

For meeting on

30 JUNE 2022

Agenda **2022**

**East
Dunbartonshire
Health & Social
Care Partnership
Board**

A meeting of the East Dunbartonshire Health and Social Care Partnership Integration Joint Board will be held within the **Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT on Thursday 30th June 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; 24th March 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 24 th March 2022	Paper	Approval
3.	Caroline Sinclair	Chief Officer's Report	Verbal	Noting
STRATEGIC ITEMS				
4.	Derrick Pearce	Social Support for Older People Strategy 2023-2028 (Draft)	Paper	Approval
5.	Jean Campbell	HSCP Property Strategy update	Paper	Noting
6.	Derrick Pearce	Primary Care Improvement Plan update	Paper	Noting

Item	Report by	Description	Update	For Noting/ Approval
7.	David Aitken	Adult Learning Disability Day Service Redesign & New Allander Centre	Paper	Noting
8.	Tom Quinn	Draft Workforce Plan	Paper	Noting
GOVERNANCE ITEMS				
9.	Alan Cairns	HSCP Quarter 4 (Full Year) Performance Report 2021-22 and Annual Performance Report Update	Paper	Noting
10.	Jean Campbell	Financial Monitoring Report – Month 12	Paper	Approval
11.	Jean Campbell	HSCP Corporate Risk Register	Paper	Approval
12.	Jean Campbell	Directions Log update	Paper	Noting
13.	Jean Campbell	Performance Audit & Risk Committee held on 31 st March 2022	Paper	Noting
14.	Paul Treon	Clinical and Care Governance Minutes held on 23 rd February 2022	Paper	Noting
15.	Derrick Pearce	Strategic Planning Group Minutes held on 3 rd March 2022	Paper	Noting
16.	Tom Quinn	Staff Forum Minutes held on 27 th April 2022	Paper	Noting
17.	Gordon Cox	Public Service User and Carer Group Minutes held on 12 th May 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 15 th September 2022				

Item	Report by	Description	Update	For Noting/ Approval
<p>All held in the Council Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT or via remote access during COVID Pandemic restriction arrangements</p>				

Minute of virtual meeting of the Health & Social Care Partnership Board held on
Thursday, 24 March 2022.

Voting Members Present: EDC Councillors **GOODALL & MOIR**

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

Non-Voting Members present:

C. Sinclair	Interim Chief Officer and Chief Social Work Officer - East Dunbartonshire HSCP
C. Bell	Trades Union Representative
J. Campbell	Chief Finance and Resource Officer
L. Connell	Interim Chief Nurse
G. Cox	Service User Representative
A. Innes	Voluntary Sector Representative
F. McManus	Carers Representative
P. Treon	Clinical Director

Jacquie Forbes (Chair) presiding

Also Present:

A. Cairns	Planning, Performance & Quality Manager
C. Carthy	Interim Head of Children's Services & Criminal Justice
A. Dolan	Modern Apprentice, Democratic Services
L. Dorrian	Oral Health Directorate
L. Johnston	General Manager, Oral Health Directorate
G. McConnachie	Audit & Risk Manager - EDC
L. McKenzie	Democratic Services Team Leader – EDC
V. McLean	Corporate Business Manager
J. Mitchell	Children's Health Services Manager
D. Pearce	Head of Community Health and Care Services
T. Quinn	Head of Human Resources - ED HSCP
L. Savarrio	Oral Health Directorate
A. Willacy	Planning, Performance Manager & Quality Manager

OPENING REMARKS

The Chair welcomed everyone to the meeting.

She intimated that Councillor Goodall was not standing for re-election at the forthcoming Local Government Elections and she thanked him for his time on the Board and for his significant contribution. She wished him well for the future. Councillor Goodall thanked the Chair for her comments.

The Chair also advised that Jenny Proctor was standing down and would be replaced by Fiona McManus. The Chair further advised that Lisa Johnston was

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moving on to new role. She wished them all the best. She also welcomed Lisa Dorrian and Anne Innes and hoped they would both enjoy their time on the HSCP.

APOLOGIES FOR ABSENCE

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

ANY OTHER URGENT BUSINESS

The Chair advised that she no urgent items of business.

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 – 20 JANUARY 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 20 January 2022.

Include A. Willacy to the list of those in attendance.

3. INTERIM CHIEF OFFICER'S REPORT

The Interim Chief Officer addressed the Board and summarised the national and local developments since the last meeting of the Partnership Board. Details included: Service Delivery Position; Covid Impact; Community Transmission Rates: staff absences; business continuity planning; care home outbreaks, recommencement of vaccination for care home residents and vulnerable cohort; merger of two practices; Review of Social Support for Elderly People; Children's residential homes inspections; and participation in an International Conference in respect of Challenges facing care homes and the HSCP's introduction of Advanced Nursing Practitioners providing Clinical Advice to Care Homes;

Following questions the Board noted the information.

4. UNSCHEDULED CARE COMMISSIONING PLAN (DESIGN & DELIVERY PLAN 2022/2023 – 2024/2025)

A Report by the Head of Health and Community Care Services, copies of which had previously been circulated, brought forward for approval Unscheduled Care Commissioning Plan (Design & Delivery Plan 2022/23 – 2024/25). Full details were contained within the Report and attached Appendices.

Following consideration, the Board agreed as follows:

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- a) to approve the Design & Delivery Plan 2022/23-2024/25 attached as the updated and refreshed Board-wide unscheduled care improvement programme;
- b) to note that the programme was iterative and would evolve and further develop over time;
- c) to approve the financial framework outlined within the Report and in section 5 and Annex D of the Plan for East Dunbartonshire HSCP;
- d) to note the performance management arrangements to report on and monitor progress towards delivery of the Plan;
- e) to receive a further update on the delivery of the programme towards the end of 2022/23; and
- f) to note that the Plan would be reported to all six IJBs simultaneously and the Health Board Finance, Audit and Performance Committee.

5. HSCP STRATEGIC PLAN 2022-25

A Report by the Planning, Performance Manager & Quality Manager, copies of which had previously been circulated, advised the East Dunbartonshire Health and Social Care Partnership Board of the HSCP Strategic Plan 2022-25 for approval. Full details were contained within the Report and attached Appendices.

Following consideration, the Board agreed as follows:

- a) to note the consultative processes undertaken in support of the HSCP Strategic Plan 2022-25;
- b) to approve a final HSCP Strategic Plan 2022-25 as set out at Appendix 1 of the Report;
- c) to note that some financial data in the final published plan may be updated to reflect the conclusion of the budget setting process and final outturn data; and
- d) to grant the HSCP Chief Officer the delegated authority to make final amendments to the HSCP Strategic Plan 2022-25 in response to any amendments that the HSCP Board may request at its meeting on 24 March 2022, and in relation to any necessary updates to financial data, in consultation with the Chair of the HSCP Board. This delegated authority would also extend to the final formatting of the published version of the plan as it undergoes graphic redesign.

6. HSCP ANNUAL DELIVERY PLAN 2022-23

A Report by the Finance Lead Representative, copies of which had previously been circulated, brought forward for approval HSCP Annual Delivery Plan 2022-23. Full details were contained within the Report and attached Appendices.

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Following consideration, the Board approved the HSCP Annual Delivery Plan 2022-23 as set out at Appendix 1 of the Report.

7. HSCP QUARTER 3 PERFORMANCE REPORT 2021-22

A Report by the Planning, Performance Manager & Quality Manager, copies of which had previously been circulated, brought forward for noting HSCP Quarter 3 Performance Report 2021-22. Full details were contained within the Report and attached Appendices.

Following consideration, the Board agreed as follows:

- a) to note the content of the Report, and;
- b) to consider the Quarter 3 Performance Report 2021-22 at Appendix 1 of the Report.

8. FINANCIAL PERFORMANCE BUDGET 2021/22 – MONTH 10

A Report by the Finance Lead Representative, copies of which had previously been circulated, brought forward for approval Financial Performance Budget 2021/22 – Month 10. Full details were contained within the Report and attached Appendices.

Following discussion, the Board agreed as follows:

- a) to note the projected Out-turn position was reporting a year end under spend of £3.2m as at month 10 of 2021/22. This assumed a drawdown of earmarked reserves and full funding from Scottish Government (SG) to support Covid expenditure for the year over and above that held within HSCP reserves for this purpose;
- b) to note and approve the budget adjustments outlined within Paragraph 3.2 (Appendix 1 of the Report);
- c) to note the HSCP financial performance as detailed in Appendix 2 of the Report;
- d) to note the progress to date on the achievement of the current, approved savings plan for 2021/22 as detailed in Appendix 4 of the Report;
- e) to note the impact of Covid related expenditure during 2021/22; and
- f) to note the summary of directions set out within Appendix 5 of the Report.

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9. HSCP FINANCIAL PLANNING & ANNUAL BUDGET SETTING 2022/23

A Report by the Finance Lead Representative, copies of which had previously been circulated, brought forward for approval HSCP Financial Planning & Annual Budget Setting 2022/23. Full details were contained within the Report and attached Appendices.

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

- a) to note the position within the financial planning assumptions and acknowledge that these have been formed following partnership collaboration;
- b) to accept the indicative budget settlement for 2022/23 from the NHS (Paragraph 3.10 of the Report) and Council (Paragraphs 3.12 – 3.13 of the Report) while noting the caveats arising from the current situation as it related to the health and social care partnership's necessary response to Covid-19 and the risks associated with the uncertain landscape of service delivery and associated costs;
- c) to note and approve the proposed increase in the set-aside budget outlined in Paragraph 3.11 of the Report;
- d) to approve the savings programme for 2022/23 to support delivery of a balanced budget position for the partnership outlined in Paragraph 3.16 of the Report;
- e) to approve the approach for reserves outlined in Paragraph 4.7 of the Report and note this was dependent on the financial performance of the partnership delivering as projected through the Month 10 budget monitoring reports;
- f) to note the impact on the HSCP Medium Term Financial Strategy 2022 – 2025 set out in Section 6 and approve the revised Strategy included as Appendix 5 of the Report;
- g) to note the risks to the Partnership in meeting the service demands for health & social care functions and in the delivery of the strategic priorities set out in the Strategic Plan set out in Section 5 of the Report;
- h) to note and approve the Directions to both East Dunbartonshire Council and NHS GG&C set out in Appendix 6 of the Report

10. PUBLIC DENTAL SERVICE REVIEW

A Report by the General Manager, Oral Health Directorate, copies of which had previously been circulated, brought forward for noting Public Dental Service Review. Full details were contained within the Report and attached Appendices.

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During the course of discussion, and in response to comments from the Chair, it was agreed that future reports contain a Glossary of Terms.

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

SEDERUNT

During the course of the previous item of business, Councillor Goodall left meeting.

11. INTEGRATED CHILDREN'S SERVICES PLAN ANNUAL REPORT 2020/21

A Report by the Interim Head of Children's Services & Criminal Justice, copies of which had previously been circulated, brought forward for noting Integrated Children's Services Plan Annual Report 2020/21. Full details were contained within the Report and attached Appendix.

Following consideration, during the course of which the Chair thanked the Team on producing an excellent Report, the Board noted the content of the Report

12. HSCP DRAFT PERFORMANCE AUDIT & RISK COMMITTEE MINUTES HELD ON 21ST JANUARY 2022

A Report by the Lead Finance Representative, copies of which had previously been circulated, enclosed the draft minutes of the HSCP Draft Performance Audit & Risk Committee Minutes held on 21st January 2022.

Following consideration, the Board noted the content of the minutes of meeting of 21st January 2022.

13. CLINICAL AND CARE GOVERNANCE GROUP MEETING MINUTES HELD ON 1ST DECEMBER 2021

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 1st December 2021.

Following consideration, the Board noted the contents of the minutes of the 1st January 2021.

14. STRATEGIC PLANNING GROUP DRAFT MINUTES HELD ON 12TH JANUARY 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 Draft Minutes held on 12th January 2022

Following consideration, the Board noted the contents of the minutes of the 12th January 2022.

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15. STAFF PARTNERSHIP FORUM MINUTES OF 24TH JANUARY 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 24th January 2022

Following consideration, the Board noted the contents of the minutes of the 24th January 2022.

16. PUBLIC SERVICE USER AND CARER (PSUC) UPDATE

A Report by the Service User Representative, copies of which had previously been circulated, brought forward for noting Public Service User and Carer (PSUC) Update. Full details were contained within the Report and attached Appendices.

Following consideration, the Board noted the progress of the Public, Service User & Carer Representatives Support Group.

17. EAST DUNBARTONSHIRE HSCP BOARD AGENDA PLANNER

A Report by the Interim 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 noted the Planner.

18. ANY OTHER COMPETENT BUSINESS

None.

19. DATE OF NEXT MEETING

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

Thursday 30th June 2022

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

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 30TH JUNE 2022

REPORT REFERENCE: HSCP/300622/4

CONTACT OFFICER: DERRICK PEARCE, HEAD OF COMMUNITY HEALTH AND CARE SERVICES, TELEPHONE NUMBER 0141 232 8233

SUBJECT TITLE: SOCIAL SUPPORT FOR OLDER PEOPLE STRATEGY 2023-2028 (Draft)

1.1 PURPOSE

1.2 The purpose of this report is to request approval from the IJB for the content of the draft Social Support Strategy, and to progress to stakeholder consultation phase.

2.1 RECOMMENDATIONS

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

2.2 Approve the content of the draft five year Social Support Strategy (Appendix 1);

2.3 Approve the proposed consultation activities with key stakeholders in order to finalise the Strategy;

2.4 Note the content of the accompanying strategic analysis (Appendix 2);

2.5 Note the intention to undertake a concurrent operational review alongside the consultation to inform the future delivery model, for consideration at the November 2022 IJB.

**CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.1 BACKGROUND/MAIN ISSUES

- 3.2** In April 2021 the Health and Social Care Partnership (HSCP) re-commenced work to review formal and informal social supports for Older People which had been on pause since 2020 due to the Covid-19 pandemic. This work included delivering a Strategic Needs Analysis and undertaking significant engagement with interested parties. The aim of the review, recognising changes in the way in which people can be supported, and occupancy of current day services was to determine how best to shift towards, encourage and make use of early, preventative, and community led services.
- 3.3** As well as reviewing formal social support in the form of day centres and one to one funded support workers, the review also considered the informal social support delivered by the previously available abundance of local groups and clubs many of whom are only re-commencing during April and May 2022 after extended closure period due to COVID-19.
- 3.4** Following provision of the Strategic Needs Analysis and outline of the rationale for undertaking a strategic review of social support for older people living in East Dunbartonshire to the HSCP IJB in June 2021, authorisation was received from the IJB to embark upon the development of a five year Social Support Strategy for Older People.
- 3.5** The vision for the five year Strategy is to develop more flexible, responsive and sustainable models of Social Support. The Strategy aims to develop a model of person-centred, community-led support that encourages a feeling of connectedness to others, a feeling of being an active participant in an individuals' own community, social inclusion and equality. The Strategy aims to facilitate a shift towards an emphasis on community led support for older people, in place of a default position of provision of formal in-house provided, or commissioned, centred based day care. The Strategy also articulates the potential to move from providing centred based day care in three locations to two, in each locality of East Dunbartonshire.
- 3.6** The provision of formal social support opportunities for those older people who are most vulnerable due to physical frailty and/or increasing levels of confusion caused by Alzheimer's, Dementia or any other mental health illness will always have a place within the Strategy, but should not be seen as the primary means of support, and should be targeted in line with assessed needs and delivered in a way that best represents person-centeredness and value for money, in line with the vision set out above.
- 3.7** During the period 1 July to 31 October 2021 the HSCP undertook a large scale engagement exercise with all key stakeholders which involved the completion of a survey, supported by East Dunbartonshire Council's Corporate Communications Team. The survey was offered via a variety of communication methods. 174 people participated in the 'Social Support for Older People' Survey. The full findings of the engagement are articulated in the Strategy's Appendix.
- 3.8** Following the engagement exercise, the analysis of the feedback along with the statistical data in respect of current usage of formal social support services, referral rates etc. were utilised to develop three potential options for the delivery of formal social support, for appraisal. At this stage options appraisal was high level, in line with strategic aspirations and has been considered using criteria which focuses on

‘Desirability’, ‘Viability’ and ‘Feasibility’, subject to further analysis at the next stage as we progress the development of the Strategy’s delivery Plan.

All three options have been appraised at a high level during stakeholder sessions that have taken place during March, April and May 2022. The virtual sessions have included audiences with key stakeholders. The options appraisal is summarised within the body of the Strategy with full explanation regarding methodology, scoring criteria and outcomes reflected in the Strategy’s Appendix.

The potential options considered in the consultation were:

- a) The HSCP continues to provide three building based Day Centres as is the current arrangements, with one Centre dedicated to providing day centre support for older people from the BAME community. This is the status quo option. It would sit alongside ongoing support to promote existing and new community led supports for older people via the Older People Local Area Co-ordinators Team and third sector partners. This is already in place and core funded.
- b) The HSCP changes its approach to deliver formal building based Day Centre support from two, not three, buildings, one in the West and another in the East. This option includes developing a number of community led support initiatives in the East and West localities, bespoke to the specific needs to people in these communities, including BAME individuals and others who have protected characteristics. Further work would require to be done to determine the delivery model, with a service review to determine if this should be delivered in-house, via a tendering and procurement exercise, or a mixture of both.
- c) The HSCP moves to deliver formal building based Day Centre support from one building (locality to be determined). The remainder of the activities associated with this third option are equivalent to Option 2, including the development of other community led support initiatives.

3.9 The stakeholders who have been engaged indicated a preference for Option 2 - delivery of formal social supports from two geographical locations with enhanced community led support, bespoke to local communities. Aspects to consider in implementation of the preferred option include, the reduction from three building based Centres to two building based Centres, and transitioning existing customers from the current three, to the two proposed centre-based day care locations and any workforce or operational changes resulting from the move to the preferred option.

3.10 The preferred option is articulated in the draft Strategy for approval and formal consultation and would necessitate the development of a Delivery Plan and revised financial framework, cognisant of the aforementioned service review, to be considered for approval by the IJB in November 2022. Detailed options appraisal considering financial viability, workforce implications and commissioning models, taking account of the outcomes of the high level options appraisal described above, will be undertaken concurrently with the formal consultation between July and September 2022. The timeline for undertaking the actions arising from this paper, if approved by the IJB, are set out as follows:

- Consult on the content of the draft Strategy with key stakeholders (July to September 2022).

- Undertake a service review to further augment the options appraisal undertaken and consider future delivery model in line with the Strategy (July and August 2022).
- Analysis of consultation feedback (October 2022).
- Completion of the service review and development of Delivery Plan (October 2022).
- Finalisation of the Social Support Strategy, Delivery Plan and Financial Framework (October 2022).
- Seek approval from the Senior Management Team to submit finalised Strategy to the IJB (October 2022).
- Submit the Strategy to IJB for consideration and approval (November 2022).
- Operationalisation of approved Delivery Plan (e.g. internal service development and/or tender/contracting exercises) December 2022 – March 2023.
- Strategy and Delivery Plan will go live (April 2023)

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan;-

1. Promote positive health and wellbeing, preventing ill-health, and building strong communities
3. Keep people out of hospital when care can be delivered closer to home
5. People have a positive experience of health and social care services
7. Improve support for Carers enabling them to continue in their caring role

The provision of social support to older people living in East Dunbartonshire supports the achievement of the HSCP's Strategic Priorities as detailed in the Strategic Plan 2022 – 2025:

- 4.3** Frontline Service to Customers – the Strategic Vision advocates for the expansion of options for informal and community based social support balanced by a retraction of centred based day care to two geographic locations, rather than three.
- 4.4** Workforce (including any significant resource implications) – The current provision of formal and informal social support opportunities for older people is via a mixed market across the Council, the private and the third sector. The review may result in changes to the distribution of commissioning activities across all these sectors and in change to the workforce needed to support day care. Any impacts on Council and commissioned provider workforce will be highlighted and worked through in the strategic service review running concurrently with the three month consultation on the strategic vision.
- 4.5** Legal Implications – Any legal implications arising from the delivery or commissioning plan to be developed through the aforementioned strategic service review will be presented at the next stage of this project for consideration.

- 4.6** Financial Implications – The financial framework underpinning this Strategy is, aligned to the HSCP’s Medium-Term Financial Strategy (MTFS) and establishes the current and projected level of resources required to support delivery of agreed priorities over the next five years.

The budget (2022/2023) for Social Supports is £1,506,436m, and extends across the following commitments:

- Building Based Day Care - £1,052,207 million
- Community Based Support - £253,047
- Third / Voluntary Sector Organisations - £125,745
- Local Area Co-ordinators - £75,437

In Year 5 of the Strategy (2027/2028), the budget is projected to increase to £1.6m, in line with inflationary uplifts. Working within this financial framework, informed by the conclusion of the Service Review and wider considerations including: fluctuating demand and occupancy levels, demographic challenges, financial constraints, Scottish Living Wage uplifts and assessing the medium to longer term impact of Covid-19, the HSCP plans to submit, alongside the finalised Social Supports Strategy, a robust and comprehensive five year Financial Framework to the Board in November 2022.

- 4.7** Procurement – Any procurement implications arising from the delivery or commissioning plan to be developed through the aforementioned strategic service review will be presented at the next stage of this project for consideration.

- 4.8** ICT – None.

- 4.9** Corporate Assets – One day care centre is currently delivered in a Council owned asset. Any asset implications arising from the delivery or commissioning plan will be discussed in full with East Dunbartonshire Council.

- 4.10** Equalities Implications – A full Equality Impact Assessment has been approved by both Equalities Officers from NHS GG&C and East Dunbartonshire Council with both Officers noting no equalities issues of concern arising from the Strategy and preferred model option. However both instructed the HSCP to be mindful of the need to ensure any new service model resulting from the review is culturally sensitive to all users and that specific support is put in place for any service users that are likely to experience significant change to their current models of support, as well as promoting integration of communities.

- 4.11** Sustainability – The demographics for East Dunbartonshire, previously reported to the Board, show that East Dunbartonshire continues to face an above average increase in older residents, particularly those 85 years and older. The Strategy requires to address ways that older people can be identified at an earlier age to encourage uptake of and participation in local informal community groups and peer support. Research has shown that participation in community supports at an earlier stage in the person’s physical and/or mental deterioration can delay progression into formal support services. The Strategy needs to address a range of models that can support older people through the time continuum of social and peer support.

- 4.12** Other – Economic - The current provision of social support, both formal and informal, is via a mixed market across in-house, private and third sector provision. In Year 5 of

the Strategy (2027/2028), the spend on this area of service delivery is projected to increase to £1.6m, in line with inflationary uplifts.

5.1 MANAGEMENT OF RISK

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

- 5.2** There are some possible risks associated with building a Strategy which develops and relies heavily on community led groups with volunteer support. Any increase in risks associated with the ageing population can direct individuals to need formal support in an environment that is safe and secure. The Strategy will need to ensure that these later types of supports are targeted appropriately at those individuals who are most at risk and most vulnerable. However, without access to early intervention and prevention models of social support, there are risks associated with increased need due to exacerbation of individuals' physical and/or mental health needs.

While the financial framework for the delivery of the strategy has been set, risks may arise as a result of as yet unknown cost increased which will have to be mitigated through the lifetime of the strategy.

6.1 IMPACT

- 6.2 STATUTORY DUTY** – None

- 6.3 EAST DUNBARTONSHIRE COUNCIL** – There are implications for East Dunbartonshire Council pertaining to this report relating to changes to the service delivery landscape. All of which will be subject to detailed engagement, with East Dunbartonshire Council, between July and September 2022 and set out in a Delivery Plan to be developed for consideration by the IJB in November, with necessary direction to EDC thereafter.

- 6.4 NHS GREATER GLASGOW & CLYDE** – There are no implications arising from this report for NHS Greater Glasgow and Clyde.

- 6.5 DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – Direction is required for East Dunbartonshire Council.

7.1 POLICY CHECKLIST

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

8.1 APPENDICES

- 8.2 Appendix 1:** Draft Social Support for Older People in East Dunbartonshire 5 Year Strategic Direction 2023-2028

- 8.3 Appendix 1a:** Social Support for Older People: Tiered Approach

- 8.4 Appendix 1b:** Social Support for Older People: Road Map of Support

8.5 Appendix 2: Social Support for Older People – Appendices

8.6 Appendix 3: Direction

Social Support for Older People in East Dunbartonshire: 5 Year Strategic Direction 2023-28



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Section 1: Foreword

In early March 2020 older people living in East Dunbartonshire were benefitting from an abundance of informal and formal social support opportunities. Many were attending local clubs and groups, run by volunteers, taking place in a variety of settings such as Churches and Town Halls. The provision of formal Day Centres and one to one support enabled those with increased care needs to remain active members of their communities, where informal support was not appropriate.

In mid-March 2020, the world changed; we all stopped what we were doing and remained at home to fight a worldwide pandemic. Clubs and groups, Day Centres and communities were closed for the foreseeable future. Volunteers and Day Centre staff continued to support older people with doorstep visits, providing limited but extremely valuable human interaction.

It has been a long and difficult couple of years for everyone in the fight against the COVID-19 pandemic but it certainly confirmed that the majority of us are social beings, requiring human contact. Research has shown that the benefits of social support and interaction with others is wide and varied including reducing stress, alleviating anxiety and depression, reducing the risks of physical and mental health illnesses, improving memory and life longevity. Social support provides us with the opportunity to have and nurture friendships with our peers and enhances the quality of our lives. While many people turned to technology to maintain contact with the outside world, for many others, virtual means of communication did not provide that much needed interaction and social contact.

Why has East Dunbartonshire Health and Social Care Partnership (HSCP) decided to produce a five year Social Support Strategy for Older People? We want to be ambitious about the opportunities for older people in our communities; we want to rebuild the previous abundance of social opportunities that our older residents had access to and grow more of these informal supports. This Strategy comes at a time when East Dunbartonshire is experiencing a predicted increase, above average, in the number of older people living in our local communities. It is important that we provide social support opportunities at earlier stages in older people's lives to take advantage of the benefits that it provides to prevent unsustainable demand on formal supports where these can be mitigated.

Following an extensive engagement period with all stakeholders, this Strategy articulates East Dunbartonshire HSCP's vision for meeting the social support needs of older people in our communities through reduced reliance on building-based day care and promotes the enhancement of social support at all levels for our older residents over the next five years focussed in enabling and reabling older people to remain active and independent in their communities.

