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 17th November 2022 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; 15th September 2022

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 15th September 2022	**Paper**	**Approval**
3.	Caroline Sinclair	Chief Officer's Report	**Verbal**	**Noting**
STRATEGIC ITEMS				
4.	Claire Carthy	Inspection of Services for Children at Risk in East Dunbartonshire	**Paper**	**Noting**
5.	Derrick Pearce	Primary Care Improvement Plan update	**Paper**	**Noting**
6.	David Aitken	Carers Strategy 2023-2026	**Paper**	**Approval**

Item	Report by	Description	Update	For Noting/ Approval
7.	David Aitken	Alcohol and Drug Partnership Self-Assessment	**Paper**	**Noting**
8.	Jean Campbell	HSCP Property Review and Accommodation Update	**Paper**	**Noting**
9.	Tom Quinn	HSCP 3 Year Workforce Plan	**Paper**	**Approval**
GOVERNANCE ITEMS				
10.	Caroline Sinclair	Chief Social Work Officer Annual Report 2021 – 22	**Paper**	**Noting**
11.	Alan Cairns	HSCP Quarter 2 Performance Report 2022	**Paper**	**Noting**
12.	Jean Campbell	Financial Performance on Budget 2022/23 – Month 6	**Paper**	**Approval**
13.	Jean Campbell	Performance, Audit and Risk Committee Minutes held on 27th September 2022	**Paper**	**Noting**
14.	Paul Treon	Clinical and Care Governance Minutes held on 29th June 2022 and draft minutes of 7th September 2022	**Paper**	**Noting**
15.	Derrick Pearce	Strategic Planning Group Minutes held on 1st September 2022	**Paper**	**Noting**
16.	Tom Quinn	Staff Forum Minutes held on 21st September 2022	**Paper**	**Noting**
17.	Gordon Cox	Public Service User and Carer Group Minutes held on 6th October 2022	**Paper**	**Noting**
18.	Caroline Sinclair	East Dunbartonshire HSCP Board Agenda Planner	**Paper**	**Noting**
19.	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 19th January 2023

Item	Report by	Description	Update	For Noting/ Approval
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

Minute of virtual meeting of the Health & Social Care Partnership Board held on **Thursday, 15 September 2022.**

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

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

Non-Voting Members present:

C. **Sinclair**	Chief Officer and Chief Social Work Officer - East Dunbartonshire HSCP
C. **Bell**	Trades Union Representative
J. **Campbell**	Chief Finance & Resources Officer
L. **Connell**	Interim Chief Nurse
G. **Cox**	Service User Representative
L. **Dorrian**	General Manager – Oral Health NSGG&C
A. **Innes**	Voluntary Sector Representative
F. **McManus**	Carers Representative
A. **Robertson**	Trades Union Representative
P. **Treon**	Clinical Director

Jacquie Forbes (Chair) presiding

Also Present:

D. **Aitken**	Interim Head of Adult Care
A. **Cairns**	Planning Performance and Quality Manager
C. **Carthy**	Interim Head of Children's Services & Criminal Justice
M. **Cunningham**	Corporate Governance Manager – EDC
J. **Johnstone**	Primary Care Transformation Manager
G. **McConnachie**	Audit & Risk Manager – EDC
V. **McLean**	Corporate Business Manager
R. **Murphy**	Registered Services Manager
G. **Paterson**	Learning Disability Strategic Review Project Lead
D. **Pearce**	Head of Community Health and Care Services
T. **Quinn**	Head of Human Resources - ED HSCP

SEMINAR – UPDATE ON THE NEW ALLANDER CENTRE – DAVID AITKEN

The Board heard from Richard Murphy and Gayle Paterson who updated the progress made to date at the new Allander Centre. The presentation covered all areas of progress including the building design and interiors, staffing, training and general timescales for completion of Phase 1 and Phase 2.

Thereafter officers responded to members' questions and the Board expressed their thanks to officers for the informative presentation.

HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD
15 SEPTEMBER 2022

ANY OTHER URGENT BUSINESS

The Chair advised that Item 6 – IJB Code of Conduct was withdrawn from the agenda and would be considered at a future Board meeting.

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 – 30 JUNE 2022

There was submitted and approved, subject to the undernoted amendment, a minute of the meeting of the Health & Social Care Partnership (HSCP) Board held on 30 June 2022.

That an Apology for Absence had been submitted and would be recorded for Ian Ritchie

3. 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 – current transmission levels continuing to decline, Scottish Government guidance re-no asymptomatic testing, COVID & FLU vaccine programme commenced 5 September 2022.
- Sheltered Housing Wardens now transferred to Housing Services (delayed due to pandemic)
- New East Dunbartonshire "Cancer Journey" service – inclusive approach commended particularly for the inclusion of HMP Low Moss. Also integrated approach had managed to secure £58k of additional benefits – financial security being one of the major areas addressed by the service.

Following questions the Board noted the information.

4. INTEGRATED CHILDREN'S SERVICE PLAN 2023-2036

A Report by the Interim Head of Children's Services & Justice, copies of which had previously been circulated, presented the Integrated Children's Services Planning process, provided a review of the current Integrated Children's Services Plan (ICSP) and provided an opportunity to engage on future planning. Full details were contained within the Report and attached Appendices.

Following consideration, the Board welcomed the Report and acknowledged the work of officers to date. Thereafter the Board noted the proposals to extend engagement to include those not using services and then agreed as follows:

a) To note the content of the Report.

b) To approve the future plans; and

c) To engage in consultation on the 2023-2026 plan.

5. "EQUAL, EXPERT & VALUED" EVALUATION REPORT 2022 – PUBLIC SERVICE USERS & CARERS (PSUC) GROUP

A Report by the Head of Community Health and Care Services, copies of which had previously been circulated, the processes, actions and update in response to the Coalition of Carers 'Equal, Expert and Valued' evaluation report April 2022. Full details were contained within the Report and attached Appendices.

The Board heard from the Service Users and Carers representatives and noted their concerns locally and nationally, regarding the difficulties in recruiting and retaining volunteers. Thereafter the Board commended the work of the PSUC Group and thereafter agreed as follows:

a) To note the Coalition of Carers report, which predominantly indicated that the IJB's Public, Service User and Carer Representative Group is operating well, and is 'established' in terms of expectations for good practice;

b) To note the response to the Coalition of Carers Report devised by the Public, Service User and Carer Representative, and,

c) To approve the improvement recommendations identified for action as set out in paragraph 3.7 of the report.

6. IJB – CODE OF CONDUCT

The Chair confirmed this item had been withdrawn for consideration at a future meeting.

7. NATIONAL CARE SERVICE (SCOTLAND) BILL – IJB RESPONSE TO CALL FOR VIEWS

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, provided the Integration Joint Board's response to the National Care Service (Scotland) Bill – Call for Views, for ratification.

The Board approved the content of this report and homologated the IJB response to the Call for Views, noting the submission deadline and consequently this was a retrospective approval.

8. HSCP ANNUAL PERFORMANCE REPORT 2021-2022

A Report by the Planning, Performance & Quality Manager, copies of which had previously been circulated, presented the HSCP Annual Performance Report 2021-22 that details progress in line with the HSCP Strategic Plan 2018-22 and

National Health and Wellbeing Outcomes. Full details were contained within the Report and attached Appendices.

Following discussion the Board noted the Report.

9. HSCP QUARTER 1 PERFORMANCE REPORT 2022

A Report by the Planning, Performance & Quality Manager, copies of which had previously been circulated, advised the Board of progress made against an agreed suite of performance targets and measures, relating to the delivery of the HSCP strategic priorities, for the period April to June 2022 (Quarter 1).

Following questions comments and consideration, the Board noted the new indicator in relation to Adult Social Work and thereafter noted the Quarter 1 Performance Report 2022-23.

10. FINANCIAL MONITORING REPORT – MONTH 3

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, updated the Board on the financial performance of the partnership as at month 3 of 2022/23. Full details were contained within the Report and attached Appendices.

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

a) To note the projected outturn position is reporting a surplus on budget of £2.05m as at month 3 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 approve the 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)**

11. ANNUAL CLINICAL & CARE GOVERNANCE REPORT (2021 – 2022)

A Report by the Clinical Director, copies of which had previously been circulated, updated the Board on the Annual Clinical and Care Governance Report for period April 2021 – March 2022. Full details were contained within the Report and attached Appendix.

Following consideration, the Board noted the Clinical and Care Governance Annual Report.

12. PERFORMANCE AUDIT & RISK COMMITTEE MINUTES HELD ON 28 JUNE 2022

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, enclosed the draft minutes of the HSCP Draft Performance Audit & Risk Committee Minutes held on 28 June 2022.

Following consideration, the Board noted the minutes of the meeting.

13. CLINICAL AND CARE GOVERNANCE GROUP MEETING MINUTES HELD ON 20 APRIL 2022

A Report by the Clinical Director, copies of which had previously been circulated, enclosed the minutes of the Clinical and Care Governance Group Meeting Minutes held on 20 April 2022.

Following consideration, the Board noted the minutes of the 20 April 2022.

14. STRATEGIC PLANNING GROUP DRAFT MINUTES HELD ON 9 JUNE 2022

A Report by the Head of Health and Community Care Services, copies of which had previously been circulated, enclosed the draft minutes of the Strategic Planning Group held on 9 June 2022

Following consideration, the Board noted the contents of the minutes.

15. STAFF PARTNERSHIP FORUM MINUTES OF 29 JUNE 2022

A Report by the Head of Human Resources, copies of which had previously been circulated, enclosed the minutes of the Staff Partnership Forum Minutes of 29 June 2022.

Following consideration, the Board noted the contents of the minutes of the 29 June 2022.

16. EAST DUNBARTONSHIRE HSCP BOARD AGENDA PLANNER

A Report by the Chief Officer, copies of which had previously been circulated, brought forward for noting East Dunbartonshire HSCP Board Agenda Planner. Full details were contained within the Report and attached Appendices.

Following consideration, the Board heard from the Chief Officer in response to questions in particular relating to the creation of strategic forward planning indicators and thereafter the Board noted the Planner.

17. ANY OTHER COMPETENT BUSINESS

None.

18. DATE OF NEXT MEETING

Date of next meeting – **Thursday 17 November 2022,** 9.30am to 1pm if Seminar is scheduled it will commence at 9am.

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: 4.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**17th NOVEMBER 2022**
REPORT REFERENCE:	**HSCP/171121/04**
CONTACT OFFICER:	**CAROLINE SINCLAIR, CHIEF OFFICER**
SUBJECT TITLE:	**JOINT INSPECTION OF SERVICES FOR CHILDREN AT RISK OF HARM**

1.0 PURPOSE

1.1 The purpose of this report is to advise of commencement of a joint inspection of services for children at risk of harm in East Dunbartonshire.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 On 26 September 2022 the Care Inspectorate wrote to the East Dunbartonshire Community Planning Partnership to advise that the Care Inspectorate, Education Scotland, Her Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland will undertake a joint inspection of services for children at risk of harm in East Dunbartonshire. The letter is attached as **Appendix 1**.

3.2 The remit of these joint inspections is to consider the effectiveness of services for children and young people up to the age of 18 at risk of harm.

3.3 The inspections look at the differences Community Planning Partnerships are making to the lives of children and young people at risk of harm and their families.

3.4 Joint inspections aim to provide assurance on the extent to which services, working together, can demonstrate that:

- Children and young people are safer because risks have been identified early and responded to effectively
- Children and young people's lives improve with high-quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm
- Children and young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery and improvement
- Collaborative strategic leadership, planning and operational management ensure high standards of service delivery.

3.5 The inspections also aim to consider the impact of the Covid-19 pandemic and the continuation of practice to keep children and young people safe.

3.6 Inspection teams include inspectors from the Care Inspectorate, Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary in Scotland, and Education Scotland. Teams also include young inspection volunteers, who are young people with direct experience of care or child protection services. Young inspection volunteers receive training and support and contribute to joint inspections using their knowledge and experience to help us evaluate the quality and impact of partners' work.

3.7 The inspection assesses services against the quality framework for children and young people in need of care and protection, published in August 2019. The framework can be accessed here Quality framework for children and young people in need of care and protection 2019_Revised.pdf (careinspectorate.com)

3.8 Inspectors collect and review evidence against the 22 quality indicators in the framework to examine the four inspection statements outlined at section four above and a six-point scale, from 1 = unsatisfactory to 6 = excellent is used to provide a final overarching evaluation of the impact of services on children and young people.

3.9 The notification letter sets out key dates for the process as follows

Specific stages of the inspection process -

- Staff survey - w/c Monday 31 October – Friday 18 November 2022
- Reviewing children's records - w/c Monday 5 December 2022
- Engagement with children and young people and those in leadership roles – w/c Monday 6 February 2023

Key partnership meeting dates –

- Partnership Discussion 1 – Wednesday 2 November 2022
- Partnership Discussion 2 – Wednesday 18 January 2023
- Partnership Discussion 3 - Wednesday 1 March 2023

3.10 The first formal feedback on any element of the inspection findings will take place on 18 January, and will consist of high level feedback on the staff survey and children's record reading exercise. The final report is anticipated to be published on 4 April 2023.

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

4.2 Frontline Service to Customers – The inspection supports delivery of high quality services to customers.

4.3 Workforce (including any significant resource implications) – The inspection reflects on the work of the workforce as it relates to services to children at risk of harm and takes account of staff views on this matter.

4.4 Legal Implications – There is a statutory duty to comply with the inspection.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – The inspection will consider equalities issues as part of its work.

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** – There is a statutory duty to comply with the inspection.

6.2 **EAST DUNBARTONSHIRE COUNCIL** – The inspection takes account of areas of relevance to East Dunbartonshire Council as a Community Planning Partner of the inspected services, as well as in the role of employer of staff whose work will be directly reviewed and whose views will be directly sought. No direction is required. The statutory duty to comply with the inspection extends to East Dunbartonshire Council.

6.3 **NHS GREATER GLASGOW & CLYDE** – The inspection takes account of areas of relevance to NHSGGC as a Community Planning Partner of the inspected services, as well as in the role of employer of staff whose work will be directly reviewed and whose views will be directly sought. No direction is required. The statutory duty to comply with the inspection extends to NHSGGC.

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** – Inspection Notification Letter 26 September 2022.

website: www.careinspectorate.com
telephone: 0345 600 9527
email: enquiries@careinspectorate.gov.scot
Twitter: @careinspect

Councillor Vaughan Moody
Chair of Community planning partnership
East Dunbartonshire Council Headquarters
Southbank Marina
12 Strathkelvin Place
Kirkintilloch
Glasgow
G66 1TJ

Date: 26 September 2022

Dear Councillor Moody,

Joint inspection of services for children at risk of harm in East Dunbartonshire

We write to inform you that under section 115 of part 8 of the Public Services Reform (Scotland) Act 2010, the Care Inspectorate, Education Scotland, Her Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland will undertake a joint inspection of services for children at risk of harm in East Dunbartonshire.

The scrutiny activity for your partnership will be conducted over the following dates:

1. Staff survey - w/c Monday 31 October – Friday 18 November 2022
2. Reviewing children's records - w/c Monday 5 December 2022
3. Engagement with children and young people/leadership – w/c Monday 6 February 2022

Key partnership meetings:

4. Partnership Discussion 1 – Wednesday 2 November
5. Partnership Discussion 2 – Wednesday 18 January
6. Partnership Discussion 3 - Wednesday 1 March

To help coordinate the inspection, the partnership is asked to provide a single point of contact/coordinator who is at a reasonably senior level. Please provide us with the nominated person's name and contact details by Wednesday 28 September 2022.

The inspection lead for your local partnership area is Jackie Deas who can be contacted on Jackie.Deas@careinspectorate.gov.scot or 07810831438.

Jackie will be supported by Danielle Lanigan, Strategic Support Officer. Danielle can be contacted on Danielle.Lanigan@careinspectorate.gov.scot or 07970405093.

If you or any of your colleagues have any questions or require clarification at this stage, please contact Jackie Deas, lead inspector.

Yours sincerely

Kevin Mitchell
Executive Director of Scrutiny & Assurance

cc
Gerry Cornes, Chief Executive of LA
Jane Grant, Chief Executive of NHS board
Sir Iain Livingstone QPM, Police Scotland
Neil Hunter, SCRA

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 5.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**17th NOVEMBER 2022**
REPORT REFERENCE:	**HSCP/171122/05**
CONTACT OFFICER:	**DERRICK PEARCE, HEAD OF COMMUNITY HEALTH AND CARE SERVICES, TELEPHONE NUMBER: 0141 232 8233**
SUBJECT TITLE:	**PRIMARY CARE IMPROVEMENT PLAN UPDATE**

1.0 PURPOSE

1.1 The purpose of this report is to provide an update to the Health and Social Care Partnership Board on the following:

- Scottish Government decision on use of accrued PCIP reserves.
- Scottish Government letter detailing reduction of second tranche of GP Sustainability payments.
- Progress with accommodation for delivery of Community Treatment and Care services.
- Continuing challenges in terms of affordability and workforce within PCIP work streams.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report in regards to finance and accommodation updates.

2.2 Note the challenges regarding the transfer of vacancies from Urgent Care Advanced Nurse Practitioner (ANP) service, to the Community Treatment and Care (CTAC) service.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3 BACKGROUND

3.1 Since 2018, the HSCP has been allocated a total of £6,988,000 to deliver the Primary Care Improvement Plan. With this allocation, the HSCP has recruited 55.7wte staff.

3.2 The HSCP has responsibility for implementing the new GP contract through the Primary Care Improvement Plan. There are three core commitments which the HSCP are required to progress which are Vaccination Transformation Programme (VTP), Pharmacotherapy and Community Treatment & Care Service. The HSCP is also progressing with the three non-core commitments; Advanced Nurse Practitioners (ANP), Advanced Practice Physiotherapy (APP) and Wellbeing Workers (WW) in line with the outcome of an engagement event with the local GP community where it was expressed that these services would make a significant impact in reducing GP workload.

3.3 There is currently no further update to the most recent PCIP tracker which was shared as part of the PCIP update to the board on 30th June 2022 which was based on tracker submitted in April 2022.

3.4 The impact and activity report shared in June provided an update to the board on activity, performance and outcomes to evidence the impact of this significant investment and transformational change. An updated tracker will be submitted to Scottish Government in the coming months, usually in November. A further update, will be provided when the next tracker has been received and submitted.

3.5 The Scottish Government wrote to all HSCPs on 11th August 2022 (**Appendix 1**) to confirm Primary Care Improvement Fund allocations for 2022-2023 detailing their decision, as a result of the overall financial pressures across health & Social Care, that all Integrated Authorities should draw down existing held reserve balances against 2022-2023 allocations. The letter is clear that any reserves accrued should be invested in the implementation of PCIPs during this current year, before any new funding is requested from this year's budget allocation. The letter confirmed that reserves reported at October 2021 (£837,807 for East Dunbartonshire) would be used on recurring costs before any further allocation was made, hence reducing the overall pot available to deliver on PCIP priorities in year. Further communications have confirmed that this year's budget will be further impacted based on the updated reserves position at 31st March 2022, reported as £1,013,955.

3.6 The HSCP have been in regular contact with Scottish Government regarding the challenges this creates given future plans to utilise these reserves for both accommodation and future staffing in line with our Primary Care Improvement Plan, however Scottish Government have been clear that there is little room for negotiation unless reserve monies were contractually committed prior to 11th August 2022. Currently we have £240,676 staffing costs that are contractually committed and Scottish Government have agreed to ensure funding is available for this. We are currently working with Government regarding a further £223,057 committed to property plans, although they still haven't confirmed the position on this. This has forced us to review all future planning for these reserves due to the loss of £773,279 (£1,013,955 less £240,676 contractually committed) from the total in year budget of £3,150,460.

3.7 In addition to the HSCP PCIP budget reduction, Scottish Government also wrote to all GP Practices on 14th October (**Appendix 2**) detailing plans to reduce the second tranche of GP Sustainability payments. The letter cited the UK spending review and

rising costs of inflation has led the initial allocation of £15million, which should have been mirrored in the second tranche, will be reduced to £10million meaning every practice payment will be reduced by one third. This went against assurances given in the letter received on 29th November 2021 when these payments were initially made available. The BMA has invited responses from practices who, using the information given in the letter from November 2021, have made financial commitments on this basis. Practice responses that we have had sight of so far, highlight concerns that this continued disinvestment in Primary Care raises questions around the value Government attaches to the future of General Practice, especially given we are about to enter what is expected to be a particularly rough winter, and in the midst of an already apparent workforce crisis.

3.8 East Dunbartonshire HSCP has been working with both our NHSGGC Capital and Property teams and East Dunbartonshire Council Corporate Assets colleagues through our local Property & Assets group to address potential solutions for accommodation challenges. Despite a possible Government funding stream that would have enabled us to consider shop front developments for CTAC, not materialising earlier this year, and the loss of PCIP reserves, we have been successful in our request for funding and support from NHSGGC Capital Finance. This support has mitigated the loss of PCIP reserves which were earmarked for accommodation. This has allowed us to sign agreements for shop front accommodation in both Bishopbriggs and Milngavie. There is a lengthy process (estimated at 12-18 months) to get these units suitable for use, but once complete will allow expansion of CTAC Services across the whole of East Dunbartonshire. Given Bishopbriggs and Auchinairn cluster currently only has a partial service and Bearsden and Milngavie currently have no service, this is a significant step forward in the launch of our Primary Care Improvement Plan.

3.9 While progress is continually being made against the delivery of the GMS contract in East Dunbartonshire, challenges remain. The main barriers to implementation continue to be insufficient finance and accommodation as detailed above and this in turn has generated recurring challenges building teams required to fully deliver our Primary Care Improvement plan. The HSCP routinely escalate these issues to the PCIP Oversight Group and Scottish Government.

3.10 At the same time these new financial challenges have arisen, we have also received the resignation from three of our Urgent Care ANPs. Normally we would replace like for like as this is a service which is valued by local GPs but given we now have plans to expand our CTAC service across the area which is a core MOU commitment, and that we are required to focus on delivery of our core commitments due to the potential risk of having to fund sustainability payments for non-delivery of core MoUs next year, we have taken the difficult decision to consider options of utilising some of the finance from the ANP service to build our CTAC nursing team.

In addition to this, recruiting ANPs is currently very challenging and so, as with previous recruitment, trainees are more likely to be available and unfortunately we currently do not have enough support from GP practices to enable more trainee ANPs to be recruited. Therefore it has been agreed that we would attempt to recruit one trained ANP whilst we scope practice support for training supervision but failing that, we are proposing to utilise any remaining budget to recruit Band 5 nurses for our CTAC service. This option currently does not have the support of our local LMC/GP Subcommittee rep and so we are working with him to check all options available whilst attempting recruitment of 1 ANP, with a hope of gaining his agreement with our plans.

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

4.2 Frontline Service to Customers – Delivery of the Primary Care Improvement Plan affects how, where, and from whom, customers receive their primary care services.

4.3 Workforce (including any significant resource implications) – Delivery of the PCIP requires the involvement of a range of practitioners – many of whom are in short supply and/or who need to conclude extensive professional development pathways to take up the full extent of their roles. In addition, some roles required in primary care are currently in short supply in other parts of the system resulting in potential destabilisation of the whole system if staff move en masse to primary care. Across GG&C there are mitigations in place to prevent this, which impacts on implementation speed of the local PCIP. This is especially an implication for Advanced Practice Physiotherapy.

4.4 Legal Implications – Regarding point 3.10 above, we are currently taking advice from Primary Care Central Legal Office to ascertain any risk in progressing with such a transfer of funds between work streams (but still within PCIP budget), without the agreement of our GP Subcommittee rep.

4.5 Financial Implications – Despite the significant recurring investment that has been made available to deliver the PCIP, there remains financial challenges due to the scale of the task to be delivered. The financial gap to deliver the full extent of the East Dunbartonshire PCIP, when compared to the planned delivery in 2022/23 is reported to the Scottish Government via the PCIP Tracker. We continue to review this in line with budget, accommodation and service reviews.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – Space available across the assets used by the HSCP is at a premium and there are corporate assets issues for both NHSGG&C and EDC relating to this report. As described above these implications are being addressed through joint Property and Assets planning by the HSCP and partner agencies.

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 There are risks to full implementation of the PCIP due to insufficient funding to fulfil the total financial framework required, challenges in securing the appropriate trained practitioners to fill the roles set out in the Memoranda of Understanding, and availability of local accommodation from which to deliver services, Measures in place to mitigate these risks include regular dialogue on a pan-NHSGGC bases with Scottish Government, the development of property and assets plans specific to East Dunbartonshire and the progression of workforce development.

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 – 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 – PCIF Allocation letter – 2022-23
8.2 Appendix 2 – Practice sustainability payments 2022-23

Naureen Ahmad
General Practice Policy Division
Primary Care Directorate
Scottish Government
St Andrew's House
Regent Road
Edinburgh
EH1 3DG

E: Naureen.Ahmad@gov.scot

Integration Authority Chief Officers
NHS Board Chief Executives
Integration Authority Chief Finance Officers
NHS Board Director of Finance

11 August 2022

Dear Colleagues

PRIMARY CARE IMPROVEMENT FUND: ANNUAL FUNDING LETTER 2022-23

I am writing to confirm the 2022-23 funding allocations for the Primary Care Improvement Fund (PCIF) element of the wider Primary Care Fund (PCF). As in previous years, funding will be allocated on an NRAC basis via Health Boards to Integration Authorities (IA's).

Background

The Scottish Government remains committed to the aims and principles which underpinned the 2018 GP Contract Offer. This letter relates to the PCIF component of the PCF, setting out our expectations as we continue to improve primary care. This should be read in conjunction with the Memorandum of Understanding 2 (MoU2) on GMS Contract Implementation for Primary Care Improvement[1] and the Amendment Regulations[2].

Primary Care Improvement Fund (PCIF)

Available Resources

Having assessed Primary Care Improvement and spending Plans, I can confirm that £170 million will be available for Integration Authorities in 2022-23 under the auspices of the Primary Care Improvement Fund (PCIF). In-year delivery and expenditure will be monitored by my team to account for both slippage and funding pressures.

[1] Memorandum of Understanding (MoU) 2: GMS Contract Implementation for Primary Care Improvement – Agreement between Scottish Government, British Medical Association (BMA), Integration Authorities (IAs) and NHS Boards

[2] The National Health Service (General Medical Services Contracts and Primary Medical Services Section 17C Agreements) (Scotland) Amendment Regulations 2022 (legislation.gov.uk)

Given the overall financial pressures across health and social care, and taking into account the Resource Spending Review, it is prudent and sensible to use existing reserves that have been built up over time. On this basis, we have agreed with the Cabinet Secretary for Health and Social Care that Integration Authorities should draw down existing reserve balances in the first instance, and therefore 2022-23 allocations will reflect reserves held. Please note, therefore, that the £170 million envelope takes account of the funds already held by Integration Authorities by means of these existing PCIF reserves.

Methodology for Tranche One Allocation

We will be making two in-year allocations on a 70:30 basis. The initial tranche of £119 million in August 2022 will take account of IA reserve balances at October 2021 as well as baselined pharmacy funding. Note that baselined pharmacy funding of £7.8m has been allocated separately and must also be treated as part of the Primary Care Improvement Fund.

Annex A shows the initial allocation of the fund, by Health Board and by IA. The funding must be delegated in its entirety to IAs.

Methodology for Tranche Two Allocation

Any locally held reserves should be invested in the implementation of PCIPs in 2022-23 before new funding is requested. Further funding will be made available to IAs later this year, subject to reporting confirming latest spend and forecasts required by Friday 4 November 2022.

Robust assessments of future resourcing requirements to support implementation of the PCIPs helps to inform central financial planning and policy development, enabling the Scottish Government to target funds as efficiently and effectively as possible, ensuring best value for the public purse. Reporting using national templates should detail how this initial 70% (comprising new funding plus utilisation of any local reserves) has been spent, providing a breakdown of spending by category (staff and non-staff costs) and detailing what benefits have been created.

Second tranche allocations will follow in Autumn 2022, subject to supporting data and evidence (in particular Primary Care Improvement Plans) regarding additional PCIF funding required in 2022-23. The approach to second tranche allocations will also be informed by updated financial data on the reserve positions as at 31 March 2022, which Scottish Government officials have separately requested from IAs. Second tranche allocations will be accompanied by any further guidance, as required.

Scope of PCIF

For 2022-23, PCIF should continue to be used to deliver the priority services set out in the Memorandum of Understanding:

- Pharmacotherapy
- Vaccination Transformation Programme
- Community Treatment and Care Services
- Community Links Workers
- Additional Professional Roles
- Urgent Care services

There should be a particular focus on Pharmacotherapy, CTAC and Urgent Care given existing or planned regulations for these services. Please also note the following changes in the scope of the fund:

- The Memorandum of Understanding 2 noted Pharmacotherapy, CTAC and the Vaccination Transformation Programme should be prioritised. The Vaccination Transformation Programme is now substantially delivered with GP practices only continuing to deliver vaccinations on a transitional or remote basis. We anticipate that Health Boards will have completed the remaining elements of the programme by the end of this financial year allowing Primary Care Improvement Plans to intensify their focus on other transformational activity. Where possible, Partnerships are advised to consider synergies between PCIF-funded VTP activity and wider Board governance and funding.

- With the introduction of the Mental Health and Wellbeing in Primary Care Services programme, partnerships are requested to use this additional funding to build on the existing investment from PCIF and other funding streams to create additional capacity. Partnerships are asked to use this year to consider whether there are any practical challenges in allocating and reporting on Mental Health Workers across different funding streams (PCIF, MHWPCS and other funding streams) and whether there would be benefits/opportunities to aligning reporting. We would ask partnerships to feedback as appropriate and we will write out with further guidance at financial year-end working alongside Mental Health and Wellbeing policy colleagues.

- We note that current investment projections from PCIP trackers assume the majority of the PCIF will be spent on MoU MDT staff. From 2022-23, new investment in the Primary Care Improvement Fund can be used for a wider range of costs (such as premises, training, digital, fixed-term contracts and redesign and change management) as long as they support delivery of the MoU MDT and are agreed with the GP Sub-Committee.

Future PCIF Funding

As previously noted, robust financial planning is critical to support effective and efficient use of resources and to enable continued investment in PCIF. To this end, the Scottish Government, in collaboration with other MoU Parties, will be reviewing and updating the PCIP trackers and financial reporting templates this year to ensure

they remain fit for purpose. Using this information, we will review the PCIF position mid-year, during the process of allocating tranche 2 of the funding.

Scottish Government will also work with Public Health Scotland and local evaluators to understand the current evaluation landscape, the work already underway at local level and any gaps that might exist. This work will inform further development of the monitoring and evaluation of PCIPs at the national level, in turn allowing us to better target investment in future years. **However, the Cabinet Secretary has agreed that £170 million will be the minimum budgeted position for future years. In future years, where Partnerships have used the full £170m minimum budgeted position, Scottish Government will ensure additional funding is available to apply agenda for change uplifts to staff recruited through the PCIF and ensure fulfilment of the terms of the MOU2 dated 30 July 2021. Any further investment will be subject to joint assessment and benefits case at each annual budget round.**

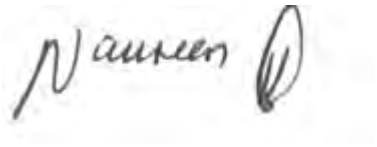
To help inform our ongoing review of the current monitoring and evaluation landscape, we also request sharing of Primary Care Improvement Plans this year. These can be sent to: PCImplementation@gov.scot

GP Sustainability Payment – 2022-23

The second tranche of the GP Sustainability Payments will be paid out later in the year.

I look forward to working with you as we continue to drive forward on delivering primary care reform.

Yours faithfully



Naureen Ahmad
Deputy Director - Primary Care Directorate

ANNEX A

PRIMARY CARE IMPROVEMENT FUND: ALLOCATION BY BOARD AND INTEGRATION AUTHORITY

Allocation By Territorial Health Board

NHS Board Name	NRAC Share 2022-23	PCIF NRAC Share 2022-23 (£)	PCIF tranche 1 2022-23 (£)	less PCIF baselined funds (£)	less PCIF IA reserves (£)	PCIF initial allocation 2022-23 (£)
Ayrshire & Arran	7.32%	12,440,274	8,708,191	-569,300	-4,050,213	4,088,679
Borders	2.15%	3,647,718	2,553,403	-161,300	-79,201	2,312,902
Dumfries & Galloway	2.97%	5,043,683	3,530,578	-229,100	0	3,301,478
Fife	6.86%	11,663,366	8,164,356	-521,800	-3,453,067	4,189,489
Forth Valley	5.46%	9,286,259	6,500,382	-415,000	0	6,085,382
Grampian	9.81%	16,672,511	11,670,758	-755,400	-10,567,097	348,261
Greater Glasgow & Clyde	22.18%	37,705,607	26,393,925	-1,718,200	-11,434,501	13,241,224
Highland	6.58%	11,188,302	7,831,812	-494,100	-2,785,450	5,239,790
Lanarkshire	12.28%	20,878,060	14,614,642	-947,700	-5,216,468	8,450,474
Lothian	14.97%	25,449,756	17,814,829	-1,132,000	-5,578,785	11,104,045
Orkney	0.49%	838,060	586,642	-75,000	-886,857	0
Shetland	0.48%	809,431	566,602	-76,200	-125,574	364,828
Tayside	7.80%	13,258,304	9,280,813	-601,900	-8,946,318	522,576
Western Isles	0.66%	1,118,667	783,067	-103,000	-318,806	361,261
Total		**170,000,000**	**119,000,000**	**-7,800,000**	**-53,442,336**	**59,610,387**

**Pharmacists in GP practice funding was baselined in 2018-19, this has been removed from the 2022-23 allocation in the above table.*

Allocation by Integration Authority

NHS Board Name	IA Name	IA NRAC Share 2022-23 (£)	PCIF NRAC Share 2022-23 (£)	PCIF tranche 1 2022-23 (£)	less PCIF baselined funds (£)	less PCIF local reserves (£)	PCIF initial allocation 2022-23 (£)
Ayrshire & Arran	East Ayrshire	2.37%	4,032,636	2,822,846	-186,694	-1,777,911	858,240
	North Ayrshire	2.70%	4,587,529	3,211,270	-209,033	-1,302,178	1,700,059
	South Ayrshire	2.25%	3,820,108	2,674,076	-173,573	-970,124	1,530,379
Borders	Scottish Borders	2.15%	3,647,718	2,553,403	-161,300	-79,201	2,312,902
Dumfries & Galloway	Dumfries and Galloway	2.97%	5,043,683	3,530,578	-229,100	0	3,301,478
Fife	Fife	6.86%	11,663,366	8,164,356	-521,800	-3,453,067	4,189,489
Forth Valley	Clackmannanshire and Stirling	2.57%	4,367,222	3,057,055	-195,164	0	2,861,891
	Falkirk	2.89%	4,919,037	3,443,326	-219,836	0	3,223,490
Grampian	Aberdeen City	3.81%	6,480,253	4,536,177	-298,317	-4,232,528	5,333
	Aberdeenshire	4.27%	7,251,701	5,076,191	-324,766	-4,714,534	36,891
	Moray	1.73%	2,940,557	2,058,390	-132,317	-1,620,035	306,037
Greater Glasgow & Clyde	East Dunbartonshire	1.85%	3,150,460	2,205,322	-140,141	-837,807	1,227,374
	East Renfrewshire	1.58%	2,685,569	1,879,898	-120,632	-1,233,315	525,951
	Glasgow City	11.99%	20,381,275	14,266,893	-928,315	-3,438,308	9,900,270
	Inverclyde	1.62%	2,747,032	1,922,922	-126,472	-1,223,070	573,380
	Renfrewshire	3.37%	5,721,487	4,005,041	-261,903	-3,161,668	581,470
	West Dunbartonshire	1.78%	3,019,783	2,113,848	-140,737	-1,540,333	432,778
Highland	Argyll and Bute	1.88%	3,199,436	2,239,605	-141,683	-2,785,450	0
	Highland	4.70%	7,988,867	5,592,207	-352,417	0	5,239,790
Lanarkshire	Lanarkshire combined	12.28%	20,878,060	14,614,642	-947,700	-5,216,468	8,450,474
Lothian	East Lothian	1.87%	3,173,726	2,221,608	-140,067	-75,922	2,005,619
	Edinburgh	8.35%	14,191,963	9,934,374	-634,173	-3,921,067	5,379,134
	Midlothian	1.63%	2,765,128	1,935,589	-120,660	-486,844	1,328,086
	West Lothian	3.13%	5,318,940	3,723,258	-237,100	-1,094,952	2,391,206
Orkney	Orkney Islands	0.49%	838,060	586,642	-75,000	-886,857	0
Shetland	Shetland Islands	0.48%	809,431	566,602	-76,200	-125,574	364,828
Tayside	Angus	2.16%	3,674,043	2,571,830	-165,208	-2,700,440	0
	Dundee City	2.86%	4,858,691	3,401,084	-226,196	-3,671,050	0
	Perth and Kinross	2.78%	4,725,571	3,307,899	-210,496	-2,574,828	522,576
Western Isles	Western Isles	0.66%	1,118,667	783,067	-103,000	-318,806	361,261
Total			**170,000,000**	**119,000,000**	**-7,800,000**	**-53,442,336**	**59,610,387**

PCA(M)(2022)15

Directorate for Primary Care
General Practice Division

Scottish Government
Riaghaltas na h-Alba
gov.scot

For Action
Chief Executives NHS Boards
General Medical Practitioners

For Information
Director of Practitioner Services
Division, NHS National Services Scotland

Policy Enquiries to:
Michael Taylor
Primary Medical Services
1 East Rear
St Andrew's House
Edinburgh
EH1 3DG

Tel: 01312445483
michael.taylor@gov.scot

14 October 2022

GP Practices – Sustainability Payment – 2022-23

1. On November 29 2021, the Scottish Government set out in PCA2021(M)12 its agreement with SGPC to allocate a sustainability payment to all practices (including 2C practices) covering 2021-22 and 2022-23. This payment brought into effect what was agreed for transitionary services for pharmacotherapy and community treatment and care services in the 2020 joint letter.

2. Scottish Government allocated £15 million for this payment in 2021-22 through the Scottish Workload Formula.

2022-23 Allocation

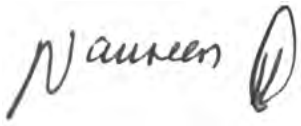
3. Scottish Government had intended to allocate a further £15m for 2022-23, following that funding being identified through the 2022-23 Scottish Budget process. It is an unfortunate reality that our budget was based on a UK spending review which did not foresee the rising costs of inflation that we are now seeing and, as a result, the costs incurred by Government have risen. At the same time, in real terms, our budget is worth almost £1.7 billion less than it was when the 2022-23 budget was set. We remain committed to sustainability of general practice, particularly during this difficult period, however we required to balance the needs of general practice against the significant challenges facing public finances at this time.

4. Due to these financial circumstances, the Scottish Government is only in the position to currently allocate £10m to practices. Whilst no substantial material change in the financial circumstances is anticipated, this position will be kept under review. This will be allocated through the Scottish Workload formula. Following reporting on intended use of the sustainability payment in 2021-22, the Scottish Government does not require further reporting this year.

Action

5. NHS Boards are requested to ensure that their primary medical services contractors are aware of this letter.

Yours sincerely



Naureen Ahmad, GP Policy and Contract.

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 6

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**17th NOVEMBER 2022**
REPORT REFERENCE:	**HSCP/171122/06**
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 and to seek approval of the Initial Summary Report **(Appendix 1)** and Communication, Engagement & Participation Plan **(Appendix 2)**

2.0 RECOMMENDATIONS

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

2.1 Note the content of the Report.

2.2 Approve the roll out of the Carers Strategy 2023–2026 Initial Summary Report and related Communication, Engagement & Participation Plan.

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 was 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 by one year to 31st March 2023.

Carers Strategy 2023 – 2026

3.3 The preparation of the Carers Strategy is designed to follow five distinct phases, which reflect the legal requirements as well as the supporting guidance. These are:

1. The HSCP will carry out initial work by looking at the main drivers for change and improvement, statute guidance, national and local policy and local needs. They will provide an initial summary report that identifies proposed areas for priority action
2. Consultation on the initial summary
3. Developing a draft Carers Strategy based on consultation outcomes
4. Consultation on the draft Carers Strategy
5. A final Carers Strategy for approval by the HSCP Board.

3.4 The HSCP have carried out phase one of the approach to establishing the Strategy and have developed an Initial Summary Report **(Appendix 1)** which reflects national developments and current drivers for change, local analysis and the views of carers.

3.5 The Initial Summary Report sets out a broad range of twelve key challenges and proposed priority areas for action over the next three years, which include; better information and advice on formal and informal supports, earlier identification of carers, access to breaks and opportunities outside of caring, wider choice of support and the impact of financial hardship and inequality. This document will form the basis upon which the consultation and engagement strategy will be taken forward.

3.6 The Initial Summary Report will also been made available in an easy read format, and more accessible presentation formats tailored to the needs of different groups.

3.7 The HSCP is now seeking to engage with all relevant stakeholders and partners to ensure that they are involved in the prioritisation, development and co-design of East Dunbartonshire's new Carers Strategy 2023-26.

3.8 A Communication, Engagement & Participation Plan **(Appendix 2)** has been established to provide a clear framework to this phase which articulates the approach to communication with, and consultation with partners, stakeholders and the general public on the preparation and content of the new Carers Strategy 2023-26.

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 – HSCP support to Carers seeks to consolidate carers existing rights and recognises carers as equal partners.

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** – Carers Strategy 2023 – 2026 Initial Summary Document
8.2 **Appendix 2** – Communication, Engagement & Participation Plan
8.3 **Appendix 3** - Direction

East Dunbartonshire Carers Strategy 2023-26: Initial Summary Report

This document sets out the background to the development of the Health and Social Care Partnership's new Carers Strategy 2022-25 and invites partners, stakeholders and the general public to participate in the development of this new strategy.

The first section of the report provides the background and context. If you would like to jump straight to the proposals and questions, please feel free to proceed to **Section 2: The Conversation.**

Section 1: The Background and Process

1 THE EAST DUNBARTONSHIRE HSCP CARERS STRATEGY

Carers

1.1 The Carers (Scotland) Act 2016 defines a carer as *"an individual who provides or intends to provide care for another individual (the 'cared-for person').* The Act defines a "Young Carer" as someone who is under the age of 18, ore over 18 but still at school and an "Adult Carer" as someone over the age of 18, and not a young carer. Carers (sometimes called informal carers) are not employed to care, they do so voluntarily to support a family member or friend.

1.2 People may become carers at almost any stage in their lives, including when they are young, and may be from all walks of life. Carers may be in employment, in education, retired, or they may provide care full time. Care may be provided a few times a week or for more significant periods, each carer, and their role is unique. Carers report that their role can have many positive features and rewards but it is recognised that caring can have a significant impact upon a carer's health, wellbeing and relationships.

1.3 Young carers are young people and children and whilst they may value and enjoy the role they fulfil within their families, they may experience much less opportunities to access social, recreational or educational opportunities and may experience greater disruption and anxiety for the person they care for.

Strategic Plan 2022-25

1.4 Health and Social Care Partnerships (HSCPs) were introduced in 2015 to bring together a range of community health and social care services. The responsibility for organising these services previously lay with Councils and Health Boards, but now sit with HSCP Boards (sometimes called Integration Joint Boards). The idea behind creating these HSCPs was to integrate health

and social care services much more closely under a single manager, with a single combined budget, delivering a single plan to meet a single set of national outcomes in a way that best meets local needs. The "single plan" is called the HSCP Strategic Plan. It sets out how HSCP Boards will plan and deliver services for their area over the medium term, using the integrated budgets under their control.

1.5 East Dunbartonshire HSCP has agreed a new Strategic Plan for 2022-25. This document provides an overarching direction for the improvement and development of services over the next 3 years, The Strategic Plan sets out the HSCP's key priorities with a programme of action taking these forward. Support to carers has a high profile within the Strategic Plan, but it is important that these commitments are set out in more detail, to meet our obligations under the Carers (Scotland) Act 2016. That is why we have developed a dedicated Carers Strategy.

1.6 Although the Carers Strategy is led by the HSCP, its success depends upon the contributions of many other organisations, particularly Education services, as schools are often the first to identify young carers. East Dunbartonshire Council Education Services are fully committed partners in the development of this strategy.

The new Carers Strategy

1.7 This is not the East Dunbartonshire HSCP's first Carers Strategy. The Carers (Scotland) Act 2016 requires that HSCPs prepare a local carer strategy and review that strategy every three years, so this will be our third Carers Strategy since the HSCP was created. Since that time, we have worked with partners, carers and communities to improve support to carers in many ways, including:

- Increasing identification of adult and young carers;
- Increasing levels of short break provision for a higher number of carers, for example in 2021/22, a total of 13384 weeks of respite was provided for 1798 cared for people (aged 18+) with an additional 188 weeks of respite provided to carers of 29 children with disabilities;
- Training and awareness provided to health, social work, social care and education services. Over 60 session per year provided by Carerslink;
- Information provided to carers in a range of languages;
- Around 225 carers supported to complete an Adult Carer Support Plan, each year;
- Better information on short breaks, personalised to meet individual needs;
- Better ways to identify and engage with young carers, with 280 young carers referred to Carerslink since April 2018;
- Since April 2018, 140 young carers regularly attending group and holiday period activities run by Carerslink;
- A Short Breaks Statement was developed in 2018 and will be reviewed in conjunction with this new Carers Strategy;

- Carers continue to be encouraged to access all Self Directed Support options to maximise the level of flexibility and choice that is right for them;
- Carers Link currently provided grants for carers to access Short Breaks through the Time to Live Fund. During the pandemic, this fund was almost trebled to just over £34,000 with over 100 carers benefitting.

1.8 In preparing the new Carers Strategy, we need to consider whether our existing priorities are the same or have changed. Changes might be due to new policy or legislation, they might be due to feedback from carers, they might be to take account of successful work that has been done elsewhere, or it may be due to changed circumstances. Since the last Carers Strategy, the Covid-19 pandemic has had an enormous impact on carers, so it will be essential to ensure that these impacts are recognised in the new strategy and plans developed to support carers through and out of the pandemic.

2 ENGAGEMENT AND PARTICIPATION

2.1 HSCP Boards are collaborative at heart; they include membership from Local Authorities and Health Boards, plus representatives of service users, informal carers, professionals and clinicians, trade unions and third and independent sector service providers. When preparing any new strategy, an HSCP Board must ensure that all of these stakeholders and partners are fully engaged in the process and have regard to the Health and Social Care Delivery Principles[1]. This ensures that a shared approach is taken to the planning of services to deliver the National Outcomes for Health and Wellbeing[2] and to achieve the core aims of integration, which are:

- To improve the quality and consistency of services for patients, carers, service users and their families;
- To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and
- To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.

2.2 Many of these principles and outcomes described above clearly go wider than the delivery of direct support to carers, but how well care and support is provided to patients and service users impacts enormously on the well-being of family and friends that provide day to day care for them. It is essential therefore that we consider the whole system of health and social care when thinking about the needs of carers. That is why the Carers Strategy should be

[1] https://www.gov.scot/publications/guidance-principles-planning-delivering-integrated-health-social-care/
[2] https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/

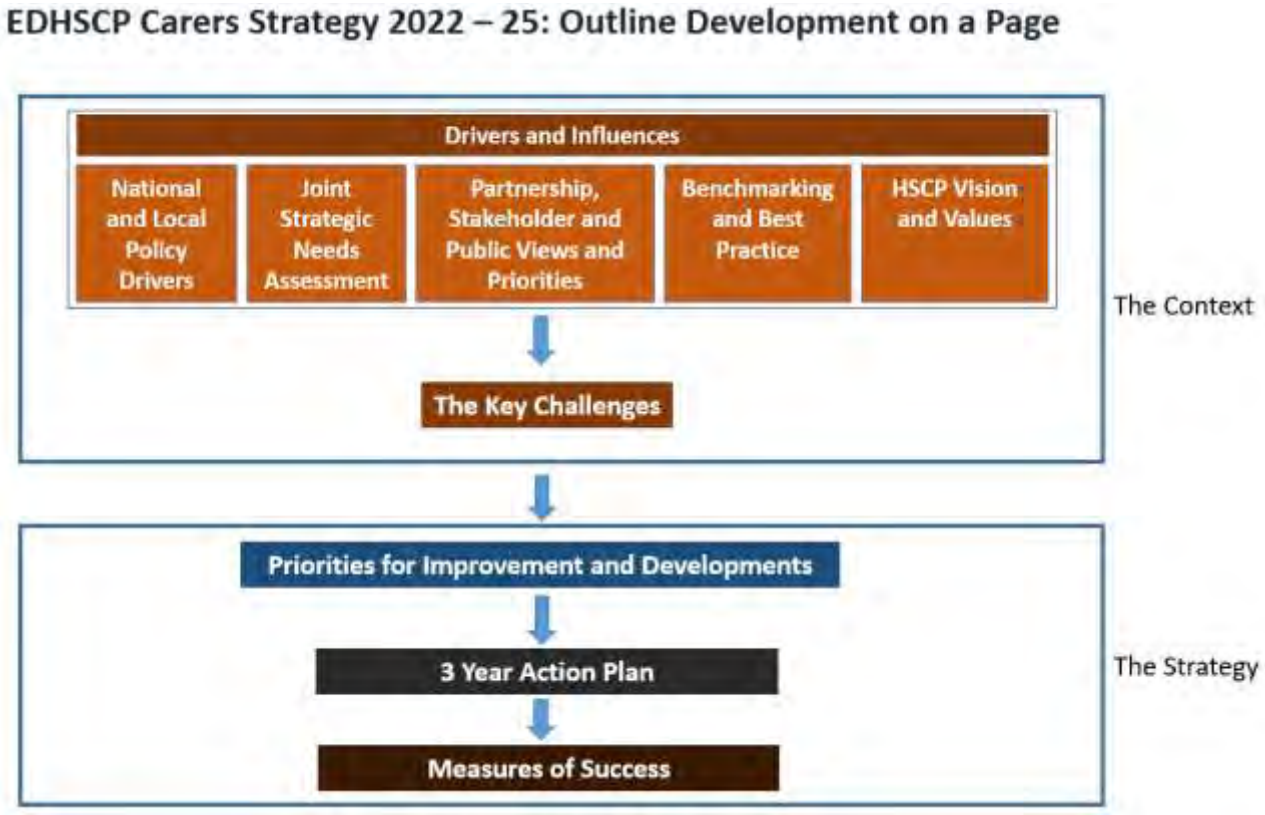
seen as part of a wider programme of improvement and development that is set out in the HSCP Strategic Plan 2022-25.

2.3 The Covid-19 pandemic has posed significant challenges regarding participation, engagement and consultation. Whilst wishing to ensure that our engagement to develop and shape the new Carers Strategy is as robust and effective as possible, we must prioritise people's health, safety and welfare. In order to do this, the HSCP is adopting a virtual approach to communication, engagement and consultation during this time. If public safety permits, then a blended approach to consultative mechanisms may be possible, incorporating some in-person elements.

3 THE NEW CARERS STRATEGY - PROGRESS SO FAR

3.1 A lot of what the HSCP needs to do to support carers is already set out in national and local policy. But not all HSCPs are the same. Different HSCPs have different pressures and population needs. It is important that we ensure that our Carers Strategy reflects what all HSCPs need to do, but emphasises the priorities that are right for local needs and aspirations.

3.2 The diagram below attempts to illustrate the process that we are undertaking. The five boxes at the top are the main influences that should inform the context of the new Carers Strategy. By analysing these we should be able identify what the priorities should be for us.



3.3 The HSCP has carried out initial work by looking at the main pressures (or "drivers") for change and improvement. Analysis of carer numbers and circumstances has also been undertaken to ensure that the Carers Strategy

identifies and reflects these local needs in the development of its priorities. We have also looked at what has been included in recent Carers Strategies elsewhere, to help to inform our early thoughts.

3.4 Crucially important, we have reviewed the expressed views of carers themselves over recent years, locally and nationally. We found that many of the issues and priorities that have been raised in the past remain really important for carers. We wanted to ensure that we reflected these views and opinions before we re-engaged with carers once again, through this consultation.

3.5 The Scottish Government has been preparing a new National Carers Strategy during 2022, due for publication in the Spring, but unfortunately this has been delayed. At the time of writing, this new national strategy is still to be published. Once the final national strategy has been complete, its contents will contribute to the developing East Dunbartonshire Carers Strategy 2022-25.

3.6 Evolving national policy on carer support and the development of the National Care Service are rapidly developing agendas at the time of writing. This makes it a bit more difficult to predict what the landscape will be like over the period of the strategy and how this may change the action plans and resources available to implement the agreed priorities. As it stands, we have to make plans based upon what we know and what finance is made available to the HSCP at the time of writing the Carers Strategy. However, if the Scottish Government makes available additional resources to support carers, then this can then be targeted towards meeting the priorities set out in our local Carers Strategy, which makes it all the more important to get it right.

Section 2: The Conversation

4 THE CONVERSATION

4.1 Now that this initial work has been completed, we have been able to set out what we believe to be:

- The key challenges that have been identified
- The proposed areas for priority action

4.2 At this point we want to pause and share these findings with partners, stakeholders and the general public. We would like this to take the form of a conversation:

The Conversation:

We will share from our early work what we understand to be the key challenges for carers of all ages, and what changes and improvements need to be made to meet those challenges. We will also share what we think will make these changes possible.

We will ask carers and other interested stakeholders what they think about these ideas and what is most important for them. We will encourage ideas about other changes and improvements that people think are important, as well as things that people would like to keep the way they are.

We will also ask people what they think would be the most important successes for them, if these changes and improvements were to happen.

4.3 We will arrange to engage with a range of existing organisations and groups within the HSCP, including:

- The Public, Service User and Carer Group
- Carers Link
- Other carers groups and networks
- The Strategic Planning Group
- The Locality Planning Groups
- The Third Sector, via East Dunbartonshire Voluntary Action
- The HSCP Staff Leadership Forum
- The Joint Staff Partnership Forum
- The Clinical and Care Governance Group

4.4 We will also engage with the general public using a range of approaches. These are set out in more detail in a supporting Communication, Engagement & Participation Plan.

Section 3: Our Analysis and Proposals So Far

5 KEY POLICY DRIVERS

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

Key Policy Drivers: National	
The Carers (Scotland) Act 2016 The Carers Charter (2016) The National Carers Strategy 2022 (draft) United Nations Convention on the Rights of the Child Human Rights Act 1998 A Fairer Healthier Scotland (June 2012) Public Bodies (Joint Working) (Scotland) Act 2014	A Scotland Where Everybody Thrives: Public Health Scotland's Strategic Plan 2020–23 (Dec 2020) Re-mobilise, Recover, Re-design: the framework for NHS Scotland Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic Audit Scotland: Health and Social Care Integration - Update on progress (Nov 2018) Digital Strategy For Scotland (2021)

National Clinical Strategy for Scotland (2016) A Fairer Scotland for Disabled People: Delivery Plan (Dec 2016) Health and Social Care Delivery Plan (Dec 2016) The National Care Service (Scotland) Bill 2022 Healthcare Improvement Scotland: Making Care Better - Better Quality Health and Social Care for Everyone in Scotland: A strategy for supporting better care in Scotland: 2017–2022 National Mental Health Strategy 2017-2027 (March 2017) Rights, Respect and Recovery: Alcohol and Drug Treatment Strategy National Learning Disability Strategic: The Keys to Life Coming home: complex care needs and out of area placements 2018 The Fairer Scotland Duty (April 2018) Best Value: revised statutory guidance 2020	Ministerial Strategic Group for Health and Community Care: Review of Progress with Integration of Health and Social Care (Feb 2019) Scottish Govt: Framework for Community Health and Social Care Integrated Services (Nov 2019) The Promise: action to take forward the findings of the independent care review for care experienced children and young people (Oct 2020) Coronavirus (COVID-19): Strategic Framework The Independent Review of Adult Social Care (March 2021) Community Mental Health and Wellbeing Supports and Services Framework (Children and Young People) Transforming nursing, midwifery and health professions roles Suicide Prevention Action Plan: Every Life Matters
Key Policy Drivers: Local	
East Dunbartonshire HSCP Strategic Plan 2018-21 The East Dunbartonshire Local Outcome Improvement Plan (2017-27) NHSGG&C Health and Social Care Strategy: Moving Forward Together (July 2019) Turning the Tide through Prevention: NHSGG&C Public Health Strategy 2018-28	NHSGG&C and East Dunbartonshire Council Covid-19 Recovery and Remobilisation Plans East Dunbartonshire HSCP Recovery and Transition Plan NHSGG&C Board-wide strategies: Mental Health, Learning Disability, Unscheduled Care, Health Visiting, School Nursing, District Nursing, Rehabilitation Joint Inspection of HSCP Adult Services in East Dunbartonshire (July 2019)

6 CARERS IN EAST DUNBARTONSHIRE

6.1 Scotland's carers make a huge contribution to the people they care for and our communities. The Scottish Government estimate that there are more people caring full time for relatives or friends than staff working either in the

NHS or in social care[3]. The actual number of carers is not known but it was estimated that there were 700,000 to 800,000 unpaid carers in Scotland before the COVID-19 pandemic, which equates to around 15,000 carers in East Dunbartonshire[4].

6.2 The 2020 Scottish Health telephone survey results suggest there were 839,000 adult carers living in Scotland in August – September 2020 during the pandemic, equating to nearly 17,000 carers in East Dunbartonshire. This increase in carer numbers during the pandemic is indicative of the increased level of informal care families and friends undertook, particularly during the initial periods of lockdown.

Age and gender (data based on Scottish Govt prevalence rates)

6.3 Of the 17,000 carers in East Dunbartonshire (using the Scottish Health Survey figure), 748 can be estimated to be under the age 18. Although people can become carers at any stage, they are most likely to be caring between the ages of 45-54. In this age group, over a quarter of all women and around a sixth of all men are carers.

6.4 There are over 2,660 carers aged 16+ caring for 35 hours a week or more in East Dunbartonshire. Around a quarter of older carers (aged 65 and over) provide 35 hours of care a week or more compared with just under a tenth of carers under 24.

6.5 Overall, 59% of carers are women and 41% are men. Throughout the working years, women are more likely to be carers than men. With gender stereotypes surrounding caring still present in our society, there is a risk that women feel more pressured to undertake caring roles. This pressure can negatively impact on a woman's career path and be a key driver of the gender pay gap.

Demographic pressures (data based on Scottish Govt prevalence rates)

6.6 Scotland's population is ageing, with numbers of very old people predicted to continue growing and a proportionately smaller working age population. In East Dunbartonshire, the numbers of older people aged 85+ has increased faster than any other HSCP area in Scotland, with this fastest growth expected to continue for the next 10 years. This is a success story in terms of improved health and wellbeing and longer life expectancy, but it has significant implications for the future of care and support in Scotland.

6.7 With demand for health and social care services predicted to grow by 25% by 2031[5], the role and contribution of carers will be even more critical in the future.

Intensive caring and deprivation (data based on Scottish Govt prevalence rates)

[3] NHS workforce stats are published here: https://www.isdscotland.org/Health-Topics/Workforce/Publications/2019-06-04/2019-06-04-Workforce-Summary.pdf?83424013854
[4] Scottish Govt 2022
[5] http://www.healthscotland.scot/population-groups/older-people

6.8 29% of carers in the most deprived areas care for 35 hours a week or more – more than double the level in the least deprived areas. The impact of caring may be exacerbated by existing inequalities of low incomes and poor health in these areas[6].

Carers Known to Services

6.9 At the time of preparing this consultation document, there were 1402 carers known to the HSCP's Social Work Services. The number of carers known to services remains at around only 8% of the estimated number of people undertaking informal care in East Dunbartonshire. Around 270 new carers are identified by the HSCP each year, with around 225 supported to complete an Adult Carer Support Plan. More than half of the carers known to services are over 65 years old, with the gender split almost exactly that of the nation balance at 61% being female.

