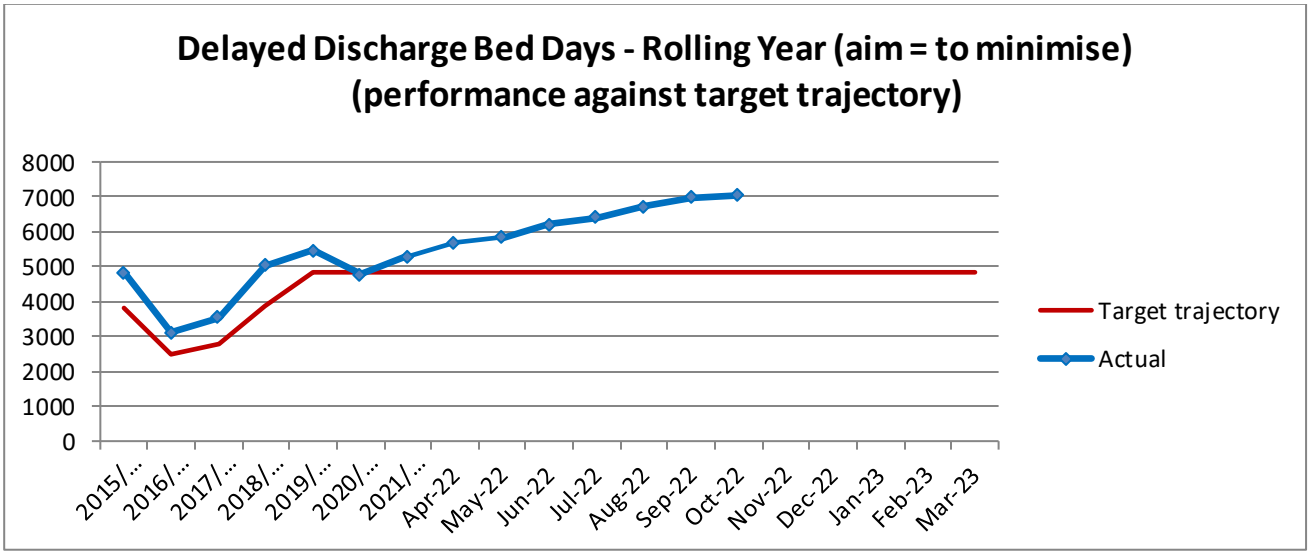
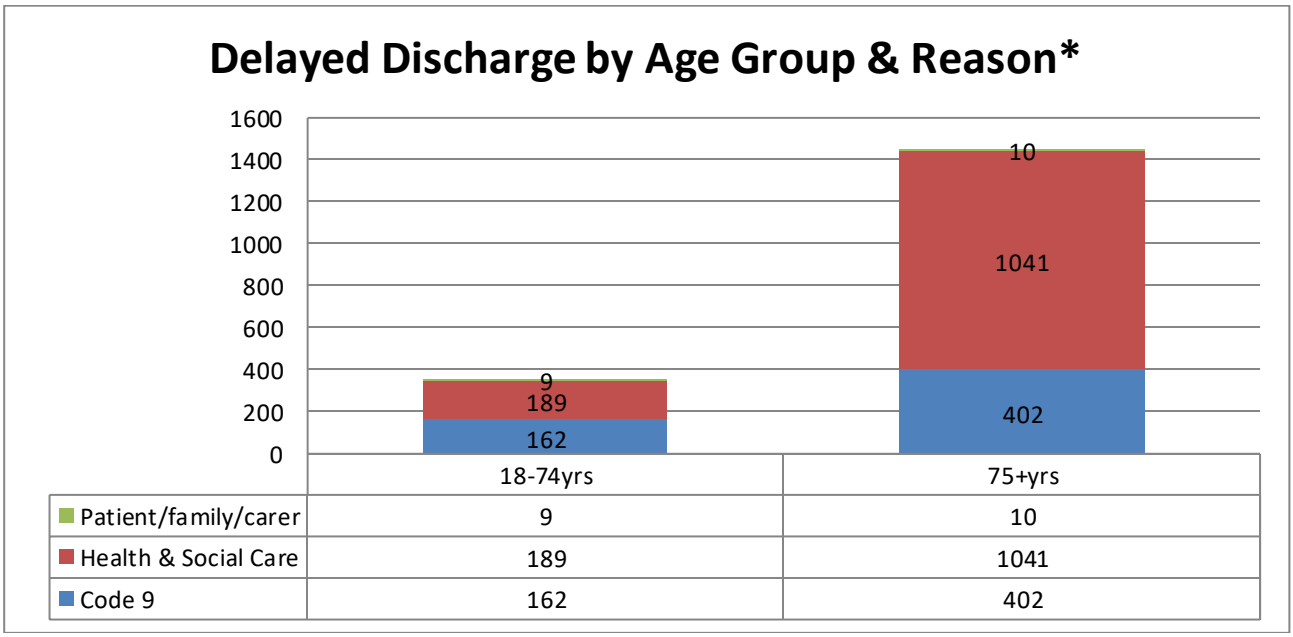


Figure 3.3b: Number of Delayed Discharges by Age and Reason



	18-74yrs	75+yrs
Patient/family/carer	9	10
Health & Social Care	189	1041
Code 9	162	402

*Based on most recent complete 3 month data period (July to September 2022)

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 de-habilitation that can occur while an inpatient and allows hospital resources to be used for people in need of clinical care. National data is only available to October 2022, but figure. 3.3a illustrates the very challenging circumstances that continue to be experienced nationwide in relation to patients delayed in their discharge. The HSCP continues to be confident and can evidence significant efforts in relation to delayed discharges. The HSCP recognise the specific challenge for us regarding complex cases (particularly where patients are subject to Adults with Incapacity legislation), is the impact of the sustained throughput of our delayed patients, our experience of the nationwide

challenges in securing care at home and the emotionally charged nature of choosing to place a loved one in long term care when a return to home is not possible.

Improvement Actions:
Use of electronic operational activity "dashboards" continues to enable local oversight of community patients who have been admitted to hospital so that a response can be made quickly, prior to these patients being deemed fit for discharge. The HSCP can also see patients who have been admitted who are not currently known to us, again allowing early intervention. In addition, all of the actions described in the previous indicator around prevention of admission are relevant to avoiding delayed discharges. Home for Me continues to coordinate our admission avoidance and discharge facilitation work (including discharge to assess) across a range of services. Attempts to expand the care at home component of the service have been thwarted by the nationally experienced workforce challenges in social care where recruitment has not been fruitful. The HSCP continue to work closely with care homes and continuously develop our Care Homes Support team, and have attempted to increase our use of interim placement in line with Scottish Government expectations and recent funding. Acceptance of a move to interim care remain at the choice of the individual and their family, however, and cannot be mandated by the HSCP.

3.4 Accident & Emergency Attendances

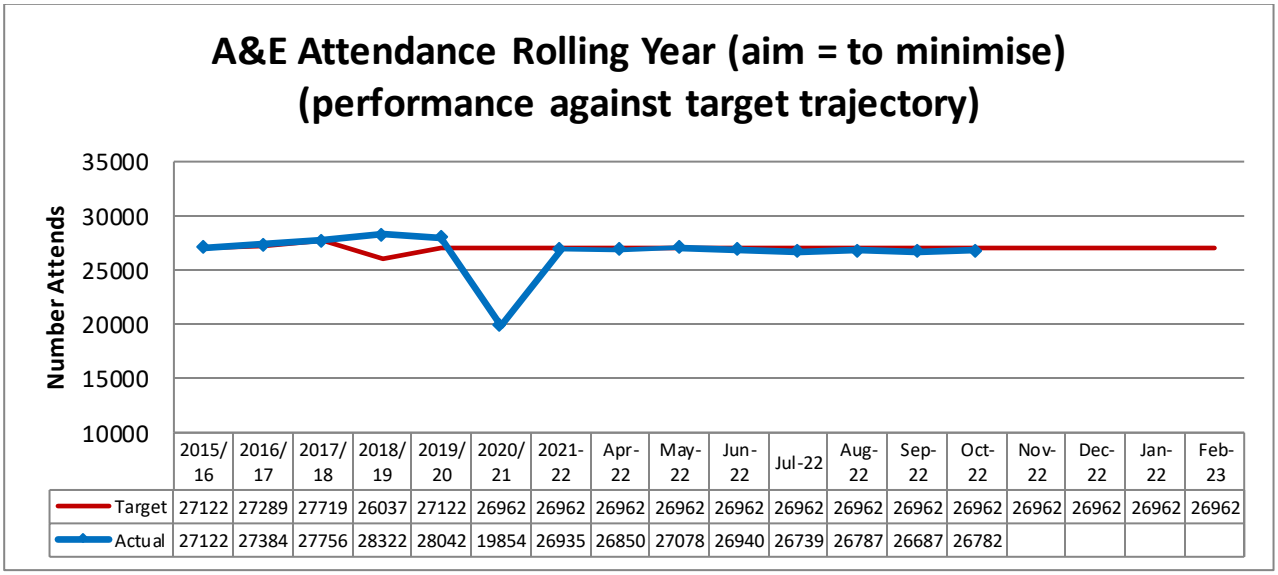
Rationale: Accident & Emergency attendance is focussed on reducing inappropriate use of hospital services and changing behaviours away from a reliance on hospital care towards the appropriate available support in the community setting. Aim = to minimise

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

Q3 2021-22	Q4 2021-22	Q1 2022-23	Q2 2022-23	Q3 2022-23	Quarterly Target (2022-23)
6,226	6,441	6,961	7,059	Full Q3 not available	6,740

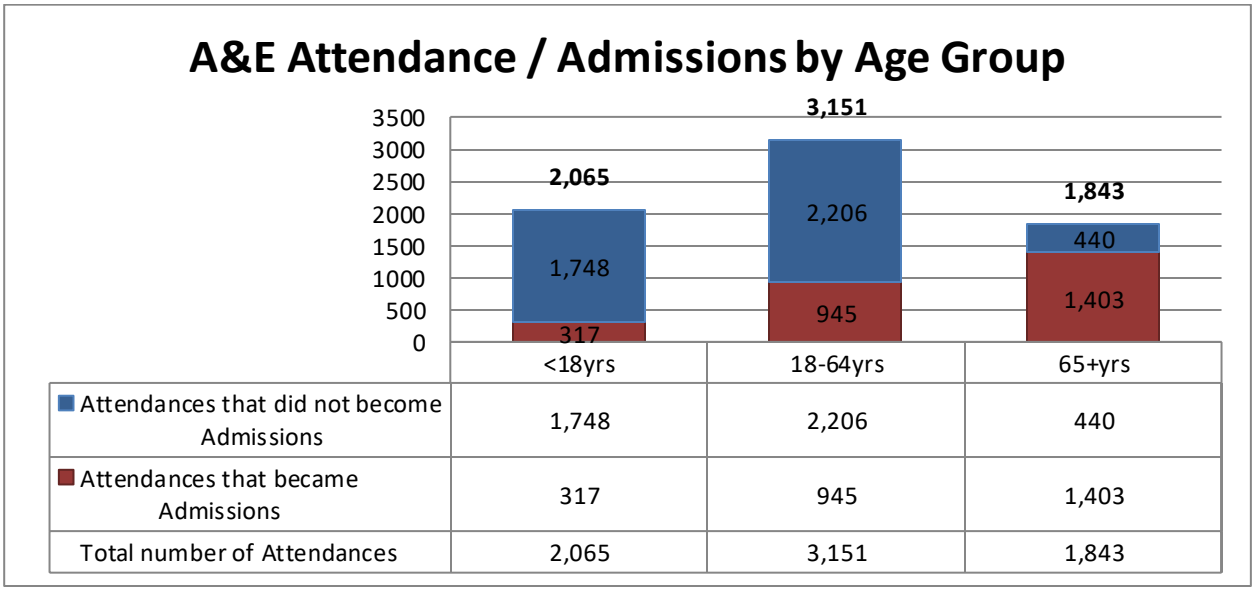
*Based on availability of complete data for quarter at time of report – subject to update.

Figure 3.4a: Rolling year number of A&E Attendances



	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-22	Feb-23
Target	27122	27289	27719	26037	27122	26962	26962	26962	26962	26962	26962	26962	26962	26962	26962	26962	26962	26962
Actual	27122	27384	27756	28322	28042	19854	26935	26850	27078	26940	26739	26787	26687	26782				

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



	<18yrs	18-64yrs	65+yrs
Attendances that did not become Admissions	1,748	2,206	440
Attendances that became Admissions	317	945	1,403
Total number of Attendances	2,065	3,151	1,843

*Based on most recent complete 3 month data period, July to September 2022 (>=95%)

Situational Analysis:

Pre-Covid, East Dunbartonshire had the second lowest level of emergency department attendances, per 1,000 population, across Greater Glasgow and Clyde which has continued since then. After a very steep reduction in attendances during the first year of the pandemic, attendances have still to return to pre-Covid levels (as shown at 3.4a), however attendance levels are currently on-target for the 2022-23 year to date.

The data at 3.4b shows the proportion of those who attended A&E who were subsequently discharged, suggesting that a significant number of those in the younger age-groups 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 emergency department 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.

Improvement Actions:
From an HSCP perspective we continue to progress all developments supporting the transformation of patient access to the right advice and support from the appropriate professional and/or alternative community resources. Additionally, as referenced above, we are improving our response to people attending hospital following emergency conveyance or self-presentation – initially at the Queen Elizabeth University Hospital with plans to expand to the Glasgow Royal Infirmary through the Home First response service and our pre-existing local services.

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 December 2022 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 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 2022

Measure	Actual (Year to Date)	Target (Year to Date)	Target RAG*	Rank in GGC (most recent month)
Emergency Dept. Attendances (18+)	13,879	14,756		2
Emergency Admissions (18+)	6,961	7,052		4
Unscheduled bed days (18+)	73,700	60,542		4
Delayed discharge bed days (all ages)	5,420	3,629		2

* RAG rating used:
Green: equal to or ahead of target (ahead of target is 'positive')
Amber: off-target by less than 10% (off-target is 'negative')
Red: off target by 10% or more

(Source: NHSGGC - East Dunbartonshire HSCP Analysis)

SECTION 4
Social Care Core Indicators

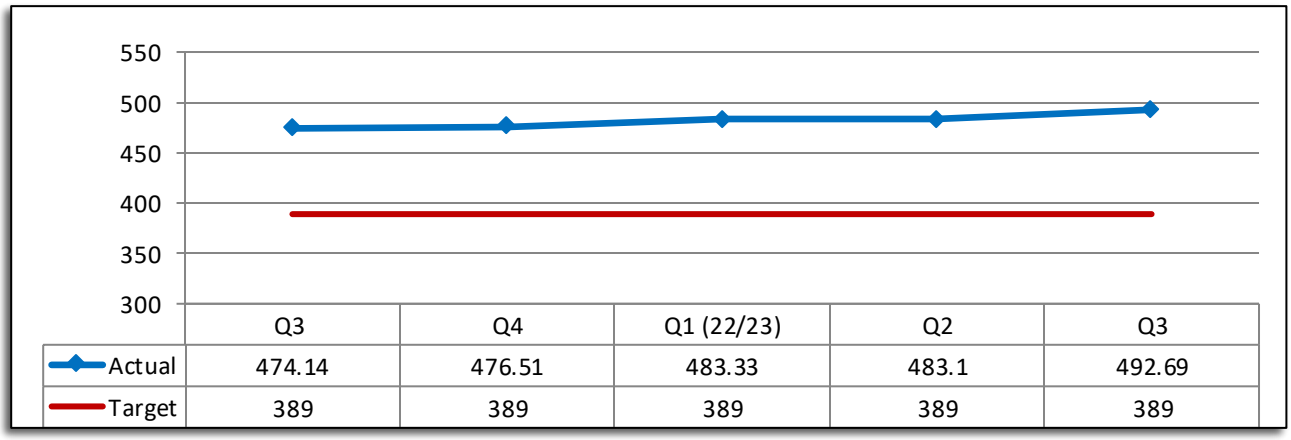
This section provides an updated report of Social Care core dataset and includes data collated by East Dunbartonshire Council's Performance & Research Team. Although reported separately from the Health and Social Care data, the following indicators are integral to achieving the targets set out in the Health and Social Care Annual 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+ (IHSC-89-LPI-6)



	Q3	Q4	Q1 (22/23)	Q2	Q3
Actual	474.14	476.51	483.33	483.1	492.69
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 1,000 population over 65 is continuing to be ahead of target for 2022-23 quarter 3. 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 of need in terms of volume and intensity of older people's health and social care services. Approximately 40% of people 85+ are in receipt of at least one social/personal care at home service.

Improvement Action:
Care at home 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

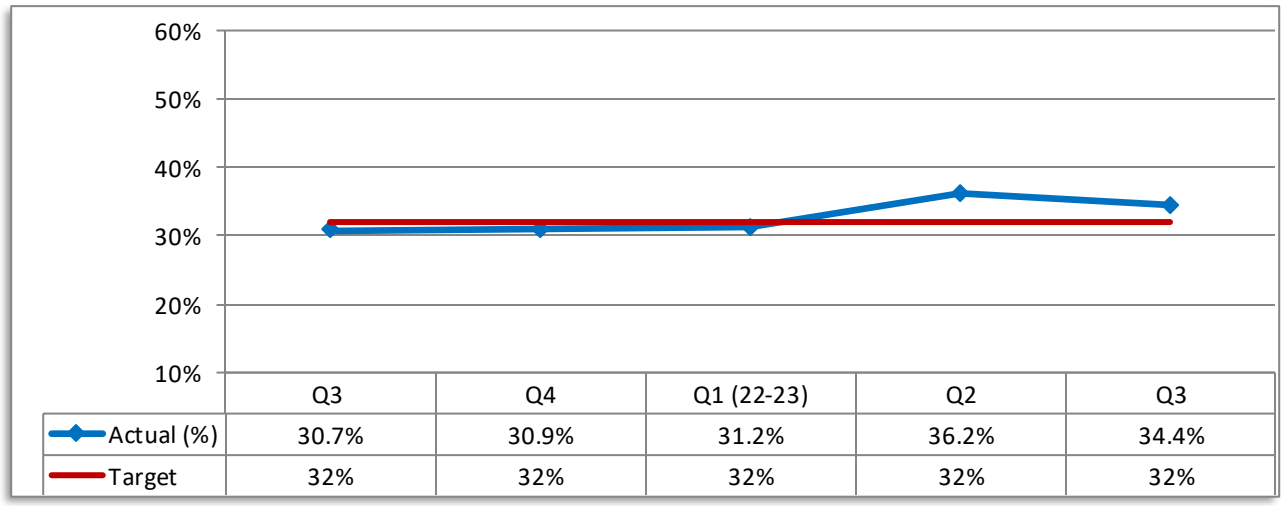
their preferred place of care and reducing the number of people living in long term care are all dependant on care at home.

The service continues to experience a sustained demand for service from customers who are presenting with more complex needs or whose needs have escalated or significantly changed, resulting in enhancements to the care package provided, and some customers have experienced a delay in their care package starting which is atypical in the East Dunbartonshire system. This illustrates the capacity pressures described throughout this report, and which are being actively managed by 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 4.2a: Percentage of People Aged 65+yrs with Intensive Needs Receiving Care at Home (aim = to maximise) (HSCP-SOL-SW3)



	Q3	Q4	Q1 (22-23)	Q2	Q3
Actual (%)	30.7%	30.9%	31.2%	36.2%	34.4%
Target	32%	32%	32%	32%	32%

Situational Analysis:
This indicator is above target for quarter 3, 2022-23. The indicator measures the number of people over 65 receiving 10 hours or more of homecare per week, which is a historic 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. The increase during 2022-23 is reflective of higher levels of presenting need and complexity across the whole system. This is further supported by the 35% increase in the number of care at home customers requiring the assistance of two carers for each care visit in the last 6 months.

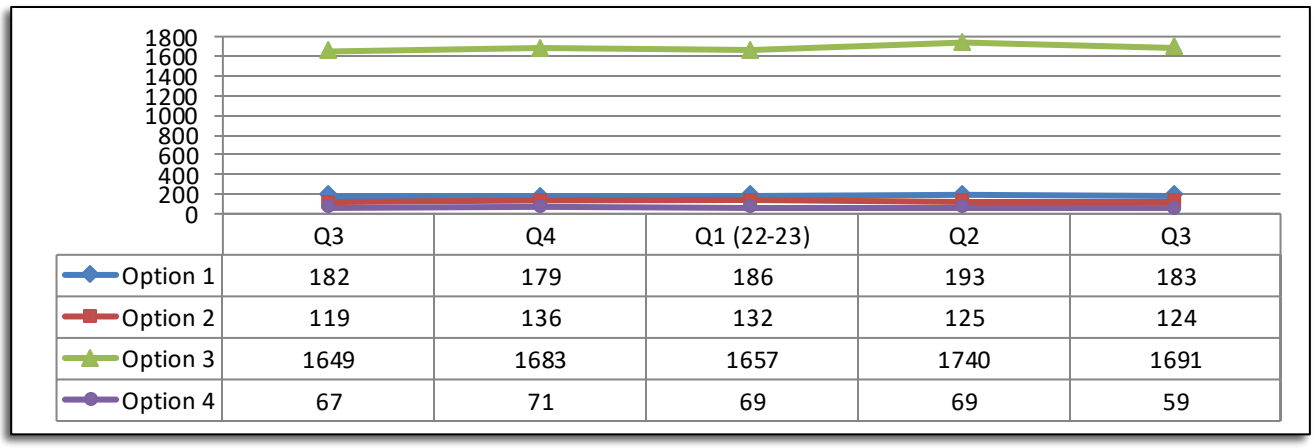
Improvement Action:
Our intention is to maintain good, balanced performance in this area, addressing capacity challenges and maximising rehabilitation and reablement opportunities wherever possible

for customers. The HSCP continue to experience challenges in meeting all demand for care at home services in house and through our commissioned provider partners. Workforce pressures remain the most common reason for capacity shortages. The service continue to meet excellent performance standards in undertaking reviews to ensure that optimum levels of care are provided, reducing packages where appropriate thus enabling care to be freed up for others. The in-house service continues to operate with very high levels of overtime use due to a sustained 10-12% vacancy factor particularly in relation to reablement and response carer cohorts.

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 (22-23)	Q2	Q3
Option 1	182	179	186	193	183
Option 2	119	136	132	125	124
Option 3	1649	1683	1657	1740	1691
Option 4	67	71	69	69	59

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.

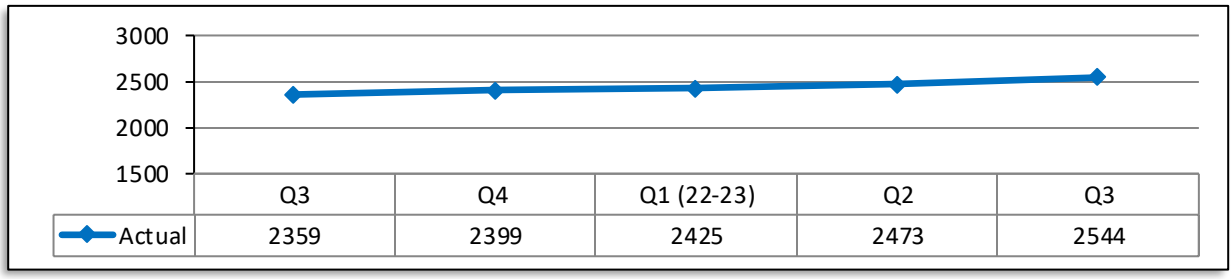
This quarter has seen a slight decrease in Option 1, Option 2 and Option 4 which is indicative of the ongoing recruitment challenges facing the social care sector meaning that customers are finding it difficult to source their own agency or employ Personal Assistants. Option 3 has also seen a decrease, however we have seen an increase in people entering long term care and this may therefore be impacting on Option 3 at this time.