Caroline Sinclair
Chief Officer, East Dunbartonshire Health and Social Care Partnership

Section 2: What is our Vision?

2.1 Our Vision for Social Support for Older People

Our Vision is that older people are supported to maximise their opportunities for social interaction for as long as possible, as independently as possible. The Strategy aims to develop a continuum model of person-centred, community-led social support that encourages a feeling of connectedness to others, a feeling of being an active participant in an individual's own local community, social inclusion and equality.

The Strategy sets out our vision for the future of informal and formal social support, developing more flexible, responsive and sustainable models tailored to the needs of older people and their communities. This vision sees a reduction on our use of formal building based day care in favour of more informal and community led support options tailored to the aspirations of local older people and their carers.

Prior to the onset of the COVID-19 pandemic in March 2020, the HSCP had plans to undertake a full strategic review of social support for older people living in East Dunbartonshire. Due to the pandemic the HSCP's plans for this review were placed on hold. As we move out of the pandemic, as local community assets and day centres restart and re-invigorate their memberships, the HSCP have, in partnership with all sectors, recommenced the development of this five year Strategy with a view to learning the lessons experienced during the pandemic and focusing on re-building both informal and formal social supports for older people.

2.2 Strategic Objectives

The objectives of the Strategy are to:

- review how we deliver and meet personalised outcomes for older people living in East Dunbartonshire;
- Develop a continuum model of person-centred, community-led social support opportunities for older people;
- Deliver formal social support opportunities for those older people who are most vulnerable in respect of physical and/or mental health, in two locality focussed centres in the East and West of East Dunbartonshire.

The HSCP intends to achieve those objectives by:

- Articulating a tiered approach to the delivery of informal social support and when applicable, formal services, in line with agreed eligibility criteria.
- Developing a range of information/advice/guidance about the informal and formal social support opportunities available within local communities.

- Exploring ways to deliver, in partnership with all stakeholders, social opportunities at different times of the day including weekends.
- Developing a range of social support opportunities delivered by third sector organisations across East Dunbartonshire, to create opportunities for the development of innovative, and creative social opportunities through the growth of local groups with communal interests.
- Producing a consistent eligibility criteria, in line with the HSCP's Fair Access to Community Policy, for older people whose critical needs require a formal social support service.

2.3 Guiding Principles

2.3.1 Ethical Commissioning

As we progress the development and delivery of formal and informal social supports to older people in East Dunbartonshire in partnership we will adhere to the principles of Ethical Commissioning whenever we engage providers to deliver services and supports on behalf of the HSCP. Ethical Commissioning goes beyond price and cost and provides the bedrock for a fairer, rights based, improved social care support system, underpinned by a relentless focus on quality, terms and conditions of the workforce, and, provider investment in staff training, support and working environment. Inevitably, this will drive up standards and improve outcomes for people using services as well as improving staff experience. As our shift in commissioning progresses, Ethical Commissioning and fair work practice will form the cornerstone of all future contractual relationships, with a view to ensuring the commissioned workforce is engaged, valued, rewarded and supported. In return, this approach will yield a more robust, sustainable, high quality and high performing market.

2.3.2 Collaborative Commissioning

Building on current practice, anchored by the recommendations in the Feeley Report, and in line with the HSCP Strategic Plan 2022 – 2025, the HSCP plans to maximise opportunities for Collaborative Commissioning with the aim of improving services, outcomes, processes and efficiency.

Collaborative Commissioning essentially requires a “paradigm shift” from the traditional commissioner / provider role to one of a more joined up, integrated approach. The key aim of Collaborative Commissioning is to achieve better outcomes for people using services and improve the experience for staff delivering them. Wider benefits include pooling of knowledge and expertise to draw upon, foster innovation, reduce and/or mitigate known service risks and engage more productively with people who have lived experience, carers, local communities, providers and other professionals. Collaborative Commissioning requires this level of engagement and participation at all levels of commissioning from the strategic planning end of the spectrum through to any procurement of individual services and supports. This approach will however require providers to be more open and transparent around areas such as standards, quality, staff wellbeing and costs.

The HSCP is keen to learn, and better understand, the benefits of relatively new and un-tested commissioning models such as, Public Social Partnerships (PSP's) and Alliancing and subsequently, is proposing, in partnership with key stakeholders, to explore these models further, with the dual aim of developing new and sustainable models of social support for older people, whilst strengthening the collaborative approach. How we move forward with the delivery of social supports for older people, in line with this Strategy, will be underpinned by a collaborative commissioning approach.

Section 3: Why do we need to change?

3.1 The Case for Change. Current and Future Challenges

While formal day care settings have an important role to play in supporting those individuals who are most at risk due to physical and/or mental wellbeing challenges to maintain contact in their communities, it is important that we encourage older people to adopt and/or maintain socialisation at an earlier stage in their life journey through interaction and peer support offered at informal social settings within their local community.

East Dunbartonshire experiences a higher than average number of older people living in good physical health in our local communities. This is a real positive, to be celebrated. However, demographics show an increase in the number of older people remaining in the community with increased physical frailty resulting in subsequent increases in demand. It is imperative that we start the journey of social integration and peer support at the earliest stage in the older person's life in order to enjoy the benefits that brings both physically and mentally, and delays the need to move from informal to formal social support. The HSCP aspires to develop pathways which connect the wider social support journey that older people take through the provision of informal and formal opportunities available. Building-based Day Care can provide a short-term input to support an individual through a period of rehabilitation until they are able to reintegrate to the wider community setting, as well as provide care on a longer term basis in line with assessed need.

The HSCP is committed to ensuring a more sustainable continuum of care with its partners and communities. To meet anticipated increased demand we recognise the importance of encouraging older people to remain active in their communities, maintaining contact with their peers, and aim to challenge the view that social support can only be provided in formal building based services.

There continue to be constraints on the public purse and in order to ensure that formal support is targeted to those individuals who are most vulnerable, physically and/or mentally, investment needs to be targeted towards the provision of early intervention and preventative support led by the community. This can only be achieved in partnership with the third and independent sector, and with local people themselves.

The Strategic Needs Analysis for this Strategy, Appendix 1, articulates why change is needed both from a strategic perspective but to also better meet

outcomes and policy direction, and achieve best value for the public purse. There is an under-utilisation of the current available service-base across our three Day Centres. Whilst interim commissioning has been undertaken for 2022/23 and 2023/24 to ensure continuity of service, there is a need for change to ensure that future provision is better matched to forecasted need, in the content of the refreshed strategic direction set out in this Strategy.

3.2 Policy and Research

There is a plethora of policy, which you can read more about in Appendix 2 that directs us towards the intentions described in this Strategy. In addition much has been written about the benefits of social support and the impacts on people's physical and mental wellbeing if they experience social isolation, more so this has recently been highlighted and exacerbated by the pandemic.

All the research shows that social isolation can have adverse effects on an individual's health and wellbeing, both physically and mentally. Studies have shown that those individuals who participate in social activities with others identified benefits not only for themselves but also for their carers.

NHS 'Loneliness in Older People' <https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/feelings-and-symptoms/loneliness-in-older-people/> highlights that older people find it hard to reach out to others when they experience loneliness and are reluctant to ask for help.

Age Scotland 'Tackling Loneliness' <https://www.ageuk.org.uk/scotland/what-we-do/tackling-loneliness/#> describes loneliness as a "public health crisis" highlighting that it can lead to stress, anxiety and depression and can contribute to an individual's risk of getting dementia. The organisation states that loneliness can impact physical health similar to a person smoking 15 cigarettes per day.

The published impacts of social isolation on older people's physical and mental wellbeing underpin the need for this Strategy. The HSCP want to deliver informal and, where eligible, formal social support in a socially inclusive way with our third sector partners.

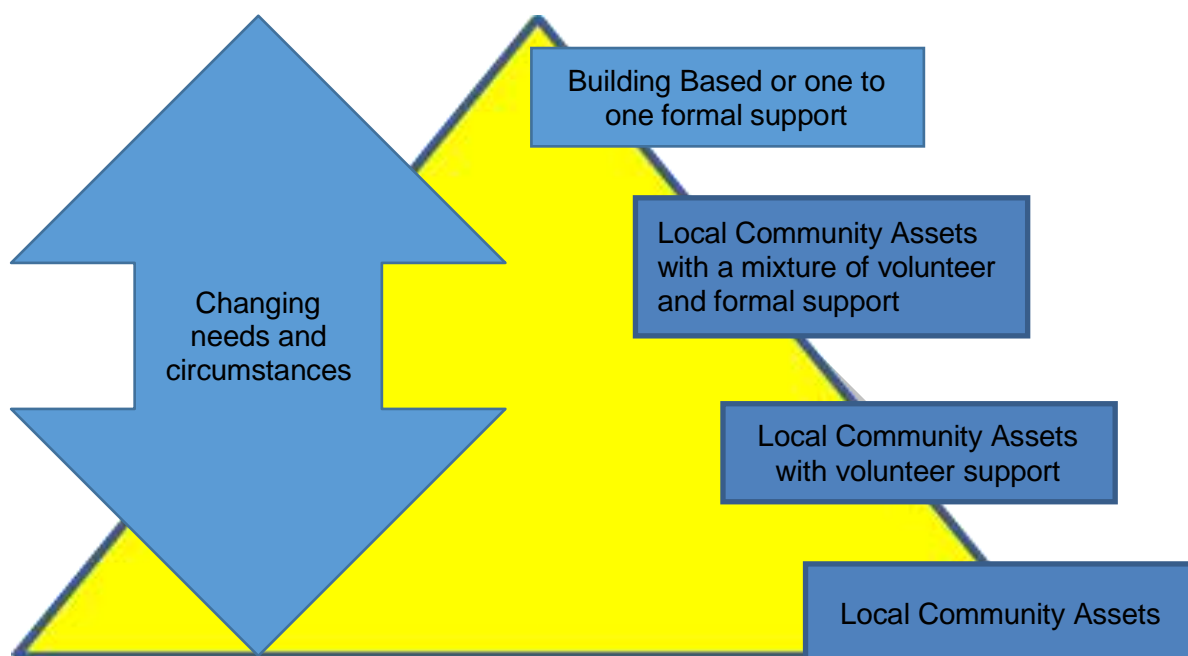
Older people in our community should, where possible, be encouraged and supported to enjoy the same opportunities as other citizens with active participation in community clubs, groups, networks and organisations.

Section 4: What does change look like?

4.1 The Tiered Approach and Road Map

The diagram and appendixes below demonstrate that the larger proportion of our local older people do not require to access formal social support and that their needs and outcomes would be best met in informal settings. However, it also demonstrates the need for a fluid approach to the delivery of social support across the continuum. We want to support people flexibly to experience that

continuum so that people can access the right type of support that best meets their needs, focussed at all times on enabling and re-abling people to maintain or regain their independence to be active in their communities for as long as possible.



Appendix 1a. Social Support for Older People: Tiered Approach

Appendix 1b. Social Support for Older People: Road Map

Section 5: What do we know about demand and current provision of Social Support?

5.1 Demand

During 2021/22 there were 214 referrals for social support for older people. As at 31st March 2022 the total number of centre based day care places available in East Dunbartonshire was 360 places. The total number of service users attending centre-based day care was 190 accessing a total number of 253 places. It should be noted that a proportion of the reduced numbers of places open for use, for the majority of 2021-22 was related to social distancing requirements. However, as at 31st March 2022, there was no waiting list for placement at any of the three Day Centres. As at 31st March 2022, there were 49 customers who could not attend a day centre building or had chosen alternative types of formal social support.

5.2 Financial Framework

The financial framework underpinning this Strategy is, aligned to the HSCP's Medium-Term Financial Strategy (MTFS) and establishes the current and projected level of resources required to support delivery of agreed priorities over the next five years.

The budget (2022/2023) for Social Supports is £1,506,436m, and extends across the following commitments:

- Building Based Day Care - £1,052,207 million
- Community Based Support - £253,047
- Third / Voluntary Sector Organisations - £125,745
- Local Area Co-ordinators - £75,437

In Year 5 of the Strategy (2027/2028), the budget is, projected to increase to £1.6m - in line with inflationary uplifts.

5.3 Market Oversight

The Older People's social support market offers a diverse range of providers and support services spanning all sectors including third/voluntary, independent and private sectors, augmented by the HSCP's in-house Local Area Co-ordinator (LACs) and day care provision, collectively known as a "mixed economy" market. The market includes a variety of commissioned and non-commissioned service delivery models, including centre-based day care, alternative to day care and support, voluntary support and group services, providing a combination of informal and formal social support across the authority

The full detail of current demand for older peoples' social support, current delivery arrangements and the existing financial framework is contained in the Strategic Needs Assessment at Appendix 1

Section 6: What do we mean by Social Support?

6.1 What is Social Support?

'Social Support' can mean different things to different people. People have different amounts of assets such as family, friends, and circles of support but everyone benefits from some kind of social support in their lives. It can mean having friends, family or peer support. It provides opportunities to have others to turn to in times of need or crisis. Social support can enhance one's quality of life.

Social support can mean being part of a social network which offers companionship but social support can be emotional, offering physical comfort, a listening ear or providing empathy. It can be informational in its delivery, sharing similar issues, giving and sharing information, offering advice. It can also be about shared interests, strengthening your own and others skills, sharing those skills with others, providing mentoring and teaching opportunities to others and opportunities to learn new skills.

Informal 'social support' is seen as early intervention and preventative opportunities to support people to maintain social contact, thereby reducing isolation and loneliness. It can assist individuals to maintain their independence while also promoting health and wellbeing opportunities.

Formal 'social support' for those individuals with increased personal care and safety needs, can provide the benefits of informal support but in an environment where access to social care support staff can meet those individual needs. In many cases this also provides an indirect and important benefit for the carers.

Both informal and formal social support opportunities however provide mental and physical stimulation, feelings of independence, rehabilitation and can be the lynch pin that helps an older person remain living in their own home in their own community.

6.2 How can you improve your social support opportunities?

There are lots of ways that people can improve their social support opportunities and there are various organisations that can provide you with information and advice.

Individuals can improve their own social support opportunities by:

- Exploring the use of technology;
- Following your interests;
- Being pro-active, seeking out people or groups;
- Getting together a group of like-minded people with similar interests;
- Improving your own strengths or skills.

6.3 Informal Social Support and Community Assets

The main aim of 'informal social support' is to provide person-centred, community-led social support that encourages social inclusion and equality. They provide informal opportunities for socialisation and activity based support to people who are relatively independent. Emphasis of informal support should be on building natural communities and community opportunities.

These types of support, often referred to as Community Assets, are owned by the community; managed by community organisations and provide a wide spectrum of activities and events held in a variety of settings which could include community centres, sport centres, libraries, churches etc. Assets are developed to create strong, vibrant and resilient communities. They are people-led, strengths based and help to keep communities connected while promoting health and wellbeing. They could be run by local community groups, voluntary organisations, and church groups to name but a few. These types of activities are aimed at older people who have lower level support needs that do not meet the HSCP's Eligibility Criteria. These activities can be accessed independently

by older people, or from referral via the Local Area Co-ordination Service or our third sector partners.

The outcomes derived from informal social support include:

- social contact and stimulation, reducing isolation and loneliness;
- opportunities for older people to increase their confidence and maintain their independence;
- opportunities for older people to remain active citizens within their communities;
- Increased mental wellbeing and improved physical health;
- achievement of older people's goals and aspirations;
- opportunities to participate in activities;
- Improved wellbeing through physical and mental stimulation.

6.4 Local Area Co-ordination for Older People

East Dunbartonshire HSCP introduced a new role of Local Area Co-ordinators in March 2019 to specifically work with older people. Part of the role was to work with individuals exploring whether community supports could meet the person's needs or whether more formal social supports were required. The Local Area Co-ordinators were also tasked with building up a strong understanding of the challenges being faced by older people and their carers.

The Local Area Co-ordinators are committed to enhancing the lives of older people and support capacity building at an individual, family and community level. Local Area Co-ordinators identify, connect, develop and lead strong partnership working with local communities, fostering links with voluntary organisations, statutory agencies and other stakeholders to improve connections and develop pathways within local communities.

The Local Area Co-ordinators will work alongside individuals, using an enabling approach to support the person to engage with community resources. Where appropriate, they will also signpost or refer the individual to other services. The aim of local area co-ordination is to ensure that older people receive early intervention and preventative support in order to support the person's independence within the community.

They will support the older person to identify issues that affect their ability to live well and will work with individuals to help them access services that would best meet their needs. Local Area Co-ordination focuses on moving away from a reliance on formal social support to the use of local community assets. Local Area Co-ordinators can help the person become connected into the community using local informal community resources benefiting those older people who are socially isolated and lonely.

Where an older person does not meet the eligibility criteria for formal social support, the Local Area Co-ordinator will help to identify suitable local resources

and assets and connect the person to their community. This involves the Local Area Co-ordinators developing strong partnership working with local communities groups and third sector organisations. The Local Area Co-ordinator helps the older person to identify issues that affects their ability to live well and works with that individual to help them access community assets that would best meet their needs.

An example of an older person being supported to access a local community asset for social support can be found at Appendix 3.

6.5 East Dunbartonshire Community Assets Map

East Dunbartonshire HSCP has a 'Community Assets' Map which is hosted and administrated by our third sector colleagues. The Community Assets Map provides details of local clubs and groups that can be accessed directly by individuals. The Asset Map provides contact details for each 'asset' and is arranged geographically to allow easy identification for local community groups.

The Community Asset Map can be found at <https://www.eastdunassets.org.uk/>

If you would like more information about local community assets for older people you can contact the Local Area Co-ordination Team:

<https://www.eastdunbarton.gov.uk/health-and-social-care/services-adults-and-older-people/local-area-co-ordination-older-people>

6.6 Formal Social Support

The term 'formal day services' covers a range of services and activities, personalised to cater for individuals who have a range of health and social care needs. Those needs cannot be met in an informal social environment and under the HSCP's eligibility criteria meet the critical or substantial level to require the need for formal support.

Formal social support provides highly specialised support through purpose designed services for people with high care needs. These types of services are delivered in either building-based centres or provided through one to one day opportunities support and are dedicated to people whose needs are very specialised.

What do we mean by 'Centre Based Day Care'?

Centre based day care primarily provides care and support to individuals in a group setting. It also augments the provision of personal care with opportunities to socially interact and take part in activities with peers. This type of service is designed for older people who have a range of complex care and support needs and service users who are not able due to frailty or disability/illness to access community assets with or without support. Older people accessing this type of service will have been assessed as having needs and outcomes that meet East Dunbartonshire HSCP's Eligibility Criteria.

What do we mean by 'Social Support Opportunities'?

Social support opportunities can provide older people with support on a one to one basis which can help them to access social and recreational activities within the community. This could include attending sessions at a local leisure centre; attending local clubs or supporting the older person to meet up with friends in a social setting. This type of support is designed for older people who have a range of complex care and support needs and who are not able due to frailty or disability/illness, to access community assets without one to one personal social care support. Older people accessing this type of service will have been assessed as having needs and outcomes that meet the HSCP's Eligibility Criteria.

The outcomes of formal social support include:

- To support older people at risk of institutionalisation, who have a variety of disabilities/illnesses to remain independent in their own homes;
- To enhance quality of life for older people at risk of institutionalisation;
- To provide help to older people at risk of institutionalisation to have access to personal care support while attending a social support activity;
- To encourage older people at risk of institutionalisation to socialise whilst receiving supervision and support;
- To help older people at risk of institutionalisation to avoid social isolation;
- To help older people at risk of institutionalisation to increase their mental wellbeing and improve their physical health;
- To support carers to enable them to continue in their caring role;
- To support older people at risk of institutionalisation to achieve their goals and aspirations;
- To support older people at risk of institutionalisation to participate in activities and social stimulation;
- Promote a safe, non-threatening and secure environment;
- Improve wellbeing through physical and mental stimulation;
- Preventing deterioration in physical and mental health through the provision of monitoring and supervision.

An example of an individual service user being supported to access formal social support can be found at Appendix 3.

6.7 Transport

Access to transportation can help older people to avail themselves to attend local groups and clubs. Transportation can reduce social isolation and it is important to an older person's quality of life, encourages a sense of freedom and helps to maintain independence.

Transport to social support opportunities can be provided in a variety of ways.

For those eligible customers attending formal day centre support, the centre provides access to those customers who are unable to access their own transport. This is usually in the form of a bus which transports a number of people at the same time to the Centre.

For those individuals who are accessing local community assets there are a number of different transportation methods that can be considered and explored with you:

- Private car or taxi
- My Bus
- Volunteer Driver Projects

Section 7: What have local people and our partners told us about our vision and case for change?

7.1 Engagement Process

During the period 1st July to 31st October 2021, the HSCP undertook a period of engagement with all stakeholders. This was via a survey, which was available in a number of different communication methods. The survey asked participants a variety of questions about aspirations for the future of social support for older people. This stakeholder engagement provided the HSCP with an opportunity to develop potential options for designing the way forward for informal and formal social support for older people.

Social Work practitioners also, during this same period, asked newly assessed, and eligible service users, about their preferences in relation to the delivery of formal social support and why these options were important.

7.2 Analysis

The majority of the survey responses were elicited from current service users and their families / unpaid carers. The highlights of the analysis included:

- Older people want to feel safe and connected to their communities;
- Older people want to meet and make new friends and take part in activities that promote their health and wellbeing;
- Older people missed seeing their families and friends, and being part of their local communities during the pandemic period;
- Older people and other stakeholders state that it is important that local community assets have access to funding, volunteers, and transport;
- The majority of older people and their families want to attend social support opportunities during the day.

Most of the respondents stated that the HSCP's strategic vision for social support for older people should focus on:

- Providing building based day care focussed on supporting those older people who are most vulnerable and at risk;

And

- Focus on supporting older people to remain connected to their communities through opportunities to attend local community groups and clubs.

A more detailed breakdown of the analysis is located in Appendix 1: Strategic Needs Analysis.

7.3 Engagement Outcomes

Following the engagement with key stakeholders (July to October 2021) and the analysis of the feedback, the HSCP was able to explore how to deliver on our vision for social support for older people in East Dunbartonshire. Three options were considered and subject to initial high level options appraisal. The details of the 'Options Appraisal' and approach can be located in Appendix 4: Strategic Needs Analysis.

The options considered for delivering on our vision for social supports for older people were as follows:

Option 1:

- The provision of three formal Day Centres for Older People, as per existing provision;
- In partnership with third sector partners, promoting and supporting existing community led support assets;
- In partnership with third sector partners, promoting and support the development of new community led support assets, exploring funding opportunities to aid establishment.

Option 2:

- The provision of two formal Day Centres for Older People, one in the West locality and another in the East locality, with opportunities for outreach support;
- Establishment of two new large community led support groups with access to formal support, one in the West locality and another in the East locality;

- Employment of a development worker for one year to support the BAME community to develop locally based peer support groups;
- In partnership with third sector partners, promoting and supporting existing community led support assets;
- In partnership with third sector partners, establishing an annual grant fund to support the development and establishment of new community led assets, whilst providing support to explore funding opportunities to aid sustainment.

Option 3:

- The provision of one large formal Day Centre for Older People;
- Establishment of two new large community led support groups with access to formal support, one in the West locality and another in the East locality;
- Employment of a development worker for one year to support the BAME community to develop locally based peer support groups;
- In partnership with third sector partners, promoting and supporting existing community led support assets;
- In partnership with third sector partners, establishing an annual grant fund to support the development and establishment of new community led assets, whilst providing support to explore funding opportunities to aid sustainment.

Following key stakeholders engagement sessions, during March to May 2022, it was determined that the HSCP, should adopt Option 2 as the preferred option to deliver on our vision for social support for older people:

- The provision of **two** formal building based Day Centres for Older People, one in the West locality and another in the East locality, with opportunities for outreach support – reducing from the current three centres;
- The establishment of two new large community led support groups with access to formal support, one in the West locality and another in the East locality – refreshing current arrangements with community led support resources;
- Employment of a development worker for one year to support the BAME community to develop locally based peer support groups for older people – in recognition of the specific needs of one cohort of current service users, and in recognition of the existence currently of a specialist resource for this group;
- In partnership with third sector stakeholders, promote and support existing community led support assets;
- In partnership with third sector stakeholders, establish an annual grant fund to support the development and establishment of new older people

community led assets, whilst providing support to explore funding opportunities to aid sustainment.

The actions associated with implementing this option will be developed in greater detail in the Commissioning Delivery Plan and/or Service Development Plan which will be an operational document to deliver on this Strategy and which will be developed in partnership with trades unions, providers, and partners and subject to the governance processed of the IJB and East Dunbartonshire Council.

7.4 Equality Impact Assessment

An Equality Impact Assessment (EIA) was undertaken in respect of the implementation of the Social Support for Older People Strategy. An EIA is a tool used by public organisations to ensure that equality, social inclusion and community cohesion issues are considered when developing or reviewing strategies and policies which affect the delivery of services.

The EIA is a systematic and evidence-based tool, which enables us to consider the likely impact of the Strategy on different groups of people. Completion of equality impact assessments is a legal requirement under race, disability and gender equality legislation.

The EIA confirms that the 'Social Support for Older People' Strategy recognises that the models of social support will need to support all individuals to achieve cultural integration and social contact by facilitating natural community connections. Formal social support will only be accessed by individuals whose assessed need meets eligibility criteria.

Consultation with the Equalities Officers at Greater Glasgow and Clyde Health Board and East Dunbartonshire Council, in support of the HSCP, concluded that while stakeholders have requested that members of the same faith and religion are housed together in the Day Centre, the HSCP has a legal requirement to promote inclusivity and integration amongst all of the older people communities.

Section 8: Other Formats and Translations

If you would like additional information or clarification on the content of this Strategy please contact:

East Dunbartonshire Health and Social Care Partnership
Kirkintilloch Health and Care Centre
10 Saramago Street
Kirkintilloch
G66 3BF
Tel: 0141 777 3000
Email: customerservices@eastdunbarton.gov.uk

Other Formats & Translations

This document can be provided in large print, Braille or on CD and can be translated into other community languages. Please email the Council's Communications Team at corpcommunications@eastdunbarton.gov.uk or call on 0300 123 4510.