Increasing Demand for Health and Social Care

6.10 Most of our health and wellbeing needs will be common to most other HSCP areas, but there are particular issues for every area. It is important that we understand what our population needs and priorities are. We have recently updated our Joint Strategic Needs Assessments, which provide a detailed analysis of our population's health and social care circumstances. The box below sets out some of the headlines from this work. These trends will inevitably impact on families and carers now and in the future.

Increasing Demand for Health and Social Care

- 85 years+ population is increasing by 5% per year – highest in Scotland
- Care at home and care home service demand is increasing by 5% per year (pre-Covid)
- East Dunbartonshire has higher proportion of some long term conditions such as cancer, arthritis and coronary heart disease. This contributes to an elective hospital admissions rate around 20% higher than Greater Glasgow and Clyde and 50% higher compared with Scotland.
- Outpatient attendance rate is around 10% higher than Greater Glasgow and Clyde and Scotland.
- Mental health in younger people is a growing area of concern with high numbers of CAMHS referrals and waiting times, and increasing prescribing for depression and anxiety for young people.
- East Dunbartonshire has the highest rate of falls resulting in hospital admission, in Greater Glasgow and Clyde
- 8% of East Dunbartonshire adults identified at increasing risk of alcohol related harm
- Hospital-related pressures:
  - 162% increase in Hospital Assessment Team referrals 2008-2018

[6] Hirst, M. (2005) Health Inequalities and Informal Care - End of Project Report. University of York, Available at: http://www.york.ac.uk/inst/spru/pubs/pdf/healthinequalities.pdf

- Demand pressures and complexity increases: 40% increase in unscheduled older people care projected to 2025 (from 2018). Orthopaedics increase of 31%.

7 BENCHMARKING WITH OTHER HSCP AREAS

7.1 We looked at the most recently prepared Carers Strategies in other HSCP areas within Greater Glasgow and Clyde, to find out the priority areas for improvement and development identified by them. There was considerable commonality, with almost half of the development priorities common to all 6 HSCPs

8 WHAT WE THINK ARE THE MAIN PRIORITY AREAS FOR DEVELOPMENT AND IMPROVEMENT FOR LOCAL CARER SUPPORT

8.1 After analysing the main policy drivers, the local needs analysis and the priority work being progressed elsewhere, we think that the priorities for development and improvement over the next few years will be:

Suggested Priorities
• 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

Section 4: Your Thoughts and Comments

9 HOW TO SHARE YOUR VIEWS

9.1 As has been outlined above, the proposals set out in this report are suggestions only at this point. We have tried to explain why we have arrived at the proposed priorities that are set out above. But we are very conscious that there will be other points of view. We want to open the process up to a fuller debate at this point. Quite soon we will have to settle on what our Carers Strategy priorities are and then do more work to build the plan around these. So this is the opportunity to influence the foundations of the plan that will take forward the work to support carers better over the next three years.

9.2 You are welcome to share your views in a number of ways. There will be a number of virtual meetings held over the next few weeks, as explained above. In addition, we have set up a survey online which can be accessed by clicking this link:

https://www.smartsurvey.co.uk/s/edcarerstrategy/

We are also very happy to receive your thoughts in an email if you prefer, at:

enquiry@carerslink.org.uk

The questions in the survey are set out on the next page. You might find these useful in preparing your response, but we are happy to hear from you in your own words if that suits you better.

If you would like to engage in another way, please email in the first instance (using the email address above) and we will get back in touch to discuss your needs.

East Dunbartonshire Carers Strategy 2022-25: Consultation

Survey Questions

1. Please can you tell us about your interest in Health and Social Care Services? You can select more than one.

- ☐ Service user / patient
- ☐ Carer
- ☐ Volunteer
- ☐ Council employee
- ☐ Health Board employee
- ☐ Care provider / employee
- ☐ Board member / partner representative
- ☐ Member of the public
- ☐ Other (please specify):

2. Please can you tell us what carers support services in your area work well for you?

3. Please can you tell us where you think carer support services in your area could do better?

4. Do you think that the **priorities for development and improvement** identified in the consultation report are the right ones?

- ☐ Fully agree
- ☐ Partly agree
- ☐ Undecided
- ☐ Disagree

Please can you tell us more about your answer and any suggestions you may have?

5. Do you have any other comments that you'd like to provide on the development of the Carers Strategy and what it means for you? Please tell us in the space below:

Accessibility

This document can be provided in large print, Braille or on CD and can be translated into other community languages. Please contact the Council's Communications Team at:

本文件可按要求翻譯成中文，如有此需要，請電 0300 123 4510。

اس دستاویز کا درخواست کرنے پر (اردو) زبان میں ترجمہ کیا جا سکتا ہے۔ براہ مہربانی فون نمبر 0300 123 4510 پر رابطہ کریں۔

ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮੰਗ ਕਰਨ ਤੇ ਪੰਜਾਬੀ ਵਿੱਚ ਅਨੁਵਾਦ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ 0300 123 4510 ਫ਼ੋਨ ਕਰੋ।

Gabhaidh an sgrìobhainn seo cur gu Gàidhlig ma tha sin a dhìth oirbh. Cuiribh fòin gu 0300 123 4510

अनुरोध करने पर यह दस्तावेज हिन्दी में भाषांतरित किया जा सकता है। कृपया 0300 123 4510 पर फ़ोन कीजिए।

East Dunbartonshire Health & Social Care Partnership
Carers Strategy 2023-26
Communication, Engagement & Participation Plan

1 PURPOSE

1.1 This Communication, Engagement & Participation Plan is designed to set out how the East Dunbartonshire HSCP and wider partners will communicate, engage and consult with partners, stakeholders and the general public on the preparation and content of its new Carers Strategy 2023-26.

2 THE CARERS STRATEGY

2.1 The Carers (Scotland) Act 2016 requires that HSCPs prepare a local carer strategy and review that strategy every three years, so this will be our third Carers Strategy since the HSCP was created.

2.2 In preparing the new Carers Strategy, we need to consider whether our existing priorities are the same or have changed. Changes might be due to new policy or legislation, they might be due to feedback from carers, they might be to take account of successful work that has been done elsewhere, or it may be due to changed circumstances. Since the last Carers Strategy, the Covid-19 pandemic has had an enormous impact on carers, so it will be essential to ensure that these impacts are recognised in the new strategy and plans developed to support carers through and out of the pandemic.

3 ENGAGEMENT AND PARTICIPATION

3.1 HSCP Boards are collaborative at heart; they include membership from Local Authorities and Health Boards, plus representatives of service users, informal carers, professionals and clinicians, trade unions and third and independent sector service providers. When preparing any new strategy, an HSCP Board must ensure that all of these stakeholders and partners are fully engaged in the process and have regard to the Health and Social Care Delivery Principles[1]. This ensures that a shared approach is taken to the planning of services to deliver the National Outcomes for Health and Wellbeing[2] and to achieve the core aims of integration, which are:

- To improve the quality and consistency of services for patients, carers, service users and their families;
- To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and
- To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are

[1] https://www.gov.scot/publications/guidance-principles-planning-delivering-integrated-health-social-care/
[2] https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/

older.

3.2 Many of these principles and outcomes described above clearly go wider than the delivery of direct support to carers, but how well care and support is provided to patients and service users impacts enormously on the well-being of family and friends that provide day to day care for them. It is essential therefore that we consider the whole system of health and social care when thinking about the needs of carers. That is why the Carers Strategy should be seen as part of a wider programme of improvement and development that is set out in the HSCP Strategic Plan 2022-25.

3.3 The Covid-19 pandemic poses significant challenges regarding participation, engagement and consultation. Whilst wishing to ensure that our engagement to develop and shape the new Carers Strategy is as robust and effective as possible, we must prioritise people's health, safety and welfare. In order to do this, the HSCP is adopting an approach to communication, engagement and consultation that is a blend of in-person and "virtual" approaches.

4 APPROACH

The preparation of the Carers Strategy is designed to follow 5 distinct phases, which reflect the legal requirements as well as supporting guidance.

Phase 1

4.1 The HSCP will carry out initial work by looking at the main drivers for change and improvement. This information will initially come from an examination of statute, guidance and national and local policy. It is important that the Carers Strategy reflects these national and local policy requirements, which means that the HSCP does not have a blank sheet of paper to start with.

4.2 It is essential though that the Carer Strategy should also be fully reflective of (and sensitive to) local needs. This will be done through two main approaches:

(i) Analysis of East Dunbartonshire's population profiles, its health and wellbeing and its particular needs will be undertaken to ensure that the Carers Strategy identifies and prioritises these local needs.

(ii) A programme of participation and engagement will be undertaken to ensure that partners, stakeholders and the general public have the opportunity to influence and shape the new Carers Strategy.

4.3 Once this work is completed, an initial summary will be prepared that sets out:

- An analysis of the circumstances for carers locally, including the challenges that need to be considered by the new strategy, and;
- Some proposed areas for priority action.

Phase 2

4.4 Phase 2 is where the first part of our Engagement and Participation Plan commences. At this point we will carry out a **conversation** to share these

findings and we aim to do the following:

> **The Conversation:**
>
> We will share from our early work what we think are the key challenges and the changes and improvements that need to be made to meet those challenges. We will also share what we think will make these changes possible.
>
> We will ask what people think about these ideas and what is most important for them. We will encourage ideas about other changes and improvements that people think are important, as well as things that people would like to keep the way they are.
>
> We will also ask people what they think would be the most important successes for them, if these changes and improvements were to happen.

4.5 By the end of Phase 2, we would aim to agree the areas for priority action.

4.6 **Phase 3**

4.7 Phase 3 will involve putting together a draft Carers Strategy, based on these agreements.

4.8 **Phase 4**

4.9 Phase 4 is when the second main part of our Engagement and Participation Plan takes place. At this stage we aim to do the following:

> **Consultation on the draft Carers Strategy 2023-26:**
>
> We will provide people with a copy of the **draft Carers Strategy 2023-26**, which will show the agreed priorities for change and improvement built into a full planning document.
>
> We will invite comments and suggestions on this draft plan. All comments received will be taken into account before we finalise the plan.

4.10 **Phase 5**

4.11 By the end of Phase 5, we will have a final Carers Strategy for approval by the HSCP Board.

5 PARTNERS AND STAKEHOLDERS

5.1 There are a number of representative consultees that either live or operate in East Dunbartonshire who should be included in the Carers Strategy participation and engagement process:

- Carers of people who use of health and/or social care services
- People who use health and/or social care services
- Third sector bodies carrying out activities related to health or social care
- The local authority and Health Board

- Social care and health professionals

5.2 The HSCP Strategic Planning Group has an important role in scrutinising the Carers Strategy as it develops, the membership of which is designed to reflect a wide range of partners and stakeholders. The consultation will also use the existing governance mechanisms within the HSCP to support the extended engagement process. In East Dunbartonshire, we will also engage with the general public as a whole, through a range of inclusive approaches.

5.3 In addition to these more structured engagement routes, the HSCP wishes to ensure carers themselves have more time to consider the detail of the emerging Carers Strategy. To facilitate this, Carerslink and East Dunbartonshire Voluntary Action (EDVA) will support the process by arranging these opportunities.

6 CHANNELS

6.1 The table below summarises the mechanisms that will be used for communication and engagement, referencing the approaches set out above:

Action Area	Communication and Engagement Channels						Timescale (estimated)
	HSCP stakeholder representative communication	Stakeholder direct communication	Wider public direct communication	HSCP Website	Social Media	Media releases	
Phase 1: Preparation	✓						Aug - Sept 22
Phase 2: Conversation	✓	✓	✓	✓	✓	✓	Oct - Dec 22
Phase 3: Draft plan	✓						Dec 22 – Jan 23
Phase 4: Consultation	✓	✓	✓	✓	✓	✓	Feb – March 23
Phase 5: Final plan for approval	✓						March 23

6.2 Meetings:

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		
EDC Corporate Management Team		
EDC Elected Member engagement		
EDC House Health & Care Forum		
Community Planning Partnership Board		
HSCP Strategic Planning Group		
HSCP Locality Planning Groups		
GP Forum		
Carers Partnership Group		
Range of supporting informal engagement opportunities hosted by Carerslink and EDVA		

6.3 Media and Correspondence

HSCP Website notice	
Survey	Phase 1 consultation only
Social Media	

SMT members	Discussion at each meeting Email to notify of launch
SPG members	Pre-Stage 1 consultation
HSCP Members	For noting October 22
PSUC members	Email sent to all members
Clinical & Care Governance Group	Email sent to all members
Locality Planning Group Members	Email sent to all members
Joint Staff Partnership Forum	Email sent to all members
Staff Newsletter	
Technical notes to NHS Non Exec Directors and Elected Members if appropriate	
Liaison with local voluntary organisations	Principally Carerslink and EDVA

6.4 **General Public:** website notice and social media with survey link (phase 1 only) and alternative means of communication provided.

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	171122-06 Agenda Item 6
2	Report Title	CARERS STRATEGY 2023 - 2026
3	Date direction issued by Integration Joint Board	17th November 2022
4	Date from which direction takes effect	17th November 2022
5	Direction to:	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	Yes (reference number:160921-07) Supersedes
7	Functions covered by direction	Corporate Communication and Engagement services
8	Full text of direction	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'.
9	Budget allocated by Integration Joint Board to carry out direction	N/A
10	Details of prior engagement where appropriate	HSCP Board in September 2021 approved extension of Carers Strategy by one year from 2022 to 2023 due to the Covid-19 pandemic. No legal, procurement or workforce issues.
11	Outcomes	Outcomes; Consultation and engagement completed using 'Initial Summary Report' and Communication, Engagement and Participation Plan and draft Carers Strategy 2023–2026 completed to allow final consultation to be completed prior to return to HSCP Board.
12	Performance monitoring arrangements	Carers Strategy Delivery Group established to provides oversight and governance to the delivery of new Carers Strategy 2023-26
13	Date direction will be reviewed	31st March 2023

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 7

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**17th NOVEMBER 2022**
REPORT REFERENCE:	**HSCP/171122/07**
CONTACT OFFICER:	**DAVID AITKEN INTERIM HEAD OF ADULT SERVICES TELEPHONE NUMBER: 0300 123 4510**
SUBJECT TITLE:	**ALCOHOL & DRUGS PARTNERSHIP SELF-ASSESSMENT 2022**

1.0 PURPOSE

1.1 The purpose of this report is to advise the Health & Social Care Partnership Board of the East Dunbartonshire Alcohol and Drug Partnership (ADP) Self-Assessment **(Appendix 1)** which was submitted to the Scottish Government in September 2022, and to provide a summary of the key points and implications.

1.2 The Alcohol and Drug Partnership Self-Assessment was developed based on recommendations by the Scottish Government and COSLA to reinforce a commitment to good local strategic planning, engagement and leadership and to improve the delivery of the Alcohol and Drug Partnership priorities.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the Alcohol and Drug Partnership Self-Assessment.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 In the summer of 2022 the Scottish Government and COSLA published new national recommendations relating to increased governance and quality assurance for Alcohol and Drug Partnerships.

3.2 As part of these recommendations Alcohol and Drug Partnerships were required to produce an annual Self-Assessment using a prescribed template set against the national strategy 'Rights, Respect and Recovery' and the Scottish Government's National Mission priorities.

3.3 The Self-Assessment template was provided by the Scottish Government and COSLA and submitted by East Dunbartonshire's Alcohol and Drug Partnership in September 2022 in line with required timescales. This is the first such Self-Assessment for Alcohol and Drug Partnerships and has been requested in addition to the annual report submitted in August 2022.

3.4 The Self-Assessment is split over five quality standards as below:

1. Strategic planning
2. Financial arrangements
3. Quality improvement and Outcomes
4. Governance and Oversight
5. The relationship between the ADP and the Integration Authority.

3.5 The ADP needs to report whether they maintain, explore or develop the individual elements under each standard. East Dunbartonshire ADP is reporting 'explore' under each, as there is evidence to show we have achieved these standards with the provision that we continue to seek to develop and improve local drug and alcohol recovery services, and there have been considerable national developments and new priorities introduced during 2021/22.

3.6 Additional funding has been provided by the Scottish Government to Alcohol and Drug Partnerships to develop services to meet the National Mission priorities, to implement Medically Assisted Standards (MAT Standards) and opioid substitution therapy treatment targets.

3.7 Increased reporting, quarterly and annually has also been introduced across MAT standards, Residential Rehabilitation placements and with the introduction of this Annual Self-Assessment.

3.8 The Self-Assessment required approval from a number of senior stakeholders including; Chair of the ADP, Chief Executive of Third Sector Interface, Divisional Commander for Police Scotland, and the Chief Officer of the HSCP.

3.9 The Self-Assessment will be used as a baseline to measure and shape continuous improvement, and a development plan established to ensure that the Alcohol and Drug Partnership continue to develop and take forward initiatives in line with enhanced national expectations across our alcohol and drug recovery work, and the prevention of drug deaths and harms.

3.10 Additional Information – ADP Funding

The HSCP Chief Officer and ADP Chair were notified in writing by the Scottish Government on the 6th October 2022 that in view of the overall financial pressures across Health and Social Care, Alcohol and Drug Partnerships will require to use

existing reserves before being allocated any new funding in year. The Alcohol and Drug Partnership is preparing a return for submission to the Scottish Government outlining local plans to utilise reserves in East Dunbartonshire which we will submit by the 3rd November 2022. The Alcohol and Drug Partnership will receive an updated position following this submission, however this could represent a risk to the overall Alcohol and Drug Partnership funding envelope with a possible requirement to make use of reserve balances prior to any further allocation of ADP funding in year which would impact on current plans to spend reserve balances on initiatives to support the delivery of ADP priorities.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Board Strategic 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

4.2 Frontline Service to Customers – Governance and accountability is key for decision making processes and enables the Alcohol and Drug Partnership to set and achieve objectives and priorities in order to provide quality services and meet local demands.

4.3 Workforce (including any significant resource implications) – There is an impact on the current capacity within the Alcohol and Drug Partnership Support Team and agreement has been established to develop additional support posts from new national funding, to support these initiatives.

4.4 Legal Implications – None.

4.5 Financial Implications – The Alcohol and Drug Partnership has been provided with additional investment by the Scottish Government, however not all funding streams are recurring. Due to the temporary nature of a number of these funding streams resources can only be funded for a period of two years, and additionally for noting implications of use of reserve balances prior to further allocation of funding in year as set out in 4.1 above.

4.6 Procurement – To implement the Alcohol and Drug Partnership's priorities fully, there may be a requirement for commissioning and procurement of services.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – The work of the Alcohol and Drug Partnership contributes to tackling stigma and discrimination and developing co-produced services and the role of lived and living experience.

4.10 Sustainability – The Alcohol and Drug Partnership receive core funding each year. The challenge of non-recurring funding is noted above which may impact on sustainability in implementing Alcohol and Drug Partnership priorities.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 Sound local governance in respect of our Alcohol and Drug Partnership, and strong locality partnership arrangements.

5.2 Risks re temporary funding streams.

6.0 IMPACT

6.1 **STATUTORY DUTY** – National annual responsibility to report to Scottish Government by the Alcohol and Drug Partnership.

6.2 **EAST DUNBARTONSHIRE COUNCIL** – Enhanced governance to support development of recovery focussed services to reduce drug and alcohol deaths and harm in East Dunbartonshire.

6.3 **NHS GREATER GLASGOW & CLYDE** – Enhanced governance to support development of recovery focussed services to reduce drug and alcohol deaths and harm in East Dunbartonshire.

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** – ADP Governance Self-Assessment Toolkit Template East Dunbartonshire.

ANNEX A

IMPROVING GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS WITHIN ALCOHOL AND DRUG PARTNERSHIPS: SELF ASSESSMENT TOOL

Alcohol and Drug Partnerships

Partnership Delivery Framework

Self Assessment Tool

June 2022

Introduction to the Self Assessment Tool

This Self Assessment Tool has been developed to support Alcohol and Drug Partnerships to deliver the Partnership Delivery Framework, Rights Respect and Recovery and the National Mission to Reduce Drug Deaths and Improve Lives.

The Scottish Government and COSLA coproduced the Partnership Delivery Framework for Alcohol and Drug Partnerships which was published in 2019. It sets out the expectations for the role of Alcohol and Drug Partnerships (ADPs

The purpose of the self-assessment

The purpose of the self-assessment is to give local ADPs a tool to engage and discuss opportunities and barriers to delivery.

Strategic Planning follows a cycle of

- Assessing need
- Aligning resources
- Agreeing delivery plans and priorities
- Reporting and learning from outcomes

ADPs are strategic planning partnerships that set out plans to delivery national and local priorities. To effectively deliver these priorities ADPs undertake strategic planning, formulate delivery plans and report outcomes. They do this on a partnership basis that aims to be inclusive and transparent with representation from stakeholders affected by alcohol and drug harms. Increasingly alcohol and drug harms are seen as a "whole system" issue and not just the realm of specialist drug and alcohol services.
ADPs are not Statutory Public Bodies, i.e. they are not "organisations" and therefore rely on the Integration Authority for financial governance and ratification of investment as well as performance oversight. Community Planning Partnerships hold the overall

responsibility for population level outcomes set out in the National Outcomes Framework for Scotland and therefore provide ADPs with an overarching forum for reporting achievement of outcomes. Local areas will also have other strategic partnerships which are required in statute such as Children Service Boards, Community Justice Partnerships etc and it is important to ensure that there are strong links between ADPs and these partnerships.

The self-assessment is designed to help local stakeholders ensure that these key relationships are in place and that the local system is supporting the work of the ADP and vice versa. The self-assessment should be agreed and signed off with the relevant Chief Officers and stakeholders.

The Scottish Government use of the Self Assessment reports

As stated, the self-assessment tool is for local stakeholders to ensure that they are creating the right conditions and operating environments for ADPs to function effectively. The Scottish Government will have oversight of the self-assessment reports and the information will be used to help develop programmes of support for local areas when required and will help facilitate peer discussions with ADPs about best practice and achievements. Where an ADP signals it would like further discussion or support in responding to local barriers, this will initially be provided through discussion with the ADP Liaison leads within the ADP Support Team in the Scottish Government.

External Validation

ADPs are asked to assess their own ability to deliver against the Quality Standards and highlight any issues. At a future point the Scottish Government will seek to validate the self-assessment through a third-party organisation such as the Care Inspectorate or Health Improvement Scotland. On that basis, ADPs should complete the self-assessment from the perspective of "if an external person reviewed our approach would they find the same evidence we are presenting?"

How to complete the Self Assessment Tool

The self-assessment should tell a story about where the local ADP and relevant partners are in relation to the Partnership Delivery Framework:

1. Strategic planning
2. Financial arrangements

3. Quality improvement and Outcomes
4. Governance and Oversight
5. The relationship between the ADP and the Integration Authority

A representative national working group agreed the following five standards in relation to the Partnership Delivery Framework. The five quality standards are:

Quality Standard 1: The ADP has a Strategic Plan for delivery of identified outcomes which ensures adequate alignment with other aligned strategic plans

Quality Standard 2: The ADP can demonstrate public money is used to maximum benefit to deliver measurable outcomes for the local population in delivery of the Strategic Plans

Quality Standard 3: The ADP can demonstrate Quality Improvement in delivery of outcomes

Quality Standard 4: The ADP can demonstrate appropriate Governance and Oversight in delivery of the Strategic Plan

Quality Standard 5: The work of the Integration Authority and the ADP is aligned and the Integration Authority is able to provide Directions to partners in support of the ADP Strategic Plan

Structure of the Self Assessment Tool

The Self Assessment Tool should be completed in conjunction with the Self Assessment Criteria (Appendix 1 page 25-34). The criteria outline the minimum supporting evidence required to demonstrate the ADP is delivering and working in line with the Partnership Delivery Framework.

The first part of the Self Assessment asks ADPs to assess themselves against the Self Assessment Criteria and to map themselves again the Criteria using the definitions Maintain, Explore, Develop outlined in the table below.

	Definition
Maintain	
We are confident that we are demonstrating this standard. We have evidence to support this, including stakeholder confirmation and need to maintain this focus over time.	To meet this definition the ADP needs to be confident that it has policies and practice in place. ADP member's and senior stakeholders support this statement. The ADP has feedback processes in place and is confident that an external process could independently gather similar feedback locally. The ADP is confident in maintaining this standard as core practice.
Explore	
We currently partly demonstrate this standard and may need further development	The ADP feels it has some evidence to support the standard but isn't confident it is consistently maintained. The ADP and stakeholders feel there is room for improvement on some elements of the standard.
Develop	
We do not fully demonstrate this standard currently and need to develop / discuss this further.	The ADP is not confident it is achieving the standard. Further work is required to generate support for improvement or progress

The self-assessment then asks the ADP to demonstrate their assessment with narrative in line with the headings of:

1. How effective is the ADP in respect of this area?
2. How do you know this?
3. How will you do it and by when?

For each of the elements described above, please outline in no more than 250 each what you need to maintain, improve or do differently and provide a timeframe for these to be implemented.

Please be open and honest in your response and consider the self-assessment in collaboration with relevant stakeholders, including local communities, children, young people and families. This will provide opportunities to:

- review what progress has been made and what development and learning has happened
- provide assurance about the quality of delivery
- highlight areas of good practice for sharing
- highlight areas for improvement and levels of priority

Those completing the self-assessment are encouraged to use information from different sources to triangulate evidence of the quality of service delivery.

The completed Self Assessment should focus on outcomes rather than activities. This could include a description of the impact of changes or improvement activities on the delivery or information on how potential impact is being monitored.

The Self Assessment Tool

ADP area:

Please use the box below to highlight relevant contextual and background information about the ADP including:

-Population data for context

-Outlining Governance and accountability arrangements (particularly in relation to ADP, Community Planning Partnership, Integration Joint Boards and Chief Officer Groups)

-Links to other local statutory plans/partnerships (and how they link to local delivery) e.g. what links / role does the ADP have in relation to delivery of outcomes against their Local Outcome Improvement Plan / Children's Services Plan

East Dunbartonshire's population in mid-2020 was 108,750, an increase of 0.1% from the 2019 figure of 108,640. East Dunbartonshire had the 20th highest population in 2020, out of all 32 council areas in Scotland. In 2020, there were more females (51.6%) than males (48.4%) living in East Dunbartonshire. Female life expectancy in East Dunbartonshire 2017 – 2019, was recorded as 84 years, with males as 80.5 years, both figures are higher than the Scottish life expectancy figures.

East Dunbartonshire remains relatively less deprived in contrast to other Scottish local authorities with the majority of East Dunbartonshire data-zones falling into the least deprived areas of the SIMD. Although East Dunbartonshire, as a whole, is relatively less deprived than other local authorities in Scotland, there are specific areas within East Dunbartonshire that fall below the Scottish average. East Dunbartonshire has 8 data-zones in the most deprived 25% in Scotland. These are located in Hillhead, Auchinairn, Lennoxtown, Kirkintilloch West and Keystone and Dougalston in Milngavie.

Using the 2017/18 to 2019/20 data on ScotPHO (2017/18 to 2019/20 data on ScotPHO) we can see that East Dunbartonshire reports the 6th lowest figures for drug-related hospital admissions and 4th lowest for alcohol-related hospital admissions in

Scotland. For both drug and alcohol-related deaths, between the years of 2016 - 2020, East Dunbartonshire report as the 4th lowest across Scotland.

The tables below from the 2018 SALSUS report shows that East Dunbartonshire mainly reports lower percentages for the prevalence of alcohol use for 13 – 15-year olds than Scotland, apart from in 15-year olds that 'thought it was ok to try drinking alcohol to see what it's like'. With the prevalence of drug use a higher number of 13-year olds in East Dunbartonshire had never tried drugs in comparison to the Scotland figures, whereas a lower percentage of 15-year olds had never tried drugs in comparison.

Prevalence of Alcohol Use – 13 and 15 year olds

	Thought it was ok to try drinking alcohol to see what its like		Have had an alcoholic drink		Had an alcoholic drink in the week before survey	
	13 year olds	15 year olds	13 year olds	15 year olds	13 year olds	15 year olds
Scotland	51%	79%	35%	71%	6%	19%
East Dunbartonshire	46%	84%	25%	70%	5%	16%

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

Prevalence of Drug Use

	Never tried drugs		Reported using drugs in the last month	
	13 year olds	15 year olds	13 year olds	15 year olds
Scotland	93%	79%	4%	12%
East Dunbartonshire	94%	74%	2%	12%

Governance and Accountability

The Alcohol and Drug Partnership (ADP) reports directly to the Integration Joint Board (IJB) via the Chief Officer or ADP chair. All Alcohol and Drug Partnership reporting is collated and reported by the Alcohol and Drug Partnership Coordinator, populated via contributions from ADP members, national and local data, and then signed off by the ADP Chair and Chief Officer of the

Health and Social Care Partnership (HSCP), before going to the Integration Joint Board for approval then submission to the appropriate body. The Health and Social Care Partnership's governance arrangements are via the Chief Officer and Chief Finance Officer, who provide regular financial and performance management, reports to the Integration Joint Board including matters relating to the Alcohol and Drug Partnership. The ADP also reports into the Public Protection Partnership (PPP) and into the Chief Officers Group (COG).

East Dunbartonshire ADP is responsible, with local partners, for commissioning and developing local strategies for tackling problem alcohol and drug use and promoting recovery, based on an assessment of local needs. The ADP is also responsible for prevention, early intervention, promotion and capacity building to equip partners and communities with the knowledge and skills to make informed choices concerning substance use in East Dunbartonshire. The ADP in East Dunbartonshire is a multi-agency based partnership whose membership is comprised across NHS Greater Glasgow and Clyde (GGC), East Dunbartonshire Alcohol & Drug Service, Police Scotland, Housing services, Scottish Fire and Rescue Service, Licensing, Third Sector providers, Community Safety Partnership, Community Justice Partnership, Mental Health Services, Children's Services, Health Improvement and Education and Leisure services.

The ADP Chair and ADP Coordinator sit on a variety of local groups such as the Community Safety Partnership, Community Justice Partnership, Empowered, The Promise and the ACEs and Trauma Collaborative and feed into the Local Improvement Plan, Children's Services Plan and the Health and Social Care Strategic Plan through a variety of means. In addition the following are members of the Alcohol and Drug Partnership:

- Head of Children's Services & Criminal Justice
- Criminal Justice Service Manager
- Fieldwork Service Manager Children and Families
- Strategic Commissioning Manager
- Team Leader, Community Planning and Partnerships
- Homelessness & Prevention Team Leader
- Health Improvement Manager
- Community Planning Partnership

An integrated governance framework has been developed and approved, with a supporting governance structure to facilitate those arrangements that also sets out the relationship to and with the Community Planning Partnership of which the HSCP will be a full partner. The ADP also links into Community Planning (see below) via the latest Local Outcome Improvement Plan, one of the priorities being, alcohol misuse prevention and control and alcohol and drug addiction recovery. ADP investment is routed through the ADP and is agreed by partners and based on strategic priorities and requirements across the relevant partner areas. Investment is linked to the ADP strategy and delivery plan, which has been developed in partnership with ADP.
Within the East Dunbartonshire Local Outcome Improvement Plan (LOIP) 2017 – 2027, ADP priorities thread across most of the outcomes, but have specific priorities under:

- Local outcome 5 – Our people experience good physical and mental health and wellbeing with access to a quality built and natural environment in which to lead healthier and more active lifestyles.
    - Priority – Alcohol misuse prevention and control measured by the percentage of adults who consume more than the weekly recommendation units of alcohol
- Local outcome 6 – Our older population and more vulnerable citizens are supported to maintain their independence and enjoy a high quality of life, and they, their families and carers benefit from effective care and support services
    - Priority – Alcohol and drug addiction recovery measured through the number of brief interventions

Within the Health and Social Care Partnership Strategic Plan 2022 – 2025 a strategic priority is to improve 'Mental Health and Recovery' through the redesign services for adult mental health and alcohol and drugs services to develop a recovery focused service. This work will be done in collaboration with the ADP, Alcohol and Drug Recovery Service (ADRS), Community Mental Health Team (CMHT), Primary Care Mental Health Team (PCMHT), third sector partners, lived and living experience and families and carers to ensure we develop a 'no wrong door approach' to services between mental health and alcohol and drugs.

Section 1: Strategic Planning

Quality Standard 1: The ADP has a Strategic Plan for delivery of identified outcomes

		Maintain	Explore	Develop
		We are confident that we are demonstrating this standard; we have evidence to support this, including stakeholder confirmation and need to maintain this focus overtime.	We currently partly demonstrate this standard and may need further development.	We do not fully demonstrate this standard currently and need to develop / discuss this further.
1.1	Transparency and Effectiveness		√	
1.2	Inclusion		√	
1.3	Planning Cycle		√	
1.4	Needs Assessment	√		
1.5	Whole System Approach		√	
1.6	Resources and Delivery		√	
1.7	Outcomes		√	

Q. How effective is your approach to Quality Standard 1?

1.1 Transparency and Effectiveness

Transparency and effectiveness of the Alcohol and Drug Partnership is key. Considerable work has been done since the ADP Coordinator came into post in January 2020, including the development of the ADP Strategy and Delivery Plan. There have been challenges as the work of the ADP has been mainly via virtual means as a consequence of the pandemic, with regards to strategy development, consultations and service improvements. The ADP and its sub groups have continued to function during this time, albeit virtually. Work has been taken forward to ensure that information pertaining to the ADP and its sub groups, including key documents, will be available both on the East Dunbartonshire Council/Health and Social Care website and an East Dunbartonshire Public Protection website that is in development. The 'access to rehab pathways' document has recently been published and an East Dunbartonshire ADP specific email address has been set up, to be used across all ADP work to ensure greater accessibility.

A new East Dunbartonshire ADP hashtag has also been agreed for social media that will be used to monitor the reach of ADP work: EastDunbartonshireADP@eastdunbarton.gov.uk / #EastDunADP

The ADP envisage increased transparency with information, including the strategy, being published on these public accessible platforms, utilising social media to help promote the work of the ADP and sub groups, what services are available and promote relevant resources available. The ADP email address will be added to all consultations and documents produced by the ADP to ensure all stakeholders have a means to provide continuous feedback.

1.2 Inclusion

The ADP has a range of stakeholders engaged within the core group and sub groups. Further work is required to link in lived and living experience and families and carers into these groups. Discussion has taken place over a number of years to gain lived and living experience representation but there was not an adequate support mechanism in place. The expectation is this will be led by a Peer Recovery Worker and supported by ADRS and the ADP Coordinator.

The ADP Coordinator provides support to stakeholders to ensure the priorities are being discussed in all relevant forums and an offer has been made to attend the Scottish Drugs Forum (SDF) facilitated Living Experience Group. The ADP Coordinator recently attended a family and carer meeting facilitated by Scottish Families Affected by Alcohol and Drugs to discuss the ADP's remit and an offer was given to attend regularly if requested. The ADP have also funded SDF for a number of years to provide service user engagement projects based around themes such as trauma informed service provision, barriers to services, the impact of COVID and families and carers. Each of these reports provides outcomes and recommendations for service improvement across statutory and third sector. SDF will also be providing additional engagement work around the Medically Assisted Treatment (MAT) standards experiential reporting.

The equality impact assessment process has not yet been utilised to its full potential so any future work will be drafted and then approved by the Equalities Officer to be published on the HSCP Partnership page of the Council website: East Dunbartonshire Health and Social Care Partnership Board | East Dunbartonshire Council

1.3 Planning Cycle

Service developments/redesign take place based on collaborative commissioning and procurement processes and contract standing orders, and as per the strategic commissioning plan guidance for Integration authorities. Work is required to ensure the planning cycle for the ADP falls in line with both national and local reporting and planning cycles where possible. The ADP has a number of reporting functions that were not previously in place, these will need to be considered when agreeing future developments (e.g. MAT Standards, residential rehab, Opioid Substitution Therapy (OST) treatment target).

It is the intention of the ADP to develop an overarching strategy in line with the National Mission priorities, MAT Standards and the recommendations and outcomes from the Drug Death Taskforce 'Changing Lives' paper with an annual delivery plan that will be based on forward planning. The delivery plan will meet commissioning, procurement and legal needs as well as being based on the ADP funding streams provided by Scottish Government and will continue to be based on population health approaches, including primary, secondary and tertiary prevention and early intervention models.

Delays in funding have meant that ADP forward planning and delivery for 2022, has been held up and is not yet in line with the current financial year. Work is being undertaken to bring this back in line and it is anticipated that from 2023 onwards the ADP will be in a position to implement an annual delivery plan successfully and timeously.

1.4 Needs Assessment

An independent consultancy firm 'Rocket Science' were commissioned by the ADP in East Dunbartonshire 2019 to complete a needs assessment on commissioned services for alcohol, drugs and mental health. The report was delayed due to the pandemic and was finally provided to the ADP in January 2021. 'Rocket Science' provided a comprehensive needs assessment, gap / SWOT analysis, and short, medium and long-term recommendations on service improvement and development. A 'no wrong door' approach to recovery services model, based on a recovery orientated system of care model (ROSC), addressing any gaps or duplications in service delivery. Since the final paper was published there have been significant changes to the work of ADPs which will impact some of the recommendations and add to the priorities and outcomes of the service redesign.

Work has commenced to redesign services based on these recommendations and the increased priorities for ADPs, such as MAT standards, residential rehabilitation, aftercare support, near-fatal overdose and assertive outreach etc. Our aim is for services to be more flexible and able to adapt to the changing landscape while still meeting our local and national needs. All stakeholders will be involved in the redesign process ensuring inclusivity.

Although there have been delays in implementing change through service redesign, it has been a positive in terms of including the additional priorities that are now in place and aligning with current funding streams. The ADP will also be subject to an annual needs assessment by external partners as per the recommendation paper by Scottish Government and COSLA. This needs assessment will support ongoing service improvements and delivery.

1.5 Whole System Approach

The ADP cultivates a whole system approach wherever possible through the range of stakeholders that are engaged with the ADP to the other governance structures/meetings that the ADP spans across. The ADP aims to improve this further by linking lived and living experience and family and carer representation in a more formal way, whilst still providing flexibility and support.

A whole system approach requires to be embedded across the work of the ADP and partners, including future investment, strategic delivery and any service improvements. Although much of the work of the ADP has been centred on adult services, East Dunbartonshire has invested in services for families and children affected by parental substance misuse for many years. Additional work is being taken forward to consolidate this support and to future plan services, through the redesign of commissioned services. Collaborative working has been undertaken between the ADP, Alcohol and Drug Recovery Service (ADRS) and Justice Services to commission a service supporting young people between 12 and 26 years, in their substance misuse and recently a Peer Navigator service (test of change through the multiple and complex needs fund) has been commissioned to support individuals over 18 working with Justice Social Work services and Alcohol and Drug Recovery Services as well as other relevant support services during the difficult transition period from custody to the community.

To help support a whole system approach the membership of the ADP spans across Health and Social Care, Justice, Education, Children and Families, Third sector partners, Police Scotland, Fire Service, Housing and homelessness, Leisure and Culture etc. Whole systems is much more than partnership representation, and needs to reflect lived and living experience and families and carers. Work is progressing to ensure all voices are represented where possible.

1.6 Resources and Delivery

Delivery of priorities and outcomes is based on the extent of the funding available to deliver on these priorities and are based on the ADP Strategy and Delivery Plan as well as the national directives provided through the National Mission, MAT standards and the Drug Death Taskforce. The Strategy and Delivery Plan were originally based on the national strategy 'Rights, Respect and Recovery' and the Alcohol Framework so work needs to be done to update the delivery plan with the additional priorities to ensure they are all in the one document. It is anticipated this will be done on the new template once received and then will be applied on an annual basis going forward. A delivery plan template will be provided by Scottish Government in December 2022 which will be updated accordingly and in line with the current priorities.

The resources required to carry out the delivery of appropriate services are directed through the ADP and the relevant stakeholders involved. Delivery of the priorities are accomplished through treatment and recovery services across both statutory and third sector partners or purchased in from external providers, as well as prevention, early intervention work through the ADP and its sub groups. We have recognised that we need to enhance our delivery resources to meet the growing demands

on services and the changing priorities and are in the process of increasing the ADP support team and the Alcohol and Drug Recovery Service to support the implementation of MAT standards, and deliver against the increase of opioid substitution therapy (OST) through the new treatment target and ensure we maintain same day treatment.

1.7 Outcomes

ADP outcomes in the strategy were developed in 2020 and were based on Rights, Respect and Recovery and the Alcohol Framework. These will continue to be added to with new priorities and outcomes from the National Mission and MAT standards and the Drug Deaths Taskforce 'Changing Lives' report. The list of current outcomes is as below, East Dunbartonshire is also the only ADP to include suicide prevention which has added an extra outcome to the list:

- Fewer people develop problem drug use
- People access and benefit from effective, integrated person-centred support to achieve their recovery
- Children and families affected by alcohol and drug use will be safe, healthy, included and supported
- Vulnerable people are diverted from the justice system wherever possible and those within justice settings are fully supported
- Less harm is caused by alcohol
- Help and support is available to anyone contemplating suicide and to those who have lost a loved one to suicide

These outcomes are measured via numerical data, such as the premature deaths figures and through service user engagement done by Scottish Drugs Forum. Work has commenced in East Dunbartonshire to ensure that more robust monitoring to measure progress is in place, this will be supported by the new Outcomes Framework incorporating the current and new outcomes in line with the Delivery Plan. Additional outcomes will be added once the new Suicide Prevention Strategy and Action Plan is published later this year.

As well as the outcomes noted above, each ADP sub group has their own outcomes that support prevention, early intervention, education and capacity building. Although there has been a lot of focus around drug related deaths and harm there is significant work being undertaken around support such as Alcohol Brief Interventions, access to an Alcohol Related Brain Damage lunch club and alcohol counselling.

Q. How do you know this?

This information has been gathered through the ADP coordinator and ADP stakeholders and based on current documentation such as the ADP Strategy and Delivery Plan, Rehab Pathway, MAT standards Improvement Plan and national documentation provided by Scottish Government. The ADP has also provided an annual report to Scottish Government, which was revised in 2020.

Q. What do you want to maintain, improve or change, how will you do it and by when?

Although a significant amount has been done by the ADP since the current coordinator came into post in January 2020, there have been challenges due to the pandemic and associated restrictions. The ADP would like to maintain and/or improve on each of these areas as the original ADP Strategy and Delivery Plan is now out of date based on the additional priorities of the National Mission, Drug Death Taskforce findings and MAT standards.

As the East Dunbartonshire ADP also covers suicide prevention there are going to be additional priorities to be implemented at a local level. During this time additional reporting has been introduced, including residential rehabilitation, MAT progress, numerical and experiential and the new OST treatment target. With the ADP Strategy coming towards the end it is the right time to incorporate all of these changes and develop a new consolidated strategy, setting out robust outcomes and ensuring there is a comprehensive SMART outcomes/performance framework in place.

Improvements have already been taken forward, and it is hoped that this will continue once all of the relevant tools are received by ADPs from Scottish Government. Change will be an ongoing process but the ADP will be looking to report on additional developments and improvements by the next self-assessment.

A MAT Standards Improvement Plan has already been drafted as has a Drug-related Deaths Action Plan. Implementation of MAT standards 1 – 5 is anticipated for April 2023 and the Drug-related Deaths Action Plan work has commenced, which includes updating protocols and improving collaborative working.

Any further comments?
The ADP support team and the capacity of the Alcohol and Drug Recovery Service needs to be increased to fully implement any change. Recruitment and retention of staff has been an issue across all ADPs, this is further impacted by the increased funding not being recurring, meaning we can only advertise roles on a temporary basis. Explore was chosen for each of these areas, apart from the needs assessment, which was selected as maintain. The ADP feel that although there is evidence to support that we achieved the standard as a whole, there is room for improvement across some of these areas, and the new priorities need to be considered. Additional tools are being provided through Scottish Government to allow ADPs to improve in these areas, including an external needs assessment. This self-assessment will be used as a baseline to measure continuous improvement.

Section 2: Financial Governance

Quality Standard 2: The ADP can demonstrate public money is used to maximum benefit to deliver measurable outcomes for the local population in delivery of its Strategic Plan

		Maintain	Explore	Develop
		We are confident that we are demonstrating this standard. We have evidence to support this, including stakeholder confirmation and need to maintain this focus over time.	We currently partly demonstrate this standard and may need further development.	We do not fully demonstrate this standard currently and need to develop / discuss this further.
2.1	**Investment**		√	
2.2	**Governance**		√	
2.3	**Accountability**		√	
2.4	**Reporting**		√	
2.5	**Financial Planning**		√	

Q. How effective is your approach to Quality Standard 2?

2.1 Investment

Since 2009, ADP funding was invested in recovery services to complement the treatment services in place. In 2011, a number of additional services were commissioned based on the outcomes from the first needs assessment undertaken for the ADP and the national priorities at that time. With the additional funding provided to ADPs in 2021, East Dunbartonshire ADP are investing this in line with national and local priorities, such as assertive outreach, near-fatal overdose and MAT standards, and increasing capacity within the ADP support team and the Alcohol and Drug Recovery Service.

The most recent needs assessment for the ADP was finalised and presented by an independent consultancy firm in January 2021 which produced additional recommendations. These recommendations will be updated in line with the additional national priorities introduced and will support a service redesign process for commissioned recovery services. This redesign will be based on these local and national priorities and outcomes and the current investment for alcohol and drug services, this may include disinvestment in services or service reconfiguration. This process will be done collaboratively with all ADP stakeholders and will have service users, their families and carers at the centre to produce a 'no wrong door' approach to service delivery. ADP investment is based on national and local demands and priorities, which come from strategies and policies as well as local needs assessments and service user engagement activities.

2.2 Governance

The ADP reports to the Integration Joint Board through the ADP Chair, the Chief Officer and Chief Finance Officer, who provide regular updates on various aspects related to financial and performance reporting. The ADP also reports into the Public Protection Partnership (PPP) and into the Chief Officers Group (COG). External to the HSCP and Council the ADP provides reporting to Scottish Government and Public Health Scotland. There is financial representation on the ADP and regular meetings take place between the ADP coordinator and Senior Management Accountant.

Governance arrangements will be set out in the revised terms of reference for the ADP, including financial governance and the procedure for reporting to the Integration Joint Board, Public Protection Partnership and the Chief Officers Group. Once the

summary of key requirements for the ADP is received from Scottish Government this will be added as an appendix to the terms of reference.

All investments whether in treatment or recovery services will be linked to a performance/outcomes framework. Commissioned services are required to provide monitoring and performance information and statutory services are currently measured via the waiting times, opioid substitution therapy audits and MAT reporting as well as through the ADP annual report.

2.4 Accountability

All ring-fenced funding for the ADP is allocated through the Integration Joint Board through the budget process each year to be spent on the work of the ADP. ADP funding is invested through the Health and Social Care Partnership via NHS or council systems. The ADP coordinator is given integrated financial support by the HSCP on the ADP budget, this is then reported back to the ADP. Current funding covers commissioned recovery services, the ADP coordinator post, additional nursing to support Drug Treatment Testing Orders (DTTO's) and increased prescribing through the NHS to meet MAT standard 1. Funding has also been committed to implement all MAT standards, increase access to rehab placements, assertive outreach and other national mission priorities and will be aligned to the delivery plan.

Although reporting on funding is in place, additional work is being done to ensure there will be improved reporting of ADP spend back to the ADP members, Chief Officer and the Integration Joint Board. Accountability for ADP spend sits with the Integration Joint Board and is delegated to the ADP for oversight and prioritisation in line with policy and strategic priorities with small ring-fenced funding pots provided to the ADP sub groups for prevention, education and early intervention activities.

2.5 Reporting

Financial support is provided both within the ADP through formal representation, and out with the ADP between the coordinator, and the integrated financial support of the HSCP. As there has been some delay in receiving funding for MAT and in receiving the financial letter for 2022/23 additional work is under way to agree and commit the investment, including any previous underspend where not already committed.

A budget report will be provided to the ADP and then a report will be provided for the Integration Joint Board on the investment priorities. Financial reporting for 2021/22 was provided in the recent annual report which was submitted to Scottish Governme nt in August 2022. Financial reporting will be aligned to the annual delivery plan and reported at each ADP meeting.

2.6 Financial Planning

Financial planning has been in place for the core ADP funding since 2009. The additional funding provided to ADPs from the Scottish Government £250million 5-year investment was delayed in terms of receiving funding for MAT standards and the funding letter prior to the start of this financial year. Some aspects of our financial planning have been delayed, but are now being progressed.

Financial planning is aligned to the allocation of funding in support of the delivery of the key strategic priorities of the ADP. While funding allocations from SG are made on an annual basis, financial planning in the medium / longer term is problematic given the levels of uncertainty on future financial settlements.

Based on this funding being recurring for a period of 4-years the ADP has committed funding based on the national priorities from the appropriate funding streams. This provides more sustainability for tests of change, however this does not provide financial stability to increase capacity in the ADP and ADRS on a permanent basis. Additional clarity is required regarding the period of recurring funding as the last funding letter was for a period of 1-year.

Financial planning will be embedded in the next ADP Strategy and annual Delivery Plan as the current strategy was written before the additional funding was in place. Funding is invested in partnership with ADP stakeholders to ensure all priorities are being met wherever possible. The ADP and Justice Services worked in collaboration to fund a Peer Navigator service and after a joint tendering process this has been awarded and is now in place. A joint nursing post sitting between the ADRS and Justice to support Drug Treatment Testing Orders (DTTOs) has also been funded in partnership. Another partnership initiative jointly with the ADP, ‘We Are With You’, East Dunbartonshire Leisure and Culture and Project 101 (housing information and advice service for young people) has been working together to invest in diversionary activities for young people to support prevention and early intervention for substance misuse and diversion from offending.

Q. How do you know this?

This information has been gathered through the ADP coordinator and ADP stakeholders and based on current documentation such as the ADP Annual Report and financial reporting.

Q. What do you want to maintain, improve or change, how will you do it and by when?

The ADP are working towards improvement of financial planning.

Key improvements will be based on:

- Improving financial reporting, including frequency;
- Integrated financial reporting;
- Detailing the revised financial reporting in the ADP terms of reference;
- Improving accountability of all partners – this will link to the Service Level Agreement (SLA) as provided by Scottish Government.

These key improvements will be in place by April 2023.

Any further comments?

Explore was chosen for each of these areas as the ADP feel that although there is evidence to support that we have achieved the standard, there is room for improvement. Additional tools are being provided through Scottish Government to allow ADPs to improve in these areas, such as a service level agreement for ADP stakeholders to sign up to. This self-assessment will be used as a baseline to measure continuous improvement.

Section 3: Quality Improvement

Quality Standard 3: The ADP can demonstrate Quality Improvement in delivery of outcomes

		Maintain	Explore	Develop
		We are confident that we are demonstrating this standard. We have evidence to support this, including stakeholder confirmation and need to maintain this focus over time.	We currently partly demonstrate this standard and may need further development.	We do not fully demonstrate this standard currently and need to develop / discuss this further.
3.1	**Methodology**		√	
3.2	**Reporting**		√	
3.3	**Sustainability**		√	

Q. How effective is your approach to Quality Standard 3?

3.1 Methodology

Quality improvement is key to evaluate the performance of the ADPs associated systems and processes. Service improvements are determined across functional and operational areas of the ADP, based on a quality improvement framework. The ADP work with Scottish Drugs Forum (SDF) to assess service user, families and carers satisfaction of services, and have also measured the satisfaction of third sector and statutory staff regarding the impact of the pandemic and what improvements could be made to services.

Work has commenced on service user and carer satisfaction surveys and comment cards to measure quality, with targeted work completed on MAT standards implementation. Staff are consulted within team meetings, supervision and in development sessions for any suggested improvements. Quality improvement is consistently being developed locally, based on the priorities of the ADP, Public Health and Scottish Government. A quality improvement framework is being built into the delivery plan and will be embedded across the service redesign of recovery services.

3.2 Reporting

The ADP has been developing action plans to measure outcomes across drug-related and alcohol-specific deaths and harm and for suicide prevention. Additional work is required to ensure that they contain MAT standards, all National Mission priorities and will contain the priorities from the new Suicide Prevention Strategy and action plan. These action plans will be incorporated into the delivery plan and will include performance reporting and financial reporting and inform service development and improvements.

The ADP have used the outcomes and recommendations from SDF service user engagement reporting and previous needs assessments to invest and disinvest ADP funding and improve on service provision. The redesign of recovery services is an example of how this is implemented. A needs assessment was undertaken and the report provided short, medium and long-term recommendations. A ‘no wrong door’ approach was emphasised in the needs assessment, supporting individuals who are harder to reach and may normally slip through service cracks due to their multiple and complex needs. The redesign approach will be directed through a project group and engagement plan and will be based on strategic relevance and direction, governance, look at any barriers to services and be based on the national and local priorities.

3.3 Sustainability

There is a considerable focus upon quality improvement with scope for further development, including aligning quality improvement to the delivery plan. MAT standards are reported across progress, numerical and experiential themes which provides a more comprehensive picture of service quality and development. The same model will be replicated for other priorities where possible.

The ADP 'unofficially' benchmark across other similar ADP areas and report to Public Protection and the Chief Officers Group, comparing drug-related and alcohol-specific deaths and more recently utilised the MAT benchmarking report to gauge where East Dunbartonshire is regarding the first five standards in comparison with other ADPs across Scotland. These comparisons have led to the development of a Drug-related Deaths Action Plan and have fed into the development of the MAT Standards Improvement Plan. Similar comparisons are completed for alcohol brief interventions (ABIs) and naloxone figures.

Q. How do you know this?

This information has been gathered through the ADP coordinator and ADP stakeholders and based on current documentation such as the mental health and alcohol and drugs needs assessment and SDF service user engagement reporting. Data has also been available through Public Health Scotland and National Records Scotland to benchmark against other areas.

Q. What do you want to maintain, improve or change?

The ADP would like to progress 'quality improvement' through a revised quality improvement framework, more robust reporting mechanisms, benchmarking and ensuring that ADP spend is based on quality and best value. It is anticipated that a quality improvement framework for the ADP will be in place by April 2023.

Any further comments?

Explore was chosen for each of these areas as the ADP feel that although there is evidence to support that we have achieved the standard, there is room for improvement. This self-assessment will be used as a baseline to measure continuous improvement.

Section 4: Governance and Oversight

Quality Standard 4: The ADP can demonstrate appropriate Governance and Oversight in delivery of the Strategic Plan

		Maintain	Explore	Develop
		We are confident that we are demonstrating this standard. We have evidence to support this, including stakeholder confirmation and need to maintain this focus over time.	We currently partly demonstrate this standard and may need further development.	We do not fully demonstrate this standard currently and need to develop / discuss this further.
4.1	**Oversight**		√	
4.2	**Governance**		√	
4.3	**Risk Management**		√	
4.4	**Accountability**		√	

Q. How effective is your approach to Quality Standard 4?

4.1 Oversight

There are oversight arrangements in place for the ADP but these can be developed further and added to the revised terms of reference. Scottish Government are providing a Service Level Agreement (SLA) template for ADP members to sign up to in each area, this will help to strengthen members understanding of the oversight arrangements and will detail what a stakeholders role is within the ADP.

The ADP Chair and Coordinator attend a variety of local, board wide and national meetings to support and promote ADP activities. The ADP Chair and Coordinator are also linked into groups such as Community Safety Partnership, Community Justice Partnership, Empowered, The Promise, ACEs and Trauma Collaborative, Adult and Child Protection Committees and has a wide range of members on the ADP itself. The ADP is also represented within Public Protection, the Chief Officers Group and the Integration Joint Board. The work of the ADP is scrutinised by a range of partners with a collaborative decision making approach established.

4.2 Governance

Roles and remits of ADP members was provided in the previous terms of reference, this is being updated and will reflect the new priorities, detail governance and reporting and financial processes. The SLA that ADP members will be expected to sign up to will set out the expectations of ADP members. The HSCP structure is being updated and the existing organogram (organisation chart) is out of date and will be revised with the new terms of reference, showing any updated staffing structures and setting out the roles and remits in more detail. This organogram will show how the ADP links to other structures and partnerships.

Lived and living experience will be added to the governance processes and supported to be part of the ADP and sub groups where required/requested. All ADP members are aware of the expectations as part of the group and will be supported by the coordinator wherever needed. The ADP Chair has the means to escalate when priorities are not being delivered by any of the partners, ideally this would be rectified between partners but can be escalated to responsible officers if required.

Additional work needs to be done to ensure that the work of the ADP is fully aligned to the Community Planning Partnership (CPP). At present there is representation from Community Planning Partnership on the ADP, however the direct link needs to be strengthened and is an area for development.

4.3 Risk Management

The ADP feeds into the Pubic Protection Risk Register and into the Greater Glasgow and Clyde MAT Risk Register. There is a clear process in place for adding to and amending the risk registers as and when required. Risks are also fed directly into the Public Protection Partnership and Chief Officers Group through an ADP report. Risks are also discussed within the ADP and associated sub groups where appropriate.

There has been some thought around developing an ADP specific risk register, which could be an area for development.

4.4 Accountability

Accountability for the ADP sits with the Chief Officer, who has responsibility for meeting the national targets and ensuring priorities are delivered. The Chief Officer also chairs the Public Protection Partnership and sits on the Chief Officers Group. The ADP Chair is the senior officer who has overall accountability for the ADP work streams, and ensuring the ADP Coordinator can demonstrate that the relevant procedures, processes and resources are in place to implement the ADP priorities.

Regular reporting from the coordinator and the Chair through the Public Protection Partnership and Chief Officers Group on the drug-related and alcohol-specific deaths and harm and what actions have been agreed around prevention, early intervention, treatment and recovery to support any reductions.

Accountability will also be added to the revised terms of reference for the ADP to ensure all stakeholders are aware.

Q. How do you know this?
This information has been gathered through the ADP coordinator and ADP stakeholders and based on current documentation such as the Public Protection risk register.
Q. What do you want to maintain, improve or change, how will you do it and by when?
The ADP will improve on this prior to April 2023 by updating the ADP terms of reference to highlight governance, accountability and risk. There will also be discussion regarding the development of an ADP specific risk register. Quality standard 4 will be strengthened and more formal processes put in place.
Any further comments?
Explore was chosen for each of these areas as the ADP feel that although there is evidence to support that we have achieved the standard, there is room for improvement. This self-assessment will be used as a baseline to measure continuous improvement.

Section 5: The relationship between the ADP and the Integration Authority

Quality Standard 5: The work of the Integration Authority and the ADP is aligned and the Integration Authority is able to provide Directions to partners in support of the ADP Strategic Plan

		Maintain	Explore	Develop
		We are confident that we are demonstrating this standard. We have evidence to support this, including stakeholder confirmation and need to maintain this focus over time.	We currently partly demonstrate this standard and may need further development.	We do not fully demonstrate this standard currently and need to develop / discuss this further.
5.1	**Alignment and Governance**		√	

Q. How effective is your approach to Quality Standard 5?

5.1 Alignment and Governance

All ADP strategies and plans are considered and ultimately approved by the Integration Joint Board (IJB). Prior to submission to the Integration Joint Board all papers are agreed by the ADP Chair and HSCP Chief Officer before final ratification. The current ADP Terms of Reference is in the process of being updated to reflect the new priorities and include the reporting cycle for the Integration Joint Board. The new terms of reference will highlight governance and oversight arrangements and include a list of national and local reporting as well as ADP membership, frequency, priorities and expected outcomes. All ADP members will receive a copy of the revised document and will be asked to sign up to a service level agreement (SLA) to be provided by

Scottish Government based on the eight recommendations agreed between COSLA and Scottish Government. Recommendation 3 requires that each ADP has a SLA to standardise governance.

Q. How do you know this?

This information has been gathered through the ADP coordinator and ADP stakeholders and based on current documentation such as the ADP Strategy and Delivery Plan, Rehab Pathway, MAT standards Improvement Plan and national documentation provided by Scottish Government.

Q. What do you want to maintain, improve or change, how will you do it and by when?

The ADP terms of reference is being updated to include the new priorities and will strengthen the reporting and governance arrangements to the Integration Joint Board, including responsible signatories and what local and national reporting is in place. An appendix will be added with the summary of key requirements once Scottish Government provide an updated copy.