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 (22-23)	Q2	Q3
Actual	2359	2399	2425	2473	2544

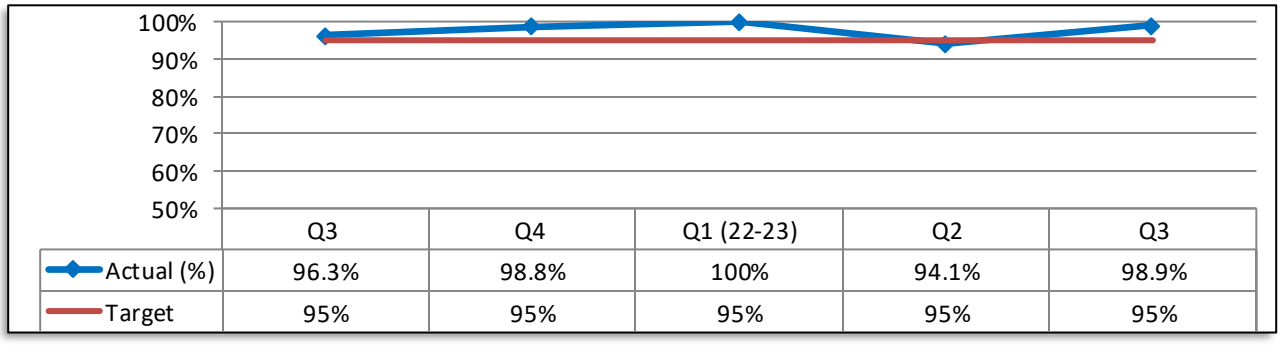
Situational Analysis:
There has continued to be a gradual increase in the number of people aged 75 and over with a telecare package. This is in line with expectations, as the population of people in East Dunbartonshire aged 75+ increases and telecare opportunities are maximised.

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. The specification for a shared alarm receiving solution across all 32 Local Authorities is in the final stages which includes a shared data set for monitoring and reporting. The programme of work to transition telecare from analogue to digital channels is also progressing well.

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) (HSCP-06-BIP-6)



	Q3	Q4	Q1 (22-23)	Q2	Q3
Actual (%)	96.3%	98.8%	100%	94.1%	98.9%
Target	95%	95%	95%	95%	95%

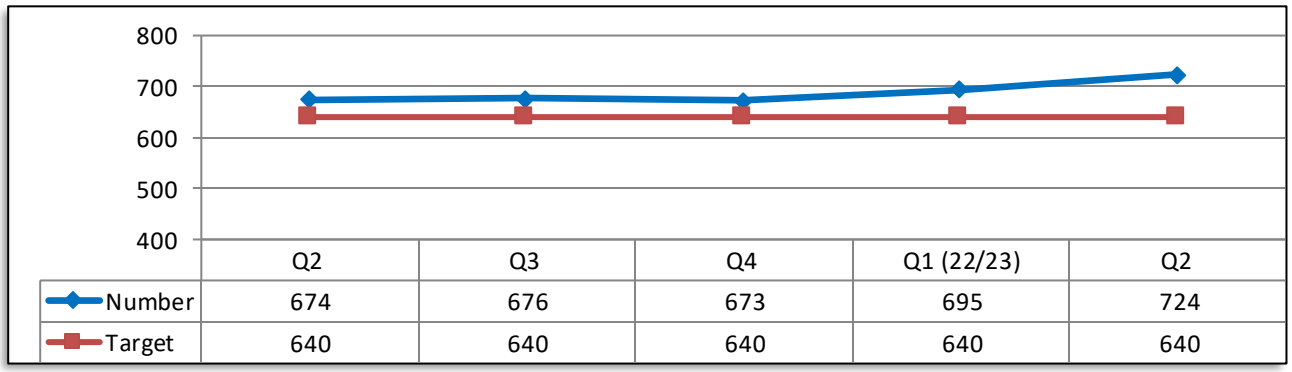
Situational Analysis:
The HSCP has reported consistently high levels of compliance against this indicator. Indeed, many people receive services well within the 6 week target from the completion of their community care assessment. In quarter 3 2022-23, this above target performance has been achieved again.

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

4.4 Care Home Placements

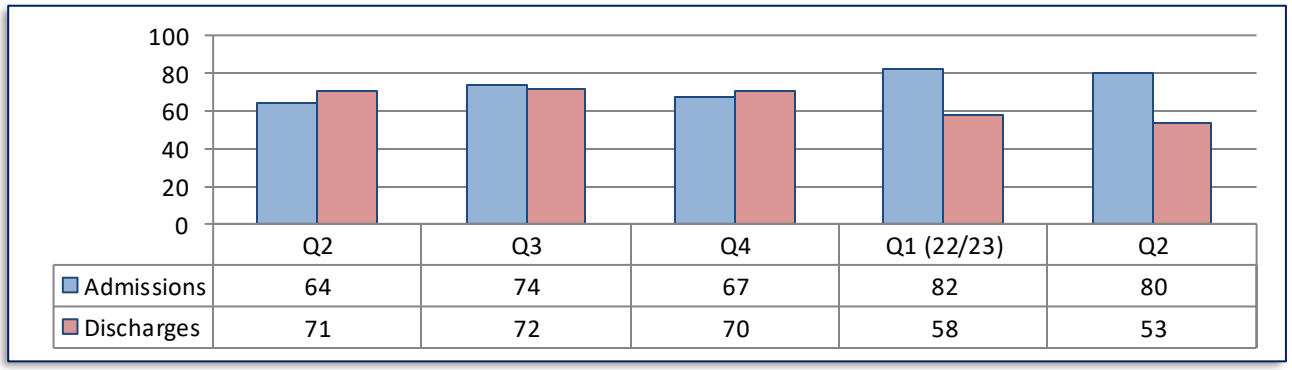
Rationale: The focus of the HSCP is to maximise opportunities for people to live active, independent lives for as long as possible which will prevent avoidable long term care placement. Aim = monitor care home placement numbers/maintain baseline

Figure 4.4a Number of People Aged 65+yrs in Permanent Care Home Placements (snapshot) (HCP-14-LPI-6)



	Q2	Q3	Q4	Q1 (22/23)	Q2
Number	674	676	673	695	724
Target	640	640	640	640	640

Figure 4.4b Number of Care Home Admissions and Discharges (including deaths) (HCP-13-LPI-6 & HSCP-AS-LPI-1)



	Q2	Q3	Q4	Q1 (22/23)	Q2
Admissions	64	74	67	82	80
Discharges	71	72	70	58	53

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 placements in long term care. Increases in care at home provision to older people demonstrates that this has been successful, but demand pressures continue across all service sectors and we have experienced an increase in cases where long term care need is indicated.

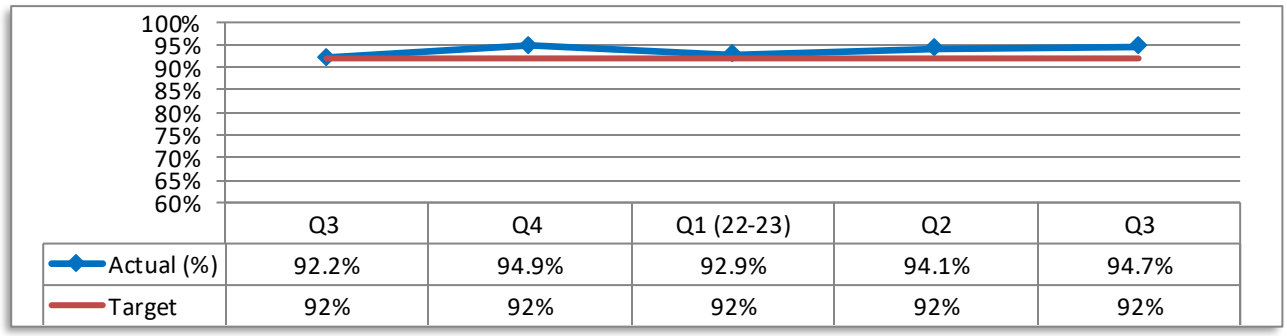
The availability of care home admission and discharge data is generally subject to time lag, due to transactional processes and recording, so the most recent data relates to July to September 2022. Admissions to Care Homes have returned to pre-Covid levels but continue to be affected by outbreaks of Covid-19 and other viruses which results in the Care Home being closed to admissions, or to staffing shortages impacting on the ability to accept new residents. Increases in admission during the reporting period reflect rises in levels and complexity of presenting needs across the whole system.

Improvement Action:
Work continues to analyse and manage care home admission pressures, taking into account the potential consequences, both personal and organisational, of long term care decision-making. Intensive support and assurance work is being provided by the HSCP for to care homes in the area, enhanced by the input of our integrated care homes support team.

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) (HSCP-05-BIP-6)



	Q3	Q4	Q1 (22-23)	Q2	Q3
Actual (%)	92.2%	94.9%	92.9%	94.1%	94.7%
Target	92%	92%	92%	92%	92%

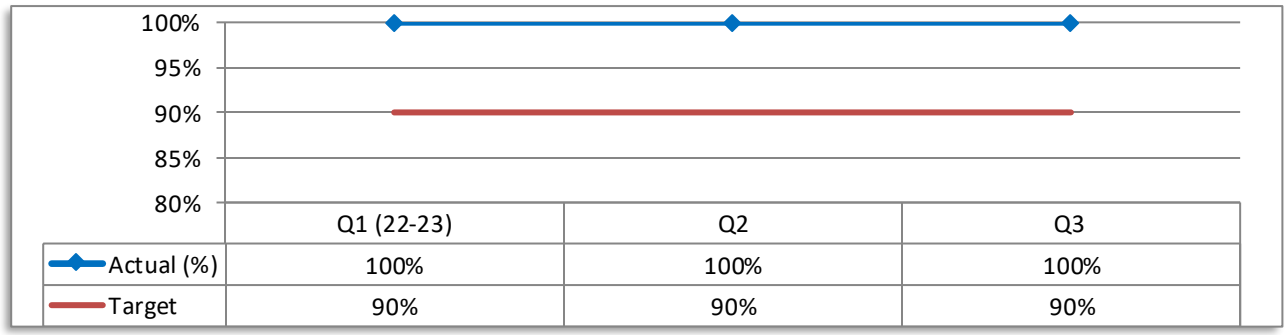
Situational Analysis:
Quarter 3 continued to see an above target performance despite fluctuating pressures on workforce capacity caused by variable COVID-19 infection rates over time. Business continuity measures continue to be applied as and when required.

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 has been developed with testing underway during 2022/23. Any necessary adjustments to reporting will be made once the framework has been agreed for implementation.

4.6 Adult Social Work: Service User Personal Outcomes (*new measure for 2022-23*)

Rationale: When preparing a support plan, social workers agree with service users the personal outcomes that and care and support should be aiming to meet. As a minimum, these should be designed to reduce risks from a substantial to a moderate level, but the arranging of informal support may additionally contribute to improving quality of life outcomes. When services are reviewed (at least annually), social workers consider with service users the extent to which these personal outcomes have been fully or partially met, or not met. This measure reports on the extent to which personal outcomes have been fully or partially met, with data on all reviews being collated for the period. Aim = to maximise.

Figure 4.6 Percentage of adults in receipt of services who have had their personal outcomes fully or partially met (Aim = to maximise) (HSCP-BIP-10)



	Q1 (22-23)	Q2	Q3
Actual (%)	100%	100%	100%
Target	90%	90%	90%

Situational Analysis:
Quarter 3 has reported strong performance again for this new indicator, at 100%, well above the target of 90%.

Improvement Action:
The aim is that social work assessment and support management remains focused and specific on improving agreed outcomes for the people we support. This data is also produced at a team level, to permit examination at a more granular level on how effectively support is being targeted towards measurably reducing risks and also improving quality of life by maximising the potential benefits of informal as well as formal supports options.

SECTION 5
Local Delivery Plan (Health) Standards

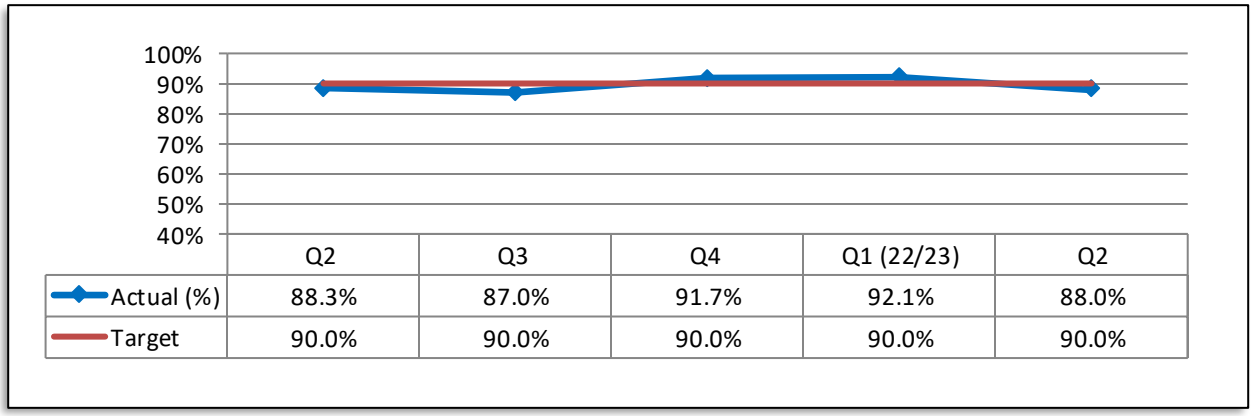
LDP Standards refer to a suit of targets, set by the Scottish Government, which define performance levels that all Health Boards are expected to either sustain or improve. This section reports on the Standards delivered by, or relevant to, the HSCP.

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

5.1 Drugs & Alcohol Treatment Waiting Times

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

Figure 5.1: Percentage of People Waiting <3wks for Drug & Alcohol Treatment (aim = to maximise)



	Q2	Q3	Q4	Q1 (22/23)	Q2
Actual (%)	88.3%	87.0%	91.7%	92.1%	88.0%
Target	90.0%	90.0%	90.0%	90.0%	90.0%

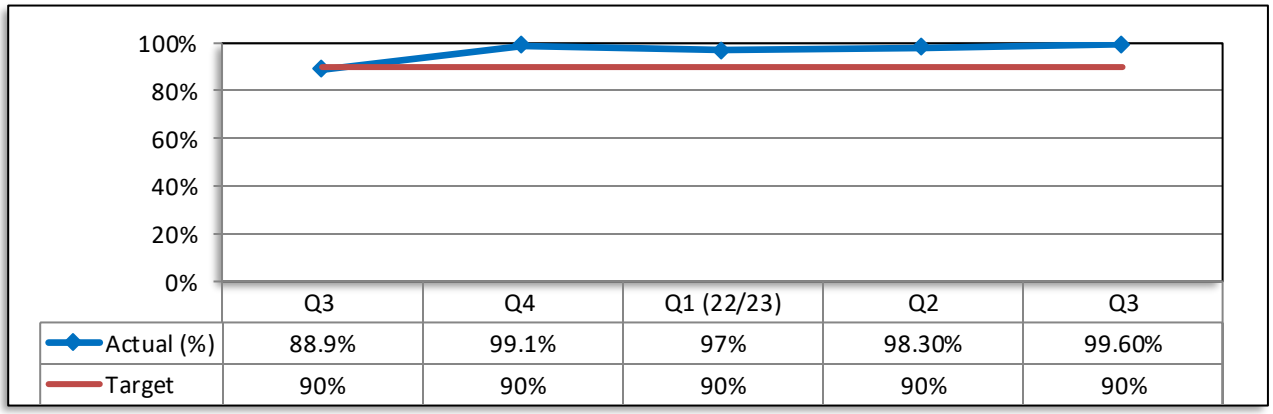
Situational Analysis:
2022-23 quarter 3 waiting time performance data had not been published at the time of preparing this report, so the most recent data relates to April – September 2022. Performance was slightly below target for this quarter after a steady improvement over the previous 12 months.

Improvement Action:
The team will continue to work to maintain and further improve performance in this area in the longer term utilising the DAISy database and are continuing to support staff in updating the database. The Alcohol and Drug Partnership (ADP) is also looking to increase capacity within the ADP support team and within the ADRS.

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 (22/23)	Q2	Q3
Actual (%)	88.9%	99.1%	97%	98.30%	99.60%
Target	90%	90%	90%	90%	90%

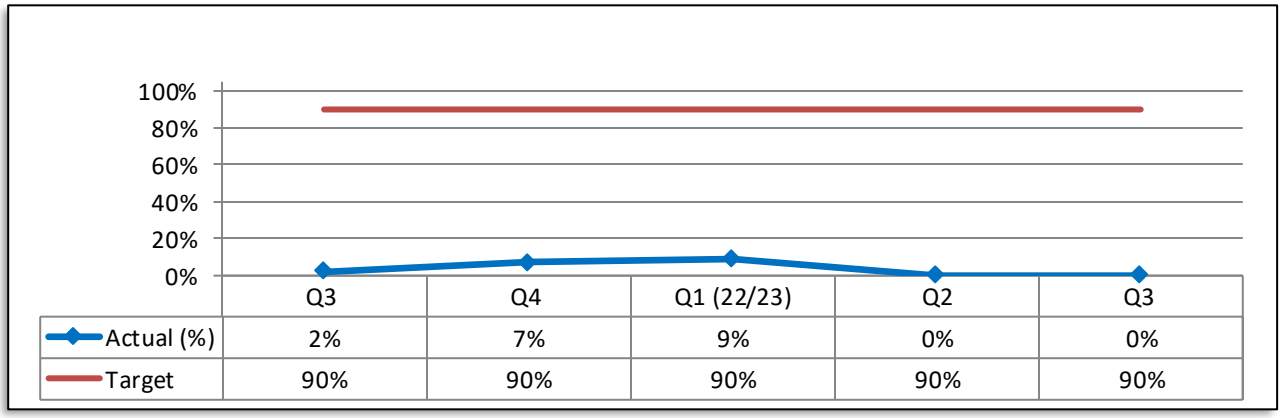
Situational Analysis:
This includes the Community, Primary and Older People's Mental Health Teams. The performance standard is measured as the percentage of people seen within 18 weeks from referral to delivery of service. The service has delivered comfortably above target by this measure for the past year, despite the pressures presented by the pandemic. This level of performance was achieved despite the service experiencing recurring recruitment challenges over Clinical Psychology posts and Covid-19 restrictions. Alternative innovative mechanisms for providing support have been utilised, which have successfully 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 (22/23)	Q2	Q3
Actual (%)	2%	7%	9%	0%	0%
Target	90%	90%	90%	90%	90%

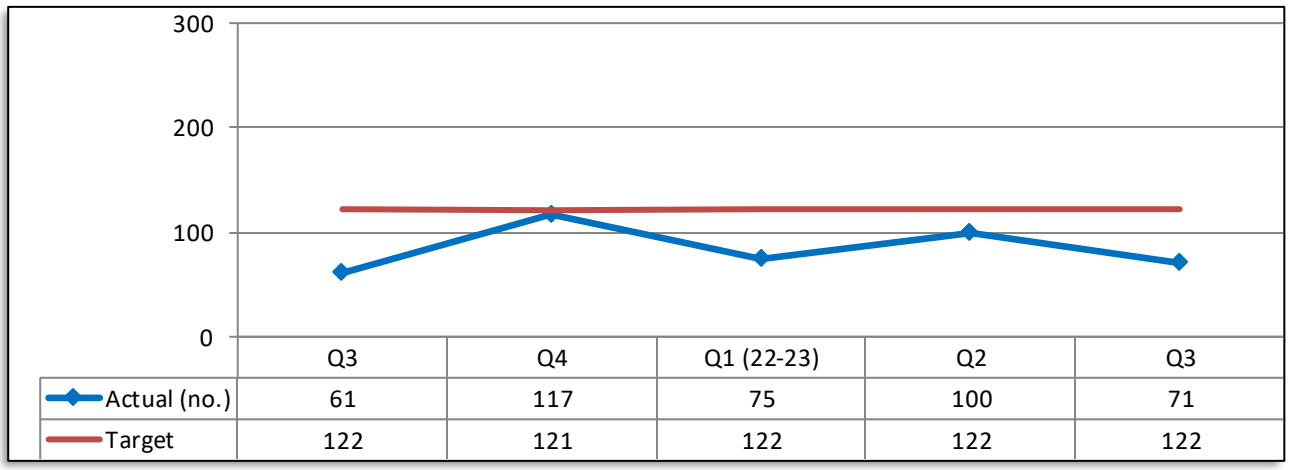
Situational Analysis:
This indicator examines how many patients are accessing PDS within 12 weeks of new diagnosis. In the early part of 2021-22, the service was operating almost at target levels, but was severely impacted later in the year by non-Covid related staffing issues, which persisted into the first half of quarter 3 in 2022-23.

Improvement Action:
Work is ongoing to return performance to target levels. More hours have been recruited to within the service and the HSCP has now completed its review of PDS provision which is currently in the process of being implemented. It is expected that these changes will bring better performance in relation to people being seen within 12 weeks from their diagnosis.

5.4 Alcohol Brief Interventions (ABIs)

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

Figure 5.4: Total number of ABIs delivered (aim = to maximise)



	Q3	Q4	Q1 (22-23)	Q2	Q3
Actual (no.)	61	117	75	100	71
Target	122	121	122	122	122

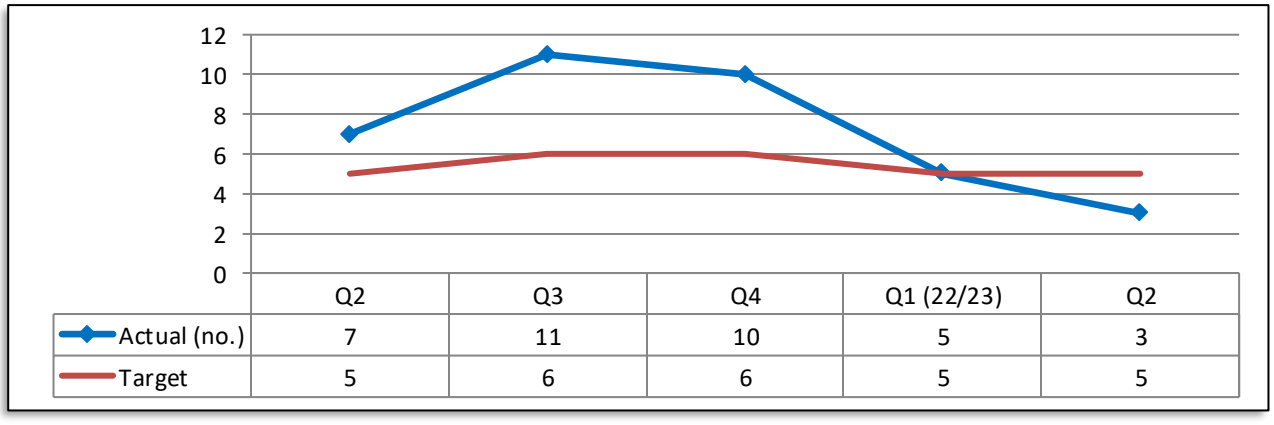
Situational Analysis:
Fig 5.4 shows that the delivery of ABIs continues to be below target and has been since 2020-21 due to the severe impact of Covid-19 restrictions on these therapeutic interventions. Performance has been improving sporadically over the course of the last year, but it continues to be challenging. The target overall for 2022-23 is to deliver 487 interventions over the full year.

Improvement Action:
Recovery plans continue to be used to inform the return to previous levels of service. Alternative engagement methods will be maximised, such as use of digital technology and rebuilding capacity within GP surgeries.