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 در خواست کرنے پر (اردو) زبان میں ترجمہ کیا جاسکتا ہے۔ براہ مہربانی فون نمبر 0300 123 4510 پر رابطہ کریں۔

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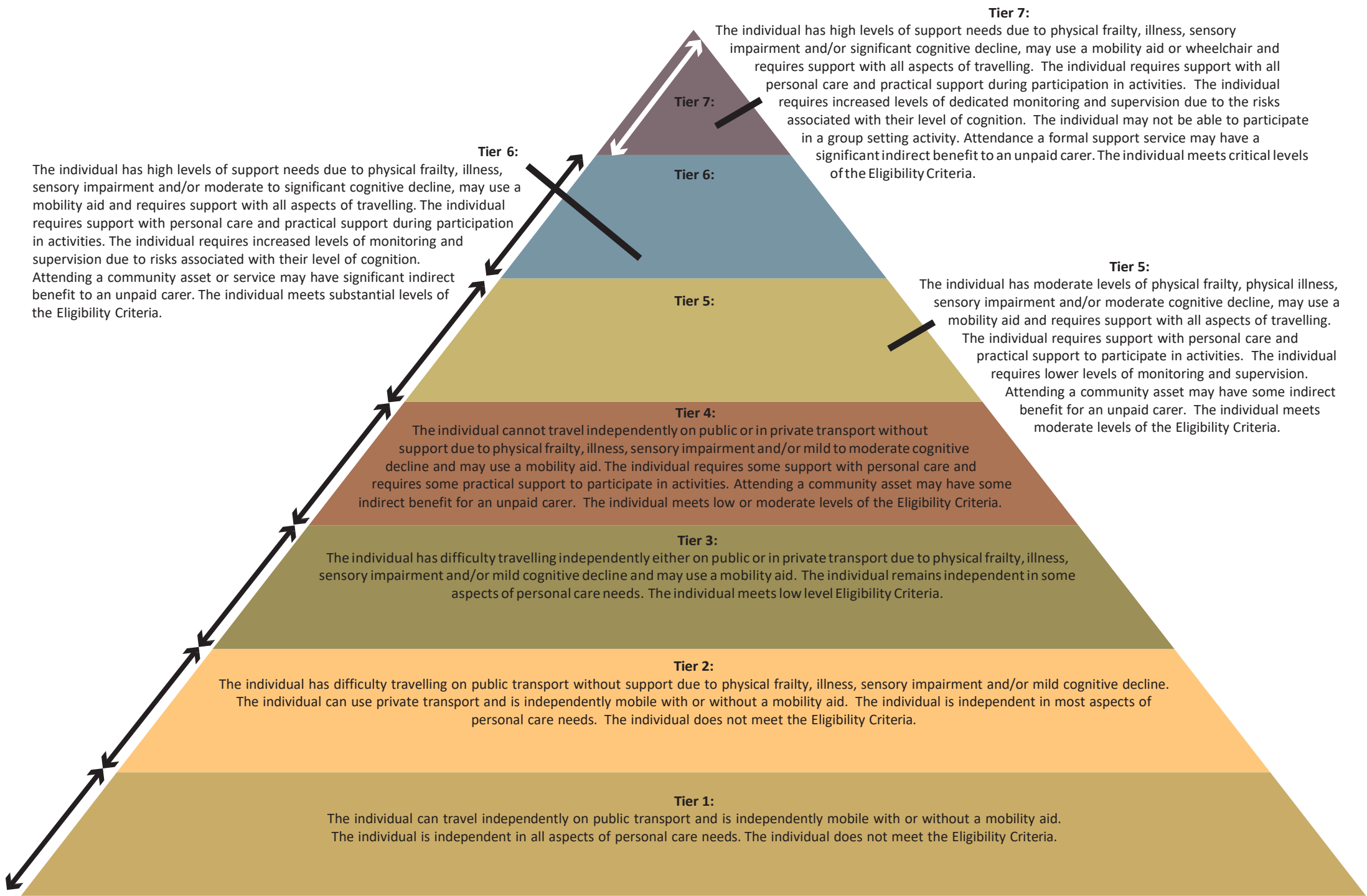
Gabhaidh an sgriobhainn seo cur gu Gàidhlig ma tha sin a dhith oirbh. Cuiribh fòin gu 0300 123 4510

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

Please contact the Council's Corporate Communications Team at:

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Kirkintilloch
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DRAFT



Social Supports for Older People – Tiered Needs Approach:

Social Supports for Older People – Road map of support:

Tier 7:

A formal day centre support service or alternative one to one support providing full personal and practical care as well as high levels of monitoring and supervision. If Centre based is registered to provide a safe and secure environment for people with high level physical needs and/or significant cognitive decline. Support is provided in venues that are physically accessible and feature dementia friendly environmental aspects. The support is provided by formal support staff who have received training which may include: SVQ in social care, communication, dementia awareness, and stress and distress techniques. Input from other support services including, CAB, Carers Link, East Dunbartonshire Voluntary Action, Ceartas, Community Health Resources.

Tier 6:

Local community assets with access to transport and with support available on and off transport. The location and venue of the asset is physically accessible and preferably has dementia friendly environmental aspects. There is availability of both volunteer and formal support staff to assist with practical and personal care as well as monitoring and supervision for those who require this level of support. Both volunteers and formal support staff benefit from training which may include: communication, dementia awareness, and stress and distress techniques. This level of support may mean attending a formal day centre or receiving dedicated one to one support for social stimulation. Input from other support services including CAB, Carers Link, East Dunbartonshire Voluntary Action, Ceartas and Community Health Resources.

Tier 5:

Local community assets with access to transport, for example, bus, volunteer drivers, and volunteer support on and off transport. The location and venue of the asset is physically accessible and preferably has dementia friendly environmental aspects. There is volunteer support available while attending. There is formal support available for assistance with personal care if required. Both volunteers and formal support staff benefit from training which may include: communication, dementia awareness, and low level stress and distress techniques. Input from other support services including CAB, Carers Link, East Dunbartonshire Voluntary Action, Ceartas, and Community Health Resources.

Tier 4:

Local community assets with access to transport, for example, bus, volunteer drivers, and volunteer support on and off transport. The location and venue of the asset is physically accessible and may have dementia friendly environmental aspects. There is volunteer support available while attending. Input from other support services including Carers Link, East Dunbartonshire Voluntary Action, and Ceartas.

Tier 3:

Local community assets with access to transport, for example, bus, volunteer drivers, and volunteers to provide support on and off transport. The location and venue of the asset is physically accessible and may have dementia friendly environmental aspects. There is volunteer support available while attending. There may be input from other support services including My Bus, CAB, Carers Link, East Dunbartonshire Voluntary Action, and Ceartas.

Tier 2:

Local community assets which may or may not offer access to transport. The location and venue of the asset is physically accessible. There may be volunteer support available while in attendance. There may be input from other support services including My Bus, CAB, Carers Link, East Dunbartonshire Voluntary Action, and Ceartas.

Tier 1:

Local community assets which may or may not offer access to transport. The location and venue of the asset is physically accessible. There may be volunteer support available while in attendance. There may be input from other supports including My Bus, CAB, Carers Link, East Dunbartonshire Voluntary Action, and Ceartas.

Social Support for Older People in East Dunbartonshire – Appendices

Appendix 1: Strategic Needs Analysis

Appendix 2: Policy and Research

Appendix 3: Examples of delivery of formal and informal social support – case studies

Appendix 4: Engagement Analysis

Appendix 5: Options Appraisal Analysis





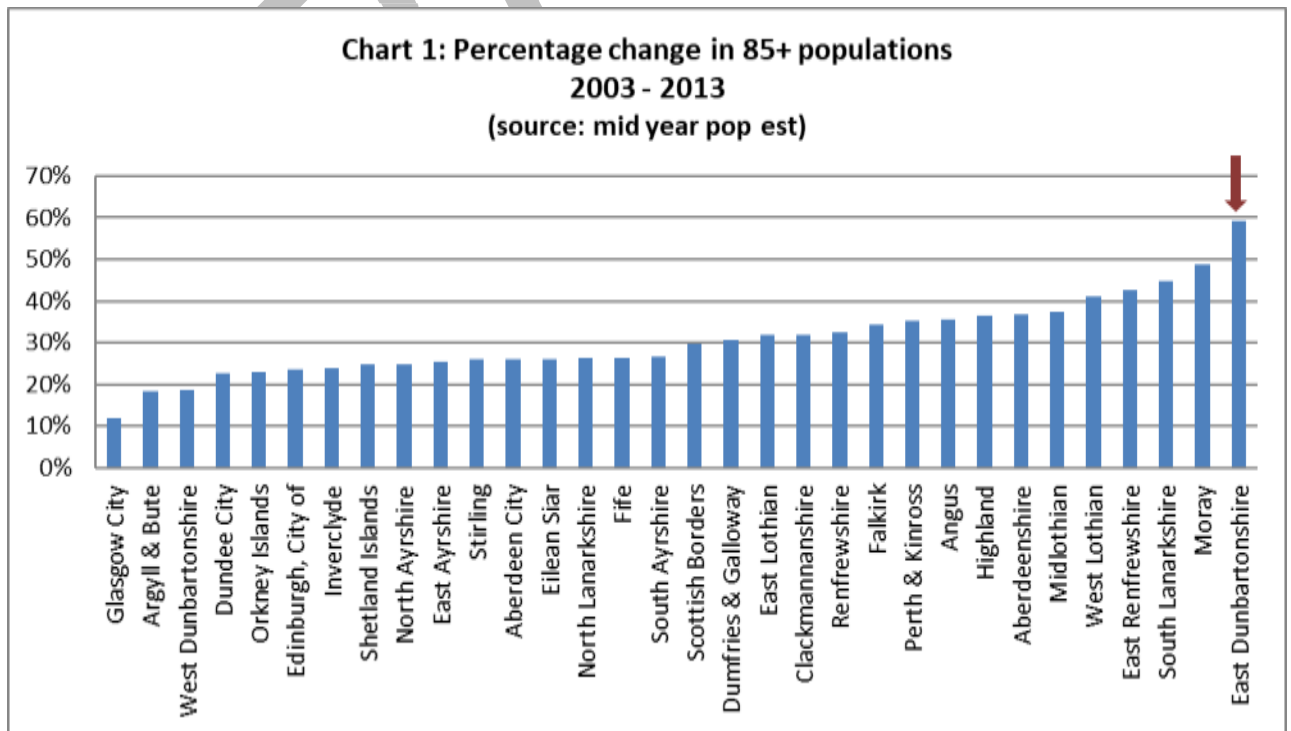
Appendix 1: Strategic Needs Analysis

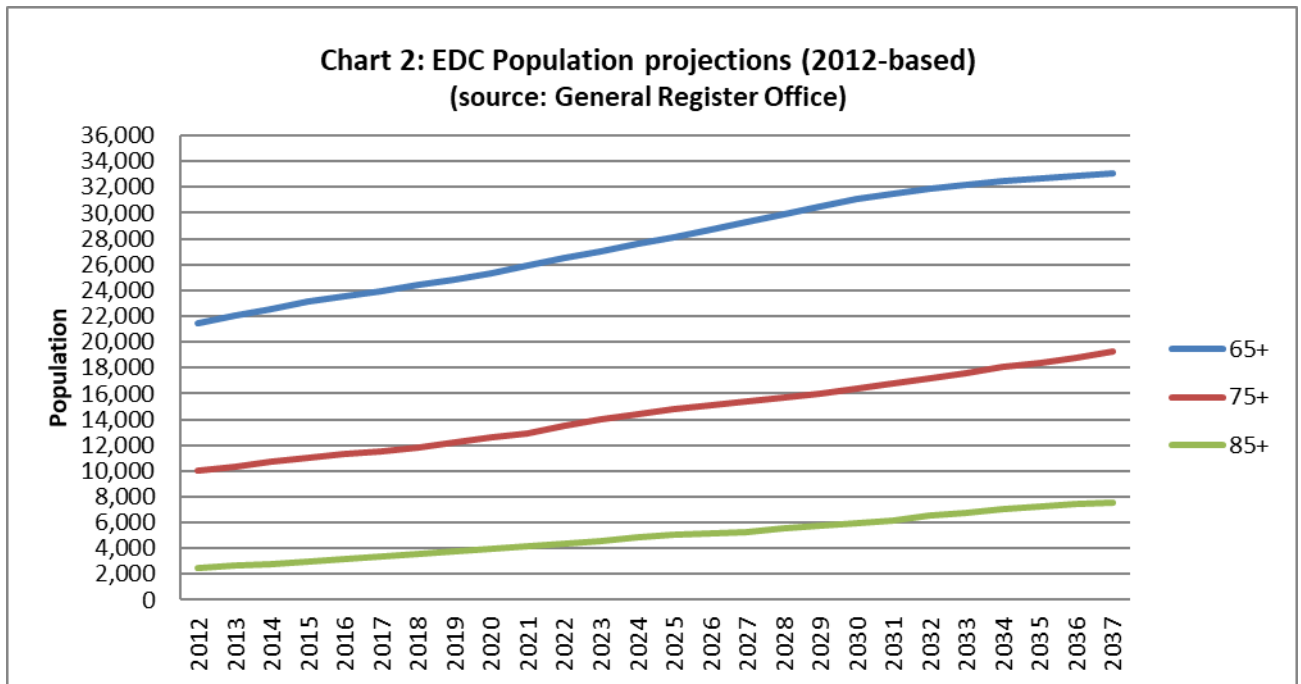
1.1 Local Demographics

East Dunbartonshire has witnessed the fastest growing increase in people aged 85 years + (59%) of any local authority area in Scotland over the last ten years.

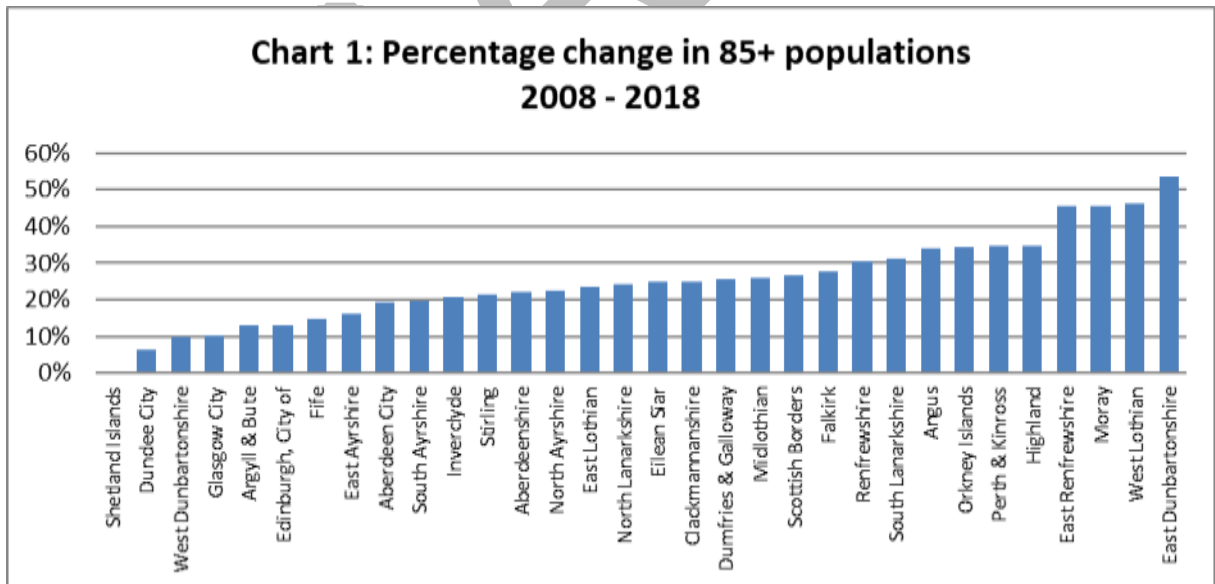
Future projections demonstrate that this growth in older people in our community will accelerate over the next ten years by a further 74%, compared to a Scottish average of 46%.

Looking even further ahead, the population of people 85 years + in East Dunbartonshire is expected to treble over the next 25 years (source: GRO population projections).

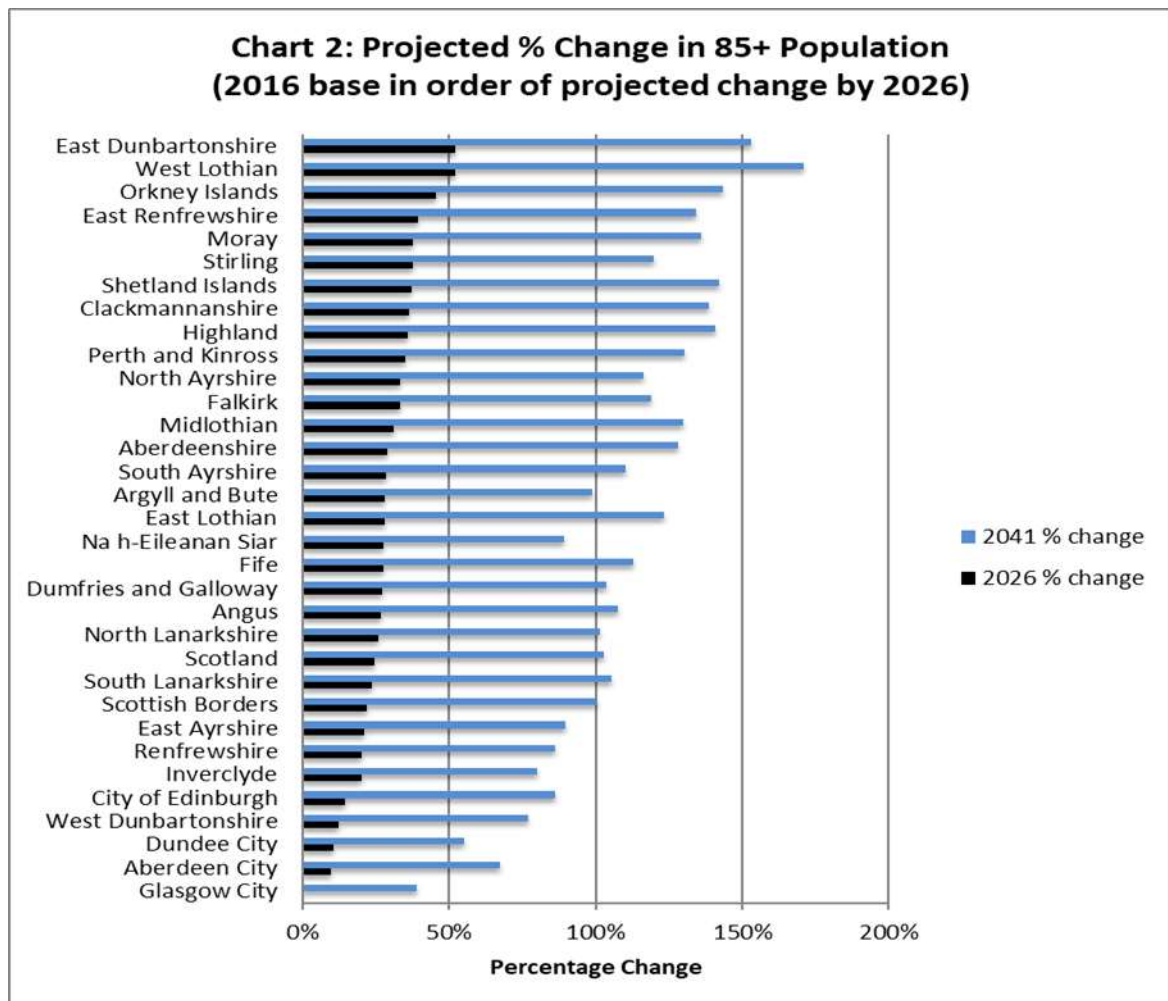




The chart below shows the change in the 85 years + population for East Dunbartonshire over the past 10 years, compared to all other HSCP areas in Scotland. In common with the demographic statistics produced in 2014, this demonstrates that East Dunbartonshire has continued to experience the largest increase in this population (by 54%).



The next chart demonstrates that in the 10 years from 2016-2026, the East Dunbartonshire 85 years + population is projected to continue to rise faster than any other HSCP area (by 52%). Looking ahead to 2041, the 85 years + population will continue to rise faster than all HSCP areas (153%), with the exception of West Lothian.



Looking ahead to the next 10 years, further increases are predicted to mirror the increases over the last 10 years, resulting in a doubling of demand over the total period. It is important to stress that this only takes account of service users over age 85 years; almost as many service users receive services between the ages of 75 years and 85 years, as receive services beyond the age of 85 years.

Key factors to consider regarding the demographics contributing to the increase in the number of older people in East Dunbartonshire:

- Longer life expectancy resulting not only in more older people, but an increasing prevalence of people surviving beyond age 85 years, with correspondingly higher prevalence of limiting illnesses;
- With increased age comes increased complexity of care needs and associated costs;
- The majority of health and social care services are delivered to those aged 75 years +. In 2012-13, 68% of home care customers were aged over 75 years, with most of these aged over 85 years;
- Most of these statistics in this section relate to the 85 years + population, due to the intensive nature of the care often provided from this age

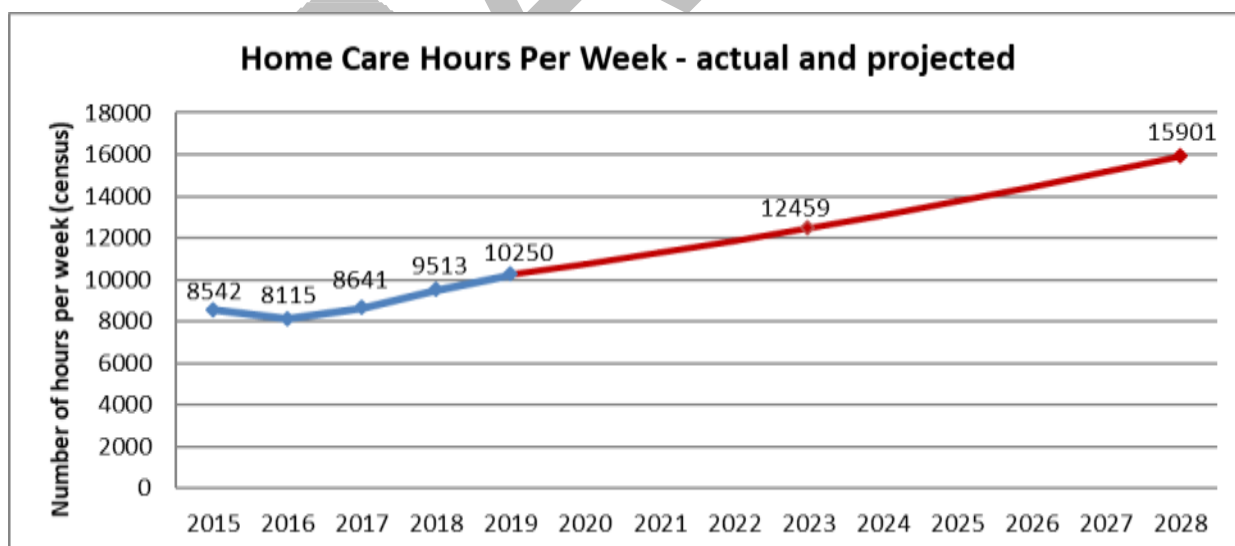
upwards. However, it is important to note that almost as many service users receive services between the ages of 75 years and 85 years as receive services beyond the age of 85 years;

- Community Care policy promotes community-based care, which in the main means care at home, or in a homely place in the community (including care homes). Day Centres or places to provide support in a safe and secure environment are considered an important aspect in supporting individuals to remain in the community.

East Dunbartonshire has felt the impact of these increasing numbers of older people and the associated pressures, perhaps more acutely than other areas in Scotland, and this trend is expected to accelerate.

1.2 Demographics v Service Demand

During 2015 – 2019, the number of customers receiving home care aged 65+ increased by 26%. Looking ahead to the next ten years, with continued increases in older people and most particularly the 85+ population expected to rise at a rate higher than any other Scottish local authority area, it is projected that East Dunbartonshire will experience a continued 5% year-on-year increase in home care demand. This has a direct correlation with referrals for formal day care or day opportunities support. Current eligibility for attending day care is that customers are in receipt of support of a personal care nature either from home care services or family.



Between 2003 and 2013, East Dunbartonshire experienced the fastest growing increase in people aged 85+ of any local authority in Scotland (from 1,672 to 2,660: an increase of 59%), with steepening future projections

(East Dunbartonshire HSCP: Demand Older People, 2019)

The majority of social care services were delivered to people aged over 75 years; around 70% of home care customers were over 75 years, with the majority of these customers aged 85 years +.

- With approximately 40% of people 85 years+ in receipt of at least one social care service in the community in 2014 (including the meals on wheels service), based on population projections at that time it was estimated that population changes would equate to up to 81 additional service users per year age 85 years+.
- The predicted rise in the population of people aged 85 years + in East Dunbartonshire has come to pass, with consequential pressure on services and resources. In the period 2008-2018, East Dunbartonshire has continued to experience the largest national increase in the 85 years + population from 2,086 in 2008 to 3203 in 2018.
- From 2016-2026, the 85 years + population is projected to continue to rise faster than any other HSCP area by 52% to 4,567. Looking ahead to 2041, the 85 years + population will continue to rise faster than all HSCP areas to 7,582 (an increase of 153% from 2016), with the exception of West Lothian (p20).
- Analysis of the Burden of Disease study indicates that years of life lost to disability and premature mortality in East Dunbartonshire is the second lowest in Scotland. (<https://www.scotpho.org.uk/comparative-health/burden-of-disease/sbod-local-2016/>);
- Care at home demand (hours of service) has increased by 5% per year between 2015 and 2019, exactly in line with the increase in 85 years + population. Of 1,335 home care customers per week over the age of 65 years, 639 are aged over 85 years (48%), constituting 20% of our 85 years + population.
- With the direct relationship between demographic changes and cost pressures demonstrated in these areas, it can be reasonably anticipated that we will see continued 5% year-on-year increases in demand, reflecting population projections for the 85 years + age-group.
- These pressures are found to be exceptionally the case in East Dunbartonshire, which has experienced the steepest increases in the 85 years + population in the country over the past 10 years and will continue to be the steepest over the next 10 years. The analyses indicate therefore that the demand and cost challenges are going to continue to increase exponentially over the next 10 years and beyond.