This will enable the ADP to set out reporting dates over the year to coincide with the Integration Joint Board. The ADP will be able to provide reports to the Integration Joint Board either prior to submission or retrospectively, highlighting to either Scottish Government or Public Health Scotland that the report has been signed off or may be amended once ratified.

The updated terms of reference will be signed off by the end of 2022 and will be fully implemented by April 2023.

Any further comments?

Full implementation will be in place once all the relevant tools and frameworks have been provided to develop the delivery plan, set reporting dates and ensure ADP reporting is linked to the Integration Joint Board reporting cycle. Reporting back to the Community Planning Partnership will be strengthened once the additional tools have been received and completed which will then be reflected in the revised Terms of Reference.

This Self-Assessment of Partnership Delivery Framework is agreed and ratified by:

Senior System Stakeholders	
ADP Lived Experience Stakeholder/s / Representative	Local rep
Chair of the Alcohol and Drug Partnership	Yes
Chair of the Community Planning Partnership	TBC – CPP 29/09/2022
The Chief Executive of the Local Authority	Yes
The Chief Executive of the NHS Board	TBC – awaiting confirmation
Director of Public Health	Local rep
The Chair of the Integration Joint Board	TBC – November Board meeting
The Chair of the Chief Officers Group	Yes
Divisional Commander for Police Scotland	Local rep
Chief Executive of Third Sector Interface	Yes
The Chief Officer of the Health and Social Care Partnership	Yes

APPENDIX 1

Self Assessment Criteria

1	**Quality Standard 1 : The ADP has a Strategic Plan for delivery of identified outcomes which ensures adequate alignment with other aligned strategic plans**
1.1	**Transparency and Effectiveness** ☐ The strategic plan is agreed by the ADP ☐ The strategic plan is published and publically available ☐ The ADP can demonstrate effective strategic linkage with other local partnership groups and local communities ☐ The ADP can demonstrate examples of improvement activities and positive outcomes for the local population ☐ The ADP can demonstrate evidence that Strategic Planning is safe, effective, compassionate and person-centred

1.2	**Inclusion** ☐ The ADP can describe how they engage with local communities ☐ The ADP can demonstrate how any potential barriers to involvement or engagement are removed ☐ The ADP strategic planning is inclusive of people affected by drug and alcohol harms and their family members, those who use services, those who deliver services, and the local population ☐ The ADP embeds equality impact assessment processes to understand the diverse needs of local populations and uses this information to inform pathways and provision in its strategic planning and ensure human rights are met ☐ The ADP Strategy effectively aligns to other statutory plans / priorities on delivery in support to families in crisis or at risk of being in crisis as a result of drug / alcohol use (e.g. Child Protection, Adult Protection)
1.3	**Planning Cycle** ☐ The ADP can demonstrate that it delivers in line with a strategic cycle for planning which includes: needs assessment, delivery, commissioning, review and reporting of outcomes / progress ☐ ADP Strategic Planning is based on population health approaches and includes primary, secondary and tertiary prevention

1.4	**Needs Assessment** ☐ The ADP has a local assessment of the needs of people who use alcohol / drugs led by NHS Public Health and involving partners

1.5	**Whole System Approach** ☐ The ADP can demonstrate that their strategic planning is based on national and local priorities, is evidence based and aligns with delivery of local supports and services ☐ The ADP has representatives of: ☐ Health and Social Care Partnership: mental health, primary care, adult services ☐ Specialist drug / alcohol services ☐ Health (e.g. emergency department, relevant acute wards, health improvement / public health) ☐ Children's services ☐ Police ☐ Justice services ☐ Housing / accommodation / homelessness services ☐ Employment services ☐ Community ☐ Lived experience ☐ Education ☐ Third Sector Interface ☐ The ADP can demonstrate that other local planning partnerships and services incorporate and complement ADP activity to reduce alcohol and drug harms

1.6	**Resources and Delivery** ☐ The ADP has an annual delivery plan agreed by member organisations that details resources aligned in support of delivery, including the following: direct resource, local financial investments and "in kind" resources. It details cross-system prioritisation and responsibilities within, for example, Health and Social Care Partnerships, Children's Services Planning Partnerships, Community Justice Partnerships and Community Planning Partnerships to be deployed to implement the Annual Delivery Plan and the outcomes to be achieved
1.7	**Outcomes** ☐ The ADP uses the outcomes and priority actions set out in *Rights, Respect and Recovery* and the *Alcohol Framework 2018: Preventing Harm* and the *National Mission Outcomes Framework* ☐ The ADP outcomes are measureable and reportable ☐ The ADP routinely reports on progress against strategic outcomes
2	**Quality Standard 2 : The ADP can demonstrate public money is used to maximum benefit to deliver measurable outcomes for the local population in delivery of the Strategic Plans**

2.1	**Investment** ☐ The ADP is able to demonstrate that investment in the delivery of outcomes comes from a range of sources, including the Local Authority, Health Board and the Integration Authority, as well as outside of the public sector ☐ The ADP can demonstrate investment is in line with Scottish Government priorities ☐ The ADP can demonstrate that investment is based on evidence of effectiveness and outcomes ☐ The ADP can demonstrate ability to disinvest based on evidence of effectiveness and outcomes and in line with changing priorities articulated though formal needs assessment
2.2	**Governance** ☐ The ADP has clear policies and procedures for aligning resources for investment with strategic planning ☐ The ADP seeks authorisation for investment from the Integration Authority and local scheme of delegation ☐ The ADP has a clear policy agreed with members and the Integration Authority on the treatment of underspends / overspends ☐ The ADP can demonstrate effective and transparent governance arrangements are in place ☐ The ADP can relate investments in third sector and public sector to performance and outcomes

2.3	**Accountability** ☐ The ADP and the Integration Authority can demonstrate all funding allocated to NHS Boards for onward delegation to ADPs is available to the ADP ☐ The ADP has full accountability for the totality of funding allocated for drugs / alcohol from its NHS Board and Local Authority
2.4	**Reporting** ☐ The Health and Social Care Partnership Chief Finance Officer is a member (or formally represented) on the ADP ☐ There is regular routine financial reporting to the ADP on the total spend on alcohol and drug services ☐ The ADP and Integration Authority provide an quarterly and annual financial report to the Scottish Government ☐ The ADP reports to local governance structures on investments
2.5	**Financial Planning** ☐ The ADP strategy includes investment to increase activity over time in relation to prevention and early intervention aligned with other such preventative spend across local partners / partnerships

3	**Quality Standard 3 : The ADP can demonstrate quality improvement in delivery of outcomes**
3.1	**Methodology** ☐ The ADP has or uses an underpinning quality improvement methodology ☐ ADP staff and members are supported to use improvement methodologies through training and other workforce development activities
3.2	**Reporting** ☐ The ADP can demonstrate examples of where improvement methods have had a positive impact ☐ The ADP can demonstrate links with outcome reporting, needs assessment and financial investment / disinvestment
3.3	**Sustainability** ☐ The ADP can demonstrate how achieved improvements are embedded and sustained ☐ The ADP benchmarks performance with other areas (e.g. other ADPs, other partnership groups)

4	**Quality Standard 4 : The ADP can demonstrate appropriate Governance and Oversight in delivery of the Strategic Plan**
4.1	**Oversight** ☐ ADP Members can demonstrate effective oversight arrangements are in place to deliver the local strategy ☐ The ADP can demonstrate processes to ensure oversight, coordination and alignment of ADP activity with other relevant local partnerships and strategies

4.2	**Governance** ☐ The ADP has published the roles and remit for members setting out how decisions are made, issues and disputes are resolved, conflicts of interest are managed ☐ There is a organogram that sets out the relationship of the ADP with the Integration Authority, with other planning boards (e.g. Children's Partnership and the Community Justice partnership), and with areas of statutory responsibility (e.g. Child Protection and Adult Protection) ☐ The ADP can demonstrate how they know governance structures provide appropriate assurance of safe, effective, compassionate and person-centred delivery ☐ There are process in place for the ADP Chair to escalate and progress discussions with local partners / responsible officers when a priority is not being delivered and a process in place to ensure ADP contribution to aligned plans is being progressed ☐ The ADP strategic plan forms part of the overall Community Planning Partnership (CPP) offer, is ratified via CPPs, and aligns with the priorities of other key statutory plans
4.3	**Risk Management** ☐ There is a clear process for identifying and managing risk in relation to delivery of national and local priorities ☐ There are clear controls in place to reduce impact of identified risks ☐ The ADP can demonstrate how failure is reported, analysed and learning facilitated

4.4	**Accountability** ☐ The ADP can describe clear accountability to appropriate Chief Officer(s) responsible for the delivery of relevant policy, system or targets ☐ The ADP can demonstrate clear articulation of the relationship with senior accountable officers, and specifically, the relationship between the ADP and Public Protection that sit with the local Chief Officers Group and can demonstrates that processes are in place to ensure learning from drug deaths and responsibility for reducing substance use mortality and harm
5	**Quality Standard 5 : The work of the Integration Authority and the ADP is aligned and the Integration Authority is able to provide Directions to partners in support of the ADP Strategic Plan**

	☐ The ADP has a clear policy on taking investment plans and business cases to the Integration Authority Joint Board for ratification ☐ The ADP provides performance and financial reporting to enable support the development of the Integration Authority's Annual Performance Report ☐ The ADP regularly reports to the Integration Authority on performance ☐ The work of the ADP is reflected in the objectives of the Integration Authority Strategic Plan ☐ Governance and oversight arrangements for ADP business are supported by the Integration Authority ☐ Adult treatment services are delivered in line with ADP strategy ☐ The ADP and the Integration Authority have a clear policy on how decisions and directions are managed for services out-with the scope of the Integration Authority (e.g. children's services, police, housing will be issued) ☐ The Integration Authority ensures governance arrangements support the deployment of resources at pace to support the Mission

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 8.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**17th NOVEMBER 2022**
REPORT REFERENCE:	**HSCP/171122/08**
CONTACT OFFICER:	**JEAN CAMPBELL, CHIEF FINANCE & RESOURCES OFFICER, TELEPHONE NUMBER, 0141 232 8216**
SUBJECT TITLE:	**HSCP PROPERTY REVIEW AND ACCOMMODATION UPDATE**

1.0 PURPOSE

1.1 The purpose of this report is to update the Board on the Property Strategy and delivery of accommodation requirements for East Dunbartonshire HSCP.

2.0 RECOMMENDATIONS

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

2.1 Note the challenges in terms of premises available to deliver services within the HSCP; and

2.2 Note the approval of two business cases for capital funding, through NHSGGC, to support the refurbishment of shop front premises in Milngavie and Bishopbriggs to enhance clinical capacity in these areas.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 A Property review and update on accommodation was tabled at an IJB meeting in June 2022, this paper provides an update for board members attention.

3.2 East Dunbartonshire HSCP Property Strategy 2022 – 2025
The HSCP has a Property Strategy 2018 -2021, with the conclusion of the NHSGG&C Board wide HSCP Property Strategy for East Dunbartonshire we are now in a position to update the plan for period 2022 – 2025, detailing short (0 – 3 years), medium (3 years +) and long term (8 years +) clinical and non-clinical accommodation needs for the HSCP.

3.3 East Dunbartonshire HSCP Primary Care Property Strategy June 2021
The Primary Care Property Strategy outlines the need for accommodation across the partnership to deliver on the strategic priorities set out within the Primary Care Improvement Plan. Following the conclusion of the East Dunbartonshire HSCP Property review this will be incorporated within the overall HSCP Property Strategy.

The Primary Care Property strategy noted that the HSCP require a significant number of clinical rooms as well as touchdown and office space to deliver on commitments of the PCIP programme:

1. **Bearsden and Milngavie cluster**
   - 10 treatment rooms
   - Touchdown space
   - Pharmacotherapy hub

2. **Kirkintilloch and Lennoxtown cluster**
   - 5 Treatment rooms
   - Touchdown space within the KHCC

3. **Bishopbriggs/Auchinairn cluster**
   - 6 treatment rooms - if model moved away from a practice based service.
   - Touchdown space

In addition to this requirement the Vaccination Transition Programme (VTP) will also require sessional space in each cluster area to deliver the 2-5 flu vaccination programme.

3.4 East Dunbartonshire HSCP Property Review
The East Dunbartonshire HSCP Property Review started in October 2021 and concluded in September 2022. The review was undertaken by the NHSGGC Capital Team with Hub West and Higher Ground Healthcare Planners, which included a review of HSCP properties and included site visits and input from both NHS and EDC Estates Teams, desktop reviews and data analysis on the utilisation of space and a series of user workshops. The HSCP were asked:-

- What do we want?
- What do we have?
- What do we need?
- What is therefore required? (What are our options?)

The review considered the potential of property to adapt to opportunities or potential demands in local area and the strategic importance of HSCP premises.

The work undertaken by the NHSGGC Capital Team will test and support any future business case for site optimisation, reconfiguration or hub proposal for new facilities for the HSCP. The outcome of the review will feed into the Infrastructure Investment Strategy for NHSGG&C. The final report is available on request, recommendations are summarised below**.**

3.5 HSCP Property Strategy Review Recommendations

The review team provided a number of strategic recommendations, and that NHSGG&C along with East Dunbartonshire HSCP and with the wider support of stakeholders as appropriate, should:

3.5.1 Short Term (0-3 years)

- Review the data, assumptions and scenarios presented within the report to ensure they are valid and amend or update as appropriate.
- Support operational re-alignment of existing services/staff where feasible to make better use of existing available property resources based on the data collected and reviewed.
- Seek formal support from the Capital Planning & Premises Team to undertake project support and development activities.
- Review and re-present the augmented argument for a new "West Locality Health & Care Complex", supported by an amended Schedule of Accommodation (S of A), intended primarily to address those issues identified in the original "Milngavie Health and Care Centre" paper (presented as a component of the previous NHSGG&C prioritisation process) but with an added understanding of the substantial risk associated with existing premises in the area and space requirements as highlighted by this review.
- Finalise work already underway relating to the alternative means of delivering "shared satellite space" across the HSCP area to physically increase capacity available to support the delivery of clinical services and support short-term contractual and policy obligations whilst mitigating those risks identified associated with GP owned/leased premises in the area.
- Secure the funding required to implement those preferred solutions identified as essential in the short-term.
- Seek the inclusion of the preferred strategic option(s) identified in local HSCP plans within the next appropriate NHSGG&C capital prioritisation process to understand the actual timetable for development and/or any remedial actions required.

3.5.2 Short to medium-term term (0 – 10 years)

- Seek appropriate local and Board-wide agreement to develop the required business case(s) in support of capital investment or an alternative to this.
- Develop the business case(s) agreed as being required to support infrastructure developments in response to the findings of the option appraisal conducted and in the context of the relevant NHSGG&C Capital Planning & Prioritisation process/project programme.
- Develop the detailed briefing documentation required to support the development of detailed designs for any capital projects approved, ensuring that these can deliver the required range of services for the required planning period (including more detailed assumptions relating to changing demand and capacity requirements)

- Implement any remedial actions required in reflection of projected differences between strategic capital investment programmes and local demand/facilities (if required).

3.5.3 In the medium to long-term (3 – 10 years plus)

Use "otherwise essential investment" and new monies secured through the capital business case process to maintain, develop, refurbish and/or construct the physical infrastructure associated with approved business cases in line with the overarching NHSGG&C Primary Care Estate Strategy and place-based investment approach. This is likely to include, most notably:

- The replacement of Milngavie Clinic, +/- local GP Practices, (The proposed "West Locality Health & Care Complex" or "hub").
- The provision of HSCP "shared satellite space" in the Bishopbriggs/Auchinairn area or an alternative to this agreed through an option appraisal process.

3.6 ACTIONS/PROGRESS TO DATE

3.6.1 West Locality

The HSCP in conjunction with East Dunbartonshire Council and NHSGG&C Property Teams identified a small number of properties to be considered for use across the locality.

Office accommodation has been secured in Milngavie Enterprise Centre on a short term basis to release space in Milngavie Clinic. District Nurse and Community Rehabilitation Teams will relocate in the next 4-6 weeks. A Feasibility Study has been approved to review the clinic, to look at remodelling of the released office accommodation for conversion into clinical space.

3.6.2 West Locality – Retail Premises

NHSGGC Capital Team commissioned a feasibility study of a large retail unit situated in Milngavie Town Centre. The design team provided a few options for consideration using the ground floor space to deliver clinic services and possible conversion of the upper floor for office accommodation. This may provide 10 clinical rooms in the one location. The HSCP submitted a business case for capital funding for approval given the significant capital outlay. The business case was presented to the GG&C Asset Prioritisation Group on 30th September 2022.

Approval was given for capital funding to proceed with this project split over two financial years, and with support from the NHS Capital Planning Team.

Year 1 2022/2023	£463k
Year 2 2023/2024	£1366k
Total NHSGG&C Capital Approved	£1829k
Revenue Costs (rent/rates)	£139.5k per annum

Revenue costs attached to the business case will be met in the short term (3 years minimum) from HSCP reserves, with an expectation that these will form part of the overall PCIP costs once future funding allocations are confirmed or this will form part of financial planning for the HSCP in future years.

It is anticipated the project may take up to 46 weeks from date of start.

Project Timeframe	Dates sand/or Durations
Detailed Design and Tender Documentation	22 weeks (includes 2 weeks festive period shutdown).
Procurement	Concurrent with Design and Tender Documentation
Asbestos Surveys and Removals	4 weeks (concurrent with Design and Tender documentation pending availability of access
Enabling Works	n/a
Construction	23 weeks (includes contractors mobilisation period
Commissioning	1 week
Total Anticipated Period	46 Weeks

3.6.3 The long term aim remains the creation of a health and social care facility in the West Locality which will offer improved accommodation bringing together GP Practices, locality based health and social care services and 3rd sector partners. The HSCP Property Strategy has reinforced the need for the creation of a health and social care facility in the West Locality, offering improved accommodation bringing together GP Practices, HSCP teams including OPMH, Pharmacotherapy Hub and 3rd sector partners.

3.6.4 The HSCP intend to update and present a revised business case for a facility in the Milngavie area.

3.6.5 East Locality – Retail Premises

Two adjoining retail units in the Bishopbriggs/Auchinairn locality were identified and a feasibility study has been undertaken, providing the HSCP with design plans for 5-6 treatment rooms in one location. The HSCP submitted a business case for approval of capital funding given the significant capital outlay. The business case was presented to the GG&C Capital Planning Group on 6th September 2022, and approval for the project was given with capital funding split over two financial years.

Year 1 2022/2023	£255k
Year 2 2023/2024	£491k
Total NHSGG&C Capital Approved	£746k
Revenue Costs (rent/rates)	£88.8k per annum

There will be recurring rental and rates costs to be met from HSCP budgets similar to the Milngavie Retail project.

It is anticipated the project will take up to 42 weeks.

Project Timeframe	Dates and/or Durations
Detailed Design and Tender Documentation	22 weeks (includes 2wks festive period shutdown)
Procurement	Concurrent with Design and Tender Documentation
Asbestos Surveys and Removals	4 weeks (concurrent with Design and Tender documentation pending availability of access)
Enabling Works	n/a
Construction	19 weeks (includes contractor mobilisation period)
Commissioning	1 week
Total Anticipated Period	42 Weeks

3.6.6 The NHSGGC Capital Team are progressing feasibility studies for Woodlands Resource Centre and Milngavie Clinic to look at maximising clinical and non-clinical accommodation. A design team has been appointed for the project and will work with the HSCP on a list of requirements for the building. Design plans and costings will be brought back for review and taken to HSCP and NHSGG&C Capital Forums/Primary Care Improvement for funding.

3.6.7 The HSCP will take a request to the GCC Capital Group to request a feasibility study to reconfigure the ground floor of Kirkintilloch Health and Care Centre to maximise use of clinical space and consolidate storage space.

3.7 Capital Funding 2022 – 2023

It is anticipated that funding of around £41.5k will be allocated for this financial year. In addition to this there is £36k within reserves to meet commitments which commenced in the previous financial year which have slipped into this year for completion.

3.8 The HSCP has created an earmarked reserve of £2m to support accommodation redesign requirements, to cover all of the accommodation needs across the HSCP which will support the current developments as well as those priorities set out within the HSCP Property Strategy.

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 – There has been an inequality of implementation of the services due to lack of clinical accommodation and options for integrated working across the HSCP.

4.3 Workforce (including any significant resource implications) – there may be a requirement for HSCP staff to relocate office accommodation to best utilise properties to delivery services to service users.

4.4 Legal Implications – NHS GG&C will support the negotiation and finalisation of lease agreement for the new shop front premises.

4.5 Financial Implications – In 2022/2023 Capital Funding has been made available to support improvements to accommodation developments in non-traditional premises in Milngavie and Bishobbriggs/Auchinairn. Feasibility Studies for Milngavie Clinic and Woodlands Resource Centre are progressing and will have a financial ask in 2022/2023 and 2023/2024 if approved. Fit out of Enterprise House office accommodation funding has been carried forward to 2022/23 and will be supplemented by additional investment through HSCP earmarked reserves for accommodation redesign and potential access to NHS Board capital funding.

4.6 Procurement – None.

4.7 ICT – Requirement for support from both EDC IT and NHS eHealth team to provide connections in new accommodation, as well as IT kit for both NHS and EDC services.

4.8 Corporate Assets – None.

4.9 Equalities Implications – Patients are not receiving all services within each locality area due to lack of accommodation.

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 There are risks around lack of accommodation, and being able to fulfil the delivery of services in local communities.

6.0 IMPACT

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – working in partnership with the Council to identify options and secure accommodation available across the Council area to support integrated working and co-location of health and social care teams.

6.3 **NHS GREATER GLASGOW & CLYDE** – working in partnership with the health board to develop a property strategy for the HSCP as part of a wider health board strategy to secure capital investment for future years. Working in partnership with colleagues to identify options available across the area to support delivery of the primary care improvement plan and location of acute functions within the community.

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 **Nil**

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 9

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**17TH NOVEMBER 2022**
REPORT REFERENCE:	**HSCP/171122/09**
CONTACT OFFICER:	**TOM QUINN, HEAD OF HUMAN RESOURCES TELEPHONE 07801302947**
SUBJECT TITLE:	**EAST DUNBARTONSHIRE HSCP WORKFORCE PLAN 2022 -25.**

1.0 PURPOSE

1.1 The purpose of this report is to update the Partnership Board on amendments made to the Workforce Plan for 2022-25 following comments from the Scottish Government Health Workforce Directorate.

2.0 RECOMMENDATIONS

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

2.1 Approve the content of the East Dunbartonshire HSCP Workforce Plan 2022-25.

2.2 Approve the publication of the East Dunbartonshire HSCP Workforce Plan 2022-25 on the HSCP Website

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 The Draft Workforce Plan was presented and approved at the June 2022 Board meeting to allow for us to meet the requirement to submit to Scottish Government Health Workforce Directorate by July 2022.

3.2 The HSCP received comments on the Draft Workforce Plan 2022-25 from Scottish Government Health Workforce Directorate on the 4 October 2022. (Appendix 1)

3.3 We received 10 bullet points in the review mainly asking for additional information on our aging population, aging workforce and potential financial implications in both the short and medium term.

3.4 In relation to the points raised we have inserted footnotes to additional documents including the 2022-25 Strategic Plan which contains the information to a number of points raised.

3.5 The issues of our aging workforce are highlighted in Section 4, current staffing at June 2022, therefore we have not added any additional information at this point although we have pulled it over to the action plan area.

3.6 We have re-written the action plan section to provide more accurate review points during 2022-23, and as highlighted section 5, is reviewed and updated annually during the lifecycle of the plan.

3.7 Work is currently progressing on discussions about Modern and Graduate Apprenticeships and in relation to the proposed developments within the Primary Care Improvement programme and these are captured in the action plan.

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
2. Recruitment & Retention

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 Detailed Action Plan within Section 5 of Workforce Plan

6.0 IMPACT

6.1 STATUTORY DUTY – Yes

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 – Letter from Scottish Government Health Workforce Directorate.
8.2 Appendix 2 – East Dunbartonshire HSCP Workforce Plan 2022 -25

Appendix 1 – Scottish Government Health Workforce Directorate Letter

Scottish Government
Health Workforce Directorate
Workforce Planning Data, Analytics and Insight Unit

Caroline Sinclair
Chief Officer
East Dunbartonshire Health and Social Care Partnership

4 October 2022

Dear Caroline,

East Dunbartonshire HSCP Draft 3 Year Workforce Plan: feedback

Thank you for forwarding a copy of your draft Three Year Workforce Plan to the Scottish Government Workforce Planning Data, Analytics and Insight Unit.

We recognise the considerable work that you and your partners in the various stakeholder groups have undertaken in developing the draft during what remains a challenging operating environment, as we begin the recovery of service capacity.

As outlined in the guidance published under DL (2022) 09 - National Health and Social Care Workforce Strategy: Three Year Workforce Plans - we have undertaken a review of the content of the draft document and are providing the undernoted feedback to you for consideration as you finalise the content of your plan in advance of publication at the end of October.

Members of the Workforce Planning Data, Analytics and Insight Unit have used the indicative content checklist in Appendix 1 of DL (2022) 09 as a baseline to frame the following comments.

- The draft considers national and local service drivers (section 2.3), and refers to 8 key local delivery areas and 4 strategic enablers (including workforce). To help set these in the context of the current narrative, we would be grateful if this section could reference these delivery themes and enablers more clearly within the overall HSCP strategic plan;

- We wondered if the partnership could provide more detail on anticipated service demand associated with the projected population demographics described in Section 1 of the draft. It may help to provide an illustration of any workforce implications arising from these, perhaps as a chart or graph, using the metrics already contained in the draft plan;

- The draft plan refers to “an inevitable contraction of the workforce” (S2.17) with an associated need to deliver services differently in future. The plan mentions the use of Advanced Nurse and AHP roles, more MSK Physiotherapists and Pharmacists and Pharmacy Technicians but could quantify its plans in more

detail. We would be interested to see the partnership's views on how these and other workforce roles might be reconfigured in support of a different future workforce model;

- We would be interested to see in further detail how the assumptions in S2.17 link with local financial planning assumptions and affordability made earlier in the document;

- We noted that the partnership anticipates a reduction in overall workforce numbers, but we wondered how many new roles it thinks may be required, what work is in place to quantify this, and what support the partnership assesses may be required at national level to help develop additional capacity.

- While the narrative content around the use of Modern and Graduate Apprenticeships is helpful, the plan may benefit from additional details around how many, and what existing capacity issues might be best addressed by using MAs.

- We noted the reference to additional resources for the local Alcohol and Drugs Team: if these are new posts, we would appreciate the inclusion of any further details in a summary of the partnership's anticipated recruitment requirements;

- The plan identifies ageing workforce within the partnership and notes an estimated recruitment need of 100 per annum just to maintain existing staffing levels. This useful information might be further enhanced by a breakdown of this additional requirement into NHS job families and social care professional groups, indicating where and when projected replacement will be required across the timeframe of the plan;

- The Action Plan in the current draft is quite high level and may benefit from additional details linking with the information that is already in the plan (for example, specifying the roles to which the partnership most needs to recruit: the current reference is to an overarching recruitment strategy);

- The Staff Wellbeing Action Plan appears comprehensive and informative, and it may be useful to consider how this might cross-refer to content elsewhere in the document – outlining, for example, how wellbeing measures may benefit staff retention or help mitigate any observed post-pandemic increases in staff turnover.

We appreciate that your workforce plan is part of a local suite of strategic planning work that is already underway and hope that you will consider this feedback as constructive and of value to you and your partners in finalising plans.

Reviewing the plans developed by NHS Boards and Integration Joint Boards (via HSCPs) will enable us to provide Scottish Ministers with further insight, and help them to determine approaches that will:

- Support the health and wellbeing of our workforce during these challenging times;

- In the short term, and in preparation for winter, inform their understanding of the workforce implications of sustained, increased service demand;
- In the medium term, better understand the national implications arising from the local analysis of workforce plans – particularly around population and workforce demography, service redesign and the introduction of new roles.

We recognise that the timescale for publication and associated governance arrangements may limit your ability to make changes to this version. However we would welcome the opportunity for further discussions across the next year to inform subsequent annual revisions to your workforce plan.

Should your governance processes necessitate a delay in publication beyond the indicative date of 31st October 2022 we would appreciate that you advise us of this along with a likely publication date by contacting WFPPMO@gov.scot

Yours sincerely,

Grant Hughes

Grant Hughes
Head of Workforce Planning Data, Analytics and Insight Unit
Directorate of Health Workforce

cc.
Tom Quinn

East Dunbartonshire Health & Social Care Partnership

East Dunbartonshire HSCP Workforce and Organisation Development Plan 2022-25

Version 1.12 Oct. 2022

Content:

***NB- Please note that Appendices 1, 2 and 3 will be updated annually during the course of this plan to ensure that they adequately reflect the needs of staff.**

Foreword:

This workforce and organisational development plan covers the same period as our Strategic Plan 2022-25. The plan highlights many of the key issues we face in ensuring that we have the right workforce in the right place at the right time to successfully achieve the challenging objectives set out in the strategic plan.

Workforce planning is a key challenge across health and social care services as set in the National Workforce Strategy for Health & Social Care by Scottish Government in 2022. It is likely that as we move forward in subsequent years the shape of the plan will change as we receive further Scottish Government guidance with regard to planning for the wider care sector workforce as part of the National Care Service.

This plan is based on the six step model for integrated health and social care services, which encourages us to identify the future workforce based around the identified service drivers. However it is important to ensure that we are clear about how we will develop our services which is why we have integrated our organisational development plan. Within the plan we have identified the need to continue to promote Health & Care as positive careers for people of all ages but with a particular focus on encouraging school leavers.

Also important is the robust governance framework which is designed to ensure that we are able to report on our action plan activity and were necessary take the appropriate action to achieve our objectives.

Caroline Sinclair

Chief Officer

East Dunbartonshire HSCP

Section 1

East Dunbartonshire HSCP

Version 1.12 Oct. 2022

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

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

East Dunbartonshire HSCP is one of six in the Greater Glasgow area. To ensure consistency and for economy of scale, some health services are organised Greater Glasgow-wide, with a nominated HSCP hosting the service on behalf of its own and the other five HSCPs in the area.

East Dunbartonshire HSCP is not an employer in itself but advises both East Dunbartonshire Council and NHS Greater Glasgow and Clyde on the expected staffing required to deliver services.

THE HEALTH AND SOCIAL CARE NEEDS OF THE EAST DUNBARTONSHIRE POPULATION

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

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

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

HSCP Vision and Values

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

The HSCP Strategic Plan

East Dunbartonshire HSCP like all HSCP Boards is required to produce a Strategic Plan that sets out how it intends to achieve, or contribute to achieving, the National Health and Wellbeing Outcomes. Strategic Plans should also have regard to the National Integration Delivery Principles.

Strategic Plans should consider how to best meet the particular population needs of their areas and should also set out their plans for localising services into smaller communities within their overall geography.

The East Dunbartonshire HSCP Workforce Plan is aligned with the Strategic Plan (2022-25) and will set out the workforce required to achieve the ambitions set out in the Strategic Plan, which have been widely consulted on across East Dunbartonshire.

East Dunbartonshire Strategic Priorities

The East Dunbartonshire Strategic Plan for 2022- 25[1], sets out 8 Strategic Priorities, these being:

Empowering People
Empowering Communities
Prevention and Early Intervention
Public Protection
Supporting Carers and Families
Improving Mental Health and Recovery
Post-pandemic renewal
Maximising operational integration

As one of the 4 strategic enablers, the workforce is critical to the success of the overall strategic plan.

The Financial Challenge:

Financial Context

A Medium-Term Financial Strategy (MTFS) has been developed to pull together into one document all the known factors affecting the financial sustainability of the partnership over the medium term. This strategy establishes the estimated level of resources required by the

[1] www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care

partnership to operate its services over the next five financial years, given the demand pressures and funding constraints that we are likely to experience.

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

There are a number of key opportunities and challenges for the HSCP at a national and local level. The most significant opportunity being the Review of Adult Social Care, elements of which have now been reflected in the new programme for government, and will see investment across a range of areas including the development of a National Care Service, expansion of support for lower-level needs and preventive community support, increasing support to unpaid carers and sums paid for free personal care.

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

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

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

Section 2

Known Drivers for Change and Transformation

Over the duration of this plan we will need to take recognition of a number of emerging and known strategic drivers that might impact on both service delivery and our workforce. It is important that we are flexible in recruitment strategies to respond to these challenges.

2.1 Competitive Recruitment Market

Currently the Social Care recruitment market place is impacted by the widely varying rates of pay and differing terms and conditions that are available across the sectors rather than the standard remuneration package that is available across NHS Scotland providers. It is hoped that the proposed National Care Service will standardise the salaries available to staff in a positive manner.

2.2 National Care Service[2]

The emerging legislation to develop a National Care Service, subsequent to the recommendations set out in the Feeley Report, is likely to have a major impact across the Social Care sector. The consultation in 2021, had a focus on several areas including the Commissioning of services; National set of Terms and Conditions; and eligibility and access to services.

2.3 East Dunbartonshire Strategic Plan 2022-25[3]

East Dunbartonshire HSCP launched its Strategic Plan for 2022-25 in March 2022, the plan set out the 8 key areas for delivery and has 4 Strategic Enablers, including the workforce. The plan sets out how we will achieve the 9 key National Outcomes.

2.4 National Health and Social Care Workforce Strategy[4]

The strategy launched in April 2022, sets out a series of 109 actions to be undertaken either by National or local employers to ensure that we have the right workforce, in the right place with the right numbers going forward. The strategy is set out against 5 key pillars, those of Plan, Attract, Employ, Train and Nurture. In looking to achieve its overall objectives the strategy places great importance on our ability to retain staff, to look after the staffs' wellbeing and to ensure are reward for their efforts. It is an ambitious plan that for the first time looks to support the whole of the Health & Social Care Workforce and will be central to a successful workforce planning process.

2.5 Recovery from Covid

It is hoped that with the success of our vaccination programmes then we will be in a better position to manage any future impact of Covid. However, the impact of the last 2 years has been significant on the population and will be impacting on service delivery for a number of years. As a significant increase in both elective and non-elective operations are undertaken, this is likely to have an impact on community services across both Health and Social Care, enabling patients to return home at the earliest opportunity and for effective rehabilitation where necessary. In addition we will need to find ways of supporting service users with Long Covid to live as normal a life as possible

[2] National Care Service Bill published - gov.scot (www.gov.scot)
[3] www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care

[4] Health and social care: national workforce strategy - gov.scot (www.gov.scot)

with the necessary community supports that will emerge from on-going research. We also expect a large increase in the incidences of Mental Health issues across the spectrum from mild to severe which will impact across our service delivery models. The East Dunbartonshire HSCP will follow its Covid-19 Recovery and Transition Plan which sets out key principles and priorities for the recovery and transition period. It outlines our wide-reaching planning approach and the arrangements being put in place to oversee recovery and remobilisation. The role of the workforce in achieving the objectives of this plan will be central to its success.

2.6 The Promise[5]

Scotland has an ambition 'to be the best place in the world to grow up' so that children are 'loved, safe, and respected and realise their full potential' (The Promise, 2020).

The Independent Care Review (February 2017 – February 2020) aimed to identify and deliver lasting change in Scotland's 'care system', and leave a legacy that will transform the wellbeing of infants, children and young people.

In February 2020, the Independent Care Review published The Promise. The Promise outlines five foundations that must be at the heart of plans and priorities for children and families; voice, care, people, scaffolding & family. East Dunbartonshire HSCP is committed to identifying and supporting the changes needed to become better corporate parents for our care experienced young people.

The foundations of The Promise will structure our corporate parenting priorities and actions over the next 3 years.

The Promise is a foundation for the Integrated Children's Services Plan 2020/23. Key priorities are: Keeping Children Safe, Corporate Parenting, Healthy Lifestyles (Children and Young People) and Children's Mental Health and Emotional Wellbeing.

East Dunbartonshire HSCP is committed to both protecting and promoting Children's Rights. The Local Outcomes Improvement Plan 2017-27 includes Local Outcome 3: Our children and young people are safe, healthy and ready to learn. One of the priorities of this Outcome is applying the Getting It Right For Every Child principles. These principles are based on the children's rights and reflect the United Nations Convention on the Rights of the Child.

Children's Rights are an integral objective of the Health & Social Care Partnership's Strategic Plan 2022-25. This Plan identifies the Unite Nations Convention on the Rights of the Child as a key policy driver. The Plan is published online and is available here: East Dunbartonshire Health and Social Care Partnership Board | East Dunbartonshire Council

2.7 Criminal Justice

Covid has impacted on our ability to provide unpaid work activity, as required by Courts, within the timescales required due to physical distancing requirements. The team are now working to maximise opportunities to ensure that we can meet the necessary timescales. All staff involved in the service have been undertaking Trauma Informed practice training to ensure that we provide trauma informed services.

[5] What is the promise? - The Promise

Public Protection remains a priority for the HSCP and the Criminal Justice Team continue to work with the Multi Agency Public Protection priorities. This includes VISOR technology, workforce vetting and training. The Community Justice Partnership ensures partner agencies are working collaboratively, focusing on prevention, early intervention and throughcare

2.8 Moving Forward Together – Mental Health Strategy

NHSGGC in taking forward its Clinical Strategy, Moving Forward Together, will impact on a number of our service delivery areas but is likely to have a more direct impact on Mental Health Services as it looks to refresh that section of the strategy in light of the impact of Covid-19. Whilst the main features will be around In-patient service provision, areas like "Effective and Efficient" CMHTs might impact on our local service delivery model, likewise proposed new development for Rehabilitation models in the community and subsequent reduction in beds, and the development of both Dialectical Behaviour Therapy (DBT) and Metallization Based Therapy (MBT) services.

2.9 Health and Care Safe Staffing Legislation[6]

Although this legislation has been paused during the pandemic we will now see an increased focus during forthcoming inspections and it will also have implications across a wider range of service provision including health services than previously covered. Therefore it is imperative that we continue to use our agreed workload tools and to develop new tools when necessary to ensure that we have sufficient numbers of suitably qualified and registered staff on duty throughout the working week.

2.10 Digital Strategy

The use of digital solutions has grown significantly during the pandemic as a way of engaging with people safely and efficiently. Looking ahead, there is substantial opportunity to embed and extend the use of digital solutions, as part of a range of engagement approaches. Digital has the potential to prevent unnecessary visits to hospital for a short review consultation, has the ability to better equip service users to remain at home for longer with appropriate safeguards in place to respond to potential emergencies, has the ability to enable appropriate consultations with clinicians without the travel and waiting times, has the ability to increase the availability of consultations by enabling a greater flexibility in the working day and digital has the ability to save travel time for meetings, thus enabling more clinical time to become available. However, as suggested we need to have a strategy that does not discriminate against service users and carers due to lack of appropriate equipment or poor reception areas and a need to be mindful of the confidence and cognitive capacity of the people that we support. We also need to invest in the appropriate training of our staff to maximise the use of new technology within the digital strategy.

2.11 Hybrid Working Practice

As we adjust services and service provision in our recovery from the pandemic, we need to be mindful of the needs of our staff to seek a more blended or hybrid way of working, having provided a number of these services in that format over the last 2 years. As we look at the capacity to provide hybrid working, we need to take recognition of the best way to offer services to maximise

[6] Health and Care (Staffing) (Scotland) Act 2019 (legislation.gov.uk)

their potential for both service users and staff, we need to ensure that we can still provide core services during core times and then look at the flexibility that other patterns of work might provide for us going forward. This might impact on our accommodation and technology strategies to ensure that we have a synergy that delivers for service users.

2.12 Transforming Roles

Whilst a longer term strategy, Transforming Nursing and AHP Roles will impact across a number of our service areas from Rehabilitation services, Mental Health, Addictions, Learning Disability, Adult Community Nursing, Health Visiting and School Nursing as they look at the scope of practice. There is also the opportunity to develop new roles to support new service delivery models and or support a greater skill mix in more complex procedures once the domain of medical staffing. The advent of Advanced Practitioners is refocusing the way skill mix is used in service delivery models and this is likely to continue over the next few years.

2.13 Current and Emerging Alcohol and Drug Recovery Programmes

To support the reduction of drug related deaths and harm in Scotland, new National Priorities have been established by the Scottish Government. The Drug Death Taskforce has also been established and a detailed improvement programme developed with additional funding provided by the government to support a number of priorities including Medication Assisted Treatment Standards (MAT), increased access to residential rehabilitation, and targeted support for non-fatal overdose and increased harm reduction. The National Priorities will ensure individuals are offered more choice and control over their treatment, including the option of same day prescribing and access to treatment for longer. These initiatives will have significant implications for the work of our Alcohol and Drug Recovery Service and upon increased caseloads. In order to implement the National priorities successfully our Alcohol and Drug Recovery Services will require additional resources in both nursing and social care staffing. New initiatives to support the development of a human rights based approach which includes the voices of those with lived and living experience will also require to be supported and the development of peer support initiatives across recovery services will require additional investment.
Continued support for all staff to be trained in trauma informed practice will also assist with the focus on recovery.

2.14 Primary Care Improvement Plan

Our Primary Care Improvement Plan (PCIP) is closely linked to our Accommodation Strategy, which will hopefully provide additional, accessible clinical consultation and treatment areas for us to provide many of the services including CTAC (Community Treatment and Care), mental health supports, pharmacotherapy services and physiotherapy. As we emerge from the pandemic it is important that we find a way of highlighting the work which is being undertaken as part of the PCIP activity in conjunction with our General Practice colleagues to provide more capacity within the system to have patients and service users more appropriately assessed and treated without delays or duplication of appointments, by the right person at the right time.

2.15 Potential use of Apprentice Schemes (including Graduate)

In reviewing the age demographic for the HSCP we see a very low number of employees under the age of 25yrs, 22, (2.3%) of staff across both East Dunbartonshire Council and NHSGGC, therefore we need to look at ways in which we could make employment in health and social care more attractive to younger people. We need to look at the opportunities to offer more apprenticeships, including Social Care and Business Administration, with the potential to see if there might be opportunities to undertake some Graduate Apprenticeships perhaps working with the NHS Skills Academy.

2.16 Need to increase awareness of employment opportunities across the Health & Social Care Continuum of care

As the environment for staff recruitment becomes ever more difficult the HSCP has to be able to attract staff by both promoting Health & Social Care as an attractive and rewarding career and explaining and exploring the opportunities available both within the HSCP and through the Higher and Further Education route for more professional qualifications. It is important that students on placement within the HSCP have a fulfilling and rewarding experience, one in which they have felt not only valued but included, one which would encourage them to come to East Dunbartonshire HSCP once they qualify due to the exceptional experience we have offered whilst on their placement.

2.17 Financial landscape

The continuing tightening of financial settlements to both of our strategic partners, on whom we rely for funding of health and social care services, will be a significant challenge over the period of this plan. This is particularly relevant given the proportion of overall expenditure we invest in staffing. Indications from SG are that staffing budgets will remain at 2022/23 levels despite rates of pay increasing year on year which will inevitably mean a contraction of the workforce despite levels of investment during 2021/22 in increasing capacity across a range of health and social care workforce in response to demand increases for services.

Section 3

Future Workforce Expectations

Our projections for future workforce is based around our known age demographic of the existing workforce and emerging service demands as identified within Section 2, known drivers for change, and particularly our focus on achieving our 2022-25 Strategic Plan.

3.1 It is likely that given our average turnover rate over the last 3yrs has been around 10% per annum, then it is envisaged that we will need to recruit approximately 100 staff per annum to maintain our current delivery model without any changes to service delivery.

3.2 Therefore having a clear strategy as set out at 2.14 and 2.15 to promote Health & Social Care will become an imperative as we compete in a very competitive employment market. As many of our opportunities will require a professional qualification in either Health, Social Work or Social Care it is likely that staff availability will come from existing workforce or newly qualified staff.

3.3 We will need to review our "hard to fill" posts from recent years, including Mental Health Officers, qualified Social Workers, Advanced Practice MSK Physiotherapists, Pharmacist and pharmacy Technicians to ensure that we are offering an employment package similar to other local employers across the Health & Social Care sector.

3.4 We will need to look at our service delivery models to support areas of the Primary Care Improvement Plan, which will see us needing to recruit additional Advanced Nurse Practitioners, Advanced Practitioners in Physiotherapy and Pharmacy. It is also likely given our investment in new accommodation for clinical activity in both the Milngavie and Bishopbriggs areas that we will be able to enhance our existing Community Treatment and Care service activity in line with expectations.

3.5 In a competitive employment market we need to ensure that we are utilising the staff skills effectively and therefore we need to consider the benefits of investing in a skill mix that includes administrative and business support staff to better focus professionally qualified staff to use their expertise and experience in front line services.

3.6 We need to continue to modify and enhance our revised Care at Home service model and the critical part that it fulfils in maintaining residents in their own homes longer and enabling patients to return from hospital services quicker. We need to look at opportunities for prospective and current employees to use their skills and experience to undertake further education if desired to take up other opportunities within the wider Health & Social Care field thus enabling Care at Home to become an access route to a career in Health & Social Care.

3.7 The impact of Covid has required us to review our service delivery model for many of our existing day services. Alongside that work was already underway to review our approach to Learning Disability Services in anticipation of our move to a new facility at the new Allander Leisure Centre in Bearsden. Work is also underway to review social support including building based day care services for Older People with a greater focus on Local Area Co-ordination and maximising the use of informal community resources which have the potential to enhance independence for service users.

3.8 In line with expectations we will need to monitor our staff in both Health Visiting and School Nursing to ensure that we can deliver on both the Universal Pathway for Health Visiting and on the revised expectations for School Nursing. It is important that we focus on recruitment trends to ensure that we have the desired number of appropriately trained and qualified staff working in the services.

3.9 It is expected that we will get additional resources for Alcohol and Drug Recovery Services as we look to reduce the number of avoidable deaths and support people in their recovery journey. We have also started to look at more of skill mix within the service to better support service users and maximise the skills of staff within the service.

3.10 In relation to District Nursing, we are currently looking at extending the core hours of the service to provide a more consistent approach to patient care from 8.30am – 10pm, and managing these extended hours through a single point of access. This will be fully assessed and monitored to evaluate the impact on both patient care and effective service delivery.

3.11 The HSCP is currently looking to establish an early access Mental Health and Wellbeing Service to support service users experiencing mild mental health issues at the earliest stage in their journey. This work will enhance and support the continuum of Mental Health Care provided across already established Primary Care Mental Health and Community Mental Health Teams, and support the development of increased capacity to manage mental health in General Practice linked to the rollout of Link Worker or Wellbeing Worker type roles within the areas, and mental health Link workers being established through the Primary Care Improvement Plan.

3.12 Impact from National Care Service (NCS) considerations – work with our commissioned providers to improve pay and staff terms and conditions across the sector. Work in partnership and collaboration with providers to ensure seamless service provision across social care services under a new collaborative approach for commissioning and working with the independent sector.

3.13 Working within a more digitalised environment requiring staff to have differing skills and embrace different ways of working.

Section 4

East Dunbartonshire HSCP Workforce Baseline Data 31 March 2022

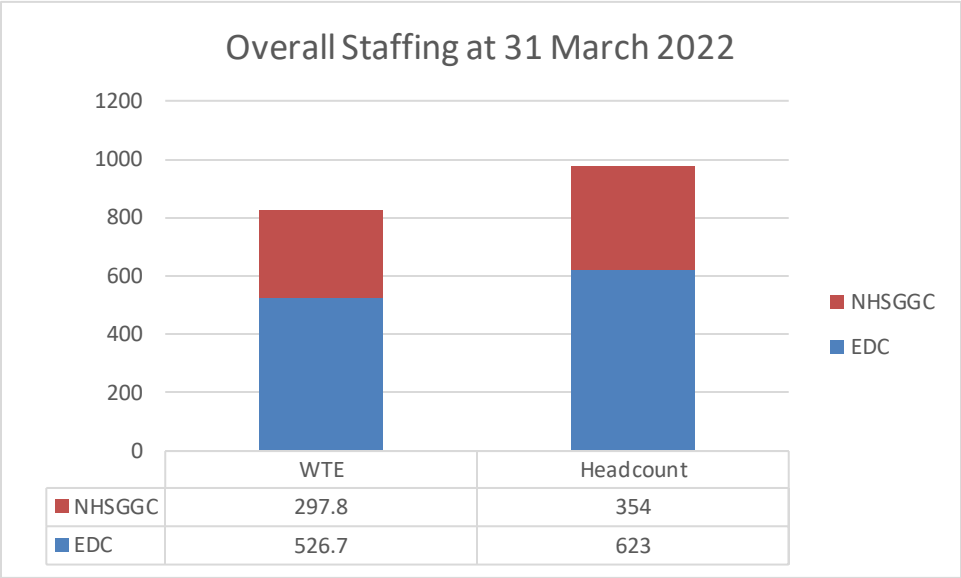
4. Current Workforce

4.1.1 This plan looks only at the staff directly working in the HSCP and employed by ether East Dunbartonshire Council or NHS Greater Glasgow and Clyde. These figures are based on the available workforce at 31 March 2022 and will be used as the baseline for the 2022- 25 Plan.

4.1.2 Separate workforce plans are available for Oral Health for which East Dunbartonshire HSCP provides the hosting arrangements for the Primary Care Dental Service on behalf of NHSGGC

4.1.3 East Dunbartonshire HSCP had 977 staff delivering services at 31 March 2022, of the 977 staff, 623 are directly employed by East Dunbartonshire Council and a further 354 are employed by NHS Greater Glasgow and Clyde.

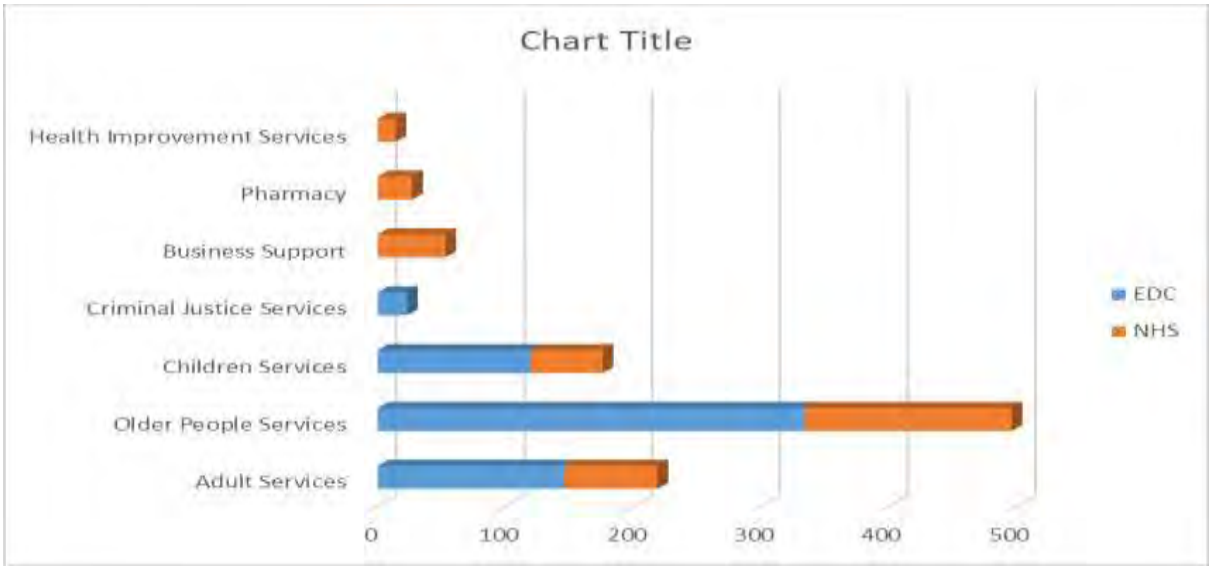
Graph A - East Dunbartonshire HSCP – Workforce at 31 March 2022



4.1.4 Our workforce is distributed across the 7 care groups as identified below. Further work is required to look at the entry level qualifications required by these occupational groups as we look to maximise the opportunities for employment within the HSCP.

Care Group	EDC	NHS
Adult Services	146	67
Older People Services	334	142
Children Services	120	51
Criminal Justice Services	23	
Business Support		53
Pharmacy		27
Health Improvement Services		14

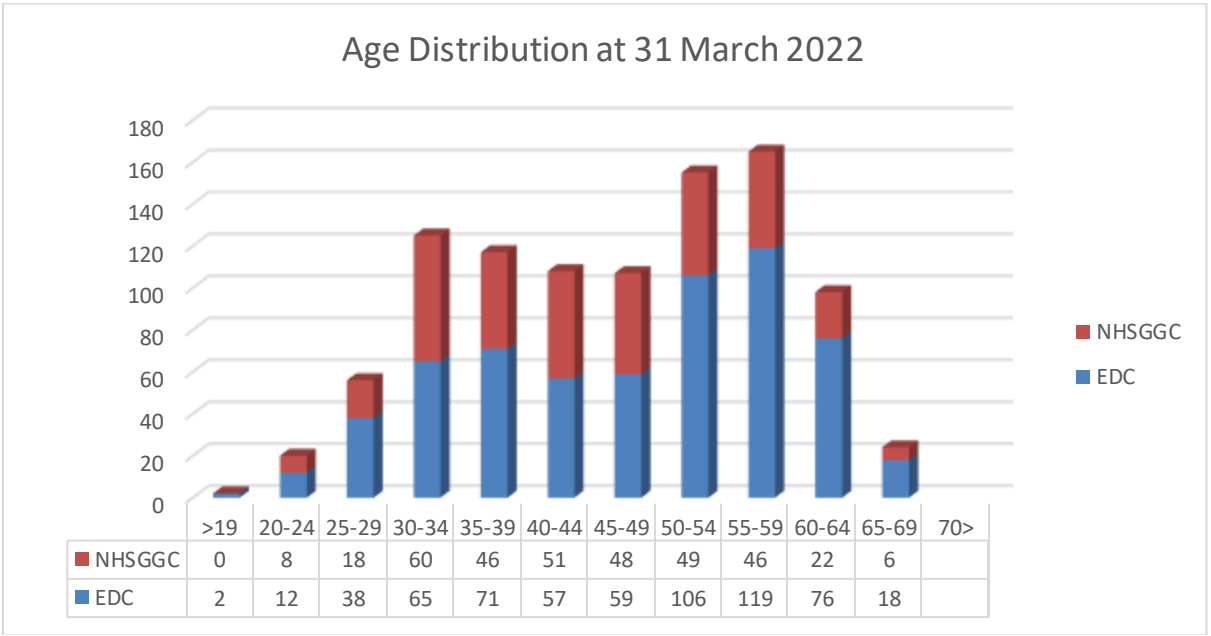
Graph B – Staffing by Care Group



4.1.5 In looking at the age profile (Graph C), it is clear that the majority of staff are in the age band of 45-65yrs of age, with the highest incidence in the 55 - 59 age group. We also have a high percentage of staff who are aged over 60yrs of age.

4.1.6 This is in contrast to a relatively low number of staff under the age of 25yrs (22 staff). Further work is required to look at the staff roles and qualifications required to see if this is the main reason for the relatively low number of staff under 25.

Graph C: Age Profile



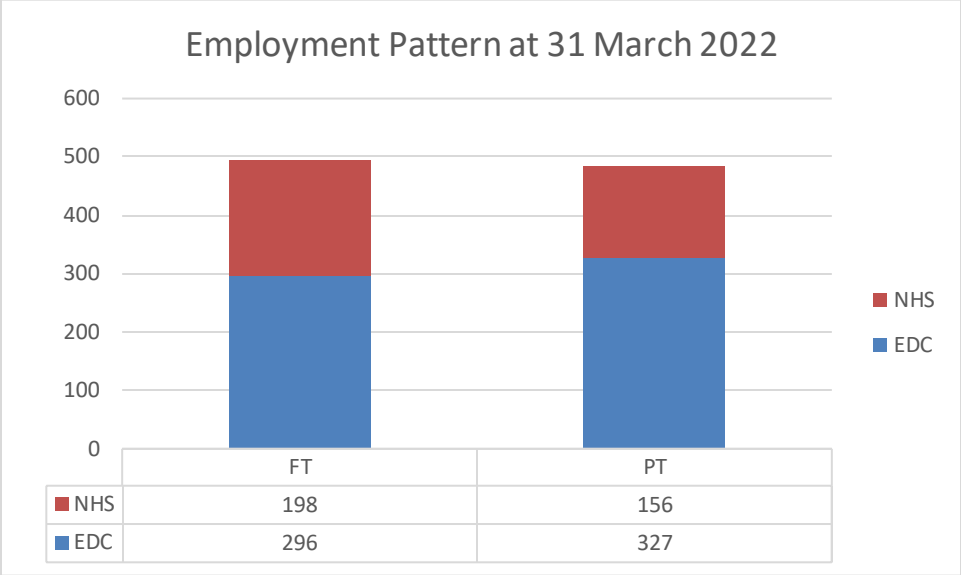
	>19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70>
NHSGGC	0	8	18	60	46	51	48	49	46	22	6	
EDC	2	12	38	65	71	57	59	106	119	76	18	

4.2 Work patterns

4.2.1 An overview of working patterns highlights an unusual almost 50:50 split between full time and part time posts

4.2.2 This unusual split is predominantly due to the working pattern of our Home Carers who work either 30hrs or less which is classified as part time.

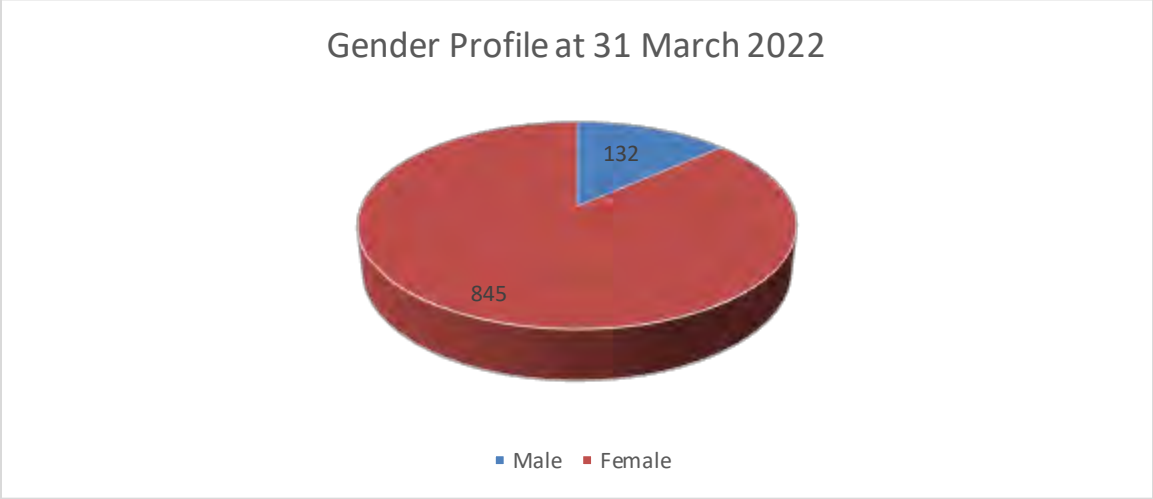
Graph D: Full-Time and Part Time split at 31 March 2022



4.3. Gender Demographics

4.3.1 Our workforce as demonstrated in Graph E is predominantly female, with 86.5% female which is not unexpected within a health and social care workforce, however this is a 2% decrease in the number of male staff employed in the HSCP since March 2021. Therefore we need to be better able to promote care as a career for male staff.