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 (22/23)	Q2
Actual (no.)	7	11	10	5	3
Target	5	6	6	5	5

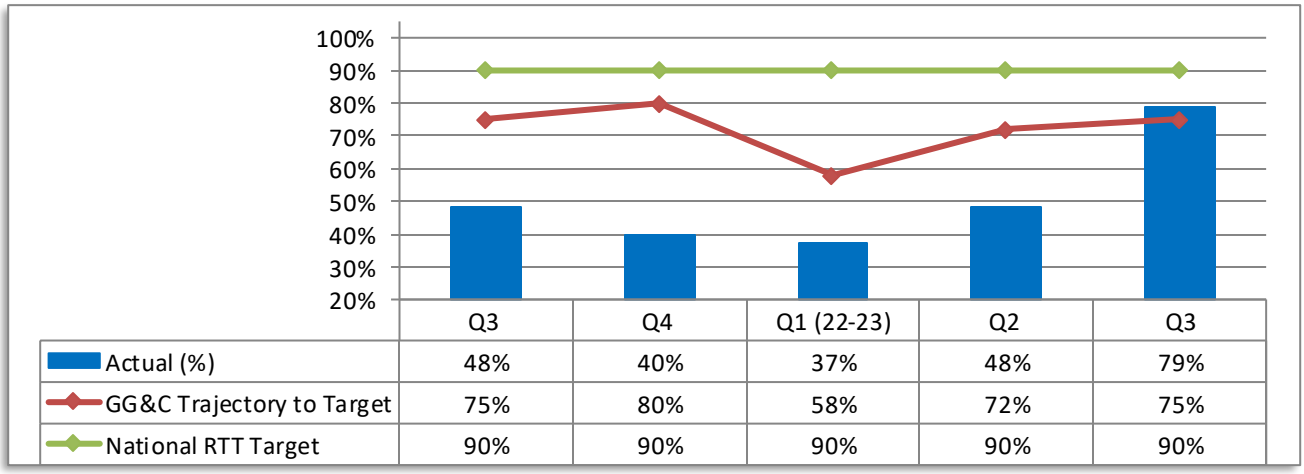
Situational Analysis:
Targets for smoking cessation are set centrally by NHSGGC. Data is generally 3 months behind, so Fig 5.5 shows the most recent data available. The target of 5 quits has been missed in quarter 2, performance has however been above target in previous reporting periods. The service is currently facing difficulties due to the unavailability of Varenicline and intermittent stock issues with other Nicotine Replacement Therapies. There have also been issues with accessing NHS and community venues to enable a return to full face-to-face service delivery. The target of 22 quits was exceeded during 2021-22, with a total of 37 quits achieved

Improvement Action:
Remobilisation of face-to-face community services commenced mid-way through Q2, however identifying suitable NHS and community venue access has been challenging. To support ongoing remobilisation efforts, the service is continuing to link with key partners and stakeholders to identify opportunities to raise the profile of the service and to scope alternative suitable venues for face-to-face service delivery. Alternative methods of intervention will continue to be used on a blended basis as some "virtual" approaches have been found to be successful. The Quit Your Way Pharmacy service have recommenced pharmacy visits and pharmacy training, however the impact of these actions are unlikely to be realised until late quarter 3 and into quarter 4 of 22/23.

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 Young People seen or otherwise discharged from the CAMHS waiting list who had experienced a wait of <18wks (aim = to maximise)



	Q3	Q4	Q1 (22-23)	Q2	Q3
Actual (%)	48%	40%	37%	48%	79%
GG&C Trajectory to Target	75%	80%	58%	72%	75%
National 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 18 months in particular have had a significant impact on clinical capacity. CAMHS are working to resolve this as efficiently and safely as possible. At the end of quarter 3 in East Dunbartonshire, 86% of children on the waiting list were waiting for less than 18 weeks. While 79% of children seen, or discharged from the waiting list, had waited less than 18 weeks.

The increases in proportions of children waiting less than 18 weeks are a sign that the shape of the waiting list has changed. Improvements in waiting times are thus predicted to continue. It should also be highlighted that the total number of children discharged from the waiting list month on month continues to increase substantially (For 2021/22 Q2 – 83, Q3 – 139 of which 67 waited less than 18 weeks, Q4 – 171 of which 69 waited less than 18 weeks, 2022/23 Q1 – 260 discharged with 95 waiting less than 18 weeks, and for 2022/23 Q2 – 194 discharged with 94 waiting less than 18 weeks, Q3 - 217 discharged with 171 waiting less than 18 weeks). These improvements are a consequence of increased staffing associated with the Mental Health Recovery and Renewal funding.

Improvement Actions:

The following improvement actions are in progress to address demand on the service:

- Focus on waiting list and RTT targets continues. First treatment appointment activity levels are being maintained, as the number of children waiting has reduced and NHSGGC Board reaches the national RTT target. Activity will now shift to providing return appointments.
- The CAMHS Mental Health Recovery and Renewal Programme Board continues to meet to oversee plans 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 agreed and recruitment ongoing.
- CAMHS Waiting List Initiative Group meet bimonthly to monitor performance of the improvement plan for waiting lists.
- Comprehensive review / validation of the current waiting list to ensure up to date information is available in relation to those who have had lengthy waits, to establish any reduction or escalation of difficulties, and/or any additional supports that may be beneficial. The letter to families has been amended with an invite to call and book an appointment, with choice of when and how families would like to be seen.
- 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.
- The learning and development plan to be refreshed to include implementation of the finalised standardised care bundles for CAMHS to ensure evidence based programmes are adopted and that new staff are well inducted and developed.
- Refresh of CAPA to improve through put and to move to a full booking position where children are allocated a case manager and next appointment at onset of treatment.
- Ongoing use of NearMe and remote/digital group options, to increase numbers of children seen and clinical capacity. A Clinical Psychologist has been appointed to

lead on the delivery of digital groups, which will improve uptake, and ensure children, young people and families are appropriately identified for this form of treatment.

- There is an increased focus on DNA rate for choice appointments, data has been reviewed and an audit of actions undertaken to identify any weakness in the appointing process. Triage calls added to operational guidance to engage with families ahead of first appointments. SMS text checked and delivered, voice message reminders setup.
- 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.

Agreed Trajectory until March 2023

The timeframe for both RMP3 and RMP4 targets has passed. The targets for 2022/23 are included in the table below. 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 national RTT target.

Figure 5.6a National & Revised NHSGGC Targets for CAMHS

CAMHS	Apr 22	May 22	Jun 22	July 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
% NHSGGC CAMHS patients seen <= 18 weeks	**53.2%**	**54.5%**	**65.8%**	**61.6%**	**68.0%**	**84.2%**	**84.2%**	**91.3%**	**94.9%**			
NHSGGC Projection Lower range	56.0%	58.0%	60.0%	62.0%	66.0%	70.0%	72.0%	74.0%	76.0%	76.0%	78.0%	79.0%
NHSGGC Projection/ Target	62.0%	64.0%	66.0%	68.0%	72.0%	76.0%	78.0%	80.0%	82.0%	82.0%	84.0%	85.0%
NHSGGC Projection Upper range	68.0%	70.0%	72.0%	74.0%	78.0%	82.0%	84.0%	86.0%	88.0%	88.0%	90.0%	91.0%
National RTT Target	**90.0%**	**90.0%**	**90.0%**	**90.0%**	**90.0%**	**90.0%**	**90.0%**	**90.0%**	**90.0%**	**90.0%**	**90.0%**	**90.0%**

SECTION 6
Children's Services Performance

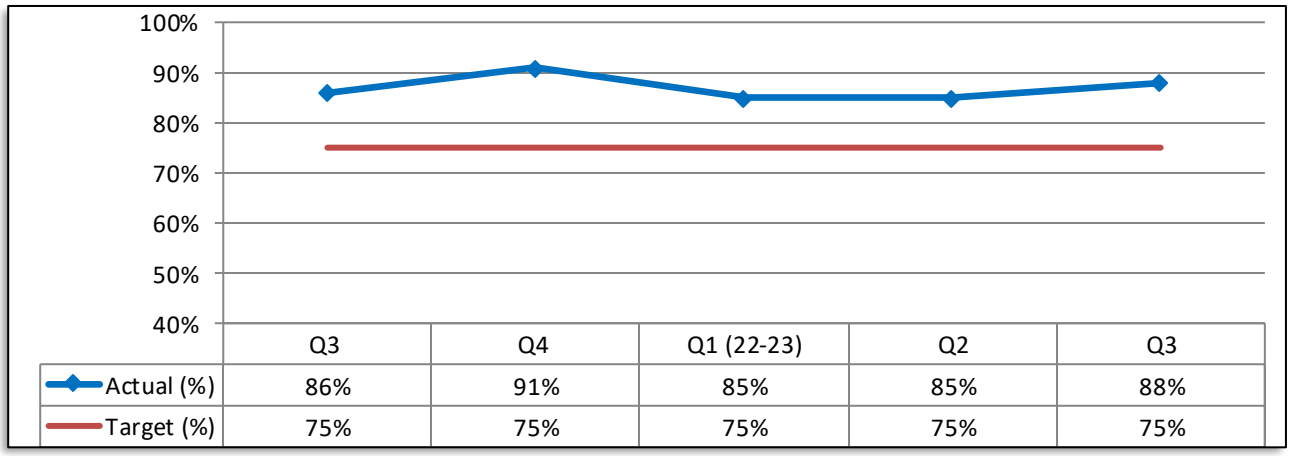
This section provides an updated report performance against key Children and Families indicators. The indicators reported are:

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

6.1 Child Care Integrated Assessments (ICA) for Scottish Children 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) (HSCP-01-BIP-3)



	Q3	Q4	Q1 (22-23)	Q2	Q3
Actual (%)	86%	91%	85%	85%	88%
Target (%)	75%	75%	75%	75%	75%

Situational Analysis:
Quarter 3 demonstrates continued performance above target, with 7 out of 8 ICA reports submitted to SCRA arrived within the target timescale.

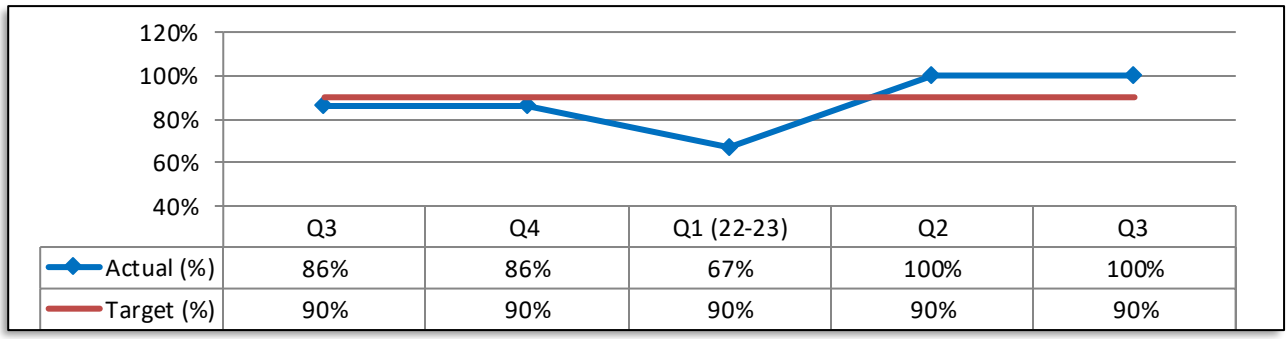
Improvement Action:
Maintain good performance.

6.2 Percentage of Initial Child Protection Planning Meetings taking place within Child Protection National Guidance target timescales

(previously referred to as Initial Child Protection Case Conferences)

Rationale: Local standard and timescales set by East Dunbartonshire Child Protection Committee. Aim = to maximise

Figure 6.2: Percentage of Initial Child Protection Planning Meetings taking place within 28 days of concern being raised, as per Child Protection National Guidance. (aim = to maximise) (HSCP-94-LPI-3)



	Q3	Q4	Q1 (22-23)	Q2	Q3
Actual (%)	86%	86%	67%	100%	100%
Target (%)	90%	90%	90%	90%	90%

Situational Analysis:

The new Child Protection National Guidance has resulted in changes in terminology and timescales for the stages within the national child protection process. What was previously known as an Initial Child Protection Case Conference is now known as an Initial Child Protection Planning Meeting. The associated national target timescales have also changed from 21 days to 28 calendar days.

Performance in Quarter 3 is above target at 100% compliance. 4 First Review Child Protection Planning Meetings were held during quarter 3; all were within timescale.

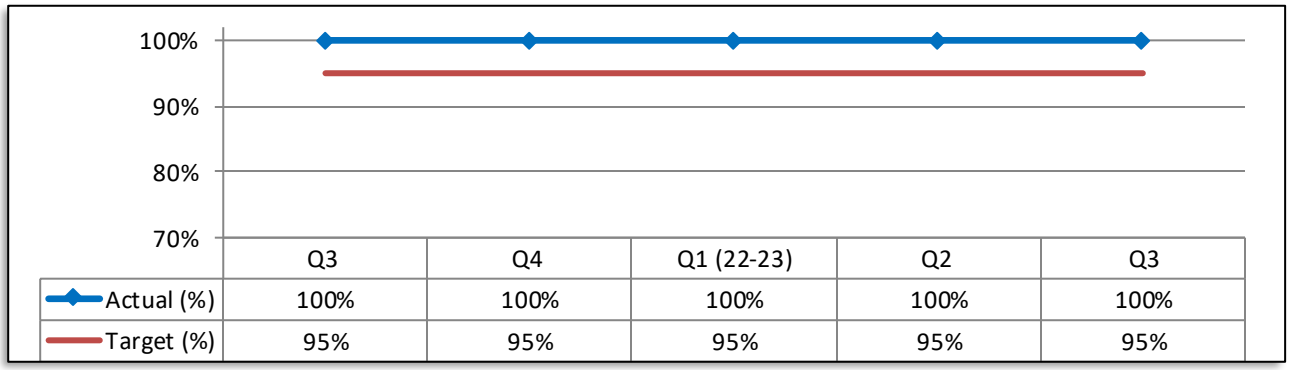
Improvement Action:

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 6 months of registration (aim = to maximise) (HSCP-02-BIP-3)



	Q3	Q4	Q1 (22-23)	Q2	Q3
Actual (%)	100%	100%	100%	100%	100%
Target (%)	95%	95%	95%	95%	95%

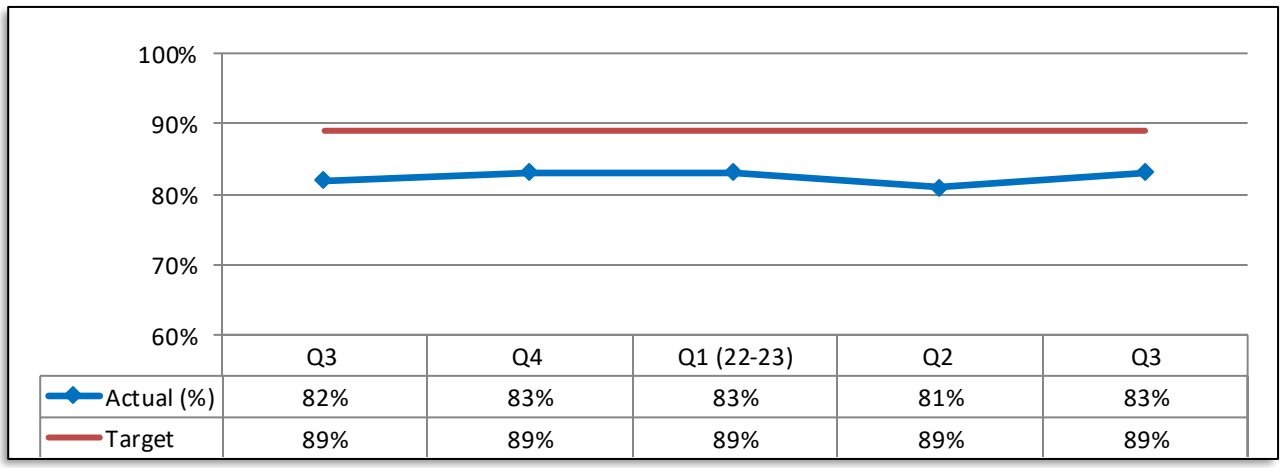
Situational Analysis:
Performance in quarter 3 continues to be above target at 100%, with all 4 Child Protection Reviews within the quarter taking place within timescale.

Improvement Action:
Service and 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) (HSCP-SOL-CHN9)



	Q3	Q4	Q1 (22-23)	Q2	Q3
Actual (%)	82%	83%	83%	81%	83%
Target	89%	89%	89%	89%	89%

Situational Analysis:
Performance in 2022-23 quarter 3 has improved slightly from the previous quarter but remains off-target. There has been a decrease in residential placements this quarter with

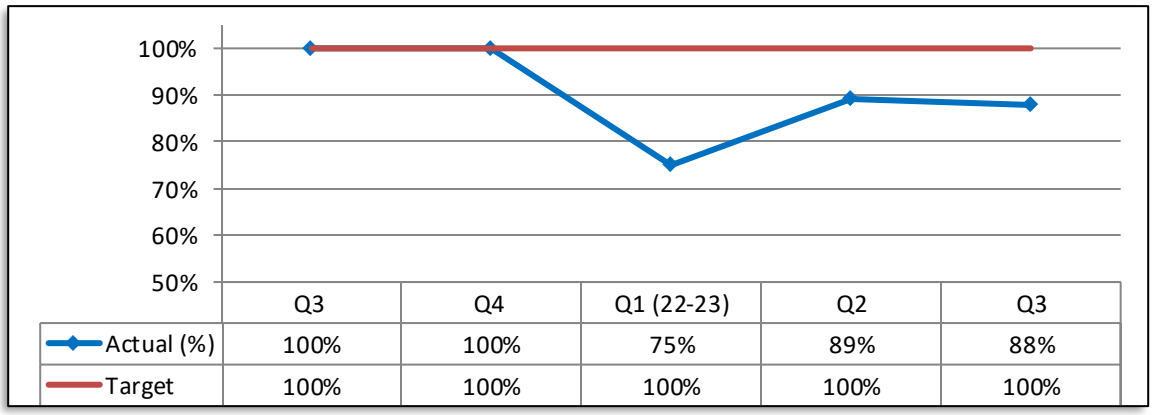
community placement numbers remaining steady, which had led to a slight shift in the balance of care.

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) (HSCP-04-BIP-3)



	Q3	Q4	Q1 (22-23)	Q2	Q3
Actual (%)	100%	100%	75%	89%	88%
Target	100%	100%	100%	100%	100%

Situational Analysis:
Performance in quarter 3 has declined slightly and remains below target. There were 8 first LAAC Reviews held during the quarter and 7 took place within the target timescale. The 1 LAAC Review that was out with timescale was to accommodate Worker and Team Manager attendance.

Improvement Action:
To maintain high levels of performance.

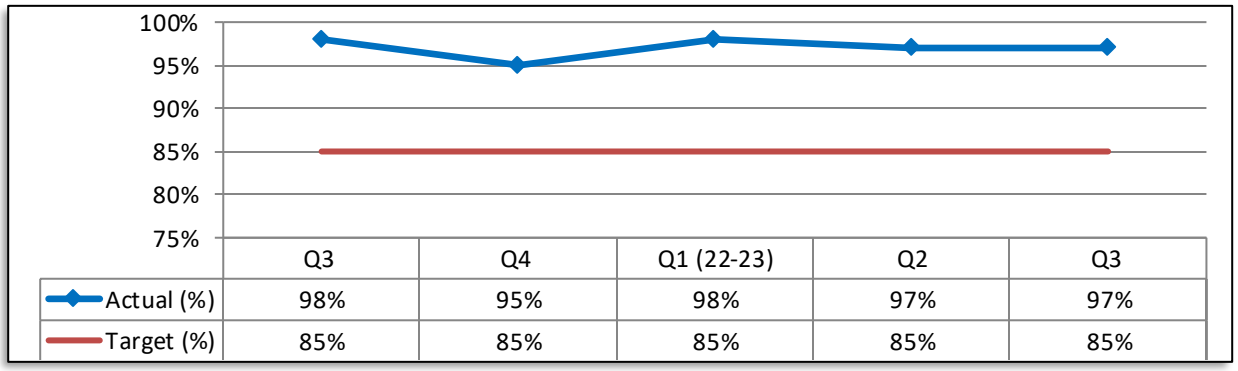
6.6 Children receiving 27-30 month Assessment

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 the age of 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 (22-23)	Q2	Q3
Actual (%)	98%	95%	98%	97%	97%
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. Quarter 3 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.

SECTION 7
Criminal Justice Performance

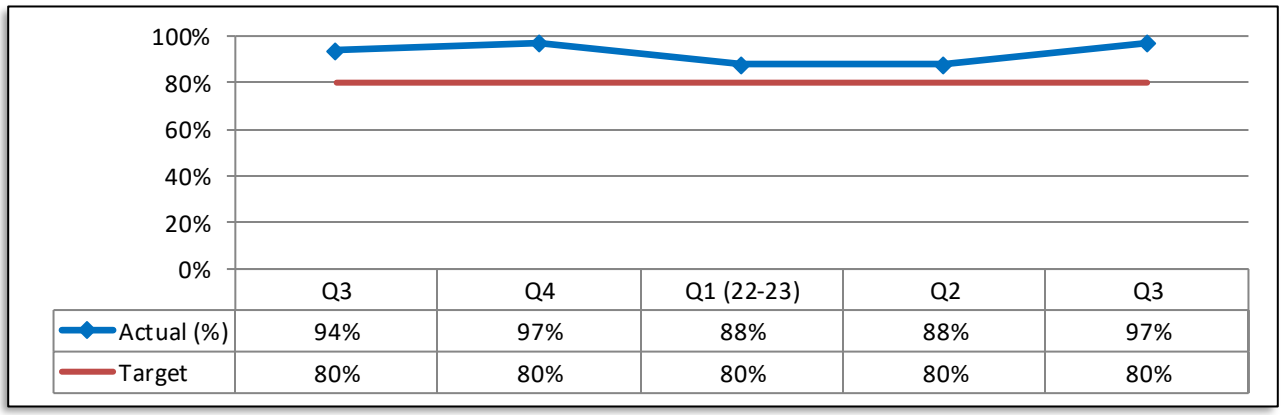
This section provides an updated report performance against key Criminal Justice indicators. The indicators reported are:

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

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

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

Figure 7.1: Percentage of individuals beginning a work placement within 7 days (aim = to maximise) (HSCP-08-BIP-6)



	Q3	Q4	Q1 (22-23)	Q2	Q3
Actual (%)	94%	97%	88%	88%	97%
Target	80%	80%	80%	80%	80%

Situational Analysis:

29 people were due to begin work placements during quarter 3 and 28 of these started within timescale. There is a challenge with full compliance on this performance metric, because service users may be unable to commence due to a further conviction, ill health with GP line, employment contract clashing with immediate start or if they are 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.

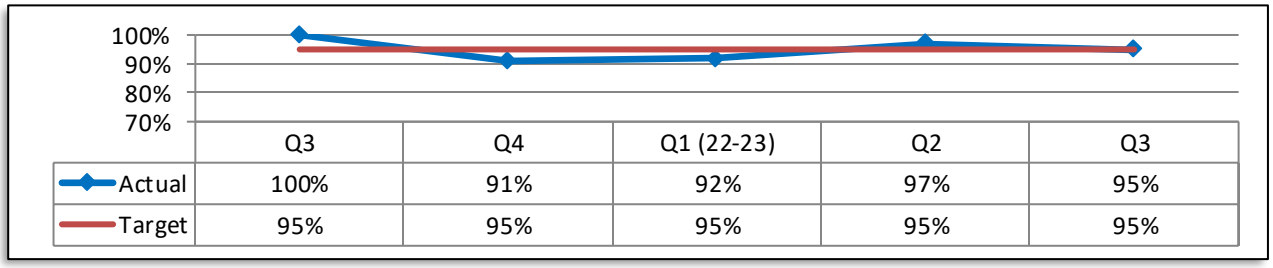
Improvement Action: The focus will be on the recovery of services in line with national and local public health guidance**.**

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) (HSCP-07-BIP-6)

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 (22-23)	Q2	Q3
Actual	100%	91%	92%	97%	95%
Target	95%	95%	95%	95%	95%

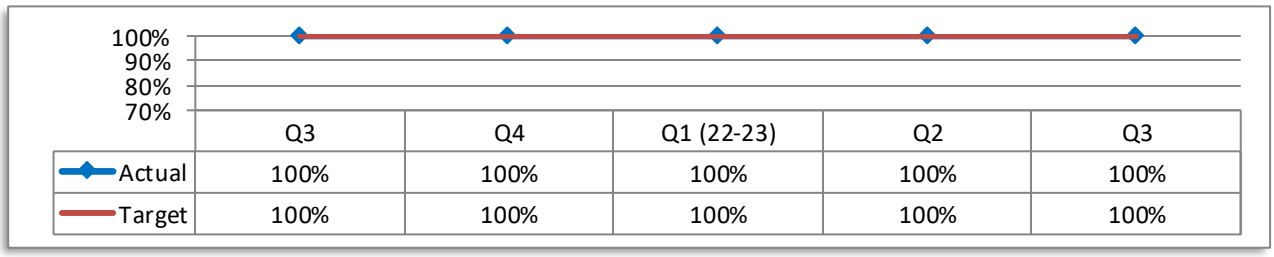
Situational Analysis: Performance in quarter 3 is on target for this indicator. 55 reports were submitted to Court during the quarter and 52 were within target timescale.