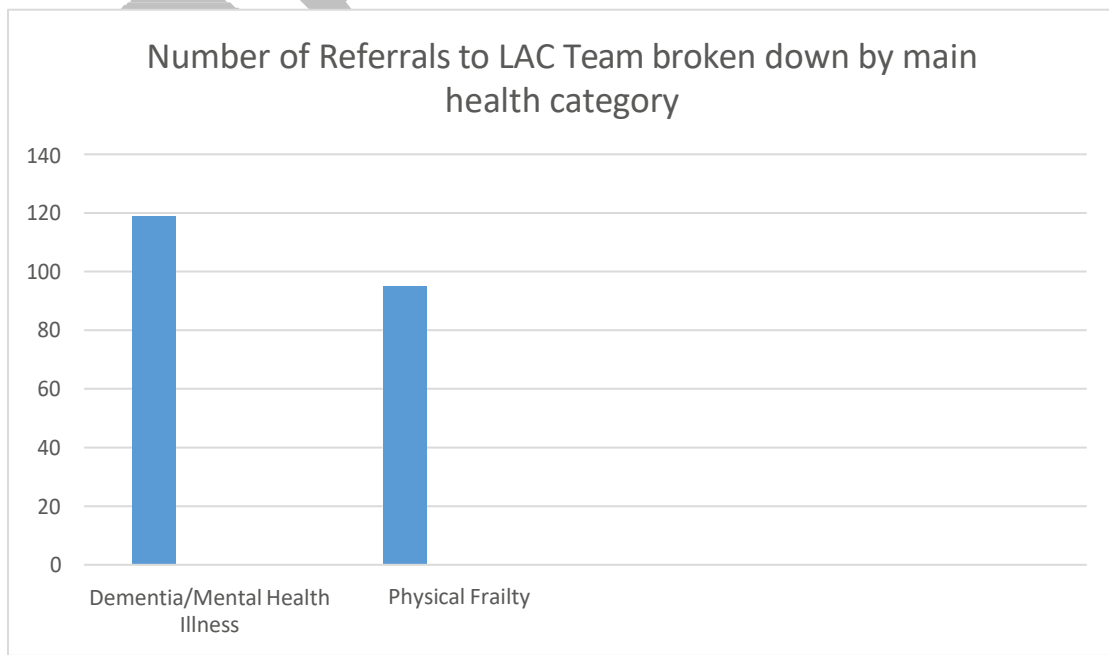
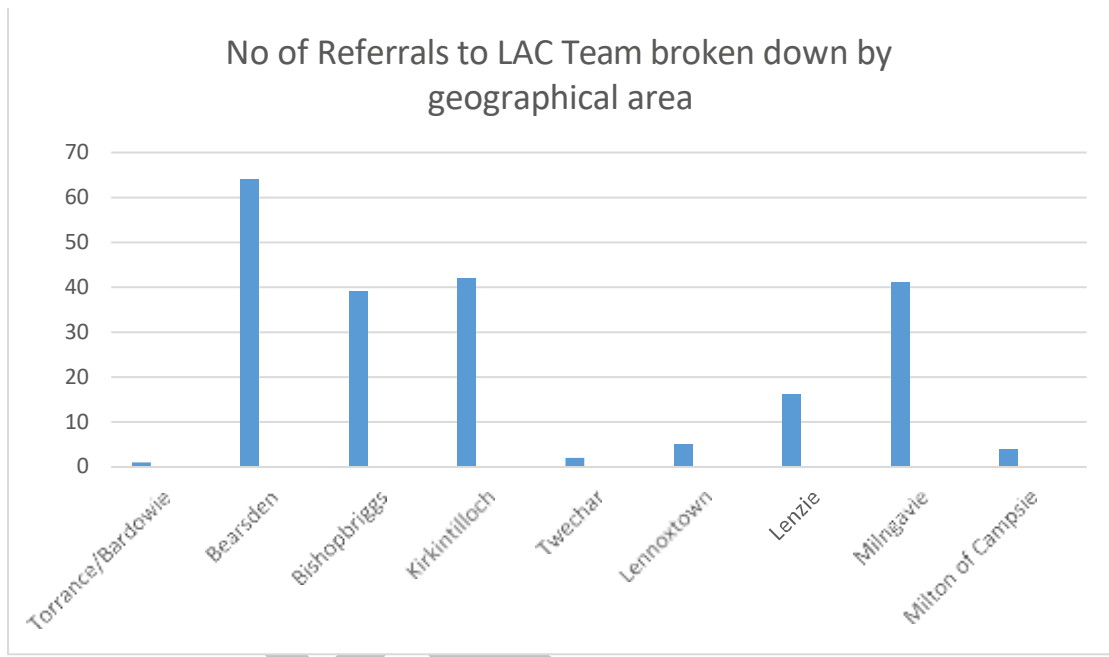
(East Dunbartonshire HSCP: Older People Demand Supplementary Report 2019)

1.3 Overview of Referrals and Provision

The statistical data for each type of formal social support is correct as 31st March 2022.

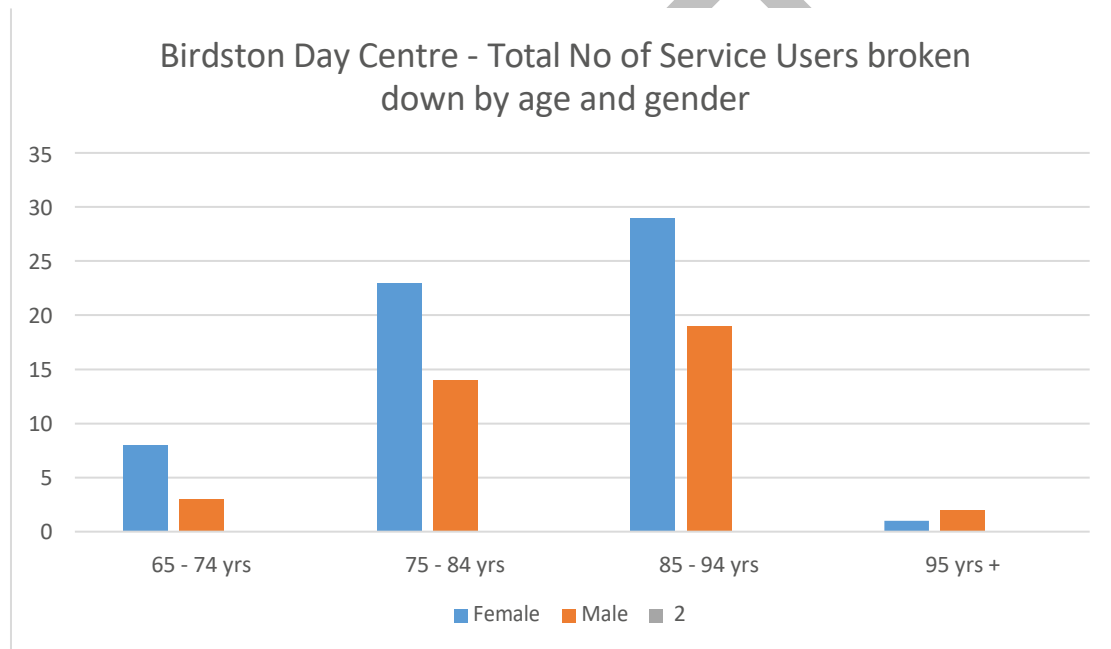
Local Area Co-ordination for Older People:

The Local Area Co-ordination (LAC) Team for Older People has received 214 referrals during the period of 1st April 2021 to 31st March 2022. The majority of customer referrals received during that period resided in Bearsden and Kirkintilloch and had a main health diagnosis of Dementia/Alzheimer's.

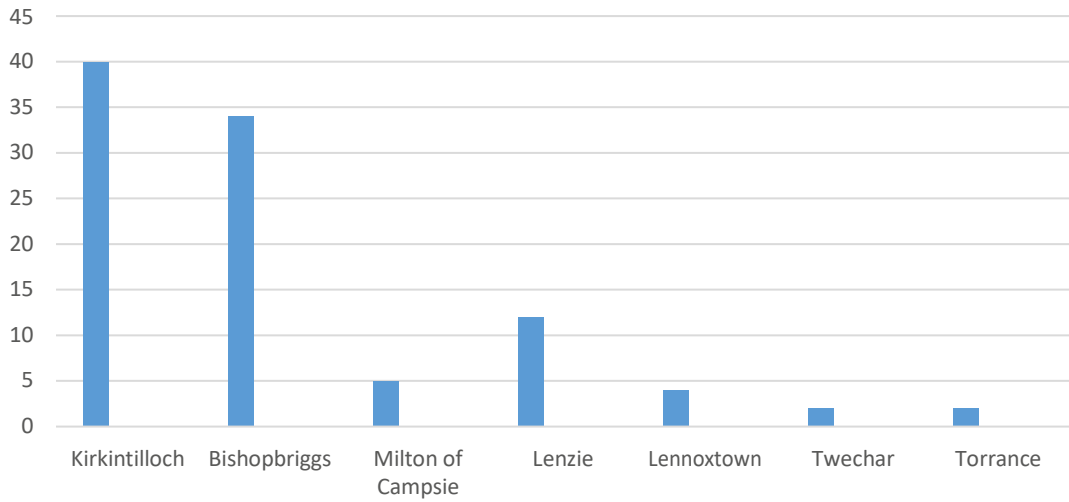


Birdston Day Centre:

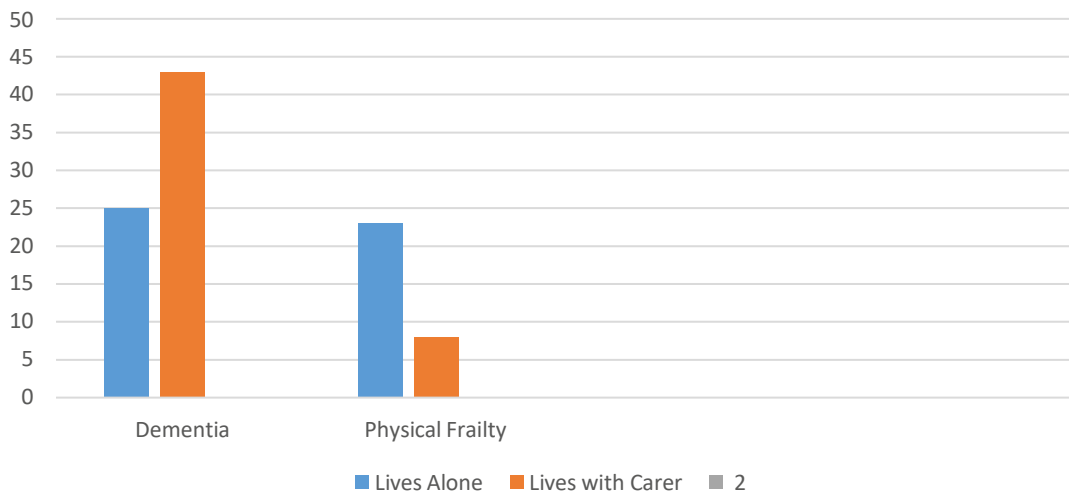
As at 31st March 2022 there are 99 service users attending Birdston Day Centre, mostly falling into the 85 – 94 years old category. Of those attending the majority are female, living in Kirkintilloch, and suffering from Dementia/Alzheimer's. Most of those attending the Centre live with an unpaid carer. All those attending the Centre have been assessed as meeting the HSCP's Eligibility Criteria.

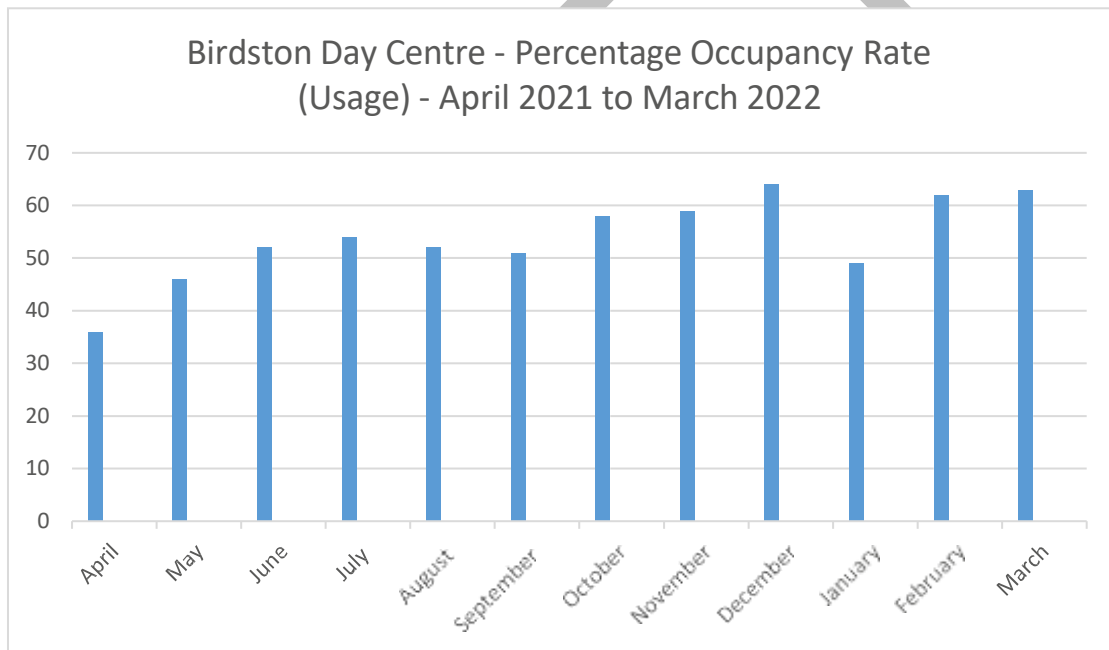
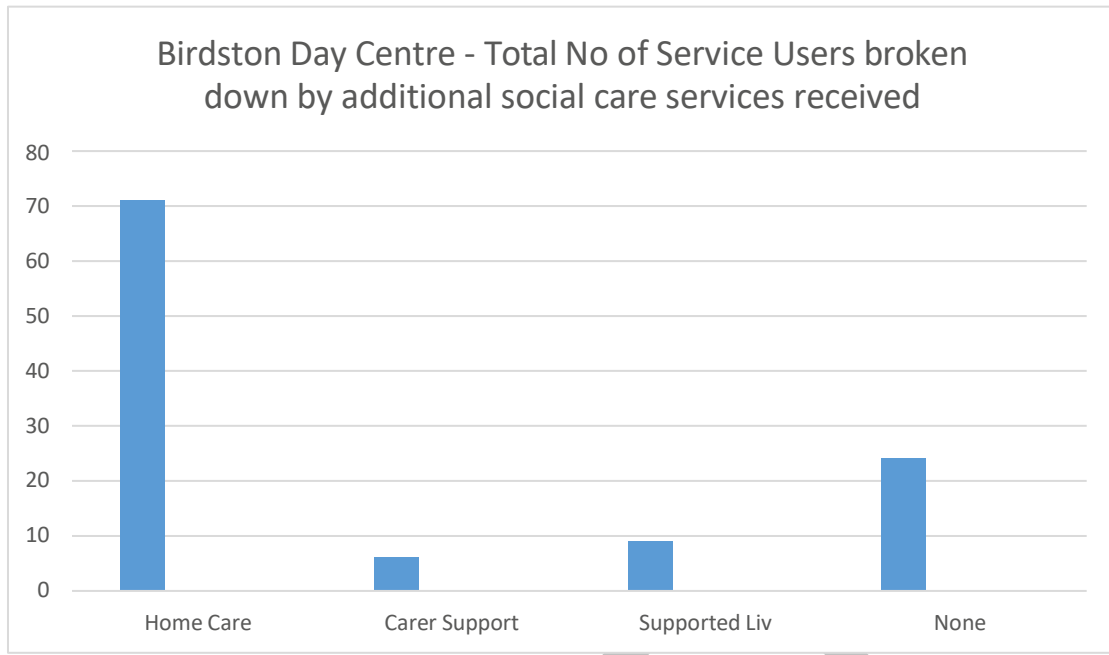


Birdston Day Centre - Total No of Service Users broken down by East locality geographical area



Birdston Day Centre - Total No of Service Users broken down by main health category and living composition



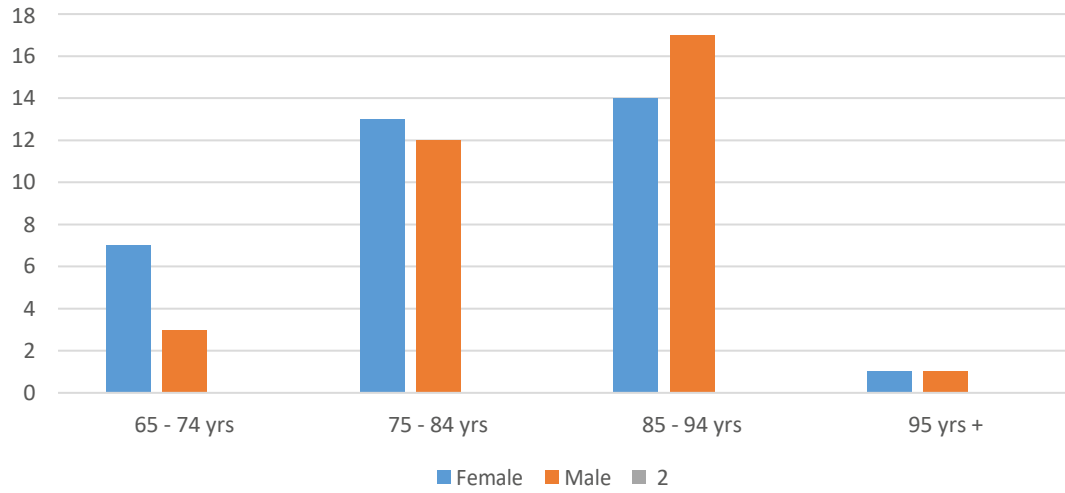


N.B: Reduced number of attendees due to social distancing requirements

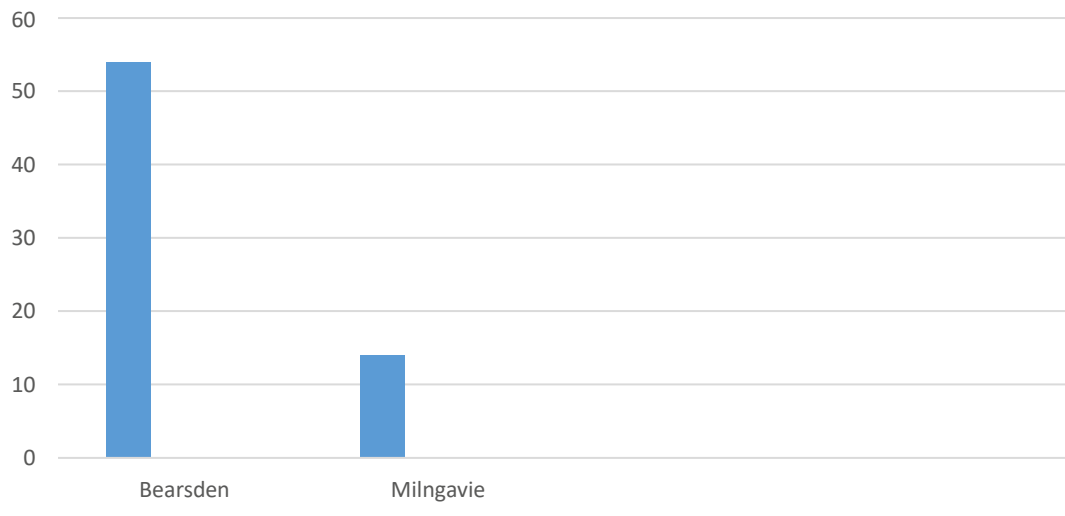
Oakburn Park Day Centre:

As at 31st March 2022 there are 68 service users attending Oakburn Park Day Centre, mostly falling into the 85 – 94 years old category. Of those attending there was an even split between the numbers of males and females, however most service users lived in the Bearsden area, suffered with Dementia/Alzheimer’s and lived with an unpaid carer. All those individuals attending the Centre have been assessed as meeting the HSCP’s Eligibility Criteria.

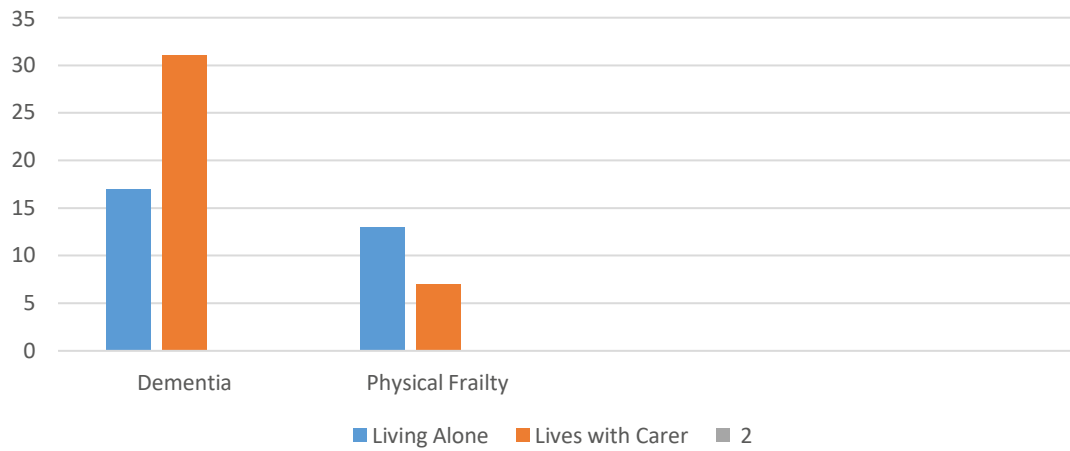
Oakburn Park Day Centre - Total No of Service Users broken down by age and gender



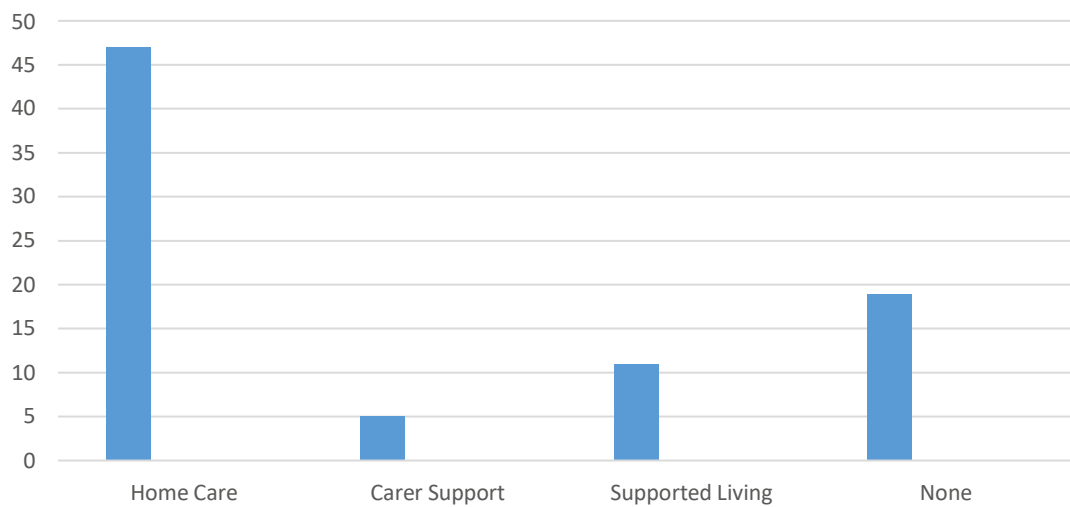
Oakburn Park Day Centre - Total No of Service Users broken down by West locality geographical area

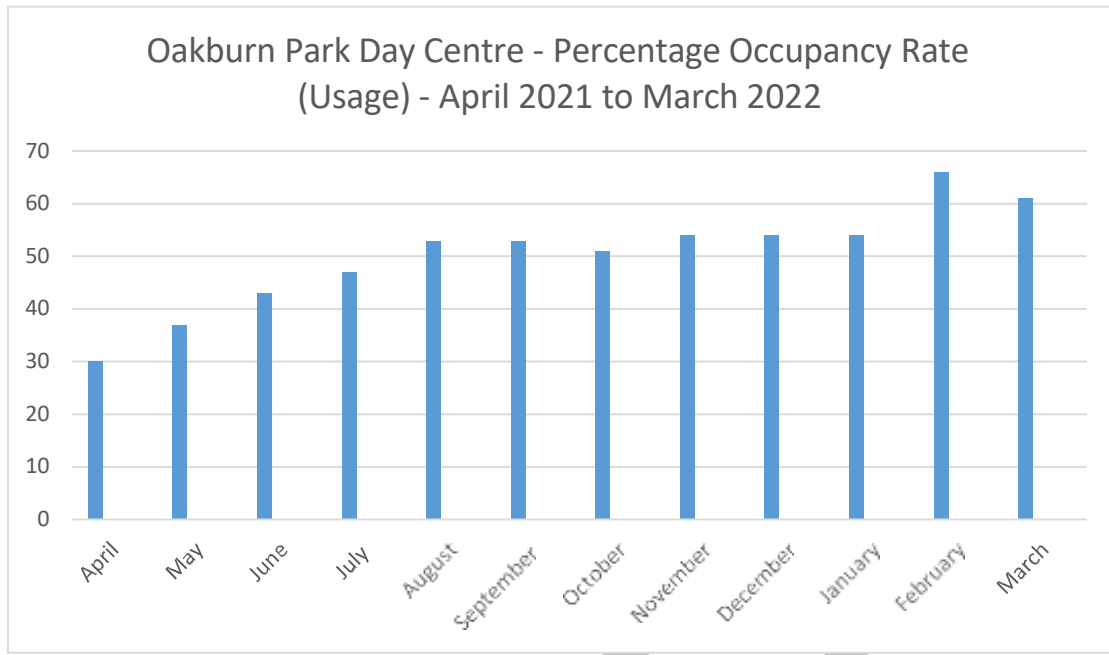


Oakburn Park Day Centre - Total No of Service Users broken down by main health category and living composition



Oakburn Park Day Centre - Total No of Service Users broken down by additional social care services received