Graph E: Gender demographic at 31 March 2022

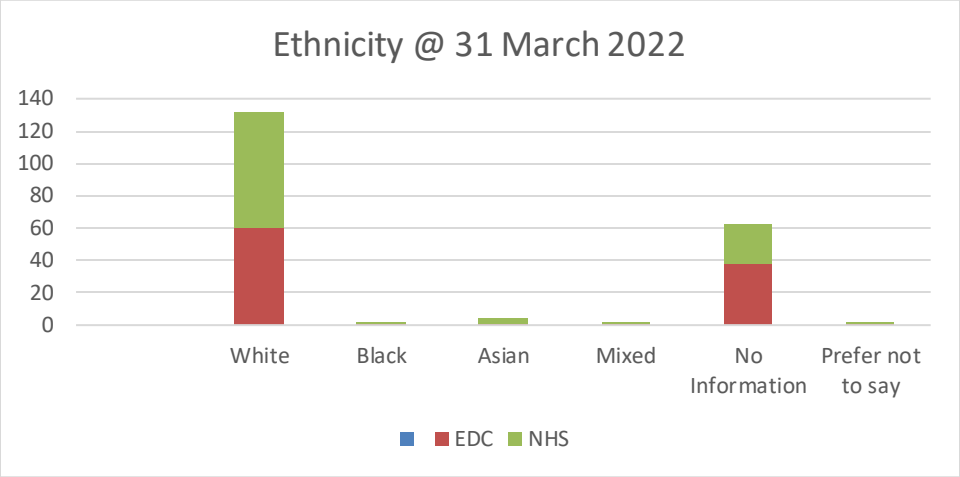


4.3.2 This variation in the gender balance of our workforce does not at this time provide any difficulties in our service delivery models.

4.3.3 When we compare our known workforce ethnicity with that of the 2011 Census, we see a very similar pattern, although we do have a considerable number of staff who have "preferred not to say"

4.3.4 Table F, shows the known ethnicity of our workforce at 31 March 2022, this highlights that 60% (EDC) and 72% (NHSGGC) staff identify as White, with a further 38% (EDC) and 24% (NHSGGC) that we have no identifiable information at present, therefore 98% of EDC and 96% of NHSGGC staff are within these classifications, followed by Asian at around 2%.

Table F – Known Staff Ethnicity at 31 March 2022



Ethnicity		EDC	NHS
White		60	72
Black		0.4	0.4
Asian		1.3	2.2
Mixed		0.3	0.1
No Information		38	24
Prefer not to say		0.3	0.7

4.3.5 In the 2011 Census, 96% of both East Dunbartonshire and Scotland wide residents identified their ethnicity as White, followed by 3% Asian in East Dunbartonshire and 2.7 Scotland, with others identified as 1% East Dunbartonshire and 1.4% Scotland, therefore the known East Dunbartonshire HSCP ethnicity breakdown at least matches if not exceeds the resident population. Further work is required to try and minimise the number of staff for whom we have no identifiable information recorded.

Section 5

Action Plan 2022- 2023

Thematic Theme	Area	Activity to achieve	Lead	Date	Update
	Governance	The workforce action plan will be review quarterly and reported to the IJB, HSCP SMT and Staff Forum	T. Quinn	Dec 2022	
		The HSCP will ensure that processes are in place to support the introduction of Safe Staffing legislation	L. Connell	Mar 23	
	Recruitment Strategy	During 2022-23 the HSCP will look to develop and identify opportunities to increase our intake of apprenticeships for future vacancies	Heads of Service	On-going	Initial meeting with Key stakeholders organised for Oct 2022
		The HSCP will work with its Primary Care Group to identify the potential vacancies and recruitment challenges that the sector is experiencing and look at potential solutions	D Pearce	Mar 2023	
		The HSCP will hold 6monthly reviews with individual services to plan for forthcoming recruitment activity and update recruitment materials	HR/Head of Service	Mar 2023	
	Publicity	The HSCP will develop a local strategy to promote the work of the HSCP within the wider East Dunbartonshire Community, this will include Monthly focus on service teams within Our News and on our Twitter account.	T. Quinn	Dec 2022	
		The HSCP will develop a local strategy to promote employment in the wider Health & Care Sector. To achieve this the HSCP will work with the Communication teams in both EDC and NHSGGC; we will highlight the work being undertaken by students through our Twitter	C. Smith	Dec 2022	

Thematic Theme	Area	Activity to achieve	Lead	Date	Update
		account; we will actively look at opportunities to promote through career services in schools and colleges; we will also look to ensure that we advertise our employment opportunities through local social media.			
		HSCP will work with our Public Service Users and Carers Group to highlight the impact that career in Health & Social Care has had on them and for the people for whom they provide care	T. Quinn/ C. Smith/ PSUC	Dec 2022	
		The HSCP will look to hold regular focus meetings with students on placement to review how their placement has gone and what would attract them to work in East Dunbartonshire HSCP when qualified.	T. Quinn / Professional Leads	Dec 2022	
	Recruitment	The HSCP will develop a recruitment strategy that highlights the advantages of working within East Dunbartonshire – including short video clips that can be used on social media from existing staff.	C. Smith/ T. Quinn	Nov 2022	
		The HSCP will develop a robust Induction programme for all new starts to enable them to feel fully included from day one	C. Smith/ T. Quinn	Dec 2022	
		The HSCP will introduce a Welcome Pack for new starts which will include information on Wellbeing Supports	T. Quinn	Oct 2022	
	Practice Development	The HSCP will continue to Promote Trauma Informed Practice training via TURAS, looking to have 50% of staff trained by Dec 2022, 75% of staff by March 2023.	Heads of Service	On-going	

Thematic Theme	Area	Activity to achieve	Lead	Date	Update
					
	Promoting Lived Experience	The HSCP will look to identify and train sufficient "Peer" support workers across service areas.	Heads of Service	On-going	
	Staff Governance	The HSCP will ensure that all statutory and mandatory learning is updated as required by the employers	Head of Service	On-going	
	Wellbeing	The HSCP Wellbeing Plan will be reviewed quarterly and reported to HSCP SMT and Staff Forum	T. Quinn	Mar 2023	
		The HSCP Healthy Working Lives Group will continue to lead on "Wellbeing" activity locally and the Staff Governance Group will review wider activity	HWL/Staff Governance Groups	Oct 2022	
		Further use of QR codes will be highlighted as a way of reaching the wider audience	T. Quinn	On-going	
		The HSCP will look to identify and train sufficient "Peer" support workers across all our service areas. Our initial target will be 2 staff per service area, with 50% of staff undertaking the Introductory self-help module by Dec 2022 and 75% of staff completing by March 2023	Heads of Service	On-going	
	Staff Development	The HSCP will continue to promote and report on the success of our PDR /KSF/ SOARS processes with a target of 80% compliance by Dec 2022.	T Quinn	On-going	

Thematic Theme	Area	Activity to achieve	Lead	Date	Update
	Staff Inclusion	The HSCP will continue to encourage local teams to celebrate their successes from their iMatter action plan	T Quinn	Mar 2023	
	Staff Awards	The HSCP will continue to promote good practice, good leadership and exceptional team working through our local annual staff awards programme.	SMT	Mar 2023	

Section 6

Governance and Monitoring Arrangements

6. Governance and monitoring

6.1. The Governance for the Workforce and Organisational Development plan is through the HSCP Board.

6.1.1 The HSCP Board will receive 6 monthly updates on progress against the agreed action plan which will highlight areas that by exception are not on target.

6.1.2 The Workforce Co-ordination group (membership at Appendix (4), will have the local responsibility for monitoring progress and responding to changes required to meet the emerging guidance being developed by Scottish Government.

6.1.3 The Workforce Co-ordination group will report on a 3 monthly basis to both the Senior Management Team and local Staff Forum on progress against the agreed action plan highlighting by exception areas of concern

Appendix 1

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNESHIP ORGANISATIONAL DEVELOPMENT PLAN 2022/25

An organisational development approach has been adopted to ensure that all areas within the HSCP are supported to identify current and future development needs required to equip our workforce with the skills, knowledge and attitude they require to deliver the outcomes of the strategic plan as well as the various elements of the workforce plan. Key areas are outlined below:

An annual implementation plan aligned to the HSCP Annual Delivery Plan will be developed to describe the organisational development activity required to deliver identified changes. The HSCP has identified Organisational Development as a key enabler in achieving its commitment therefore the following 4 themes will be prioritised:

1. HSCP Culture and Ways of Working - Continue to embed the values, attitudes and behaviours that support a healthy organisational culture by ensuring staff are engaged, learn from experience and can demonstrate how they live the HSCP's vision and values

2. Effective High Performing Integrated Teams - Effective team development process to support and sustain team development and measurement of the impact of team leader's involvement are in place for each team

3. Leadership development – Effective leadership is key to delivering the plan the HSCP therefore must encourage and nurture leaders at all levels to help build collaborative relationships. New leaders need to be identified and nurtured.

4. Service Improvement and Change - Local experiences during Covid-19 demonstrated excellent examples of genuine co-production as a way of changing how we deliver services in unprecedented circumstances across the full health and social care spectrum. To sustain change the HSCP needs to continue to expand on lessons learnt during this period. Change also needs to be sustained by identify new and best practices.

Over the next 3 years the immediate priorities for staff and workforce development will be:

- Team effectiveness, leadership, development & engagement
- Succession planning to ensure staff are fit for integrated working with a focus on relationship development, influencing and collaboration
- Identify how we work better together by changing our ways of working to support and enable each other to take on improved ways of working that contribute to the HSCP outcomes
- Revisit the HSCP's vision and values to capture learning from the Covid experience
- Identify and focus on embedding digital working into the wider skills base
- Identify ways in which the quality agenda can be embedded into all HSCP work streams and becomes part of the way we conduct our business.

Appendix 2

Staff Training Plan 2022 -23

NB – We will provide links to the existing EDHSCP Social Work Plan and NHSGGC generic training provision.

East Dunbartonshire HSCP Workforce Plan 2022-25

Version 1.12, Oct 2022

Appendix 3

Staff Wellbeing Plan 2022 – 23

East Dunbartonshire
Health & Social Care
Partnership

Staff Wellbeing Plan

2022-23

Version 1.12, Oct 2022

East Dunbartonshire HSCP Workforce Plan 2022-25

This plan has been developed to support staff to look after themselves and their colleagues during the period 2022-23. The plan is consistent with the ambitions set out in the "Nurturing" component of the recently launched "National Workforce Strategy for Health and Social Care Staff". The plan builds on work being undertaken by East Dunbartonshire Council, NHS Greater Glasgow and Clyde and Scottish Government to promote staff wellbeing. The plan will be a key component of the East Dunbartonshire HSCP Workforce Plan for 2022-25 to support the retention of staff. Updates on the plan will form part of regular reports to both the Senior Management Team and the Staff Forum during 2022-23.

The plan has been designed to be an integrated document that has "collaboration" at its centre, in that it is for staff but requires staff to engage and participate. The importance of the role of Line managers is key along with the supportive activity provided by our "Healthy Working Lives" group in disseminating information about organised activities.

Whilst the plan is an overarching document it will be supplemented and communicated by a monthly "events" calendar and we will try to make better use of QR codes to enable staff who do not regularly access email to be updated and to provide accessibility.

Area of Activity	Activity	Lead	Further details
Promotion of National campaigns and activity	National Wellbeing Hub	Tom Quinn	Regular updates to be circulated on the availability of resources on the National Wellbeing Hub site and if possible the increased use of QR codes to assist staff access Home - National Wellbeing Hub for those working in Health and Social Care
	Trauma Informed practice	Tom Quinn	Promoting the use of the level 1 – module on Understanding the Impact of Trauma: available on TURAS Learn Search Results | Turas | Learn (nhs.scot)
	Psychological First Aid	Tom Quinn	Promoting the Turas learning module in "Taking care of yourself" Search Results | Turas | Learn (nhs.scot)
	Access apps through National Hub	Tom Quinn	Regular updates on some of the free apps available on the

			National Hub site or others and some bespoke wording on how best to use. To be cascaded through the Staff Wellbeing Teams page for Team leaders and managers
	Coaching for wellbeing	Tom Quinn	To continue to make staff aware of how to access the coaching for wellbeing resources available
	Joy in Work	OD Lead	To develop a culture which promotes the ambitions of "Joy in Work" to help team development and engagement
	Access to specialist services	Tom Quinn	A confidential mental health service for all regulated professionals working in health and social work/social care sectors in Scotland Accessing the service in Scotland (practitionerhealth.nhs.uk)
	Informed and recorded conversation	Line Managers	To continue to promote the use of both PDR and KSF as an ideal opportunity to have that wellbeing conversation with staff

Promotion of local activity	Financial Wellbeing Support and Advice	NHSGGC HWL Team	Provisional of Webinars, Good practice ideas and general signposting to advice services. Development of a poster with QR code for ease of access
	Peer Support – level 1	Tom Quinn	Promotion of the learnpro module available through both EDC / NHSGGC elearning platforms
	Peer Support level 2	Tom Quinn	To work with Managers and Team Leads to identify suitable staff to train as "Peer Supports" for both their and the wider HSCP workplace
	Review of space for quiet areas	Vandrew McLean	To ask the Accommodation Group to review all our accommodation to see if we can identify a quiet area for staff to Reflect/Chill
	iMatter	Line Managers	To encourage staff to participate in the annual iMatter survey and to develop action plans to address issues raised

	Using Hybrid Working	SMT	To ensure that the Hybrid Working Policy is promoted to staff.
	Seminar sessions	Various	To develop a programme of interesting staff seminars throughout the years
Promotion of Healthy Working Lives Initiatives	Using Green Spaces	HWL Group	To ensure that General and specific information is regularly communicated to staff
	HWL Campaign activity	HWL Group	To ensure that General and specific information is regularly communicated to staff
	Financial Wellbeing	HWL Group	To ensure that General and specific information is regularly communicated to staff
	Active Staff	HWL Group	To ensure that General and specific information is regularly communicated to staff
	Staff Engagement	SMT	To develop a local communications strategy that promotes opportunity for staff to

Better 2-way communications			hear from and ask questions of the Senior Management Team
	Greater access through use of QR codes	All	To ensure that for general information we try and provide posters in staff common areas that have quick access QR codes
	Maximising Information on The EDC Staff Hub	Caroline Smith	To ensure that we can "post" information to the EDC Staff Hub
	Staff Enquiry email box	Tom Quinn	To ensure that the generic staff email box is regularly monitored and that staff emails are responded to in a timely fashion EDHSCP.Staff@ggc.scot.nhs.uk
	Spotlight on activity	SMT	To ensure that we distribute and promote our "Spotlight on Activity" report to staff and capture key messages for sharing across the wider organisation
	Celebrating Success	Vandrew McLean	To encourage maximum use of our Celebrating success nomination process through publishing in Our News

	Our News	Lorraine Arnott	To ensure we capture the good news stories from across our service to publish in our news
Thank You	Thank You Pack	SMT	Provision of a small Thank You pack for all staff
	Welcome Pack	SMT	Provision of a small welcome pack to East Dunbartonshire HSCP
	Appreciation Cards	SMT	Making available to Heads of Service a number of Postcard Type appreciation cards

Appendix 4 –

Group Membership

The initial Workforce Planning Group:

Derrick Pearce	Head of Community Health and Care Services
David Aitken	Interim Head of Adult Services
Claire Carthy	Interim Head of Children and Criminal Justice Services
Jean Campbell	Chief Finance and Resources Officer
Leanne Connell	Interim Chief Nurse
Stephen McDonald	Joint Services Manager – Older People
Richard Murphy	Resources and Registered Services Manager
Ann Innes	Chief Officer - EDVA
Caroline Smith	HR Business Partner (EDC)
Margaret Hopkirk	HR Manager (NHSGG&C)
Craig Bell	Unison – EDC (Joint Chair – Staff Forum)
Andrew McCready	Unite the Union (NHSGGC Staffside Rep)
Fiona Munro	Locality Manager/ Lead AHP
Lorraine Currie	Service Manger - Adult
Tom Quinn	Head of Human Resources (NHSGGC)
Kirsty Kennedy	Adult Protection Co-ordinator
Jackie Todd	Senior Learning and Education Advisor (NHSGGC)
Vandrew McLean	Corporate Business Manager
Alison Willacy	Planning, Performance and Quality Manager

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 10.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**17th NOVEMBER 2022**
REPORT REFERENCE:	**HSCP/171122/10**
CONTACT OFFICER:	**CAROLINE SINCLAIR, CHIEF OFFICER**
SUBJECT TITLE:	**CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2021 - 2022**

1.0 PURPOSE

1.1 The purpose of this report is to present the Chief Social Work Officer's (CSWO) Annual Report for the period 2021 – 2022.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Each year, the Chief Social Work Officer (CSWO) is required to produce a summary report advising the Council of performance in relation to the discharge of statutory duties and responsibilities, as well as the functions of the CSWO. With the commencement of the Public Bodies (Joint Working) (Scotland) Act 2014, this reporting arrangement was extended to include Integration Authorities.

3.2 The Chief Social Work Advisor to the Scottish Government developed a standardised framework for reporting in order to ensure consistency across Scotland. This report is broadly structured around that framework and provides the annual report for the period 1 April 2021 to 31 March 2022 (Appendix 1).

3.3 Local Authorities are legally required to appoint a professionally qualified CSWO under section 3 of the Social Work (Scotland) Act 1968. The overall objective of the CSWO is to ensure the provision of effective professional advice to Local Authorities and Integration Authorities in relation to the delivery of social work services as outlined in legislation. The statutory guidance states that the CSWO should assist Local Authorities, Integration Authorities, which in the case of East Dunbartonshire is the East Dunbartonshire Health and Social Care Partnership, and their partners in understanding the complexities and cross-cutting nature of social work service delivery, as well as its contribution to local and national outcomes.

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

- Summary of Performance – Key Challenges, Developments and Improvements;
- Partnership Working - Governance and Accountability Arrangements;
- Resources;
- Service Quality, Performance and Delivery of Statutory Functions; and
- Workforce Planning and Development.

3.5 The information contained within the report reflects the key matters affecting Social Work Services over the reporting period and, this year, as last year, reflects on aspects of the unique context of delivering these services, and a range of additional requirements, during an ongoing pandemic.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

9. Statutory Duty

4.2 Frontline Service to Customers – This report reflects a summary of performance in relation to front line services to customers.

4.3 Workforce (including any significant resource implications) – This report includes reflections on matters relating to the social work and social care workforce and as such is relevant to ongoing workforce planning processes.

4.4 Legal Implications – This report relates to the delivery of statutory duties.

4.5 Financial Implications – The work described in this report is carried out within the financial resources allocated to social work and social care services.

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 There are no risks and control measures relating to this report.

6.0 IMPACT

6.1 **STATUTORY DUTY** – Requirement for annual report as per the Social Work (Scotland) Act 1968.

6.2 **EAST DUNBARTONSHIRE COUNCIL** – Noted above in Section 4.0

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 at this stage not a new policy or change to an existing policy document. When a draft Strategic Plan is prepared, it will be subject to full impact assessment.

8.0 APPENDICES

8.1 **Appendix 1:** Chief Social Work Officer Report 2021 - 2022

APPENDIX 1

Chief Social Work Officer's Annual Report

1 April 2021 – 31 March 2022

APPENDIX 1

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1. Introduction

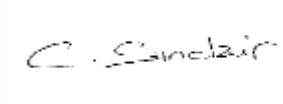
I am pleased to present the Chief Social Work Officer's Annual Report for East Dunbartonshire for the period 1 April 2021 to 31 March 2022.

The purpose of this report is to provide East Dunbartonshire Council and other key stakeholders, including the East Dunbartonshire Health and Social Care Partnership Board, staff and people who use services, with information on the statutory work undertaken during the period 1 April 2021 to 31 March 2022.

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

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

Social work and social care services are always delivered within a complex landscape of increasing demands, high levels of public expectation, economic uncertainty and a constantly evolving legislative and policy landscape. In addition, we continued throughout the year to deliver services in a Covid-19 context, adapting how we worked, and recognising the ongoing Covid impact on those we support. It is fair to say that this will continue to be a feature of our working context for some time to come, and I continue to be struck by the efforts, commitment, compassion and flexibility our staff have shown, drawing on all their strengths and experience, and supporting each other, to help keep children and adults safe and well. I would like to pass on my person thanks everyone for their hard work and for their clear commitment to the values of their chosen professions.



Caroline Sinclair

Chief Social Work Officer

East Dunbartonshire Council

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

In the past year, as we did in the year before, we have worked to achieve a balance between a focus on responding to Covid and the need to continue to provide core social work and social care services to those in need, sometimes in different ways, despite the pandemic. We continued to make use of the pandemic specific Business Continuity Plan and Risk Register that was previous developed, supported by a range of monitoring and reporting processes, including specific sections focused on our public protection duties. This helped us to ensure we were deploying our resources where they were most needed, at times when they were stretched.

During the year we continued to operate our Personal Protective Equipment Hub, providing PPE to our own staff and to local services, which we supported with a range of comprehensive guidance and training. We delivered Covid testing to all of our social work and social are staff, regardless of which client group they worked with, in line with changing national guidance, and we once again delivered a substantial element of the local vaccination programme.

Our support to all 17 registered care homes in our area has increased with the further development of our Care Home Support Team. The team is managed by a Social Work Manager and ensures that assurance, contract compliance and quality of care support is undertaken in collaborative manner. Each Care Home has an aligned Social Worker and Care Home Liaison Nurse which has improved joint working and early identification of individual resident's adult support and protection needs and quality of care concerns. Twice yearly assurance visits, in addition to routine contract monitoring, are undertaken which include a review of adult support and protection (ASP) processes for each care home, and targeted ASP training has been delivered for care homes who require additional support. The team includes nurses, pharmacy and dieticians with a focus on supporting quality improvement around nutrition, falls and medication administration. Strategic Commissioning and Contract Management expertise is linked to the team and additional Allied Health Professionals have recently been added to take forward CAPA (Care about Physical Activity) developments. Weekly care home and care at home oversight meetings continue with representation from Public Health and the Care Inspectorate.

While some elements of these Covid actions sound more relevant to health services than those within the remit of the Chief Social Work Officer, in reality, all of the above is achieved by all disciplines within the health and social care partnership working together.

Good Practice Example – Dealing with the Pandemic

Prior to the Coronavirus Pandemic, the HSCP reviewed its departmental Business Continuity Plans (BCPs) annually, and updated its overarching HSCP BCP at the same time. With the realisation in April 2020 that these plans were going to suddenly have very significant importance, all BCPs were updated once more, but this time with a more tailored focus on critical response management associated with the impact of the long running pandemic. This included setting out all critical functions of the HSCP by urgency level in a single document; assuring the sustainability of public protection functions; managing and supporting staff; supporting external care providers; and developing a team consolidation plan to ensure that the combined resources of the HSCP can be considered collectively, to ensure that operational priorities are met.

The departmental and overarching BCPs (including a specific Covid-19 annex) have been updated twice since April 2020, with a focus on continuous improvement and learning from the experience of the pandemic and its impact on services.

The most recent review completed in December 2021 focused on: Quality and consistency, strengthening the effectiveness of the essential services prioritisation and team contingency tools, and strengthening governance arrangements in support of the Local Response Management team.

Despite the substantial challenges that our services face, or in some cases because of them, we have continued to make good progress on a number of practice fronts.

Notably, in the past year;

- ✓ Our Carer Experienced Champion's Board continued to flourish and young people were invited to work with Children's Hearing Scotland and share their experiences at a panel member training event.
- ✓ We introduced the Mind Of My Own app-led suite of products and services that modernises the processes and systems used to gather the views of children and young people (aged 0 to 25) who use social work and social care services.
- ✓ The Criminal Justice Team developed a Peer Navigator project entitled Wayfinder. The aim of this pilot project is to provide a recovery based approach to support, which is person centered, strengths based and trauma informed. The Peer Navigator, will have lived experience and use relationship-based practice to develop supportive and meaningful relationships with clients, many of whom are difficult to engage.
- ✓ The East Dunbartonshire House Project aims to support young people leaving care and moving to their own homes. Over the last year we have seen opportunities for our young people such as being part of the care leavers' national movement, taking part in a peer evaluation of other House Projects and presenting a pitch in-house for funding to support activities promoting mental health and wellbeing. Our young people have also held a virtual networking event, prepared and shared over 40 meals together and created an animated film about their Local House Project journey.
- ✓ A locally delivered Drug Treatment and Testing Service has been being developed (previously we shared with another area). When operational, the service will contribute to the assessment of prospective drug treatment and testing orders, undertake testing and motivational and therapeutic work, and contribute to the Review Court Reports.
- ✓ We continue to be part of the North Strathclyde Partnership group, implementing a new approach and model for securing best evidence while reducing traumatisation of children who require to be interviewed jointly by police and social work. The outcomes to date shows a high level of disclosure (around 75%), and we have had positive feedback from children and families feeling supported through the process.
- ✓ We increased capacity in the Alcohol & Drug Recovery Service to provide same day opioid prescribing. The addition of an Advanced Pharmacist Prescriber has meant that access to same day opioid substitution therapy (OST) has increased from three days per week to five, where clinically appropriate.
- ✓ We developed a Drug-misuse Deaths Prevention Action Plan to enhance joint-working across teams and to review and revise current protocols and interface with other key teams and services.
- ✓ Living experience groups have been established by our Alcohol and Drug Partnership with support from Scottish Drugs Forum (SDF) to provide a voice for individuals with living experience, this is also being replicated for those with lived experience.
- ✓ We appointed a Project Lead to oversee and lead the development of our new Day Service facility for adults with learning disabilities which is scheduled to open in late 2022. A full range of engagement processes have been set up with the people who attend the service, run jointly with support from the local advocacy service and with carers, staff and other stakeholders.
- ✓ Our Learning Disability Team have continued to take forward our Learning Disability review and implemented a number of local policies including the 'Fair Access Policy' and our new 'Day Service Matrix'; both approaches have been devised to contribute to the principles of ensuring a fair and equitable share of resources for service users within our local community.
- ✓ We reintroduced weight clinics for learning disabled adults within our service and our Joint Learning Disability Service have also undertaken a lead role in physical health checks, previously delivered by local G.Ps, ensuring more consistent monitoring of people's general and physical health needs.
- ✓ We appointed two new Local Area Coordinators who are developing opportunities for employment for adults with learning disabilities, autism and learning difficulties.
- ✓ As part of our Mental Health Officer Service we have now secured a Mental Health Officer within our Alcohol and Drug Recovery Service to provide specialist assessment of people with coexisting mental health and substance use issues, such as alcohol related brain damage or drug induced psychosis.
- ✓ We reviewed and published revised 'Access to Funds' protocols as part of our Adults with Incapacity Procedures.
- ✓ We developed a new adult participation strategy to ensure that people with lived experience will have a

choice of engagement options which will enable them to inform Adult Support & Protection policy, practice and service developments.

The examples above are just a few of our achievements. More information on social work and social care services, including our performance report, can be found on the Council and the HSCP website https://www.eastdunbarton.gov.uk/

During the year we also responded to a range of external factors.

World Social Work Day - In March 2022 we marked World Social Work Day with a newsletter sharing and showcasing our achievements. This is the second year in which we have opted for a virtual celebration rather than an in-person conference. We will keep this under review for 2023.

Scottish Child Abuse Inquiry – We continued to provide records and responses to the Scottish Child Abuse Inquiry. The focus at present is on the care provided to those in Foster Care and the Inquiry covers practice dating back to 1930, which makes the provision of the requested information challenging, but we are working hard to ensure we comply as best we can.

National Care Service - We engaged with the Independent Review of Adult Social Care which has now converted into proposals for the development of a National Care Service. This will continue to be a key area of interest for us in the coming year, as clarity is hopefully achieved on what is intended, how, and by when.

Drug Deaths Task Force - In May 2021, the Drug Deaths Taskforce published ten standards of care for Medication Assisted Treatment (MAT). These ten standards aim to improve access, choice and care for individuals through the use of opioid substitution therapy (OST), together with psychological and social support for those who experience problematic drug use. East Dunbartonshire Alcohol and Drug

Partnership and Alcohol and Drug Recovery Service have been working to implement the standards through activities such as same day prescribing, support for individuals to remain in the service for longer, and ensuring there are fewer barriers to accessing treatment with wider treatment options, enhanced access to the potentially lifesaving overdose response; naloxone, and the introduction of a hybrid nursing post working across Alcohol & Drug Recovery Service and Criminal Justice.

The work of the Drugs Death Taskforce has been of significant focus for our Alcohol and Drug Partnership around drug related deaths and harm, and priorities have included enhanced access to residential rehabilitation, support for lived and living experience, near-fatal overdose and assertive outreach. Increased funding has supported the development of a new residential rehabilitation pathway, to ensure that rehabilitation is accessible and available for anyone who needs it. A new opioid substitution therapy treatment target has been established for to ensure that more individuals have access, a 9% increase is expected by 2024 based on estimated figures.

Coming Home Report - The 'Coming Home Report' has been a significant focus of our Joint Learning Disability Team this year, with the progression of activities around the Scottish Governments report to ensure out-of-area residential placements and inappropriate hospital stays are greatly reduced. The team have also implemented the requirement for a 'dynamic risk register' as part of the 'Coming Home' policy requirements to improve monitoring of those at risk of hospital admission or inappropriate placements unsuitable for their needs.

3. Partnership Working - Governance and Accountability Arrangements

Within East Dunbartonshire, the duties of the CSWO were discharged during the year by the Interim Chief Officer of the Health and Social Care Partnership with a deputy role being discharged by the Interim Head of Joint Adult Services. This somewhat unusual allocation of roles came about as a result of the secondment of the HSCP's substantive Chief Officer to a role within the local Health Board in January 2020, with consequent 'acting' arrangements being put in place within East Dunbartonshire. The onset of the pandemic in March 2020 changed the focus of efforts for all involved towards pandemic response and recovery, resulting in a delay in what would have been the usual process of confirming roles and putting in place established arrangements. It had been hoped that this would be addressed during the year but due to the ongoing nature of the pandemic, this remains an action to be completed in 2022 - 2023.

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

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

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

- East Dunbartonshire's Health and Social Care Partnership Board – the CSWO is a non-voting member of the HSCP Board
- East Dunbartonshire's Child Protection Committee
- East Dunbartonshire's Adult Protection Committee
- East Dunbartonshire's Public Protection Chief Officers' Group, which brings together the highlights of the work of the Child Protection Committee, the Adult Protection Committee, the Alcohol and Drugs Partnership, Multi Agency Public Protection Arrangements, Multi Agency Risk Assessment Conferences, statutory Mental Health work and any Prevent (safeguarding people from radicalisation) activity.
- The Community Planning Partnership's Executive Group and Board
- East Dunbartonshire's Community Justice Partnership - the CSWO is the Chair of the partnership Board
- East Dunbartonshire's Delivering for Children and Young People Partnership (Integrated Children's Services Plan steering group) – the CSWO is the Chair
- The CSWO also meets regularly with the Chief Executive of East Dunbartonshire Council

In the previous year, some of these meetings or engagement opportunities were stood down, however in the reporting year all business processes operated effectively, albeit in some cases in a virtual forum.

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

In April 2017, East Dunbartonshire Council amended the Administrative Scheme to disestablish the Social Work Committee and to create an Integrated Social Work Services Forum (ISWSF), in line with the revised integration and governance arrangements. This forum provided the opportunity for Elected

Members to have sight of, and provided comment on, a range of social work and social care issues such as inspection outcomes, policy development considerations, service review issues and quality improvement work. The forum has now been further revised, becoming the Housing, Health and Care forum. This is a welcome development that reflects the importance of considering these complimentary and mutually supportive agendas together. The debate and discussion that takes place in the forum contributes to the final shape of policy and strategy, while recognising and respecting the overall accountability and governance of the Health and Social Care Partnership Board itself.

The Social Care/Social Work Marketplace

Social care service provision continues to be a mixture of commissioned and in-house delivery. Over 70% of services are provided by the third and independent sectors, with the remainder provided in-house by the Council on behalf of the Health and Social Care Partnership. Although the current focus across the commissioned market remains on recovery and sustainability, moving forward, the HSCP's recently updated Commissioning & Market Facilitation Plan has been integrated and aligned to support delivery of the Strategic Commissioning Plan (2022 – 2025). The Covid journey has further exacerbated the provider market which is particularly fragile but is subject to on-going monitoring and oversight arrangements.

Advocacy

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

We have in place long standing arrangements for advocacy services for adults and in addition, the National Practice Model for Children's Hearing has seen the introduction of an advocacy service for all children attending Hearings. The practice model has four main principles:

- Advocacy puts the child or young person first
- Advocacy seeks to understand and explain what is going on
- Advocacy workers only work with the child or young person
- Advocacy is for all children and young people who wish to take up the offer of Advocacy

In EDC, Partners In Advocacy (PIA) were successful in their bid to be the primary provider for Children's Hearings, with local implementation from October 2020. The service provides support for all children between 5-18 years old for all new or review Hearings.

Advocacy will engage with the child/young person on a voluntary basis, using age appropriate resources to illicit the child/young person's views. They will support the child/young person through all stages of the Hearing process. Together PIA and Children & Families social work service have worked collaboratively to promote this service amongst our children and young people to ensure all have equitable access to this service. This has included PIA attending managers meetings, our team meetings as well as completing a whole service briefing. This way, our children and young people will receive independent support to have their direct views shared at Hearings while having decisions explained to them by someone independent from the Hearing process.

4. Resources

As previously noted, managing public sector austerity and reducing financial resources within a climate of increasing demand for services is a key risk area for the Council and the Health and Social Care Partnership. Like other local authorities, East Dunbartonshire Council has faced increasingly difficult financial challenges over recent years, and the reduction in public sector budgets will continue over at least a medium term financial planning period. In addition, Covid has created a wide range of cost pressure in-year, which have been met by Scottish Government to date, however it is now known that any future funding for Covid implications will be very much restricted.

Our demographics present a challenge through our ageing population and increased populations of people with learning and / or physical disabilities and multiple long term health conditions, which now include the impacts of Covid recovery, long Covid and the deconditioning, stress and distress that the Covid restrictions have brought. This challenge is seen in community settings and also in our ageing prison population, for whom the increasing needs for what would otherwise have been community care support and community equipment, is a growing issue for consideration.

There is also a growing challenge to support people's mental health and wellbeing, to address Scotland's significant drug related deaths, and to respond to increasingly sophisticated types of offending and abuse including an increased rate of on-line causes of harm, and issues such as trafficking and child sexual exploitation. Responses are essential but can be complex and costly.

There are also areas of government policy change that bring service demand costs, and while they are welcome from the point of view of what they seek to achieve, they are unfunded, leading to questions as to how they can be applied. Examples include the extension of rights to aftercare support for looked after and accommodated young people from 21 to 26 years of age, and the presumption against prison sentences of less than 12 months, which results in increasing demand on criminal justice services to manage increasing numbers of offenders in the community.

The financial performance of the Health & Social Care Partnership is regularly reported to the Health and Social Care Partnership Board and to both East Dunbartonshire Council and NHS Greater Glasgow and Clyde, as the key funding partners. For the year 2021 – 2022 there was a year-end underspend positon and the partnership was able to create a reserve to meet future unforeseen service demand and set aside earmarked funds to deliver specific priorities in the coming year around mental health, primary care and service redesign.

Looking Ahead

Last year we developed, consulted on, and finalised, our new HSCP Strategic Plan 2022 – 2025 and developed our 2022 – 2023 Delivery Plan, both of which can be viewed on the Council website.

The HSCP Strategic Plan identified eight priority areas

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

In developing the one year delivery plan, which is a more detailed single year plan, in delivery of our overall three year Strategic Plan, each main action was assessed against the following criteria:

- ✓ Delivery of statutory obligations
- ✓ Alignment with ED HSCP's Vison and Values
- ✓ Equality focused
- ✓ Quality focused
- ✓ Consideration of the whole system impact and opportunities
- ✓ Accessibility
- ✓ Partner, stakeholder and community views

Every main action was also assessed to ensure it contributes to one or more of the ED HSCP interim design principles set out below.

- ✓ Contributes to delivery of the Strategic Plan priorities
- ✓ Maximises opportunities for integration and collaboration, where this results in improved processes, services and efficiency
- ✓ Maximises the use of technology/digital delivery
- ✓ Maximises the potential for informal supports and community assets
- ✓ Maximises community-based care
- Localises services wherever possible
- ✓ Commits to Best Value
- ✓ Meets statutory obligation

5. Service Quality, Performance and Delivery of Statutory Functions

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

There are a range of fora within which performance data or management information was reported or discussed in 2021 - 2022.

These included;

- The Health and Social Care Partnership Senior Management Team and Board
- Public Protection Chief Officers' Group supported by an officers' leadership group
- The Delivering for Children and Young People Partnership (DCYPP)
- The Child Protection Committee (CPC)
- The Adult Protection Committee (APC)
- The MAPPA Strategic Oversight Group (MAPPA SOG)
- Our staff partnership forum
- A range of forums within NHS Greater Glasgow and Clyde including forums focused on children's services, services for older people, mental health forums, drug and alcohol forums, and learning disability service forums amongst others.
- East Dunbartonshire Council's Corporate and Strategic Management Team meetings and forums
- East Dunbartonshire Council's Policy and Resources Committee through the Business Improvement Plan

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

- statistical data highlighting patterns and trends
- outcomes from quality assurance activity
- the outcome of case file audits – both thematic and case specific
- consultation activity involving service users and carers
- benchmarking activity
- the outcome of external inspection by the Care Inspectorate and joint inspections

Additionally, work was undertaken pre-pandemic to develop an ED HSCP Quality Framework to complement and sit alongside the Performance Framework however, active implementation was delayed by the pandemic. Last year it was agreed to refresh and refocus on implementation and this took place. This work reports into the Clinical and Care Governance forum.

We have also continued to deliver a programme of systematic case file audits and quality assurance processes using a number of tools which have contributed to improved standards. In some contexts, specifically around child and adult protection, these audits are undertaken as multi-agency processes. We consider this to be a robust and valuable process, reflecting our commitment to continuous improvement and a culture of sharing learning to support improvement.

Supervision and training also remains a key priority to ensure our staff are supported to maintain the knowledge and understanding required to deliver on our statutory functions. By necessity, much of this activity was moved to on-line but it continues to be delivered.

Children's services

Child Protection

During the year we transitioned from the CSWO chairing the East Dunbartonshire's Child Protection Committee, to the introduction of joint independent convener role, shared with the Adult Protection Committee. We welcome this development as it enhances independent scrutiny of the work of the Committee.

The Committee consists of representatives from a range of agencies including education, social work and housing services, Police Scotland, NHS Greater Glasgow and Clyde, the Scottish Children's Reporter's Administration and the third sector.

The Chair and Committee are supported by the Council's Child Protection Lead Officer. Working in partnership, the Committee carries out its core functions include continuous improvement, strategic planning and public information & communication. The multi-agency Committee produces an annual business plan and manages the required work through three standing sub-groups:

- Management Information & Self-evaluation
- Joint Public Information & Communication (shared with the Adult Protection Committee)
- Joint Learning & Development (shared with the Adult Protection Committee)

Last year the Committee commissioned a complex case learning review, previously known as a Significant Case Review. The timescale to complete this review was impacted by the pandemic but it is now concluded and has resulted in a formal report. A working group of relevant stakeholders is now focused on the development and delivery of an Action Plan to support implementation of the learning. A summary of the learning review will be made available on the Care Inspectorate website.

Key national developments that have been considered by the Committee and by services throughout the year include The Promise, the adoption into law of the United Nations Convention on the Rights of the Child, the development of a National 'Minimum Dataset' for child protection work, and our role as part of the North Strathclyde pilot of the revised approach to the Joint Investigative Interviewing of children. These are all positive developments focused on ensuring a child-centred, rights focused approach to service delivery.

The tables below provide a broad overview on the number of children and young people with whom East Dunbartonshire's Child Protection Services have had contact over the past three reporting periods.

	2019 - 2020	2020 - 2021	2021 - 2022
Child Protection Investigations	170	191	170
Children subject to Case Conference	353	249	208
Child Protection Registrations	84	62	51
Child Protection De-registrations	71	54	59
Total on CP Register at Year End	**54**	**35**	**27**

Type of Case Conference	**Number of Children Subject to Case Conference**
Pre-birth	8
Initial	64
Review	136
Transfer In	0
TOTAL	**208**

Case Management

A review of our performance over time shows the following:

Performance Indicator	Target	2019 - 2020	2020 - 2021	2021 - 2022
% of assessments (ICAs) requested by the Scottish Children's Reporter completed on time (20 days)	75%	87%	85%	91%
% of first Child protection review case conferences taking place within 3 months of registration	95%	89%	91%	100%
% of first Looked After & Accommodated reviews taking place within 4 weeks of the child being accommodated	100%	100%	100%	100%
Balance of care for Looked After Children: % of children being looked after in the community	89%	87%	86%	83%

The above information shows consistently strong performance in the last year despite the challenges faced. As with last year, all first Looked After and Accommodated Reviews have taken place within target timescale. Integrated Comprehensive Assessments completed in line with the National target of 20 days continued to be high and above target. Ensuring that reports are available to Scottish Children's Reporter Administration on time supports the best assessment of children and young people's needs and delivery of actions to ensure they have access to the right support at the right time. All Child Protection Review Case Conferences took place within target timescales.

The balance of care shifted towards fewer community placements, the table below shows that there was an 8% increase in the LAC population. There were also significant changes to community placements: Kinship Care placements decreased due to the fact that the children's placements with the Kinship Carers were legally secured through the granting of Kinship Care Orders at Court; 10 more young people were also placed with a Foster Carer in the community. However we have also experienced an increase of 3 young people being placed at a residential school. In all cases this was due to an increasing complexity of social care and educational needs which became evident at the time of the pandemic. With regards to our own Residential Unit, Ferndale, we were able to place 2 young people due to the fact that 2 Young Care Leavers moved on to their own independent accommodation.

Performance Indicator – Looked After Children, Balance of Care

	2019 - 2020	2020 - 2021	2021 - 2022	% change over 3 year
At home with parents	45	42	44	**-2%**
Semi-Independent Living / Supported Accommodation	*	*	*	
With Friends/Relatives	47	49	43	
With Foster Carers	44	36	46	
With prospective adopters	*	*	*	
Total Community	**137**	**129**	**134**	**-2%**

	2019 - 2020	2020 - 2021	2021 - 2022	% change over 3 year
LA Children's Home	6	6	8	
Residential School	*	5	*	
Secure Accommodation	*	0	*	
Children's Home – other sector	11	10	10	
Total Non Community	21	21	28	**+33%**
Balance of Care - % of Children in community	**87%**	**86%**	**83%**	

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

East Dunbartonshire has, for a number of years, seen a relatively high number of referrals to the NHSGGC Child and Adolescent Child and Adult Mental Health Service (CAMHS), and there is a long standing challenge for the CAMHS service to meet the target waiting times of seeking young people within 18 weeks of referral. While work is underway within the CAMHS service to seek to address this challenge, it is of concern that over the course of the last year the service reports increasing levels of referral and increasing levels of urgent referrals. It would be too simplistic to opt to attribute all these changes directly to the changes young people have lived through in their education and social lives over the course of the pandemic, but it would also be naïve not to assume some direct correlation.

Within the social work service there has also been an overall rise in the number of referrals received regarding both Child Welfare, and Child Protection. Mental Health has featured as a regular risk indicator with both parents and children suffering from increased anxiety, low mood and eating disorders.

Good Practice Example: Keeping The Promise

In August 2021 we appointed a Promise Implementation Lead to take forward initial scoping of our readiness to implement The Promise. In addition, we recruited a Care Experienced Young Person as a "Young Persons' Participation and Development Worker" (this is a salaried post). The Promise Implementation Lead has held a number of engagement and awareness raising sessions across the EDC network and, alongside our Care Experienced participation worker, has developed a Promise self-evaluation. This evaluation has highlighted the good practice across lots of services.

In response to identifying a training need, we are planning to deliver a whole system Family Group Decision Making model.

In partnership with our Care Experienced young people who are involved with The House Project, the Promise leads have built upon the success of the Care Experienced Champions' Board. This group met on line during the pandemic but as restrictions have lessened, the membership of the group has grown and they all look forward the now famous "A Promise and A Pizza" nights.

Community Justice

The CSWO chairs the Community Justice East Dunbartonshire Partnership, which is a collaborative multi agency forum with a shared vison for a safer East Dunbartonshire.

In 2021 - 2022 the partnership:

- Sub groups continued to meet virtually.
- Developed an Interim Delivery Plan for 2021 - 2022 and submitted it to Community Justice Scotland.
- Delivered 82% of the 32 actions and activities in its delivery plan within timescales, with 2 (6%) ongoing, and only 4 (12%) not achieved.
- Commenced development a Strategic Needs and Strengths Assessment to inform the 2023 - 2028 Community Justice Outcome Improvement Plan.
- Inputted into the review of National Strategy for Community Justice, being progressed by the Scottish Government Community Justice Division.
- Submitted a response to the National Strategy Review Consultation.
- Inputted into the national Review of the Outcome Performance and Improvement Framework being progressed by Community Justice Scotland.
- Managed 35 residents released from a custodial sentence back into the community, with support, between April 2021 and March 2022 through its Reintegration Group.
- Achieved 67% engagement of individuals referred through the above group to alcohol and drug recovery services and a positive outcome for 80% of the individuals referred through the above groups to the Housing and Homelessness Service.
- Continued to increase intervention options for Diversion from Prosecution for clients and worked to deliver innovative approaches to address the complex needs and inequalities that affect our residents who are in contact with, and on the cusp of entering the justice system, through The Prevention Intervention and Diversion group.
- Expanded membership to include Victim Support Scotland.
- Responded to the Bail and Release from Custody arrangements in Scotland Consultation.

The latest reconviction rates released in October 2021 relate to the number of individuals released from a custodial sentence in 2018-19 and subsequently reconvicted within a year. These indicate that the reconviction rate for East Dunbartonshire is 20%, or 240 reconvictions, a reduction of 0.3% from the 279 in the year 2017-18.

Criminal Justice Service

The three national outcomes for justice social work services inform the service in East Dunbartonshire. To meet the public's needs for safety, justice, and social inclusion all three should be addressed in unison.

1. Community safety and public protection
2. The reduction of re-offending
3. Social inclusion to support desistance from offending

During the year the Criminal Justice Service furnished local Courts with 215 full Criminal Justice Court reports (187 previous year) including detailed assessment of risks and need using established tools. As shown in the table below the service continues to exceed targets when providing reports to Court by the due date. These reports, the assessment of risk to the individual and community they outline, and the assessment of the suitability of the full range of sentencing options available, assist the sentencing process. This indicates a significant 15% increase for the year and the table below highlights 98% of reports were submitted on time.

Community Payback Orders have increased by 65% since they were introduced in 2011. During the year the justice service managed 250 individuals on community payback orders (194 the previous year) with a full assessment of health, needs and risks. This is a 28% increase as courts resume and it should be noted that the complexity and intensity of these orders increased significantly due to mental health, drug and alcohol addiction and isolation, which were all factors exacerbated by the Covid crisis. Therefore, the resource demand greatly increased and continued additional Covid funding will be essential to address the court backlog.

Justice Unpaid Work and Summary Sheriff Courts ceased for periods within 2021 - 2022 with operational delivery restricted due to compliance with government guidance. This required the Supervisors in the Unpaid Work Team to have their roles diversified and they undertook different duties during that time in the form of creating a small foodbank within the workshop and they delivered food parcels to our most vulnerable clients. In addition to this, other staff undertook Diversion from Prosecution assessments and Home Detention Curfew Assessments, and undertook this work remotely.

At the end of March 2021, Justice Unpaid Work had reduced the initial backlog that arose from the standing down of the service from 13,500 hours to 9500 hours outstanding. The service continued to diversify and implemented a number of specific actions to address the backlog during lockdown, which included commissioning of online workshops and additional unpaid work officer via third sector services, and mailing out learning packs to individuals to complete some of their hours. Moreover the service exceeded the key performance indicator shown in that table below as it delivered a wide range of community projects throughout the year to complete 12917 hours of unpaid work invested in our communities. This equates to a value of around £115,090 (based on National Living Wage).

The ongoing monitoring of Justice Unpaid Work remains a key priority to measure the impact of the additional resources on mitigating backlog. This includes quarterly reporting to the Senior Management Team to provide assurance.

A review of our key performance indicators over time shows the following:

Performance Indicator	Target	2018 –	2019 - 2020	2020 - 2021	**2021-2022**
% of Criminal Justice Social Work Reports submitted to Court by due date	95%	95%	100%	98%	**98%**

The % of individuals beginning a work placement within 7 working days of receiving a Community Payback Order	80%	80%	80%	Service was ceased in line with Government	**83%**
The % of cases allocated within 2 working days	100%	100%	97%	99%	**100%**

Multi Agency Public Protection (MAPPA) (snapshot 31 March 2022)

MAPPA was essential throughout Covid and Criminal Justice continued to fulfil their full responsibilities with respect to registered sex offenders (RSO), category 3 (high risk) offenders and MAPPA arrangements. During Covid, Justice staff also developed personal 'Keep Safe plans' for each person to continue to promote public protection in the face of Covid, which was subsequently recognized as innovative best practice and adopted nationally.

There was a significant 26% increase in this year's MAPPA reporting which has placed considerable demand on the justice service. This is likely due to lower level sexual crimes being amongst the backlog of cases being prosecuted as Court service resuming in the later part of 2022. In line with national trends, cases continue to increase although mainly technologically mediated sexual crimes. The greatest proportion of MAPPA cases are managed at the lowest level of MAPPA, Level 1, with a very small number of cases (4) managed at MAPPA level 2 and MAPPA 3 cases (3) all in custody. MAPPA Level 3 cases are chaired by the CSWO. These cases require intensive planning and risk management strategies, reflecting the higher levels of risk presented to the community. The table below is a snapshot on 31st March 2021

	2016 -	**2017 - 2018**	**2018 - 2019**	**2019 - 2020**	**2020 - 2021**	**2021-2022**
Number (RSO)	37	44	34	49	50	63
Change fro	-7	+7	-11	+15	+1	+13

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

Prison Based Social Work

Prison Based Social Work has continued to provide a full and comprehensive essential Criminal Justice Social Work service throughout the pandemic. Our Prison Social Work (PBSW) Team in HMP Low Moss were supported to vacate Low Moss as a physical work base in-line with government guidance, with remote access to Scottish Prison Service IT systems in place. Staff attended prison only where necessary in terms of public protection. The PBSW team continued to meet the key performance criteria in-line with the new shared Memorandum of Understanding. This included submitting 224 reports to the Parole Board for Scotland which was a 10% increase in this year with 100% of these reports submitted on time. Public protection has remained paramount with Prison Based Social Work at Low Moss instigating and attending Multi Agency Public Protection Arrangement meetings with various local authorities.

Other new developments in 2021 - 2022 included the service being shortlisted and 2021 runner up in Scottish Social Service Awards for the commitment to trauma informed service development. The development of a new shared Justice and Alcohol and Drug Recovery Service (ADRS) post dedicated to providing drug treatment and testing orders in East Dunbartonshire, alongside additional health orientated interventions to support recovery and mitigate drug related deaths are also notable developments. As was, the development

of Structured Deferred sentence to provide early intervention and robust community based alternatives to support desistance and the implementation of the Safe and Together Model to further address domestic abuse and coercive control, especially in response to Covid generated risk of violence to women and children. Finally, the successful use of the Corra Foundation grant to recruit a Justice Peer Navigator Service aimed at reducing drug deaths and supporting desistance for people with addiction and offending issues should be noted.

Other matters of note

We submitted one Serious Incident Review to the Care Inspectorate during the year, regrettably linked to the death of an individual subject to a community payback order. Following an extensive and forensic internal review our recommendation to the Care Inspectorate was that further review was not necessary, as all potential actions had already been identified and there was no indication of a systemic issue with the support that had been provided. The Care Inspectorate considered the review, noted many of the significantly positive aspects of work undertaken by the service, and agreed that no further review was required.

Good practice example – The development of a new shared Justice and Alcohol Recovery Drug Service post dedicated to providing drug treatment and testing orders in East Dunbartonshire alongside additional health orientated interventions to support recovery and mitigate drug related deaths.

In 2021, Justice Services identified a service gap and a willingness to collaborate with ADRS to create a new Joint Addiction Nurse post co-located in Justice with a view to managing Drug Treatment and Testing Order's and adopting a health orientated approach to support recovery within in East Dunbartonshire.

This proposal was set against a growing body of research that recognises the importance of adopting a public health approach to supporting individuals to desist from offending. We know that being in treatment and having the right support leads to improved health related outcomes and reduces the likelihood of drug related harms, overdose or death.

A commitment to achieve this outcome is to:

'Ensure that people who come into contact with justice agencies are provided with the right support.'

Historically, East Dunbartonshire residents subject to a Drug Treatment and Testing Order (DTTO) had to travel to Dumbarton in order to receive a service, which lacked a person centered approach. The new Addiction nurse will contribute to the assessment of prospective DTTO clients, will undertake oral testing in line with testing regimes and undertake DTTO motivational and therapeutic work.

It was also agreed that the Senior Addiction nursing post could support assessments and referrals to ARDS to support people's right to recovery and choices regarding wider voluntary treatment options. In addition the post would involve early intervention, signposting and diversionary advice.

Adult and Older People's Services Adult Support & Protection

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

The Adult Protection Committee is independently chaired and has representation from all key agencies. The Convenor and Committee are supported by the Council's Adult Protection Coordinator. A report on the Committee's activity is submitted to the Scottish Government on a biennial basis, and work has started to prepare the report for the 2020-22 period. Key points emerging from the data analysis highlight a further 33% increase in referral numbers compared with the previous two years, whilst statutory inquiries and other activities also increased, accelerating the long-term upward trend.

The Adult Protection Committee's strategic planning framework transitioned to a three-year cycle to align with the Child Protection Committee, and four standing sub-groups have now been established in respect of its statutory functions:

- Continuous Improvement
- Quality and Development Partnership
- Joint Learning & Development (shared with the Child Protection Committee)
- Joint Public Information & Communication (shared with the Child Protection Committee)

Membership of the Quality & Development Partnership sub-group expanded to include the Scottish Ambulance Service and the Department of Work & Pensions.

A Significant Case Review sub-group is convened when required. It has not been required during the year.

Key Developments in Adult Support and Protection

The Adult Protection Committee and services have been involved in a number of national developments which have potential to assist services to work more effectively in partnership with adults to secure their safety and wellbeing, and prevent future harm. Over the year, the Committee has responded to consultations on the revised ASP Code of Practice, which strengthens the focus on trauma-informed approaches and adult participation, as well as refinements to the legislation proposed in relation to the National Care Service and the Mental Health legislation review. We were selected as a learning partner in the IRISS-led project to develop a national minimum dataset for Adult Support and Protection, which seeks to improve the range, consistency and quality of information available about ASP activity across Scotland. We participated in the development of a prototype dataset and will be involved in testing this in practice in the coming year.

After last year's implementation of the Herbert Protocol, which assists the Police to locate a missing adult with dementia as quickly as possible, East Dunbartonshire was selected to participate in a project to rollout local implementation of the National Missing Persons Framework during 2021 - 2022. With support from the charity Missing People, a joint Adult/Child Protection Committee working group mapped existing good inter-agency practice and service gaps and developed a local action plan. Key actions included the development of an interagency protocol, as well as agreement to establish a multi-agency steering group which will oversee the implementation of the protocol and ensure appropriate governance.

During the year, work concluded on the one recommendation that was made during the Care Inspectorate's inspection of our Adult Support and Protection services. The action was focused on ensuring good quality chronologies were in place in all cases. A key finding of the project was of ongoing challenges in terms of the functionality of local recording systems, and their ability to support effective chronology practice with both adults and children. This issue also featured in reports from the national ASP inspection programme in 2021 - 2022, and we have shared our findings with the national body, IRISS, whose team which will be leading an improvement workstream over the coming year.

APPENDIX 1

Adult Support and Protection Statutory Activity 2021 - 2022

Nature of Activity	Number 2018/19	Number 2019/20	Number 2020/21	Number 2021/22
Referral Screenings	688	790	960	967
Duty to Inquire	434	452	493	505
Planning meetings (including Inter-agency Referral Discussions)	5	7	8	10
Investigations	34	22	31	28
Case conferences	18	20	25	24
Review case conferences	10	7	9	9
Protection plans initiated	6	7	8	6
Temporary Banning Orders	*	0	0	0
Banning Orders	0	0	0	0

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

A review of our performance over time shows the following.

Concerns about people living with dementia continue to comprise over 50% of our referrals, reflecting the significant demographic trend within East Dunbartonshire in terms of an "aging population" which is having an increasingly influential impact on local services.

Performance Indicator	Target	2019/20 Delivery	2020/21 Delivery	2021/22 Delivery
% of Adult Protection cases where the required timescales have been met	92%	92%	92%	92%
% of customers (65+) meeting the target of 6 weeks from completion of community care assessment to service delivery	95%	99%	98.5%	98.7%
Percentage of people 65+ indicating satisfaction with their social interaction opportunities	94%	95%	95%	91%
Percentage of service users satisfied with their involvement in the design of their care packages	95%	97%	100%	98%

A detailed breakdown of additional information is available via the Adult Support and Protection Committee information on the Council website.

ASP performance levels continued to be on target despite the increasing demand and ongoing pressures experienced by services. There was a performance dip in early autumn which coincided with workforce capacity issues associated with the upsurge in Covid infections in early autumn. Business contingency arrangements were re-introduced to manage these issues and ensure they had no ongoing impact on adult protection services.

Other matters to note - No Large Scale Investigation were required during the year.

Adult and Older People's Social Work and Social Care

We will report our overall performance against the national core indicators in our annual performance report for the year 2021 – 2022. This report is scheduled for consideration by the HSCP Board in September 2022, thereafter it can be found in the Health and Social Care Partnership pages of East Dunbartonshire Council's website.

It is difficult to draw comparison between this year's performance and that of previous years, due to the continuing impact of the pandemic. In summary, most targets were met or exceeded, with the exception of those services which were directly impacted by the Covid response restrictions such as delivery of unpaid work services. Our unscheduled hospital care performance met their targets for emergency admissions and attendances but were slightly over target for delay discharges and unscheduled hospital bed days. The depression in performance against these metrics was consistently felt across all Greater Glasgow and Clyde HSCPs, and indeed almost universally nationally.

As in previous years, a key area of challenge is around the rate of falls for people over the age of 65. East Dunbartonshire has the highest rate of falls in Greater Glasgow and Clyde. This reflects particular demographic changes in East Dunbartonshire, which has the fastest growing population of people aged over 85 in Scotland and the associated increasing levels of frailty and complexity of care needs arising from advancing age. East Dunbartonshire also has a higher proportion of people with long term conditions such as cancer, arthritis and coronary heart disease. This profile contributes to an elective hospital admissions rate around 18% higher than Greater Glasgow and Clyde as a whole and 50% higher compared with Scotland.

Over the next year we hope to see impact from a number of supportive options available to people who experience a fall in the community to support avoidance of conveyance to and subsequent admission to secondary care, which should reduce the impact on Acute Services. There are also ongoing developments to work toward reducing falls in the community through various Heath Improvement initiatives, which will support a model for Citizens in Active Ageing and self-management. We are also pleased to lead the way in the roll out of the Caring About Physical Activity (CAPA) programme to address frailty and falls amongst people who live in local care homes.

Referrals to the HSCP's Hospital Assessment Team continues to rise with a 15.3% increase in referrals in 2021 - 2022, this is on top of a rise in 2020 - 2021 and is predicted to rise yet further as the complexity of need of those admitted to secondary care continues to rise.

Whilst emergency care demand remained lower than pre-pandemic levels, 2021 - 2022 saw an increase on the very low emergency hospital admissions and attendances at emergency departments evident in 2020 - 2021. The activity of the elective programme recommenced having been largely stood down in 2020 - 2021 and individuals who had been reticent to come forward to seek diagnosis and/or treatment in 2020 - 2021 began to return to services in greater numbers in 2021 - 2022.

There was also a corresponding increase in demand for community services as a result of the changes described above with an increase of 30% in referrals to the Community Rehabilitation Team, with corresponding increase in demand on equipment services impacting waiting times. The District Nursing Service a 5% increase in visits undertaken as the team experienced a higher proportion of severely frail patients with complex needs being referred and an increase in palliative and end of life care demand

Services linked to hospital admissions and discharges

Whilst the restrictions were easing in relation to admissions to Care Homes, intermediate care for rehabilitation and palliative care in 2021 - 2022, the availability of these services did not reach pre-pandemic levels due fluctuations in Covid case positivity levels, unit closures due to Covid outbreaks and significant pressures on staffing (including stubbornly high levels of vacancies amongst the care home

workforce). 74 people were, however admitted to intermediate care beds in the year, an increase of 37% from 2020 -2021. The Hospital Assessment Team continued to facilitate discharge for 593 people throughout the pandemic, and changed their practice approach to accommodate restrictions on hospital visiting.