Improvement Action: Monitor and improve performance.

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

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

Figure 7.3: Percentage of Court report requests allocated to a Social Worker within 2 Working Days of Receipt (aim = to maximise) (HSCP-CS-LPI-3)



	Q3	Q4	Q1 (22-23)	Q2	Q3
Actual	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

Situational Analysis: Performance continues to be on target with all 79 reports being within the target timescale.

Improvement Action: The service will continue to maximise performance levels.

SECTION 8
Corporate Performance

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

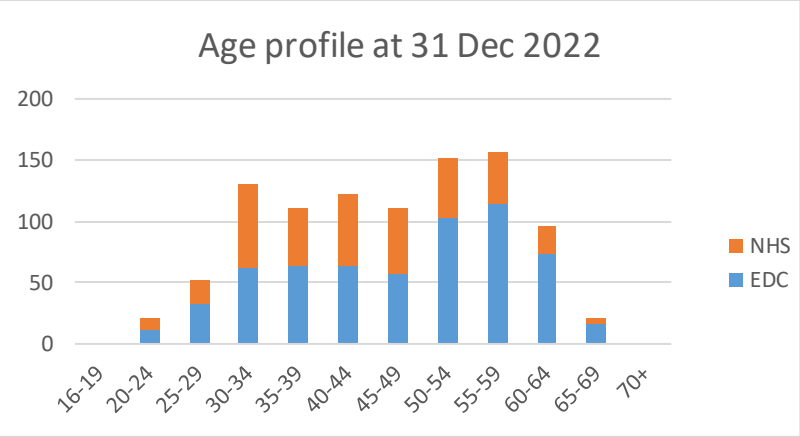
8.1 Workforce Demographics

Employer	Headcount				WTE			
	Mar 22	Jun 22	Sept 22	Dec 22	Mar 22	Jun 22	Sept 22	Dec 22
NHSGGC	354	370	368	375	297.8	313.23	311.68	321.7
EDC	623	616	607	598	526.7	527.18	520.3	512.78
Total	977	986	975	973	824.5	840.41	831.98	834.48

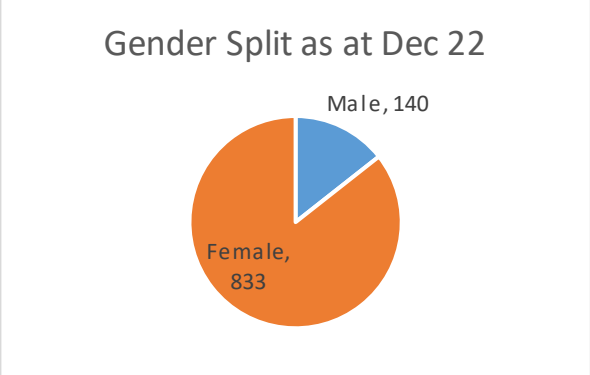
The picture for the NHS workforce within the HSCP shows an increase overall since March 2022 of 21 staff with an overall increase of 23.9 wte staffing. This picture shows that the partnership is working hard to accommodate flexible working for staff with some staff increasing their hours. The overall workforce within EDC is declining with 25 less staff and a reduction of 13.92 wte.

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 (10). 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 remained constant since the 4th Quarter of 2021-22, with 86% of staff being female.

8.4 Sickness / Absence Health and Social Care Staff

Average sickness absence within HSCP has been increasing over the winter period and remains challenging.

EDC has faced system issues for absence reporting and cannot currently provide monthly figures for percentage absence. Work days lost per full time equivalent has been provided:

Quarter	EDC - WDL per FTE
Q3 21-22	5.13
Q4 21-22	4.67
Q1 22-23	4.69
Q2 22-23	5.37
Q3 22-23	6.53
Average	**5.28**

Sickness / Absence %		
Month	**EDC**	**NHSGGC**
Apr 22	9.61	4.65
May 22	9.52	4.51
Jun 22	unavailable	5.17
Jul 22	unavailable	5.49
Aug 22	unavailable	4.6
Sep 22	unavailable	6.68
Oct-22	unavailable	6.42
Nov-22	unavailable	6.95
Dec-22	unavailable	6.62
Average	**9.82**	**5.68**

The main contributing factor in 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.

All absence is managed in line with policy.

8.5 KSF / PDP / PDR

KSF Activity	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22
Actual	44	44	44	45	45	49.7	55	57	60	57	61	61
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, progress towards the target figure was paused; whilst progress is being made it is likely to be the final quarter of 2022-23 before we return to target, and we are building it around Wellbeing.

8.6 Performance Development Review (PDR)*

Quarter	% recorded*	Target %
Q4 (21-22)	70.08	85
Q1 (22-23)	14.26	65
Q2	18.06	75
Q3	19.30	80

PDR (Performance Development Review) is East Dunbartonshire Council's process for reviewing staff performance and aligning their learning and development to service objectives.

Covid-19 impacted the number of PDRs undertaken within East Dunbartonshire Council with new ways of working requiring managers to adapt processes. Managers are encouraged to complete and upload PDRs as soon as possible to ensure ongoing work is captured.

* 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.

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 09.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

DATE OF MEETING:	**23 MARCH 2023**
REPORT REFERENCE:	**HSCP/230323/09**
CONTACT OFFICER:	**DAVID AITKEN, INTERIM HEAD OF ADULT SERVICES**
SUBJECT TITLE:	**ALCOHOL & DRUGS PARTNERSHIP MEDICATION ASSISTED TREATMENT (MAT) STANDARDS IMPLEMENTATION UPDATE**

1.0 PURPOSE

1.1 The purpose of this report is to update the Health & Social Care Partnership Board on the Medication Assisted Treatment (MAT) Standards implementation Plan and progress towards implementation in East Dunbartonshire.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report and progress towards implementation of MAT Standards.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Medication Assisted Treatment (MAT) Standards were introduced by the Scottish Government as part of the National Drugs Mission to reduce drug related death and harm. MAT standards seek to ensure that consistent and comprehensive treatment and care options are available across Scotland to all those who need support in relation to drug related issues and harm. There are ten national standards covering access to treatment, same day prescribing, primary care, trauma, co-occurring mental ill-health, access to advocacy and to psychosocial interventions.

3.2 Each Alcohol and Drug Partnership is required to report on MAT Standards progress on a quarterly basis to the Scottish Government and on an annual basis to Public Health Scotland. Implementation of MAT Standards 1 – 5 is to be completed by April 2023, with MAT Standards 6 – 10 to be implementation by April 2024.

3.3 MAT Standards 1-5 are;

1. All people accessing services have the option start medication assisted treatment from the same day.
2. All people are supported to make an informed choice on what medication to use for medication and the appropriate dose.
3. All people at high risk of drug-related harm are proactively identified and offered support to commence or restart medication assisted treatment.
4. All people are offered evidence based harm reduction at the point of medication assisted treatment delivery.
5. All people will receive support to remain in treatment for as long as requested.

3.4 The Alcohol and Drug Partnership reports must report to the Scottish Government on the implementation of MAT Standards 1-5 by the 14th April 2023. A pre submission report entitled the 'Support to implement and Report' (STiR) has also been requested by Public Health Scotland in 2023 to establish the capacity for ADPs to implement and measure progress of the MAT Standards before the final implementation date of 14th April. The completed STiR was submitted to Public Health Scotland on the 20th February by East Dunbartonshire Alcohol and Drug Partnership to indicate our progress on a Red, Amber, Green or Blue (RAGB) status; Green status was reported against each of the MAT Standards 1-5.

3.5 The reporting process includes the detailed reporting to the Scottish Government and Public Health Scotland and regular meetings with the MAT Standards Implementation Support Team (MIST) for each Alcohol and Drug Partnership area across Scotland.

3.6 The delivery of MAT Standards in East Dunbartonshire is supported by a local Implementation group, members of which are also part of the wider NHS Greater Glasgow and Clyde MAT Implementation group for shared work streams.

3.7 East Dunbartonshire Alcohol and Drug Partnership will achieve Green status across the implementation of MAT Standards 1 – 5.

3.8 To achieve full implantation of MAT Standards 1-5 in East Dunbartonshire detailed evidence based reports are submitted to the Scottish Government and Public Health Scotland. A number of work streams to support implementation have been undertaken in partnership with NHS Greater Glasgow and Clyde. Significant revision of guidelines and procedures has been required. In East Dunbartonshire we have updated prescribing guidelines, updated procedures for Injecting Equipment

Provision (IEP) and have also completed a full review of the Standard Operating Procedures for our Alcohol and Drug Recovery Service to ensure that MAT Standards are fully incorporated.

3.9 To support implementation we have had to ensure that additional resources have been put in place to support both our Alcohol and Drug Partnership and Alcohol and Drug Recovery Service. We have had to increase prescribing capacity in particular to comply with requirements for same day prescribing, medication provision and longer treatment and service provision.

3.10 In order to widen treatment provision and choice we have updated procedures for access to long-acting injectable Buprenorphine (LAiB) in partnership with NHS Greater Glasgow and Clyde to establish enhanced treatment options with greater choice and personalised medication plans for people who may be in different phases of their recovery. This has also required significant support from local pharmacies to deliver on this element of MAT Standards implementation.

3.11 Our submission to Public Health Scotland is required to evidence experiential feedback from services user, families, carers and commissioned services as part of MAT Standards reporting, and significant work has been completed to ensure that the voice of lived experience features more strongly in our service. Lived experience panels have been established by our Alcohol and Drug Partnership in East Dunbartonshire supported by Scottish Drugs Forum and we will be extending work in this area in 2023/24. Resources for staff, service users and families and carers regarding MAT Standards and the treatment choices available have also been updated.

3.12 MAT Standards 6-10 require to be implemented by April 2024 and these are;

6. Medication assisted treatment is psychologically informed and delivers evidence based psychological interventions and supports individuals to grow social networks
7. All people have the option of medically assisted treatment shared with Primary Care.
8. All people have access to independent advocacy and support for housing, welfare and income needs.
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of medically assisted treatment delivery.
10. All people receive trauma related care.

3.13 Progress against MAT Standards 6-10 has already been taken forward, and will continue to be overseen by our MAT Standards Implementation Group leading on establishing the standards during 2023/24. Areas which we are focusing upon are to ensure much broader access to psychology, a renewed focus upon trauma related care, the interface between our Alcohol and Drug Recovery Service and Community Mental Health team, and also to develop work to implement MAT Standards in justice settings, including HMP Low Moss.

4.0 IMPLICATIONS

The implications for the HSCP Board are as undernoted.

4.1 Relevance to HSCP Board Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

The work of the ADP and ADRS to support the reduction in drug and alcohol related deaths and harm supports each of the priorities above, both directly and indirectly.

4.2 Frontline Service to Customers – The work of the Alcohol and Drug Partnership and Alcohol and Drug Recovery Service to implement MAT Standards supports the reduction in drug related deaths and harm and establishes enhanced treatment and care options and ease of entry to services particularly with the establishment in East of same day prescribing and development of greater choice and control over treatment.

4.3 Workforce (including any significant resource implications) – There are workforce implications associated with the implementation of MAT Standards which require more immediate and longer treatment provision. We have had to recruit additional prescribers and enhance the establishment of the Alcohol and Drug Recovery Service and Alcohol and Drug Partnership utilising national funding.

4.4 Legal Implications – None.

4.5 Financial Implications – The Alcohol and Drug Partnership has been provided with additional investment to implement the MAT standards.

4.6 Procurement – To implement the MAT standards fully (MAT 6-10), there may be a requirement for commissioning and procurement of services, including an external organisation to undertaken experiential reporting; on which our commissioning team is sighted.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – Access to MAT Standards establishes enhanced and equitable treatment provision both nationally and across East Dunbartonshire and seeks to ensure that those affected by drug use have access to robust and effective treatment options reflecting the requirement to tackle stigma, marginalisation and discrimination against those who are affected by drug use.

4.10 Sustainability –East Dunbartonshire Alcohol and Drug Partnership receive core national recurring funding with additional funding to support MAT Standards and other priorities committed year-on-year from 2021. This position remains under review with two of the current funding streams earmarked as recurring however a number of funding streams are non-recurring at this time.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 Failure to implement MAT Standards within the agreed timescales.

5.2 Funding could be withdrawn or reduced were MAT standards not to be successfully implemented within agreed timescales.

5.3 Control measure include the MAT Standards Locality Implementation Group which has overseen the successful implementation of MAT Standards 1-5, this group is supported by a NHS Greater Glasgow and Clyde Group, sufficient funding has been available to implement the first set of MAT in East Dunbartonshire. The work of the group will continue to be measured by the locality MAT Standards Implementation Plan which is provided quarterly to the Scottish Government.

5.4 The importance of the implementation of MAT Standards when considering the risks associated with drug and alcohol related death and harm and the impact upon families and our communities is significant, and our Implementation Plan provides a framework and focus for continued improvement, and development and investment in harm reduction, treatment and recovery

6.0 IMPACT

6.1 **STATUTORY DUTY** – National duty to report to Scottish Government and Public Health Scotland by the Alcohol and Drug Partnership on an annual basis. MAT Standards Implementation Plan requires to be signed off by the Chief Officer of the Health and Social Care Partnership, Chief Executive of the Local Authority, Chief Executive of Greater Glasgow and Clyde NHS Board and Alcohol Drug Partnership Chair before submission to the Scottish Government.

6.2 **EAST DUNBARTONSHIRE COUNCIL** – Impact to East Dunbartonshire Council is noted above within the implications section.

6.3 **NHS GREATER GLASGOW & CLYDE –** Impact to NHS Greater Glasgow and Clyde is noted above at Section 4.0; Implications. Implementation of MAT Standards sits across all six HSCP areas within NHS Greater Glasgow and Clyde. There are a number of common work streams to support implementation across partnerships.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –** No direction required.

7.0 POLICY CHECKLIST

7.1 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.

8.0 APPENDICES

8.1 **Appendix 1** – MAT Standards Implementation Plan Quarter 3

Agenda Item Number: 9a. Appendix 1

MAT STANDARDS IMPLEMENTATION PLAN: QUARTERLY/MONTHLY PROGRESS UPDATE

This progress update sets out quarterly or monthly progress against the delivery of the MAT Standards Implementation Plan , as well as the related quarterly reports required for the Drug and Alcohol Waiting Times and the Treatment Target.

Integration Authority	**East Dunbartonshire**
Period covered	**October 2022 – December 2022**

This update us submitted by the lead officer/postholder nominated to ensure delivery of this Implementation Plan:

Name	Position/Job Title	Contact details
Lynsay Haglington	ADP Coordinator	Lynsay.Haglington@eastdunbarton.gov.uk

MAT Standard 1	All people accessing services have the option to start MAT from the same day of presentation.

Actions/deliverables to implement standard 1	Timescales to complete	Progress in period	Risks
Document pathways and procedures for MAT standard 1 • Prescription guidelines to be updated to include all OST options and same day prescribing • Update the Alcohol and Drug Recovery Service (ADRS) Standard Operating Procedures for MAT 1 • Develop MAT1 leaflet for services users, families and carers in partnership with GGC	**April 2023**	• Work has started on revising prescription guidelines and to update the SOP for MAT 1 • Standard Operating Procedures have been updated to reflect MAT 1-5 • Person centeredness and equalities group is leading on developing Patient information leaflets resources	Risk of a delay in implementation of MAT Standard 1 were pathways and procedures are not updated by April 2023
Establish systems for the collection of numerical data • Work with Greater Glasgow and Clyde ADPs to look at consistent MAT 1 data collection processes • Recruit an ADP analyst post (covers MAT 1 – 5)	**April 2023**	• Work is underway to scope out and implement consistent data	Risk of a delay in implementation of MAT Standard 1 if there are not suitable data

		collection processes across GGC. • ADP Coordinator is working with GGC who is prioritising MAT 1, 2 and 5 collection – Coordinator is linking East Dunbartonshire performance team regarding MAT 3 and 4 collection • Analyst post to go to SMT – role profile has been written and SBAR going to SMT for agreement	collection processes in place and adequate resources to interrogate and interpret the relevant information. Risk of not having an analyst function within the ADP means ADP Coordinator will need to provide the information
Establish systems for the collection of experiential data • Commission experiential work from Scottish Drugs Forum (covers MAT 1 – 5) • Scottish Drugs Forum experiential to include more in-depth analysis on MAT 1 – reasons for declining same day treatment to support service improvement • Implement ADRS feedback cards and surveys	**April 2023**	• ADP Coordinator met with Scottish Drugs Forum on 13/01/2023 to agree off service user experiential data collection.	Risk of a delay in implementation of MAT Standard 1 if experiential reporting is not in place. Adequate resources are needed through third sector for

		• Work is ongoing to commission additional work from SDF regarding experiential work across carers and families and services. – Business case and proforma has been drafted for commissioning and procurement.	implementing the Public Health Scotland experiential surveys and within the ADP support team to implement the internal surveys.
Recruit or allocate additional prescribers in the substance use team to the test of change and include third sector partners • Recruit additional prescriber • ADP funding to provide cover for additional prescribing hours to cover planned leave etc	**Complete**	• Additional prescriber has been recruited and has been in place since April 2022. • Additional funding has also been provided as a contingency to cover planned annual leave etc.	Risks around unplanned annual leave/sickness being covered. Contingency plan in place for planned leave and cover for some sickness if required.

Implement transportation budget to further remove barriers to access	**April 2023**	• Access to transport criteria/guidance is being developed to remove barriers to access same day treatment • Budget has been agreed to action this	Risks around individuals not being able to get to appointments due to wide geographical area, poor transport links and financial pressures.
Conduct mapping of MAT standard 1 in justice settings and initiate systems to implement MAT standards across the local pathways that link prison, police custody and the community where applicable. (in partnership with GGC)	**April 2023**	• Being done in partnership with GGC • ADP Coordinator and Justice Coordinator attending MAT Justice meetings – actions will be implemented • Criminal Justice integration group meet monthly to review all planned prison releases within three months	**TBC** – being completed in partnership with GGC

		and coordinate services. ADRS attend this meeting.	
Collaborate with national thematic groups coordinated by MIST	**In progress**	• In progress	ADP Coordinator is unable to attend each thematic group so there needs to be a process in place for information to be shared to all ADP leads
Assessment of Progress:	**Green**		
Comment / remedial action required			

Green - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

MAT Standard 2	All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.		
Actions/deliverables to implement standard 2	**Timescales to complete**	**Progress in period**	**Risks**
Clinical guidelines to be updated to include long-acting buprenorphine • GGC guidelines are used to will be GGC wide process	**April 2023**	• Being completed in partnership with GGC • In the process of applying for a controlled drugs licence with support from GG&C pharmacy team • A bid has been approved in to transform a an existing clinic room within the Kirkintilloch Health and Care Centre to support the increase in Buvidal provision and allow for	Risk of a delay in implementation of MAT Standard 2 if guidelines are not updated prior to April 2023

		increased health checks and ensure fit for purpose	
Scale up provision and remove barriers, where possible, to enable access to long-acting injectable buprenorphine (LAB) • Update procedures to reflect the provision of LAB including named patient Standard Operating Procedure to enable storage of unused LAB for up to 28 days. Ensure numerical and experiential evidence is in place to demonstrate progress ADP to fund a small supply of long acting Buprenorphine to be kept in stock in a local pharmacy to enable same day prescribing when required	**April 2023**	• Procedures are being updated to reflect the provision of LAB. • Two Buvidal kits were provided to Pulse Pharmacy to ensure service users have immediate access. • Standard Operating Procedures are regularly updated as and when required, to reflect MAT • A third Buvidal clinic is required Buvidal clinics	If there is no immediate access to Buvidal this could delay treatment and limit treatment choice.

		are required as numbers are increasing – additional space is being sought to support the increase	
Establish systems for the collection of experiential data • Commission experiential work with Scottish Drugs Forum (SDF) • Implement ADRS feedback cards and surveys	**April 2023**	• ADP Coordinator met with Scottish Drugs Forum on 13/01/2023 to agree off service user experiential data collection. • Work is ongoing to commission additional work from SDF regarding experiential work across carers and families and services. – Business case and proforma	Risk of a delay in implementation of MAT Standard 2 if there are not suitable data collection processes in place and adequate resources to interrogate and interpret the relevant information

		has been drafted for commissioning and procurement.	
Ensure that informed choice is supported across all areas of East Dunbartonshire • Look at prescribing out with the KHCC, such as Milngavie to cover both localities • Update information resources and the Health and Social Care and Public Protection websites to reflect MAT standards, including ADRS booklet and medication information	**April 2023**	• All new start OST will be commenced within the Kirkintilloch Health and Care Centre (KHCC). • Once treatment has started ongoing support is available across other areas such as Lennoxtown and Milngavie. • Additional support regarding harm reduction and access to naloxone etc will be commenced	Risk of a delay in implementation of MAT Standard 2 if information resources are not updated and available in an accessible format to support informed choice

		via the Turning Point Scotland Mobile Harm Reduction service and with development of a new Senior Addiction Worker post within ADRS to lead on harm reduction • A MAT section has been added to the HSCP website for resources to be added to and the MAT Implementation Plan has uploaded to it. • Patient information leaflets and recovery resources leaflets are being revised to be added to	

		the HSCP website.	
ADP Coordinator to collaborate with the national thematic groups	**In progress**	• In progress	ADP Coordinator thematic group / and or process in place for information to be shared to all ADP leads
Assessment of Progress:	**Green**		
Comment / remedial action required			

Green - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

MAT Standard 3	All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.		
Actions/deliverables to implement standard 3		**Timescales to complete**	**Progress in period**	**Risks**
Develop information governance structure for information sharing • Working with the Information Governance short life working group to scope out what information sharing is in place • Develop information sharing agreements where there are gaps		**April 2023**	• Information governance group has commenced and ADP coordinator is part of the membership • The development of information sharing agreements has commenced and will be led via the MAT Standards Implementation Group	Risk of a delay in implementation of MAT Standard 3 if there is not adequate information sharing governance in place
Establish systems for the collection of experiential data • Commission experiential work with Scottish Drugs Forum (SDF) • Implement ADRS feedback cards and surveys		**April 2023**	• ADP Coordinator met with Scottish Drugs Forum on 13/01/2023 to	Risk of a delay in implementation of MAT Standard 3 if there are not suitable data collection

		agree off service user experiential data collection. • Work is ongoing to commission additional work from SDF regarding experiential work across carers and families and services. – Business case and proforma has been drafted for commissioning and procurement.	processes in place and adequate resources to interrogate and interpret the relevant information
Conduct mapping of MAT standard 3 in justice settings and initiate systems to implement MAT standards across the local pathways that link prison, police custody and the community where applicable. (in partnership with GGC)	**April 2025**	• Being completed in partnership with GGC • ADP Coordinator and Justice Coordinator are attending	**TBC** – being completed in partnership with GGC

		the MAT Justice meetings, actions will be implemented at a local level	
Work with Turning Point and neighbouring ADPs in test of change to deliver a near fatal overdose response service jointly across East Renfrewshire, Renfrewshire and Inverclyde areas, including evaluation	**July 2023** (incorporating the six month funding extension requested as current funding ceases in February 2023)	• NHS GGC Procurement are liaising with five ADPs from GGC to implement a 'waiver' to extend the Turning Point Scotland (TPS) NFO service for an additional six months • NHS GGC Procurement will be working with GGC ADPs to tender for a new NFO service – this will be done in parallel to the six month	Risk of a delay in implementation of MAT Standard 3 if a six month funding extension is not granted by Scottish Government as a full commissioning and procurement process needs to take place to tender for a new service. If the extension is not granted then there may be a gap in service provision until a new service can be commissioned.

		extension period • ADPs to scope out service requirements based on the TPS evaluation and local demands for each area	
ADP Coordinator to collaborate with the national thematic groups	**In progress**	• In progress	ADP Coordinator is unable to attend each thematic group so there needs to be a process in place for information to be shared to all ADP leads
Assessment of Progress:	**Green**		
Comment / remedial action required			