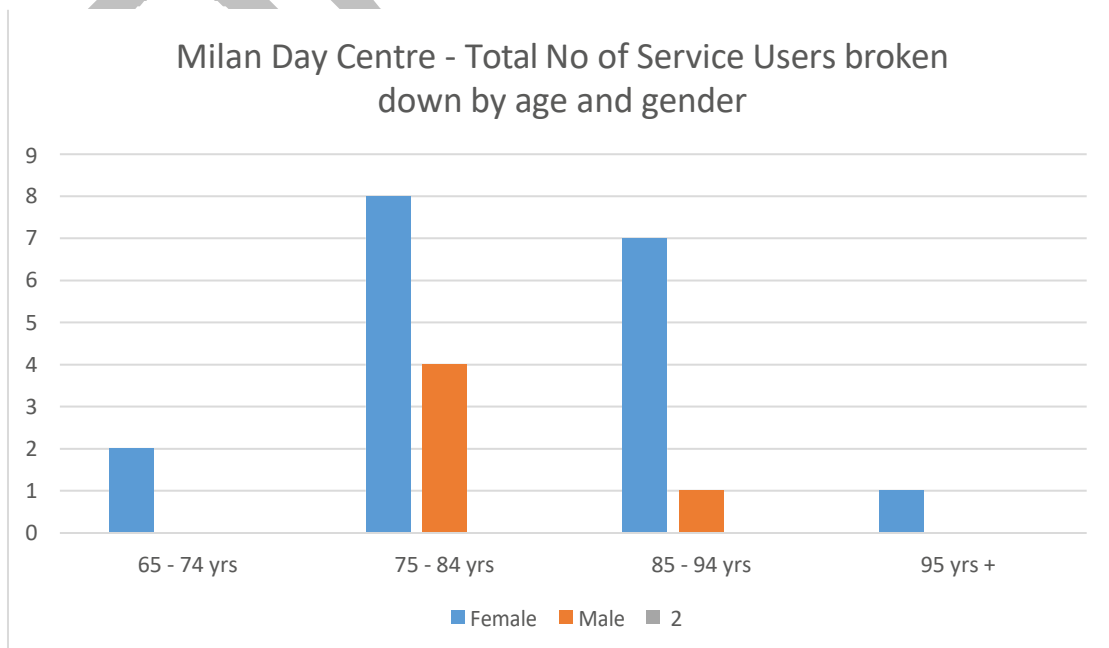


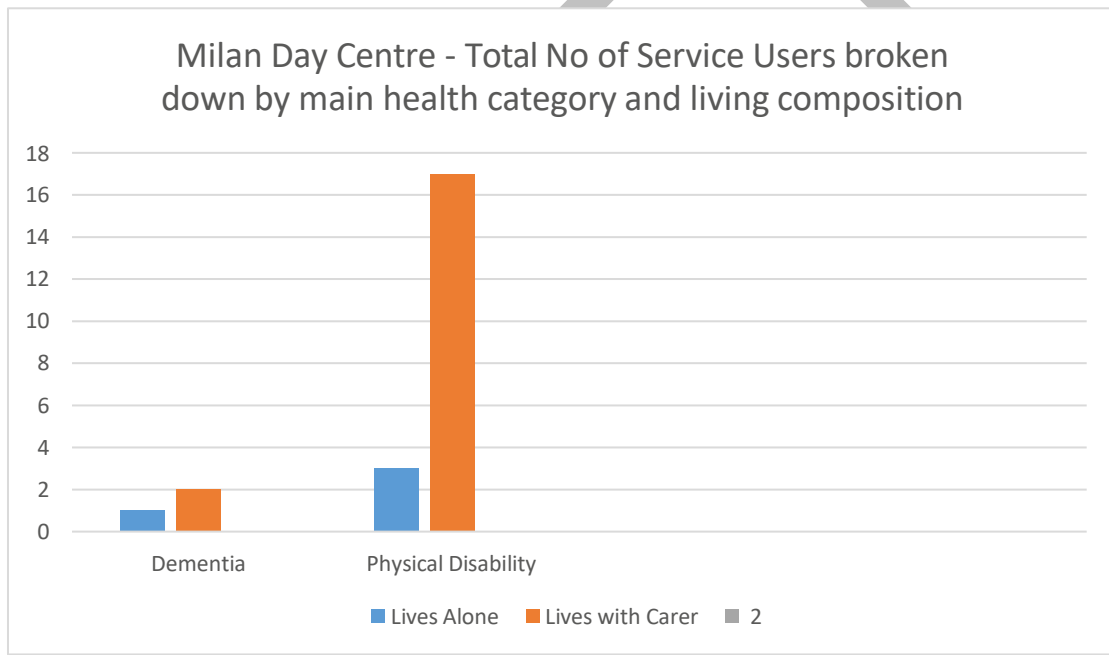
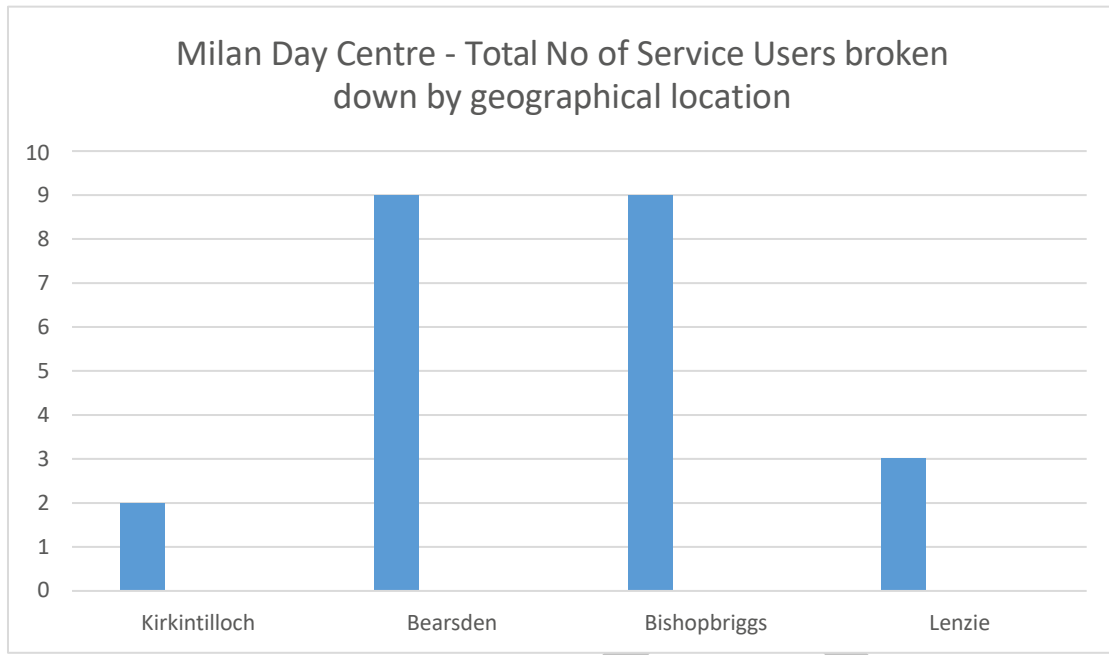


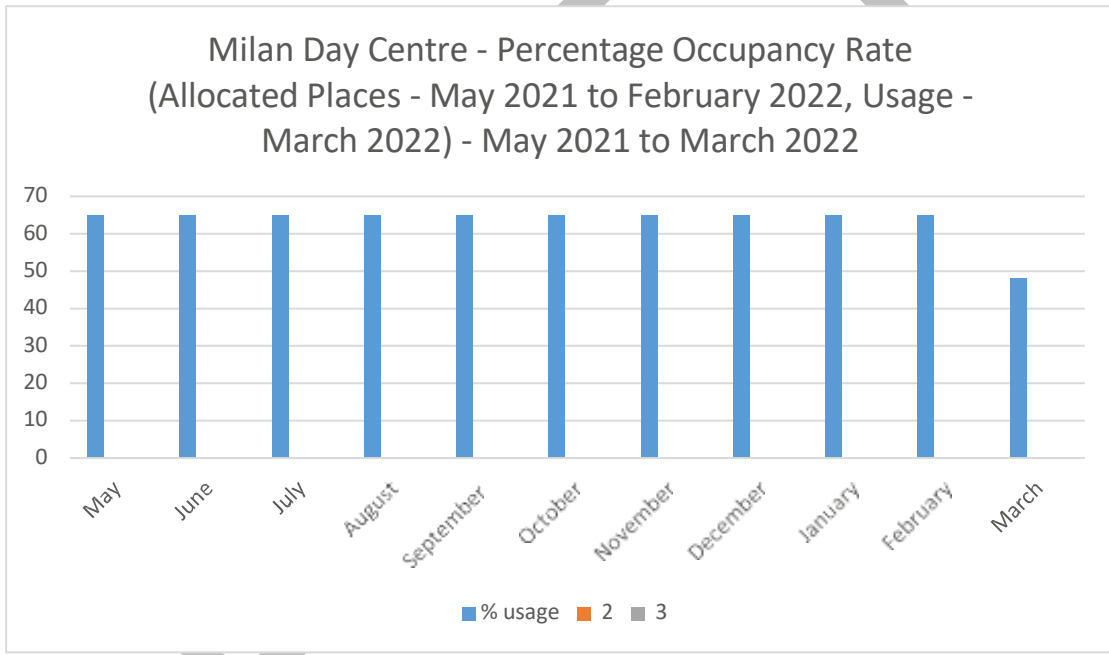
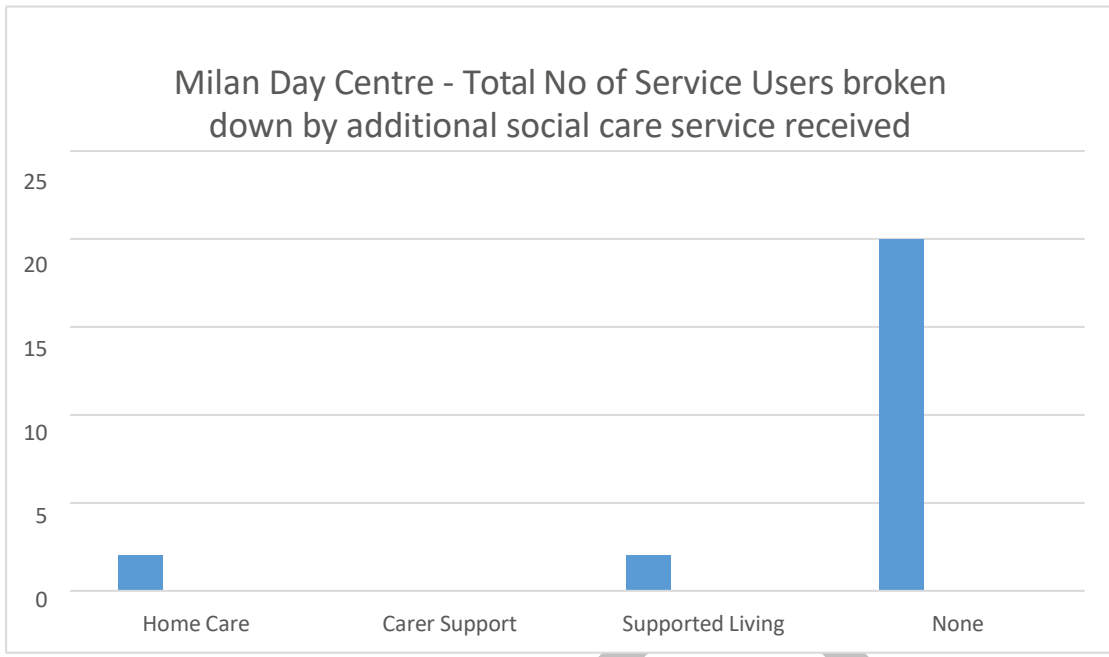
N.B: Reduced number of attendees due to social distancing requirements

Milan Day Centre:

As at 31st March 2022 there are 23 service users from the Black, Asian, Minority Ethnic (BAME) community attending Milan Day Centre. The majority of those attending fell into the 75 – 84 years old category, however, unlike Birdston and Oakburn Day Centres, the majority of the attendees suffered from physical frailty. The majority of those attending were female, lived with unpaid carers and lived in the Bearsden and Bishopbriggs areas of East Dunbartonshire. All those attending the Centre have been assessed as meeting the HSCP's Eligibility Criteria.







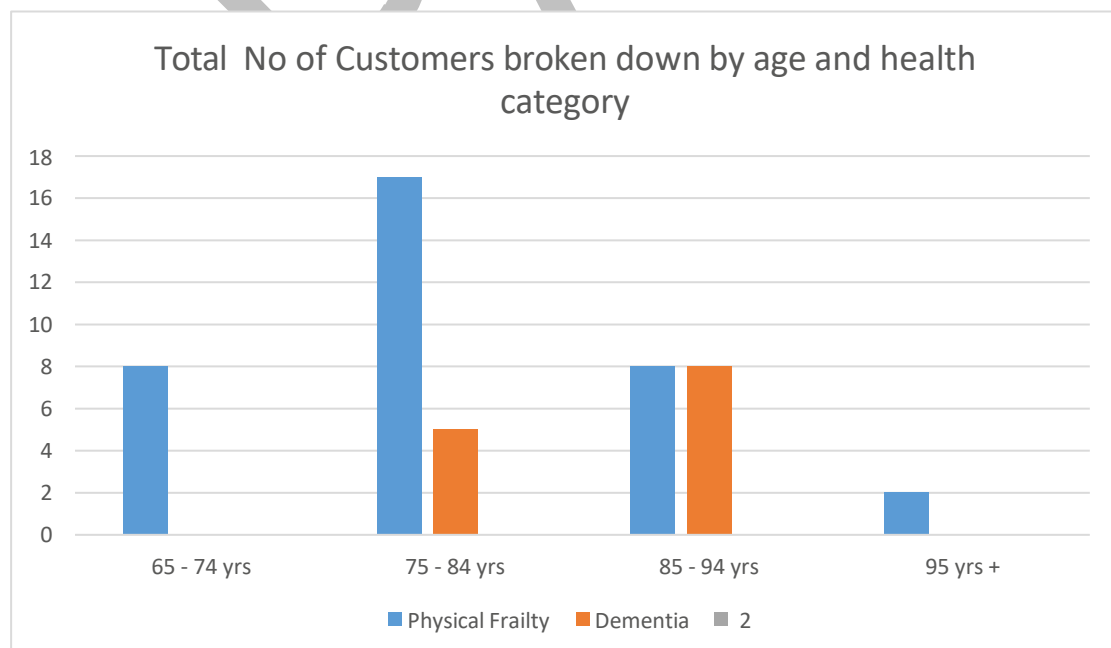
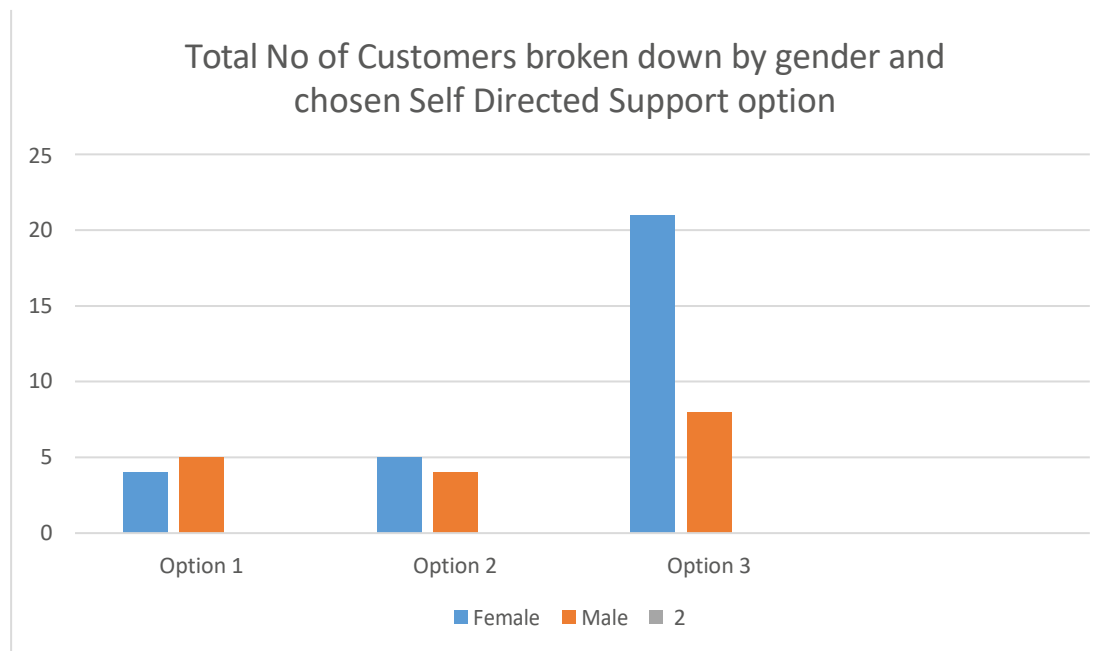
N.B: Reduced number of attendees due to social distancing breakdown
 N.B: Actual occupancy levels unavailable from May 2021 to February 2022, the percentage used was based on number of places allocated. Actual usage figures commenced March 2022.

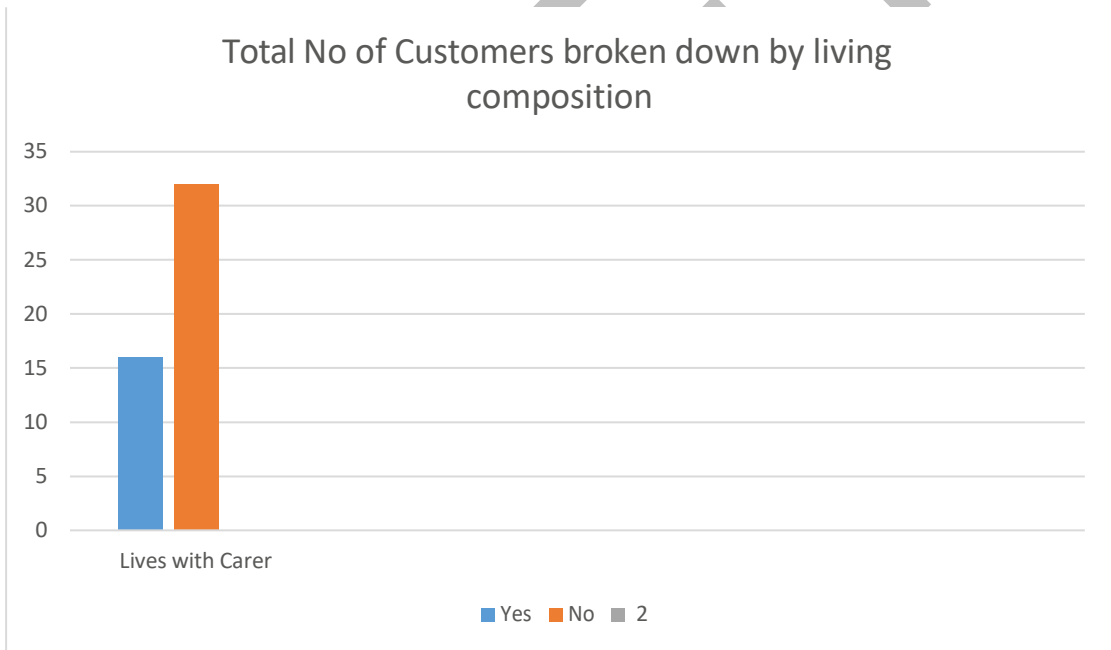
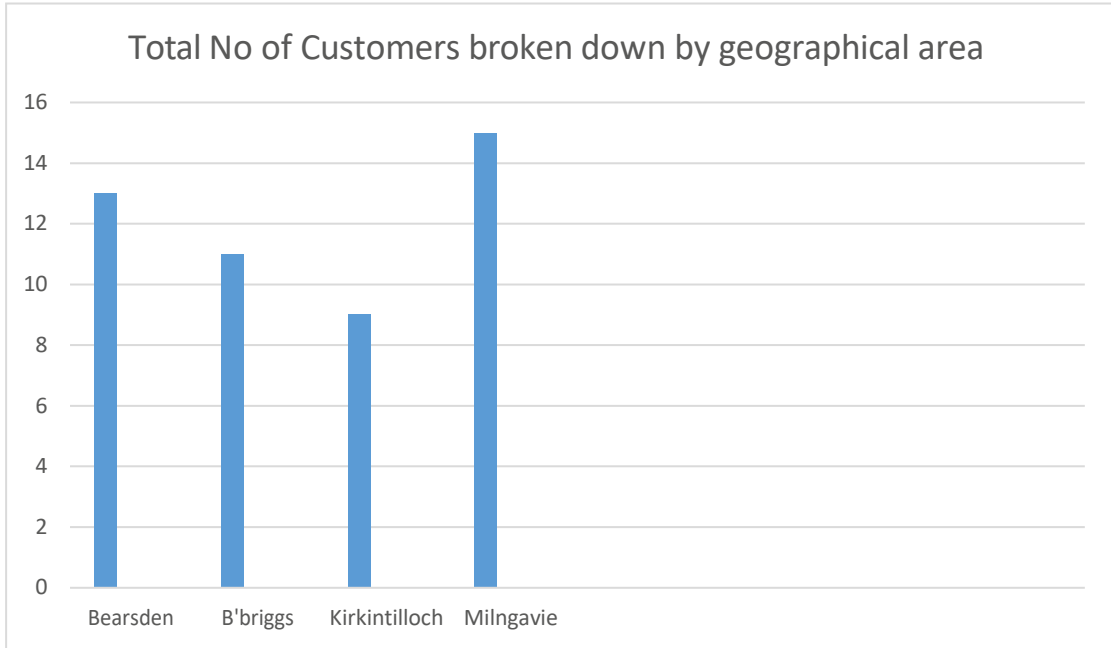
Alternative to Day Centre:

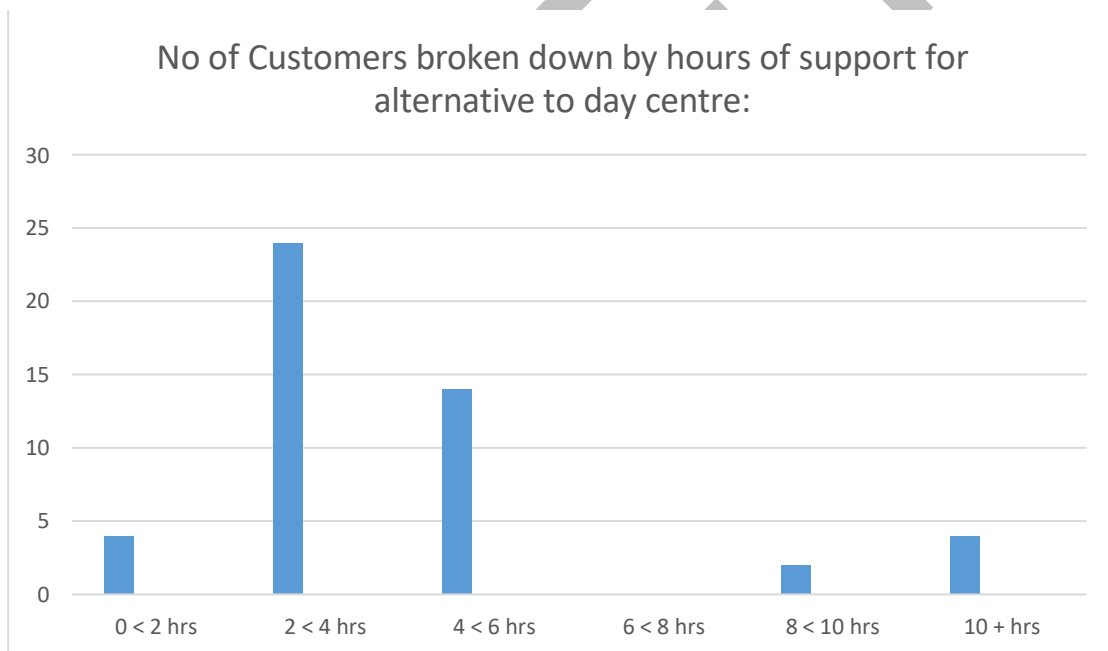
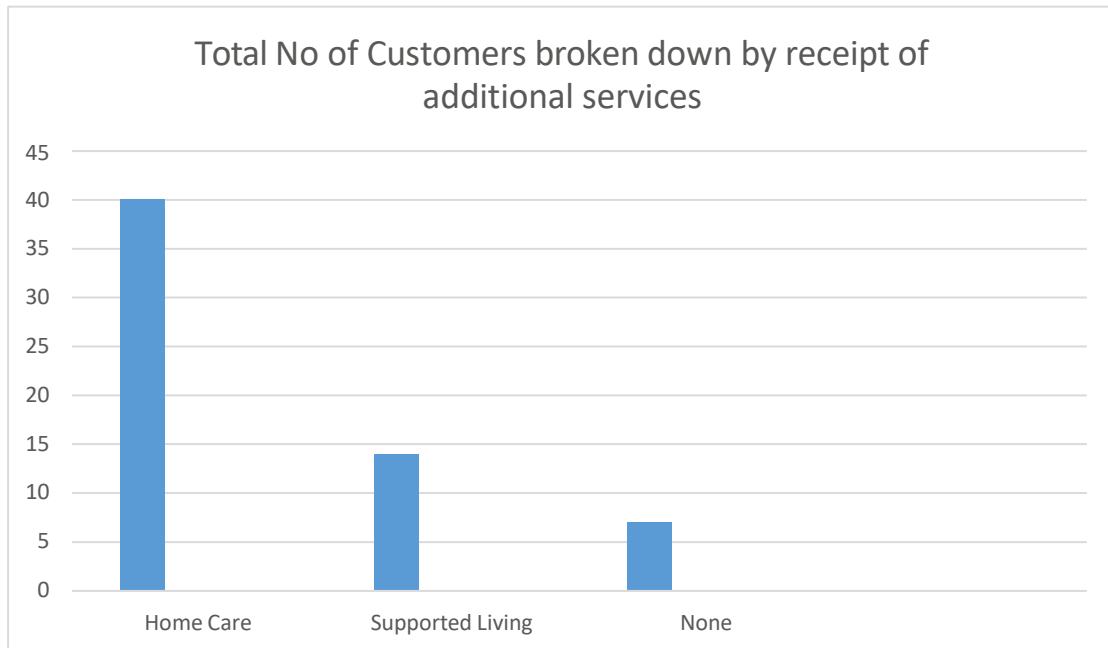
While a previous needs analysis evidenced that those service users, who met the eligibility criteria for social support, largely chose a formal building based day centre support to meet those needs and outcomes (Self Directed Support Option 3). There were a significant number of service users, which increases each month, who chose to explore alternative ways of meeting social support needs via Self Directed Support Options 1 and/or 2. There can also be situations where the service user would not benefit from attending social care

support in a group setting. In these situations, alternative to day care support can be provided under Self Directed Support Option 3.