On average 38 people from East Dunbartonshire were delayed in their discharge each month over the course of year, resulting in 5285 bed days lost to delayed discharge. All services who are engaged in prevention of admission and supporting discharge reported higher levels of acuity amongst their patients/customers in 2021 - 2022 as a result of individuals previously refusing appropriate hospital admission and delaying their presentation for support.

The Care at Home service received a total of 2,839 referrals (new and re-referrals) in the year and delivered 187,745 customer hours through our in-house service and 386,000 customer hours were delivered on our behalf by Private Providers. There continued to be an increase in the numbers of care at home customers requiring planned care overnight and care with the assistance of two members of staff, further reflecting the increased complexity in need being managed in the community.

Services for people with dementia

The number of people receiving input from a range of services for, or following, a diagnosis of dementia has remained high in 2021 - 2022. The level of adults subject to the Adults with Incapacity (Scotland) Act 2000 has increased with corresponding impacts on ability to discharge these people from secondary care, and to provide appropriate risk-sensitive management in the community. As a result, a high level of duty contacts for urgent referrals and high-risk clients has continued to be demanded of the older People's Mental Health Service and associated teams. The addition of a Saturday memory assessment clinic has been popular with patients and families, and increased the rate at which individuals can be seen.

Social Work and Assessment and Care Management Services

Our assessment and case management work continued, moving from a focus largely on emergency and critical responses during the earlier part of the pandemic, to a more business as usual approach. Services continued to receive new and urgent referrals, these were risk assessed and allocated as required. Our adult fieldwork social work services received at total of 6,089 referrals and a total of 3,439 new assessments were completed during the year.

Pre Covid, East Dunbartonshire enjoyed an abundance of formal (Day Care) and informal social supports (community clubs and activities targeted at supporting older people to remain connected to their local communities). While a number of local community assets remain closed or have ceased to exist, other have progressed well with recommencing supports and engagement. As a result of the impact of Covid, many older people have deteriorated both physically and mentally due to social isolation from family, friends and peers. This has been evidenced in the number and type of referrals that social work services have received requesting the need for formal social support in the form of day centres or one to one community support.

East Dunbartonshire undertook a strategic review of social support for older people in 2021 - 2022. This review is now complete and a refreshed 5 year Strategic Vision has been put to the public for consultation. Through the strategic review we have reiterated the importance of encouraging older people to remain active in their communities as well as maintaining contact with their peers. A delivery model is now being developed to implement the strategic vision focused on redesigning both formal and informal social support in East Dunbartonshire to ensure that there is a provision of social opportunities throughout a person's later stages of their life. It will focus on what the HSCP requires to undertake to build capacity within local communities alongside our third sector partners and keeping older people connected into the community where they live, as well as secure a sustainable model of building based care for those who need it going forward.

Good Practice Example – Enhancing our Approach to Care at Home

The new HSCP Care at Home service model and structure, arising from the 2019 - 2020 strategic service review, is now fully in place.

Further capacity and service development is being implemented via the Winter System Pressures Funding, which includes the expansion of reablement and overnight wrap around support at home.

These developments allow for preventative work to maintain people's skills and independence for as long as possible in the community, and to avoid unscheduled hospital admission.

The Care at Home Service were joint winners of the annual HSCP Staff Award, alongside the Community Nursing Service. This was in recognition of the fact that the service entered the pandemic in a state of flux, following the review process and the introduction of a new structure and despite that they maintained support to customers throughout the pandemic and did not suspend or reduce a single package of support. They also dealt with higher levels of demand of community and an anonymised customer survey indicated positive perceptions of the service.

To watch the presentation of the award please visit:
https://youtu.be/lkNRkGZyFs8

Alcohol and Drug Recovery Services

The Alcohol and Drug Recovery Service (ADRS) caseloads have continued to be remain above 500 since 2019; these figures fluctuate based on drug and alcohol related deaths, natural drop-offs and individuals that move on from treatment to recovery. ADRS is also proactive in signposting individuals with low/moderate support needs to commissioned services such as Glasgow Council on Alcohol (GCA), Scottish Association of Mental Health (SAMH) and Group Recovery and After Care Enterprise (GRACE) where no risks have been identified.

	2019	2020	2021	2022
Open Cases **(based on a snapshot as cases fluctuate)**	487	522	543	512

A new Opioid Substitution Therapy (OST) target has been established; a 9% increase on current figures by April 2024. The figures below show the number of individuals that are reported as being on OST in East Dunbartonshire, from April 2021 to June 2022. There has been dialogue with Public Health Scotland (PHS) and Scottish Government as the figures being reported nationally are different. An investigation is currently underway to ascertain the correct figures to determine what the OST projections will be based on the 9% increase. There are now 25 patients on Buvidal, which is also counted in the figures below, this is an increase of 10 since 2021.

Quarters	No of Individuals on OST
Apr to Jun 21	212
Jul to Sep 21	203
Oct to Dec 21	211
Jan to Mar 22	210
Apr to Jun 22	214

ADRS and the ADP continue to promote the distribution and use of naloxone with 586 kits distributed between 2011 and 2022 this was an increase of 201 kits since 2020. Additional resources have been developed to continue the promotion of naloxone including a banner pen, tote bags and cups. These new resources have been utilised in 'de-stress bags' that have been provided to service users and their families; where additional information on services it also provided and other items to help individuals recovery and de-stress.

New physical health and Pabrinex clinics which supports alcohol harm reduction, have both been set up to support a population of individuals with complex and multiple health needs who often don't access mainstream services. In addition to the physical health clinics East Dunbartonshire will have access to the 'Wand Initiative' which is a service supported by Turning Point Scotland once a fortnight; the 'WAND Initiative' focuses on four key interventions; **W**ound care, **A**ssessment of injecting risk, **N**aloxone and **D**ried Blood Spot Testing. The aim of this service is to increase the uptake of existing Harm Reduction interventions delivered by ADRS such as the Injecting Equipment Providers (IEP) scheme, wound management, assessment of Injecting Risk, using the AIR tool which is an in-depth questionnaire focusing on injecting behavior), increasing the naloxone supply and providing dried blood spot tests for to aid enhanced detection and treatment for blood borne viruses (BBVs).

Significant work has been undertaken by ADRS to implement the 10 Medically Assisted Treatment Standards (MAT Standards) supported by a locality MAT Standards Implementation Group. Completed actions this year include the completion of revised Standard Operational Procedures (SOP) and clinical guidance, increased same day access to Opiod Substitute Prescribing (OST) where clinically appropriate, more joined up support for near-fatal overdose and increased retention of patients within services to ensure a safe and planned discharge where possible. Weekly reports are provided to ADRS on presentations to A&E, including near-fatal overdoses for immediate response and to enable any appropriate follow-ups.

Good Practice Examples – Near-fatal Overdose Service – Turning Point Scotland

The Drug Deaths Taskforce (DDTF) was set up in 2019 to tackle increasing drug related deaths and harm in Scotland. One of the priorities was to support near-fatal overdose (NFO) provision in local areas. Although funding was provided directly to ADPs to support this, a national funding stream was made available by the DDTF to support tests of change. Turning Point Scotland contacted ADPs in Greater Glasgow and Clyde to see if there was any interest is cross-authority support services. A bid was put in by Turning Point which was initially a 12-month test of change to pioneer an assertive outreach approach across GGC; services were set up across East and West Dunbartonshire and Renfrewshire, East Renfrewshire and Inverclyde.

Referrals for this service come from a range of stakeholders such as Scottish Ambulance Service (SAS), ADRS, A&E, self-referrals and third sector. Interventions such as overdose awareness, positive outcomes, naloxone provision and training and recovery information have been provided to individuals in East Dunbartonshire that have experienced a near-fatal overdose. Turning Point staff will also signpost into local treatment and recovery services to ensure individuals continue to be supported.

The aim of this partnership service is to reduce and prevent drug related deaths, improve availability of information and raise awareness on near-fatal overdose, identify any barriers to service provision and provide a rapid response to a near-fatal overdose providing harm reduction information and advice. The Near-Fatal Overdose Service works evenings and weekends to provide an immediate intervention and out-of-hours response.

Funding for this service was initially provided up to February 2023. Work has commencing by the relevant Alcohol and Drug Partnerships to look at next steps to review the outcomes and establish the service requirements for the future to support our work to reduce and prevent drug related death.

Mental Health Services

Over the past year, the Mental Health Social Work Service has continued to experience increased pressures. Our Mental Health Officer Service has experienced the loss of a number of Mental Health Officers whilst both statutory requests for consents to Short Term Detention Certificates (STDC) under the Mental Health (Care and Treatment) (Scotland) Act 2003 and Guardianship Order reports under the Adults with Incapacity (Scotland) Act 2000 have increased. From 1 April 2021 to 31 March 2022, there have been 97 STDC's undertaken by Mental Health Officers, which represents an increase of 17 from last year's figures. This has subsequently, generated an increase in statutory reports including Social Circumstances Reports and Compulsory Treatment Order (CTO) Applications of which 39 were undertaken in 2021 - 2022. This again represents an increase in CTO applications in comparison to the previous year's total of 36 CTO applications being made. There have also been 5 Transfer for Treatment Directions and Assessment Orders, under the Criminal Procedures Scotland Act 1995, with subsequent reports being completed for Court. This is a similar figure in comparison to last year's figures of 6.

There have also been 45 Emergency Detention Certificates (EDC), completed out of hours on behalf of East Dunbartonshire by Glasgow & Partners Social Work Standby service, which represents a significant increase from last year's figures of 20 Emergency Detentions.

The rise in demand has been experienced alongside an increase in crisis and emergency situations for people experiencing mental distress and illness, and reflective of increased community distress and the continued impact of the Covid 19 pandemic. This is particularly evident in service users with dementia, alcohol and drug related issues, and young people with eating disorders and emotionally unstable personality disorder. Within our Mental Health Officer Service we have now secured a Mental Health Officer within our Alcohol and Drug Recovery Service to provide specialist assessment of people with coexisting mental health and substance use problems such as alcohol related brain damage or drug induced psychosis.

Last year in East Dunbartonshire applications for 3 Warrants were applied to the Court under the Mental Health Care and Treatment (Scotland) Act 2003, in order to intervene within emergency situations for people at home with mental illness and risks to their health and safety. This has also been an increase from last year's figure of 1 warrant being applied, and is indicative of the continued impact the Covid pandemic has had on people's mental health, wider community distress and the subsequent pressures on the Mental Health Officer service.

In respect of statutory work undertaken relating to Adults with Incapacity during the past year, there have been 65 suitability reports completed by Mental Health Officers for Court in respect of Guardianship applications under Adults with Incapacity (Scotland) Act 2000. Although there had been a significant decrease in requests for suitability reports during 2020 - 2021, as a result of the pandemic, the Mental Health Officer service has now experienced a sharp increase in the number of requests over the past year for of suitability reports, especially with regards to delayed discharge and also with the renewal of Guardianship Orders. In terms of delayed discharges the Mental Health Officer service has also seen an increase in attendance at AWI Case Conferences in terms of application of section 13za of the Social Work Scotland Act 1968 to ensure the safe discharge of service users from hospital, who lack capacity.

As Chief Social Work Officer I can report that as at June 2022 within East Dunbartonshire there are currently a total of 261 private Guardianship Orders granted, which include 24 Local Authority Guardianship Orders, which are being supervised by the Local Authority. This represents an increase of 10 on last year's private orders and 2 on last year's Local Authority CSWO Welfare Guardianship Orders.

Good practice example – Mental Health Crisis intervention during Covid 19

The following case study highlights a crisis situation experienced within the Mental Health Social Work team for an individual well known to mental health services.

This person's mental health had been stable for several years, they received support from a community psychiatric nurse and consultant psychiatrist; there was also periodical involvement from social work support. In July 2021 there were concerns raised about this person's wellbeing because they had suddenly disengaged with mental health services for no evident or apparent reason, and were refusing visits from their community psychiatric nurse and psychiatrist. Police Concern reports had been raised as had family concerns about deteriorating mental health and neglectful state, which was out of character. The Mental Health Officer Service became involved in September 2021, to apply for a warrant under the Mental Health (Care and Treatment) (Scotland) Act 2003 and gained access to the person's home to carry out an urgent assessment. This involved the Mental Health Officer completing a report to the Court to gain a statutory warrant and presenting this report to the Sheriff to evidence the concerns and the urgency to gain entry to the home. This scenario is always a pressured situation for the Mental Health Officer involved, in that the concerns suggest an urgent need for action, the report requires to be written timeously and, once a warrant is granted, the Mental Health Officer requires to co-ordinate with other services, e.g. Police, Housing and Health in terms of arrangements and safeguards to gain access to the home.

This was achieved in a sensitive and timely manner and following a psychiatric assessment the person was admitted to hospital under a Short Term Detention Certificate. The home was found to be in a neglectful state and it was indeed the case that the person's mental health had significantly declined. Positively, the situation improved over a number of weeks in hospital, and social work provided a package of care and support to this person on their discharge from hospital, and continues to be in place.

This situation has highlighted good practice in terms of close multi-disciplinary working between health, social work, Police and Housing to safeguard a person, under a period of increased pressures on services.

Services for People with Learning Disabilities and/or Autism

As with services to older people, day services for people with learning disabilities and autism, provide purposeful day time activity, structure, and care for people who need this and are a source of respite and support for families and unpaid carers. They have been significantly impacted over the course of the Covid pandemic, with building based services having been closed for much of the 2020 - 2021 year and outreach services limited in what they could provide, with the usual range of community activities they support people to access closed, or very limited in their offer. While services are now able to resume, there have continued to be a level of restriction into 2022. In recent months the level of day care activity has increased and we are now beginning to see growth in the capacity to provide services internally and from our commissioned partners. However a big factor in the delivery of services has not only been the impact of covid but also the increasing challenges of recruiting and retaining social care staff for these crucial services. This has not only been mirrored at a local level but indeed is a national challenge for all agencies involved.

The Joint Learning Disability Team has reconfigured their service delivery in response to the pandemic. A primary focus for the team's work related to support to carers. There has been a considerable concern throughout the pandemic that a significant number of carers who would not be able to cope with the demands placed upon them during lock-down periods and subsequent periods of curtailed service delivery. Additional supports have been provided to carers on a crisis / emergency basis utilising daycare staff, through additional third/voluntary sector supports and by developing more creative and flexible use of Self Directed Support. Recently, and in recognition of our journey out of the pandemic, the Learning Disability team are now beginning to implement previous models of assessment, review and monitoring. In keeping with the principles of effective Social Work and Social Care, and through the implementation of our 'Fair Access Policy' and 'Day Service Assessment Tool' we are now in an improved and stronger position to deliver an improved menu of services. Our own internal services and commissioned services are moving towards full service delivery working towards a greater degree of capacity and delivery in the coming months. The model within the team will however continue to be supplemented by the duty system approach to social work interventions to ensure a consistent response to service users, carers and families.

Transition processes for 2021 and 2022 continue to be challenging in terms of the implementation of good practice and addressing the need to ensure a smooth transition of young people into adult services, however has been assisted by the development of multidisciplinary involvement at all stages.

As part of our ongoing service development the Joint Learning Disability Team have supported the reintroduction of weight clinics for our service users which is a crucial aspect on ongoing physical health monitoring. Additionally, the team have also undertaken and supported more routine physical health checks which were previously undertaken solely by G.Ps to ensure enhanced and consistent monitoring of service users general health.

Another significant influence on the work undertaken by the Joint Learning Disability Team this year has been the progression of activities around the Scottish Government report 'Coming Home'. This is a significant policy driver aimed at ensuring out-of-area residential placements and inappropriate hospital stays are greatly reduced. In East Dunbartonshire there are approximately 32 individuals who live out-with our authority. That is not to say they are in inappropriate living environments, indeed many of these individuals live in communities where they have stronger ties and relationships than with East Dunbartonshire. There is a long history of hospital care within our authority which included individuals from many areas of Scotland. The team continues to review and work alongside all these individuals to ensure their housing and care continues to be appropriate and relevant to their needs, wishes and aspirations. The team have also implemented the requirement for the establishment of a 'dynamic risk register' as part of related policy requirements. This has in effect been a progression from the existing risk register which has been in place for a number of years now. The purpose of the register is to improve monitoring of those at risk of hospital admission or inappropriate placements unsuitable for people's needs and is discussed on a weekly basis within the team's processes.

In East Dunbartonshire, at the time of writing, we do not currently have any individuals who are within long stay hospitals or other settings where they are medically fit for hospital discharge. We believe that everybody with a learning disability and complex care needs should be able to live in their own home supported by a multi-disciplinary team and specialist staff within their own local community. The team continues to provide an array of health and social work interventions to ensure a holistic social care response is provided to all our service users.

Our Learning Disability team has not been unaffected by challenges in recruitment, however positively over the year the team have been able to recruit and presently remain with one social work vacancy which is a much improved picture from the last two years in the team.

A particularly positive development this year in relation to our work with adults with Autism has been the development of the 'Spectrum Film Group' which has been supported by our Local Area Coordinators. The group has been established over the last year and is now fully operation with monthly film screenings. In establishing the group the Local Area Coordinators made connections with 'Cinema For All' and 'Film Hub Scotland' and worked collaboratively with staff at Kilmardinny House to plan and source the equipment. The team have created resource packs which are given to audience members upon arrival to help make the events accessible and autism friendly. The resources were planned and prepared working with East Dunbartonshire Council media team who have created our branding and media release for our launch screening in 2022. In addition to this, our Local Area Coordinators have been running online meetings for our committee of 11 people on the autism spectrum who are deciding which films to screen next year. The committee will also help to run the events by selling tickets, ushering, and introducing the films.

On another positive note, the new Allander Leisure Centre service continues on target for completion, which will also be the host of our new building based day service, providing a modern, inclusive and fit for purpose setting for people to access. We look forward to completion in late 2022, and the development of enhanced community based supports to support the new centre. This year we have successfully appointed a Project Lead to oversee and lead the development of our new day service and they have driven this project forward and established a number of initiatives in support the development of the new service, as well as seeking to engage with those who attend the service, their carers and staff and other stakeholders.

Good practice example – Supporting Someone with a Learning Disability to have a good end of life

Recently within the Joint Learning Disability Team we have been working together closely to enable a client to work through a 'bucket list' and realise some life goals after sadly receiving a terminal illness diagnosis.

Workers from Social Work and Health have collaborated closely to help the individual to understand the diagnosis and prognosis, with help from the Health Improvement Team (Improving Cancer Care Team), Advocacy from 'Ceartas' and staff working in the hospital.

Together the colleagues have supported the individual to verbalise wishes and make achievable goals. In working collaboratively, it enabled the team to offer a fully holistic person-centred care approach to ensure the person felt at the centre of the decision-making process. This has involved using 'story book' approach to help the individual more fully understand what is happening from a health perspective, and the impact on the person's social perspective. This has included supporting the person to make a move from their previous home to a more dependent care setting.

First on the agenda is a tour of Ibrox Stadium and to Bell's factory in Shotts to watch 'Scotch Pies' being made.

The reflection upon this practice highlights the importance of a personalised and person centered approach, in providing support and care at the most sensitive of times for individuals.

Support for Carers

Throughout 2021 - 2022 carers continued to experience particular challenges with a level of restriction and the gradual resumption of congregate services such as daycare, respite and short breaks facilities. Contingency measures remained in place within East Dunbartonshire to ensure that contact with our most vulnerable carers was maintained and that service responses were available to support carers as they were required.

Positively, the work of our strategic partnership to support carers resumed in late 2021 with the resumption of our 'Carers Partnership' which is a carer and multi-agency group with representative from our local carers third sector organization 'Carers Link', Health and Care Partnership, East Dunbartonshire Voluntary Action, Education services and local carers. The work of the group has focused upon the review of the actions identified within our Carers Strategy and on prioritising outstanding actions as we have resumed services following the pandemic, both in terms of support for adult and young carers. Four working groups have been established to support and lead this work focusing on; Young Carers, Carer Engagement, Carer Supports and Assessments, Data & Reports.

East Dunbartonshire's current Carers Strategy ends in 2023 and we have started from early 2022 to the process of developing our new strategy; engagement and consultation events have been planned and we are linking with carers and partners locally; whilst ensuring that our future strategy is aligned with the proposed new national strategy.

The Carers (Scotland) Act 2016 places a number of legal duties on Council and HSCPs to support unpaid carers to maintain their caring role and to ensure that carers are identified and offered the preparation of an Adult Carer Support Plan or Young Carers Statement. During the last year in total 1525 carers were known to the HSCP and 244 Adult Carer Support Plans prepared in this year which represents an increase of 75 on the previous year's figure, and a further 14 Young Carer Statements were completed.

Good practice example – Support for Carers - Establishment of local Black, Asian and Minority Ethnic (BAME) Older People's Group – 'Apna Ghar'.

The HSCP was approached by the carer of an older East Dunbartonshire resident who wanted to explore establishing a local peer support group for older people from the BAME community and their carers. The HSCP had previously recognised that there was an unmet need within our local communities for those older people from the BAME community who did not require to attend formal social or day centre supports and were keen to work in partnership with this carer.

The Local Area Co-ordinator for Older People worked in partnership with the group, supporting the activities associated with developing a local peer resource. The group were assisted to complete an application to found a constituted group and were helped to apply for external grant funding to aid their start up activities. The group called 'Apna Ghar' which means 'Our Home' have been aided to explore a meeting venue, supported by funding from the HSCP.

The group and their carers have, with the support of the Local Area Co-ordinator, established links with the local third sector interface which provides support, help, expertise and assistance to community groups in East Dunbartonshire, as well as making connections with the Health Improvement Team and local leisure services.

Self-directed support

Following consultation with all stakeholders, East Dunbartonshire HSCP enacted our updated Self Directed Support (SDS) Implementation Plan 2021 – 2024 on 1st April 2021. The Plan provided a delivery blueprint of activities the HSCP intends to undertake over the three year period. During 2021 - 2022, the HSCP accomplished:

- The introduction of a new assessment template which supports outcome focused conversation and compliments previously introduced Support Plan and Review templates.
- Local Area Co-ordinators for Older People worked closely with community groups and clubs to support their recommencement following the pandemic restrictions.
- Establishment of a new community group for older people from the Black and Minority Ethnic (BAME) community.
- Re-invigoration and refreshment of the local SDS Business Development group ensuring representation from key stakeholders.
- Provision of training for Social Work practitioners which focused on asset based support planning.
- The introduction of a Provider Framework which incorporate SDS Option 2.
- Review of the HSCP's Assessment and Support Management Procedures.
- Continued delivery of Self Directed Support training to social work and health practitioners and third and private sector organisations.

During 2021 - 2022 the HSCP has continued to see the impacts of the issues being experience in respect of recruitment and retention of social care staff across all sectors, including the employment of Personal Assistants. These recruitment issues continue to have an impact on the uptake of SDS Options 1 and 2. We have undertaken a joint social media campaign with the local SDS Information, Advice and Support Service to promote career benefits within the Personal Assistant network.

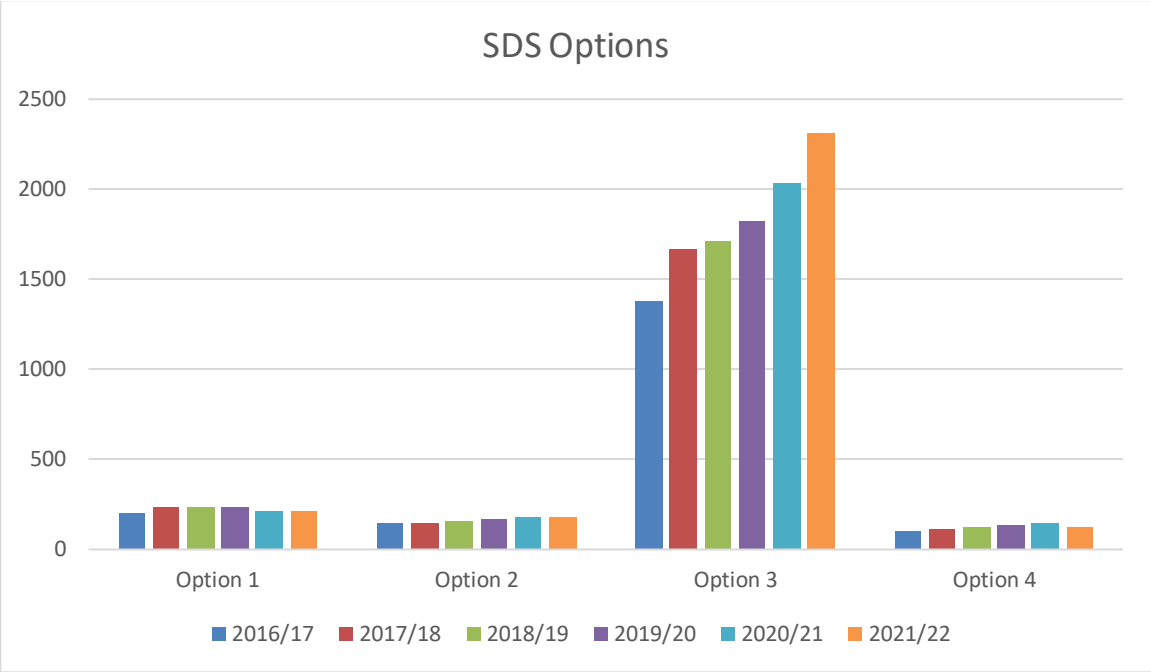
Following the introduction of the national SDS Standards Framework, the HSCP has been working with social work and health teams, and third sector organisations to establish a baseline position against each standard and its core components. Over the next few years this will provide the HSCP with the opportunity to gain an understanding of our position in respect of the continued implementation and development of SDS and will support the review and development of our local SDS Plan for the period 2024 – 2027.

The statistical data shown below shows the continued impact that the pandemic has had, particularly during the first half of 2021 - 2022, on the uptake of the SDS Options, including the continued issues relating to recruitment and retention of social care staff throughout the care sector.

SDS Option 1 (Direct Payments) shows the lowest uptake since around 2016 - 2017. This is indicative of emerging from the pandemic period alongside recruitment and retention issues being experienced, nationally, in the social care sector.

SDS Option 2 (Individual Service Fund) has remained fairly static, again, an indication of the recruitment and retention issues being experienced in the sector. However, on a positive note the numbers have not decreased which may be as a result of introducing a Provider Framework that supports both Option 2 and Option 3.

Option 3 (HSCP arranged services) has seen a significant increase in 2021 - 2022, in the main, due to the addition of customers attending formal Day Centre support in East Dunbartonshire, delivered under this option. The HSCP's social work database has now been adjusted to include recording of these individual service packages delivered under block contract mechanisms.



Option 1 – Direct Payment
Option 2 – Individual Service Fund
Option 3 – HSCP/Council arranged services
Option 4 – A mix of any of the above

Performance of Registered Services

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

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

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

Service	Wellbeing (previously Care & Support)	Leadership (previously Management & Leadership)	Staffing	Setting (previously Environment)	Care Planning (new Category)
HSCP / Council In-house Registered Services					
Ferndale Care Home for Children & Young People	5	Not Assessed	Not Assessed	Not Assessed	6
John Street House	5	Not Assessed	Not Assessed	Not Assessed	5
Homecare Service	4	3	4	Not Assessed	3
Commissioned Services					
Supported Accommodation					
Cornerstone Community Care	5	5	Not Assessed	Not Assessed	Not Assessed
Empower (Day Care)	5	Not Assessed	Not Assessed	Not Assessed	Not Assessed
Care Homes					
Abbotsford House	How good is out care and support during COVID-19 pandemic - 4				
Milngavie Manor	5	Not Assessed	Not Assessed	Not Assessed	5
Antonine House	How good is out care and support during COVID-19 pandemic - 4				
Birdston Care Home	5	Not Assessed	Not Assessed	Not Assessed	5
Buchanan House	4	4	4	3	4
Buchanan Lodge	4	4	4	3	4
Campsie View	3	3	3	3	3
Lillyburn	6	Not Assessed	Not Assessed	Not Assessed	5
Mavisbank	4	Not Assessed	Not Assessed	Not Assessed	3
Mugdock	6	Not Assessed	Not assessed	Not assessed	5
Springvale	3	Not Assessed	Not	Not	Not

APPENDIX 1

Service	Wellbeing (previously Care & Support)	Leadership (previously Management & Leadership)	Staffing	Setting (previously Environment)	Care Planning (new Category)
			assessed	assessed	Assessed
Westerton	How good is our care and support during COVID-19 pandemic - 3				
Whitefield Lodge	3	3	3	3	3
Springvale	3	Not Assessed	Not assessed	Not assessed	Not Assessed
Ashfield	5	Not Assessed	Not Assessed	Not Assessed	5
Buttercup House	5	Not Assessed	Not Assessed	Not Assessed	4
Twechar Respite	6	Not Assessed	Not Assessed	Not Assessed	5

PREVIOUS INSPECTION MODEL:

Service	Care and Support	Environment	Staffing	Management and Leadership
HSCP / Council In-house Services				
Milan Day Service	5	Not Assessed	5	Not Assessed
Kelvinbank Day Service	5	Not Assessed	5	Not Assessed
Meiklehill & Pineview	5	Not Assessed	Not Assessed	5
Fostering Service	5	Not Assessed	5	4
Adoption Service	4	Not Assessed	5	4
Community Support Team for Children and Families	5	Not Assessed	Not Assessed	6
Commissioned - Supported Accommodation				
Key Housing Association	5	Not Assessed	Not Assessed	5
Living Ambitions	5	Not Assessed	4	4
Orems Care Services	4	Not Assessed	4	Not Assessed

Service	Care and Support	Environment	Staffing	Management and Leadership
Quarriers (Phase 3)	4	Not Assessed	4	Not Assessed
Quarriers (Phase 2)	4	Not Assessed	4	4
Quarriers (Phase 1)	5	Not Assessed	Not Assessed	5
Real Life Options East Dunbartonshire Service	5	Not Assessed	5	Not Assessed
The Richmond Fellowship	5	Not Assessed	Not Assessed	5
Day Care				
Birdston	6	Not Assessed	6	Not Assessed
Oakburn	6	Not Assessed	Not Assessed	6

During the course of the year the Care Inspectorate continued to prioritise and focus inspections across the care home sector and specifically around its ability to safely manage the pandemic. As a result of this revised approach, subsequently, other registered care services did not experience an inspection during the year, unless significant concerns and/or risks emerged, therefore grades referred to are from the most recent inspection.

Complaints and Duty of Candour

We take complaints seriously and have a robust process for investigating and responding to complaints about social work and social care services.

Complaints during the year were as follows

	Total	**Outcome**	**Escalated**
Stage 1	22	14 not upheld	0
		2 partially upheld	
		5 upheld	
		1 withdrawn	
Stage 2	14	7 not upheld	4
		2 partially upheld	
		5 upheld	
Stage 2 Extended	7	2 not upheld	1
		1 partially upheld	
		2 resolved	
		2 upheld	
Total	**43**		

Complaint themes broadly covered access to services/timeliness service standards, attitude or behaviors of staff and disagreement with service decisions.

In some cases, complainants are unhappy with the outcome of their complaint investigation and opt to refer the case on to the Scottish Public Services Ombudsman for further investigation. During the year 6 complainants who had received a Stage 2 response took their complaint to the SPSO. Of these 6 complaints the Ombudsman did not uphold any complaints referred on.

During the year there were no duty of candour incidents to report.

6. Workforce Planning and Development

It has been a challenging year and one in which our workforce has pulled together to continue to deliver services to people in need in our community in an incredible manner. Some services have continued to work nearly unchanged, some services have worked differently, and some services have been redirected towards different activities entirely. During the year, we have seen progress on developing remote ways of working embedding. While that has been a huge benefit to us, it has also required many staff to adapt to new ways of working at pace, with the pros and cons related to that. The year ahead sees us working to agree what the 'new normal' for workforce looks like for the longer term, in collaboration with Council and NHS colleagues.

We have tried hard to keep staff in touch with what has been happening, and to include their views and opinions in our service planning. We increased the frequency of our newsletters and introduced a specific public protection focused newsletter, to keep people updated on changes to guidance. We continued to provide access to the full range of guidance, training and support on implementing new practices around the wearing of Personal Protective Equipment, undertaking Covid testing, booking a vaccination and we used virtual forums to enable teams to reflect on how they were delivering services and how best to support each other over the year.

The "Wellbeing" group established during the previous year continued to support and build on the work already being undertaken by the Health Working Lives Group. This Partnership group with trade union colleagues, promoted activities to staff, including our weekly newsletter "Something for the weekend", the National Wellbeing Hub and the suitability of various activities and apps freely available, the dedicated NHS24 Health and Social Care Helpline, in addition we provided guidance and support about supporting staff working from home, including the end of day checkout activity.

Although it was a challenging year, we also continued to make use of staff training as a way of supporting service developments and redesigns. During the year we focused on the following areas, in addition to the established programme of training related to essential training for staff providing direct care services and targeted training for staff in relation to protection functions:

Learning and Development Strategy - Given the impact of the pandemic on learning and training, as well as the rapidly evolving policy and legislative landscape, the Social Work Training Steering Group started to prepare a strategy to support staff learning and development over the next three years as we recover from the pandemic and potentially work towards the introduction of the National Care Service. The most notable impact of the pandemic response on our training programme was the switch to online training delivery for a proportion of our workforce. We surveyed staff to find out their views on how effective this switch had been, and learned that online training on some subjects was felt to be effective, whereas staff felt that training on the more stressful public protection topics should revert to a face to face, interactive delivery model as soon as circumstances allow. The strategy will take account of these findings and cover broad issues such as building our professional development infrastructure to accommodate the NQSW Supported Year, as well as more technical tasks around the design and delivery of digital and online courses.

East Dunbartonshire Child Protection Committee (CPC) provides a range of multi-agency training to professionals who work in the local authority area of East Dunbartonshire. The training opportunities offered by the CPC are designed to meet the diverse needs of staff at different levels within the wide range of organisations that work with children and young people. Courses range from those addressing generic skills, recognition and response to specialist topics aimed at more experienced staff. Courses focus on areas of practice prioritised by CPC with learning from local and national case reviews being fully integrated into the training material. In response to the pandemic we were very quickly able to host our learning on a secure Microsoft Teams platform and amended our training to support virtual delivery. Numbers attending our virtual learning have steadily grown and we have facilitated short bite-sized sessions, for staff and volunteers to spread our child protection messages.

The Safe & Together Model training pathway was introduced into the training programme. The Safe and Together model is a perpetrator pattern based, child centred, survivor strengths approach to working with domestic abuse. The model supports both meaningful ways to better understand domestic abuse as it relates to children and young people and improves skills to support the safety and wellbeing of children. It has a strong focus on skills such as interviewing, case planning, assessing, safety planning and documenting that are critical to our practice of safeguarding and protecting children.

- This included a two day overview event that took place 2 and 3 of February 2022, facilitated by a trainer from the Safe & Together Institute, hosted via Microsoft Teams with over 100 participants attending.
- Core Practitioner training a combination of 4 e-learning modules and 4 knowledge transfer sessions facilitated by a trainer from the Safe & Together Institute and hosted via Microsoft Teams, a total of 58 participants have accessed this learning opportunity
- Supervisor training a combination of 2 e-learning modules and 6 virtual sessions facilitated by a trainer from the Safe & Together Institute and hosted via Microsoft Teams, a total of 26 participants accessed this learning opportunity.

The model is being incorporated into our workforce training delivery programme and learning will be shared across the partnership.

Additionally In response to a multi-agency thematic audit, external Significant Case Review and internal single agency case reviews, in 2021 - 2022, a group of 6 internal trainers from Health and Social Work have been trained to facilitate training on the Assessment of Care Toolkit developed by Action for Children and Glasgow City Council. The training will initially be offered to frontline workers such as Health Visitors and Social Workers who will be offered a comprehensive full day training to develop their knowledge and skills of child neglect. There will be further awareness raising sessions of the toolkit offered to the multi-agency audience over the academic year 2022 - 2023.

Other training opportunities covered:

- Child Adult Parent Substance Misuse
- Parental Mental Health & Parenting Capacity
- Child Development
- Cyber Resilience/Online Safety
- Domestic Abuse Awareness
- Impact of Domestic Abuse on Children & Young People
- Disclosure Scheme for Domestic Abuse Scotland

Trauma Informed Practice - East Dunbartonshire ACES and Trauma Collaborative continued to progress the vision to build a trauma informed and responsive HSCP.

Social Work student placements

The pandemic continues to have significant impacts on practice learning, not the least of these being the challenges for students of home-based working. To counter this, we agreed a policy to offer all students an office-based induction period to help them learn about their team, its work and the organisation as a whole. This approach was well-received by both students and their team members. Other challenges emerged as a result of pandemic. There was a significant overlap of the phasing of placements, with students continuously on placement throughout the year. Some students completed 120-day placements, rather than the average 80 days, to compensate for not getting out on placement during the first year of the pandemic. Also as a result of having two placements condensed into one, the 120-day students required contrasting placement experiences with different client groups and/or service delivery settings.

Despite these additional pressures, practice teachers and teams were able to support fourteen placements over the course of the year.

Newly Qualified Social Workers (NQSWs)

We were successful in a bid for grant-funding to support our involvement in a national Early Implementation project of the NQSW Supported Year, and appointed a NQSW coordinator to take the project forward in East Dunbartonshire. The Early Implementation project is sponsored by the Scottish Social Services Council and is designed to trial different models and methods to support NQSWs' learning and development during their post-qualifying year. The Supported Year has mandatory core elements and NQSWs are expected to meet a new set of standards by the end of the period. The eight NQSWs who are currently participating in our project belong to the cohort whose training was significantly disrupted by the first year of the pandemic, and they have strongly expressed the importance of the support they are receiving at this early stage of their professional career.

Adult Protection and Self-Neglect

Adult hoarding and self-neglect issues have become the source of considerable attention nationally in recent years, and have affected East Dunbartonshire residents as well. A critical challenge for practitioners is how to support and safeguard an adult who has capacity but does not engage with that support to improve their safety and quality of life. We provided our Council Officers with a learning event on "P19" who experienced these issues and was the subject of an Angus Adult Protection Committee case review. We also hosted a webinar on Hoarding and Self-Neglect delivered by the National Adult Protection Coordinator which was attended by over 70 multi-agency staff. An outcome of the webinar was that partners identified the need to establish a workstream to develop local inter-agency guidance and scope further training and awareness. A working group will be set up by the Adult Protection Committee next year to take this project forward.

Social Work post qualifying awards

In terms of local professionally qualified social work workforce challenges the key issue remains the recruitment and retention of Mental Health Officers. Mental Health Officers are qualified social workers who have undertaken a formal post qualifying award to enable them to undertake the statutory functions set out in a range of legislation. Mental Health Officer numbers are of national concern and succession planning for them is a key issue, recognising the age profile of the existing Mental Health Officer workforce. East Dunbartonshire has a good track record of successfully recruiting potential Mental Health Officers to the training course and through their qualification process, however, retention is a significant issue as nearby areas offer enhanced levels of pay for those holding the award. We had hoped to have developed an option, working with our human resources colleagues, to mitigate this issue however it continues to be a work in progress. We aspire to resolve this in the coming year.

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 11.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**17th NOVEMBER 2022**
REPORT REFERENCE:	**HSCP/171122/11**
CONTACT OFFICER:	**ALAN CAIRNS / ALISON WILLACY (J/S) PLANNING, PERFORMANCE AND QUALITY MANAGER**
SUBJECT TITLE:	**HSCP QUARTER 2 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 July to September 2022 (Quarter 2).

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 2 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 2 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 Covid-19 pandemic continues to impact on performance. Presenting need, demand, service activity, response and service capacity have all been significantly affected in ways that affect the metrics and interpretations that are normally used to measure performance.

3.4 During 2020-21 the HSCP suspended summary RAG ratings to avoid the risk of misrepresentation of the attribution of service activity to performance, given the pandemic's significant impact on the health and social care whole system. During 2021-22, summary RAG ratings were re-introduced, with the addition of a "white" rating where activity was clearly and significantly impacted by the pandemic. For 2022-23, the performance report has reverted to the pre-pandemic RAG ratings, but caution should continue to be applied to interpretation. The narrative at each individual measure has been used to set out context, analysis and any associated improvement action.

3.5 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 2 Performance Report 2022-23

East Dunbartonshire
Health & Social Care
Partnership

PERFORMANCE REPORT 2022-23
QUARTER 2

East Dunbartonshire Council

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+
4.2	% of People 65+ with intensive needs receiving care at home
4.5	% of Adult Protection cases where timescales are met
4.6	Adult Social Work: Service User Personal Outcomes
5.1	% of people waiting <3 weeks for drug and alcohol treatment
5.2	% of people waiting <18 weeks for psychological therapies
6.1	Child Care Integrated Assessments (ICAs) submission timescales to Reporters Administration
6.2	% of initial Child Protection case conferences taking place within 21 days from receipt of referral
6.3	% of first Child Protection review conferences taking place within 3 months of registration
7.1	% of individuals beginning a work placement within 7 days of receiving a Community Payback Order
7.2	% of Criminal Justice Social Work reports submitted to court on time

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

Positive Performance (on target but declining)

6.6	% of children receiving 27-30 months assessment
5.5	Smoking quits at 12 weeks post quit in the 40% most deprived areas

Negative Performance (below target but maintaining/improving)

3.2	Number of unscheduled hospital bed days
5.4	Total number of alcohol brief interventions delivered
5.6	Child and Adolescent Mental Health Services (CAMHS) waiting times
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 data unavailable

Negative Performance (below target and declining)

3.1	Number of unplanned acute emergency admissions
3.3	Number of Delayed Discharge Bed Days
3.4	Number of Accident and Emergency attendances (all ages)
4.3	Community Care Assessment to Service Delivery Timescale
4.4	Number of people 65+ in permanent care home placements
6.4	% of children being Looked After in the community

Data Unavailable for Q2

5.3	% of people newly diagnosed with dementia receiving post diagnostic support

SECTION 3
Health & Social Care Delivery Plan

The following targets relate to unscheduled acute care and focus on areas for which the HSCP has devolved responsibility. They are part of a suite of indicators set by the Scottish Government, and all HSCPs were invited to set out local objectives for each of the indicators. They are reported to and reviewed quarterly by the Scottish Government Ministerial 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

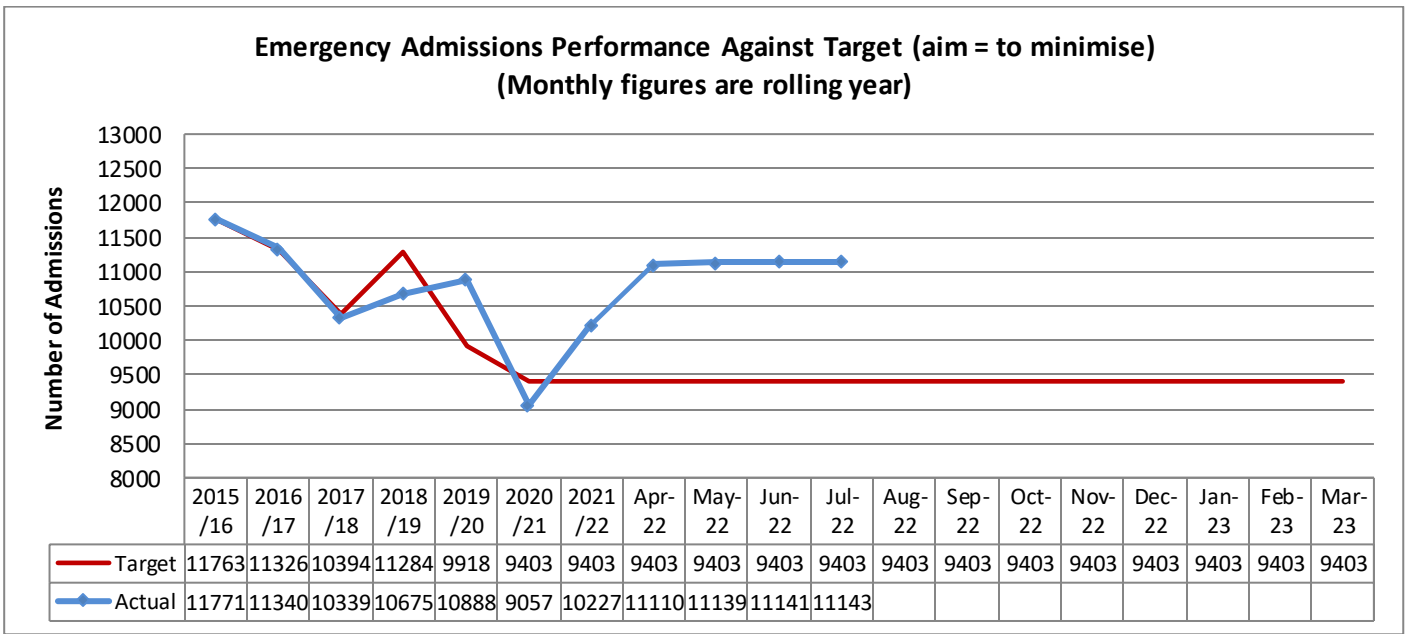
Rationale: Unplanned emergency acute admissions are focussed on reducing inappropriate use of hospital services and shifting the focus from a reliance on hospital care towards proactive support in the community setting. Aim = to minimise.

Table 3.1: Quarterly Number of Unplanned Acute Emergency Admissions

Q2 2021-22	Q3 2021-22	Q4 2021-22	Q1 2022-23	Q2 2022-23	Target (2022-23)
2,551	2,519	2,526	2,673	Full Q2 not available	2,351

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

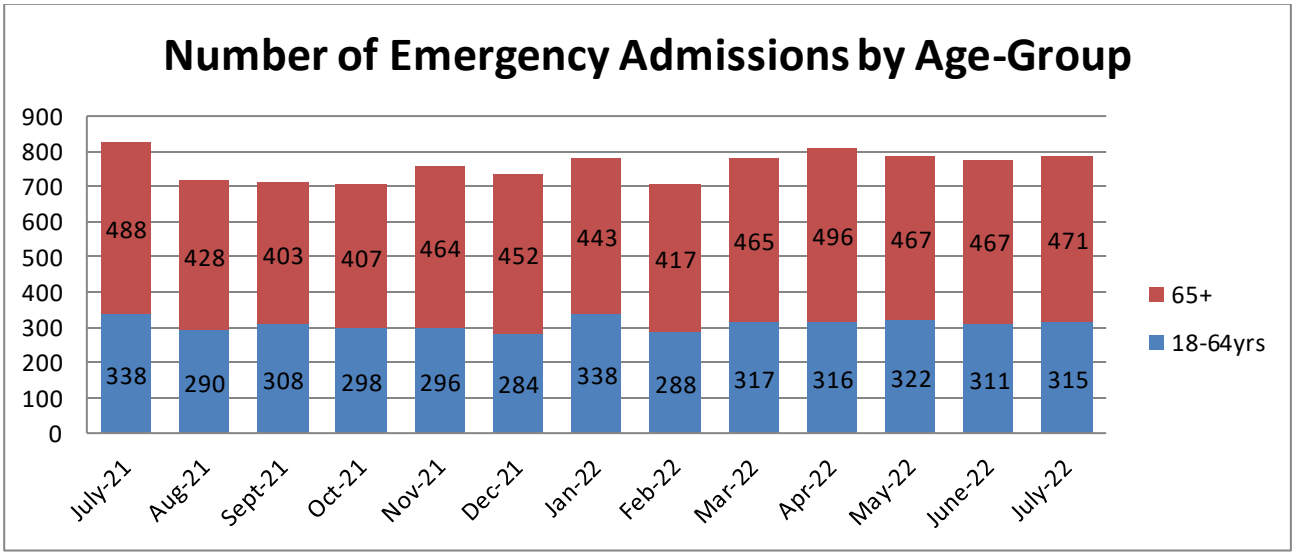
Figure 3.1a: Rolling Year Number of Unplanned Emergency Admissions*



	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	10227	11110	11139	11141	11143								

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

Figure 3.1b: Unplanned Emergency Admissions by Age Group



Situational Analysis:

The number of people being admitted unexpectedly to hospital is a key indicator of how well we are doing to maintain people in their own homes, particularly later in life. It is also a proxy indicator of the level of complexity being managed in the community, as secondary care clinicians continue to consider the majority of unplanned admissions of East Dunbartonshire residents as clinically appropriate.

An initial impact of the Covid-19 pandemic was a substantial reduction in emergency hospital admissions for most of 2020-21 (as can be seen in 3.1a above). This was reflective of a substantial reduction in non-Covid-related emergency hospital activity during this period. This may have been due partly to public messaging at the time to protect the NHS in its efforts to treat people with Covid-19 and community reaction to avoid public areas where transmission levels may be higher. Certainly, emergency admissions reduced most particularly during each of the most active waves of the pandemic. Admissions since the start of 2021-22 have shown a steady increase and we have been in excess of our target for admissions since May 2021.

Improvement Actions:

The Partnership will continue to work with NHSGGC colleagues to impact positively on admissions levels through preventative work, demand management and continued service remobilisation across the whole system. 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

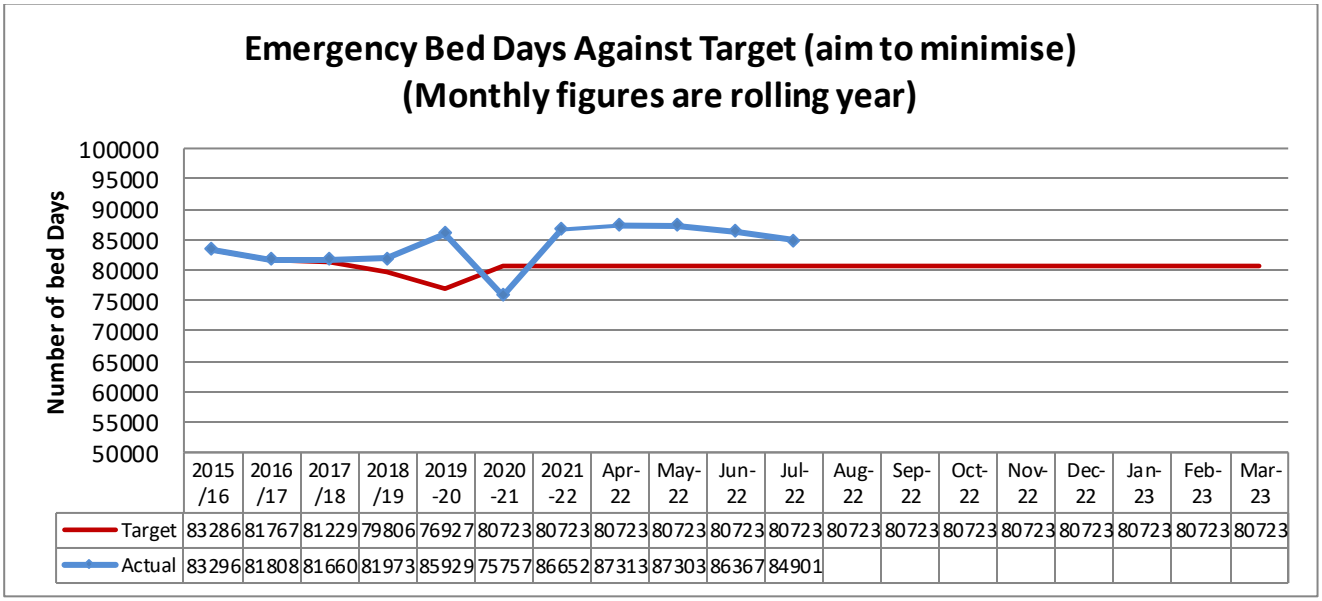
Rationale: Unscheduled hospital bed days are focussed on reducing inappropriate use of hospital services and shifting the focus from a reliance on hospital care towards proactive support in the community setting.
Aim = to minimise

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

Q2 2021-22	Q3 2021-22	Q4 2021-22	Q1 2022-23	Q2 2022-23	Quarterly Target (2022-23)
21,299	21,585	22,204	21,279	Full Q2 not available	20,181

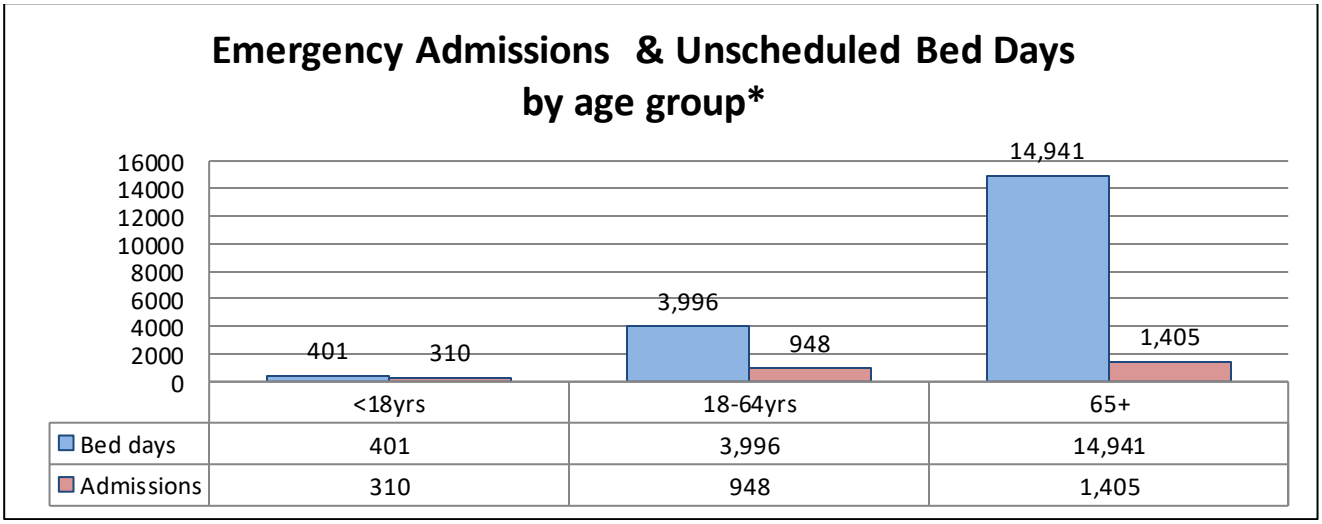
*Based on availability of complete data for quarter at time of report – subject to update.

Figure 3.2a: Rolling year number of Unscheduled Hospital Bed Days



	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	83286	81767	81229	79806	76927	80723	80723	80723	80723	80723	80723	80723	80723	80723	80723	80723	80723	80723	80723
Actual	83296	81808	81660	81973	85929	75757	86652	87313	87303	86367	84901								

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



	<18yrs	18-64yrs	65+
Bed days	401	3,996	14,941
Admissions	310	948	1,405

*Based on most recent complete 3 month data period (>=95% 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, but the pandemic significantly reversed this trend during 2020-21, reflecting the reduction in emergency hospital admission, described above. The "bounce-back" during 2021-22 has been sustained into quarter 1 of 2022-23 and 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

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 through the pandemic and towards recovery. Improvement activity continues to include daily scrutiny of emergency admissions and proactive work with identified wards to facilitate safe discharge. This operates alongside 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. In the Covid context, as we move through recovery and remobilisation, the balance will be to ensure diagnosis and treatment are optimised and that time in hospital is absolutely necessary and for clinical reasons. 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.

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+)*

	Q2 2021-22	Q3 2021-22	Q4 2021-22	Q1 2022-23	Q2 2022-23	Quarterly Target (2022-23)
No. Bed Days	**1,036**	**1,438**	**1,742**	**1,989**	**Full Q2 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+)

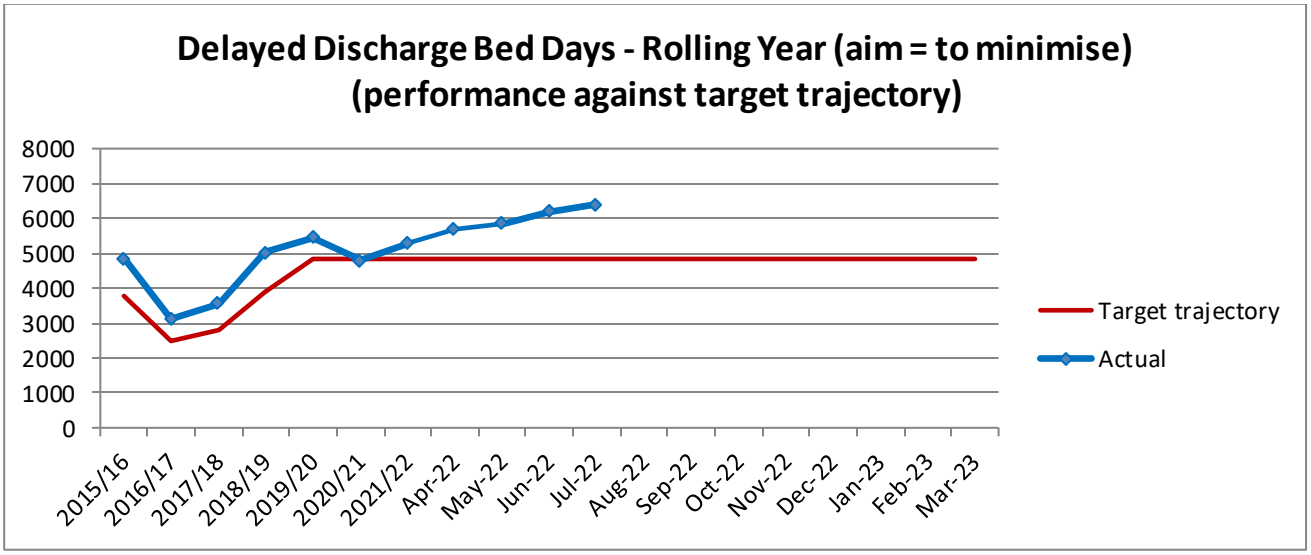
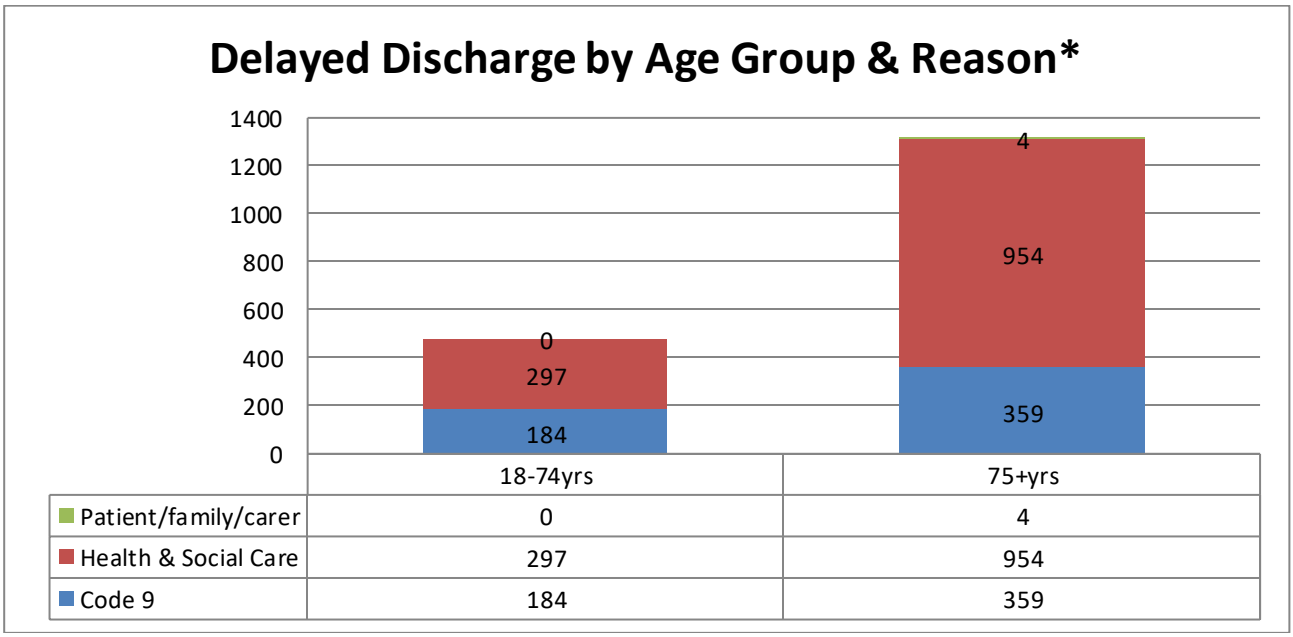


Figure 3.3b: Number of Delayed Discharges by Age and Reason



	18-74yrs	75+yrs
Patient/family/carer	0	4
Health & Social Care	297	954
Code 9	184	359

*Based on most recent complete 3 month data period

Situational Analysis:

Facilitating discharge from hospital when a patient is clinically fit to return home is an important component of the health and social care whole system. This ensures that people are supported safely at home where possible, reduces the loss of independence and allows hospital resources to be used for people in need of clinical care. This has been a particular focus during the period of the pandemic. 2020-21 was characterised by a marked reduction overall in delayed discharges due to Covid-19 emergency planning. National data is only available to July 2022, but figure. 3.3a illustrates the very challenging circumstances that continue to be experienced nation-wide with discharge planning. External scrutiny from the NHSGG&C Discharge Team continues to reflect their assurance that all is being done by EDHSCP in relation to delayed discharges. They recognise the specific challenge for us regarding complex cases (particularly where patients are subject

to Adults with Incapacity legislation), because there is sustained throughput of our delayed patients, unless there are specific circumstances.