Green - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

MAT Standard 4	All people are offered evidence-based harm reduction at the point of MAT delivery.		
Actions/deliverables to implement standard 4	**Timescales to complete**	**Progress in period**	**Risks**
Expand the standard operating procedure for Injecting Equipment Provision (IEP) and foil provision to include all core requirements set out in the MAT standards	**April 2023**	• Being done in partnership with GGC • Agreement in the MAT Implementation Group that senior staff in ADRS need to have a more active role in the provision of IEP etc – this will be driven through the implementation group	Risk of a delay in implementation of MAT Standard 4 if the standard operating procedures for IEP and foil provision are not revised. Work needs to be done in collaboration across GGC
Implementation of WAND model (Wound first aid, assessment of injection risk(AIR), naloxone and dry blood spot testing) • WAND / Mobile Harm Reduction van in East Dunbartonshire one day per fortnight – to be supported by Turning Point Scotland	**April 2023**	• The WAND Mobile Harm Reduction Unit • Work is ongoing to promote the project and kit	Risk of a delay in implementation of MAT Standard 4 if WAND initiative is delayed in East Dunbartonshire

		out the vans ready for service implementation • The steering group is leading on implementation across GGC with support from local ADPs and ADRS teams • The service will commence in East Dunbartonshire early 2023	as this will provide significant support around harm reduction for those harder to reach
Increase distribution of naloxone • Develop promotional materials for naloxone • Increased promotion of postal service • Increase training for naloxone • Update naloxone resources on Health and Social Care website	**April 2023**	• De-stress bags continue to be provided to service users, third sector partners and other HSCP departments. • These bags contain branded items such as coffee cups, tote bags, stress balls,	Risk of a delay in implementation of MAT Standard 4 if naloxone promotion is not done as an ongoing task

		banner pens etc – these items are to promote naloxone in East Dunbartonshire. • Training continues to be provided by the ADRS naloxone champion/Lead • East Dunbartonshire 'Click and Deliver' Naloxone service is available on the HSCP website and is actively promoted throughout the year	
Ensure harm reduction is being offered across all of East Dunbartonshire • Harm reduction model through assertive outreach and WAND van	**April 2023**	• The Mobile Harm Reduction (previously known as WAND) van for East Dunbartonshire	Risk of a delay in implementation of MAT Standard 4 if WAND initiative is delayed in East Dunbartonshire as this will

		is still being refurbished out. • Steering group meetings have been taking place to discuss service logistics and ongoing promotion • Turning Point Scotland Near-fatal overdose service is being extended by six months to allow for a full tendering process to take place with no service gaps	provide significant support around harm reduction for those harder to reach
Establish systems for the collection of experiential data • Commission experiential work with Scottish Drugs Forum (SDF) • Implement ADRS feedback cards and surveys	**April 2023**	• ADP Coordinator met with Scottish Drugs Forum on 13/01/2023 to agree off service user experiential data collection.	Risk of a delay in implementation of MAT Standard 4 if there are not suitable data collection processes in place and adequate resources to interrogate and

		• Work is ongoing to commission additional work from SDF regarding experiential work across carers and families and services. – Business case and proforma has been drafted for commissioning and procurement.	interpret the relevant information
ADP Coordinator to collaborate with the national thematic groups	**In progress**	• In progress	ADP Coordinator is unable to attend each thematic group so there needs to be a process in place for information to be shared to all ADP leads
Conduct mapping of MAT standard 4 in justice settings and initiate systems to implement MAT standards across the local pathways that	**April 2025**	• Being done in partnership with GGC	**TBC** – being done in

link prison, police custody and the community where applicable. (in partnership with GGC)			• ADP Coordinator and Justice Coordinator are attending the MAT Justice meetings, actions will be implemented from this meeting	partnership with GGC
Assessment of Progress:	**Green**			
Comment / remedial action required				

Green - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

MAT Standard 5	All people will receive support to remain in treatment for as long as requested.		
Actions/deliverables to implement standard 5		**Timescales to complete**	**Progress in period**	**Risks**
Further develop shared care approaches to MAT delivery • Document processes for a collaborative approach to treatment across multiple teams and agencies where required		**April 2023**	• Work has commenced, based on the 'Drug-Related Deaths action plan' to look at collaborative approaches regarding treatment. • Closure letters sent to patients and GPs outlines re-referral process and provides other useful service contact details. • GG&C DNA policy outlines people to assess risk and assertively outreach	Risk of a delay in implementation of MAT Standard 5 if the actions for collaborative working are not undertaken – joined up approaches and information sharing are a key part of this

		• A CRAFT risk assessment is completed for all closures	
Implementation of NEO module for missed doses • Develop process for ADRS staff to respond to missed doses • Monitor through pharmacy audit to evidence performance	**April 2023**	• NEO continues to be used by staff and is working well, missed doses are being managed. This process has been incorporated into the operational guidance.	Risk of a delay in implementation of MAT Standard 5 if NEO is not used consistently by staff – at present this is working well
Establish systems for the collection of experiential data • Commission experiential work with Scottish Drugs Forum (SDF) • Implement ADRS feedback cards and surveys • Scottish Drugs Forum to look more in-depth at unplanned discharges	**April 2023**	• ADP Coordinator met with Scottish Drugs Forum on 13/01/2023 to kick off service user experiential data collection.	Risk of a delay in implementation of MAT Standard 5 if there are not suitable data collection processes in place and adequate resources to interrogate and interpret the

		• Work is ongoing to commission additional work from SDF regarding experiential work across carers and families and services. – business case and proforma has been drafted for commissioning and procurement.	relevant information
Increase ADRS staffing to support implementation of MAT and increasing caseloads • Agree structure and role profiles • SBAR to SMT requesting additional posts • Recruitment and retention process for increasing and supporting ADRS staff	**April 2023**	• ADP support roles recruitment has been undertaken and interviews are due to take place 3rd February	Risk of a delay in implementation of MAT Standard 5 if there is not enough resource in place. Additional ADP support staff are required as well as ADRS increased capacity. There is a risk regarding

			recruitment and retention to roles that do not have permanent funding in place.
Update ADRS Standard Operating Procedure to reflect MAT standards, including information to support individuals to remain in treatment as long as requested • Implement the missed dose module protocol using NEO to alert prescribers of missed doses of MAT has been rolled out across community pharmacies.	**April 2023**	• NEO is being managed via duty system to ensure response is effective and is working well, missed doses are being managed. • Resources are being developed GGC wide to provide information to service users and their families on MAT. • All resources will be published on the HSCP website	Risk of a delay in implementation of MAT Standard 5 if standard operating procedures are not updated to include NEO and information on missed doses

ADP Coordinator to collaborate with the national thematic groups	**In progress**	• In progress	ADP Coordinator is unable to attend each thematic group process to be established for information to be shared to all ADP leads
Conduct mapping of MAT standard 5 in justice settings and initiate systems to implement MAT standards across the local pathways that link prison, police custody and the community where applicable. (in partnership with GGC)	**April 2025**	• Being done in partnership with GGC • ADP Coordinator and Justice Coordinator are attending the MAT Justice meetings, actions will be implemented locally from this meeting	**TBC** – being done in partnership with GGC
Assessment of Progress:	**Green**		
Comment / remedial action required			

Green - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

MAT Standard 6	The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.		
Actions/deliverables to implement standard 6		**Timescales to complete**	**Progress in period**	**Risks**
Provide structured psychological interventions (Tier 2) to address mild to moderate comorbid mental health issues and to support people's recovery from substance use.		**April 2024**	• Work to commence • Work for MAT 6 – 10 is commencing and will be led by the East Dunbartonshire MAT Implementation Group (fortnightly meetings) and in partnership with other GGC ADPs through the GGC MAT Implementation Group	Risk of a delay in implementation of MAT Standard 6 if there is not enough resource to provide structured psychological interventions. Workforce development needs to be part of this process.
Enhance support and training for psychologically informed treatment and trauma-informed care. • Review collaborative working procedures between the mental health teams and ADRS, including access to CBT and a current barriers for access to services.		**April 2024**	• Work has commenced as part of the 'Drug-related deaths action plan' to review	Risk of a delay in implementation of MAT Standard 5 if collaborative processes are not reviewed and

		and enhance collaborative working between teams. • A training programme of Safety and Stabilisation is being rolled out across 2023 for all ADRS staff to attend.	revised. Joint working is key between mental health and alcohol and drugs to ensure the individual is supported appropriately
Work with Peer Recovery Worker(s) to develop the wider recovery community, including lived and living experience forums	**April 2024**	• Work to commence once Peer Recovery Workers are in place.	Risk of a delay in implementation of MAT Standard 6 if there is not enough resource to provide peer support. Workforce development needs to be part of this process.
ADP Coordinator to collaborate with the national thematic groups	**In progress**	• In progress	ADP Coordinator is unable to attend each thematic group so there needs to be a process in place

			for information to be shared to all ADP leads
Establish systems for the collection of experiential data	**April 2024**	• Work is commencing regarding the collation of experiential data of MAT 6 – 10 • Current service user engagement contract is under review and priority is collation of MAT 1 – 5 • Importance of experiential data capture and reporting will be factored into the review process	Risk of a delay in implementation of MAT Standard 6 if there are not suitable experiential data collection processes in place and adequate resources to interrogate and interpret the relevant information
Establish systems for the collection of numerical data	**April 2024**	• Work to commence	Risk of a delay in implementation of MAT Standard 6 if there are not suitable numerical data collection

				processes in place and adequate resources to interrogate and interpret the relevant information. An analyst post is required to interrogate this information
Assessment of Progress:	**Amber**			
Comment / remedial action required				

Green - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

MAT Standard 7	All people have the option of MAT shared with Primary Care.		
Actions/deliverables to implement standard 7	**Timescales to complete**	**Progress in period**	**Risks**
Establish a system that continues to offer people the option of MAT shared with primary care • Explore and develop flexible models in partnership with primary care • Work with primary care partners to raise awareness of the MAT standards	**April 2024**	• Work to commence	Risk of a delay in implementation of MAT Standard 7 if we cannot develop systems, processes and flexible models in partnership with primary care
ADP Coordinator to collaborate with the national thematic groups	**In progress**	• In progress	ADP Coordinator is unable to attend each thematic group so there needs to be a process in place for information to be shared to all ADP leads
Establish systems for the collection of experiential data	**April 2024**	• Work is commencing regarding the collation of experiential data of MAT 6 – 10	Risk of a delay in implementation of MAT Standard 7 if there are not suitable experiential data collection

		• Current service user engagement contract is under review and priority is collation of MAT 1 – 5 • Importance of experiential data capture and reporting will be factored into the review process	processes in place and adequate resources to interrogate and interpret the relevant information
Establish systems for the collection of numerical data	**April 2024**	• Work to commence	Risk of a delay in implementation of MAT Standard 7 if there are not suitable numerical data collection processes in place and adequate resources to interrogate and interpret the relevant information. An analyst post is

				required to interrogate this information
Assessment of Progress:	**Amber**			
Comment / remedial action required				

Green - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

MAT Standard 8	All people have access to independent advocacy and support for housing, welfare and income needs.		
Actions/deliverables to implement standard 8	**Timescales to complete**	**Progress in period**	**Risks**
Further improve rights based advocacy support to people in treatment including through work with REACH Advocacy • Provide Reach Advocacy human rights based approaches awareness sessions • Develop advocacy resources for MAT • Link with local Advocacy service to promote MAT • Develop strong networking links with housing and homelessness, including ADRS staff attending the 'housing liaison' meeting	**April 2024**	• Reach Advocacy have provided sessions in East Dunbartonshire. • Advocacy/MAT resources are in the process of being developed. • Links have been made with local advocacy, who have attended the Reach Advocacy sessions. • Local advocacy is involved in the MAT workshop. • Housing and homelessness attended Reach Advocacy	Risk of a delay in implementation of MAT Standard 8 if advocacy, housing and homelessness and citizens advice do not have access to MAT resources. Collaborative working is required between statutory and third sector partners to provide a no wrong door approach to support

		sessions and have been invited to attend the MAT workshop. • ADRS staff can take complex cases to the housing liaison group to ensure the individual's voice is heard.	
Improve access to recovery groups and peer support • Recruit Peer Recovery Worker(s) to support lived experience within the community and provide peer support models of care	**April 2023**	• Two Peer Recovery Worker posts will be recruited for, these posts will lead on lived and living experience support. • Two additional ADP support posts are being recruited, these posts will help support the work of the peer recovery workers	Risk of a delay in implementation of MAT Standard 8 if we are unable to recruit peer recovery workers as there is a national recruitment and retention issue. There is the added risk as the funding cannot be guaranteed as recurring

Improve access and communication for families and carers to ensure their family members are more involved in the design and delivery of services • Peer Recovery Worker(s) to help facilitate this process • Provide means via surveys/feedback/forums for families, carers and service users to have a greater voice	**April 2024**	• See above regarding Peer Recovery Worker recruitment. • Peer Recovery Workers will be supporting the development of peer feedback methods.	Risk of a delay in implementation of MAT Standard 8 if we are unable to recruit peer recovery workers as there is a national recruitment and retention issue. There is the added risk as the funding cannot be guaranteed as recurring
ADP Coordinator to collaborate with the national thematic groups	**In progress**	• In progress	ADP Coordinator is unable to attend each thematic group so there needs to be a process in place for information to be shared to all ADP leads
Establish systems for the collection of experiential data	**April 2024**	• Work is commencing regarding the collation of experiential data of MAT 6 – 10	Risk of a delay in implementation of MAT Standard 8 if there are not suitable experiential data collection

		• Current service user engagement contract is under review and priority is collation of MAT 1 – 5 • Importance of experiential data capture and reporting will be factored into the review process	processes in place and adequate resources to interrogate and interpret the relevant information
Establish systems for the collection of numerical data	**April 2024**	• Work to commence	Risk of a delay in implementation of MAT Standard 8 if there are not suitable numerical data collection processes in place and adequate resources to interrogate and interpret the relevant information. An analyst post is

			required to interrogate this information
Conduct mapping of MAT standard 5 in justice settings and initiate systems to implement MAT standards across the local pathways that link prison, police custody and the community where applicable. (in partnership with GGC)	**April 2025**	• Being done in partnership with GGC – will update in next Quarter • ADP Coordinator and Justice Coordinator have been attending the MAT Justice meeting – work streams from this meeting will be implemented	**TBC** – being done in partnership with GGC
Assessment of Progress:	**Amber**		
Comment / remedial action required			

Green - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

MAT Standard 9	All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.		
Actions/deliverables to implement standard 9	**Timescales to complete**	**Progress in period**	**Risks**
Improve partnership working between the Alcohol and Drug Recovery Service (ADRS) and the Community Mental Health Team (CMHT), Primary Care Mental Health Team (PCMHT), Justice (CJ) and Children and Families (C&F). • Enhanced better quality partnership working/interface between teams • Review of existing protocols/interface between teams, including a self-evaluation and barriers to accessing support • Develop guidance / joint working protocols for use across wider teams regarding drug related deaths and harm • Joint development sessions on revised protocols across all teams • Improved recording and sharing of information across teams • Increase access to Psychology support for ADRS service users	**April 2024**	• Joint working has commenced to implement the actions from the 'Drug-related deaths action plan' • Existing protocols are being reviewed and updated • DRD information Sessions have been delivered to other services including C&F and mental health services.	Risk of a delay in implementation of MAT Standard 9 if the actions for enhanced collaborative working are not undertaken – joined up approaches and information sharing are a key part of this. Recording of information across the multiple systems also needs to improve.
ADP Coordinator to collaborate with the national thematic groups	**In progress**	• In progress	ADP Coordinator is unable to attend each thematic group so there needs to be a process in place for information to

			be shared to all ADP leads
Establish systems for the collection of experiential data	**April 2024**	• Work is commencing regarding the collation of experiential data of MAT 6 – 10 • Current service user engagement contract is under review and priority is collation of MAT 1 – 5 • Importance of experiential data capture and reporting will be factored into the review process	Risk of a delay in implementation of MAT Standard 9 if there are not suitable experiential data collection processes in place and adequate resources to interrogate and interpret the relevant information
Establish systems for the collection of numerical data	**April 2024**	• Work to commence	Risk of a delay in implementation of MAT Standard 9 if there are not suitable numerical data collection processes in place and adequate resources to interrogate and

				interpret the relevant information. An analyst post is required to interrogate this information
Assessment of Progress:	**Amber**			
Comment / remedial action required				

Green - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

MAT Standard 10	All people receive trauma informed care.		
Actions/deliverables to implement standard 10	**Timescales to complete**	**Progress in period**	**Risks**
Embed trauma informed practice • Provide access to trauma training via online modules and face-to-face training – through the ACEs and Trauma Collaborative • Update processes and assessment tools through a trauma lens	**April 2024**	• Trauma Coordinator is now in post and will be leading on trauma training • ADP Coordinator will work with Trauma Coordinator to ensure modules are added to Moodle (new training platform). • ADP Coordinator attends KHCC trauma meeting and wider ACEs and Trauma Collaborative, including environmental sub group. • GG&C psychological service are providing a programme of	Risk of a delay in implementation of MAT Standard 10 if trauma informed practice is not embedded, There needs to be a planned approach to ensuring statutory and third sector partners all have access to training and the relevant tools required

		safety and stabilisation training for all ADRS staff in 2023	
Enhance service user experience through a trauma informed lens • Access to dedicated rooms for ADRS to respond quickly and effectively to any same day presentations • Review room booking process to support same day presentations	**April 2024**	• Work is ongoing regarding access to dedicated rooms with appropriate facilities e.g. toilet and sink there is limited access to a small number of shared clinic rooms at present. • Room booking process has also been raised and is being reviewed. • Scoping out access to relevant equipment for staff is in progress – to ensure staff have the necessary resources to work with individuals	Risk of a delay in implementation of MAT Standard 10 if there are not suitable rooms available for clinics. The room booking process also needs to be reviewed and improved so there are no issues accessing rooms in time for appointments

ADP Coordinator to collaborate with the national thematic groups	**In progress**	• In progress	ADP Coordinator is unable to attend each thematic group process to be established for information to be shared to all ADP leads
Establish systems for the collection of experiential data	**April 2024**	• Work is commencing regarding the collation of experiential data of MAT 6 – 10 • Current service user engagement contract is under review and priority is collation of MAT 1 – 5 • Importance of experiential data capture and reporting will be factored into the review process	Risk of a delay in implementation of MAT Standard 10 if there are not suitable experiential data collection processes in place and adequate resources to interrogate and interpret the relevant information
Establish systems for the collection of numerical data	**April 2024**	• Work to commence	Risk of a delay in implementation of MAT Standard 10 if there are not

				suitable numerical data collection processes in place and adequate resources to interrogate and interpret the relevant information. An analyst post is required to interrogate this information
Assessment of Progress:	**Amber**			
Comment / remedial action required				

Green - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

Local Delivery Plan Standard: Drug and Alcohol Waiting Times

Please complete this section only if you did not achieve the Waiting Times Local Delivery Plan Standard.
The LDP Standard requires that 90% of people wait less than 3 weeks between referral and treatment. Please reference any actions in the MAT Standards Improvement Plan.

Q1 Performance:	93%
Q2 Performance:	91%
Q3 Performance:	
Q4 Performance:	

Key actions to improve performance	Timescales to complete	Progress in period	Risks
Q1 93% for all services - 92% for community services / 100% for prison services		As below	As below
Q2 91% for all services - 88% for community services / 100% for prison services		Weekly updates are being sent out – staff sickness and staff turnover has impacted the updating of DAISy	There is a risk targets are not being met due to staffing issues.

Comment / remedial action required

Will continue to send out weekly updates to staff regarding DAISy

Substance Use Treatment Target

Please complete this section only if you did not achieve your quarterly projections to deliver the Substance Use Treatment Target by 2024

	Projection	Performance
Q1 Performance:	4 additional	214 (was 210 Q4)
Q2 Performance:	4	Waiting for data
Q3 Performance:	4	
Q4 Performance:	4	

Key actions to improve performance	Timescales to complete	Progress in period	Risks
As previously advised East Dunbartonshire figures differ from Public Health Scotland figures. Based on our local information our OST increased by 4 between Q4 2021/22 and Q1 2022/23, therefore meeting the target. This information is based on data from local GGC systems so will need to be confirmed when the Public Health Scotland figures are released. Delay in shared care returns, Oct - Dec data not available			There are risks as the figures between East Dunbartonshire as provided through our local systems differs by approx. 100 in comparison to the Public Health figures. This means it is difficult for us to ascertain if we are meeting the targets given we are not providing support to 100 individuals that are

			included in our figures.
Comment / remedial action required			

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 10

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**23rd MARCH 2023**
REPORT REFERENCE:	**HSCP/230323/10**
CONTACT OFFICER:	**DAVID AITKEN, INTERIM HEAD OF ADULT SERVICES, TELEPHONE: 0300 123 4510**
SUBJECT TITLE:	**CARERS STRATEGY 2023 - 2026**

1.0 PURPOSE

1.1 The purpose of this report is to update the Health & Social Care Partnership (HSCP) Board on the development of the new Carers Strategy 2023–2026.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this Report;

2.2 Approve the proposed areas for priority action, that will form the foundation of the Carers Strategy 2023-26;

2.3 Note the timetable for the preparation of the final strategy, for consideration by the HSCP Board at its next meeting.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 The Carers (Scotland) Act 2016 was enacted on 1st April 2018. The legislation places a number of legal duties on the HSCP and Council to support unpaid carers and to publish a locality Carers Strategy. Following implementation of the Act East Dunbartonshire's locality Carers' Strategy was developed for the period 1st April 2019 to 31st March 2022.

3.2 The development of a new Carers Strategy in 2021 has been impacted by the Covid-19 pandemic. Opportunities to engage with partners and particularly with carers were significantly impacted. Additionally, considerable engagement was planned in 2021/ 2022 for the development of the new HSCP Strategic Plan and Older People Strategy and it was considered responsible to delay the review of the Carers Strategy for a year to 2022-23. The HSCP Board Meeting on 16 September 2021 approved an extension to the Carers Strategy in response to these circumstances. The timing of our local strategy was also impacted by ensuring alignment with the National Carers Strategy, published in December 2022, which was itself delayed from intended publication in the spring of 2022.

3.3 The preparation of the East Dunbartonshire HSCP Carers Strategy follows six distinct phases, which reflect the legal requirements as well as the supporting guidance. These are:

1. A review of the statute, guidance and main drivers for change and improvement, with examination of national and local policy and local needs;
2. Preparation of an initial summary report that reflects the above review and identifies proposed areas for priority action;
3. Consultation on the initial summary and proposals;
4. Preparation of a draft Carers Strategy based on the consultation outcomes
5. Consultation on the draft Carers Strategy
6. A final Carers Strategy for approval by the HSCP Board.

3.4 At its meeting of 17 November 2022, the HSCP Board approved the commencement of a period of consultation on the initial summary report that set out its proposed areas for priority action, supported by a Communication, Engagement and Participation Plan. The proposed priorities were:

- Better information and advice on formal and informal supports
- Better and earlier identification of carers
- Carers should be involved in planning for their support
- Carers should be supported to continue to care, building on their strengths and assets
- Carers should have a balance with life outside of caring
- Adult Carer Support Plans and Young Carer Statements uptake should be increased
- Carers health and wellbeing should be prioritised
- The impact of financial hardship and inequality should be recognised
- Earlier engagement and prevention of crisis should be prioritised
- Carers should be involved in planning for cared for person, including hospital discharge
- The choice of support available should be increased
- Carer-friendly communities should be promoted
- Carers should be involved in the planning of new services and supports
- The impact of the pandemic for carers should be recognised and prioritised

3.5 The consultation exercise commenced on 17 November 2022 and concluded on 31 December. The general responses indicated support with the areas identified for priority development, but with quite detailed commentary on the importance of making improvements happen. In this respect, the strategy can set out the direction of travel but will be impacted in large part depending on the resources available to extend services beyond their current levels.

3.6 Set out below is a summary of the consultative comments received:

- The high regard for the work of Carers Link;
- The critical importance of respite to recharge and catch up with other things;
- The very challenging nature of caring and the difficulty in obtaining all the support to meet carers needs properly;
- Recognition of the support and contribution of social work;
- The impact of the reduction of formal support levels during Covid lockdown periods, which have not fully recovered, leaving carers significantly impacted;
- The importance of "checking in" on carer wellbeing regularly, to ensure they are coping;
- The need for better signposting to respite services and eligibility;
- The need for improved transition from childhood to adulthood;
- The consequences of late cancellation of respite support in very impactful and must be avoided wherever possible;
- The importance of carers being involved in their communities and playing a part in improving services.