As at 31st March 2022 there are 49 service users who could not attend a day centre building or had chosen alternative types of formal social support. The majority of these service users fell into the 75 – 84 years old category, lived with unpaid carers and lived in Milngavie.







1.4 Financial Framework

The financial framework underpinning this Strategy is, aligned to the HSCP’s Medium-Term Financial Strategy (MTFS) and establishes the current and projected level of resources required to support delivery of agreed priorities over the next five years.

The budget (2022/2023) for Social Supports is £1,506,436m, and extends across the following commitments:

- Building Based Day Care - £1,052,207 million
- Community Based Support - £253,047
- Third / Voluntary Sector Organisations - £125,745
- Local Area Co-ordinators - £75,437

In Year 5 of the Strategy (2027/2028), the budget is, projected to increase to £1.6m - in line with inflationary uplifts.

Appendix 2: Policy and Research

2.1 East Dunbartonshire HSCP Strategic Plan – 2022 - 2025

Shifting the balance of care has been a priority for national and local government for a number of years. Shifting the balance means moving away from support being provided in institutional building based settings to the support being delivered in community or home based environments.

East Dunbartonshire Health and Social Care Partnership Strategic Plan (2022 – 2025) realises the main challenges facing the HSCP over the next three years including:

- Post Pandemic Recovery and Consequences
- Population and Demographics Changes
- Financial Constraints and Public Sector Reform

The HSCP's Strategic Plan lists a number of themes that it intends to concentrate on over a three year period. The themes relevant to this Strategy include:

- Empowering People
- Empowering Communities
- Prevention and Early Intervention
- Post Pandemic Renewal

2.2 Reshaping Care for Older People

NHS: Reshaping Care for Older People (2011 to 2021) <https://www.gov.scot/publications/reshaping-care-older-people-2011-2021/documents/> recognises that both nationally and locally we have to continue to aim to improve services for older people by shifting the balance of care towards anticipatory care and prevention. It recognises that in order to reshape care for older people we need to adopt:

- Personalisation: service users and carers must be at the centre of HSCP activities, embracing different cultures, needs and choices.
- Independence: ensuring that older people are supported to live independently in community settings, introducing choice and giving the individual involvement and ownership of any decisions.

- Control: older people make their own decisions about their care and support services.

2.3 Christie Commission on the Future Delivery of Public Services

The Christie Report (June 2011) <https://www.gov.scot/publications/renewing-scotlands-public-services-priorities-reform-response-christie-commission/pages/2/> provides an earlier debate on the future direction of public services whereby it presented a radical roadmap to better public services. Some of the key messages from the Christie Report relevant to this Strategy were:

- Recognising that effective services must be designed with and for people and communities.
- Maximising scarce resources by utilising all available resources from the public, private and third sectors, individuals, groups and communities.
- Work closely with individuals and communities to understand their needs, maximise talents and resources, support self-reliance and build resilience.
- Concentrate the efforts of all services on delivering integrated services that deliver results.
- Prioritise preventative measures to reduce demand and lessen inequalities.

2.4 Independent Review of Adult Social Care in Scotland

The Feeley Report (March 2021) (<https://www.gov.scot/publications/independent-review-adult-social-care-scotland/>) highlights that the majority of social care support is given to people in their own houses or in local community settings and that we need to ensure that this community support continues. It suggests that the role that communities play in supporting adults to remain active is extremely important. Community based supports can provide socialisation opportunities, advice, information and breaks for unpaid carers. These community based activities can make a big difference to an older person's quality of life. "Social connections are important to everyone's wellbeing" (Feeley, March 2021). Some of the key messages from the Feeley Report relevant to this Strategy were:

- Social care support should focus on enabling people to stay in their own homes and communities. This will help them to make social connections and to have control over their lives.
- People must be able to access support at the point they feel they need it, including for advice and signposting to local community-based resources and help, and for barriers to this, such as the current eligibility criteria and charging regime, to be fundamentally reformed and removed, to allow a greater emphasis on prevention and early intervention.

- Informal, community based services and supports must be encouraged, supported and funded to respond appropriately to the needs of local citizens, including for preventative and low level support.
- Investment in alternative social care support models should prioritise approaches that enable people to stay in their own homes and communities, to maintain and develop rich social connections and to exercise as much autonomy as possible in decisions about their lives.

2.5 National Health and Social Care Strategy for Older People

In May 2022, the Scottish Government published a consultation to seek people's view in relation to older people's health and social care service. The purpose of the consultation is to inform the development of a national integrated health and social care strategy for older people.

The consultation and impending Strategy will focus on four main themes:

- Place and Wellbeing
- Preventative and Proactive Care
- Integrated Planned Care
- Integrated Unscheduled Care

The Scottish Government is seeking people's views in relation to older people's health and social care services in order to inform the development of a new integrated health and social care strategy for older people.

The consultation is based around the four main themes of:

- Place and Wellbeing
- Preventative and Proactive Care
- Integrated Planned Care
- Integrated Unscheduled Care

East Dunbartonshire HSCP's Social Support for Older People Strategy will support the themes focused on 'Place and Wellbeing' and 'Preventative and Proactive Care'.

2.6 Self Directed Support

The Social Care (Self Directed Support) (Scotland) Act 2013 implemented in 2014 enabled individuals and their carers to have as much choice and control as they would wish or are capable of in relation to their support. This has seen some changes over the last seven years in the way that some older people have chosen, in relation to the model, to meet their social support needs.

Any individual who has been assessed as eligible for formal social care support will be offered the Self Directed Support options. Some people can manage their support on their own, whilst others need help either from family, friends or a support organisation.

Self Directed Support Options:

Option 1: You can choose to receive your individual budget as a payment directly into your bank account. With this money, you can choose to become an employer where you employ your own Personal Assistant (PA) or you can purchase services/ support from an agency or other organisation.

Option 2: Your individual budget can be held and managed by the HSCP or a third-party organisation and would be used to pay for the support that you have chosen.

Option 3: With this option discussions will take place with you regarding your individual budget and the support you require to meet your outcomes, but you may have decided that the arrangement regarding who provides this support and when will be made by the HSCP, using their own services or services commissioned from another organisation.

Option 4: You may choose to use several Self Directed Support options to meet the different parts of your support plan.

Information about Self Directed Support in East Dunbartonshire can be found on the Council's website:

<https://www.eastdunbarton.gov.uk/health-and-social-care/services-adults-and-older-people/self-directed-support-sds>

2.7 Customer Contributions

East Dunbartonshire Council 'Charges for Non Residential Services' Policy means that people in receipt of formal social support may be subject to a customer contribution.

The amount of customer contribution will be dependent upon the older person's income however those customers in receipt of disability benefits i.e. Attendance Allowance and Personal Independence Payment will usually be eligible to pay the full customer contribution. The contribution levels are reviewed annually.

The customer contribution is applied irrespective of the type of formal social support service that the individual is receiving. However, customer attending a formal day centre based service may also be subject to transport costs and will also contribute to the provision of a meal at lunchtime.

Appendix 3: Examples of delivery of formal and informal social support – case studies

3.1 Examples of Community Assets arranged by the Local Area Co-ordination Team

* A national older people's charity run afternoon tea and chat sessions for people aged over 75 years who are at risk of social isolation. Due

to an increase in the number of referrals from Local Area Co-ordination in East Dunbartonshire, the organisation worked jointly with the HSCP to establish two new sessions in the West locality of East Dunbartonshire.

- * A local third sector organisation who provide befriending opportunities for older people in the form of one to one, group or telephone sessions worked closely with the Local Area Co-ordinator to increase the volunteering opportunities and identified additional group sessions in areas where a higher proportion of befriending needs had been identified.
- * A new Men's Shed in the West locality was officially opened in the summer of 2019. It took over a year for a dedicated group of men, alongside a member of the HSCP staff, to establish a formal committee and source a venue within the local area. The venue required significant refurbishment which was undertaken by both the members of the Shed alongside offers of support from local businesses and contractors. The Shed is now a warm, welcoming place for a number of men in the area offering a variety of activities, a chat and peer support.

3.2 Case Study – Informal Social Support

Mrs A is a lady in her 90s who lives alone at home. She is independent in all daily living activities, keeps in good health and remains relatively active. Mrs A does not receive any formal social care support. However, Mrs A uses a walking stick and has difficulty managing and negotiating stairs and uneven surfaces resulting in her feeling less confident about walking outside without support.

Mrs A became socially isolated at home and did not have any family living locally who were able to visit on a regular basis.

The Local Area Co-ordinator for Older People introduced Mrs A to a number of different clubs and groups in her local community, negotiating transport and support from the volunteers who assisted in the clubs. The groups that Mrs A attended provided transport and volunteers were available to assist Mrs A in and out of the venues. Mrs A was also supported to link in with a volunteer at her local church who assisted her to attend the service on a weekly basis.

Mrs A describes the experience of being supported to access her local community clubs as "life changing". Mrs A thoroughly enjoys the experience of being out in her local community and meeting new friends. Mrs A's family are encouraged that she is enjoying a better social life and that she is no longer isolated at home.

The OPLAC team received a letter from Mrs A thanking us for the effort and encouragement to support her accessing community assets. She describes her experience as being "life changing" advising that, "her prayers had been answered". Mrs A is thoroughly enjoying the experience of being out within her community, she was able to meet new friends and catch up with the local gossip enjoying the chat and experience of being out of her home a few days per week. Mrs A was encouraged to remain independent living at home being supported by the third sector.

3.3 Formal Social Support – Case Study

Mrs B is an 85 year old lady living alone. In her 70s, Mrs B dedicated much of her time to her family, visiting her grandchildren on a daily basis, preparing lunch for the school dinner break. Mrs B enjoyed this contact because was part of the family and the routine gave a good structure to her week. At the weekends, Mrs B would often meet with her daughter and go for short walks and visit local restaurants and cafes. Mrs B also attended some local groups in the community including a music group and a club where she played cards with her peers.

When Mrs B was 81 years old, she was diagnosed with cancer which severely affected her mobility and she was no longer able to drive. Mrs B became confined to the house and began to experience some level of confusion.

Mrs B became increasingly isolated at home, reliant on family support, which was limited due to work commitments. As an outcome of the social work assessment, Mrs B began to attend the local Day Centre two days per week. However, following discussions with Mrs B, her family and the Day Centre it was agreed that the group setting at the Centre was not benefitting Mrs B.

The Social Worker met with Mrs B and her family to discuss her future aspirations. Mrs B wanted to be supported to take part in activities that she participated in previously. Mrs B and her family compiled a list of different places she liked to visit including cafes, historical sights, local attractions, streets and towns which were meaningful to her. Mrs B was assessed and allocated an individual budget. Mrs B chose a support provider organisation who would provide a support worker to assist her to visit her chosen places. After each visit, a date was set for the following week to visit a different place and dates were placed on the list so that her family could see where she had been each week.

The support was extremely beneficial to Mrs B and allowed her to remain involved in her community and reduced social isolation. The supported was personalised and tailored to Mrs B and her memories. These were places that held significance for her. The support was used flexible so that if she wished to visit a place further afield, rather than two visits per week, this was reduced to one longer visit.

Mrs B's main carer, her daughter, stayed locally but continued to work full-time. This reduced the pressure on Mrs B's daughter significantly and also met Mrs B's social support needs. The support started when Mrs B was 82 years old and was provided for two years, until Mrs B unfortunately passed away. Mrs B was able to access the social support she needed to live the life she would have wanted.

Section 4 – Engagement Analysis

4.1 Engagement Methods

During the period 1st July to 31st October 2021, the HSCP undertook a period of engagement with our stakeholders.

Following a benchmarking exercise across Scotland, a survey was developed which focused on gathering views about future models of social support for older people in East Dunbartonshire.

The survey comprised of nine questions:

1. In what capacity the person was participating in the survey i.e. service user, carer, etc.
2. What principles and values were associated with the provision of social support for older people?
3. What aspirations older people associated with receiving social support?
4. What types of social support and activities can make a difference?
5. What activities did older people miss during the pandemic period?
6. What can community groups and clubs offer older people?
7. What help should be given to community groups and clubs to assist them to continue to support older people?
8. When do older people wish to attend social activities i.e. days, evenings, weekends?
9. What should be the future vision for social support for older people?

The survey was available in a variety of formats: a web version, a paper version, via telephone interview or by participating in a virtual focus group.

An invitation to participate in the engagement process was sent to local community clubs and groups, churches, local village/town halls, current Social Work customers in receipt of social support via day centres or alternative types of formal social support. The survey was also made available to all other key stakeholders including staff working within East Dunbartonshire HSCP.

The survey was advertised on the Council's and HSCP's social media pages so that any interested party could participate.

Social Work practitioners also invited customers and carers who, following assessment were eligible to receive formal social support, to participate in a survey about what type of social support they had chosen and why.

The survey comprised of ten questions:

1. In what capacity the person was participating in the survey i.e. service user or carer.
2. What prompted the person to choose Day Centre support (if applicable).
3. What prompted the person to choose Alternative to Day Centre support (if applicable)?
4. Whether the person had attended any community groups in the past and what benefits they received from attending community led assets.
5. Why the person felt that attending a local community group would not benefit them now.
6. What was the person's expectations from receiving formal social support?
7. What activities the person likes participating in.
8. Whether the person would attend a Centre or activities in the evenings or weekends.
9. What the person thinks will be the impact of attending formal social support.
10. What the carer thinks will be the impact on the person attending formal social support (if applicable).

This survey was carried out with customers and carers in person or via the telephone following the assessment process.

It was imperative that in order to develop a five year strategy which focused on developing models of both informal and formal social support that the HSCP provided an opportunity for as many stakeholders as possible to participate in the engagement process.

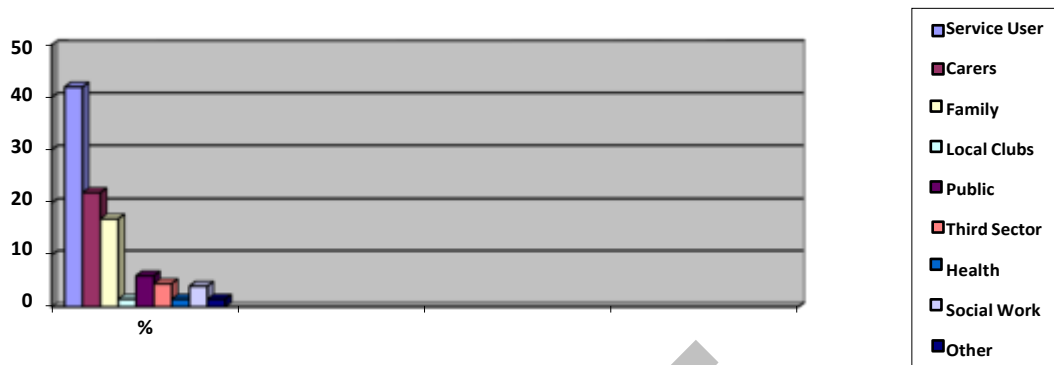
Reference was also made to the consultation survey that took place in 2020 by the Council's Housing Department, in partnership with the HSCP. The 'Older People and Specialist Housing Research' was published in September 2020.

4.2 Feedback and Analysis

'Social Support for Older People Survey' – July to October 2021:

174 people participated in the 'Social Support for Older People' Survey:

Respondent Group	Number of Responses	Percentage of Total Received
Service Users	72	42%
Carers	38	22%
Family Members	29	17%
Community Clubs	3	1.5%
Members of Public	11	6%
Third Sector Practitioners	8	4.5%
Health Practitioners	3	1.5%
Social Work Practitioners	7	4%
Other	3	1.5%



The majority of respondents (78%) chose to complete paper copies of the survey whilst 22% opted to complete the web version. No one requested a telephone interview. One person did nominate themselves to participate in an online focus group however this did not take place due to lack of nominations.

When asked “What principles and values were associated with the provision of social support for older people?” the majority of answers included:

- Emotional, physical and mental wellbeing;
- Support to maintain and promote independence;
- Dignity, equality, respect, caring, honesty and diversity;
- To give older people a safe place to enjoy the company of others and to help them engage in activities;
- Keeping people safe;
- Feeling included;
- To receive culturally aware support.

Participants were asked “What aspirations older people associated with receiving social support?” The majority of answers included:

- Meeting people from the local community and keeping connected;
- Develop social skills and confidence;
- To support mental, physical and emotional wellbeing;
- Be creative and participate in activities that stimulate the mind and physical wellbeing;
- Social interaction with peers;
- Dignity, companionship and inclusiveness;
- Make new friends and promote independence;
- Opportunities for the local Black, Asian, Minority Ethnic (BAME) community to meet.

We asked participants what types of activities were of benefit when attending local community led clubs and groups. The answers were varied but in the main included:

- Activities that stimulated the mind and gave a sense of inclusiveness;
- Singing, dancing and music;

- Quizzes and games;
- Light exercise and activities that stimulate physical wellbeing;
- Eating a meal with other people;
- Making new friends;
- Chatting and reminiscing.

The respondents from the BAME community felt that there were no local community assets that met their cultural needs or allowed them to connect with the community.

Participants were asked “What activities did older people miss during the pandemic period?” The majority of respondents all agreed that the following aspects of social support were greatly missed for the last 18 months:

- Social contact and company;
- Seeing friends and family;
- Eating with others;
- Getting out in the local community;
- Lack of mental, physical and emotional support.

Many respondents cited feeling lonely, depressed and anxious during the pandemic period.

We asked participants “What community groups and local clubs could offer older people”. The majority of respondents stated:

- Social interaction;
- A sense of belonging;
- A sense of community;
- Peer support;
- Opportunities to make new friends;
- A sense of purpose;
- A structured programme of activities.

The majority of respondents from the BAME community felt that this question was not eligible to their circumstances and advised that, apart from the day centre, there were no local community assets that met their cultural needs or allowed them to connect with the community.

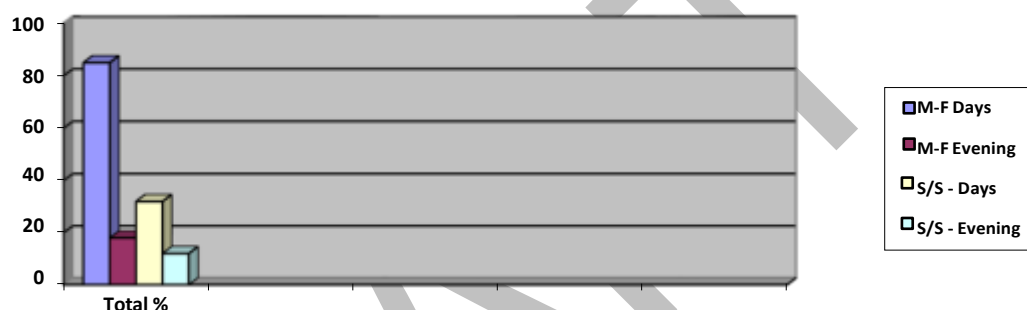
We asked what “...would help local clubs and groups continue to offer support to older people...” Most responded with:

- Funding;
- Staff support;
- Increased Volunteers;
- Transport;
- Greater awareness of what is going on in the community;
- Accessible accommodation and venues.

The BAME community respondents advised that the continuation of a day centre dedicated to their cultural needs was extremely important.

The HSCP wants to ensure that investment in and support for older people social support, both of an informal and formal nature, is delivered at times when older people and their families feel would be of most benefit. We asked participants when they would prefer that social support opportunities took place:

Days/Times	Number of Responses	Percentage of Total Received
Monday to Friday – Daytime	148	85%
Monday to Friday – Evenings	31	18%
Weekends – Daytime	56	32%
Weekends - Evenings	21	12%



Some additional suggestions were received:

- Evenings and weekends on special occasions such as Christmas
- Evenings during the summer months

We asked participants “What should East Dunbartonshire Health and Social Care Partnership’s vision for older people’s social support be?” We provided five suggested focus areas for the future of social support for older people over the next five years:

- A. A focus on supporting older people to remain connected to their community through opportunities to attend local community groups and clubs;**
- B. Local community groups and clubs have access to volunteer support for older people who require practical assistance while in attendance;**
- C. Local community groups and clubs have access to formal support for older people who require personal assistance while in attendance;**
- D. An outreach support service for people who are eligible for formal support to support them to attend local community groups/activities;**
- E. A day centre which focuses on supporting those older people who are most vulnerable/at risk.**

Participants responded:

Options	Number of Responses	Percentage of Total Received
A	106	61%
B	54	34%
C	85	49%
D	64	37%
E	131	75%

Some other suggestions were received which included:

- Supported referral pathways to local clubs and groups'
- A person centred approach within local community led resources;
- Different sessions at the Day Centre for people with advanced dementia.

The BAME community respondents advised that:

- The Day Centre is a unique service which provides a lifeline for its service users who are unable to communicate within other community groups or local clubs;
- The HSCP requires to support the BAME community in respect of social support.

This means that the outcome of the engagement survey is that the HSCP should focus and fund the priorities relating to:

1. ***A day centre which focuses on supporting those older people who are most vulnerable/at risk.***

And

2. ***A focus on supporting older people to remain connected to their community through opportunities to attend local community groups and clubs;***

4.3 Social Support for Older People – New Customer – July to October 2021

Twelve people participated in the 'new customer' engagement survey, of which 80% was answered by the customer's unpaid carer and/or legal representative.

All 12 new customers, eligible for formal social support, had chosen to attend a formal Day Centre rather than receive one to one alternative to day centre support. When asked why customers would prefer to attend a Day Centre type setting most advised that the Centre provided a safe and secure venue, offering

peer interaction with other older people. Many indicated that that they or the customer were no longer able to access the outdoors without support and that the Centre provided a structure and routine to their week.

- “...greatly benefit from social interaction within a group setting...”
- “...isolated due to mobility impairment and frailty...”
- “...can no longer access outdoors...”
- “...heard good things about the Day Centres and the services they provide...”
- “...surrounded by peers to encourage stimulation and chat...”
- “...social stimulation in a safe and secure environment...”

When people were asked whether they had attended community groups in the past and the benefits that they experienced from attending, most of the survey participants (95%) had previously attended community led assets and enjoyed meeting their friends.

- “...my father attended various groups...”
- “...my mother enjoyed attending various venues...”
- “...she was a sociable person so this helped keep her active and involved in her community...”
- “...a member of the local golf club...enjoyed the social aspects of being surrounded by friends and other golfers...”
- “...attended a local resource...prior to COVID-19 lockdown...”
- “...attended Centres prior to COVID-19...”
- “...played golf and bridge...enjoyed the company and the competition...”

Survey participants were asked if they had previously attended community resources, why they felt that these assets were no longer suitable, 100% responded that they or the customer had seen a significant decline in their physical health, mobility and/or confusion caused by Alzheimer’s or Dementia. Many indicated that the provision of formal social support in a Centre setting would mean that they or the customer would receive support with their personal care and supervision whilst enjoying the company of other older people.

- “...cognitive decline and poor mobility travelling outdoors...”
- “...requires support with her personal care, mobility...requires to be cared for within a formal care setting...”
- “...general health is very poor and there is a marked decline in her memory...”
- “...little concept of danger and risk...”
- “...requires a wheelchair when outdoors due to poor mobility...”

The survey then asked what their expectations were from attending a formal social support setting. The majority of participants stated that they or the customer would receive social stimulation with other older people in a safe and secure environment, whilst some carers acknowledged that this would also provide them with a break from their caring role.

- “...social stimulation and peer support to encourage chat and interaction in a safe environment...”
- “...enjoy social chat amongst her peers reducing social isolation...”

“...will enjoy the company of others...share the same interests”
“...I will enjoy time away from my caring role...”
“...attending day care will reduce social isolation...”

When participants were asked what activities they or the customer liked taking part in there were a number of variations including: amateur dramatics, martial arts, reading, singing, dancing, chatting, listening to music, and quizzes.

When participants were asked whether they would attend a Centre or social activities in the evenings or at the weekends, 8% of those surveyed advised that they would not wish to attend Centres or activities outwith Monday to Friday daytime. While 92% of those surveyed were open to attending social support outwith daytime hours, 63% stated that they would not wish to attend in the evenings.

The customers, who would be attending the formal social support, were asked what the impact for them. Many responses cited no longer feeling socially isolated and having a better quality of life.

“...quality of life will improve....something to look forward to...”
“...enjoying social chat and activities in a safe environment...”
“...improve her social life and break up her week...”
“...bit more structure to the week...”
“...not feel so isolated...”

When unpaid carers were asked what the impact would be for them when the cared for person attends the social support activities, many responses talked about knowing the person was in a safe environment with people to support them, whilst also providing the unpaid carer with a break from their caring role.

“...relax in the understanding that my father is being cared for within a safe environment...”
“...I can relax and not worry at work...”
“...give me piece of mind to know she was getting out as well as receiving the care she requires...”
“...time away from my caring role...”
“...receiving the socialisation and company that he misses so much...”
“...a break to recharge and have a bit of time for myself...”

4.4 Older People and Specialist Housing Research – Survey Results – September 2020

The survey of older people regarding their current and future housing needs also identified issues relating to social support and community capacity.

When older people were asked about potential problems with their current home, 6% of the respondents states that ‘not being close enough to local

amenities' was a serious issues, as was 'not having good transport links' (6%), and 'feeling isolated and lonely at home' (5%).

42% of the older people responding to this survey, aged between 65 and 74 years old advised that their household included someone who had a health condition and/or long term disability. This percentage rose to 67% for the respondents aged 75 years and over.

Participants were asked whether they needed any support or care to help them to live independently. 9% of older people who responded confirmed that they received care provided by family and/or friends, while 6.4% received support from a care agency arranged via Housing, Health or Social Work. 1.4% of the respondents advised that they organise their support using a direct payment, and 1% arrange their support via a care agency, arranged by the respondent themselves. 1.4% of the respondents stated that they felt they needed support but that it was not provided at that moment while 82.2% advised that they did not have any support needs.

When respondents were asked what the main reason was for not receiving support or care via Housing, Health or Social Work, 8.1% advised that they did not know what help was available and were unsure how to find out about support services.

Some of the older people who participate in the survey advised that they were considering moving out of their current home and when asked for the main reason leading to this decision, 2% stated that it was due to a lack of facilities nearby.

Participants were asked to consider what they felt were important facilities/amenities in respect of where they live, 29.8% stated that it was essential to have access to leisure services, and 19.8% of the respondents stated that it was essential to have communal areas and organised activities (sheltered housing).