Improvement Actions:
Use of electronic operational activity "dashboards" continues to enable local oversight of community patients who have been admitted to hospital so that we can respond more quickly, prior to these patients being deemed fit for discharge. We can also see patients who have been admitted who are not currently known to us, again allowing us to intervene early. In addition, all of the actions described in the previous indicator around prevention of admission are relevant to avoiding delayed discharges. Home for Me continues to coordinate our admission avoidance and discharge facilitation work (including discharge to assess) across a range of services, and has being expanded through recent Winter System Pressures funding as far as recruitment allows. We continue to work closely with care homes and other registered care providers to provide intensive support and assurance to support their recovery from the pandemic and return to more normal levels of activity.

3.4 Accident & Emergency Attendances

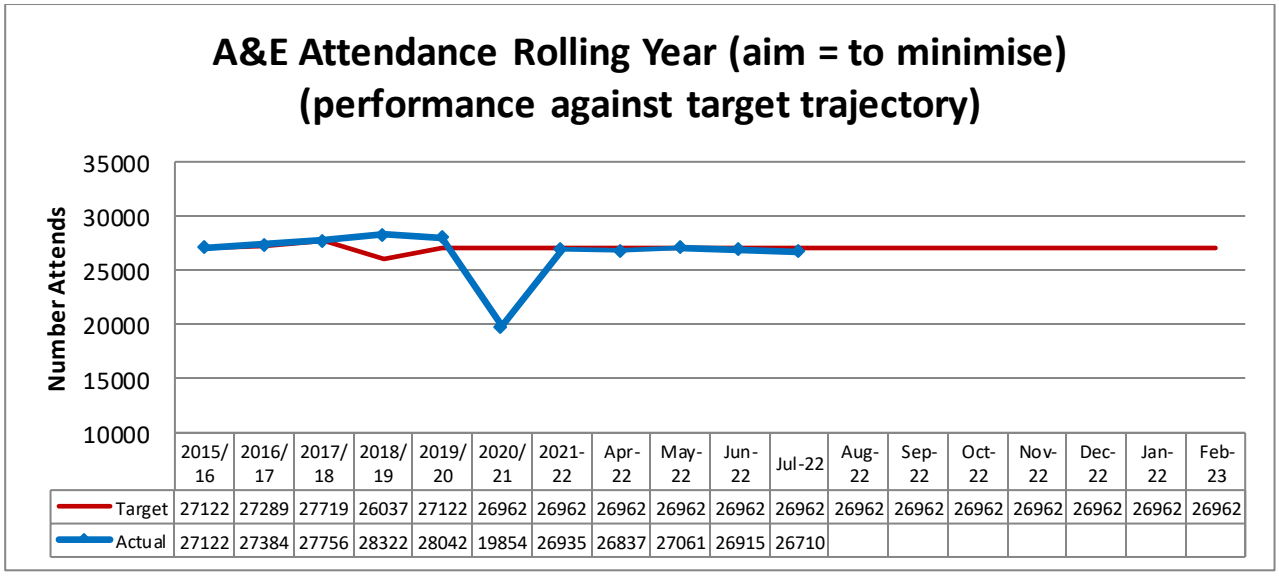
Rationale: Accident & Emergency attendance is focussed on reducing inappropriate use of hospital services and changing behaviours away from a reliance on hospital care towards the appropriate available support in the community setting. Aim = to minimise

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

Q2 2021-22	Q3 2021-22	Q4 2021-22	Q1 2022-23	Q2 2022-23	Quarterly Target (2022-23)
7,311	6,223	6,435	6,946	Full Q2 not available	6,740

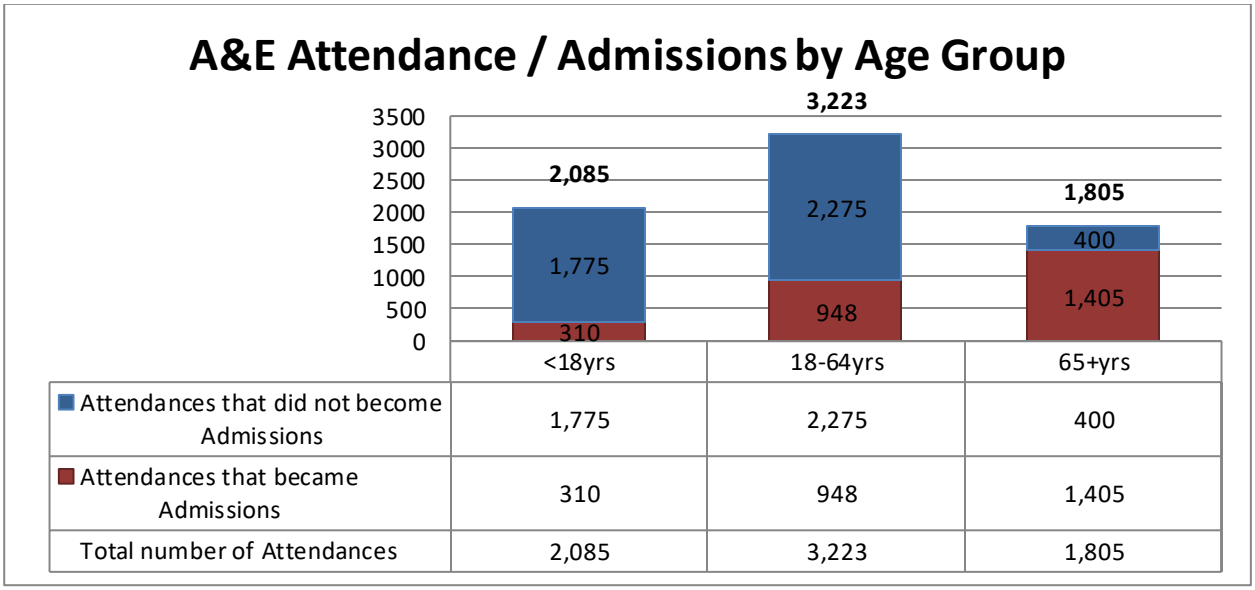
*Based on availability of complete data for quarter at time of report – subject to update.

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	26837	27061	26915	26710							

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



	<18yrs	18-64yrs	65+yrs
Attendances that did not become Admissions	1,775	2,275	400
Attendances that became Admissions	310	948	1,405
Total number of Attendances	2,085	3,223	1,805

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

Situational Analysis:
Pre-Covid, East Dunbartonshire had the second lowest level of emergency department attendances across Greater Glasgow and Clyde and this has continued since then, with an improvement this quarter to the lowest level of emergency department attendances. This is despite the considerable impact that the pandemic has had on attendance numbers. There was a very steep reduction in attendances during the first year of the pandemic due to a combination of public messaging and reduced community circulation. Over 2021-22, attendances returned to pre-Covid levels (as shown at 3.4a), with levels currently on-target.

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.

In common with emergency admissions and associated days in hospital outlined above, a similar pattern of substantial interruption was experienced during 2020-21, with emergency non-Covid-19 emergency attendances reducing markedly. National data is only available to July 2022, but is can be seen across the unscheduled care metrics that activity is increasing.

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 QEUH with plans to expand to the GRI.

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 July 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 September 2022

Measure	Actual (Year to Date)	Target (Year to Date)	Target RAG*	Rank in GGC (most recent month)
Emergency Dept. Attendances (18+)	9,422	9,837		1
Emergency Admissions (18+)	4,578	4,702		3
Unscheduled bed days (18+)	47,998	40,362		3
Delayed discharge bed days (all ages)	3,802	2,419		3

* 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

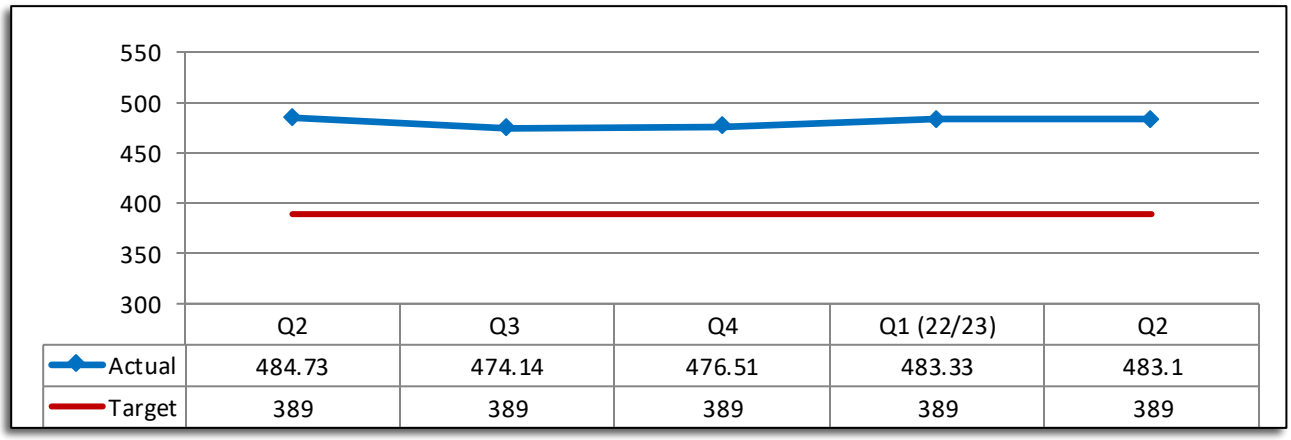
This section provides an updated report of Social Care core dataset and includes data collated by East Dunbartonshire Council's Performance & Research Team. Although reported separately from the Health and Social Care data, the following indicators are integral to achieving the targets set out in the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



	Q2	Q3	Q4	Q1 (22/23)	Q2
Actual	484.73	474.14	476.51	483.33	483.1
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 2. 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

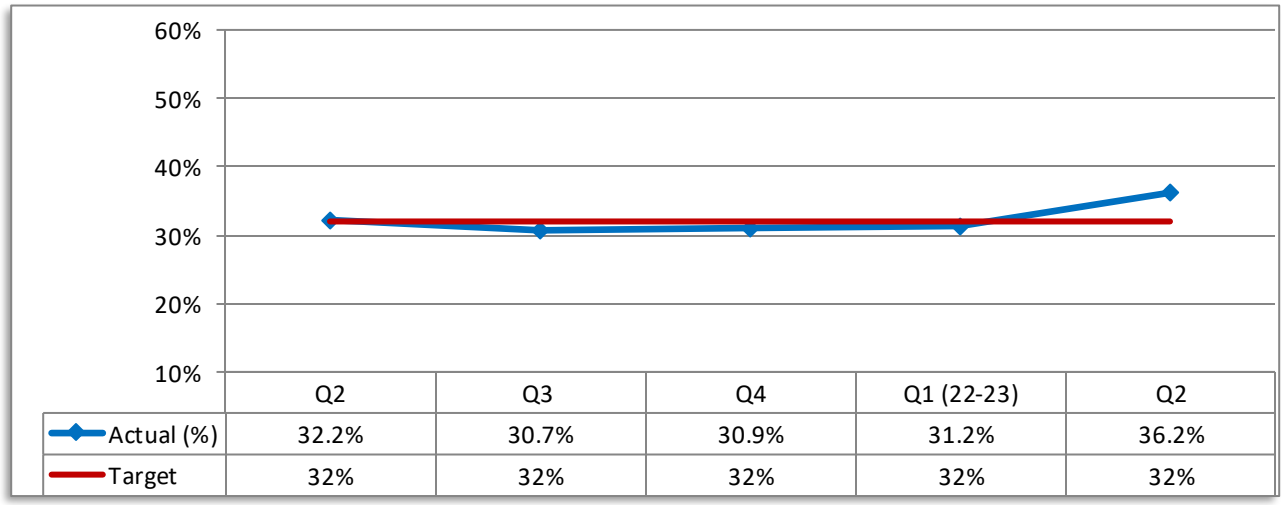
their preferred place of care and reducing the number of people living in long term care are all dependant on care at home.

The HSCP is working to our Covid-19 transition and recovery plan for homecare services to inform the way through and out of the pandemic. This will ensure that services continue to be available for people with eligible needs and maximises care in the community. The service 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, which 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)



	Q2	Q3	Q4	Q1 (22-23)	Q2
Actual (%)	32.2%	30.7%	30.9%	31.2%	36.2%
Target	32%	32%	32%	32%	32%

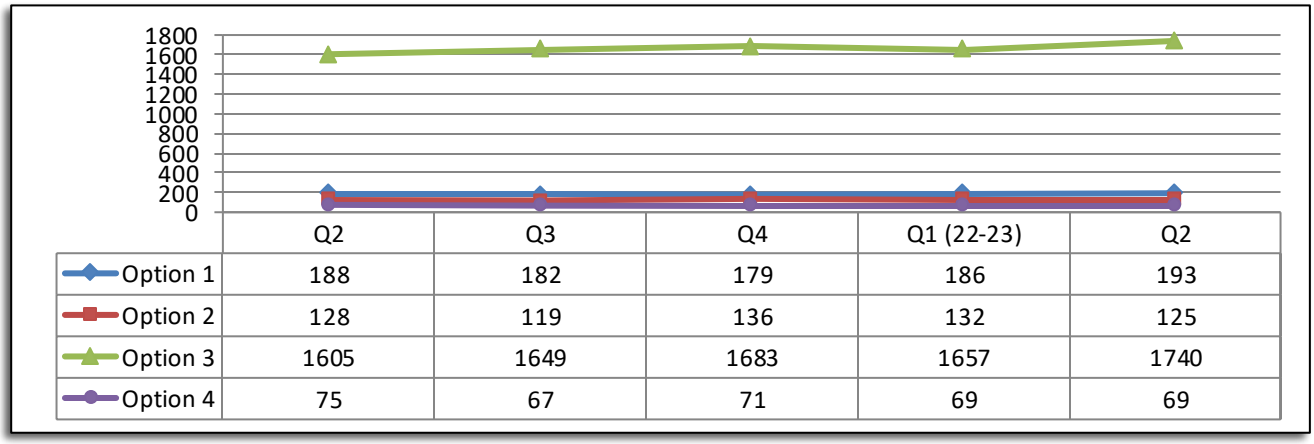
Situational Analysis:
This indicator is above target for quarter 2, 2022-23. The indicator measures the number of people over 65 receiving 10 hours or more of homecare per week, which is a measure of intensive support. Our policy is to support people with intensive care needs in the community as far as possible, traditionally the aim has been to maximise this value. However we also have to be mindful of the need to maximise independent living using "just enough" support rather than creating over-dependency. Quarter 2 has seen an increase in demand for those with intensive need reflecting the increasingly complexity and frailty of service users as described throughout this report.

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. Increased capacity to undertake reviews of externally commissioned packages of care will address our challenges in supporting new customers and those with fluctuations in need.

4.2b Systems supporting Care at Home

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

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



	Q2	Q3	Q4	Q1 (22-23)	Q2
Option 1	188	182	179	186	193
Option 2	128	119	136	132	125
Option 3	1605	1649	1683	1657	1740
Option 4	75	67	71	69	69

Situational Analysis:

The indicators measure the number of people choosing Self Directed Support Options to direct their own support package. Their choice will be dependent upon the amount of control and responsibility that the customer or their family wish to take in arranging the delivery of care. None of the options are considered inferior to the other options and the statistics reflect customer choice. This quarter has seen a decrease in option 2, and an increase in option 1 and 3. The slight increase in option 3 is due to the implementation of recording the choice to attend older people's day care for support as an option 3.

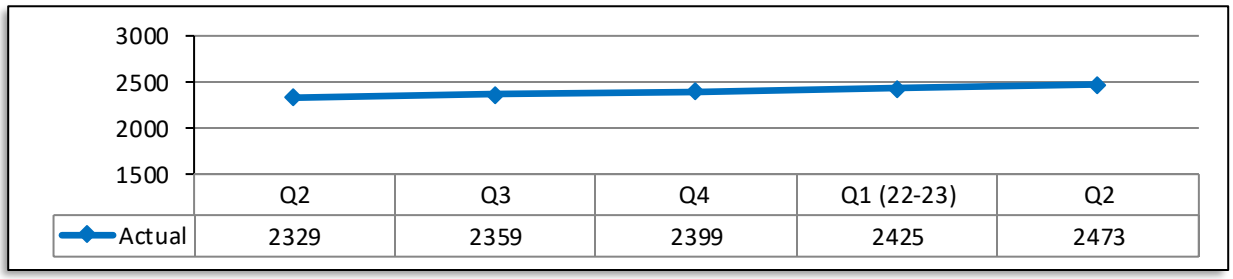
The issues relating to the recruitment of social care staff and Personal Assistants may be becoming a barrier just now to options 1 and 4, where the customer has more responsibility for sourcing the support independently and they may perceive that there is a benefit in options 2 and 3 where the agency has the responsibility to cover carer absence.

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)



	Q2	Q3	Q4	Q1 (22-23)	Q2
Actual	2329	2359	2399	2425	2473

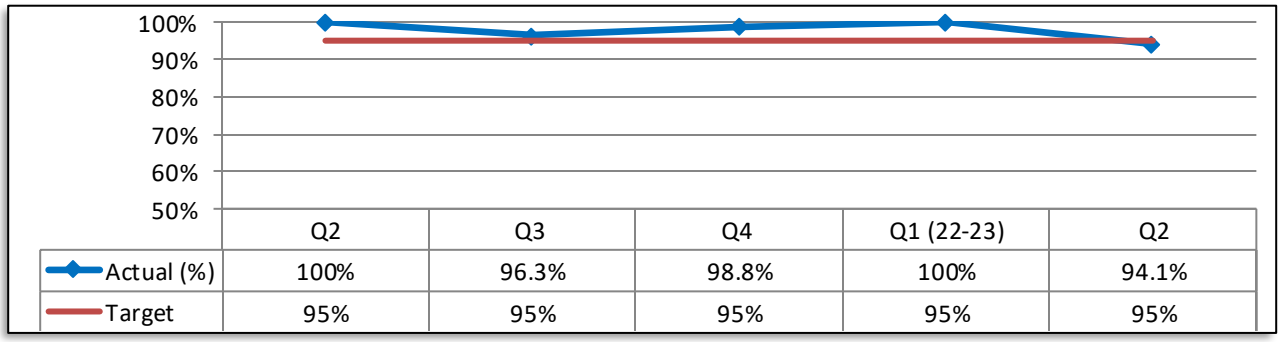
Situational Analysis:
There has continued to be a gradual increase in the number of people aged 75 and over with a telecare package. This is in line with expectations, as the population of people in East Dunbartonshire aged 75+ increases and telecare opportunities are maximised.

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)



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

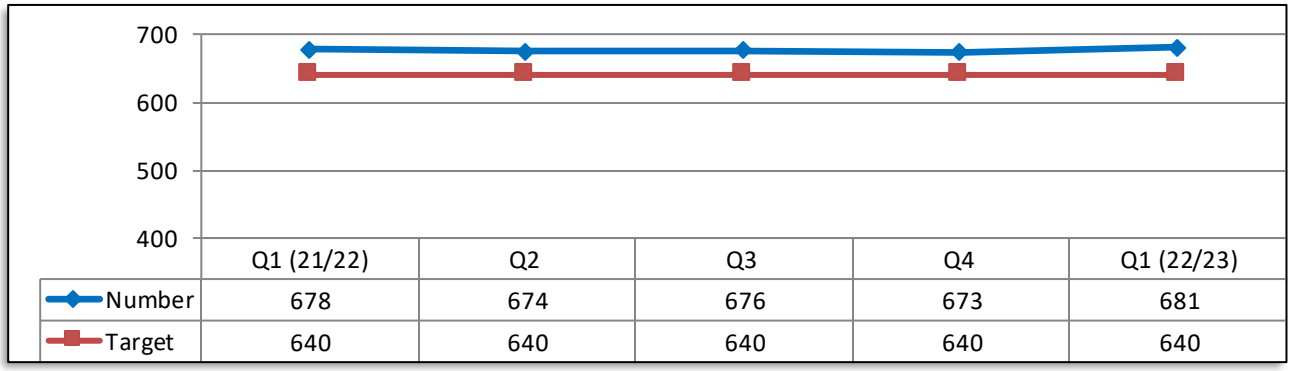
their community care assessment. In quarter 2 2022-23, performance however was just below target, as less than 5 individuals did not meet target.

Improvement Action:
The focus is to continue to deliver high levels of performance in this area and bring performance back above target levels.

4.4 Care Home Placements

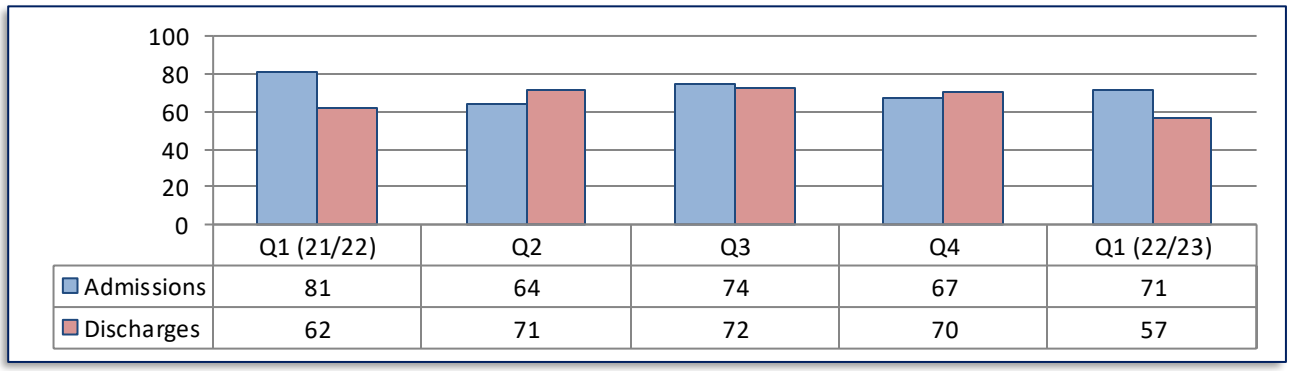
Rationale: The focus of the HSCP is to maximise opportunities for people to live active, independent lives for as long as possible which will prevent avoidable long term care placement. Aim = monitor care home placement numbers/maintain baseline

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



	Q1 (21/22)	Q2	Q3	Q4	Q1 (22/23)
Number	678	674	676	673	681
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)



	Q1 (21/22)	Q2	Q3	Q4	Q1 (22/23)
Admissions	81	64	74	67	71
Discharges	62	71	72	70	57

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 April to June 2022. Admissions to Care Homes are still below pre-Covid levels and continue to be affected by outbreaks of Covid-19 which results in the Care Home being closed to admissions, or to staffing shortages impacting on the ability to accept new residents.

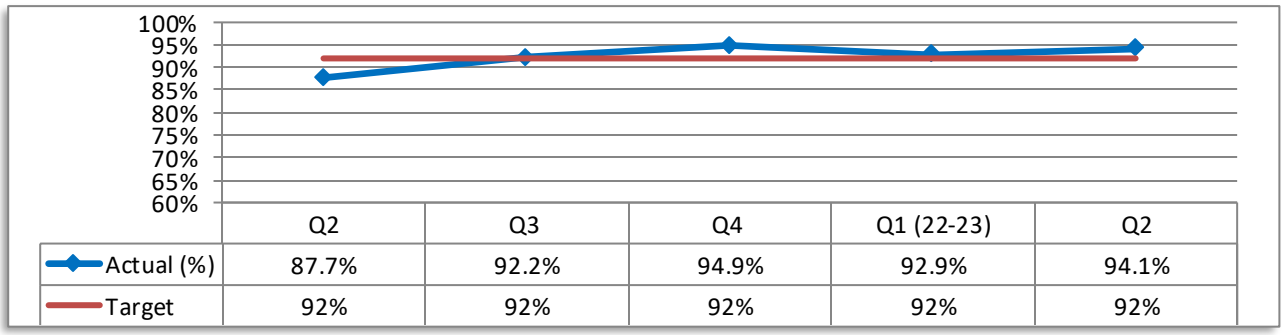
Improvement Action:
Work continues to analyse and manage care home admission pressures, taking into account the potential consequences, both personal and organisational, of long term care decision-making. Intensive support and assurance work is being provided by the HSCP for to care homes in the area, 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 (HSCP-05-BIP-6)

(Aim = to maximise)



	Q2	Q3	Q4	Q1 (22-23)	Q2
Actual (%)	87.7%	92.2%	94.9%	92.9%	94.1%
Target	92%	92%	92%	92%	92%

Situational Analysis:
Quarter 2 has seen above target performance. This shows continued positive recovery from a dip below target during the middle part of 2021-22, which was due to the impact of Covid-19 on staffing levels within the operational teams and a sharp increase in referrals.

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. Any necessary adjustments to reporting will be made once the framework has been agreed for implementation.

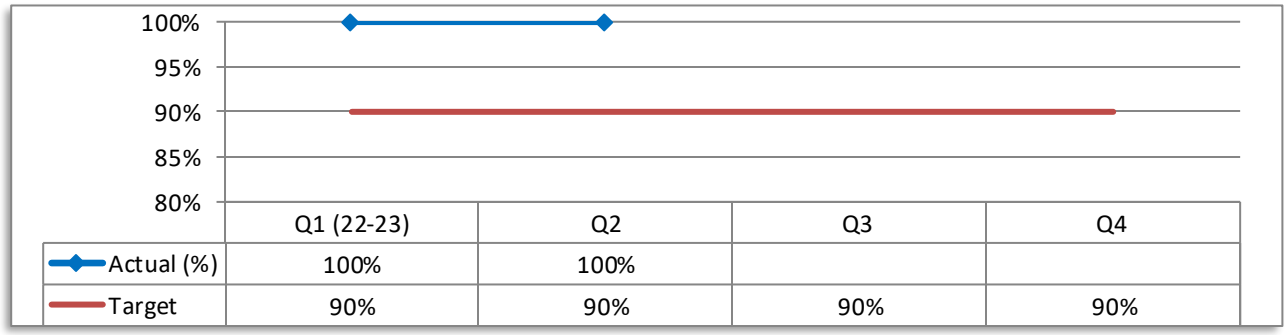
4.6 Adult Social Work: Service User Personal Outcomes (*new measure for 2022-23*)

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

(HSCP-BIP-10)

(Aim = to maximise)



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

Situational Analysis:
Quarter 2 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

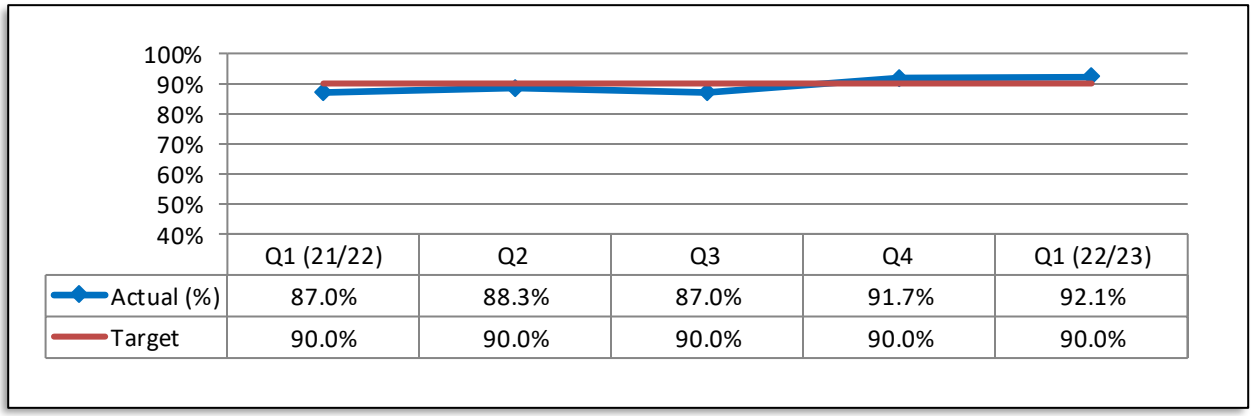
LDP Standards refer to a suit of targets, set by the Scottish Government, which define performance levels that all Health Boards are expected to either sustain or improve. This section reports on the Standards delivered by, or relevant to, the HSCP.

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)



	Q1 (21/22)	Q2	Q3	Q4	Q1 (22/23)
Actual (%)	87.0%	88.3%	87.0%	91.7%	92.1%
Target	90.0%	90.0%	90.0%	90.0%	90.0%

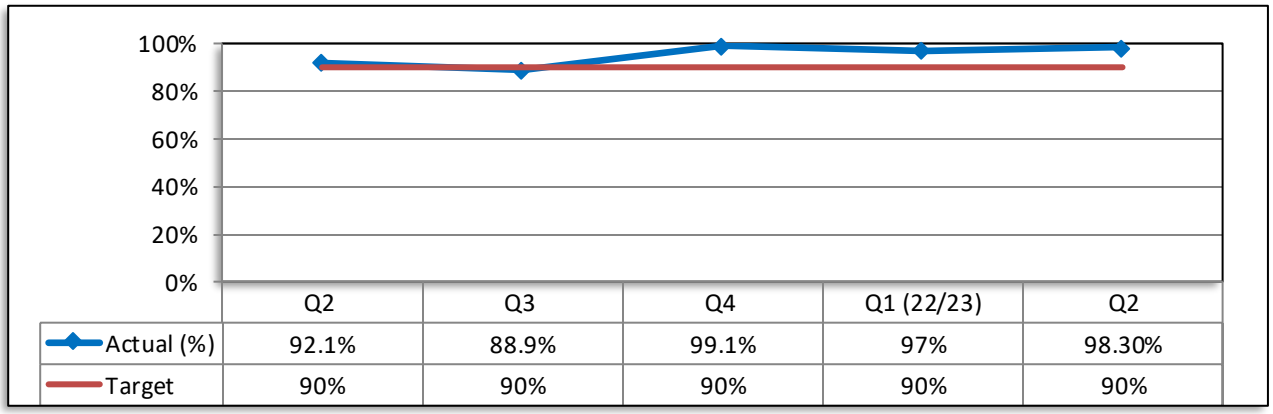
Situational Analysis:
2022-23 quarter 2 waiting time performance data had not been published at the time of preparing this report, so the most recent data relates to April – June 2022. Performance was slightly above target for this quarter which demonstrates steady improvement over the last 12 months despite the service continuing to operate with Covid-19 restrictions and impacts of staffing availability.

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. 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)



	Q2	Q3	Q4	Q1 (22/23)	Q2
Actual (%)	92.1%	88.9%	99.1%	97%	98.30%
Target	90%	90%	90%	90%	90%

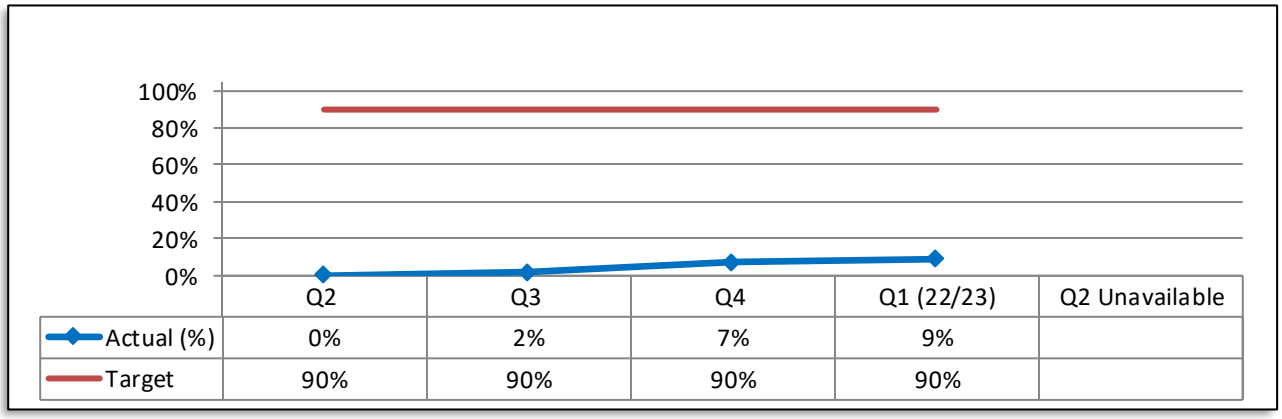
Situational Analysis:
This includes the Community, Primary and Older People's Mental Health Teams. The performance standard is measured as the percentage of people seen within 18 weeks from referral to delivery of service. The service has delivered comfortably above target by this measure for the past 9 months, despite the pressures presented by the pandemic. This level of performance was achieved whilst the service has been experiencing recurring recruitment challenges over Clinical Psychologists and Covid-19 restrictions, when alternative mechanisms for providing support were used, which met the needs of the people being supported.

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

5.3 Dementia Post Diagnostic Support

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

Figure 5.3: Percentage of People Newly Diagnosed with Dementia Accessing PDS (aim = to maximise)



	Q2	Q3	Q4	Q1 (22/23)	Q2 Unavailable
Actual (%)	0%	2%	7%	9%	
Target	90%	90%	90%	90%	

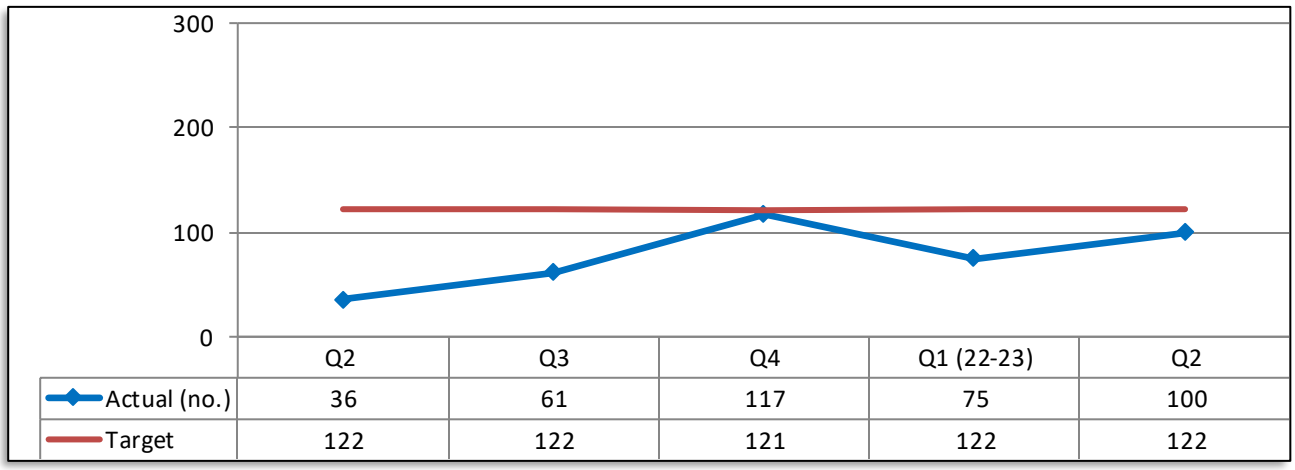
Situational Analysis:
This indicator examines how many patients are accessing PDS within 12 weeks of new diagnosis. In the early part of 2021-22, the service was operating almost at target levels, but was severely impacted later in the year by non-Covid related staffing issues, which persisted into quarter 1 of 2022-23. Unfortunately quarter 2 data was unavailable at the time of publishing this report.

Improvement Action:
Work is ongoing to return performance to target levels. The HSCP is currently undertaking a review of PDS provision, including recruitment, making use of the newly allocated Scottish Government funding for PDS.

5.4 Alcohol Brief Interventions (ABIs)

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

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



	Q2	Q3	Q4	Q1 (22-23)	Q2
Actual (no.)	36	61	117	75	100
Target	122	122	121	122	122

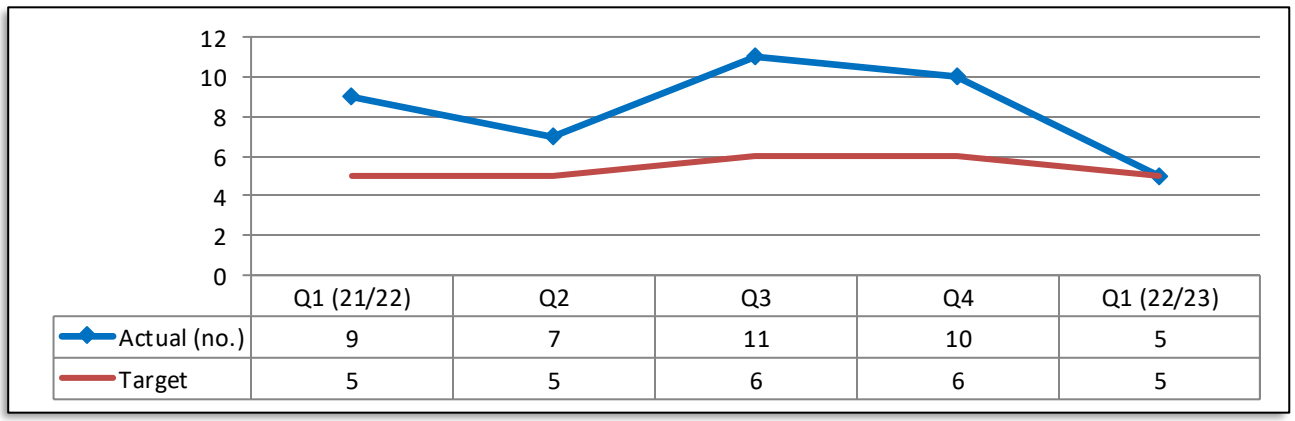
Situational Analysis:
Fig 5.4 shows that the delivery of ABIs significantly reduced during 2021-22 due to the severe impact of Covid-19 restrictions on these therapeutic interventions. Performance improved over the course of the year, but it continues to be challenging as can be demonstrated with off-target performance during quarter 1 and 2 of 2022-23. 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.

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)



	Q1 (21/22)	Q2	Q3	Q4	Q1 (22/23)
Actual (no.)	9	7	11	10	5
Target	5	5	6	6	5

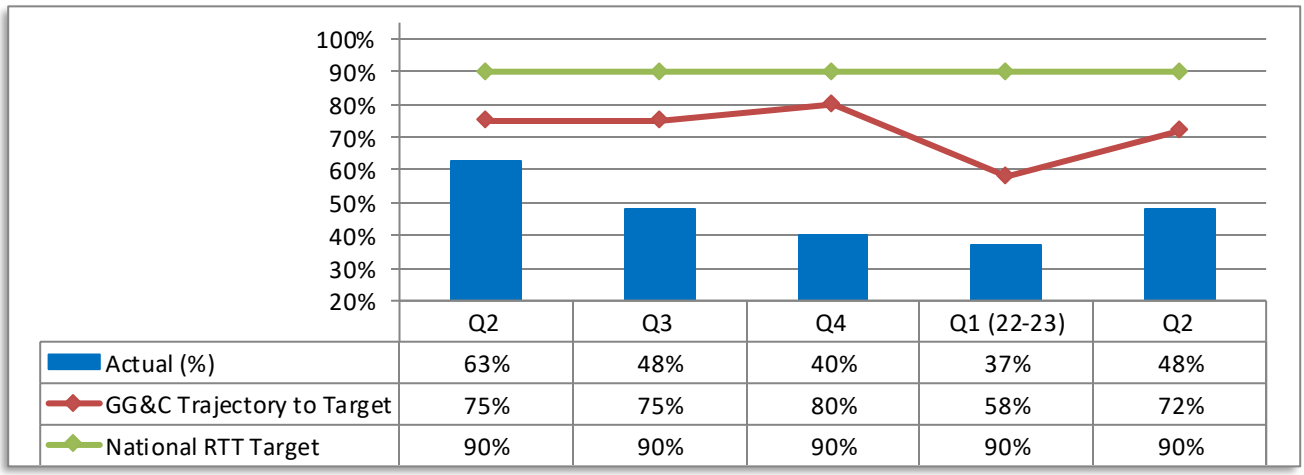
Situational Analysis:
Targets for smoking cessation are set centrally by NHSGGC. Data is generally 3 months behind, so Fig 5.5 shows the most recent data available. The target of 5 quits has been met in quarter 2, performance has however been above target in previous reporting periods. The target of 22 quits was exceeded during 2021-22, with a total of 37 quits achieved

Improvement Action:
Although referral numbers and intervention mechanisms were detrimentally affected during the pandemic in 2021-22, the target was nonetheless met during this period which is a credit to the service. As we move through and out of the pandemic, the objective will be to continue to increase referrals and reinstate normal intervention methods, when safe to do so. Alternative methods of intervention will continue to be used on a blended basis as some "virtual" approaches have been found to be successful.

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

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

Figure 5.6: Percentage of Young People seen or otherwise discharged from the CAMHS waiting list who had experienced a wait of <18wks (aim = to maximise)



	Q2	Q3	Q4	Q1 (22-23)	Q2
Actual (%)	63%	48%	40%	37%	48%
GG&C Trajectory to Target	75%	75%	80%	58%	72%
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 2 in East Dunbartonshire, 72% of children *on the waiting list* were waiting for less than 18 weeks. While 48% of *children seen*, or discharged from the waiting list, had waited less than 18 weeks. [1] 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). 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 increasing, as noted above.
- The CAMHS Mental Health Recovery and Renewal Programme Board is meeting 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 resource agreed with Chief Officers and staff in post. The plan has been revised, and trajectories have been remodelled using a Public Health Scotland Tracker tool. CAMHS Waiting List Initiative Group meet bimonthly to monitor performance of the plan.
- 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.
- While the Waiting List Initiative continues, the focus on long waits, and increased demand and increased complexity of presentation, mean improvement and return to national RTT has been extended to spring 2023.
- Regular performance updates supplied to CAMHS management and teams to ensure the most effective use of clinical capacity for the waiting list and open caseload. Regular monitoring of CAMHS clinical caseload management available to the service on a monthly or as required basis.
- Scottish Government funding has been provided to HSCPs for the development of community mental health and wellbeing Tier 1 and 2 resource for children and young people.

[1] While the majority of young people discharged from the waiting list are discharged because they receive treatment, some are discharged for other reasons (e.g. the young person may have refused or opted out of service or the service was unable to contact the young person). Recent procedural changes have resulted in more accurate recording of these discharges.

- 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.
- Ongoing implementation of the revised RTT guidelines. GGC CAMHS now use a model where the clinician stops the clock when they start treatment, which is mainly first contact.

Agreed Trajectory until March 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	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
% NHSGGC CAMHS patients seen <=18 wks	**53.2%**	**54.5%**	**65.8%**	**61.6%**	**68.0%**	**84.2%**						
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

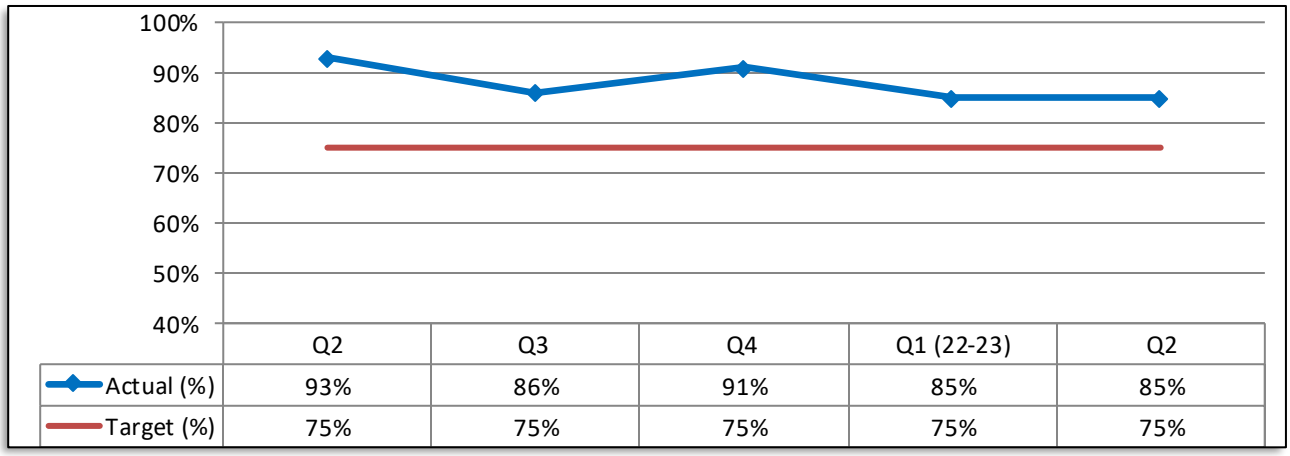
This section provides an updated report performance against key Children and Families indicators. The indicators reported are:

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)



	Q2	Q3	Q4	Q1 (22-23)	Q2
Actual (%)	93%	86%	91%	85%	85%
Target (%)	75%	75%	75%	75%	75%

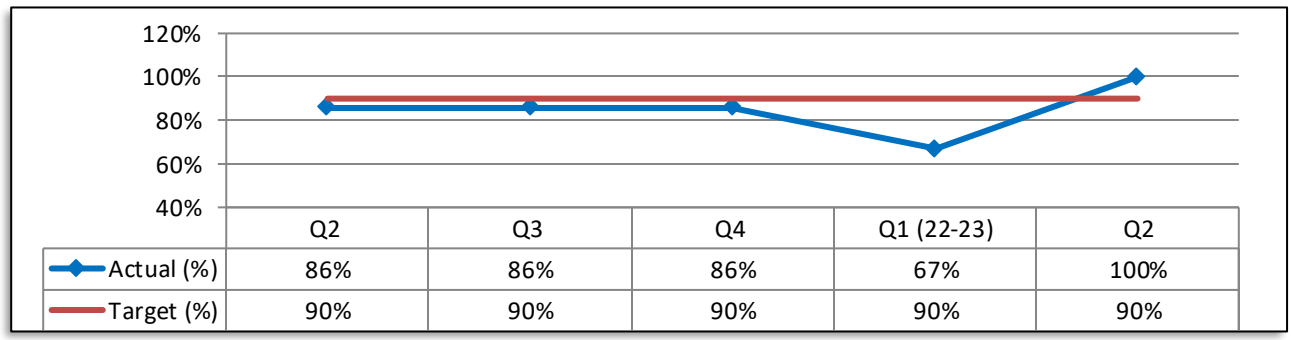
Situational Analysis:
Quarter 2 demonstrates continued performance above target, with 17 out of 20 ICA reports submitted to SCRA arrived within the target timescale.

Improvement Action:
Maintain good performance.

6.2 Initial Child Protection Case Conferences Timescales

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

Figure 6.2: Percentage of Initial Child Protection Case Conferences taking place within 21 days from receipt of referral (aim = to maximise)



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

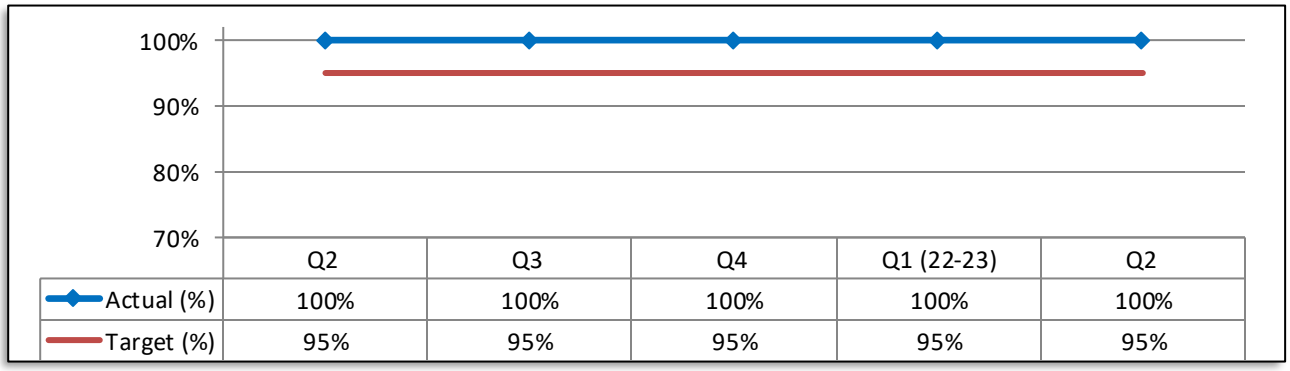
Situational Analysis:
Performance in Quarter 2 is above target at 100% compliance. 11 Initial Child Protection Case Conferences were held during quarter 2; all were within timescale.

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 3 months of registration (aim = to maximise)



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

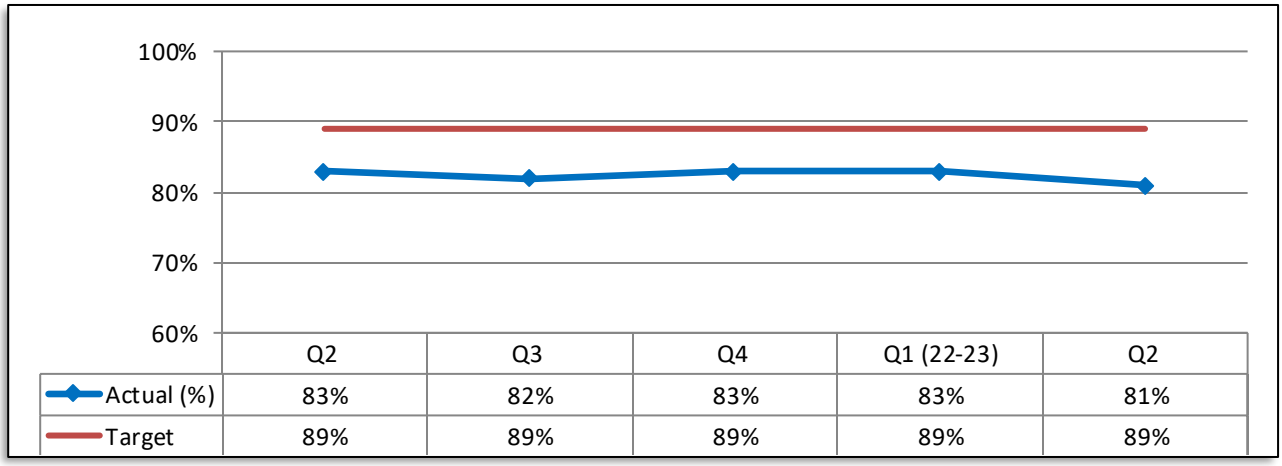
Situational Analysis:
Performance in quarter 2 continues to be above target at 100%, with all 11 Child Protection Reviews within the quarter taking place within timescale.

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)



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

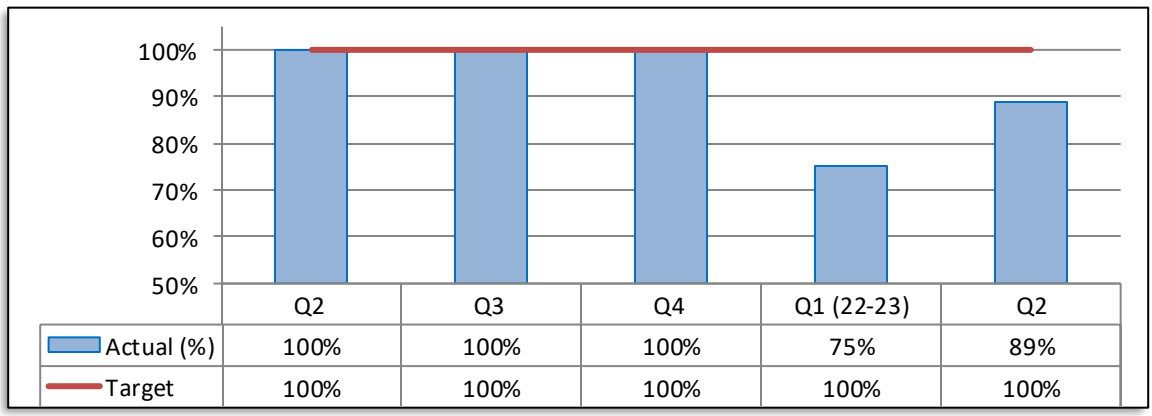
Situational Analysis:
Performance in 2022-23 quarter 2 has been decreased slightly from the previous quarter and remains off-target. There has been a 6% increase in the overall number of looked after children since the last quarter, with 4 new residential placements.

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)



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

Situational Analysis:
Performance in quarter 2 has improved but remains below target. There were 9 first LAAC Reviews held during the quarter and 8 took place within the target timescale. The 1 LAAC Review that was out with timescale was to accommodate Team Manager attendance.

Improvement Action:
To maintain high levels of performance.

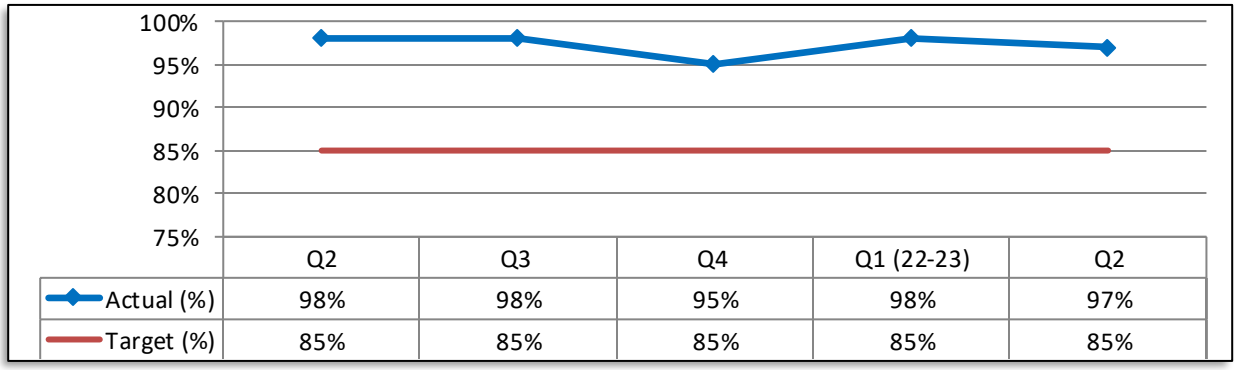
6.6 Children receiving 27-30 month Assessment

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)



	Q2	Q3	Q4	Q1 (22-23)	Q2
Actual (%)	98%	98%	95%	98%	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 2 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

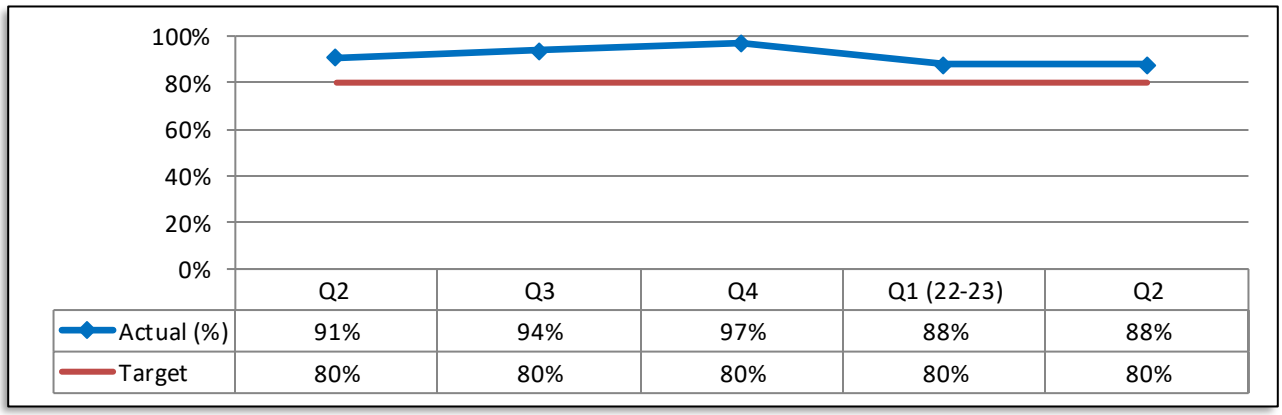
This section provides an updated report performance against key Criminal Justice indicators. The indicators reported are:

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)



	Q2	Q3	Q4	Q1 (22-23)	Q2
Actual (%)	91%	94%	97%	88%	88%
Target	80%	80%	80%	80%	80%

Situational Analysis:

24 people were due to begin work placements during quarter 2 and 21 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.

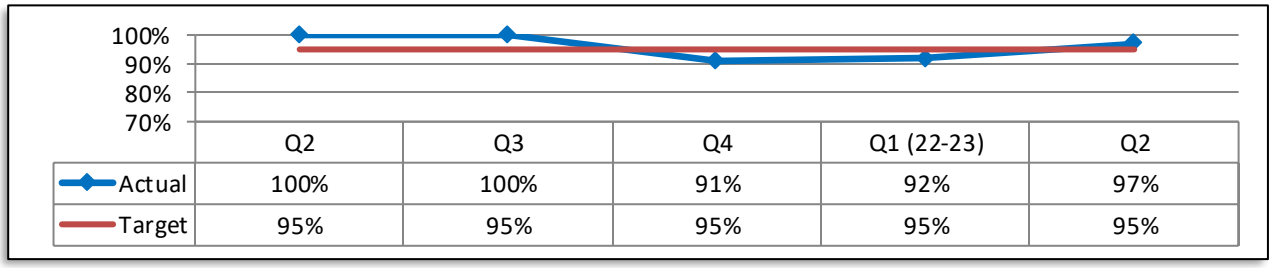
Improvement Action: The focus will be on the recovery of services in line with national and local public health guidance.

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)

Rationale: National Outcomes & Standards (2010) stresses the importance of providing reports to courts by the due date, to facilitate smooth administrative support arrangements.



	Q2	Q3	Q4	Q1 (22-23)	Q2
Actual	100%	100%	91%	92%	97%
Target	95%	95%	95%	95%	95%

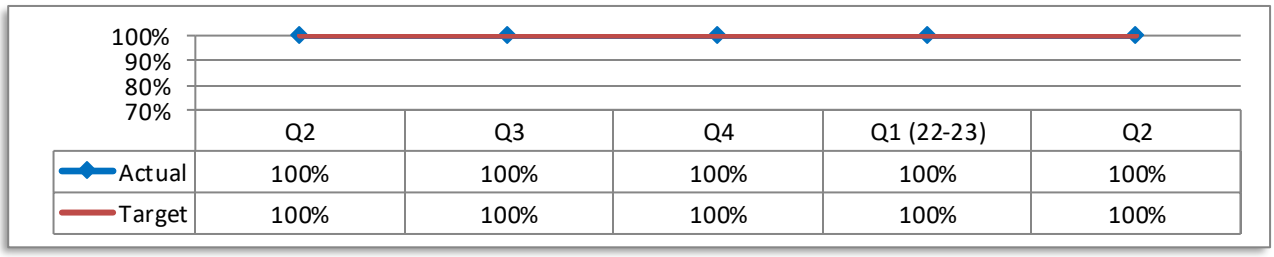
Situational Analysis: Performance in quarter 2 has returned to being above target for this indicator. 60 reports were submitted to Court during the quarter and 58 were within target timescale. 2 reports were submitted on the day they were due but after the 12 noon deadline; they were all accepted by the Court.