3.7 A draft Carers Strategy 2023-26 will now be prepared for final consultation, building around the proposed priorities and taking into account the comments received from carers during the engagement exercise. A final Carers Strategy 2023-26 will be brought to the HSCP Board's June meeting for approval.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
7. Post-pandemic Renewal
8. Maximising Operational Integration

Support to Carers is a key strategic priority for the HSCP Board established within the Strategic Plan.

4.2 Frontline Service to Customers – As 4.1

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – The Carers (Scotland) Act 2016 sets out the legal duty to prepare a dedicated locality Carers Strategy (outlined within Sections 31-33 of the Act).

4.5 Financial Implications – Since the implementation of The Carers (Scotland) Act 2016 the Scottish Government has provided local authorities with direct funding which supports the implementation of the Carers Strategy. No financial direction is required.

4.6 Procurement – The HSCP commissions a carer support organisation 'Carers Link' to provide carer services throughout East Dunbartonshire. 'Carers Link' provides a range of direct services and the provision of advice, guidance and support to both adult and young carers.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – An Equalities Impact Assessment has been satisfactorily completed on the provisions of the new Carers Strategy 2023-26.

4.10 Sustainability – Carers in East Dunbartonshire provide significant informal support to those for whom they care for, which represents a considerable economic impact. Support to Carers to enable them to maintain employment or return to employment is a key ambition of the support provided to carers.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 Limited risk implications; the preparation of the Carers Strategy is designed to follow five distinct phases, which reflect the legal requirements as well as supporting guidance.

6.0 IMPACT

6.1 **STATUTORY DUTY** – The Carers (Scotland) Act 2016 sets out the legal duty to prepare a dedicated locality Carers Strategy (outlined within Sections 31-33 of the Act).

6.2 **EAST DUNBARTONSHIRE COUNCIL** – Carers Strategy to be prepared for three year period 2023-2026.

6.3 **NHS GREATER GLASGOW & CLYDE** – None.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –** Direction to agree and support communication and engagement process as they relate to the Carers Strategy 2023-26 based upon the 'Initial Summary Report' and 'Communication, Engagement & Participation Plan'.

7.0 POLICY CHECKLIST

7.1 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.

8.0 APPENDICES

8.1 Appendix 1 - Direction

East Dunbartonshire Health & Social Care Partnership

Agenda Item Number: 10a.
Appendix 1

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	230323-10 Agenda Item Number 10
2	Report Title	Carers Strategy
3	Date direction issued by Integration Joint Board	Thursday 23 March 2023
4	Date from which direction takes effect	Thursday 23 March 2023
5	Direction to:	East Dunbartonshire Council and Greater Glasgow & Clyde NHS Board
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	no
7	Functions covered by direction	Implementation of the Carers' (Scotland) Act 2016
8	Full text of direction	The IJB hereby directs East Dunbartonshire Council and Greater Glasgow & Clyde NHS Board to: • Support the continuation of the existing Carers Strategy 2019-22 until completion of the new Carers Strategy 2023-26, which will be presented for IJB approval in June 2023.
9	Budget allocated by Integration Joint Board to carry out direction	The total budget relating to carer short break services and core funding of Carers Link in 2022/23 is £808,099
10	Details of prior engagement where appropriate	There has been engagement with Council and Health Board CMTs and Elected Members as part of statutory consultation on the development of the new Carers Strategy 2023-26 during November 2022 to January 2023.
11	Outcomes	The development of the Carers Strategy 2023-26 will ensure the provisions of the Carers' (Scotland) Act 2016 (S31-33) are fulfilled.
12	Performance monitoring arrangements	The HSCP Carers Partnership Group will take forward the process of action planning the delivery of the Carers Strategy 2023-26 and in doing so will report to the HSCP Strategic Planning Group and Public Service User and Carer Group. Its implementation will also be part of the HSCP Annual Delivery Plan which will be reported via quarterly and annual reports to IJB and also through Council Business Improvement Plan and HGIOS reports.
13	Date direction will be reviewed	June 2023

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 11.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**23rd MARCH 2023**
REPORT REFERENCE:	**HSCP/230323/11**
CONTACT OFFICER:	**JEAN CAMPBELL, CHIEF FINANCE & RESOURCE OFFICER, Tel: 07583902000**
SUBJECT TITLE:	**FINANCIAL PERFORMANCE ON BUDGET 2022/23 – MONTH 10**

1.0 PURPOSE

1.1 The purpose of this report is to update the Board on the financial performance of the partnership budget as at month 10 of 2022/23.

2.0 RECOMMENDATIONS

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

2.1 Note the projected outturn position is reporting a surplus on budget of £2.993m as at month 10 of the financial year 2022/23 (after adjusting for anticipated impact of movement to / from earmarked reserves).
2.2 Note and approve the budget adjustments outlined within paragraph 3.2 (**Appendix 1**)
2.3 Note the HSCP financial performance as detailed in (**Appendix 2)**
2.4 Note the progress to date on the achievement of the current, approved savings plan for 2022/23 as detailed in **(Appendix 3)**.
2.5 Note the anticipated reserves position at this stage in the financial year set out in (**Appendix 4)**.
2.6 Note the summary of directions set out within (**Appendix 5)**

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Budget 2022/23

The budget for East Dunbartonshire HSCP was approved by the IJB on the 24th March 2022.This provided a total net budget for the year of £199.034m (including £38.514m related to the set aside budget). This included £0.449m of agreed savings to be delivered through efficiencies, service redesign and transformation to deliver a balanced budget for the year and moving forward into future financial years.

3.2 There have been a number of adjustments to the budget since the HSCP Board in March 2022 which has increased the annual budget for 22/23 to £210.321m (an increase of £1.3m since that reported in month 8). A breakdown of these adjustments are included as **Appendix 1.** These adjustments relate, in the main, to an increase in FHS budget and an increase in the Social Work Pay budget to reflect the element of SG funding coming through the revenue support grant to local authorities.

3.3 Partnership Performance Summary

The overall partnership position is showing a year end surplus on directly managed partnership budgets of £2.993m at this stage in the financial year, a positive movement of £0.322m since that reported at month 8. This is the underlying variance after adjusting for anticipated balances to be taken from earmarked reserves of £17.2m to support expenditure. There remain some uncertainties due to the volatility of significant elements of the HSCP budget related to cost and demand pressures as the year concludes, uncertainty around recurring funding allocations from SG for a number of strategic policy areas and the consequential impact this may have on the use of the IJB reserves. The HSCP is still awaiting confirmation of Mental Health Outcomes funding and the agenda for change pay uplift allocations for NHS [policy priorities which is due to form part of the February allocation.

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	71,907	69,319	2,588	1,930	658
NHS GG&C	138,414	138,009	405	741	(336)
TOTAL	210,321	207,328	2,993	2,671	322

3.5 This shows an under spend on Social Work services and delegated housing functions of £2.588m and an under spend on community health services of £0.405m. The main areas which account for the movement since the last reported period relates to the additional budget to support the pay uplift for social work staff (transferred in period 10 to the HSCP), continuing delays in recruitment of staff, a projected downturn in bad debt provision from the previous year and the positive impact from direct payment audits. This is offset by an increase in the projected over spend in relation to prescribing pressures being experienced in the latter half of the financial year which are expected to continue into 2023/24.

3.6 The expenditure in year related to Covid-19 will be met in its entirety from residual covid reserves balances with no further funding available from SG. The HSCP

continues to submit monthly returns to SG to account for ongoing Covid-19 related expenditure.

3.7 The balances on the HSCP Covid reserves have now been returned to SG through a reduction to the NHS financial allocations for January 2023 with reserves drawdowns to address the impact of this in year. The amount East Dunbartonshire HSCP returned was £6.140m. This was based on the return made at Month 8 reflecting projected expenditure at that time of £3.823m.

3.8 The totality of the Local Mobilisation Plan expenditure for East Dunbartonshire at Month 10 was £3.617m (a reduction on the Mth 8 return of £0.206m related primarily to provider sustainability costs). The reserves available to support Covid-19 expenditure were £9.963m which leaves a small positive balance to act as contingency for any unexpected cost implications between now and the year end.

3.9 A copy of the Month 10 return and breakdown of costs is set out below:

Workstream Mapping	£000s	2022-23 Revenue Total
2. Vaccinations	Flu Vaccination & Covid-19 Vaccination (FVCV)	**214,875**
3. Workforce and Capacity	Additional Staff Costs (Contracted staff)	**263,948**
3. Workforce and Capacity	Additional Staff Costs (Non-contracted staff)	**57,374**
4. PPE, Equipment and IPC	Additional Equipment and Maintenance	**513**
4. PPE, Equipment and IPC	Additional PPE	**67,095**
5. Social Care and Community Capacity	Additional Capacity in Community	**134,201**
5. Social Care and Community Capacity	Children and Family Services	**939,305**
5. Social Care and Community Capacity	Covid-19 Financial Support for Adult Social Care Providers	**1,692,840**
6. Primary Care	Additional FHS Contractor Costs	**89,416**
7. Miscellaneous	Digital & IT costs	**5,004**
7. Miscellaneous	Loss of Income	**144,463**
7. Miscellaneous	Other	**7,899**
Total Covid Costs - HSCP - All		**3,616,932**

3.10 There remains some uncertainty in the projected Covid-19 related costs as claims from care providers vary due to levels of staff absence claimed due to Covid, some backdated claims being received as well as changes in staffing and other commitments on expenditure. This remains an area of volatility for the HSCP dependant on the pattern and impact of Covid prevalence within the area. We have been advised that there will be a year-end reconciliation of Covid expenditure which mitigates any risk that cost projections vary from that included within the returns with an expectation that further funding would be available to meet any cost pressures. We await correspondence from SG to confirm this position.

3.11 Financial Performance - Care Group Breakdown

The projected underspend across each care group area is set out in the table below:

Care Group	Annual Budget 2022/23 (£000)	Projected Variance - Mth 10 (£000)	Reserves Adjustment (£000)	Underlying Projected Variance - Mth10 (£000)	Projected Variance - Mth 8	Movement
Strategic & Resources	4,341	(210)	318	108	166	(58)
Community Health & Care Services	55,194	792	1,972	2,764	2,207	557
Mental Health, Learning Disability, Addictions & Health Improvement	29,717	(934)	1,443	508	556	(48)
Children & Criminal Justice Services	16,312	(111)	114	3	44	(41)
Other Non SW - PSHG / Care & Repair/Fleet/COG	1,258	175	0	175	5	170
FHS - GMS / Other	33,149	0	0	0	0	0
FHS - Prescribing	20,850	(708)	0	(708)	(446)	(262)
Oral Health - hosted	10,964	(3,600)	3,600	0	0	0
Set Aside	38,514	0	0	0	0	0
Covid	23	(9,614)	9,757	143	139	4
Projected Year End Variance	**210,321**	**(14,211)**	**17,204**	**2,993**	**2,671**	**322**

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

- Strategic & Resources (under spend of £0.108m, an adverse movement of £0.058m since that reported at period 8) – pressure remains in relation to payroll costs for the Council's Planning & Commissioning Team which was subject to a service review which determined additional staffing resources were required to support the work of the HSCP in relation to contracting and strategic commissioning. This had been offset by Adult Social Work Capacity Funding which has now been re- allocated to the appropriate service areas now that the business case for planned spend across adult social work has been approved and moving to implementation.

- Community Health and Care Services – Older People / Physical Disability (underspend of £2.764m, a positive movement of £0.557m since that reported at period 8) – there continues to be reduced levels of care home placements, supported living packages and care at home services purchased from the external market from that assumed at the time of setting the budget, due to the continuing impacts of Covid-19. Numbers are continuing to recover to more normalised levels. This mitigates pressures within the in-house care at home service and pressures in relation to equipment to support people to remain at home along with additional adult winter planning funding to increase capacity in this area.

  The movement in the period relates to a an increase in the payroll budget related to the uplift in pay for social work staff, the positive impact from direct payment audits and a projected decrease in the bad debt provision in this area.

- Mental Health, Learning Disability, Addiction Services (£0.508m under spend, an adverse movement of £0.048m since that reported at period 8) – this largely relates to an under spend in elderly mental health services due to nursing vacancies held in anticipation of the north east element of this service transferring to North Lanarkshire. There are also underspends due to vacancies across learning disability health services and maternity leave in the health improvement team. There are expected to be cost pressures due to challenging turnover savings in adult social work payroll budgets and increased agency costs within the LD

residential unit, which is being mitigated due to an ongoing reduced number of care packages across residential, daycare, care at home and supported living services, consequential reduction in transport costs as a result of the Covid-19 pandemic. There is expected to be a continuing upward trend on the resumption of care packages across respite and daycare during the year for services which had ceased during the peak of the pandemic.

The movement in period relates to increased agency costs and increased costs associated with taxi provision for those accessing social care services.

- Children and Criminal Justice Services (under spend of £0.003m, an adverse movement of £0.041m since that reported at period 8) – continuing issues with recruitment and retention of staff has caused underspends on social work payroll budgets with turnover savings expected to be fully achieved. There are also reductions in external fostering and residential childcare placements as children move onto positive destinations. There continue to be pressures in relation to Unaccompanied Asylum Seeking Children (USAC) where placements within in house provision is at capacity and will require the purchase of externally purchased placements to accommodate these children. Solutions are being sought in relation to the potential development of further in house provision to meet the needs of these children as the number of requests grow.

  The movement in the period relates to a an increase in the payroll budget related to the uplift in pay for social work staff offset by an increase in taxi costs for children accessing respite and other social work services.

- Housing Aids and Adaptations, Fleet and Care of Gardens (underspend of £0.175m, a positive movement of £0.170m since that reported at period 8) - there are a number of other budgets delegated to the HSCP related to private sector housing grants, care of gardens and fleet provision. These services are .delivered within the Council through the Place, Neighbourhood and Corporate Assets Directorate. – there has been a continuing underspend in relation to fleet recharges related to a downturn in transport provision needed as a consequence of Covid and a reduction in services requiring this type of transport.

- Prescribing (over spend of £0.708m, an adverse movement of £0.262m since that reported at period 8) – performance figures for July continue to see an increase in prices for medicines due to short supply and adverse movements in exchange rates. Prices are expected to continue to increase as a result of both for remainder of the year and into next financial year. Forecast as at M10 now based on 3.36% (previously 3.86%) increase in volume (avg. Apr - Nov) and 5.96% (previously 2.0%) increase in price (avg. Oct - Nov projected to continue).

- Covid (underspend of £0.143m, a small positive movement of £0.004m since that reported at period 8) – relates to an improving picture in relation to provider sustainability claims where the criteria has changed to include Social Care Support Fund (SCSF) and staffing costs to support testing and vaccinations only.

3.13 The consolidated position for the HSCP is set out in **Appendix 2**.

3.14 Savings Programme 2022/23
There is a programme of service redesign and transformation which was approved as part of the Budget 2022/23. Progress and assumptions against this programme are set out in **Appendix 3**.

3.15 Partnership Reserves
As at the 1st April 2022, the HSCP had a general (contingency) reserves balance of £3.078m. Depending on the final outturn position for 2022/23, there may be an opportunity to further this reserves position with any underspend that materialises at year end. This will provide the HSCP with continuing financial sustainability into future years and an ability to manage in year unplanned events and afford a contingency to manage budget pressures without the need to resort to additional partner contributions as a means of delivering a balanced budget. There will be a number of factors which will have an impact on the year end position such as the funding to support the pay uplift for NHS and Social Work staff to HSCPs still to be clarified, contractual pressures for care providers due to the cost of living pressures (non-payroll) and variations in Covid costs to name a few.

3.16 This will provide a projected general / contingency reserve moving into 2023/34 in the region of £6.071m. This will further the partnership's 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. £3.8m. It will also affords some opportunity to create an earmarked reserve to support the smoothing of savings plans to balance the 2023/24 budget and increase reserves to support ongoing pressures in relation to prescribing.

3.17 In addition, the HSCP had earmarked reserves of £23.912m which are available to deliver on specific strategic priorities. It is expected, at this stage that there will be a net reduction in earmarked reserves of £17.204m (including the pay back of covid reserve balances). This will be required in year to support expenditure across a number of policy areas and this will be updated as spending plans progress, particularly in relation to Covid-19 and Adult Winter Planning funding with plans in development for the use of the balance of these reserves. This will leave a balance on earmarked reserves of £6.708m.

3.18 The indicative position projected to 31 March 2023, with regard to partnership reserves is set out in **Appendix 4.**

3.19 Financial Risks - The most significant risks to be managed during 2022/23 are:

- Pay Uplifts
  Pay negotiations are concluding for both health and social work staff. A pay uplift of 2% was built into budget assumptions for 22/23 with current agreements in excess of this assumption. There may be some funding to support agenda for change (AFC) pay uplifts with an expectation that this will be fully funded The extent of this yet to be confirmed, however advice from SG is that no specific 'additional' funding will be provided to support the AFC uplifts but rather there will be a re-prioritisation of other funding commitments. (The HSCP has received a number of notifications requiring the use of reserves balances prior to any further allocations in 2022/23 across a number of policy areas.)

Funding to support local authority pay settlements does not cover the full extent of the pay uplift agreed. A letter received from the Deputy Director of Local Government and Analytical Services set out the funding available to support the local government pay uplift and the expectation that this cover the uplift to Social Work staff with a proportionate allocation of funding towards the cost of this to pass through to IJBs. The allocation of funding to be passed through to the HSCP from the Council is £0.618m with costs projected based on a 5% uplift of £0.936m for the financial year 2022/23. This equates to a shortfall of £0.318m which has been built into the reported financial position for SW in 3.4 above.

- The cost of living crisis and the impact this is expected to have on care provider cost pressures with escalating fuel, energy and insurance costs being key areas which are expected to hit during 2022/23. There is not expected to be any further funding from SG to support these areas specifically and it will fall to HSCPs to consider and address any local impacts to ensure provider sustainability. This could have an impact on the current reported financial position.

- The ongoing impact of managing Covid as we move through the winter period and see further surges of the virus and the recurring impact this may have on frailty for older people, mental health and addiction services moving forward increasing demand for services.

- Delivery of a recurring savings programme identified as part of the budget process for 2022/23. This includes challenging turnover savings across Social Work payroll budgets which may be mitigated though ongoing recruitment difficulties in certain areas across the service.

- Un Scheduled Care - The pressures on acute budgets remains significant with a large element of this relating to pressure from un-scheduled care. 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 with funding within earmarked reserves to mitigate potential funding of these pressures.

- 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. This may be compounded by increasing numbers of UASC requiring placements to be purchased to support these children

- Funding allocations for the Primary Care Improvement Programme (PCIP), ADP and Mental Health Recovery & Renewal (MHRR) have been curtailed and further allocations for 2022/23 offset against balances held in reserve in the first instance. This presents significant issues where plans have been developed and commitments made against these reserve balances which now have to be reviewed. This includes use of reserves to address accommodation issues in delivery of the PCIP and temporary posts employed to deliver on other areas of strategic priority. The ability to meet full programme commitments is compromised by short term funding allocations made in this way. We are still awaiting confirmation of Action 15 Mental Health funding but expect this will also be curtailed for balance held in reserves where plans have been developed to take forward this agenda.

- The non-recurring nature of SG funding allocations makes planning and delivery problematic, particularly creating recruitment difficulties to temporary posts.

- 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.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

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 – The financial performance to date is showing that the budget is projected to underspend at year end by £2.993m. 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.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None

4.10 Sustainability – The sustainability of the partnership in the context of the current financial position and potential to further 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.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 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.

6.0 IMPACT

6.1 **STATUTORY DUTY** – None

6.2 **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.

6.3 **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.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –** East Dunbartonshire Council and NHS Greater Glasgow & Clyde (Directions template attached as appropriate)

7.0 POLICY CHECKLIST

7.1 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.

8.0 APPENDICES

8.1 Appendix 1 – Budget Reconciliation 2022/23
8.2 Appendix 2 – Integrated HSCP Financial Performance at Month 10
8.3 Appendix 2a – NHS Financial Performance at Month 10
8.4 Appendix 2b – Social Work Financial Performance as at Period 10
8.5 Appendix 3 – HSCP Savings Update 2022/23
8.6 Appendix 4 – HSCP Reserves 2022/23
8.7 Appendix 5 – Direction Template

East Dunbartonshire HSCP
Consolidated Budget Reconciliation 2022/23

APPENDIX 1

2022/23 Budget Reconciliation	NHS £000	Local Authority £000	Total £000
Budget Approved at HSCP Board on 24th March 2022	**89,880**	**70,640**	**160,520**
Set Aside approved at HSCP Board on 24th March 2022	38,514		38,514
TOTAL Budget Approved	128,394	70,640	199,034
Rollover Budget Adjustment	1,085		1,085
Period 3 Budget Adjustments			
Apremilast (Transfer from acute)	52		52
School Nursing	84		84
FHS adjustment	(2)		(2)
PCIP Pharmacy baseline	168		168
SG Uplift 2% and NI increase (£1,240k received, £1,239k approved at IJB 24th March 2022)	1		1
Winter Planning - Support Staff (Approved at IJB 24th March 2022, not yet received from SG)	(448)		(448)
Winter Planning - Enhanced MDT (Approved at IJB 24th March 2022, not yet received from SG)	(814)		(814)
Private Sector Housing Grants		515	515
Care & Repair		30	30
Whole family wellbeing - tranche 1		471	471
Children & Young People's Mental health & Wellbeing - transfers to Education Service		(140)	(140)
Rounding LA budget		1	1
Period 6 Budget Adjustments			
Apremilast (Transfer from acute)	56		56
School Nursing	55		55
PCIP Tranche 1	1,229		1,229
Smoking Prevention	42		42
FHS adjustment	935		935
Private Sector Housing Grants (adjust)		(184)	(184)
Care & Repair (adjust)		214	214
Legal Fees (C&F)		8	8
Period 8 Budget Adjustments			
Winter Planning - Support Staff	556		556
Winter Planning - Enhanced MDT (75%)	612		612
District Nursing	163		163
Dental Bundle	4,821		4,821
Childsmile - DHSW	475		475
Fluoride Varnish Programme	210		210
LD to HSCP SESP Funding	13		13
Prescribing tariff reduction	(288)		(288)
Apremilast (Transfer from acute)	53		53
Period 10 Budget Adjustments			
FHS adjustment	1,240		1,240
Revenue to capital transfer	(361)		(361)
Adult Social Care - Chief Nurse	54		54
Apremilast (Transfer from acute)	31		31
Care Experienced Attainment		20	20
Pay Award		332	332
Revised 2022/23 Budget	**138,414**	**71,907**	**210,321**
Anticipated Covid Funding Outstanding			*0*
Anticipated 2022/23 Budget	***138,414***	***71,907***	***210,321***

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	230323 - 11 Agenda Item Number 11
2	Report Title	Financial Performance Budget 2022/23 – Month 10
3	Date direction issued by Integration Joint Board	23rd March 2023
4	Date from which direction takes effect	23rd March 2023
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 190123 - 11
7	Functions covered by direction	Budget 2022/23 – 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 2022 - 25, 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 £138.414m and East Dunbartonshire Council is £71.907m 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 2022/23.
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	Reviewed for IJB – budget 2022/23 monitoring report will supersede this direction planned for 15th June 2023.

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 12.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**23rd MARCH 2023**
REPORT REFERENCE:	**HSCP/1230323/12**
CONTACT OFFICER:	**CAROLYN FITZPATRICK, LEAD FOR CLINICAL PHARMACY AND PRESCRIBING TELEPHONE 0141 232 8237**
SUBJECT TITLE:	**MINUTES OF CLINICAL & CARE GOVERNANCE GROUP MEETING HELD ON 11TH JANUARY 2023**

1.0 PURPOSE

1.1 The purpose of this report is to share the draft minutes of the Clinical and Care Governance Group meeting held on 11th January 2023.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the Clinical and Care Governance Group Meeting held on 11th January 2023.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Clinical and Care Governance Group minutes of 11th January 2023 highlight:

a) The group received a presentation from the Clinical Director and Service Manager from Specialist Children Services on increasing number of incidents involving self-harm and attempted suicide within the service. The presenters explained how the background, how the incidents were being managed and actions which had been taken.

b) The group reviewed the incident and complaints data from the period since the last C&CGG meeting. Individual incidents and complaints are reviewed in detail within services and any quality improvements reported back through the service reports.

c) The group were informed of the new quality assurance system for Child Health Services which has been introduced at Board level and is in place to ensure there are consistent quality assurance mechanisms in place.

d) The group were updated on the new Alcohol & Drugs Recovery Service Mobile Harm Reduction Service which started in mid-January.

e) Oral Health highlighted on the challenges of short supply of medicines, particularly the global shortage of antimicrobials used to treat Strep A infections. Similar antimicrobials are used to treat dental infections so Oral Health had worked closely with the Community Pharmacy Teams, particularly over the festive period, to ensure patients could access antimicrobials when required.

f) The group were updated the Child and Adult Protection Register data and noted the increase in numbers on the Child Protection Register. Child Protection activity across the Health Board had been increasing but the group were reassured that it was still manageable within the partnership.

g) The Head of Adult Services shared the report 'Ending the exclusion: Care, treatment and support for people with mental ill health and problem substance abuse in Scotland'. The group discussed the content of this report and in particular the need for a more joined up and collaborative service provision to ensure people are not passed back and forward between different teams. There is work ongoing locally and information will be shared at GP Forum.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal

8. Maximising Operational Integration

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 – None.