When asked about what older people felt were the most important factors when considering where to live, 37% of the respondents felt that it was essential to be 'part of a community' and 34% stated that it was essential to have contact with 'people their own age'.

Section 5: Options Appraisal Analysis

5.1 Options Appraisal

What is an 'Options Appraisal' and why do we undertake an Options Appraisal?

An Options Appraisal is a way of ensuring that you maximise the chances of securing the strategic objectives by identifying the most appropriate set of actions or outcomes.

An Options Appraisal provides the opportunity to help the HSCP and its key stakeholders make an informed and evidence based decision on how to deliver

social support for older people. It does this by considering the relative advantages and disadvantages of a number of different delivery model options (including the current way in which the service is delivered).

The methodology assists the HSCP and its key stakeholders to consider the relative desirability, viability and feasibility of the different options, and to explore if there are:

- Better ways to achieve the vision and objectives
- Better ways to align to the HSCP's strategic priorities
- Better ways to use the resources available
- Better ways to achieve the desired outcomes

The Options Appraisal can provide a clear outcome by identifying the preferred model of delivery which can then be developed in greater detail in a Commissioning Delivery Plan (if determined the service should be purchased) and/or a Service Development Plan, if the preferred model is in-house provision. The process engages the key stakeholders and identifies the priorities for their perspectives. Whilst the Options Appraisal is important in assisting to identify the preferred option, the HSCP and its key stakeholders will not necessarily resolve all of the questions at this stage.

The HSCP and its stakeholders, in considering the desirability, viability and feasibility, needs to consider whether:

- each option meets the strategic objectives and priorities of the stakeholders;
- each option is financially viable and sustainable;
- and the degree to which each option can be implemented within budget, resources and timescales.

By following these themes, the HSCP and its stakeholders can reach a final recommendation about the preferred delivery model. The actions required to implement the preferred model will be captured in the Commissioning Delivery Plan and/or Service Development Plan.

5.2 The Options:

Each of the options were considered using the following criteria:

Desirability:

- Promotes the objectives of the HSCP and its stakeholders
- Helps older people to enjoy opportunities for social and peer support in their local communities
- Promotes integrated working

Viability:

- Delivers value for money

- Allows funding to be invested in promoting community led support for older people
- Aligns with market conditions
- Allows services/groups to develop and access external funding

Feasibility:

- Can be implemented within required tolerances (i.e. budget, time etc.)
- Allows HSCP to manage reputational risk
- Allows HSCP and its partners to discharge relevant statutory functions
- Exposes the HSCP to risk of challenge

The factors within each of the three criteria categories were given a weighting score and each option assessed against these categories.

The Options considered in the appraisal:

1. The provision of three formal Day Centres for Older People, as per existing provision;
In partnership with third sector partners, promoting and supporting existing community led support assets;
In partnership with third sector partners, promoting and support the development of new community led support assets, exploring funding opportunities to aid establishment.
2. The provision of two formal Day Centres for Older People, one in the West locality and another in the East locality, with opportunities for outreach support;
Establishment of two new large community led support groups with access to formal support, one in the West locality and another in the East locality;
Employment of a development worker for one year to support the BAME community to develop locally based peer support groups;
In partnership with third sector partners, promoting and supporting existing community led support assets;
In partnership with third sector partners, establishing an annual grant fund to support the development and establishment of new community led assets, whilst providing support to explore funding opportunities to aid sustainment.
3. The provision of one large formal Day Centre for Older People;
Establishment of two new large community led support groups with access to formal support, one in the West locality and another in the East locality;
Employment of a development worker for one year to support the BAME community to develop locally based peer support groups;
In partnership with third sector partners, promoting and supporting existing community led support assets;
In partnership with third sector partners, establishing an annual grant fund to support the development and establishment of new community

led assets, whilst providing support to explore funding opportunities to aid sustainment.

5.3 Options Appraisal Scoring:

Criteria/Options	Desirability	Viability	Feasibility	Total Score
Maximum Score Available	216	216	216	648
Option 1	142	52	188	382
Option 2	208	196	170	574
Option 3	196	176	88	460

Section 6: Other Formats and Translations

If you would like additional information or clarification on the content of this Strategy please contact:

East Dunbartonshire Health and Social Care Partnership
Kirkintilloch Health and Care Centre
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Kirkintilloch
G66 3BF
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Other Formats & Translations

This document can be provided in large print, Braille or on CD and can be translated into other community languages. Please email the Council's Communications Team at corpcommunications@eastdunbarton.gov.uk or call on 0300 123 4510.

本文件可按要求翻譯成中文，如有此需要，請電 0300 123 4510。

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

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

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

Please contact the Council's Corporate Communications Team at:

East Dunbartonshire Council
Southbank Marina
12 Strathkelvin Place
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G66 1TJ
Tel: 0300 123 4510

DRAFT

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	300622-04 Agenda item number 4
2	Report Title	Older People's Social Support Strategy
3	Date direction issued by Integration Joint Board	Thursday 30 June 2022
4	Date from which direction takes effect	Thursday 30 June 2022
5	Direction to:	East Dunbartonshire Council only
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	<ul style="list-style-type: none"> • Centre based day care for older people • Centre based day care for older people from BAME communities • Alternatives to day care social support • Older People Local Area Co-ordination • Public, Service User and Carer Engagement • Strategic Commissioning
8	Full text of direction	<p>The IJB hereby directs East Dunbartonshire Council to:</p> <ul style="list-style-type: none"> • support the undertaking of a strategic service review and options appraisal of centre based day services and social support for older people, to determine the most efficient, cost effective and needs-led delivery model in line with the strategic vision set out on the approved Older people Social Support Strategy; • support the undertaking of statutory consultation on the strategic vision set out in the approved Older People's Social Support Strategy with key partners and the public; • support the development of any appropriate commissioning or service development plans for further consultation but the IJB in line with the strategic service review and options appraisal described above.
9	Budget allocated by Integration Joint Board to carry out direction	The total budget relating to older people's social support in 2022/22 is £1,506,436.

Agenda Item Number: 4c. Appendix 3

10	Details of prior engagement where appropriate	There has been ongoing dialogue with EDC Chief executive and Depute Chief Executive, Chief Solicitor and Monitoring Officer, Council Leadership, strategic commissioning service, finance and legal services throughout the development of the Older People's Social Support Strategy
11	Outcomes	The Older People's Special Support Strategy will deliver on the strategic aims and objectives of the HSCP Strategic Plan 2022 – 2025 and Annual Delivery Plan 2022/23, and contributed to the outcomes of Local Outcome 6
12	Performance monitoring arrangements	Performance monitoring of the delivery of the Older people's Social Support Strategy will be through routine engagement with service users and carers – undertaken through statutory review and reassessment, and by monitoring the demand levels of services resulting from the strategy. There will be routine financial monitoring of the application of the strategy in relation to costs.
13	Date direction will be reviewed	November 2022

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 30th JUNE 2022

REPORT REFERENCE: HSCP/300622/05

CONTACT OFFICER: JEAN CAMPBELL, CHIEF FINANCE & RESOURCES OFFICER, TELEPHONE NUMBER, 0141 232 8216

SUBJECT TITLE: UPDATE ON PROPERTY STRATEGY AND DELIVERY

1.1 PURPOSE

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

2.1 RECOMMENDATIONS

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

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

2.3 Note the submission of a business case to request capital funding, through NHSGGC, to support the refurbishment of shop from premises in Milngavie and Bishopbriggs to enhance clinical capacity in these areas.

**CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.1 BACKGROUND/MAIN ISSUES

3.2 East Dunbartonshire HSCP Property Strategy - 2018-2021

The HSCP has a Property Strategy which details an aim to work towards an integrated health and social care centre sited in the West Locality. Such a facility would allow further integration of services providing further opportunities to work closely with GP and third sector services.

As the HSCP has been unable to confirm funding for a Hub Facility in the West Locality we must now look to progress short, medium and long term measures to improve on the availability of suitable accommodation across 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. This includes provision of treatment rooms and consulting space required for each component of the plan. Accommodation has been highlighted as a risk in delivery of the plan as there is inadequate accommodation in the current HSCP Premises and GP Practices to deliver on these contractual requirements. There is also external demand on our premises from Acute Services who wish to deliver locality based services to the residents of East Dunbartonshire.

The Primary Care Property strategy noted that the HSCP require:

1. Bearsden and Milngavie cluster

- 10 treatment rooms
- Touchdown space
- Pharmacotherapy hub

2. Kirkintilloch and Bearsden 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 NHSGG&C Board wide HSCP Property Strategy

A board wide strategy is underway which will use a standardised approach to produce a portfolio of accommodation needs and requirements across all HSCPs. This has already been undertaken across a number of partnerships including Renfrewshire HSCP as the pilot area and parts of Glasgow HSCP.

The East Dunbartonshire HSCP review started in October 2021 and it is anticipated the review will be completed in June 2022. The review will be undertaken by the NHSGGC Capital Team with Hub West and Higher Ground Healthcare Planners. The cost to commission this review is £44,301.60 (includes VAT). The outcome of each review will feed into an overall Infrastructure Investment Strategy for NHSGGC. The review will take into account:-

- a) Our current premises.
- b) The direction of travel for services.
- c) What we need to support service development.
- d) What are the gaps.
- e) What are the options to address the gaps.

The HSCP will look to update the HSCP Property Strategy following conclusion of the HSCP Capital Review.

- 3.5** Site visits were undertaken for all of the properties in scope of the review – **Appendix 1.** The team reviewed the Estates Asset Management Systems, and asked for local Estates (NHSGGC or East Dunbartonshire Council) input to note condition, fit for purpose, statutory compliance, potential of property to adapt to future demands, opportunities or potential demands in local area and strategic importance.
- 3.6** Data returns were sought for all buildings, noting the types of service delivered, number and types of rooms/office space available and utilisation of space.
- 3.7** A high level desktop review of GP Practices in their own premises was included in the review.
- 3.8** The Capital Team and Health Care Planner facilitated (GP's/ Mgt / User) workshops, with staff side & 3rd sector representation to understand current services, the challenges, impact of Covid and future direction of travel for services over the next 10-15 yrs.
- 3.9** The outcome of the review will assess premises which are fit for purpose, well utilised, have an ability to adapt to meet the HSCP changing demands and that are of strategic importance. Conversely the review will also highlight sites which are not fit for purpose, under-utilised and unable to adapt to meet service needs, being of lower strategic need.
- 3.10** The review will make recommendations on the short, medium (3 years +) and long term (8 years +) accommodation needs for the HSCP. 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.

ACTIONS/PROGRESS

3.11 West Locality

To address the need for additional clinical accommodation in the West Locality, the HSCP has been considering options to rent office accommodation, including the temporary use of council accommodation for HSCP community teams. This would support remodelling of office accommodation in Milngavie Clinic into clinical treatment rooms with the potential for three additional Treatment Rooms and conversion of two multi-purpose/meeting spaces to clinical rooms.

The Milngavie Enterprise Centre has vacant office space/meeting and storage space. This could accommodate up to 43 staff dependant on the use of space, and will also provide meeting and storage space. It is proposed that non patient facing staff based in Milngavie Clinic, including District Nursing and Community Rehabilitation Team will relocate to this office facility in the next few months. There may be further

opportunities to increase the teams located at this site dependant on blended working guidance and staff to desk ratios.

- A Project Plan will be required to support the relocation to Milngavie Enterprise Centre and funding made available to meet infrastructure costs including IT, Telephony and any adaptations to the space.
- The conversion of office space to clinical rooms at Milngavie Clinic has been requested through a Feasibility Study which will be costed and funding sought through NHSGGC Capital Funding/Primary Care Improvement Plan funding to support refurbishment and development.

The HSCP would still wish to bring together teams such as Older Peoples Mental Health, Care at Home services and secure space for a Pharmacotherapy Hub into a facility in the West to replicate the locality based model which is in place at Kirkintilloch Health and Care Centre and further options are being explored to facilitate this.

3.12 West Locality – Feasibility Studies

To address the need for additional clinical space, a review of vacant premises in the Milngavie/Bearsden area was undertaken. This identified one large available retail unit in the town centre. On our behalf, the NHSGGC Capital Team commissioned a feasibility study of this property. The design team have 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 between 8-10 clinical rooms in the one location.

3.13 East Locality – Feasibility Studies

A number of options have been investigated in the East Locality in discussion with NHSGGC Capital Teams and East Dunbartonshire Council. Scoping of available accommodation in Bishopbriggs/Auchinairn area progressed which included options for renting shop front accommodation, and space in the Stobhill Hospital site.

Two adjoining retail units in the Bishopbriggs/Auchinairn locality were identified and a feasibility study has been undertaken, providing the HSCP with design plans and costings have been returned for our consideration. This accommodation may provide between 5-6 treatment rooms in one location, but there would be a need to secure further clinical accommodation in this area.

A number of meetings have been held with Glasgow City HSCP and NHSGGC Capital Team to investigate whether there are opportunities for shared accommodation options given the close proximity of the HSCP borders. NHSGGC Capital Team are tasked with reviewing available accommodation at Stobhill, Council (EDC or GC) space and the opportunity for leased accommodation in this area and bringing back options to the next meeting of the group. There may be two areas in Stobhill Hospital which will progress to feasibility studies and offer EDHSCP options on the hospital site.

This will represent a significant capital outlay (in the region of £2,000,000 depending on what options are pursued) and the HSCP will require to prepare a business case proposal for both retail units in either locality to seek funding from NHSGGC Capital monies, as well as use of HSCP reserves for the necessary development of these units. There will be recurring rental and rates costs to be met from HSCP budgets.

3.14 A request has been approved for the NHSGGC Capital Team to undertake a Feasibility studies for Woodlands Resource Centre to look at the possibilities for conversion of space to increase clinical room capacity. This feasibility study will progress in tandem with the request to remodel space at Milngavie Clinic and should commence in summer 2022.

3.15 The HSCP would also be seeking to progress a review of Kirkintilloch Health and Care Centre to maximise use of clinical space and consolidate storage space. The configuration of the ground floor could be improved and there will be options to improve use of space and some remodelling of existing facilities.

3.16 Capital Funding 2021-2022 improvement works

The HSCP had been allocated £133,840 to facilitate improvement works in NHS premises. An uplift to the funding was approved and carried forward to this financial year as the costings for the work were in excess of funding available due to ventilation requirements.

Work will include improvements to existing clinical accommodation in Milngavie Clinic. This will include refurbishment of 2 Podiatry Rooms, 2 Treatment Rooms, Physiotherapy Department and the Tannoch Room. In addition to this the funding has been allocated for the fit-out of Enterprise House, IT/Telephony and furniture and to support the New Project Requests for Milngavie Clinic and Woodlands Resource Centre. **Appendix 2** details the utilisation of funding.

3.17 Capital Funding 2022 – 2023

It is anticipated that funding of around £134,000 will be allocated for this financial year. However based on indicative costs for works required at the retail units along with the rolling HSCP programme, our works will far exceed our funding allocation for 2022/23 – **Appendix 3**. The HSCP will seek to create an earmarked reserve of £2m to support accommodation redesign requirements, however this will not be sufficient to cover all of the accommodation needs across the HSCP to meet the full extent of its strategic priorities. The HSCP will therefore seek to prepare a bid for capital funding from NHS Capital Funding through the Asset Investment Prioritisation process.

3.18 The Asset Investment Prioritisation process has been developed to create a clear and robust process to prioritise investment decisions, creating a new forum to review and assess the investment proposals before being taken to the various formal governance groups such as the Capital Planning Group, Property & Asset Strategy Group, Corporate Management Team and Finance, Planning & Performance Committee.

3.19 There are 4 key areas for each proposal to be scored against:

1. Strategic Fit with Board Priorities - Does the proposal align with or support the Board's strategic priorities and to what extent?
2. Service & Business Need - Will the investment deliver an identified business need?
3. Impact on Assets - How does proposal impact on the condition of existing assets?
4. Risk Reduction - How does proposal reduce risk to the Health Board - e.g. Reputational / operational suitability of estate?

3.20 The Asset Investment Prioritisation Forum does not have the authority to approve requests for funding, but does provide the direction to both the Capital Planning Group (<£1M) or the Property & Asset Strategy Group (£1-3m) or Corporate Management Team (up to £3M)

3.21 The HSCP will prepare a business case for submission to the July 2022 Asset Investment Prioritisation Forum.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan;-

1. Promote positive health and wellbeing, preventing ill-health, and building strong communities
2. Enhance the quality of life and supporting independence for people, particularly those with long-term conditions
3. Keep people out of hospital when care can be delivered closer to home
4. Address inequalities and support people to have more choice and control
5. People have a positive experience of health and social care services
8. Optimise efficiency, effectiveness and flexibility
9. Statutory Duty

4.3 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.

4.4 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.

4.5 Legal Implications – None.

4.6 Financial Implications – In 2021/2022 Capital Funding has been made available to support improvements to accommodation, Feasibility Studies for Milngavie Clinic and Woodlands Resource Centre and fit out of Enterprise House office accommodation – this 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.

4.7 Procurement – None.

4.8 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.

4.9 Corporate Assets – None.

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

4.11 Sustainability – None.

4.12 Other – None.

5.1 **MANAGEMENT OF RISK**

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

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

6.1 **IMPACT**

6.2 **STATUTORY DUTY** – None

6.3 **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.

6.4 **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.

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

7.1 **POLICY CHECKLIST**

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

8.1 **APPENDICES**

8.2 **Appendix 1:** East Dunbartonshire HSCP Property Strategy list of properties in Scope.

8.3 **Appendix 2:** HSCP Capital Allocation 2021/2022 East Dunbartonshire HSCP.

8.4 **Appendix 3:** East Dunbartonshire HSCP 2022/2023 Capital Priorities.

East Dunbartonshire HSCP Property Strategy - scope

Agreed List of Properties to be included in the scope

Lennoxton Hub	G66 7JJ
Milngavie Clinic (13/14)	G62 7AA
Woodlands Resource Centre (13/14)	G66 2HL
Kirkintilloch Health and Care Centre	G66 3BF
NE Sector Offices, Stobhill Hospital	G21 3UR
Milngavie Enterprise Centre	G62 8PH
Southbank (Children and Families/Community resources)	G66 1XQ
Kilsyth Road (Criminal Justice)	G66 1QE
(Outlook/Outreach/Milan Staff) Union Street	G66 1DH

East Dunbartonshire HSCP - Capital Allocation 2021/2022 carry forward

Total 2021/2022 Allocation £133, 840

HSCP	Site Location	Description	Additional Comments Provided by HSCP	Category	Prioritisation	Approx. Value	Capital 2021/22 - Confirmed Costs	Capital 2022/2023
East Dun	Milngavie Clinic & Woodlands Resource Centre	Feasibility Studies - Condition/M&E and Architect review	Essential for progressing Property Strategy Plan and delivery of PCIP Plan for East Dunbartonshire HSCP	PCIP/Service Delivery	1	25000.00	25000.00	
East Dun	Enterprise House fit out	Fit out of Enterprise House as office/touch down base for EDHSCP Teams. This will release clinical space in other premises.	Essential for progressing Property Strategy Plan and delivery of PCIP Plan for East Dunbartonshire HSCP	PCIP/Service Delivery	1	25000.00	25000.00	
East Dun	Milngavie Clinic	Upgrade of Treatment Room 1 & 2	To meet Infection Control compliance	HAI	1	20000.00	137200.00	
East Dun	Milngavie Clinic	Upgrade of Podiatry Room 1 & 2	To meet Infection Control compliance	HAI	1	20000.00		
East Dun	Milngavie Clinic	Upgrade of Tannoch Room - clinical room	To meet Infection Control compliance	HAI	1	16000.00		
East Dun	Milngavie Clinic	Conversion/reconfiguration of Physiotherapy space to create partition bays/improve soundproofing, hot desk and tele conferencing space within current room.	Environmental	Environmental	1	18000.00		
East Dun	Milngavie Clinic	Replace window units in Podiatry Room 1 and 2	To meet Health and Safety requirements. Unable to open windows due to height of hopper and reach across built in units.	Health and Safety/Environmental	1	3200.00		
						127200.00		187200.00

For Rows 6, 7, 8, 9, 10 costs returned note that works will cost an additional £60k, due to ventilation requirements and associated costs. Additional £60k Funding approved via HSCP Capital Funding Group in March 2022

NPR Provided	HSCP	Site Location	Description	Additional Comments Provided by HSCP	Category	Prioritisation	Approx. Value	Capital 2021/2022	Capital 2022/23	PCIP Funding	Endowment Funding
No	East Dun	Milngavie Enterprise Centre	Fit out of site - IT/Telephony, furniture	Office space required to allow remodelling at Milngavie Clinic to maximise clinical space	1	1	25000	25000			
Yes approved 2021/2022	East Dun	Woodlands Resource Centre and Milngavie Clinic	Feasibility Studies, proposals for remodelling of both sites	To maximise clinical space in the East and West Localities	1	1	25000	25000			
No	East Dun	Bishopbriggs/Auchinairn	Secure clinical accommodation for delivery of PCIP programme	Use of retail/other space which will require scoping and if appropriate fitout for delivery of PCIP	1	1	tbc		504988.00		
No	East Dun	Bearsden/Milngavie	Secure clinical accommodation for delivery of PCIP programme	Use of retail/other space which will require scoping and if appropriate fitout for delivery of PCIP	1	1	tbc		1445095.00		
No	East Dun	KHCC	Feasibility and remodelling of KHCC Ground Floor	Maximise clinical space in the East Locality	1	1	tbc		tbc		
No	East Dun	Stobhill Hospital	Feasibility and scoping of accommodation	Maximise clinical and office space	1	1	tbc		tbc		
No	East Dun	Milngavie Clinic	General Upgrades	Facilities redecoration, security upgrades, external upgrades, remodelling of reception, infection control improvements, environmental improvements	HAI/Environmental/Security/DDA /H&S	1	173,550		173,550.0	tbc	
No	East Dun	Woodlands Resource Centre	General Upgrades	Facilities redecoration, security upgrades, external upgrades, remodelling of reception, infection control improvements, environmental improvements	HAI/Environmental/Security/DDA /H&S	1 & 2	153000		153,000.0	tbc	
No	East Dun	KHCC	General Upgrades	Security	Security/Environmental	1	42500		42,500.0		
							419050.00	50000.00	2319133.00	0.00	0.00

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 30th JUNE 2022

REPORT REFERENCE: HSCP/300622/06

CONTACT OFFICER: DERRICK PEARCE, HEAD OF COMMUNITY HEALTH AND CARE SERVICES, TELEPHONE NUMBER: 0141 232 8233

SUBJECT TITLE: PRIMARY CARE IMPROVEMENT PLAN UPDATE

1.1 PURPOSE

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

- East Dunbartonshire Primary Care Improvement Plan (PCIP) Impact & Activity Report; and
- East Dunbartonshire Primary Care Improvement Plan (PCIP) Tracker.

2.1 RECOMMENDATIONS

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

- 2.2** Note progress against the key commitments in the new GMS contract and Memorandum of Understanding; and
- 2.3** Note the remaining challenges in terms of overall affordability, workforce and premises.

**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** This introductory impact and activity report is the first of which has been presented to the Health & Social Care Partnership Board in regards to the Memorandum of Understanding (MoU) commitments. It is intended to provide regular updates to the Board on activity, performance and outcomes to evidence the impact of this significant investment and transformational change.
- 3.3** 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.
- 3.4** This report concentrates on all commitments included within the MoU and includes spend to date, staffing whole time equivalent (wte), lessons learned and feedback from staff, patients and GP colleagues.
- 3.5** The latest East Dunbartonshire Primary Care Improvement Plan (PCIP) Tracker (**Appendix 2**) was submitted to Scottish Government on 29 April 2022. The Tracker is used to provide assurance that implementation is progressing in line with the priorities set out in within the GMS Contract 2018 and MoU.
- 3.6** 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. The HSCP routinely escalate these issues to the PCIP Oversight Group and Scottish Government.
- 3.7** 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 to accommodation challenges.
- 3.8** Work is underway to remodel or refurbish our current assets, but we are aware this will still will not be sufficient for what we are responsible for implementing in relation to the contract and have recently expressed official interest within two external premises.
- 3.9** Scottish Government had communicated that they would support the HSCP in relation to these external non-traditional premises through an identified underspend, however, due to time pressure limitations this funding was no longer available at the time of progressing architects.
- 3.10** Through our local Property and Assets Group, the HSCP is also continuing to look at joint opportunities with a neighbouring HSCP to implement a full Community Treatment and Care Service within one of our clusters.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Strategic Plan priorities 1, 2, 3, 5, 8, 9;-

1. Promote positive health and wellbeing, preventing ill-health, and building strong communities
2. Enhance the quality of life and supporting independence for people, particularly those with long-term conditions
3. Keep people out of hospital when care can be delivered closer to home
5. People have a positive experience of health and social care services
8. Optimise efficiency, effectiveness and flexibility
9. Statutory Duty

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

4.4 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.

4.5 Legal Implications – None.

4.6 Financial Implications – Despite the significant recurring investment that has been made available to deliver the PCIP, there remain 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 appended to this report.

4.7 Procurement – None.

4.8 ICT – None.

4.9 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 with partner agencies.

4.10 Equalities Implications – None

4.11 Sustainability – None.

4.12 Other – None.

5.1 **MANAGEMENT OF RISK**

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

5.2 There are risks to full implementation of the PCIP due to insufficient funding to fulfil the total financial framework required, challenged in securing the appropriate trained practitioners to fill the roles set out in the Memoranda of Understanding, and available of local accommodation from which to delivery 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.

6.1 IMPACT

6.2 STATUTORY DUTY – None

6.3 EAST DUNBARTONSHIRE COUNCIL – None.

6.4 NHS GREATER GLASGOW & CLYDE – None.

6.5 DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH – None

7.1 POLICY CHECKLIST

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

8.1 APPENDICES

8.2 Appendix 1 – East Dunbartonshire Primary Care Improvement (PCIP) Impact & Activity Report

8.3 Appendix 2 – East Dunbartonshire Primary Care improvement (PCIP) Tracker

East Dunbartonshire Primary Care Improvement (PCIP) Impact & Activity Report

- 1.0 The following report details total spend, staff wte and activity as at 31st March 2022.
- 1.2 Due to some restrictions in implementation, some data monitoring systems are still in a developmental stage and information relating to service activity and outcomes are held within GP Practice systems which the HSCP currently has no access to.
- 1.3 At the commencement of the PCIP in 2018/19 to March 2022 there were 16 Practices in East Dunbartonshire HSCP. Due to a practice merger in March 2022, the number of practices in East Dunbartonshire reduced to 15.