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)



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

Situational Analysis: Performance continues to be on target with all 76 reports being within the target timescale.

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

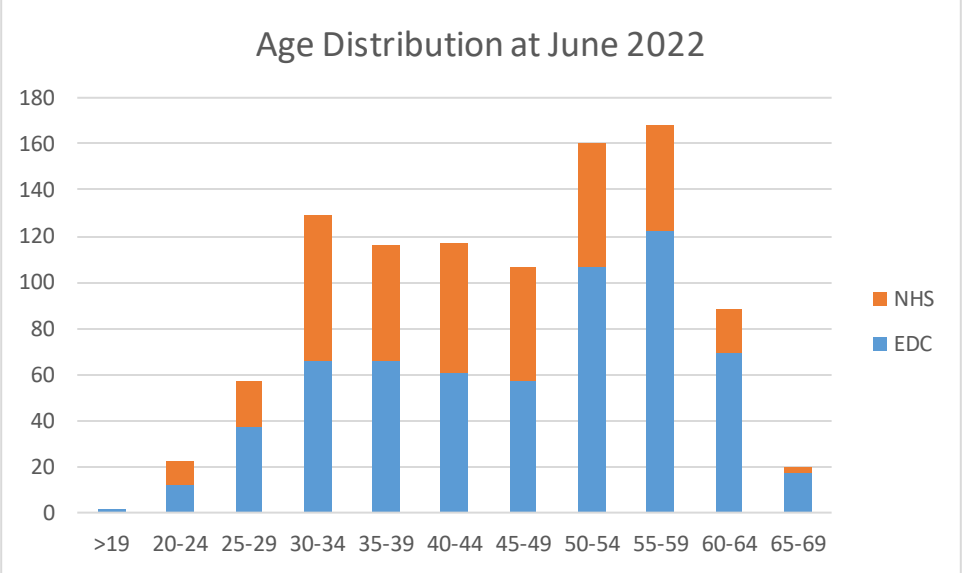
- Workforce Demographics
- Sickness / Absence Health Staff and Social Care Staff
- Knowledge & Skills Framework (KSF) / Personal Development Plan (PDP) / Personal Development Review (PDR)

8.1 Workforce Demographics

Employer	Headcount				WTE			
	Dec-21	Mar - 22	Jun-22	Sept - 22	Dec-21	Mar-22	Jun - 22	Sept - 22
NHSGGC	351	354	370	368	295.6	297.8	313.23	311.68
EDC	605	623	616	607	507.88	526.7	527.18	520.3
Total	956	977	986	975	803.48	824.5	840.41	831.98

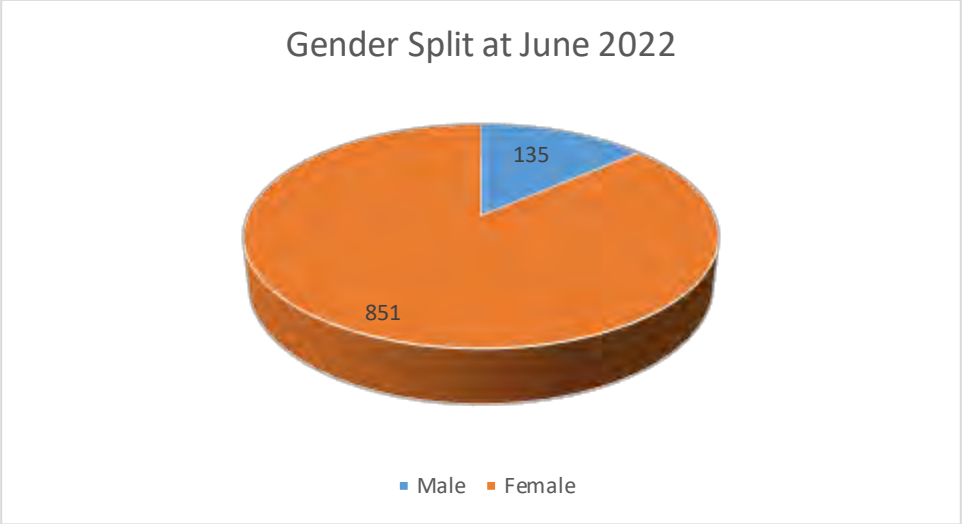
The picture for the NHS workforce shows an increase overall since December 2021 of 19 staff with an overall increase of 28.5 wte staffing. This picture shows that the partnership is working hard to accommodate flexible working for staff with some staff increasing their hours.

8.2 HSCP Staff by Age profile



The age profile shows that the majority of staff remain aged over 45yrs and that we have a very low number of staff less than 25 yrs. of age (24). 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 EDC has been slowly reducing since the start of 2022 with an upturn in September 2022.

Overall absence is decreasing within the HSCP but remains challenging. All absence is managed in line with policy.

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.

Sickness / Absence %		
Month	**EDC**	**NHSGGC**
Jan 22	10.43	5.24
Feb 22	9.74	5.60
Mar 22	9.78	5.03
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
Ave	**9.82**	**5.22**

8.5 KSF / PDP / PDR

KSF Activity	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sept 22
Actual	42	44	44	44	44	44	45	45	49.7	55	57	60
Target	80	80	80	80	80	80	80	80	80	80	80	80

KSF (Knowledge & Skills Framework) is the NHS staff review process to ensure that staff are competent to undertake the tasks associated with their role and have the appropriate learning and development planned across the year. Due to Covid-19 our progress towards the target figure was paused but whilst some work is being done it is likely to be the final quarter of 2022-23 before we return to target, and we are building it around Wellbeing.

8.6 Performance Development Review (PDR)*

PDR		
Quarter	**% recorded***	**Target %**
Q3	37.48	80
Q4	70.08	85
Q1 22/23	14.26	65
Q2	18.06	75

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: 12.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**17TH NOVEMBER 2022**
REPORT REFERENCE:	**HSCP/171122/12**
CONTACT OFFICER:	**JEAN CAMPBELL, CHIEF FINANCE & RESOURCE OFFICER, Tel: 07583902000**
SUBJECT TITLE:	**FINANCIAL PERFORMANCE ON BUDGET 2022/23 – MONTH 6**

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 6 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 £2.05m as at month 6 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 4)**.

2.5 Note the anticipated reserves position at this stage in the financial year set out in (**Appendix 5)**.

2.6 Note the summary of directions set out within (**Appendix 7)**

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 £202.391m. A breakdown of these adjustments are included as **Appendix 1.** These adjustments related largely to the receipt of Tranche 1 PCIP funding and an increased to family health service budgets.

3.3 Partnership Performance Summary

The overall partnership position is showing a year end surplus on directly managed partnership budgets of £2.77m at this stage in the financial year, a positive movement of £0.7m. This is the underlying variance after adjusting for anticipated balances to be taken from earmarked reserves of £11.9m. It is early in the financial year and there remain a number of uncertainties at this stage due to the volatility of significant elements of the HSCP budget related to cost and demand pressures as the year progresses, 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.

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 6	Projected Variance - Mth 3	Movement from last period
East Dunbartonshire Council	71,555	69,788	1,767	1,580	187
NHS GG&C	130,836	129,829	1,006	472	534
TOTAL	202,391	199,617	2,773	2,052	721

3.5 This shows an under spend on Social Work services and delegated housing functions of £1.767m and an under spend on community health services of £1.006m.

3.6 There is no further funding expected in this financial year from SG to support ongoing Covid-19 related expenditure, this will be met entirely from the residual reserves balance held by the HSCP. Each HSCP area is required to account for ongoing Covid-19 related expenditure to SG which is subject to scrutiny and challenge to ensure this continues to be used appropriately. Following the Quarter 1 submissions to SG made at the end July 2022, related to the period to 30th June 2022, a letter was received from the SG Director of Health Finance and Governance updating on Covid reserves (**attached as Appendix 2**). This set out the significant changes to Public Health policies since the funding was provided to IJBs resulting in significantly less expenditure on Covid related measures within HSCPs than initially anticipated prompting SG to seek recovery of any surplus Covid reserves. This will be re-distributed across the public sector to meet wider system Covid pressures.

3.7 The mechanism for the reclaim of any surplus Covid reserves has yet to be clarified but will be based on Qtr 2 submissions to SG, made on the 28th October, for the period to 30th September 2022. This includes actual Covid expenditure incurred to date along with estimates of anticipated costs to year end. The totality of the Local Mobilisation Plan expenditure for East Dunbartonshire at Quarter 2 was £4.393m to be funded through current Covid reserves of £9.963m. On this basis ED HSCP would expect to return £5.57m of reserves related to Covid funding. A copy of the Quarter 2 return and breakdown of costs is set out below:

Total HSCP Covid Costs - East Dunbartonshire		
Workstream Mapping	£000s	**2022-23 Revenue Total**
2. Vaccinations	Flu Vaccination & Covid-19 Vaccination (FVCV)	**256,876**
3. Workforce and Capacity	Additional Staff Costs (Contracted staff)	**263,736**
3. Workforce and Capacity	Additional Staff Costs (Non-contracted staff)	**65,831**
4. PPE, Equipment and IPC	Additional Equipment and Maintenance	**513**
4. PPE, Equipment and IPC	Additional PPE	**67,658**
5. Social Care and Community Capacity	Additional Capacity in Community	**142,024**
5. Social Care and Community Capacity	Children and Family Services	**981,089**
5. Social Care and Community Capacity	Covid-19 Financial Support for Adult Social Care Providers	**2,371,713**
6. Primary Care	Additional FHS Contractor Costs	**90,381**
7. Miscellaneous	Digital & IT costs	**3,787**
7. Miscellaneous	Loss of Income	**141,701**
7. Miscellaneous	Other	**7,899**
Total Covid Costs - HSCP - All		**4,393,207**

3.8 There remains uncertainty in the projected Covid-19 related costs as the SG have a number of workstreams in train to drive these costs down including changes to the provider sustainability criteria, changes to the PPE Hub model, changes to Covid-19 guidance which will impact on continuing costs being incurred. 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 Qtr 2 return with an expectation that further funding would be available to meet any cost pressures. We await correspondence from SG to confirm this position.

3.9 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 6 (£000)	Reserves Adjustment (£000)	Underlying Projected Variance - Mth 6 (£000)	Projected Variance - Mth 3	Movement
Strategic & Resources	167	138	327	465	(379)	844
Community Health & Care Services	53,540	(536)	2,105	1,569	1,820	(251)
Mental Health, Learning Disability, Addictions & Health Improvement	29,423	(1,113)	1,443	330	473	(143)
Children & Criminal Justice Services	16,161	42	79	121	(32)	153
Other Non SW - PSHG / Care & Repair/Fleet/COG	1,259	141	0	141	141	0
FHS - GMS / Other	31,836	0	0	0	0	0
FHS - Prescribing	21,127	0	0	0	6	(6)
Oral Health - hosted	10,341	(3,600)	3,600	0	0	0
Set Aside	38,514	0	0	0	0	0
Covid	23	(4,245)	4,393	148	23	125
Projected Year End Variance	**202,391**	**(9,174)**	**11,948**	**2,773**	**2,052**	**721**

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

- Strategic & Resources (under spend of £0.465m, a positive movement of £0,844m since that reported at period 3) – 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 has been offset by Adult Social Work Capacity Funding which will be 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 £1.569m, a negative movement of £0.251m since that reported at period 3) – there continues to be reduced levels of care home placements, supported living packages and care at home services purchased from the external market due to the continuing impacts of Covid-19. Numbers are continuing to recover to more normalised levels and work to mitigate recruitment issues across the care at home market is underway including a pay uplift to staff in line with the Scottish Living wage. 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.

- Mental Health, Learning Disability, Addiction Services (£0.330m under spend, a negative movement of £0.143m since that reported at period 3) – 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 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.

- Children and Criminal Justice Services (under spend of £0.121m, a positive movement of £0.153m since that reported at period 3) – there continues to be pressures due to challenging turnover savings across Children's Social Work payroll budgets and use of agency staff within Lowmoss Prison, this is offset to some extent through savings in community paediatrics and reductions in external fostering and residential childcare placements as children move onto positive destinations.

- Housing Aids and Adaptations, Fleet and Care of Gardens (underspend of £0.141m, no movement since that reported at period 3) - 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.

- Covid (underspend of £0.148m, a positive variation of £0.125m since that reported at period 3) – relates to an improved picture in relation to the number of childcare residential and external fostering placements put in place in response to the pandemic which have reduced in number as children are moving onto more permanent arrangements post covid.

3.11 The consolidated position for the HSCP is set out in **Appendix 3**.

3.12 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 4**.

3.13 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 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.

3.14 In addition, the HSCP had earmarked reserves of £23.912m which are available to deliver on specific strategic priorities. A breakdown of these reserves is attached as **Appendix 5**. It is expected, at this stage that £11.948m will be required in year to support expenditure across a number of policy areas and this will be updated as spending plans become clearer as the year progresses, 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 £11.964m which will reduce further once the surplus on Covid reserves of £5.570m is returned to SG.

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

- 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, the extent of this yet to be confirmed, however advice from SG is that no 'additional' funding will be provided to support the AFC uplifts but rather there will be a re-prioritisation of other funding commitments, whether this relates to funding already received by the HSCP or the re profiling of national funding streams such as PCIP and ADP has yet to be clarified and is expected to form part of the SG emergency budget considerations. Any further funding to support local authority pay settlements is not expected to cover the full extent of the pay uplift proposed. 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 (attached as **Appendix 6**). Discussions are ongoing with East Dunbartonshire Council colleagues with an expectation that the Council will follow the requirements of the letter. A 1% increase on pay budgets equates to approximately £462k (£294k relates to social work staff). Current financial estimates of the financial impact to the HSCP are in the region of £700k based on the proposed uplift to pay of 5% for local authority staff. This will have an impact on the current reported financial position.
- 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 recovery phase 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.
- Funding allocations for the Primary Care Improvement Programme (PCIP), Action 15 and other SG initiatives may be curtailed and offset against balances held in reserve. This presents significant issues where plans have been developed and commitments made against these reserve balances which may 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.

- 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 £2.773m. 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 – Letter from SG Director of Health Finance and Governance – Update on Covid Reserves
8.3 Appendix 3 – Integrated HSCP Financial Performance at Month 6
8.4 Appendix 3a – NHS Financial Performance at Month 6
8.5 Appendix 3b – Social Work Financial Performance as at Period 6
8.6 Appendix 4 – HSCP Savings Update 2022/23
8.7 Appendix 5 – HSCP Reserves 2022/23
8.8 Appendix 6 – Letter from SG Deputy Director of Local Government and Analytical Services – Update on Funding for Social Work Pay Uplift
8.9 Appendix 7 – 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
			0
Revised 2022/23 Budget	**130,836**	**71,555**	**202,391**
Anticipated Covid Funding Outstanding			*0*
Anticipated 2022/23 Budget	***130,836***	***71,555***	***202,391***

East Dunbartonshire HSCP
Consolidated Financial Performance 2022/23 6 **APPENDIX 3**
Period to the 30th June 2022

Care Group Analysis	Annual Budget 2022/23 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Strategic & Resources	167	237	2,221	(1,984)	30	138	327	0	465	277.81%
Older People & Adult Community Services	48,240	21,253	21,363	(110)	48,815	(575)	2,105	0	1,531	3.17%
Physical Disability	5,300	2,500	2,173	327	5,261	38	0	0	38	0.72%
Learning Disability	22,696	10,192	9,978	214	22,871	(175)	39	0	(136)	-0.60%
Mental Health	5,239	2,500	2,471	29	5,537	(298)	687	0	389	7.43%
Addictions	901	472	529	(57)	1,548	(646)	677	0	30	3.38%
Planning & Health Improvement	586	292	269	23	581	6	40	0	46	7.78%
Childrens Services	15,765	7,750	6,882	868	15,530	235	79	0	314	1.99%
Criminal Justice Services	395	248	224	24	588	(193)	0	0	(193)	-48.85%
Other Non Social Work Services	1,259	629	409	220	1,117	141	0	0	141	11.23%
Family Health Services	31,836	16,344	16,344	0	31,836	0	0	0	0	0.00%
Prescribing	21,127	10,399	10,310	89	21,127	0	0	0	0	0.00%
Oral Health Services	10,341	5,259	6,278	(1,018)	13,942	(3,600)	3,600	0	(0)	0.00%
Set Aside	38,514	19,257	19,257	0	38,514	0	0	0	0	0.00%
Covid Expenditure	23	20	721	(700)	4,268	(4,245)	4,393	0	148	642%
Net Expenditure	202,391	97,354	99,430	(2,075)	211,565	(9,174)	11,948	0	2,773	1.37%

Subjective Analysis	Annual Budget 2022/23 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Employee Costs	50,123	23,718	24,509	(791)	52,787	(2,664)	3,543	0	879	1.75%
Property Costs	336	153	163	(10)	337	(1)	0	0	(1)	-0.28%
Supplies and Services	(780)	1,864	3,047	(1,184)	3,702	(4,482)	4,577	0	95	-12.17%
Third Party Payments (care providers)	66,614	30,288	27,499	2,789	67,252	(638)	3,702	0	3,064	4.60%
Transport & Plant	728	369	432	(63)	728	0	0	0	0	0.06%
Administrative Costs	2,302	1,187	1,002	185	2,077	224	0	0	224	9.75%
Family Health Services	32,942	16,878	16,779	98	32,942	0	0	0	0	0.00%
Prescribing	21,127	10,399	10,310	89	21,127	0	0	0	0	0.00%
Other	(10)	(2,119)	0	(2,119)	240	(250)	0	0	(250)	2602.81%
Resource Transfer	19,046	9,523	9,523	(0)	19,046	1	0	0	0	0.00%
Set Aside	38,514	19,257	19,257	0	38,514	0	0	0	0	0.00%
Gross Expenditure	230,940	111,517	112,522	(1,005)	238,751	(7,810)	11,823	0	4,012	1.74%
Income	(28,550)	(14,163)	(13,092)	(1,071)	(27,186)	(1,364)	125	0	(1,239)	4.34%
Net Expenditure	202,391	97,354	99,429	(2,076)	211,565	(9,174)	11,948	0	2,773	1.37%

Revised 2022/23 Budget

Anticipated 2022/23 Budget

East Dunbartonshire HSCP
Consolidated Financial Performance 2022/23 6 **APPENDIX 3A**
Period to the 30th September 2022

Care Group Analysis	Annual Budget 2022/23 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Forecast Full Year Spend £000	Forecast Full Year Variance £000	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Strategic & Resources	15,178	9,811	9,772	39	15,303	(125)	317		192	1.27%
Older People & Adult Community Services	6,957	2,743	4,358	(1,615)	8,651	(1,694)	1,941		247	3.55%
Learning Disability	670	334	315	19	633	37			37	5.55%
Mental Health	2,647	1,324	1,402	(79)	2,926	(278)	687		409	15.45%
Addictions	369	185	228	(43)	1,041	(672)	652		(20)	-5.36%
Planning & Health Improvement	586	292	269	23	581	6	40		46	7.78%
Childrens Services	2,609	1,285	1,239	46	2,593	16	79		95	3.63%
Family Health Services	31,836	16,344	16,344	0	31,836	0			0	0.00%
Prescribing	21,127	10,399	10,310	89	21,127	0			0	0.00%
Oral Health Services	10,341	5,259	6,278	(1,018)	13,942	(3,600)	3,600		0	0.00%
Set Aside	38,514	19,257	19,257	0	38,514	0			0	0.00%
Covid Expenditure			197	(197)	492	(492)	492		0	
Net Expenditure	130,836	67,233	69,970	(2,737)	137,638	(6,802)	7,809	0	1,006	0.77%

Subjective Analysis	Annual Budget 2022/23 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Forecast Full Year Spend £000	Forecast Full Year Variance £000	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Employee Costs	24,448	11,404	12,883	(1,478)	26,666	(2,218)	3,300		1,082	4.43%
Property Costs	323	147	161	(15)	322	0			0	0.09%
Supplies and Services	(2,603)	944	2,314	(1,370)	1,817	(4,420)	4,509		89	-3.42%
Third Party Payments (care providers)	397	43	43	0	387	10			10	2.45%
Transport & Plant				0	0	0			0	
Administrative Costs	1,260	656	592	64	1,184	76			76	5.99%
Family Health Services	32,942	16,878	16,779	98	32,942	0			0	0.00%
Prescribing	21,127	10,399	10,310	89	21,127	0			0	0.00%
Other	(250)	(125)	0	(125)	0	(250)			(250)	100.00%
Resource Transfer	19,046	9,523	9,523	(0)	19,046	0			0	0.00%
Set Aside	38,514	19,257	19,257	0	38,514	0			0	0.00%
Gross Expenditure	135,202	69,126	71,863	(2,737)	142,004	(6,802)	7,809	0	1,006	0.74%
Income	(4,366)	(1,893)	(1,893)	0	(4,366)	0			0	0.00%
Net Expenditure	130,836	67,233	69,970	(2,737)	137,638	(6,802)	7,809	0	1,006	0.77%

Revised 2022/23 Budget

Anticipated 2022/23 Budget

East Dunbartonshire HSCP
Consolidated Financial Performance 2022/23 6 **APPENDIX 3B**
Period to the 30th September 2022

Care Group Analysis	Annual Budget 2022/23 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Strategic & Resources	(15,011)	(9,574)	(7,551)	(2,023)	(15,273)	262	10		272	-1.81%
Older People & Adult Community Services	41,283	18,509	17,005	1,504	40,164	1,119	164		1,284	3.11%
Physical Disability	5,300	2,500	2,173	327	5,261	38			38	0.72%
Learning Disability	22,026	9,858	9,662	196	22,238	(212)	39		(173)	-0.78%
Mental Health	2,592	1,176	1,069	107	2,611	(20)			(20)	-0.76%
Addictions	532	288	301	(14)	507	25	25		50	9.45%
Childrens Services	13,156	6,465	5,643	822	12,937	219			219	1.67%
Criminal Justice Services	395	248	224	24	588	(193)			(193)	-48.85%
Other Non Social Work Services	1,259	629	409	220	1,117	141			141	11.23%
Covid Expenditure	23	20	523	(503)	3,776	(3,753)	3,901		148	642.28%
Net Expenditure	71,555	30,121	29,460	661	73,927	(2,372)	4,139	0	1,767	2.47%

Subjective Analysis	Annual Budget 2022/23 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Employee Costs	25,675	12,314	11,626	687	26,121	(446)	243		(203)	-0.79%
Property Costs	13	7	2	5	15	(1)			(1)	-9.42%
Supplies and Services	1,822	919	733	186	1,885	(63)	69		6	0.33%
Third Party Payments (care providers)	66,217	30,245	27,455	2,789	66,865	(648)	3,702		3,054	4.61%
Transport & Plant	728	369	432	(63)	728	0			0	0.06%
Administrative Costs	1,042	531	410	122	893	149			149	14.30%
Family Health Services	0	0	0	0	0	0			0	
Prescribing	0	0	0	0	0	0			0	
Other	240	(1,994)	0	(1,994)	240	0			0	0.00%
Set Aside	0	0	0	0	0	0			0	
Gross Expenditure	95,738	42,391	40,659	1,732	96,747	(1,008)	4,014	0	3,006	3.14%
Income	(24,183)	(12,270)	(11,199)	(1,071)	(22,820)	(1,364)	125		(1,239)	5.12%
Net Expenditure	71,555	30,121	29,460	661	73,927	(2,372)	4,139	0	1,767	2.47%

Revised 2022/23 Budget

Anticipated 2022/23 Budget

East Dunbatonshire HSCP

Financial Planning 2022/23 - Savings Programme **APPENDIX 4**

Workstream	Action	Project Lead	Full Year Approved Saving 22/23	Full Year Achieved Saving 22/23
	Service Redesign (21/22 Savings Cfwd)			
Policy	Fair Access to Community Care	David	140	140
Efficiency / Service Improvement	Children's Services 'House' Project Development	Claire	200	200
	Total C/fwd Savings 21/22		**340**	**340**
	New Savings 22/23			
Efficiency / Income Generation	Charging for Telecare	Derrick	10	0
Efficiency	OP Daycare Commissioning - review	Derrick	51	51
Efficiency	Management Savings	Derrick	48	48
	Total New Savings 22/23		**109**	**99**
	Total Savings Programme 22/23		**449**	**439**

APPENDIX 5

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)	0		(77)
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)	4,393		(5,570)
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)	740		(1,477)
Mental Health Recovery & Renewal	(51)			(51)
Telecare Fire Safety	(20)			(20)
Whole Family Wellbeing	(35)			(35)
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)	11,948	0	(11,964)
General / Contingency Reserves	(3,078)			(3,078)
Total HSCP Reserves	**(26,990)**	**11,948**	**0**	**(15,042)**

Health Finance, Corporate Governance & Value Directorate
Richard McCallum, Director

T: 0131-244 3475
E: richard.mccallum@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

HSCP Chief Officers
HSCP Chief Finance Officers
NHS Directors of Finance
LG Directors of Finance

via email

12th September, 2022

Dear Colleagues

UPDATE ON COVID RESERVES

I am writing to provide an update on IJB Covid reserves balances after the Quarter one review. I would like to thank colleagues for the timely return of this information and ongoing engagement with Scottish Government.

There have been a number of significant changes to Public Health policies in relation to Covid over the summer, resulting in the profile of Covid spend reducing significantly compared to when funding was provided to IJBs for Covid purposes. In response to this, the Scottish Government will reclaim surplus Covid reserves to be redistributed across the sector to meet current Covid priorities. The detail of this will follow at an IJB level and the process and timetable will follow through further communications.

In order for the sector to have sufficient levels of Covid funding, compliance with current policies is required. As per the letter from the Minister for Mental Wellbeing and Social Care on 13 June, there has been a significant reduction to eligible costs under sustainability payments and we will communicate further deadlines for any outstanding claims to be made shortly. We will review consistency of reporting through regular monitoring to ensure the overall trajectory towards balance.

This is an in year adjustment to reserves and is not an approach that will impact on future years. It is therefore vital that colleagues continue to drive forward savings delivery across core and Covid expenditure through the Covid Cost Improvement Programme.

The scale of financial challenge is significantly greater than previous years, and while the overall Covid forecast has reduced and work will continue on the Covid Cost Improvement Programme, it is important that the Covid reserves held by IJBs are utilised in full in 2022-23. Future Covid related costs will need to be considered as part of the overall budget envelope that is agreed through the usual Scottish Government budget process in 2023-24 and beyond. The financial outlook over the Resource Spending Review period shows a growing pressure, and ongoing action must continue to reduce these costs to ensure a sustainable route to financial balance.

I appreciate the ongoing work across the sector and will continue to discuss and monitor this position as the year progresses.

Yours faithfully

Richard McCallum
Director of Health Finance and Governance

Local Government and Communities Directorate
Local Government & Analytical Services Division

Scottish Government
Riaghaltas na h-Alba
gov.scot

E: ellen.leaver@gov.scot

Directors of Finance

Copy to COSLA

19 October 2022

Dear Director of Finance,

Following my colleague Bill Stitt's letter of 7 October, confirming each council's share of the £140 million revenue and £120.6 million capital funding to support the local government pay offer, a number of queries have been received.

In order to provide clarity, I can confirm the funding provided by the Scottish Government was intended to support all staff directly employed by local government, including those currently delegated to Integrated Joint Boards (IJBs).

While individual local authorities have autonomy to allocate funding based on local needs and priorities, the Scottish Government provided funding based on the total local government workforce and we would expect IJBs to receive their proportionate share of this funding in respect of those delegated staff.

Yours sincerely

Ellen Leaver
Deputy Director Local Government & Analytical Services Division

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	171122-12 Agenda Item Number 12
2	Report Title	Financial Performance Budget 2022/23 – Month 6
3	Date direction issued by Integration Joint Board	17th November 2022
4	Date from which direction takes effect	17th November 2022
5	Direction to:	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	Yes supersedes 150922-09
7	Functions covered by direction	Budget 2022/23 – all functions set out within Appendix 3.
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 £130.836m and East Dunbartonshire Council is £71.555m 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 19th January 2023.

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 13.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**17TH NOVEMBER 2022**
REPORT REFERENCE:	**HSCP/171122/13**
CONTACT OFFICER:	**JEAN CAMPBELL, CHIEF FINANCE & RESOURCES OFFICER TEL: 07583902000**
SUBJECT TITLE:	**HSCP DRAFT PERFORMANCE AUDIT AND RISK MINUTES HELD ON 27TH SEPTEMBER 2022**

1.0 PURPOSE

1.1 The purpose of this report is to update the Board on the HSCP Performance, Audit and Risk Committee meeting held on 27th September 2022 (attached as **Appendix 1**).

2.0 RECOMMENDATIONS

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

2.1 Note the draft minutes of the HSCP Performance, Audit and Risk Committee Meeting held on 27th September 2022.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Appended are the draft Performance, Audit and Risk Committee minutes from the meeting held on the 27th September 2022

3.2 The main highlights from the meeting were:

- HSCP Internal Audit Update – concluded reasonable arrangements in place with one medium risk arising from latest audit on the issuing of Directions and the need to maintain and regularly review the Directions log – this has been actioned.
- Update on the HSCP Delivery Plan 2022/23 – largely on track to deliver with 28 projects at green status and 3 at Amber with some risk to delivery in year. These will be monitored with one project expected to move to red status in the next update.
- HSCP Performance Management Framework – set out the approach the HSCP will take to measure, monitor and seek to improve that which it delivers.
- Update on Care Inspectorate reports for Council care at home service and John Street residential service. The former is showing an improving position with the latter continuing to receive good and very good outcomes from inspection.
- An update on the recently published Accounts Commission report on 'Integration Joint Boards Financial Analysis 2020/21' with an acknowledgement that this broadly reflects to experience within East Dunbartonshire HSCP.

4 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

This committee provides support to the IJB in its responsibilities for issues of performance, risk, control and governance and associated assurance through a process of constructive challenge and provides a robust framework within which the objectives within the Strategic Plan are delivered.

4.2 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 MANAGEMENT OF RISK

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

5.1 None.

6 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. (insert as appropriate)

7 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 APPENDICES

8.1 **Appendix 1** – Draft Performance, Audit and Risk Committee Minutes of 27th September 2022.

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
Agenda Item Number: 13a. Appendix 1

Minutes of
East Dunbartonshire HSCP Performance, Audit & Risk Committee Meeting
Date: Tuesday 27 September 2022, 2pm
Location: Via MS Teams

Present:	Calum Smith (Chair)	**CS**	Ketki Miles	**KM**
	Jean Campbell	**JC**	Gillian McConnachie	**GM**
	Caroline Sinclair	**CS**	Alan Moir	**AM**
	Jacquie Forbes	**JF**	Derrick Pearce	**DP**
	Alan Cairns	**AC**		
Minutes :	Jaime Steel	**JS**		

No.	Topic	Action by
1.	**Welcome and Apologies**	**CS**
	The chair welcomed the Committee members to the meeting. Apologies were received from: Ian Ritchie, David Aitken, Fiona Mitchell Knight, Peter Lindsay, Brian Gillespie.	
2.	**Minutes of last meeting**	**JG**
	Minutes of the previous meeting were reviewed and approved for factual accuracy.	
3.	**HSCP Internal Audit Update**	**GMcC**
	The latest report provides an update on the work performed across the IJB, Council and NHS. HSCP audit is now complete concluding reasonable arrangements in place. One medium level risk noted in relation to updating or otherwise of previously issued directions. Process to address this now in place. Committed to regularly updating the log and will be brought to the committee twice per year. The only required action is complete. GMcC opened the floor to questions. No questions asked.	
4.	**HSCP Delivery Plan 2022/23 Update**	**JC**
	This update details the HSCP's performance and achievements, as of end of August, on the annual delivery plan which was approved by the board along with the budget in March this year. There are a total of 31 projects, these are largely on track: 28 at GREEN, 3 AMBER. Some risk therefore in the progression of	

No.	Topic	Action by
	projects related to completion of service reviews and recruitment difficulties hindering delivery. One project is completed related to the annual delivery plan project. There were £449,000 of savings identified at the time of setting the budget, to be achieved through the delivery plan. £439,000 is the expected saving, £10k short of savings budget. Reports are available including a traffic light system indicating the status of each project. JC opened the floor to questions. JF: • Queried if the projects identified as 'at risk' are forecast to be completed by March 2023, • Queried if there is a danger of these not being met, if so, are there any later target dates set and • Clarified the figures on page 17 re children's services, House Project savings, were £400,000 in total, £200,000 per year as detailed in page 49? JC confirmed the House Project has run over a number of years, there were significant savings and last year's target was indeed exceeded. JC outlined the position re the amber projects. One likely to be able to complete by end March 2023 related to the PDS review. Less clear at present re how the other two will progress so will be closely monitored and may move to red in the next cycle. DP noted the one relating to the OT service should be able to move quickly if it can be initiated in-year. Self-evaluation and process mapping work is underway, which would be part of the process. CS requested keeping the mental health recovery service under close review as a number of elements can be achieved under the existing contracts and parameters. CC further explained The House Project have exceeded expectations in making savings. In the first year £200,000 of savings were anticipated, in reality £450,000 achieved. In year 2, although not at year end, saving expected to be greater again. Project supports young people in to independent accommodation with modular skills development, including, but not limited to: independent living, budgeting, managing the front door, cooking, enter into further education/employment, Psychology element and 24 hour service for	

No.	Topic	Action by
	anxiety. Young people have reported extremely positive outcomes and benefits which we hope to continue. We hope to continue improving outcomes for care experienced children/young people and this project does that in efficiency and best value. JF described this work as fantastic and expressed she didn't feel the level of success detailed is coming through the reporting. JF queried how the success can be evidenced. CC suggested bringing a more detailed report that she has been working on to a future meeting. No further Questions/comments.	
5.	**HSCP Performance Management Framework**	**AC**
	The covering report explains it is a duty of the Chief Officer to establish a performance management framework for the IJB. The objective is to set out how the HSCP Board intends to measure, monitor and seek to improve what it does, know how well it is performing and to know the impacts of improvements made. The Performance management framework also describes the scrutiny, self-evaluation and quality required. The 2022-2025 framework describes obligations to achieve best value, alignment to golden threads of performance management and improvement planning across the HSCP through service plans, the annual delivery plan, and strategic plan as well as an obligation to national reporting and council and Health Board Governance arrangements. Performance management targets change from time to time, these are implied at the beginning of the financial year. JF commented the document is very well set out and she believes the governance framework diagram is one of the better ones seen lately. KM noted measurement on performance would fit well.	
6.	**Care Inspectorate Care at Home Service Inspection June 2022**	**DP**
	DP is pleased to bring the report of the registered in house inspection that took place in June. Improvements noted on all graded categories in this inspection, with CI noting all requirements are complete. One area to note; the CI's grading of care and support planning as 'adequate'. The inspection took place during the height of the Omicron wave, with the operational impacts this brought, and at that point 8% of service reviews were outstanding, but by no more than 7	

No.	Topic	Action by
	days. DP noted this as the key thing leading to the lower grade and is confident it will be addressed. Overall a journey of continuous improvement. CS queried if the requirement due by 30/09/2022 is in place. DP confirmed and noted CI are anticipated to return In the next 2 weeks to review. JF confirms all actions have been completed which puts the service on good stead given covid is not as prevalent as it was. Aspiration to move up to the 'good' section next time round.	
7.	**Care Inspectorate John Street Service Inspection July 2022**	**DP**
	The report on John St House accommodation for adults with learning disabilities and autism: one 'very good' and one 'good'. This is a decline since the previous report largely due to the combining of grading of Quality Assurance and Leadership, which is a change in methodology. CI picked up on one self-evaluation being missed – this was due to covid – and graded accordingly. This has now been resolved. Overall still a good report. No questions/comments.	
8.	**Accounts Commission Report – Integration Joint Boards Financial Analysis 2020/21**	**JC**
	This report has been brought 'for information' it relates to the financial analysis of IJB finances for 2020-2021, the first year of the pandemic. During that year you can see budgets increased significantly due in the main to covid funding routed through NHS boards from the Scottish Gov's. This was given late in the financial year and resulted in increases in ear marked reserves to support this area of expenditure. IJB reserves have also increased, tripling that year due to scot gov funding re covid and winter planning monies. Broadly reflects our own experience and not unexpected in relation to the rest of Scotland's reports. JF queried the potential return of any unspent covid funding and queried whether we could be assured we could cover covid costs for the full year, given the claw back seems to be happening mid year. JC noted a robust reporting process has been in place when identifying covid expenditure. The potential risk of handing back monies is if there is any upsurge in covid cases where we would spend more than anticipated. There is a national discussion on the claiming back of reserves. There are certain ScotGov funding pots for specific purposes	

No.	Topic	Action by
	that clearly state if unspent it must be returned ie the criminal justice grant. Awaiting further discussion/outcome and will update Board if anything else comes out of these discussions. We continue to look at future covid related costs as are other IJB's. JF thanked JC for the early words of caution and noted it sounds like the HSCP are doing things right in terms of reporting covid related spend and managing reserves. JF noted 2 concerns; firstly we are entering the period of winter when it is known for covid to make a resurgence. Secondly, we are in an unprecedented financial climate, the next 12-18 months are very unclear, therefore extra caution must be taken when managing reserves as once used we will be dependent on recurring savings. JC confirmed ScotGov's provided money through the NHS settlement route and it is anticipated to be returned that way – returns submitted to the end of Month 6 will be the basis of determining the amount to be returned. These will be submitted at the end of October and this is expected to be progressed during November 2022. The month 6 return needs to be as robust as possible so not to leave ourselves vulnerable during the winter period. AM commented that monies have been gratefully received during the pandemic crisis however we now find ourselves entering into a new crisis – a financial crisis. With October being the pinch point in handing back money, that is early to measure how big an impact this will have. New impacts are being discovered weekly, he is sure officers will quickly identify all the unknowns that come from the challenges of people's habits changing to do what they can to heat their homes and continue to eat. The use and non-use of facilities will have an impact on HSCP. CS agrees financial pressures will have consequence on HSCP provision. SM queried measurable effects of long covid and if this is anticipated as a future cost to the HSCP. SM is concerned those who previously could afford bills and home care privately will turn to HSCP for home care support. DP noted a meeting on 6th of October to promote conversations on available support, referrals and how to maximise benefits. If the individuals are less abled then normal referral process to adult intake for eligibility.	

No.	Topic	Action by
	On long covid DP explained it's difficult to assess the affects as there has been a significant increase in those who were inactive during the pandemic who have become physically and/or cognitively impaired and require to interact with the service differently through rehab. Small numbers clinically defined as 'long covid', of the staff who were off they are finding it difficult to get back to full function. Therefore the impact of having long covid and effects on those who have lived through a pandemic are significant. CS confirmed the focus is on core staffing to provide wider flexibility.	
9.	**Letter Accounts Commission – Best Value in IJBs**	**CS**
	CS detailed the decision to look at a new approach to the review of Best Value Auditing for IJBs given the impending changes to the makeup of IJBs and the impending development of the National Care Service. Targeted auditing on key areas will continue until the National Care Service is in place.	
10.	**HSCP PAR Agenda Planner**	**CS**
	CS reached out to the group for any contributions nationally or locally. JF noted a special meeting in October. JC confirmed holds are in the diary for 26th/27th, likely date is 26th to consider annual accounts.	
11.	**AOCB**	**CS**
	CS informed the group of a notification received from the Care Inspectorate; 4 weeks' notice of the Inspection of Children at risk of Harm. The first activity will be a staff survey taking place at the end of October, various key dates have been set. A sample of 60-70 files will be provided for review, discussions with staff, children and their families. Technical note has been issued, further information will be provided as available. Full inspection should be concluded by the end of March 2023, which will be a considerable piece of work to participate in. CS welcomed the external scrutiny in our critical services.	
13.	**Date of next meeting**	**CS**
	Date of next meeting – tbc January 2023 Date confirmed nearer the time	

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 14.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**17th NOVEMBER2022**
REPORT REFERENCE:	**HSCP/171122/14**
CONTACT OFFICER:	**DR PAUL TREON, CLINICAL DIRECTOR TELEPHONE 0141 232 8237**
SUBJECT TITLE:	**MINUTES OF CLINICAL & CARE GOVERNANCE GROUP MEETING HELD ON 29th JUNE 2022 AND DRAFT MINUTE OF MEETING ON 7TH SEPTEMBER 2022**

1.0 PURPOSE

1.1 The purpose of this report is to share the minutes of the Clinical and Care Governance Group meeting held on 29TH June 2022 and draft minutes of the meeting held on 7th September 2022.

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 Meetings held on 29th June and 7th September 2022.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Clinical and Care Governance Group minutes of 29th June 2022 highlight:

a) A presentation was given following the Community Mental Health Team reviewing their complaints procedures. As a result of the review a Standard Operating Procedure has been introduced to streamline the complaints process and ensure more consistent and effective management of complaints. In particular ensuring the right person is involved at the right stage. It was noted that early intervention can often prevent the complaint escalating.

b) The group were informed of learning within the Oral Health Directorate following an incident; resulting in an action to introduce standard operating procedures around management and safe storage of prescription pads.

c) Assurance was given by the Interim Head of Children's Services regarding ongoing work with the Clinical Lead for Specialist Children's Services to improve local communication relating to the Child Death Review Process, which is in its relative infancy.

d) An update was given in relation to the whole system approach to upskilling relevant services in response and intervention of Domestic Violence (as part of Strategic Plan) has now completed, though will obviously require further ongoing updating for existing and new staff.

e) A number of initiatives were highlighted which may have a positive impact on hospital transfer/admission. These include Uninjured Fallers pathways with Scottish Ambulance Service and the District Nurse Advanced Nurse Practitioner Role. The extension of East Dunbartonshire District Nursing Service to provide evening cover (rather than cover via Glasgow City Team) was also noted as a positive move for continuity of patient care.

f) Updated on Medically Assisted Treatment Standards (MATS) as area of focus for the Alcohol and Drug Recovery Service; with 10 high level principals to be rolled out with potential impacts to services and enhanced treatment options for patients.

g) Updated on Child and Adolescent Mental Health Service Waiting Lists – progress in recruitment which should positively impact waiting times.

h) The group were updated on Public Protection figures.

3.2 Clinical and Care Governance Group minutes of 7th September 2022 highlight:

a) The Annual Clinical & Care Governance Report and The Chief Social Work Officer's Annual Report were noted.

b) Assurance was given following positive inspections of both Care at Home and John Street House Accommodation. The team will take note of the feedback to further improve services.

c) Challenges were noted relating to pressures on the Public Dental Service. OHD are engaging with General Dental Practitioners around lists, exiting business models and support.

d) A number of services raised concern around staffing; and challenges in recruitment to posts. This included registered services, commissioned services and specialist children's services.

e) The HSCP Quarterly Incident report was delivered to the group. This noted that the majority of incidents are of low severity; however the number of severity 4/5 incidents was higher than previously – in particular relating to self-harm and attempted suicide. Pressure Ulcers remain a high incident area – though with good reporting and investigation processes in place. A potential increase in pressure related incidents was highlighted due to the forecast energy/cost of living challenges which may impact on nutrition and use of electric pressure relieving mattresses. Relevant teams will be aware and highlight for action if becomes an issue.

f) The My Health, My Care, My Home Framework was introduced. Appropriate Teams within the HSCP will review the framework with a view to implementation where appropriate / possible.

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 minutes of meeting held on 29th June 2022.

8.2 Appendix 2 – Draft Clinical & Care Governance Group minutes of meeting held on 7th September 2022.

Minutes of
East Dunbartonshire Health & Social Care Partnership
Clinical & Care Governance Sub Group
Wednesday 29th June 2022, 9.30am
Microsoft Teams Meeting

Members Present

Name	Designation
Paul Treon	Clinical Director, Chair
Carolyn Fitzpatrick	Lead for Clinical Pharmacy and Prescribing, Vice Chair
Caroline Sinclair	Chief Officer
Leanne Connell	Interim Chief Nurse for HSCP
Fiona Munro	Lead AHP for HSCP (and deputising for Derrick Pearce)
Derrick Pearce	Head of Community Health and Care Services
Claire Carthy	Interim Head of Children and Families and Criminal Justice
Lisa Dorrian	General Manager, Oral Health Directorate
Lorraine Currie	Team Manager, Mental Health Services
Allison Morrison	Specialist Children's Services
Vandrew McLean	Corporate Business Manager

In Attendance

Name	Designation
Lorraine Arnott	PA/Business Support

Apologies

Name	Designation
Fraser Sloan	Clinical Risk
Tara Dunseith	Clinical Director, PDS
Karen Lamb	Head of Specialist Children's Services

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.	
3.	**Matters Arising**	
	LD raised an issue in relation to theft of prescription pads. She advised that there had been a break in to one of the local dental practices and unfortunately prescription pads as well as vials of midazolam and some petty cash were stolen. The prescription pads were pre stamped which raised a governance concern. Has been picked up with the practice, pharmacy have been made aware and some reflective work is being carried out with the practice and shared the learning with other practices from this incident in the event that this was to happen again. Prescription pads have since been found and the person responsible apprehended. CF advised that one of the Dental Practice Advisors had been in contact and they have agreed to put together an SOP for practices around management of prescription pads and safe storage, and not stamping until prescription has been issued.	
4.	**Actions / Outcomes Log**	
	CF reviewed the Actions & Outcomes Log • **AED Devices and Defibrillator Pads –** Supply of pads and safety action around drying up of gel. Action notices to be laminated and made available to anyone who may find themselves in a position where they may need to use the device. LC updated that for the devices within the HSCP buildings, new pads have been reordered, laminated safety action notices have placed next to them, and have both been serviced and now have maintenance programme in place to have them serviced annually. VMcL and Laura Gold are also taking work through the Health & Safety group around refresh for first aiders. May be additional paper to request an AED for Woodlands in consideration of the staff members that work there and people who may be accompanying family members to Woodlands even though the family member may have a DNR in place. • **SCR Review** – CC advised that report has now been presented to the Chief Officers Group and agreed that the report could be moved into the next stage of action planning. Now sharing the report with the Care Inspectorate for quality assurance purposes and a small sub group is working on the action plan which will lead to training and will be fed back into the Learning and Development Sub Group of the Child Protection Committee. • **Heads of Service Governance** – Ongoing. DP advised that for Community Health and Care jointly with Adult Services through the joint Leadership Group, they have revised the timescales and programming of the meeting to ensure that they are well in advance of Clinical Care Governance in order to clarify what exceptions are brought to the Clinical Care Governance Group. • **Core Audits** – DN audit closed although in time will replace it with the Care Assurance results through this group. Health Visiting ones have commenced with case load management tool audit. As soon as care assurance tool is accredited and finalised these will come through the group also.	

	• **Information Governance** – No further update at present. LCu did note that information for dates had been sent to mental health staff and to set dates aside for training. • **Issues and impacts of COVID** – PT informed that in terms of Long COVID a paper came to the Clinical Advisory Group from Lead AHP at the Board looking at submitting a bid for funding from Scottish Government around Long COVID, for a 2 to 3 year project initially and will be used to build on chronic disease awareness however, although pilot is for Long COVID, it will extend to other non-chronic conditions in time. • **Child Death Review/Child Death Hub –** CC updated that both herself and Dr Kerry Milligan were both working on trying to improve communication locally around the Child Death Review Hub. She noted that since the last meeting there has been no deaths to record through the hub, however this year in total there have been four with two outstanding reviews still to take place. CC will take forward with Dr Milligan and will keep the group updated on the progress of the two outstanding reviews. • **Datix Reporting Categories –** CF advised that there were still some issues with OPMH and Adult Mental Health. FM noted that there were very few outstanding with OPMH, and none sitting outlying at present, however could not confirm long term if this had been resolved. DA advised that both Older People's Mental Health and Adult CMHT have been working through Datix and some of the problems still remain around categorisation. CC also noted that Jillian Mitchell had been involved in an exercise with colleagues across the board on outstanding Datix, reviewing older Datixs. It is a big piece of work and may be useful to have this work brought back to the next meeting. • **HSCP Complaints Reporting Process –** No update at present time. DA did comment in relation to a matter raised regarding social work complaints, VMcL noted that she did have a more unified process that identified both the council and social work based complaints to bring this together with the NHS complaint reporting.	
5.	**Presentation**	
	Complaints Process Review within Community Mental Health – Lorraine Currie LC advised that work has been undertaken with VMcL and Admin around complaints in mental health. Issues experienced in that if patients were calling to raise a concern these were then be treated as a complaint and missed out the stage one of the process or allowing a team lead or charge nurse to try and resolve the issue or complaint initially. Often she noted that some of these issues were not noted on Datix, and is an ongoing issue also. In this year specifically it seemed that there were more complaints received in a short space of time. The five or six that have been registered as complaints currently could have been resolved locally without having to go through the formal complaint process. The impact on trust and relationship with the service if not managed well can stop patients from engaging which then becomes an issue. Have done some work around these issues. Crucial to try and support people with complaints and try and resolve them early on. One of the recent complaints was that a CPN had cancelled an appointment due the patient having to isolate as a result of COVID. Common themes are noted around attitudes and behaviours, and not receiving the level of care expected. Business and team meetings are held on a regular basis to continue to monitor and ensure that learning is taken from these issues and complaints. Other common theme is the environment within the clinic rooms and not feeling safe and comfortable. These issues are also raised at regular admin meetings. Attached general guide around how complaints are reported and at what stage. She also highlighted the complaints model on Learnpro and TURAS, and staff are doing these courses as part of the induction process. Clinical staff also undertaken supervision and work around caseloads.	

	CMHT have developed a survey to obtain feedback from patients about the services and have involved the Mental Health Network and are developing multi-disciplinary action plans from this work. Within the service complaints come via local councillors around waiting times; if they had come straight to the service the complaint could have been resolved more quickly. PT thanked LCu and commented that this review had been very helpful. SOP looks clear and helpful for service and agreed that early intervention was crucial and can really help diffuse and help prevent something becoming a full complaint. A short discussion followed on issues and situations experienced in relation to the above discussion.	
6.	**Incident Trends**	
	Non Clinical Incidents 4 incidents reported • 1 contact with hot liquid • 1 witnessed • 2 other • 3 currently in the holding area and 1 being reviewed and recoded. Clinical incidents 48 incidents reported • 27 pressure ulcer related • 5 unexpected deaths • 4 wrong dose • 3 self-harm actual • 1 self-harm attempted • 2 self-injurious behavior • And one of each of the following; Sudden illness/deterioration, missing specimen, appointment error, disruptive behavior, unauthorised leave, taking own supply unknown to staff. • 18 currently within the holding area awaiting review, 6 being recoded, 3 awaiting final approval and 21 finally approved. Social Care Incidents • Nothing to report. Specialist Children's Services • Nothing to report at this stage.	
7.	**Complaints & Whistleblowing**	
	Complaints information; ED HSCP Complaints: 6 Stage 1 complaints – closed, 3 Stage 2 complaints – open, 2 Stage 2 complaints – closed, 1 Stage 2 complaint with extension. Themes generally around service standards and staff attitudes and behaviours. In terms of SCS, AM noted whistleblowing incidents reported in March have not been upheld and policy was followed and adhered to, however recommendations made to review the guidance of dispensing of drugs in Skye House. No further whistleblowing incidents of note at this time.	
8.	**SPSO Updates**	
	SPSO update attached with papers.	
	GOVERNANCE LEADS UPDATES / REPORTS	

9.	**Children & Families/Criminal Justice**	
	Report contained within agenda. CC noted that this was the first time this template has been completed by these services and had experienced some difficulties given that there are four very distinct service areas, each of the service mangers provided a full update however CC advised that she lifted the key points from each report. She asked the group for feedback to ensure that she had provided the report in the correct manner and how it was presented. She highlighted a couple of issues of note from the report. With regard to Child Protection Case Conferences, and being changed to a digital platform as a result of the pandemic, she noted that at the end of normal face to face conference prior to COVID, an exit interview would be conducted with the parent, however with these conferences now being conducted via MS Teams this has not allowed for a proper debrief afterwards. As a result, a member of the Community Support Team who has not been involved in the case conference, now makes contact with the parent after the digital meeting to discuss how they felt during the meeting. Important to note that the consultation process and debrief has continued to be maintained even during the pandemic and the feedback has been extremely positive. Secondly, she highlighted that the whole system approach to upskilling the workforce in relation to response and intervention for domestic abuse, as part of Strategic Plan in the last couple of year, has actually happened since the last Clinical Care Governance Group meeting. This is an ongoing programme which is aimed at upskilling the entire workforce, all managers and all the service managers, and everyone has now undertaken the first couple of modules. Biggest undertaking of training and is extremely significant. Finally, she noted that Ferndale Residential Unit and Ferndale Outreach services have undertaken inspection since the last meeting, and the outcome of the inspection has been remarkable. They received two excellent grades, one for children and young people getting the most out of life and one for assessment and care planning which were scrutinised externally and graded as being excellent. Compassion, dignity and respect and heath were both given very good. Important to note the hard work that these services provide. PT noted that in terms of the template it is a longer and more complex one than the previous template. The purpose of this template is to ensure that governance is a topic that is discussed and escalated through team managers meeting and for Heads of Service to then bring back any issues that they feel are appropriate to discuss at this meeting. PT noted in terms of some of the acronyms used within the reports for members to be aware that some people who read the reports may not be aware of what the acronyms stand for. He thereafter highlighted some other items from within the report. Short discussion thereafter followed in respect of the above.	
10.	**Community Health & Care Services**	
	Report contained within agenda. DP reflected similarly to the issue that CC had raised with the reporting template. For Community Health and Care Services are working through a process in terms of what is reported within the templates which have come from the service leads, though will experience some difficulty in providing an entirely combined template going forward given the extend and range of different services involved. Will ensure that the reports for Clinical Care Governance from each of the service managers come to DP and are discussed collectively in the management group meeting prior to being submitted for the Clinical Care Governance Group.	

Conversations at last management group also reflect the discussion earlier in relation to the use of acronyms and also the level of details in terms of bullet pointing the updates that are understood by the service however may not be clear when it reaches governance group level.

Key issues of note from across the services areas are consistently achieving preferred place of care performance; 89% of individuals died within their preferred place of care. Remains a programme of work with District Nursing services and other services involved in terms of continuing improvement. SOPs being developed and shared for the Advanced Nurse Practitioner service in order to ensure that there is governance around the undertaking of tasks or the carrying out of particular pieces of clinical activity. 90% compliance in relation to SSKINS, however there has been a SAER in relation to an acquired pressure ulcer on the District Nursing caseload and currently working through this. Test of change also up and running increasing the core hours of the District Nursing service which is moving to implementation of a service change with September as a timescale. In terms of Clinical Pharmacy, he informed that quality improvement work is ongoing in relation to acute prescriptions and the feedback has given a 6% reduction in the practices that are participating, positive but still work to expand the test of change. With regard to CRT, he stated that there has been a reduction in compliance in relation to the MUST tool, attributed to the huge increase in new staff, however is an exception that needs to be flagged and addressed. The test of change in terms of the eMAR is going really well, particularly in application to topical medications using body maps. Test of change in responding to the incidences of falls in care homes has also been delivering good results. In relation to falls more generally, significant work ongoing to try an address the issues around conveyance to hospital for uninjured fallers from home where avoidable. Working with Scottish Ambulance Service to revisit the SAS pathway for uninjured fallers. CRT are noting a continuation of the increase in presentation to the service in relation to frailty. In OPMH there has been an increased demand for service and as a result increased respond to duty therefore have increased the number of registered nurses on duty to two to manage the risk and the presenting factors for patients within that service. In Registered services, the Care Inspectorate undertook internal review of Care at Home service. Await final report, however five areas were deemed to be Level 5 very good, one deemed to be Level 4 which is good, and one deemed to be Level 3 which is adequate, this will be challenged. Working with the Care Inspectorate to understand the judging criteria used for that which seems to be inconsistent. Also, discussion with the Care Inspectorate in relation to risk management and risk assessments put in place for customers, which again was inconsistent from previous feedback.

PT asked in relation to the DN change of hours whether there is an impact on the work that is done through core hours or spread over more time. DP confirmed that it would be a mix of both. He detailed the current hours and shift patterns and the remainder of the evening service currently be covered by Glasgow City. Pressures have arisen over a number of months with regard to poor patient experience. Intention is to bring the evening service back into our area, meaning that the core District Nursing service hours would have two shift patterns to cover this, and will be able to expand the work that is currently undertaken in the core daytime hours to longer in the day which hopefully would result in a reduction in a number of unplanned visits in the evening. And should help reduce the number of visit that would require to be undertaken overnight. Proposal going through test of change is for two service patterns, revised off duty and to make working the core hour over seven days a core part of the terms and conditions of staff working within that service.

PT also asked in relation to the District Nursing ANP role and how the change of District Nursing role is being evaluated through that. DP advised that the understanding of the service

	of these developments is evaluated on an ongoing basis. The District Nurse ANP role provides an additional response in relation to what the core service can provide but does not add additional capacity to the core District Nursing service. LC informed that agreement had been received from Glasgow Caledonian University to support a formal evaluation but this offer has been withdrawn recently. Meeting tomorrow to start to pull together some of the information in relation to activity data and patient. Now have fully embedded Rockwood frailty scoring across all District Nursing teams, have clinical supervision and support for District Nurse prescribers that is facilitated by the District Nursing ANP to provide opportunities to reflect on their practice and to encourage confidence and improve outcomes.	
11.	**Commissioned Services**	
	Report contained within agenda. DP updated on behalf of all services. Two exceptions of note. In relation to the care home that was in Red in RAG status he advised as a result of care quality and compliance concerns has been downgraded to Amber following an improved report from the Care Inspectorate. Stepped down intensive support from the Care Home Support Team to that home in order to test the improvement they have made as service. Continues to be overseen through the Oversight Group and will report any exceptions as they come up. The other exception to note are the implications for commissioned providers of services as a result of increase of costs of service related to the cost of living crisis, and also related to the anticipated removal of sustainability payments to providers. Will continue to oversee the financial viability of services and the financial impact on the delivery of services given that the COVID impact of services has lessened.	
12.	**Joint Adult Services**	
	Report contained within agenda. DA updated on the template, similar comments as described above. In terms of ADRS by exception, he reported that one SAER completed, Seonaid McCorry was the lead for this report, in relation to patient death within East Dunbartonshire. Wil report back to CCG in more detail, meeting scheduled with family to talk through report early part of July. Additional within the service, Medically Assisted Treatment Standards (MATS) are such that there has been significant ministerial attention over the last week in terms of treatment standards which everyone within the ADRS service can expect, ten high level principals and supporting evidence to substantiate that these ten treatment standards are in place in each Alcohol and Drug partnership area in Scotland. May be an ask across Primary Care and in terms of demand on ADRS going forward, will begin to look at what this means in terms of demand and capacity within the team, and a general enhancement of the treatment options that can be offered to patients. Lastly, in terms of ADRS, in process of meeting with colleagues in Mental Health to take forward the interface work and look at the strengths of working with ADRS and CMHT and also the areas that would like to be developed as part of the Drug death action plan. Will report back on at next CCG in more detail when action plan has been finalised. DA also highlighted report contained within the governance report which was presented at the last Adult Support & Protection committee. Report looks back over adult support and protection performance since 2017. The report charts the growth in referrals and the way in which performance has been maintained and improved through the pandemic period. Fifteen performance indicators reported across Adult Protection practice locally, attached report gives aggregated view of the performance against Adult Protection activities across the period.	
13.	**Oral Health – Primary Care**	
	Report contained within agenda.	