5.0 MANAGEMENT OF RISK

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

5.1 None.

6.0 IMPACT

6.1 **STATUTORY DUTY** – None

6.2 **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.

6.3 **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.

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

7.0 POLICY CHECKLIST

7.1 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.

8.0 APPENDICES

8.1 Appendix 1 - Clinical & Care Governance Group draft minutes of meeting held on 11th January 2023.

Minutes of
East Dunbartonshire Health & Social Care Partnership
Clinical & Care Governance Sub Group
Wednesday 11th January 2023, 9.30am
Microsoft Teams Meeting

Members Present

Name	Designation
Paul Treon	Clinical Director, Chair
Caroline Sinclair	Chief Officer and CSWO
Tara Dunseith	Clinical Director, Oral Health
David Aitken	Interim Head of Adult Services
Claire Carthy	Interim Head of Children's Services & Criminal Justice
Leanne Connell	Interim Chief Nurse for HSCP
Carolyn Fitzpatrick	Lead for Clinical Pharmacy and Prescribing, Vice Chair
Fiona Munro	Lead AHP for HSCP (and deputising for Derrick Pearce)
Lisa Dorrian	General Manager, Oral Health Directorate
Karen Lamb	Specialist Children's Services
Fraser Sloan	Clinical Risk

In Attendance

Name	Designation
Andrea Blair	Boardwide Service Manager, SCS
Julie Metcalfe	Clinical Director, SCS
Lorraine Arnott	PA/Business Support

Apologies

Name	Designation
Derrick Pearce	Head of Community Health and Care Services
Vandrew McLean	Corporate Business Manager

No.	Topic	Action by
1.	**Welcome and Apologies**	
	PT welcomed all and announced members present and reminded those in attendance of the recording of the meeting. Apologies noted on page 1.	
2.	**Minutes of Previous Meeting**	
	Minute of previous meeting agreed and approved. TD noted slight amendment to item 3 in respect of OHD incident report. This was provided as the main body of the report however had not been received by VMcL by that point.	
3.	**Matters Arising**	
	PT noted no matters arising at this time.	
4.	**Actions / Outcomes Log**	
	CF reviewed the Actions & Outcomes Log. Cleared off all the current actions from the previous year and will start a fresh action log for the coming year.	
5.	**Presentation**	
a	**Self-Harm & Attempted Suicide (SCS) – Julie Metcalfe and Andrea Blair** JM and AB attended to provide presentation of Self Harm and Attempted Suicide within SCS. She gave background to the group on the reason for attending and presenting at today's meeting, to review the number of incident reports that come from Skye House and the presentation for today's meeting will highlight the concerns and issues. Context in recent years is that after lockdown there was an increase in high risk presentation in young people presenting to locality CAMHS services with incidents of self-harm that were quite significant. Linked up with Women and Children's Services and Child Protection and looked at patterns where these young people are cared for within CAMHS. Quite intensive work happening in community, alongside a significant increase in eating disorders presentations. Currently in Skye House seeing a large number of young people with very severe eating disorders; had managed to minimise admissions for this prior to lockdown however has become more acute. She then went on to review the data in the attached presentation. JM noted that Incidents are being managed as they arise and are followed up in the community and in inpatient care, and are doing well to manage the acuity of need and the intensity of input that has a knock on effect to waiting times and is an issue at service level. Also rolling out trauma informed work across the teams within the service and noting a more evident pattern that trauma is part of the story for many of the young people that present to the service. **SCS Datix Clinical Governance Presentation.ppt** In terms of increasing number of admissions and admission numbers, PT asked if this was noted as the same client group and people returning to the service, or different patients. AB noted that there are a number of patients who may frequently attend, and there are lots of young people that are not known to the service being admitted also. PT also asked in relation to incidents and whether they are looked at as preventable or unpreventable. AB advised that this is looked at and processes are secured. Workforce model has not changed, however the acuity has changed in the past year. Doing a piece of work with NES regarding workforce turnover and will take to regional planning group to identify what the service needs moving forward. Some of the incidences have been preventable, and have now put in quality assurances processes to reduce this. Training opportunities are also being developed to assist with the trauma background support.	

	KL reflected in terms of escalation around the concerns in relation to Skye House, where she advised that during the past year the issues have been escalated to the GGC Board, Scottish Government and briefing to the First Minister, and CS and KL attend monthly Enhanced Support/Routine Support meetings with Scottish Government where updates are provided with the challenges in respect of Skye House. Keeping young people safe is about environmental factors and workforce factors, and workforce issues were primarily the reason for the reduction of beds during last year. Observation policy really important in terms of keeping young people safe and needs staff in place in order to do that. Demand for CAMHS is increasing at every level of the system. Part of the challenge for Skye House is the lack of IPCU beds for adolescents. Have been tasked by Scottish Government to develop a West of Scotland IPCU in GGC, and is hoped that this will release some of the pressures. PT thanked all for providing insightful and helpful presentation, update and input.	
6.	**Incident Trends**	
	Form 1st November to 31st December (details contained within the spreadsheet attached with papers) Non Clinical Incidents 4 incidents reported • 3 slips trips and falls • 1 exposure to hazard • 2 currently in the holding area awaiting review, 1 being reviewed/recoded and 1 finally approved. 52 Clinical incidents reported within the period largely; • 34 Pressure ulcer related • 6 medication administration errors • 3 communication • 2 medication dispensing error • 2 medication patient induced • 1 medical equipment • 3 unexpected deaths • 1 transfer or discharge issue and • 1 self harm • 10 holding area awaiting review, 20 being reviewed and recoded, 1 rejected and 21 finally approved. A discussion followed with regard the above information and data. CS questioned the one unexpected death recorded in the Health Visiting service. LC advised that this was a late notification in December of the death of a young person in the Golden Jubilee Hospital due to an underlying health conditions. CC confirmed that this is sitting with the Health Board and is following the Child Death Review Hub process; it has been referred to the lead Consultant for Children's Services and they will decide what the review should look like. Child would not have been open to Health Visiting services however CC confirmed that this may perhaps be an error. CC will look into this and report back on.	
7.	**Complaints & Whistleblowing**	
	Complaints data included within the agenda. PT highlighted from the reports, GP report showed 34 complaints from practices that were responded to, predominately around access and staff attitude. Oral Health had 34 incidents reported. Optometry 1 complaint around cost	

	or quality of service, and within the HSCP as a whole there were 15 complaints, 3 Stage 1, 12 at Stage 2 and predominately sitting within Mental Health services. In terms of the Oral Health complaints LD confirmed that the majority were concerns in relation to waiting times and access concerns.	
8.	**SPSO Updates**	
	SPSO update attached with papers. Pt highlighted rom the report around child friendly complaints process being developed and will launch in due course. Also main learning highlighted from incidents they have looked into are in relation to completion of accurate consent, to ensure it is being recorded and documented correctly.	
	GOVERNANCE LEADS UPDATES / REPORTS	
9.	**Children & Families/Criminal Justice**	
	Report contained within agenda. CC updated in terms of Children's Health there has been a new quality assurance system that has been introduced at Board level and chaired by one of the Chief Nurses and ensures that there is consistent quality assurance mechanisms in place across the board in terms of children's health services. Report that was missing from today's papers had information from social work services in respect to a case study that was submitted with regards to an incident that happened at a children's hearing, where decision made was based on incompetent advice from a lawyer. Learning identified and service managers in Children and Families along with the Children's Reporter will do session for panel members in the hope that decisions are made correctly in the future. In terms of the Inspection process, she updated the group that Phase 1 was completed before Christmas and ended on a fairly positive note, having undertaken all the required activities on time and delivered everything that was required by the Care Inspectorate. She thanked all Business Support colleagues for all the support they have provided during this period. Now in Phase 2 which is the engagement process, including focus groups, engaging with children and families; survey will go out to families and staff may be required to attend focus groups. Engagement week begins 6th February and afterwards the Care Inspectorate will write their report. Report findings should be presented back by the 1st March 2023. In terms of Criminal Justice, by exception, CC updated that Police Scotland have revised the way that information is shared in terms of high risk and sex offenders and have introduced new requirements, new software and new hardware, working closely with colleagues in IT to make sure that systems are all compliant and have the required technology. Requirements also in terms of vetting and staff now have to be vetted by police in order to access the database in respect of high risk sex offenders. Most of the staff that will be writing reports or require the information have been successfully vetted and also secure room is required for the hardware, secure room has been built for this purpose. In terms of the system it and the processes around risk assessment and risk management will not change and MAPPA meetings where information is shared between health, police, social work and other agencies as appropriate will still be in place.	
10.	**Community Health & Care Services**	
	Report contained within agenda. DP had submitted apologies however FM provided brief update. Notes of exception are the reduction in leadership across nursing which is creating additional pressures. GP Practice is fragile at the moment with one having list closure and one moving to Level 2 escalation. And	

	lastly pressures in OPMH with reduction of consultant time which will lead to a delay in people receiving diagnosis for dementia and potentially commencing treatment. Will need to review process of OPMH to ensure they are timely and ensuring communications are sent to patients and GPs to advise them of where the pressures are within the system. Working closely with Dr Ashley Fergie, Clinical Director for OPMH to try and identify what can be done in the short term and also the longer term as it is expected this will be a longer term problem. In the process of reviewing activity and processes within OPMH and will complete an SBAR to be presented to SMT.	
11.	**Commissioned Services**	
	Report contained within agenda. GH was unable to attend to speak to the report on the Commissioned Services update therefore FM provided brief overview. She noted from the report the fragility of care at home and care home markets, recruitment funding and retention; continue to monitor and support providers daily and intervening where there are concerns regarding sustainability. Regular meetings established with the Care Inspectorate which will help to strengthen that collaborative and oversight approach. Review and alignment of providers with business continuity plans to the HSCPs is the key priority. PT noted some feedback in relation to the report were the use of acronyms and highlighted it would be useful if these could be detailed in full.	
12.	**Joint Adult Services**	
	Report contained within agenda. DA updated that the new ADRS and Mobile Harm Reduction Service will be starting in mid-January and is a positive development. Additional looking at the development across bereavement and GGC wide bereavement and the implementation of this SOP, and looking at how to support staff and more family based approach in response to bereavement. Still some concerns around recruitment issues and challenges across both health and social work teams and continues to be a challenging area and will feature through the year potentially. Positive moves in terms of clinical space regarding the development in Milngavie clinic. Lastly he highlighted from the report work being undertaken across GGC but being led by Glasgow City in terms of emergency detention certificates in regard to considering mental health officer consent. Concerns raised by the Mental Health Welfare commission that there were high numbers of certificates completed without Mental Health Officer consent. Undertook review locally in response to this and noted that across the last year there were 38 emergency detention certificates, however only 2 had been completed locally and in working hours, the rest completed by Glasgow and partner social work services. On both occasions Mental Health Officers had been consulted and had been involved in the process. Nothing else by exception to note at this time. PT asked around specific item within the report in relation to referral letter responses and whether this was client or patient that was being referred. DA noted there had been an issues around ADRS in terms of phone system. Working on an interim solution to ensure consistent contact details and information coming through and has now been implemented.	
13.	**Oral Health – Primary Care**	
	Report contained within agenda. TD highlighted items of note. In terms of heating and ventilation and the lack of Infection Control Doctor, throughout COVID there have been ongoing issues in relation to the provision of dentistry and aerosol generating procedures and insufficient ventilation. The remedial action to improve this situation has been frustrated by the lack of an ICD able to sign off any improvement work that has been undertaken. There has been work ongoing to recruit to this role. LD has escalated to the newly appointed Director of Regional Services who will pick this up with the Director of Diagnostics.	

	Short supply of medicines, she informed that there is a global shortage of antimicrobials and particular formats of those in relation to the Strep A infections. Similar antibiotics are used in the treatment of dental IV oral infections. Prior to the festive period there was a significant amount of work and liaison with the Community Pharmacy teams to ensure that there was access to these antimicrobials as required. Proved successful and optimal patient care was maintained throughout the festive period. In terms of SAER number 723460, the briefing note has been escalated and has been signed off by the Commissioner and is currently being review through the quality assurance process. With regard to public holidays NHS has advised NHS GG&C of their intention to withdraw dental OOH cover namely the May Day Monday public holiday and autumn Monday public holiday. GDP colleagues may have to make other arrangements for triage and emergency care of patients. PDS OHD is also exploring the possibilities of how they can support patient care. The issue has been escalated and discussed at SMT and paper has been sent to CS for onward escalation to SEG. Included paper in relation to Childsmile SBAR and the National Toothbrushing Programme, has seen a poor uptake since COVID. There has been a small improvement however there is a continued reluctance from some schools to participate in the programme. A number of options are being considered and recommendations have been made and are in SBAR paper submitted to SMT. Throughout COVID have also undertaken a CBT Pilot, provision of CBT for both child and adult patients and was intended to be a nurse led service and to provide further ------- for behavioral management having less reliance on pharmacological management. Will evaluate the pilot and determine if this could fit into any pathway for care that can be provided for patients. Lastly she highlighted an options appraisal for a mobile dental unit; paper is due for submission to Oral Health Directorate SMT at the end of the month. Proposal to look at improving access to dental care for patients with complex needs. Three main options being considered. The mobile dental unit has evaluated well and consideration given to how that could support many other types of patient care.	
14.	**Specialist Children's Services**	
	Report contained within agenda. KL provided brief update. She updated on the Experience of Service questionnaire that was discussed at the last meeting. That is continuing to be refreshed. Presentation also delivered recently by Alistair Reid, in terms of the healthcare staffing programme and legislation that is due to come into place in terms of safe staffing. In terms of Significant Events she advised that JM is developing a Significant Adverse Event Review Group so that the service can better review and learn from SAE and strengthen the governance and processes around these events.	
15.	**Mental Health**	
	Report contained within agenda. LC commented that the staffing still continues to be an issue and CMHT is in contingency and anticipated to be in this position for months to come. Moving resource around to try and help. Increased demand on the service and particularly around ADHD, approximately 260 on current	

	caseload. Only one staff member who specialises in this and service looks to continue to struggle. Perinatal work has secured endowment bid for self-care packs that Health Visitors will take out during visits, and in that will include some of the CBT booklets and counselling information. Counselling service put on hold until more referrals are received and will be re-visited in the new year. Psychological Therapy Library also received some funding from endowment bit to get more resources and shared across the teams. Also done some CBT in-service training and awareness sessions on anxiety management with CMHT and PCMHT. Interface meetings with addictions and West CMHT looking at interface and relationships there, team lead also meets with social work colleagues regarding referrals to improve on joint working. PCMHT survey also received positive feedback. CMHT survey starting this week. LD nursing staff is now at full complement. CMHT psychologists looking at staff wellbeing and compassion focused awareness session and will be offered out to HSCP staff. DA has taken this to SMT for approval.	
16.	**Business Support**	
	Report contained within agenda. VMcL submitted apologies for today's meeting. Nothing of exception to report at this time.	
17.	**Primary Care & Community Partnerships Governance Group update**	
	CF updated that the meeting is not due to take place until after this meeting and will report back to next meeting.	
18.	**Board Clinical Governance Forum update**	
	No update at this time.	
	RISK MANAGEMENT	
19.	**Clinical Risk Update**	
	Next update due end of March 2023.	
20.	**SAE Actions**	
	FS did noted the 5 SAERs currently open and 12 actions currently being implemented. CS questioned open SAER that had been opened for some time, and there were actions to be completed as a result. FS conformed that the SAER in question had been finalised and closed off before Christmas.	
21.	**Corporate Risk Register**	
	CS advised the Risk Register has recently been refreshed and has been submitted to the IJB next week for sign off.	
	CLINICAL EFFECTIVENESS / QUALITY IMPROVEMENT	
22.	**Quality Improvement Projects within HSCP**	
	Nothing to report at present.	
23.	**Quality Management Framework**	
	Nothing to report at this time.	
	PUBLIC PROTECTION	
24.	**Child Protection**	
	CC updated that there has been an increase on the numbers on the register, as of today there are 44, an increase of 12 since the last meeting. Child Protection activity across the board is increasing, however still able to manage everything with the partnership.	
25.	**Adult Protection**	
	DA advised that there was nothing of exception to report on at this time. CS informed the group that the Biennial Report has just been finalised and gives a good summary of the past 2 years of activity and continues to be a growing area of business.	

26.	**PREVENT** **Counter-terrorism**	
	1 PREVENT case actively managed with engagement from the PREVENT Intervention Providers, no changes from last report.	
27.	**MAPPA / Management of high risk offenders**	
	CC updated in terms of MAPPA. Seen 7% increase on the numbers of the MAPPA register since the last meeting and now sitting at 75 with the vast majority being manager at level 3, 5 at level 2 and 1 at the highest level.	
28.	**MARAC** **Domestic Violence**	
	CC updated that the process is still ongoing and has been under review recently and has been welcomed. Unsure when the next MARAC is, and no further update at this time.	
	INFECTION CONTROL	
29.	**Infection Control Minutes**	
	Minutes from December meeting still awaiting ratification.	
	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.	**Approval Group Guidance**	
	Paper will be circulated after the meeting. PT advised that this had been highlighted by the Primary Care Governance Group around processes that various clinical updates need to go round to seek approval and making sure that the various groups know who else should be considered before processes are approved. Looking for feedback on the guidance once the paper has been circulated.	
33.	**Ending the Exclusion – Care Treatment & Support for People with Mental Ill Health & Problem Substance Misuse in Scotland**	
	DA noted the above information that had been included with the papers. He noted this was challenging area when thinking about practice in this area looking at practice across the interface between mental health teams and the ADRS teams, and will be a long standing challenge and concerns that patients have referred to other teams or back to GPs. MWC has highlighted this and sought to ensure that there is more joined up and collaborative service provision to ensure that no one is passed back and forward to different teams. Recommendations are that there should be a clear written policy which sets out expectations for service users between both ADRS and CMHT. He advised that within ED this policy is in place and has been actively reviewed in the past year as part of the Drugs Death Prevention work, and trying to develop the efficacy of this protocol and is due to be reported back on early part of this year. Second recommendation is making sure that there is an allocated worker for anyone with a co-occurring substance misuse and mental health issue. And also that there should be a documented care plan in each instance. In a strong place in terms of recommendation. Thurs recommendation is focused on those who disengage from service and having a robust approach to those who withdrew from services or a did not attend position. Have a policy in place that is GGC wide and is reflected across mental health services also. Fourth recommendation is around application of psychiatric emergency plan which is also covered across GGC. Have been proactive locally on all these recommendations and have put the area in a good position to respond to the report. Have action plan in place to take	

	forward to ensure that policy review of actions are taken forward, auditing care plan positions and both Lorraine Currie and Seonaid McCorry have discussed joint care plans and how to begin to develop those and will take forward as a result of the review. In terms of the policy around joint working with ADRS and Mental Health PT asked if this allowed for redirection of referrals if they are sent via the wrong service. DA advised that there should be no wrong referral and people should not be sent back to GPs or other services. Need to ensure locally that this does not take place and there are protocols in place to make sure that those discussions are held internally. PT noted that this would be helpful to be discussed at the GP Forum has work on this progresses.	
34.	**AOCB**	
	Nothing further to be discussed at this time. CF will chair the next meeting in March.	

Date of next meeting – 8th March 2023, 9.30am via MS Teams

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 13.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**23rd MARCH 2023**
REPORT REFERENCE:	**HSCP/230323/13**
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 15TH DECEMBER 2022**

1.0 PURPOSE

1.1 The purpose of this report is to share the draft minutes of the HSCP Strategic Planning Group held on the 15TH December 2022.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the HSCP Strategic Planning Group draft minutes of 15th December 2022.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Appended is the draft minute of the Strategic Planning Group held on 15th December 2022.

3.2 The main highlights from the conversations within the meeting related to:

- The completion of the LGBTQ+ population health needs assessment for Scotland and proposal to adopt the LGBTQ+ Youth Charter in East Dunbartonshire HSCP
- A presentation of the development of the NHSGG&C Primary Care Strategy
- Our intention to reconvene the HSCP Locality Planning Groups

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

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.

4.2 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 – None.

5.0 MANAGEMENT OF RISK

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

5.1 None.

6.0 IMPACT

6.1 STATUTORY DUTY – None

6.2 EAST DUNBARTONSHIRE COUNCIL – None.

6.3 NHS GREATER GLASGOW & CLYDE – None.

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

7.0 POLICY CHECKLIST

7.1 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.