	LD updated that TD had provided the update report and noted also that the report contained a number of acronyms and will address this going forward. She raised exception matters relevant to note. She noted issues around ventilation within practices. GDP practices are aware of issues with compliance and noted within risk register and also doing work within PDS sites around upgrading ventilation. Issues encountered as do not have an infection control doctor allocated to Oral Health, however understand that this issue will be addressed when next round of appointees come out through posts created within the infection control team. Causing issues that the ventilation work planned is being delayed, however because pathways have adjusted with the lifting of restrictions around infection control, this allows to work in a more normal way. Working closely with the infection control teams and estates in this regard. She also advised that she has created an SBAR in terms of changes to social distancing for staff around secondary and primary care sites out with HSCP buildings, and is receiving information periodically in terms of social distancing changes and working on a site by site basis. With regard to the winter preparedness funding, she noted that they are currently still awaiting allocation of further funding. Have had notification of GDP bulk deregistration of NHS patients particularly focused within the Inverclyde area; the team have come back and had discussion on the focus of the winter preparedness funding, to look at increasing the activity and presence within the Inverclyde area. Looking to put together a document to demonstrate how the funding that has been allocated has been used to show how services could be improved. Lastly she noted that there they are aware of some dental air compressors that are non-compliant within the Easterhouse and Castlemilk areas. This has been flagged as a being a significant issue if this cannot be rectified. Have discussed with finance how this can be resolved as these issues are outwith the East Dunbartonshire HSCP remit. An equipment list has been put together which has been prioritised and tabled at each HSCP that affected dental units sit within.	
14.	**Specialist Children's Services**	
	Report contained within agenda. AM provided brief update on the report provided. She advised of the gap analysis carried by liaison psychiatry on young people presenting with functional disorder, neurological disorders, chronic fatigue, post COVID/post viral fatigue; KL provided SBAR to highlight that this gap exists and has received more of these referrals over the last few months. Looking at perhaps an MDT meeting to allow all services to be involved. There are a couple of significant cases of this nature at present, so noted the need for a standard pathway and support around these young people. In respect of the Complex protocol noted within the report, she highlighted the requirement for the collaboration between acute and community, and discharge into the community to ensure that the team recognise the child's locality when they are discharged. Still got a lot of work to do around this as it is a combined project. Learnpro is ready to be trialed however care plans and EMIS have still got quite a lot of work still to done on. PT asked if there had been any progress in waiting times within CAMHS. AM advised that there has been recruitment progress in the last two months and hoping that this will have an impact on CAMHS and ASD wait times.	

15.	**Mental Health**	
	Report contained within agenda. LC updated the group on the work ongoing in relation to perinatal work with PCMHT, Health Visiting and Health Improvement and the 3rd Sector around counselling, now looking at focus work in respect of antenatal and work with the midwives and to deliver training across health visiting teams, mental health teams and addictions teams. She also noted that the service has been undertaking process mapping around ADHD and have introduced a screening process. Historically patients would wait a significant time before seeing consultants however, have now introduced a screening process to allow people to have consultation and questionnaires early on and prior to being assigned to a consultant. Peer Support workers involved in service development around trauma and psychological therapies and has been positive. She also advised that the service will have a new treatment room in the near future.	
16.	**Business Support**	
	Report contained within agenda. VMcL has submitted apologies for today's meeting.	
17.	**Primary Care & Community Partnerships Governance Group update**	
	CF updated that the last meeting was on 5th May. She informed that a learning summary was presented by the Oral Health Directorate, several incidents where expired local anesthetic had been used on patients. Work has been done to look at their SOPs and procedures in place to prevent this happening again. CF noted that there was learning there for all teams that hold medicine supplies, and learning is there to be shared.	
18.	**Board Clinical Governance Forum update**	
	No update at this time.	
	RISK MANAGEMENT	
19.	**Clinical Risk Update**	
	No update at this time. Next update due September.	
20.	**SAE Actions**	
	No update at this time. Next update due September.	
21.	**Corporate Risk Register**	
	CS advised that corporate risk register would be tabled at the next HSCP IJB Board meeting, and will be complete for the next six months and is available to view within the board papers.	
	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 advised they continue to monitor child protection activity though the PPLG meeting and continue to report to Scottish Government on a fortnightly basis. The activity of child protection continues to increase and the number of children's names on the child protection register currently sits at 41 with a mix of risk indicators.	
25.	**Adult Protection**	
	DA noted that only exception in addition to the earlier input, is in relation to one initial case review that has just been agreed to be undertaken and is being coordinated by Kirsty Kennedy and relates to issues around self-neglect and also crossed into capacity and right to self-determination. Will report back at the next meeting in respect of outcomes and findings.	
26.	**PREVENT** **Counter-terrorism**	

	1 PREVENT case actively managed with engagement from the PREVENT Intervention Providers, however reflected that the majority of work that is undertaken and the positive support provided is provided by the Criminal Justice team locally will remain live for a minimum of a further six months yet.	
27.	**MAPPA / Management of high risk offenders**	
	CC reported on MAPPA: Numbers have risen very slightly since the last meeting now sitting at 66, an increase of 1 since the last meeting.	
28.	**MARAC** **Domestic Violence**	
	CC advised MARAC conferences are continuing. 12 families discussed since last meeting, no actions resulting for the HSCP and the next MARAC is this Friday. CS reflected that 12 families is quite a high number to be discussed at the one meeting.	
	INFECTION CONTROL	
29.	**Infection Control Minutes**	
	LC noted from the previous minutes that it was highlighted that there should be more HSCP representation at the meeting. LC will pick up from the Chief Nurse who is representative at the meeting as no communication has been circulated to this effect. Of note, National IPC manual has been updated and changes to staff testing for COVID that has been supported through local flash group and oversight group.	
	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.	**HSC Survey 2021**	
	Attached for information. Was published in May this year. DP noted that the survey historically has had a small response rate nationally and have always been encouraged to caveat the responses on that basis. However, what stood out was the proportion of individuals that were not aware of the range of care and support opportunities that are available to them. Some of the work that had been undertaken in relation to the Community Led Support and Asset Map is directly trying to address that. Also to try and address this through increased provision of information.	
33.	**AOCB**	
	Nothing of note.	

Date of next meeting –7th September 2022, 9.30am via MS Teams

Minutes of
East Dunbartonshire Health & Social Care Partnership
Clinical & Care Governance Sub Group
Wednesday 7th September 2022, 9.30am
Microsoft Teams Meeting

Members Present

Name	Designation
Paul Treon	Clinical Director, Chair
Caroline Sinclair	Chief Officer and CSWO
David Aitken	Interim Head of Adult Services
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
Jacqueline Hardie	Specialist Children's Services (and deputising for Karen Lamb)
Vandrew McLean	Corporate Business Manager
James Johnstone	Primary Care Transformation Manager
Fraser Sloan	Clinical Risk
Jillian Mitchell	Children's Health Services Manager (and deputising for Claire Carthy

In Attendance

Name	Designation
Lorraine Arnott	PA/Business Support

Apologies

Name	Designation
Tara Dunseith	Clinical Director, PDS
Karen Lamb	Head of Specialist Children's Services
Lorraine Currie	Team Manager, Mental Health
Derrick Pearce	Head of Community Health and Care Services
Claire Carthy	Head of Children's Services & Criminal Justice

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.	
3.	**Matters Arising**	
	PT noted the action plan for the ADRS and CMHT Interface work and asked DA to update on in the absence of Lorraine Currie. DA advised that work has been progressed and workshops have been carried out with CMHT, Children & Families Team and Justice Services and will focus on the interface work. They will be further led by Seonaid McCorry and Lorraine Currie, will also involve the Children & Families Management team. Is moving forward. In terms of Oral Health Winter Funding application, LD updated that initial allocation of winter preparedness funding of £1.4 million had been received in November 2021; were expecting another allocation of £2.5 million, unfortunately she informed that has now been pulled and do not expect to receive this at all. Working at the moment on being clear on what could have potentially have been achieved had allocation been received. Working on SBAR to submit to SMT detailing position and concerns around this. With regard to Infection Control HSCP Representation, LC informed that the group had been asked to review their ToR but there currently is nor requirement for an HSCP rep on that group.	
4.	**Actions / Outcomes Log**	
	CF reviewed the Actions & Outcomes Log • **AED Devices and Defibrillator Pads –** VMcL advised that it had been discussed at Health and Safety Group meeting around the use of AEDs and the number of first aiders that are required within buildings. Need to do risk assessment to check each of the sites. Some discussion whether AED was required at Woodlands. Particular area needing checked is whether devices are registered, will check with other HSCP to see how they manage this. Will come back on this to confirm. • **SCR Review** – JM updated on meeting with Kerry Milligan and LC to review the action plan, and have met with Kerry Milligan since then to look at how this will be reported back to the HSCP Board and Child Protection Group also. • **Heads of Service Governance** – Ongoing. • **Core Audits** – No further update at present. LC will bring presentation to next CCG meeting around Care Assurance and CCAT process. • **Information Governance** – VMcL advised that session had run June, July and August and had been well attend. Will look for any staff that may not have been able to attend and have mop up sessions. VMcL will take forward. **Issues and impacts of COVID** – In terms of long COVID paper with regard to funding, response has not come back as yet to Clinical Advisory Group however FM updated that funding had been received and ---- Mhairi Brandon AHP Consultant • is leading the programme for support for long COVID.	

	• **Child Death Review/Child Death Hub –** JM informed that Kerry Milligan has circulated a mapping process for comment looking at all the processes for the SAERs, Learning Reviews for the Child Death Hubs for comment. • **Datix Reporting Categories –** VMcL advised that a lot of work has been done in Datix, and cross tab reports have been taken to the care group meetings. Still issues with OPMH and Mental Health; wider issues across HSCPs as this is how it has been set up on the Datix system. There may be opportunity when new Datix system comes in to realign. • **HSCP Complaints Reporting Process –** No update at present time. Complete as now a regular update contained with the agenda.	
5.	**Presentation**	
	Annual Clinical Governance Report – Paul Treon PT noted that this was primarily for information at this point. The Annual Clinical Governance Report has been compiled over a few months, and has been circulated over the various drafts to Heads of Services to make additions or comments to it. Will formally go to the HSCP Board meeting next week. Follows the usual format. Happy to take any comments or feedback. CS noted that the report had been taken to the Housing Health and Care Forum, in order that they could scrutinise the work around social work and social care. Key areas of interest related to Drug Related Deaths information, there was also some discussion around the Children's Service work and also discussion around OPMH and blood pressure monitoring for people at home, specifically around whether or not Homecare service would support service users to manage the blood pressure readings if they did not have any one else to help them do this.	
6.	**Incident Trends**	
	79 incidents within the holding areas, and only 36 are overdue. Vast improvement. Form 20th June to 1st September (details contained within the spreadsheet attached with papers) Non Clinical Incidents 7 incidents reported • 1 alcohol misuse • 1 witnessed • Other • 1 currently in the holding area awaiting review and 5 finally approved. Clinical incidents incidents reported within the period largely; • Pressure ulcer related (30) • Unexpected deaths • Provision of wrong information • Self-harm and suicides • In terms of categories in the holding area, 13 sitting in the holding area, 4 being reviewed, none for final approval and only one rejected and 33 had final approval. In terms of ED Health and Safety reports she updated that there had been 3 physical assaults and 2 injuries by carrying lifting or handling and no RIDDORs reported within the reporting period.	
7.	**Complaints & Whistleblowing**	
	Incident reports contained within Complaints reports from Specialist Children's Services and Oral Health, 264 incidents reported on Datix from Specialist Children's Services and 24 against Oral Health. No whistleblowing to report at this time.	

8.	**SPSO Updates**	
	SPSO update attached with papers. Nothing of note to update at this time.	
	GOVERNANCE LEADS UPDATES / REPORTS	
9.	**Children & Families/Criminal Justice**	
	Report contained within agenda. JM noted that there was nothing further to add to what was contained within the report. She did add however that another project plan for funding from Scottish Government for Breast Feeding Project with a focus on SiMD 1 and 2 for supporting mums in the first two weeks of feeding.	
10.	**Community Health & Care Services**	
	Report contained within agenda. DP commented for noting was the implementation of the District Nursing Extended Core hours service following test of change and organisational change review and will go live 19th September. Care at Home and John Street House Accommodation have both had inspections since last meeting, both of which were very good. Areas for improvements in John Street around quality assurance and achievement of all of the areas of requirement for Care at Home. Adult Community Nursing dashboard is now live also. Only additional thing to note is around the continued challenges around recruitment in registered services, and he noted that there now seems to be issues with day care services also; concerning and will continue to keep a close eye on. In terms of Older Peoples Mental Health services still issue around medical staffing, will keep group updated as to how this is resolving and if any risks are escalating.	
11.	**Commissioned Services**	
	Report contained within agenda. DP updated on behalf of all services. Exceptions to note are the closure of extended personal care and the continued work that is being undertaken to ensure continued service for customers of that provider. Concerns continue in relation to the resolution of challenges at a care home in the local area, which remains under oversight by Care Inspectorate and local Oversight Group. Market stability concerns across the whole of the commissioned care sector, have recently submitted a viability return for Care Homes to Scottish Government which talks to the challenges of increased costs of service related to energy costs etc. Recruitment similarly a challenge across the purchased social care market as it is internally. Continue to keep over inspection backlog from Care Inspectorate to registered social care services and also the implications that there will be inspections that will have been delayed and there is a down grading which may mean that some providers are not able to continue to deliver services, may be a requirement to mitigate risks and DP will keep group updated should they arise.	
12.	**Joint Adult Services**	
	Report contained within agenda. DA updated that there was not much of exception to report. He did note that discussions had been ongoing with Legal Services in terms of changes to the way in which self-directed support is allocated. Has been resolved with the support of Legal Services. Vacancies are highlighted as an issue particularly across Mental Health Officer services as well as also beginning to appear across Adult Services both within clinical and social work context. Highlighted the work ADRS have done in progressing the rollout towards achieving the Medically Assisted Treatment (MAT) standards, clear expectations now from the Scottish Minister as to the progress that is needed. Well on track in terms of embedding same day prescribing and other work that is highlighted within the report. Within Mental Health return he informed that a lot of work centered on patient engagement and feedback, has been developed by PCMHT in the first instance but now being moved into wider CMHT. Has been successful approach by PCMHT and LC has put a lot of work in to embed this within CMHT. Also noted the work of	

	the PCMHT in terms of improving evidence based practice. LD team are also doing a lot of collaborative work to support the transition to the new Allander Day Centre to ensure that from a clinical and social care context the service is prepared for the move.	
13.	**Oral Health – Primary Care**	
	Report contained within agenda. LD highlighted few points. One SAER underway currently. Review is being undertaken by Secondary care services although it was within Primary care services that the incident happened, will keep the group appraised of the situation and the outcome. Already discussed the winter preparedness funding and concerns. Expecting inspection by HISS at some stage and both primary and secondary care services are working together to make sure that clear that processes are standardised across the services. She also noted issues with waiting times, with pressures and focus on acute services on long waiters is now resulting in a lesser number of pediatric GA sessions that they would normally have. Working with teams in the Children's Hospital to try and retain as much as possible, but unfortunately current patients waiting to do fit the long wait category. Have noticed slight increase in urgent referrals for GA extractions and working to mitigate that. Also highlighted concerns for the PDS with pressures and business model changes within general dental services. Will be the focus for the coming months. OHD have reached out to the General Dental Practitioners within Inverclyde HSCP with the offer of coming together to meet and engage and try to understand where things are at with their business model and any support that can be offered to them going forward. Lastly, she advised that funding was allocated to General Dental Practitioners in the form of an improvement allowance for replacement and repair of dental equipment. Any funding that has not been used OHD are able to bid for some equipment for the Public Dental Service. Will keep the group updated on the progress.	
14.	**Specialist Children's Services**	
	Report contained within agenda. JH provided brief update on the main focus of work. Skye House has had beds capped for a period of time as result of challenges related to shortages of staffing and high risk clinical activity. In relation to the Mental Health and Recovery and Renewal Programme Phases 2 work in the process of developing a four bedded IPCU, in the early stages of planning look for go ahead from ED Planning to take to Capital Planning and will look at feasibility studies for either new build or a redevelopment of the current premise in Stobhill. Also still awaiting release of the Scottish Government funding allocation, hoping to have within the next week or two. Also some pieces of regional development that needs to be moved forward with but will be dependent on receiving funding. First half day session has taken place of the Neuro Development Pathway Working Group, presented to stakeholders around how the programme is going and various developments. In terms of recruitment, she updated the group that the waiting list work that took place as part of Phase 1 Mental Health and Recovery and Renewal Programme waiting lists are lower than they have been at any point in time. Professional leads are very involved in this and posts have been filled, mainly people moving within the service and to promoted posts. Need more interest from externally. Looking at what can be done to raise interest through different routes from which posts are normally put through.	
15.	**Mental Health**	
	Report contained within agenda. DA updated on at agenda item 12.	
16.	**Business Support**	
	Report contained within agenda. VMcL briefly updated that Business Support are continuing to provide support for complaints and Subject Access Requests. Completed a number of training courses around Information Governance and should see improvement of staff knowledge. Have also set up meetings with	

	Team Leads on a weekly basis given recruitment challenges and working through Business Continuity Plans. Appears to be working well, and continuing to provide team newsletter.	
17.	**Primary Care & Community Partnerships Governance Group update**	
	CF updated that there was lot of discussion in terms of delays with SAERs. Some action points in terms of trying to improve those delays. Quality Assurance Group was to look at how responses could be better received and how they could be acted on more quickly. Memberships of the Quality Assurance Group is to be reviewed with a view to try and ensure a quicker turnaround of the SAERs.	
18.	**Board Clinical Governance Forum update**	
	No update at this time.	
	RISK MANAGEMENT	
19.	**Clinical Risk Update**	
	FS attended to provide Clinical Risk update. He presented report to the group, the Clinical Risk update for the first half of 2022. There were 503 clinical incidents reported which was a slight increase compared to the last report. The majority of these are low severity however there were 18 severity 4/5 incidents reported, highest number for ED reported in any 6 month period. One incident has resulted in an SAER, briefing notes outstanding from this period so may increase. Similar to last update earlier in the year, he noted there were particular areas he wanted to cover in relation to self-harm and attempted suicide incidents. These account for half of the incidents that were reported between January and June, vast majority reported by CAMHS. Self-harm incidents have decreased slightly this period though remain of an elevated level. Last time he noted the inconsistency of the information reported on Datix. For pressure ulcer care the upward trend continues and there were 70 case load acquired pressure ulcer incidents reported. 14 patients represent 61% of the incidents. 2 of the 70 incidents were avoidable. Medication incidents in relation to the administration of insulin, 4 insulin incidents reported in the last 6 months of 2021, and 10 reported between January and June this year, 5 involving CAMHS inpatients and 5 involved Community Nursing patients. In terms of SAER one has been commissioned this year, 3 reviews have also closed this year, and all reviews identified issues however they did not contribute to the events. 4 SAERs in progress and noted that there is a focus on SAERs delays. C&F is one that is currently been active for more than 3 years. Have received information but not receiving updated information or reports. 12 briefing notes outstanding also. At the end of the report he noted that there was an update regarding the clinical risk dashboard on Datix in relation to potential SAE. Until recently there were two charts available to all reviewers, approvers and managers relating to areas of responsibility, one for severity 4/5 incidents that do not yet have a briefing note and one for 4/5 incidents plus any potential incidents that clinical risk have identified that they would require further information on. To make things clear charts have been merged, called the potentials by speciality and includes the 4/5s that do not have briefing notes and other potential incidents that require further information on. In terms of actions from SAER, there are 9 actions in progress relating to two SAERs by Addictions and CAMHS, 6 of which have now extended beyond the 3 month timescale for completion. CS noted that it was a concern to hear of such a long outstanding SAER, and how we can help to move this along. She asked FS to contact the relevant Head of Service to advise that this needs to be closed off. DP noted in relation to pressure care SAER that it is at the Quality Assurance stage and other issues have been discussed and learning plans put in place. LC advised that SAER has been through Quality Assurance and they have asked for further clarity. District Nursing team have put number of pressure ulcer prevention sessions on and joint session between Tissue Viability and Pressure Ulcer Prevention are running across GGC at present. Challenges with SAERs	

	and the turnaround, it would be helpful if could support service with how to complete SAERs specifically related to PU. Is an issue being raised operationally and professionally across GGC. DP also noted future potential risk that should be highlighted in terms of pressure care, concerns that given the energy crisis there may be individuals within their home who are provided with pressure relieving equipment that may need plugged in to the mains and where individuals may chose not to use due to the energy costs. Particular concern because of the increase in use of pressure relieving mattresses as standard in hospital. May be risk for care expectation not being followed through once the patient is home. Will flag any risks at this meeting going forward.	
20.	**SAE Actions**	
	As above.	
21.	**Corporate Risk Register**	
	CS advised that risk register has been recently been refreshed and will stand as is for the next six months however highlighted to the group that there has been discussion in various forums around cost of living crisis and impact of various other financial challenges on population and strike impacts. Some have been mitigated recently with strikes however potentially action in various other specific health service areas. If anyone feels that it needs refined further to reflect emerging challenges feed this back to CS and JC.	
	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**	
	JM advised that there is nothing at this time to update on however CS highlighted that the Learning Review had been concluded on Child Protection case co-chaired by Kerry Milligan and Greg Bremner, Chief Education Officer in relation to the protection steps that were taken around a young person with complex disability who subsequently became looked after by the local authority. Completed review, fairly protracted due to the challenges of doing it during the COVID context. Submitted to CI and received feedback and will now be in the process of taking the review and the action plan and Care Inspectorate feedback back through Public Protection Chief Officers Group. She concluded by saying it is a completed review with action plan in place.	
25.	**Adult Protection**	
	DA noted that there was one initial case review that was undertaken recently following referral from a solicitor that held guardianship for a lady. The process was fully worked through in line with the new protocols and was agreed that is was not a sufficient concern to process further towards a fuller review. Learning points that will be taken forward.	
26.	**PREVENT** **Counter-terrorism**	
	1 PREVENT case actively managed with engagement from the PREVENT Intervention Providers, and have been some developments in the last few days. Will not be able to close case any time in the foreseeable future. Continuing to manage between CJ Social Work Services, Police, PREVENT, Police Specific Unit and services that are commissioned from SACRO, one extremist case.	
27.	**MAPPA / Management of high risk offenders**	

	CS updated in terms of MAPPA. Upturn in numbers which had been expected as courts resumed their business. Largest area of growth is in lower level MAPPA 1. Case working largely relates to online sexual offending. Have unfortunately had to escalate one additional case that was held at MAPPA level 2, and will be escalated to MAPPA level 3 given increased risk profile. Work continues on all MAPPA targets and KPIs continue to be met.	
28.	**MARAC** **Domestic Violence**	
	CS advised that MARAC continues and nothing of profile change difference to highlight at this time.	
	INFECTION CONTROL	
29.	**Infection Control Minutes**	
	Minutes attached for information	
	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.	**Healthcare Framework – My Health, My Care, My Home : A healthcare framework for adults living in care homes**	
	CS shared with the group the new framework for care homes. Intention is to wrap around care homes with clear framework that is intended to be how residents of care homes best access healthcare support. Scottish Government oversight group that will oversee the implementation. Challenges around some of the recommendations, in particular financial or workforce implications, local enhanced service contracts, expectations around monthly meetings around oral health service and access to oral health support. Aspirational framework. Within each local area at present relevant teams have been asked to look at the framework to see if there are areas that can be taken forward and any impacts that arise. Scottish Government will monitor implementation of and form part of future inspection agenda.	
33.	**Setting the Bar**	
	CS shared with the group Social Work Scotland have published the Setting the Bar Report. Trying to understand what appropriate case load numbers are, national benchmarking undertaken at the beginning of this year. Report aims to bring this to the surface and is relevant to the upcoming National Care Service and National Social Work agency to think about establishing standards for caseloads for different types of social work practice.	
34.	**NRS Statistics on Deaths by Probable Suicide**	
	Item to be carried forward to next meeting as DA had issues accessing the papers.	
35.	**CMHT Survey Report 2022**	
	For information purposes only.	
36.	**CSWO Annual Report**	
	Report for noting and information purposes. CS asked Heads of Service and Service Managers to pass on her appreciation to all of the teams who contributed to the report; excellent good practice and development examples contained within the report, and is a credit to the teams and services that they found the time to do this while managing COVID recovery.	
.	**AOCB**	
	Nothing of note.	

Date of next meeting –2nd November 2022, 9.30am via 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:	**17th NOVEMBER 2022**
REPORT REFERENCE:	**HSCP/171122/15**
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 1ST SEPTEMBER 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 1ST September 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 1ST September 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 1ST September 2022.

3.2 The main highlights from the conversations within the meeting related to:

- An update on plans to reinvigorate the locality groups with input from the Joint Account Management group, which is a collaborative made up by Health Care Improvement Scotland, Scottish Government, Improvement Service and Care Inspectorate amongst others.
- Information about the Locality Practitioner Collaborative which is a multi-disciplinary approach to providing joined up care for people with complex needs or who have experienced frequent hospital admissions.
- A discussion on the significant challenges being faced by the Independent Sector.
- An update from the newly appointed Primary Care Transformation Manager on ongoing work to implement the GP contract and some of the challenges around this.
- An update on the work being undertaken to minimise drug related harm and death in East Dunbartonshire, sadly an increasing number year on 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

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: Draft Strategic Planning Group Minutes of 1ST September 2022.

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
Agenda Item Number: 15a.
APPENDIX 1

EAST DUNBARTONSHIRE HSCP

Minute of the Strategic Planning Group held 1st of September 2022 via MS Teams

Present

NAME	Designation
Derrick Pearce	CHAIR – Head of Community Health & Care Service
Fiona McManus	Carers Representative
Alison Willacy	Planning, Performance & Quality Manager
Karen Albrow	Carers Representative
Iain Marshall	Independent Sector Rep (Director of Care – Pacific Care)
Laura Coia	GP/East Locality Rep
Sharon Gallacher	Commissioning support and development team leader.
Kathleen Halpin	Service Manager/Lead Nurse
James Johnstone	Primary Care Transformation Manager
Alison Blair	GP/West Locality Rep
Lyndsay Haglington	Alcohol and Drugs Partnership (ADP) Co-ordinator

Minutes:

1.	**Introductions & Apologies**	**Actions**
	Apologies: Alex O'Donnell, Joni Mitchell, David Radford, Leanne Connell, Alison Conroy and David Aitken. **JC to be added to the distribution list for the SPG meeting going forward.** SG will attend the meeting from now on in place of GH. Kathleen Halpin in attendance at today's meeting on behalf of LC. Lyndsay Haglington attending to provide an update on behalf of David Aitken. DP advised there will be a change to the running order of the agenda to accommodate the diary commitments of those presenting.	
2.	**Notes of Previous Meeting**	
	Approved pending amendment of SG job title –commissioning support and development team leader.	
3.	**Matters Arising**	
	There were no matters arising to address.	
4.	**Updates**	
4.1	**East & West LPG Update**	

	Both locality groups continue to be stood down. The HSCP have been approached by the Joint Account Management group, which is a collaborative made up by Health Care Improvement Scotland, Scottish Government, Improvement Service and Care Inspectorate amongst others, who have come together to pull resources to support Partnerships and reinvigorate locality planning. A meeting will take place next week with CS, DP, DA and CC with the Joint Account Management team. To look at the position for ED and to re-engage with the current members of the LPG's, reinstate the groups and refresh plans as well as to determine what can be achieved given the new strategic plan is in place and has been signed off. DP advised there will be a specific discussion around Bishopbriggs and Auchinairn due to the particular challenges in these areas as well as the significant increase in new house building. An invitation will be circulated to members of the groups in due course once the initial meeting with the Joint Account Management team has taken place. Locality Practitioner Collaborative – KH - This is an MDT approach and originally started in the West locality. Clinicians meet once per week to discuss any complex patients/customers or patients/customers who have more than one service involved. Frequent hospital admission are also reviewed to see if any additional support can be provided to these individuals or if they are known to services. The District Nurse ANP was the lead for setting this up in the West Locality, there has been very good engagement from all service and this has been going well. Bishopbriggs cluster has been set up and is also progressing well with good attendance. Work is currently on going within Kirkintilloch to ensure this is well established also. AB asked about potential GP involvement going forward. DP is keen to maintain the membership as it stands currently provided that those on the distribution list are still willing to take part and attend.	
4.2	**3rd Sector Update**	
	DP advised there is significant activity within the 3rd sector currently. Community wellbeing grants have been launched and some have been allocated. There is engagement with the 3rd sector around social supports for Older people. An update on the 3rd sector will be requested from JM at the next meeting.	
4.3	**Independent Sector Update**	

	SG highlighted the whole sector is very fragile although stable due to issues across the board around staff recruitment and retention. Increasing cost are also a factor which will increase from October. There have also been a large volume of press review requests into Scotland excel for the National Frameworks which have additional budget implications. In addition to this, sustainability payments for Covid will cease from September and this will be another increased pressure for providers. Scottish living wage will have more budget implications for next year due to an additional uplift across the Care at Home market. Supported accommodation providers are also requesting an uplift due to the contract values being fairly static. A cost comparison is underway currently to review against Scotland Excel rates to see if this improves sustainability. Overall SG is currently monitoring the sectors and support is being provided where possible. The current focus is on the high risk areas such as Care at Home and Care Homes. SG anticipates serious financial challenges ahead for the sector. SG also reported that one Care at home provider has closed and work is taking place to reduce the impact of this currently. IM agreed with the update provided by SG and again highlighted the financial difficulties for Care Homes in particular in terms of energy prices. Many organisations are already running at a very low profit margin and it is unlikely they will be able to absorb the extra expenditure which will put significant pressure on the Social Care system. IM advised that a meeting will be taking place today with the Scottish Government and the Chief Nursing officer will be in attendance. This will give an opportunity to answer questions around staff recruitment in light of the current challenges and the government's idea's to address this. Another meeting with Scot Govt. will take place around the new guidelines including the extended use of face masks, PPE and vaccinations. DP advised ED HSCP have been invited to participate in a delegation from the Netherlands who are meeting with each of the HSCP's around innovative practise or transformation of the Health and Care sector. A programme is being developed for the 16th of September to hear about joint working with the Care Homes during the pandemic.	
4.4	**Communications & Engagement**	

	FM will provide an update for today's meeting. FM advised there has not been a meeting since last SPG as August meeting was cancelled. This will be rescheduled sometime in September. FM discussed a recent Equal, Expert and Value report which involved a survey for their own members. This is being pulled together and FM will present this to the Board in September. Both the summer and Covid newsletter were distributed over the summer period. FM highlighted some of the upcoming topic for discussion due to the PSUC meeting in August being cancelled. Dental practices – in relation to specialist children there has been some communication that check-ups will not be undertaken until 2023 which has caused some concerns. KA discussed a case relating to a child with complex needs who attends Campsie View and highlighted the impact on the child and parents. **DP suggested that Karen Gallacher attends an upcoming PSUC meeting to clarify and give an overview. AC or DR should be able to facilitate a discussion. FM will discuss this with AC or DR.** The second area relates to the new Allander resource centre. Some roles are being advertised for 6 months temp contacts, FM is concerned about the impact on people with Learning Disabilities if this translates to a high staff turnover. DP advised there will be a more detailed input in relation to the Allander at the next Board meeting which may provide some reassurance and allow FM to feed back to the PSUC to alleviate any concerns. The last point is in relation to Carers being concerned with the staffing levels in SW due to the movement and retention of staff. Again FM discussed the impact this has on families and service users. KA also highlighted a colleague whose child is now 17 and going through the final transitioning to Adult services however there is nothing in place to help this transition and she has been informed that once the child turns 18 she will access adult social care however there has been very little engagement with SW to understand the process which has increased anxiety. **KA to send details of this specific case to DP who will contact CC and DA to look into this in further detail.**	
4.5	**Housing Update**	

	No update available.	
4.6	**Primary Care Update** • **Changes to the Community Covid Pathway**	

	JJ introduced himself to the group advising that he is the new Primary Care Transformation manager and will support the implementation of the new GP contract. JJ was previously Practice Manager within the Turret Medical Practice. The key focus going forward will be to engage with GP practices, Practice Managers and wider groups to get an idea of what has worked and what has not. LC advised the service continues to be busy. CTAC has been implemented well and is running fairly smoothly currently. Staffing has been challenging and continues to be across admin, nursing and due to a number of GP vacancies in the area. In addition two partners are due to retire shortly. There has some local stress around the staffing of the ANP service also. There has been some work around establishing a sense of community again within the practice and to resume some of the services that were available pre Covid. Discussion have taken place with Josie from the PCMH team around this. AB discussed ANP's explaining there have been similar problems for her practice. The departure of the ANP has highlighted the value of the ANP service and has had a significant impact. There have been 300% patient contacts and 120 acute consultations over and above this. This demonstrates the appetite for clinical interface. Complaints have also increased. AB discussed the last GP forum meeting and highlighted some of the concerns discussed at the meeting. JJ discussed the sustainability issue in general practice and advised this is being addressed across the board and there are a number of working groups looking at this currently. There is a review of the escalation process which has been in place for Covid specifically to try and refocus this to general sustainability and escalation. There is also a number of issues relating to the GP contract which still need further work and consideration. Access has always been an issue however the expectation changed due to Covid and demand has now grown. **JJ highlighted support offered at the GP Forum meeting by one of the Practice Manager from the Bishopbriggs cluster, JJ is happy to facilitate a discussion for any practices who may wish to uptake this support.** JJ and AB discussed the possibility of communications to highlight the challenges faced by general practice particularly as winter approaches. KH advised that the issues around ANP's is a national problem, due to this being a new role there are lots of development opportunities available which nurses have never had previously. This role requires	

	significant support and training and therefore it can create challenges when staff do decide to move on.	
4.7	**Improving the Cancer Journey in East Dunbartonshire**	
	Improving the Cancer Journey programme was formally launched last month. This was a very successful event and the programme is working well. There has been significant national interest around some of the local work and particularly the partnership with Low Moss prison in terms of supporting the prison population with a cancer diagnosis or are at end of life. There has been an invitation to participate in a National Scottish Prison service governors in charge seminar later in the year to discuss the programme. In terms of the wider population, the uptake in the service continues to grow and DP advised that the engagement of practices and community services has been fundamental to driving this forward. A user of the service attended the event and provided a testimonial of the benefit they derived from the service which was very impactful. DR will continue to provide updates to both the SPG and the PSUC groups.	
4.8	**Performance Update**	

	DP explained that performance has not been a key feature at the SPG up to this point however as the performance report goes to the IJB there should be a discussion around this at the SPG to allow members to scrutinise and influence the discussion prior to this going to the Board. AW provided the group with an overview of the performance reporting arrangements. The reports go to the IJB on a quarterly basis and are generally finalised at the last minute due to delays in data and recording. AW shared the quarterly report with the group, this reports on the previous quarter. The report details how the HSCP performs against performance indicators. AW discussed the report in detail explaining how the information is interpreted. The annual performance report looks at all four quarters and pulls this information together into an annual report. All HSCP have an obligation to produce an annual performance report under the Joint Scotland Public Bodies Act and this looks at our progress against our strategy priorities outlined in the Strategic Plan. AW provided an in depth breakdown of the report including the national and local performance data. The format of the annual performance report will change next year because it will refer to the new strategic plan. There is now an opportunity to change the look of the report and to embed the Children's service and justice services more effectively into the performance indicators and reporting. Once the IJB have approved the report it will be published on the HSCP website. **AW is happy to share a copy of the report with the group and asked members to contact if they would like a copy.** DP explained that it is intended that the performance management framework will be brought as a presentation to the next SPG meeting.	
5	**Drug Related Deaths/ MAT Standards**	

	LH joined the meeting to provide an update and presentation on behalf of DA. The presentation relates to the ADP and drug related deaths internal report based on 2020 data across GG&C, LH has added some of the data for 2021. The purpose of the presentation is to look at the overview of drug related deaths as well as the action plan that has been developed in line with the recommendations. The drug related death trend is increasing year on year for East Dunbartonshire in line with the national trends. LH discussed the data in more detail and advised that there is some complexity to how drug related deaths are recorded and also that 3 of the individuals did not reside in East Dunbartonshire and should have been registered in other areas. LH continued to discuss the data in detail with the group and highlighted poly drug use amongst many drug users as well as the difficulty engaging some individuals which will be an area of focus. Individuals need to be at the heart of the services and services must be designed around individuals, this is one of the reasons that MAT standards have been introduced. Based on the reporting there are a number of recommendations, these include looking at advanced partnership working and interfacing around the various departments as well as involving the 3rd sector. In addition the barriers and penalties if people do not engage in services should be removed to allow them to stay within the service as long as required. There will also have to be an increase in staff capacity within the ADP service. LC advised that the biggest cohort of people dying in East Dun are above the age of 40/45. They are less likely to be involved in Children and Families or have been through the system and do not wish to go back. Although practices are aware these individuals are using drugs they do not engage and often do not attend routine cholesterol and blood pressure checks. Individuals have generally also been through the CMHT and again do not wish to go back. Psychological support is often required and if this is not available it will be very difficult to keep these people engaged with the process. LH agreed and advised that Psychological support is being looked at to fill vacancies and potentially increase this resource through various means. **LH also advised that a number of challenges remain and that she is keen to engage with groups and individuals to gather ideas and suggestions to work towards addressing some of the ongoing issues related to this.** LC suggested that it may be best to approach individuals from an overall physical health perspective rather than specifically around their drug use.	

	LH discussed the WAND Project with the group advising that much of this is around wound care and general health checks, BBV and ensuring that individuals have clean needles, foils and paraphernalia. This will be held in east Dunbartonshire once per fortnight and was a service that ED did not have access to previously. This will also be used as a test of change to see what other supports can be made available. LC feels that many of the people who use drugs and alcohol have an underlying diagnosis and this is a factor that should be investigated as often they are sitting on waiting list for a number of years. LH discussed the postal naloxone service and highlighted that this can be accessed through a form on the HSCP section of the EDC website, this is a click and deliver service.	
7.	**Preparing for Winter**	
	DP asked that this is kept on the agenda as a standing item until spring. The HSCP are obliged each year to contribute to a winter plan for the health board and have a plan in place for the HSCP. Previously this has been about adverse weather, increases in winter respiratory illness and more recently predicted surges in Covid. These will remain will a consideration however there is now the added challenges around the cost of living crisis as well as potential industrial action and disruption to service as a result. A group will be formed within the HSCP to look at the winter plan however DP is also keen that there is opportunity for this to be discussed within the SPG for members to think about winter and the challenges this may bring about. Work is being undertaken across the local authority and HSCP to mobilise winter warmer hubs due to the expectation that some people within the community may need support with heating and food. There will be an aim to tie the hubs in with the What Matters To You Clinics. Planning meetings are ongoing and more details will be publicised in due course and will also be discussed at various groups to raise awareness. **DP asked the group to contact him should there be particular points members feel need brought into the discussion around winter planning.**	
8.	**AOB**	
	No discussion.	
9.	**Dates of Next Meeting**	

	3rd of November 2022	

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 16.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**17th NOVEMBER 2022**
REPORT REFERENCE:	**HSCP/171122/16**
CONTACT OFFICER:	**TOM QUINN, HEAD OF HUMAN RESOURCES TELEPHONE 07801302947**
SUBJECT TITLE:	**STAFF PARTNERSHIP FORUM MINUTES OF MEETING HELD ON 21st SEPTEMBER 2022.**

1.0 PURPOSE

1.1 The purpose of this report is to share the minutes of the Staff Partnership Forum meeting held on 21st September 2022.

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 21st September 2022.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Staff Partnership Forum minutes highlight:

a. Leanne Connell updated on the extended District Nursing Service operating hours which had been introduced from Monday 19 September. Leanne thanked everyone involved in getting the service up and running and highlighted it as a good piece of Partnership working.

b. Jean Campbell updated the forum on the positive news about additional accommodation in both the Bishopbriggs and Milngavie areas. Although it would take time to do the necessary "kit-out" work, the accommodation was welcomed by all.

c. Tom Quinn highlighted the overwhelming uptake on both the iMatter survey returns but also on the level of action planning that had taken place to address issues raised in the survey. The HSCP recorded a 88% uptake on action planning within 8 weeks.

d. Tom Quinn also raised the September edition of Our News which had an article on sources of Financial Support and advice for staff as well as other wellbeing activity.

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 21st September 2022.

Minute: Staff Forum

Wednesday 21 September 2022

Item	Subject	Actions
1.	**Welcome** & Confirmation of Attendees Craig Bell (Chair) Caroline Sinclair, Anne McDaid, Allan Robertson, Andrew McCready, Tom Quinn, Margaret Hopkirk, Leanne Connell, Craig Bell, David Aitken, Karen Gallacher, Claire Carthy, Brian McGinty, Jean Campbell **Apologies** Derrick Pearce, Caroline Smith, Alistair MacDonald	
2.	**Minutes of 17 August 2022** Approved.	
3	**Current Situation on COVID-19 /LRMT** Claire Carthy updated the forum on the current position: LMRT – 4 Aug, no exceptions noted. Claire advised that the meeting would be paused due to the limited activity at present but advised that we can re-instate if needed/ necessary. Claire update on the position with regard to Routine Testing / Symptomatic testing and the Vaccination programme, highlighting that all staff should be advised to get vaccinated. Current Situation – slight increase in Covid-19 numbers. Not sure if this is a new wave or reduction. Winter planning underway. Continually reviewing Business Continuity Plans.	
4	**Draft Workforce Plan 2022-25 update** Tom Quinn advised that Scottish Government haven't come back formally with comments yet from what was submitted. However, Tom has had some informal update advising that we will be asked to quantify the recruitment strategy over the next 12 months. If we can't do by specific groups can we look at job families? We would expect to bring the final draft to the October staff forum and the November IJB for final approval before publishing on the website.	
5	**Finance Update** Jean Campbell provided an update talking to papers already circulated - Jean highlighted that we are still waiting on confirmation for lots of funding routes. IJB report set out positive position. Surplus £2million. Risks that we may have to use our reserves first. Pay	

	Uplift for local Authority staff been agreed at 5%. Therefore we have a Funding gap as we only budgeted for 2%. Awaiting to find what (if anything) will come to HSCP to fund the salary increase. Care Providers seeing cost increase from current cost of living increases. Need to address within own budgets at this time. There are a number of key risks / costs pressures that we need to work through over the next few months. PCIP Funding allocations – taking reserve balances into consideration. We are currently paying from the reserved balances. Using 12.7 million of reserves at present. Uncommitted Covid funding being clawed back. I.e. PPE distribution.	
6	**Update on proposed changes to DN model** Leanne Connell – Highlighted that the revised service went live with the new core hours on Monday 19th September. Thanks to help from A McDaid, M Hopkirk, M McCarthy. Currently 1 member has chosen to be redeployed and further meetings are being arranged to facilitate this request. Difficult day to change over due to unplanned public holiday due to Queen's funeral. Leanne advised that she would like to bring a positive patient story to the next meeting to highlight the work of the services. This was a patient who able to stay at home due to our services.	
7	**Accommodation Update** Jean Campbell provided an updated on the position to the previously discussed Business cases submitted for Milngavie / Bishopbriggs – to increase clinical services, mainly PCIP. There is good news on the Bishopbriggs capital funding being secured. Lease now actively being sought and then work can begin. The business case for the Milngavie proposal – whilst well received is going to another group due to funding requirement for capital. Further updates when available	
8	**HSCP Staff Awards** Tom Quinn spoke to the previously circulated paper and advised that due to a limited number of application the SMT had agreed to extend the closing date to end of September 2022.	
9	**Update on the Mental Health and Wellbeing in Primary Care Funding** Tom advised that Scottish Government had not yet provided update from updated paper submitted, waiting on what funding has been approved. Group not met recently. Andrew McCready highlighted that if we have put this in Workforce Plan this is a concern for recruiting additional staff.	
10	**iMatter update** Tom spoke to the previously circulated paper on iMatter results and spoke about the success and again the high uptake on both compliance and action planning undertaken within the 8 week reference period. 97% Oral Health	

	88% HSCP up from 65% previous year. Need to highlight Action Plans throughout the year. Thanks to all who has made this work.	
	AOCB Anne McDaid – Information Exchange for APF (add to Agenda) 1. DN Service – Transferred to new OOH service, giving patients in ED area better continuity of care. Good practice working in partnership with HR & Staffside. Only one staff member chose to be redeployed. 2. I Matter Report 3. Business Case for new Premises 4. Sharing help for staff via Our News on Cost of Living	
	Items for information - Our News (September 2022) - Annual Performance Report	
	Date of Next Meeting: 1pm, 26 October 2022 – MS Teams	

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 17.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**17th NOVEMBER 2022**
REPORT REFERENCE:	**HSCP/171122/17**
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 four meetings in 2022, the latest meeting took place on the 6 October 2022 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 Jean Campbell (HSCP - Chief Finance and Resource Officer) and Vandrew McLean (HSCP Corporate Business Manager). Jean and Vandrew updated the group on East Dun HSCP property and physical assets.

3.4 The members also received a presentation from Gayle Paterson (HSCP - Learning Disability Strategic Review Project Lead) and Catherine Davison (HSCP – Manager, Kelvinbank Resource Centre) on the Learning Disability Strategic Review and an update on the Allander Centre.

3.5 The group also received an update from Anthony Craig (HSCP – Development officer) on the current and ongoing Power of Attorney (PoA) awareness campaign.

3.6 The PSUC group have created nine issues in 2022 of the Covid-19 information sheet (2022). This info sheet provided information on local Covid-19 infection data and signposts local residents to important Covid-19 information (No 28 since March 2020). This item had a readership of approximately 500+ (per month) to individuals and organisations across East Dunbartonshire. It was agreed that the September 2022 issue would be the final issue. See **Appendix 2.**

3.7 The Group have also created their summer newsletter (August 2022). The newsletter included an update from Dr Paul Treon (HSCP – Clinical Director) on current pressures on primary care and a Travel Health and Vaccination update from Carolyn Fitzpatrick (HSCP - Lead for Prescribing and Clinical Pharmacy). This item is distributed in both a digital and physical format and is disseminated to all HSCP staff, third sector orgs and community groups, community hubs and libraries, housing associations and local churches. See **Appendix 3**

3.8 The PSUC group requested that the development officer continues to scope, disseminate and inform the group and wider distribution list on current local programmes relating to the 'cost of living crisis. This included information on income maximisation and the impact of financial exclusion on our local communities and current campaigns to combat this.

3.7 The PSUC group have also agreed to keep 'PoA', service users 'unmet need' and the Carers ongoing workstream as key agenda items.

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 06 October 2022.

8.2 Appendix 2: PSUC (Coronavirus) Covid-19 Info sheet September 2022.

8.3 Appendix 3: PSUC (Summer 2022) Newsletter August 2022.

Agenda Item Number: 17a. Appendix 1

Public Service User and Carer Support Group – 06 October 2022

Attending; Karen Albrow, Gordon Cox, Linda Hill, Fiona McManus and Michael Rankin

Apologies; David Bain, Suzanne McGlennan Briggs, Sandra Docherty, Susan Griffiths, Avril Jamieson, Linda Jolly, Mary Kennedy, Jenny Proctor, Frances Slorance and Michael O'Donnell

HSCP Staff in attendance; Jean Campbell, Catherine Davison, Vandrew McLean, and Gayle Patterson. Support Staff; David Radford and Anthony Craig

Action points agreed at meeting:

Action	By who	When	G	A	R
HSCP officer to share updated HSCP Carers Plan with the group.	A Craig	06/10/2022			
HSCP officer to share the recent IJB approved Carers Evaluation Report with recommendations to the group.	A Craig	10/10/2022			
PSUC group have asked that the HSCP officer continue to scope and inform on local programmes relating to income maximising, the impact of financial exclusion and the 'cost of living crisis' on our communities.	A Craig	Sourced and shared (01/09/2022) / Ongoing			
HSCP officer to update volunteer expenses forms and share with group.	A Craig	10/10/2022			
HSCP officer to liaise with HSCP Business Manager to source meeting calendar dates and identify PSUC group dates for 2023.	A Craig	By next meeting (06/12/2022)			
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 raised question regarding the level of Scot Gov carers funding to HSCP	A Craig	By 06/02/2023			
HSCP Officer to share	AC	07/10/2022			

presentation on the Allander Centre.					

East Dunbartonshire Health & Social Care Partnership

SEPTEMBER. 2022

EDITION NO. 28

EAST DUNBARTONSHIRE CORONAVIRUS (COVID-19) UPDATE

Covid-19 Information sheet, created by the East Dunbartonshire Public, Service User and Carer (PSUC) group

East Dunbartonshire: local 7 day positive cases (4 September 2022 to 10 September 2022)

Welcome to the latest East Dunbartonshire Public, Service User and Carer (PSUC) group Covid-19 (Coronavirus) information sheet.

The latest 7 day statistics up to the 14 September 2022 show **69*** positive cases, which is a 7 day positive rate of **63.4*** per **100,000** population. This is a **35%** decrease compared to the same period last month (10 August 2022) and overall the data for Scotland is also showing a drop in the spread of the virus.

Again, we must remain vigilant and follow the FACTS guidance, though social distancing, good hand and respiratory hygiene and by using appropriate face coverings. To help protect yourself and others get the vaccine or the vaccine booster. Scottish Government guidance.

Please continue to follow Scottish Government and NHS Inform guidance.

*Public Health Scotland (14/09/2022)

Coronavirus Guidance in Scotland (14 September 2022)

All covid rules and restrictions have been lifted in Scotland, but the virus has not gone away.

Use 'Covid sense' to help protect yourself and others:

- get your vaccine when offered to ensure you are fully protected
- stay at home if you're unwell with symptoms or have a fever
- open windows when socialising indoors
- wear a face covering in indoor public places and on public transport, and;
- wash your hands to protect yourself.

Care for yourself and others to help slow down the spread of the virus and reduce pressure on our health services.

All COVID-19 advice and guidance See all coronavirus advice and guidance.

Covid 19: Autumn 2022 Booster Campaign (Dose 4)

Scotland's autumn booster programme against Covid-19 and the Flu, began on 5 September. The vaccines that will help protect you from Coronavirus and the Flu this winter are being made available now. **Please do not contact your GP as GP's are no longer involved in vaccination.**

NHS Scotland is vaccinating those most at risk first, **please wait until you are contacted** or called forward to book your winter vaccine appointment. NHS Scotland recommends you get your vaccines as soon as they are offered to you.

- residents in a care home for older adults
- all adults aged 50 years and over
- those aged 5 to 49 years who are household contacts of people with immunosuppression
- frontline health and social care workers
- those aged 5 to 49 years in a clinical risk group, including pregnant women
- carers aged 16-49 years

Please click HERE for the booking portal and for more information.

What are Flu and COVID-19

What are flu and COVID-19?

Flu and COVID-19 are very infectious respiratory viruses. They can be serious, even if you're healthy. The viruses spread through the air when people cough or sneeze, or when they touch surfaces where the virus has landed then touch their eyes, nose or mouth.

Flu and COVID-19 have similar symptoms that may include:

- a cough
- sneezing
- a stuffy or runny nose
- a sore throat
- headaches
- muscle aches
- breathlessness, tight chest or wheezing
- a high temperature (37.8° or higher) or chills
- feeling generally unwell
- loss of, or change in, sense of smell or taste.

There are also other symptoms. It is possible to have COVID-19 and not show any symptoms.

To download the Flu and Covid Vaccines leaflet, please click HERE.

For more information, visit www.nhsinform.scot/flu or www.nhsinform.scot/covid19

Covid Vaccination Programme East Dunbartonshire Update (14 September 2022)

The vaccination programme in East Dunbartonshire is progressing well. We have seen a very high uptake of the vaccines in East Dunbartonshire with 99.9% of all over 40s receiving their 2nd dose and 100% of the over 75s having received their booster (dose 3) by 29 July 2022.

% of East Dunbartonshire residents 18+ received Dose 2, 97.7%

% of East Dunbartonshire residents 40+ received booster or Dose 3, 96.3%

% of East Dunbartonshire residents 75+ received booster or Dose 4, 97.7%

% of East Dunbartonshire residents 18-29 received booster or Dose 3, 65.5%

Vaccinations (continued)

Currently East Dunbartonshire has the highest uptake for vaccinations in Scotland, with 84.1% of the 12 yrs + population having received their booster or dose 3.

The 40 yrs + population of East Dunbartonshire also has the highest uptake in Scotland with 96.3% having their booster or dose 3 (see here).

Coronavirus (COVID-19) Guidance

NHS inform has all the latest coronavirus (COVID-19) guidance from NHS Scotland and the Scottish Government, including physical distancing measures and advice for infected households.

Click on the link here to access: **NHS INFORM**

If you wish to know more about the work of the East Dunbartonshire Public, Service User and Carer (PSUC) group then please email: EDPSUC@ggc.scot.nhs.uk

East Dunbartonshire Council

NHS Greater Glasgow and Clyde

East Dunbartonshire Health & Social Care Partnership

Summer 2022

Issue 11

Your News

Health and Social Care information brought to you by your East Dunbartonshire Public, Service User and Carer (PSUC) group.

IN THIS ISSUE

Did You Know?

***16% of residents report to having a limiting condition or illness, this rises to *27% for those from a deprived area.**

*East Dunbartonshire Health and Wellbeing Survey - 2018

CORONAVIRUS (COVID-19)

For the latest and most up to date and accurate information: NHS Inform offers general advice around coronavirus/COVID-19 on the NHS Inform website: www.nhsinform.scot

Coronavirus (COVID-19) helpline

If you do not have symptoms and are looking for general information, a free helpline has been set up on 0800 028 2816.

Dr Paul Treon (Clinical Director) East Dunbartonshire Health and Social Care Partnership (HSCP)

Another 12 months into the COVID pandemic and Health and Social Care Services continue to work under extreme pressure.

All 5 of our local 8 Surgeries have remained open throughout the pandemic; providing more patient contacts than ever before. As restrictions have lifted and guidance relaxed practices have been working towards a 'New Normal'.

Face to face consultations continue to be available to all patients who require them. However, a blended model of service is increasingly available; using a mix of telephone (60%), face to face (37%), home visits (3%) and video consultations (<1%) – remote consultations can benefit those needing initial investigations, allow family members to listen and offer improved convenience for those who do not need, or find it difficult, to access the practice.

In addition to the familiar GP and Practice Nurse; service users may now consult with Advanced Practice Physiotherapists, Advanced Nurse Practitioners, Practice Based Pharmacists, Well Being Workers and Primary Care Chaplains – helping to ensure patients can directly access the most appropriate healthcare professional more quickly.

Skilled and experienced practice reception staff will help direct you to the most appropriate professional and appointment type; or signpost you to a dentist, optician, community pharmacist, podiatrist or minor injury unit.

GP Surgeries continue to deal with high demands on their services with chronic disease management catch up, increasing mental health presentations and staff absences among the challenges faced.

GPs are also managing increasingly complex issues due to understandable delays in out-patient hospital care and elective surgery.

Continued on page 2

Continued from page 1 - Dr Paul Treon (HSCP Clinical Director)

Finally, please help your practice team by being realistic with your expectations – where you need seen urgently that day please let the receptionist know, otherwise please be patient. Order medications in good time and allow plenty of time for these to be processed and dispensed. Don't forget to try the practice website, NHS inform or your local pharmacy for advice and support. Please continue to be courteous and respectful to our local health and social care workers – they are trying to help you and others.

Dr Paul Treon, East Dunbartonshire HSCP Clinical Director and Local GP.

Travel Health and Vaccinations - Carolyn Fitzpatrick

On the 1st April 2022, the way vaccinations are delivered has changed. The new GP contract means that the responsibility for the delivery of vaccinations has been transferred from your local GP to the Health Board (NHS Greater Glasgow and Clyde). The vaccinations cover;

- Childhood Vaccinations - Childhood teams will deliver all of our vaccinations to children 0-6 yrs, primary and secondary school children (This covers the age range of 0-18 years).
- Adult Vaccinations - Pneumococcal, shingles, vaccinations during pregnancy and all other vaccines. The Vaccination Service will arrange for the vaccine required and contact you with an appointment. They will do this on receipt of the referral from your GP.

In the case of **travel health and vaccinations**, there is a new travel health service in NHS Greater Glasgow and Clyde (NHS GGC).

In East Dunbartonshire the travel service is delivered via CityDoc which provides travel health advice, risk assessment and vaccinations. The contact details for CityDoc are;

- Email: **NHSGGC@citydoc.org.uk** or call: **0141 673 3003**

It is important that you seek travel advice in adequate time before you travel. Some vaccines take time to work so we would advise you to contact services a minimum of 6 – 8 weeks in advance to ensure you are fully protected before you travel. However, if your trip is sooner, remember it's never too late to get travel advice. More information is available on the NHS GGC website.
See link; https://www.nhsggc.scot/your-health/general-vaccinations/overseas-travel-vaccinations/

Please also visit the Fit for Travel website which provides country-specific advice on recommended vaccines, malaria advice and other travel risks. Click here; https://www.fitfortravel.nhs.uk

Carolyn Fitzpatrick (HSCP Lead for Prescribing and Clinical Pharmacy)

Volunteer Opportunities with East Dunbartonshire HSCP

Involving carers, service users and the public is an important part of improving the quality of services provided by the HSCP.

You can:

- help the HSCP to improve local services ensuring they are person centred, and;
- help the HSCP to shape or redesign local health and social care services.

If you wish to join the PSUC group or just require more information, then please email: **EDPSUC@ggc.scot.nhs.uk**

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair

Agenda Item Number: 18.

East Dunbartonshire HSCP Board Agenda Planner
Meetings
January 2022 – March 2023

Update: 23.10.22

Standing items (every meeting)
Declaration of Interests
Minutes of last meeting (CS)
Chief Officers Report (CS)
Board Agenda Planner (CS)
HSCP Board Agenda Items – 20th January 2022
Performance Reports
Financial Reports
Transition/Recovery Planning
ADP Annual Report
Oral Health Performance Report
Sexual Health Service Review Implementation Plan – tbc
HSCP Board Development Session – 25th February 2022
Financial Planning 2022/23 Stage 2 Consultation of the Strategic Plan
HSCP Board Agenda Items – 24th March 2022
Topic Specific Seminar – (Oral Health?)
Performance Reports
Financial Reports

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair

Agenda Item Number: 18.

Transition/Recovery Planning
Unscheduled Care Delivery Plan
HSCP Board Agenda Items – 30th June 2022
Older Adults Support Strategy
Update on Property Strategy and Delivery – Jean Campbell – to be confirmed
Directions Log update – Jean Campbell - to be confirmed
HSCP Corporate Risk Register – Jean Campbell
HSCP Board Development Seminar – 18th August 2022 (tbc)
Introduction to the HSCP
Oral Health
HSCP Board Agenda Items – 15th September 2022
Topic Specific Seminar – Update on the New Allander – David Aitken
HSCP 3 Year Workforce Plan – Tom Quinn
Learning Disability Strategy – David Aitken
Annual Performance Report – Alan Cairns
Annual Clinical & Care Governance Report – Paul Treon
Commissioning Spend
Integrated Children's Services Plan 2023-26
Equal, Expert and Valued report 2022 – D Pearce to be confirmed
HSCP Board Development Seminar – 20th October 2022
Integrated Children's Services Plan
Inspection of Services for Children at Risk
Alcohol and Drugs Partnership strategy and key areas of work update

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair

Agenda Item Number: 18.

HSCP Board Agenda Items – 17th November 2022
CSWO Annual Report 2021 – 2022 – Caroline Sinclair
IJB Code of Conduct – Jean Campbell
HSCP Property Review and Accommodation Update – Jean Campbell
Carers Strategy 2023-2026 – David Aitken
Inspection of Services for Children at Risk in East Dunbartonshire – Claire Carthy
Primary Care Improvement Plan update – Derrick Pearce
HSCP Board Development Seminar – 22nd December 2022
Children & Families & Criminal Justice
Care & Community Services
HSCP Board Agenda Items – 19th January 2023
Topic Specific Seminar – Frailty Update – Derrick Pearce
HSCP Public Health Strategy – Derrick Pearce
Older People's Social Support Strategy – Derrick Pearce
Un Scheduled Commissioning Plan Update – Derrick Pearce
Directions Update – Jean Campbell
Risk Register Update – Jean Campbell
HSCP Board Development Seminar – 16th February 2023 (tbc)
Finance update 2023/24
Alcohol and Drugs Partnership strategy and key areas of work update
HSCP Board Agenda Items – 23rd March 2023