8.0 APPENDICES

8.1 Appendix 1: Strategic Planning Group Minutes of 15th December 2022.

Agenda Item Number: 13a

EAST DUNBARTONSHIRE HSCP

Minute of the Strategic Planning Group held 15th December 2022 via MS Teams

Present

NAME	Designation
Derrick Pearce	CHAIR – Head of Community Health & Care Services
Fiona McManus	Carers Representative
Alison Willacy	Planning, Performance & Quality Manager
David Radford	Health Improvement & Inequalities Manager
Lisa Dorrian	General Manager – Oral Health/ Lead Officer, Dentistry NHSGG&C
Dianne Rice	Primary Care Development Officer
Fiona Munro	Service Manager/Lead AHP
Karen Albrow	Carers Representative
Iain Marshall	Independent Sector Rep (Director of Care – Pacific Care)
Sara Abbott	Independent Sector Rep (operations Director – Balmoral Health Care
Neil Ferguson	Head of Planning, NHSGG&C
Dr Alison Blair	GP Representative
Eleanor Hughes	Senior Information Analyst
Laura Coia	GP Representative

Attending: Nicky Coia, James Johnstone

Minutes: Catriona Burns

1.	**Introductions & Apologies**	**Actions/ Attachments**
	Leanne Connell, Claire Carthy, Claire McNeill, Joni Mitchell, Sharon Gallacher, Kathleen Halpin.	
2.	**Notes of Previous Meeting & Matters Arising**	
	The notes of the previous meeting were reviewed and accepted as an accurate record of the meeting. There were no matters arising.	
3.	**Presentation - The Glasgow LGBTQ + Health Needs Assessment report.**	
	NC shared the presentation on the findings of the LGBTQ+ National Health Needs Assessment. NC highlighted that a substantial part of this assessment had been carried out pre pandemic. During the pandemic, participants were contacted again with additional Covid specific research and last summer a national online survey was conducted across the LGBTQ+ population in Scotland. NC shared the detail of the assessment which is broken down into Local Authority areas within GG&C area. There are 9 wishes from the assessment. NC suggested that the most relevant for the SPG is No3 Training for Health and other staff, raise the confidence and competence of staff to discuss LGBTQ+ issues sensitively make services more visibly inclusive.	Health Needs Assessment of LGBT+

	DP thanked NC for the presentation and commented that things are not as improved as people may think. AB advised that Undergraduate Training from the Medical Schools is now more robust resulting in a more holistic approach to care. AB asked if there was anything from the assessment as to how patients would prefer GP's to engage. NC replied that making routes into services more inclusive, asking the correct pronouns to use would be of assistance. LC advised that medical students have made several simple changes within the practice i.e. removing male & female signs from toilets, staff asking the chosen pronoun to use. LC highlighted the barriers in changing people's names or chosen pronouns on clinical systems which needs to be addressed at a higher level within the organisation. Loneliness is also a key concern and LC advised of the Campaign to End Loneliness. LC also highlighted the lengthy waiting lists for the Gender Clinic and the impact on patients, resulting in some seeking treatment elsewhere. AW suggested raising via the CareFirst Steering Group, adding the facility to change the pronoun used. AW also asked how the Locality Plans can be more welcoming and inclusive. NC's internet connection was lost and DR agreed to forward any key points. DP reminded all of work carried out a few years back on loneliness becoming the public health epidemic of the generation. DR advised that the Health Improvement Team and Children & Families Service carried out a quick health needs assessment within the HSCP on LGBTQ+ issues amongst staff. A paper will be presented to SMT with the proposal that the organisation undertakes the LGBTQ+ Youth Charter which would go some way to show that this is an inclusive and welcoming organisation. Although this is a big task, it can be done incrementally. SPG agreed to sign up to the LGBTQ+ Youth Charter and taking forward the development. DP commented that we need to reflect on how Older Peoples Services are developed and the approach taken for LGBTQ+ clients and also to support each other and our services. **Agreed.**	
4.	**Presentation - Board Primary Care Strategy Development**	
	NF advised the SPG of the work currently ongoing with the Primary Care Strategy and to ensure that all SPG's are engaged with and have the opportunity to influence the process. NF shared the attached presentation. Workshops will commence in the New Year with a draft document expected in the summer of 2023. DP thanked NF for the presentation and agreed with the difficulties in recording demand pressures within the Primary & Community Services. LC noted that the perception of the public is the first contact is the GP or Pharmacist, when it is actually the receptionist or person at the Pharmacy counter. We need to ensure that staff are trained to triage properly if we don't have enough services to meet demand. The pressure on reception	221200PrimaryCareStrat.overview.IJB.PPTX

	staff has increased dramatically since. Further discussion ensued. NF will take this forward. FMcM commented that a change of job title for reception staff who have been trained to triage may be effective. AB spoke about the day's duty list of over 100 urgent calls and how patients are fast tracked on to the Emergency appointment list for things that are not urgent. People assume that immediate medical contact is available and that GP's are doing nothing else. GP's are struggling to cope despite having tried various arrangements. LD advised that during the pandemic NHS 24 employed dentists to triage calls and this has only recently ceased due to the end of funding. This was a positive experience for all involved. DP raised the following points for reflection; Access to clinical advice for wider services and Care Homes; working in partnership with Primary Care. NF advised that communications will be issued and asked for the SPG to keep stakeholders briefed and involved. DP invited NF to attend a future SPG. **Noted.**	
5.	**Updates**	
5.1	**East & West LPG Update**	
	DP advised of recent meetings with the Joint Account Management Team which are Improvement Organisations and the intention is to reconvene the Locality Planning Groups early in the New Year. Invites will be issued shortly and will be Chaired by David Aitken in the East and Claire Carthy in the West. **Noted.**	
5.2	**3rd Sector Update**	
	DR advised that the Community Wellbeing Fund has closed with 61 applications submitted. The total amount of bids is over £500k with a lot of work required to assess all bids. A panel has been convened and the assessment will take place between January and February 2023. **Noted.**	
5.3	**Independent Sector Update**	
	DP reflected on a couple of key points, all providers are experiencing issues relating to market pressures, cost of living increases, recruitment. Monitoring is ongoing and support provided where possible. Liaison regarding Business Continuity Plans for the festive period, Winter Pressures, resurgence of Covid and potential power outages. RAG Rating lists are being prepared in order to focus on the most vulnerable clients in the event of scaling back provision. IM agreed with the issues described above. There is a meeting with Scottish Care to confirm IM as the Branch Chair of East Dunbartonshire. SA advised on an issue raised at a Scottish Care Committee meeting in relation to Care at Home clients who have hospital beds, equipment, who	

	takes responsibility in the event of power outages. As there was no answer to this, it requires to be addressed immediately. DP advised that a member of the SMT is working with the Resilience Group on this and other related issues and feedback will be provided as soon as possible. Availability will be made to allow for the charging of power packs at central facilities in the event of power outages. **ACTION: DP will provide an update as soon as possible.**	
5.4	**Communications & Engagement**	
	FMcM advised that David Aitken attended that the last meeting and provided an update on the Carers Strategy. All benefitted from the insight and discussion into Adult Services within Social Work. The closing date for the Carers Strategy is 31st December 2022. The appointment of a Carers Lead will assist in taking the Strategy and resulting actions forward. Recruitment to the PSU&C group remains a challenge and this is experienced elsewhere. The Winter Newsletter will be issued soon. KA advised that issues with booking rooms and prior meetings overrunning is resulting in time lost for the PSU&C groups and is causing concern. DR advised that the meeting issue is being addressed. Following earlier discussion with DP, FMcM will give 2 Carers facts at each SPG for information. 1. There are around 800,000 carers in Scotland and to replace this care would cost £10.9 billion. 2. In the UK there are around 700,000 young carers, 100,000 in Scotland and 715 in East Dunbartonshire. 1 in 10 children, which is 2 in every class. This is an underestimate. DP thanked FMcM and advised that these will also be shared with the Board. **Noted.**	
5.5	**Housing Update**	
	CMcN was not in attendance but had submitted the attached Housing update. **Noted**	Housing update Dec 2022.docx
5.6	**Primary Care Update**	
	JJ reflected on the comments made following NF's presentation and advised that practices are reviewing job descriptions for Practice Receptionist. Patient Education is underestimated and more work is required to help reduce demand. JJ attended the SPG at the Board yesterday advising that wider Primary Care Groups amongst others are being included and will all assist in broadening the view. JJ advised that the tracker has been submitted to the Scottish Government. The gap between current delivery and full service is highlighted. All HSCP's are experiencing the same financial gaps. The gap for ED HSCP is £6m. Scottish Government have been contacted highlighting the risks of the situation and limiting progress.	

	There was a meeting with Housing colleagues regarding the new builds in East Dunbartonshire and the resulting pressures within Primary. In the next 5-10 years, developments will be limited but there will still be challenges to be faced. JJ advised that there has been more requests around changing catchment areas and closing lists and work is ongoing with practices to avoid this. With increased housing developments this will remain a challenge. One practice has temporarily closed its list which is 5 times higher than the East Dunbartonshire average. Support is being provided to hopefully reopen the list in the New Year. **Noted.** LD provided an update from Primary Care Dental Services. The focus for 2023 will be working with General Dental Practices to understand the challenges and to support them through the recovery period, in particular maintaining and increasing the registration of NHS patients. Winter Preparedness funding expires in March and work is underway on exit strategies with some funding slippage being moved into Domiciliary and Care Homes. Screening protocols and a RAG status will be implemented within the Care Homes. Childsmile National Programme recommenced within schools in August however reengagement is slow. A proposal will be submitted to SMT in due course. **Noted.**	
5.7	**Improving the Cancer Journey in East Dunbartonshire**	
	DR advised that the Improving Cancer Journey is progressing well with the completion of a partnership with Low Moss Prison. There is now a recognised pathway between prisoners, families, staff and the ICJ. This is the first in Scotland. DP will present an overview of the development and reach of the ICJ at the next SPG. **Noted.**	
5.8	**Performance Update** • Annual Performance Report • Quarterly Performance Report • Performance Management Framework	
	AW advised there was no relevant updates to bring to SPG. **Noted.**	
6.	**Preparing for Winter**	
	DP advised that Business Continuity Planning has allowed the majority of services to continue without too much disruption during the recent cold weather. There is planning underway to deal with power outages and further information will be supplied as it is finalised. Communications have been issued locally on Warm Hubs which the HSCP is supporting and participating in. Staff who supported people in their own homes are being supplied with Winter Packs to assist in the event of extreme cold weather or power outages.	

	DR noted that the impact of the cold weather is now being seen with a number of Hubs opening around Faith communities. Community Planning and Third Sector have undertaken a survey to identify the locations of Warm Hubs. Community Development Team will identify location gaps and warm places will be provided. Funding of up to £1k is available for groups. The Third Sector have responded quickly and effectively. DP asked SPG to explain wherever possible to service users and families, the reasons for the delays in accessing or delivery of services and the need for a partnership approach to be adopted. **Noted.**	
7.	**Joint Inspection on Services to Protect Children at Risk of Harm**	
	DP advised that CC was unable to attend and informed that engagement with Community Planning partners is happening today with Inspectors. The Case file reading is currently underway. Some members of the SPG may be contacted by the Inspectors to participate. **Noted.**	
8.	**AOB**	
	AB advised that at the Regional Trainers meeting, it was highlighted that there has been a positive response to recruitment of GP Training Programme with all places being filled. **Noted.**	
9.	**Dates of Next Meeting**	
	2nd March 2023 at 10am via MS Teams	

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 14.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**23rd MARCH 2023**
REPORT REFERENCE:	**HSCP/230323/14**
CONTACT OFFICER:	**TOM QUINN, HEAD OF HUMAN RESOURCES TELEPHONE 07801302947**
SUBJECT TITLE:	**STAFF PARTNERSHIP FORUM MINUTES OF MEETING HELD ON 18TH JANUARY 2023.**

1.0 PURPOSE

1.1 The purpose of this report is to share the minutes of the Staff Partnership Forum meeting held on 18TH January 2023.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the Staff Partnership Forum Meeting held on 18th January 2023.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Staff Partnership Forum minutes highlight:

The staff forum had a varied agenda which covered the array of activity on-going at this time -

a. Caroline Sinclair gave an update on progress with the Children at Risk of Harm (CARH) inspection which had now completed phase one and the work being undertaken for phase 2 including a week of 25 meeting from 6 February 2023.

b. Jean Campbell, gave an update on the current financial picture and the work being undertaken to look at budgets for 2023-24.

c. Tom Quinn spoke about the Staff Award and the proposed in-person presentation towards the end of February 2023 and how the event would be used to support staff wellbeing.

d. Caroline Sinclair gave an update on the work presently taking place to re-assure staff about the realignment of management across Specialist Children Services.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) –

1. Statutory Duty

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 – None.

5.0 MANAGEMENT OF RISK

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

5.1 None.

6.0 IMPACT

6.1 **STATUTORY DUTY** – None.

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.3 **NHS GREATER GLASGOW & CLYDE** – Meets the requirements set out in the NHS Reform Act 2002.

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

7.0 POLICY CHECKLIST

7.1 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.

8.0 APPENDICES

8.1 **Appendix 1** – Staff Partnership Forum Minutes of Meeting of 18th January 2023.

East Dunbartonshire Health & Social Care Partnership

Staff Forum Minutes , Wednesday 18th January 2023

Summary

Item	Subject	Actions
1.	Welcome & Confirmation of Attendees **Present** Allan Robertson (Chair), Lisa Walsh, Jean Campbell, Andrew McCready, Anne McDaid, Tom Quinn, Jean Campbell, Marie Lowe, Caroline Sinclair, Margaret Hopkirk, Mags McCarthy, Leanne Connell, David Aitken, Caroline Smith, Brian McGinty, Derrick Pearce, Karen Gallacher, Lisa Dorrian **Apologies** – Craig Bell, Diana McCrone, Janice Campbell, Claire Carthy	
2.	**Minutes of 23rd November 2022** Approved. Staff side request made to re-start the pre-agenda meeting	Tom to set up pre-agenda meeting
3	**Current Situation on COVID-19 / LRMT** **LRMT** Margaret Hopkirk advised that the LMRT meeting had been stood down and hadn't met for several months. **Covid-19** The group was advised that we may have reached the peak of flu this season as numbers at Emergency Dept. have decreased, Caroline Sinclair advised that East Dunbartonshire had experienced some local area outbreaks, but this was starting to settle again. To assist during this period additional clinical inputs were provided.	
4	**HSCP Staff Awards** Staff side raised a question about this being a standing item, but Tom advised that information on the staff awards had been requested during the November 2022 forum meeting, and that it was not a standing item. Tom requested that the information on the staff awards remained confidential until the award ceremony had taken place and advised that he is working to organise an in-person staff awards event in February at Kilmardinney House.	Tom to update on planned event
5	**Finance Update** Jean spoke to the previously circulated finance papers that are being presented to the IJB meeting on Thursday 19th January 2023. The papers show a healthy position at present. However funding for staff pay awards, if not fully funded could impact on this position.	

	Jean also advised about work underway with Scottish Government to review the amount that we need to refund to Scottish Government from unused covid funding.	
6	**CARH Inspection (Children at Risk of Harm)** Caroline advised that phase 1 is now complete and we are now in phase 2. Claire Carthy was with the Inspectors today setting out the plan for phase 2 activities. An online survey is currently running for families and children, setting up Focus Groups with 25 different meetings arranged for w/c 6/2/23. Staff survey & File Reading has now concluded. This would highlight areas of good practice, and where improvements can be made. Initial feedback expected in early March with the formal report being issued in April 2023. It was acknowledged this is a busy time for all staff involved.	
7	**Update on SCS** Caroline advised that Specialist Children Services will become aligned to a single structure and hosted in one HSCP, namely East Dunbartonshire HSCP. This has also been taken to the Partnership Tactical Group and a paper will go to the APF. Andrew McCready raised an issue about a Band 8, Speech & Language Therapist post that has not been approved at Board level, Caroline advised that this is a Glasgow City post and currently within the Glasgow structure. Mags McCarthy noted that Marjorie McGaughan sits on the Program Board and wasn't aware the change was moving ahead. Caroline confirmed staffside will be involved fully going forward. Tom advised that the re-alignment of services had been to the Employee Director and Susan Walker & Marjorie have been assigned to jointly chair the Workforce Change Group. A paper is going back to Secretariat & APF (February 2023) which will then be shared with the SPF. Mags raised concern about staffside involvement in the development of the 4 new IPCU beds. Tom clarified that information about the potential IPCU has gone to CAMHS Workforce Group, where Staffside are represented. The funding for IPCU is within Phase 2 Recovery & Renewal funding. Meetings have been planned, with Staffside being invited to attend. Mags noted concerns about Skye House as it is going through a challenging period. It was agreed the management team and staffside should meet about this but also in general about how best to ensure staffside engagement at the right time, in the right place.	Caroline to meet with Karen, Tom, Margaret and Marjorie
8	**Vacancies Report 2021- SSSC** Caroline Smith – spoke to the review, which highlights number of vacancies across the whole sector and compares across other regions. There are challenges to fill vacancies which impact locally. Tom advised that the information was there for member's attention. It is a 2021 report and showing that there is still issues. This has been highlighted this in our Workforce Action plan, and how we look at recruitment on a sector basis. How can we attract people to come into the area to work. Brian McGinty asked about Exit Interviews. Caroline Smith advised that this information is available quarterly. Mags McCarthy advised that Glasgow SPF get a storyboard from HR, on Statutory & Mandatory	NHS Storyboard to

	training, vacancies, and retire & return numbers. Tom advised that he will add to the agenda	be added to agenda
9	**Older People's Social Support Strategy and Service Change** Number of options have been appraised & considered. To help people remain in the community. Day Centre options if approved, will be implemented from April 2024. Brian McGinty detailed involvement in the process, noting outcome was not preferred option with movement to a service with no in house provision but was understanding of the final outcome. Brian asked that staff are supported and confirmed that Tommy Robertson & latterly Gerry Mallon were also involved. Mags was in agreement with Brian, NHS Unison disappointed there will be no in house service.	
10	**Wellbeing Plan – Feb/March 2023** Will send out information on:- • March – Oral Health day & International Social work day. Allan asked if there were any new ideas, with Tom advising on themes, i.e. Finance and Mental Health. Andrew enquired about the Wellbeing Bus, Tom advised that once the bus is well it will be added to the calendar.	
11	**National Care Service (NCS) update** Caroline advised we are still waiting to hear about Phase 1. Number of national sessions talking about how SG will approach this, and looking at service users groups. Children Services currently having an Academic Review. Mags referenced previous discussions about the concerns Staffside had and how this could impact on NHS. Unison has had a national officer presentation about impact of the Act. There is concern and talk about privatization, there was no re-assurance from the response. Unison will be campaigning on this to inform NHS members and the Act. Allan had seen the presentation and echoed concerns. Andrew McCready noted similar concerns and that on 17th March 2023 – National Framework due to come out. Cosla have disengaged from this and Unite are raising their concerns. **Keep on Agenda**	
	AOCB Marie Lowe asked for clarity around District Nursing Job Description. Tom noted that this has gone out via Chief Nurses in September 2022, looking for information. Staffside to be included as this goes across the 6 HSCPs. There should be one JD consistent across all 6 HSCP's. Tom detailed likely to be dates at the end of Feb/March to meet with Unison and Unite asking to be included. Mags asked for clarify on the process and Staffside involvement. Tom confirmed that this has went to Employee Director/JOC. Tom will recirculate information.	

	David Aitken updated the group that the New Allander Centre was due to open in March. Andrew asked if the group could have an update paper on this for the next meeting.	David to update on Allander Centre
	3 Items for the APF • Job Description – as discussed above. • New pre-meeting 2 weeks before • National Care Service – concerns as discussed	
	Items for information • Our News (December 2022)	
	Date of Next Meeting: 1pm, 1 March 2023 – MS Teams	

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 15.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**23rd MARCH 2023**
REPORT REFERENCE:	**HSCP/230323/15**
CONTACT OFFICER:	**DAVID RADFORD, HEALTH IMPROVEMENT & INEQUALITIES MANAGER, TELEPHONE NUMBER 0141 355 2391**
SUBJECT TITLE:	**PUBLIC, SERVICE USER & CARER (PSUC) UPDATE**

1.0 PURPOSE

1.1 The report describes the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUC).

2.0 RECOMMENDATIONS

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

2.1 It is recommended that the HSCP Board note the progress of the Public, Service User & Carer Representatives Support Group.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 The full minute is included in **Appendix 1** and details the actions and progress of the PSUC representative support group (RSG), highlighting their progress.

3.2 The PSUC have held one meeting in 2023, the latest meeting took place on the 2nd February 2023 and was held in a hybrid model, with members attending 'physically', and also having the option of attending in a 'virtual' capacity on Microsoft Teams.

3.3 At the latest PSUC meeting, the members received a presentation from James Johnstone (HSCP - Primary Care Transformation Manager). James introduced himself and provided an update to the group on the East Dunbartonshire HSCP Primary Care Improvement Plan.

3.4 The group also received a presentation from Anthony Craig (HSCP – Development officer) on the draft HSCP Equalities Mainstreaming Report and Outcomes (2023-2027).

3.5 The PSUC group requested that the development officer to scope, disseminate and inform the group on the proposed 'Role & Remit' of the PSUC members for their participation on the East and West Locality Planning Groups (LPG). The group have also requested that the development officer provides the current structures of both the 'IJB and 'SMT'.

3.6 The PSUC group have also requested that the 'PoA' campaign be continued and to keep the Carers ongoing workstream as key agenda item.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

4.2 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 ICT – None.

4.8 Procurement – None.

4.9 Economic Impact – None.

4.10 Sustainability – None.

4.11 Equalities Implications – None.

4.12 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 None.

6.0 IMPACT

6.1 **STATUTORY DUTY –** None.

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.3 **NHS GREATER GLASGOW & CLYDE** – None.

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

7.0 POLICY CHECKLIST

7.1 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.

8.0 APPENDICES

8.1 **Appendix 1:** Public Service User and Carer Support Group of 2nd February 2023.

Agenda Item Number: 15a Appendix 1

Public Service User and Carer Support Group – 2 February 2023

Attending; Karen Albrow, Gordon Cox, Linda Jolly, Fiona McManus, Michael O'Donnell and Michael Rankin

Apologies; David Bain, Suzanne McGlennan Briggs, Sandra Docherty, Linda Hill, Avril Jamieson, Mary Kennedy, Jenny Proctor and Frances Slorance.

HSCP Staff in attendance; James Johnstone. Support Staff; Anthony Craig

Action points agreed at meeting:

Action	By who	When	G	A	R
HSCP officer to share 'Primary Care Transformation' presentation by James Johnstone (Primary Care Transformation Manager).	A Craig	03/02/2023			
PSUC members identified as representatives on the 'West' and 'East' Locality Planning Groups (LPG) to be updated on progress.	A Craig	By 01/03/2023			
HSCP Officer to source HSCP 'Role & Remit' to the PSUC group for LPG participation.	A Craig	By 01/03/2023			
HSCP Officer to confirm HSCP representative as point of contact in lieu of the Scottish Gov Proposed Disabled Children and Young People (Transitions to Adulthood) (Scotland) Bill.	A Craig	By 01/03/2023			
HSCP officer to source and share the Primary Care 'Cluster Model' with the group.	A Craig	By 01/03/2023			
HSCP Officer to update PSUC group on the HSCP IJB and SMT 'structure' as requested by group.	A Craig	By 01/03/2023			
PSUC group have asked that an invitation be extended to interim Chief Officer to attend a meeting in 2023. AC to liaise with and source possible date(s).	D Radford / A Craig	Ongoing			
PSUC group to continue to engage and clarify funding offered to HSCP via the Scottish Carers funding stream / allocation.	A Craig	Ongoing			

PSUC group have asked that an invite be extended to the HSCP staff member to update the group on local programmes relating to income max and the impact of financial exclusion and the 'cost of living crisis' on our communities.	A Craig	Identified and invite extended			

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair

East Dunbartonshire HSCP Board Agenda Planner
January 2023 – March 2024

Update: 01 February 2023

Standing items (every meeting)
Declaration of Interests
Minutes of last meeting (CS)
Chief Officers Report (CS)
Performance Reports
Financial Reports
Notes of Meetings – Performance, Audit and Risk, Strategic Planning Group, Clinical and Care Governance Group, Staff Partnership Forum, Patient Service User and Care Group
Board Agenda Planner (CS)
HSCP Board Agenda Items – 19 January 2023
Topic Specific Seminar (9am) – Frailty Update – Derrick Pearce
HSCP Public Health Strategy – Derrick Pearce
Older People's Social Support Strategy – Derrick Pearce
Directions Update – Jean Campbell
Risk Register Update – Jean Campbell
HSCP Board Development Seminar – 19 January 2023
Specialist Children Services (SCS) – Realignment – Karen Lamb, Julie Metcalfe
Financial Planning 2023 – 2024 – Jean Campbell
HSCP Board Development Seminar – 16 February 2023
Patient Interface in Primary Care – Derrick Pearce – James Johnstone
Trauma Informed Practice – Claire Carthy

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair

HSCP Board Agenda Items – 23 March 2023
Specialist Children Services (SCS) Update - Caroline Sinclair / Karen Lamb
Records Management Plan – interim update – Jean Campbell / Vandrew McLean
Quarter 3 Performance Report – Alan Cairns / Alison Willacy
HSCP Annual Delivery Plan 2023 – 2024 – Jean Campbell
HSCP Board Development Seminar – 23 March 2023
Alcohol and Drugs Partnership strategy and key areas of work update - (tbc)
HSCP Board Agenda Items – 29th June 2023 (tentative date)
Topic Specific Seminar (9am) - tbc
Annual Performance Report – Alan Cairns / Alison Willacy
Draft Annual Accounts 2022/2023 – Jean Campbell
Oral Health Childsmile and Registrations – Lisa Dorrian
Good News Stories Transfer from Kelvinbank to Allander – David Aitken TBC
Corporate Risk Register
Directions Report
Good News Stories Transfer from Kelvinbank to Allander – David Aitken tbc
Carer Strategy 2023-26
HSCP Board Development Seminar – August 2023 (tbc)
HSCP Board Agenda Items – 14 September 2023 (tentative date)
Annual Clinical and Care Governance Report – tbc
Annual Performance Report – Alan Cairns/Allison Willacy
HSCP Board Development Seminar – October 2023 (tbc)

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair

HSCP Board Agenda Items – 16 November 2023 (tentative date)
Topic Specific Seminar (9am) - tbc
Chief Social Work Officer (CSWO) Annual Report 2022 – 2023 – Caroline Sinclair
HSCP Board Agenda Items – 18th January 2024 (tentative date)
Corporate Risk Register
Directions Report
HSCP Board Development Seminar – February 2024 (tbc)
HSCP Board Agenda Items – 21st March 2024 (tentative date)
Topic Specific Seminar - tbc

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair

HSCP Board Agenda Items – 18 January 2024 (tentative date)
Corporate Risk Register
Directions Report
HSCP Board Development Seminar – February 2024 (tbc)
HSCP Board Agenda Items – 21 March 2024 (tentative date)
Topic Specific Seminar (9am) - tbc