2.1 Pharmacotherapy

Total investment at March 2022 since 2018/19	£1,757,951
Wte staffing at March 2022	17.8

Service Coverage across Practices		
Level 1	Level 2	Level 3
15	15	3

**n/b coverage noted above is partial*

- 2.2 *“By 2021, phase one will include activities at a general level of pharmacy practice including acute and repeat prescribing and medication management activities and will be a priority for delivery in the first stages of the HSCP Primary Care Improvement Plan. This is to be followed by phases two (advanced) and three (specialist) which are additional services and describe a progressively advanced specialist clinical pharmacist role.”*
- 2.3 In the past three years the pharmacy team has grown from a handful of pharmacists to 26 pharmacists, pharmacy technicians and admin staff delivering pharmacotherapy and other pharmacy services in GP practices across East Dunbartonshire HSCP. Future planned recruitment will allow for an equitable resource of 0.75 wte pharmacy staff per 5000 patients across all 15 practices
- 2.4 Operationally within East Dunbartonshire HSCP PCIP funded pharmacotherapy services have been combined with the pre-existing prescribing support pharmacist service in the interests of creating flexibility and allowing the service to operate as one team. The following impact information, however, relates to that which has been delivered as a direct result of PCIP investment referenced above.
- 2.5 During 2021-22 the Pharmacotherapy service delivered nearly 10,000 patient interventions / reviews including 2000 patient medication reviews ranging from disease state reviews (e.g. heart failure, respiratory), holistic pain reviews, benzodiazepine reduction and complex high-risk polypharmacy reviews amongst others. In the same time period, the team delivered over £113,000 in cost savings either as a result of direct cost efficiency work or as part of patient facing medication clinics or medication safety reviews.
- 2.6 **Patient Feedback:**
- “The pharmacy technician was excellent, kept me up-to-date throughout the process and sourced what we were looking for from another pharmacy of a*

medicine supply issue, even contacting the consultant and going out of her way to make sure my daughter did not run out of medicine and organised next dose/ prescription too."

- *"I was so reassured by the pharmacy team regarding my medication who took time to go through all medications. They resolved some complicated issues with my medicine and even arranged for community pharmacy to do dosette box which is very helpful."*

2.7 Practice Feedback:

- *"The service and support from the pharmacy team has been invaluable. The team are so helpful. It has made a huge impact on GP prescribing workload."*
- *"The Pharmacist we have is very approachable, he is helping to reduce the GPs workloads significantly and he is great for helping reception and admin staff with simple queries to help patients."*

3.1 Vaccination Transformation Programme (VTP)

3.2 The delivery of immunisation and vaccinations programmes accounted for specific volume of GP practice workload prior to PCIP implementation. The COVID 19 pandemic and specifically the introduction of the COVID vaccination programme has skewed all measurement of the implementation of the programme so far. It is possible however, to reflect the movement of all childhood immunisations out of general practice since 2019 illustrated in the data below.

Programme	Immunisations	% uptake
Childhood Imms	4,549	72%
Childhood Flu	2,799	65%

3.3 In respect of adult vaccinations programmes, not including COVID, the following gives an illustration of activity to date.

	Vaccinations given
Age 15-29	429
Age 30-39	685
Age 40-59	8,294
Age 60-69	11,118
Age 70-79	9,392
Age 80+	5,191
Age 16-65 At Risk	3,566
Clinically Extremely Vulnerable	2,107
Care Home Resident	646
Housebound Patient	1,037
Care at Home	1,029
Unpaid Carer	622
Care Home Staff	269
Healthcare Worker	4,313
Social Care Worker	979

4.1 Community Treatment & Care Service (CTAC)

Total investment at March 2022 since 2018/19	£1,279,454
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Wte staffing at March 2022	18.9
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**WTE includes an administrative function of 3wte*

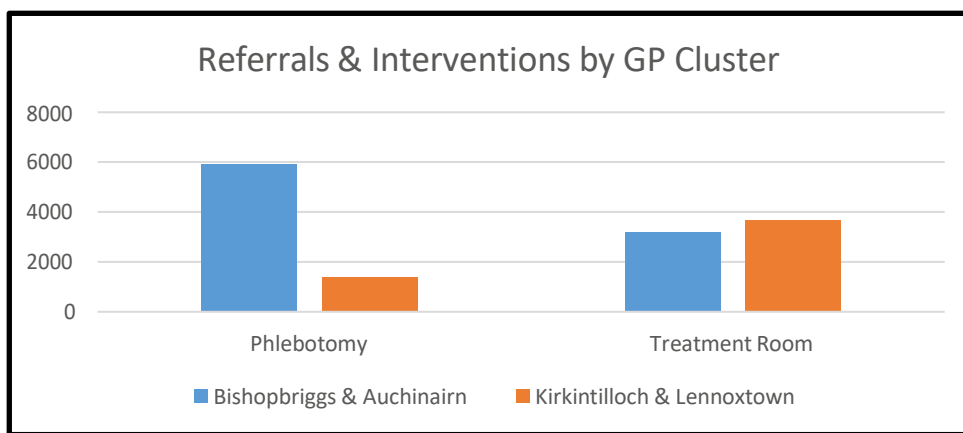
Service Coverage across Practices		
Phlebotomy	Treatment Room Services	Housebound Phlebotomy
10	10	15

**n/b coverage noted above is partial with the exception of Housebound Phlebotomy service which is fully implemented.*

4.2 During the period July 2021 – March 2022 the CTAC team has delivered 7,276 phlebotomy appointments and 6,875 treatment room interventions.

4.3 As highlighted in the table above, the CTAC service has been partially rolled out in only two of the GP clusters. This is due to financial and accommodation constraints.

4.4 The following graph shows split of cluster referrals within this period.



4.5 Patient Feedback:

- The patient had suffered from ear wax build up and subsequent hearing loss for many years. Being unable to wear hearing aids further exacerbated the issue. The arrival of the pandemic lead to social isolation and during a period when greater value was placed on face-to-face interaction due to the imposed limitations, the patient became further withdrawn when able to see people as they were unable to engage in conversation.*
- Following the appointment the patients relative contacted the service and highlighted that the Nurse had not only successfully irrigated the patients' ears which had a positive impact on both the patients' physical and mental health; she did so with patience, compassion, and reassurance which enabled the patient to feel safe and comfortable during the appointment.*

4.6 Practice Feedback:

- “The service has proved to be invaluable, especially throughout the pandemic where my practice experienced significant shortages with staff self-isolating.”*

5.1 Advanced Practice Physiotherapy (APP)

Total investment at March 2022 since 2018/19	£642,257
Wte staffing at March 2022	3.1

Service Coverage across Practices
--

10

**n/b coverage noted above is partial*

5.2 The HSCP receive quarterly activity reports from the service. The most recent report covers the period October – December 2021.

5.3 During this quarter 1,170 appointments were available, of which 90% were taken up and allocated to patients. It is noted within the report that only 11% of all patients seen required onward referral and the majority of patients were supported by their APP to self-manage their condition.

5.4 The service aims to have the largest majority of patients directed to the APP via signposting directly from reception, however, realise that GP directed patients may be appropriate such as those presenting to their GP with multiple issues; APP following a patient up on behalf of GP etc.

5.5 Within this quarter over 50% of appointments were signposted directly from reception, 31% following a GP consultation and 12% from the central MSK service.

5.6 Unfortunately due to the lack of appropriately trained staff and the risk of destabilising the main MSK service, East Dunbartonshire will not receive a further allocation of APPs.

5.7 Patient Feedback:

During the pandemic, like many other sectors, the service moved to a virtual consultation model. The service undertook a patient feedback exercise to scope and shape their service. Highlights from the survey were:

- 1/3 of respondents were satisfied with this type of consultation being offered. Since the survey has closed the service is no (where possible) offering patients a choice of what type of consultation they would like.
- 8% of respondents were disappointed at not seeing a GP.
- 92% of respondents would recommend seeing an APP within their GP practice to their friends and family.

5.8 A snapshot audit is being planned to look at how many patients who have been supported to self-manage, seek further help / advice from someone else in the practice for the same condition.

5.9 Practice Feedback:

- *“The APP service is well utilised in the practice. GPs use it, but more importantly, with set criteria, my reception staff can comfortably directly book taking the onus of the GP as the service is intended. Getting back to face to face appointments has helped massively and is preferred by staff and patients alike. We tend to have the service booked 2 weeks ahead and so could definitely use more sessions. The agreed cut off is 2 weeks. It is not idea but if we can get to that point, we aim for GP to see and refer direct to MSK if appropriate.”*

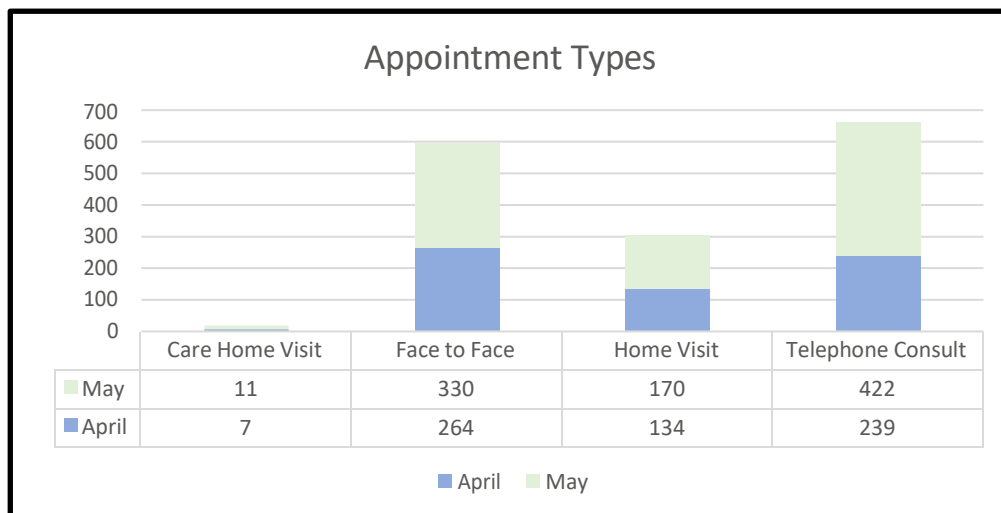
6.1 Advanced Nurse Practitioner (ANP)

Total investment at March 2022 since 2018/19	£884,544
Wte staffing at March 2022	7.4

Service Coverage across Practices
15

***n/b coverage noted above is partial*

- 6.2** During this reporting period the ANPs undertook a total of 1,596 appointments. There have been two ANP models implemented. The model within the East Locality is a clinic model, whereas in the West Locality a House Visiting model has been implemented.
- 6.3** The ANPs combine their nursing skills knowledge and experience with their advanced practice training to deliver a holistic approach to their patients. This was proven within the recent data collection where it was evidenced that within 26% of total ANP contacts interventions beyond those indicated in the initial reason for contact were undertaken.
- 6.4** The following data shows service activity for the months April and May 2022. The figure below shows a breakdown of appointments undertaken during this period.



- 6.5** During this data collection it was highlighted that 90% of contacts were treated by the ANP autonomously, with only 10% requiring the ANP to seek advice from the GP.
- 6.6 Patient Feedback reported by Staff member:**
- *“Is there nothing you can’t do?”* – Patient satisfied that three medical issues had been dealt with by ANP.
- 6.7 Staff Feedback:**
- *“On a house call family members appear disappointed that it is not a doctor that they are seeing but after consultation apologise and are delighted with the service.”*

7.1 Wellbeing Workers

- 7.2** Health inequalities in society persist and people living with long term conditions often have multiple complex problems which include physical, mental health and social issues. 'Social prescribing' can be used by GPs to connect patients to local community resources.
- 7.3** The East Dunbartonshire Community Wellbeing Service (CWS) utilises social prescribing approaches to support general medical practices to link people with community resources that can support them to 'self-manage' and 'live well' in their communities.
- 7.4** The CWS is delivered in partnership with East Dunbartonshire Health and Social Care Partnership (ED HSCP), East Dunbartonshire Citizens Advice Bureau (ED CAB) and General Practitioners (GPs).
- 7.5** During the delivery year April 2021 to March 2022 the CWS received **376** referrals, which is an increase of **61%** on the previous year (**233** referrals in year 2020-21).
- 7.6** General Practice staff are the main source of referrals to CWS (96% of all referrals). There is still a large variation in the level of referrals across the GP practices over the past 12 months.
- 7.7** Evidence and feedback indicates a variation to practice knowledge, awareness of the service and the opportunity for the Community Wellbeing advisor embedding themselves within a general practice multi-disciplinary team (MDT), all of which takes time.
- 7.8** Work continues with our providers and GP practices to better understand ways of working collegiately and to highlight opportunities for improvement in practices with low referral levels. Further, learning is being progressed from those CWA's where established, positive, relationships have been formed and with that high levels of referrals.

7.9 Patient Case Study:

Referral from GP practice, Client is a 92 year old was referred due to their increasing contact with GP practice, concerns that patient is isolated and lonely.

Carried out a wellbeing review, during the review patient stated that they had difficulty hearing and advised that perhaps their hearing aid needed changing. Patient advised that she enjoyed walking and would like to go for a local walk to increase the strength in their legs and improve their mobility.

Patient has no family living nearby and no access to transport to attend social groups.

Contacted: EDVA for Befriending service; EDCAB for benefits check; Grace for Mindful Moves; Audiologist for hearing check; Community Response (CRED) for transport.

OUTCOME:

- Patient required new hearing aid.
- Patient now attends mindful moves on a weekly basis – transport provided by CRED Volunteer who accompanies patient on a regular basis to walk in the park which has increased from 10 minutes to 60.
- Attendance Allowance claim successful.

- Patient advised that they “feel safe, supported and not forgotten about anymore”. Patient no longer has low mood and their Mental Health has improved now that they is engaging with other activities and people.

7.10 Practice Feedback:

- *“Our Wellbeing advisor is becoming a valued member of our team. Patients have gave very positive feedback to his friendly manner and wide knowledge of services that are helping them see improvements in their life”.*
- *“Our Wellbeing Advisor is very good, he calls patients promptly when requested to make contact and is very supportive”.*
- *“Our Doctors and nursing staff think this is a great service, especially our CW advisor services. We have found the service easy to use and hope it continues.”*
- *“Our Wellbeing Advisor is a great addition to what we can offer our patients. She is a wealth of knowledge and always happy to answer any queries and questions from staff and patients”.*

8.0 Barriers to Implementation

The following table gives an illustration of the barriers to PCIP delivery and the actions taken by the HSCP in partnership with practices and NHS GG&C to address these.

Barriers	Actions taken by HSCP / NHS GG&C
Availability of trained staff & competing recruitment across HSCPs	Ongoing work with Universities and NES
Risk of recruitment destabilising central community / Acute services.	As above
Capacity within team to integrate and induct new staff	Where possible, recruitment will be staged to maintain capacity and allow appropriate induction of new staff.
Lack of Accommodation	Highlighted at Board and National level. The HSCP continues to work with NHS Estates Department and neighbouring HSCP to scope options for delivery.
No allocation with PCIF budget to allow progressions of accommodation requirements	Highlighted at Board and National level. Chief Finance Officer progressing options for solutions at Boardwide level.
Impact on GPs to provide leadership and training of MDT	Highlighted at Board and National level. Where appropriate, backfill payment will be offered.
Lack of investment to allow for training practices or central training resource	Highlighted at Board and National level.

9.1 Successes of Implementation

The following gives an illustration of the successes that have been delivered in East Dunbartonshire in relation to the PCIP since its inception.

9.2 Full implementation of the following services:

- Vaccination Transformation Programme
- Housebound Phlebotomy
- Housebound Flu

9.3 Other successes include:

- Joint working with and support from GP Sub rep;
- Joint working between CQLs, HSCP, and Practices;
- Practice feedback on greatest impact from addition of Pharmacists, ANPs & APPs in reducing GP workload;
- Service users accessing more appropriate services at the right time;
- Positive feedback from service users and GP / Practice staff regarding impact of service implemented;
- Shared learning across HSCPs;
- National learning / opportunities to share.

10.1 Quality Improvement

10.2 Within the West Locality, the ANP team are undertaking a test for change in relation to carrying emergency medications. The following case story from one of our ANPs shows that whilst the Multi-Disciplinary Teams (MDTs) are still in a developmental stage, they are continually looking at best practice and how to provide the best care and outcomes for our patients.

10.2 *“I went to visit an elderly patient who had an acute infective exacerbation of COPD. The patient was housebound and had unfortunately recently suffered the bereavement of their spouse.*

When I visited the patient was struggling with shortness of breath and needed to start on antibiotics and steroids. The Patient’s salbutamol inhaler had also run out. On the day I visited their main carer, who was the patients son was out.

I was able to give the patient an initial dose of antibiotics and steroids and also supply a replacement Salbutamol inhaler, whilst leaving prescriptions for the remainder of the antibiotic and steroid course at the house for their carer to fill when more convenient.

The antibiotic and steroid that I gave were single daily doses meaning that they did not require further medication until the next day.

I believe this example of practice, made possible by our new medicines SOP demonstrates how a person centred approach was facilitated, a patient got the treatment they required swiftly whilst allowing additional time for their unpaid carer to fill the prescription, thus relieving pressure on him at a difficult time. By giving swift and timely treatment, it is hoped that hospital admission could also be avoided.”

Covid PCIP 5

Health Board Area: Greater Glasgow & Clyde
Health & Social Care Partnership: East Dunbartonshire HSCP
Total number of practices: 15

***As of 1st April 2022, two Practices with East Dunbartonshire merged reducing our total number of practices by one from our previous submission**

MOU PRIORITIES			
2.1 Pharmacotherapy	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices with NO Pharmacotherapy service in place	0		
Practices with Pharmacotherapy level 1 service in place	0	15	0
Practices with Pharmacotherapy level 2 service in place	0	15	0
Practices with Pharmacotherapy level 3 service in place	12	3	0

Please outline any assumptions or caveats in the data and any significant changes since your October 2021 return.

HSCP Response

Barriers to full implementation for 2022/23

- * Availability of trained staff & competing recruitment across HSCPs - Ongoing work with Universities and NES
- * Recruitment has the potential to destabilise community pharmacy service
- * Capacity within team to integrate and induct new staff
- * lack of accommodation to progress agreed pharmacy hub model - Ongoing work with NHS GG&C Estates Department
- * No allocation with PCIF budget to allow progression of required accommodation needs
- * Existing funding has been fully allocated across MoU work streams to work towards full implementation, however, constraints within this funding highlighted financial gap for full implementation of Pharmacotherapy services at **£1,636,000.**

Whilst clarification is still required on what a level 2 and 3 service entails, the Pharmacy team are also partially providing some services outwith level 1, such as High risk medicines e.g. DMARDs & DOACS and Polypharmacy Clinics.

Board wide Response

A report is being finalised on delivery of pharmacotherapy service against expected levels of delivery and staffing by April 2022. This includes the pharmacy service provided via non-PCIP funding where this contributes to GMS contract objectives. The model describes at least 50% of practices being serviced by hubs working to a standardised model, and providing annual leave cover for core level 1 service delivery elements. The proportion of GP practice aligned team time (PCI and non PCI) on level 1 will be no greater than 60% with the remainder on level 2/3 (Note around 30% of service funding is non PCI). Level 1 includes medicines reconciliation on immediate discharge letters where there are changes to medicines, medicines related queries unable to be resolved by administrative staff, prescribing efficiencies activities and quality improvement support to increase serial prescribing and reduce variation in acute prescribing. Level 2/3 is focused around medication review to include hub or service referrals, triaged treatment summary reviews, targeted medicines review for high volume/ high risk acutes (antidepressants and/or analgesics and/or DMARDs), review for patients with moderate to high frailty and polypharmacy (including care homes).

The main barriers to delivery remain funding, availability of professionally qualified workforce and accommodation.

2.2 Community Treatment and Care Services	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices with access to phlebotomy service	5	10	0
Practices with access to management of minor injuries and dressings service	5	10	0
Practices with access to ear syringing service	5	10	0
Practices with access to suture removal service	5	10	0
Practices with access to chronic disease monitoring and related data collection	5	10	0
Practices with access to other services	0	15	0

Please outline any assumptions or caveats in the data and any significant changes since your October 2021 return.

HSCP Response

Barriers to full implementation for 2022/23

- * **Competing recruitment across HSCPs**
- * **lack of accommodation to provide full service across all GP Clusters - Work ongoing with NHS GG&C Estates Department**
- * **No allocation with PCIF budget to allow progression of required accommodation needs**
- * **Existing funding has been fully allocated across MoU work streams to work towards full implementation, however, constraints within this funding highlighted financial gap for full implementation of CTAC services at £854,000.**

Following the pilot in 2018, the Housebound Phlebotomy service continues to be a success and is partially accessed by all practices within East Dunbartonshire. However, throughout the pandemic, demand for this service increased by over 50%. It was initially thought that this demand was due to the COVID pandemic, however, through analysis of the data this has been found to be a natural increase, therefore, there is a concern for HSCP / PCIP that there is not sufficient finance within PCIF recurring budget to support.

2.3 Vaccine Transformation Program	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Pre School - Practices covered by service	0	0	15
School age - Practices covered by service	0	0	15
Out of Schedule - Practices covered by service	15	0	0
Adult imms - Practices covered by service	15	0	0
Adult flu - Practices covered by service	0	0	15
Pregnancy - Practices covered by service	0	0	15
Travel - Practices covered by service	15	0	0

Please outline any assumptions or caveats in the data and any significant changes since your October 2021 return

Fully Implemented services at 31st March 2022

- * Pre School
- * School Age
- * Pregnancy
- * Adult Flu

Arrangements in place from 1st April 2022

- * Adult Imms
- * Travel Vaccine / Advice
- * Out of Schedule
- * Shingles / Pneumococcal
- * Ad hoc

The HSCP will continue to work with NHS GG&C to implement outstanding immunisation / vaccinations.

The unknowns around the expectations of the board wide programmes means the HSCPs are unable to quantify financial requirement e.g. variation of costs within travel vaccination & advice service with no capped amount.

Feedback from GPs has highlighted that there has been increased requests for patient vaccine history.

2.4 Urgent Care	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices supported with Urgent Care S service	0	15	0

Please outline any assumptions or caveats in the data and any significant changes since your October 2021 return.

Barriers to full implementation for 2022/23

- * Availability of trained staff & competing recruitment across HSCPs
- * Clarification is still required on what a full urgent care service is
- * Limited accommodation within Practices
- * Impact on GPs to provide leadership and training
- * lack of investment to allow for ANP training practices or a central training resource

East Dunbartonshire currently run two types of ANP service, Patient Facing Clinics and a House Visiting Service. Current staffing wte does not give 5 day per week cover or allow for backfill during periods of leave.

Whilst the ANP service has the ability to significantly reduce GP workload, it should be noted there are elements, due to legal reasons which still require GP input such as Fit notes.

Additional professional services

2.5 Physiotherapy / MSK	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices accessing APP	4	11	0

Please outline any assumptions or caveats in the data and any significant changes since your October 2021 return.

Barriers to full Implementation

- * lack of available trained staff
- * Possible destabilisation of MSK service
- * insufficient funding.

HSCP Response

Positive feedback of this service has been received from GPs, Practice staff, APPs & patients. Although a large majority of our practices have partial access to an APP service, there is still an inequity of service within our practices overall due to a limited APP workforce. This service is also unable to provide backfill meaning in periods of leave / absence a significant amount of GP time is spent on MSK issues.

Whilst the APP service has the ability to significantly reduce GP workload, it should be noted there are elements, due to legal reasons which still require GP input such as Fit notes.

Boardwide Response			
APP recruitment is now completed as per local agreement/funding under the GP Contract Memorandum of Understanding. Without further boosting of the physiotherapy workforce nationally, the ability to recruit further APPs will be challenging without destabilisation of the core physiotherapy services, which is an important consideration to ensure patients continue to have access to Rehabilitation for MSK Conditions. Further challenges include the lack of suitably skilled and qualified practitioners to fill these posts.			
2.6 Mental health workers (ref to Action 15 where appropriate)	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices accessing MH workers / support through PCIF/Action 15	15	0	0
Practices accessing MH workers / support through other funding streams	15	0	0
Please outline any assumptions or caveats in the data and any significant changes since your October 2021 return.			
Funding provisionally agreed via Action 15, however, due to lack of capacity within MH leadership was unable to be progressed. Work is currently underway to progress Mental Health and Wellbeing in Primary Care via ring-fenced funding for this purposed.			
2.7 Community Links Workers	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices accessing Link workers	0	15	0
Please outline any assumptions or caveats in the data and any significant changes since your October 2021 return.			
The service was granted a one year extension by PCIP members during which time outcomes where to be evaluated, however, in order to measure impact, a further scoping exercise requires to take place using Practice information and feedback. This extension period is currently being funded through non-recurring underspend.			
2.8 Other locally agreed services (insert details)	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
	0	15	0
Please outline any assumptions or caveats in the data and any significant changes since your October 2021 return.			
This section relates to all leadership, both for all workstreams and within the HSCPs Primary Care Team. All Practices have full access to workstream leads. However, Practices at present have only partial access to the HSCP Primary Care Team. This is due to the vacant Primary Care Transformational Manager post. Interviews have taken place and a preferred candidate has been identified. As a small HSCP, vacancies and lengthy recruitment processes have a significant effect.			

2.9 Reflection

NOTE

Recurring Financial Gap

Planned spend 2022/23 Workforce & Funding Profile tab, Table 1, Row 13 (2022-23 planned spend i.e. projected annual recurring cost) does not take the HSCP to full implementation of the contract. Additional recurring funding required for staffing planned for 22/23 £1.5m (£4.7m as per Table 1 less the £3.2m funding confirmed) plus additional funding for staffing and accommodation of approx. £2.3m to address the remaining financial gap to allow full implementation of the contract.

Reserves

HSCP plans regarding accommodation are progressing to address service requirements and provide equity of service across our three GP clusters. Scottish Government had given indication around a significant investment for non-traditional premises, however, has since confirmed that this is no longer available. HSCP now plans to fully commit the balance of PCIP reserves to address some of our accommodation issues. Further recurring & non-recurring investment requires to be identified to complete contractual commitments.

What have been the key successes, achievements or innovations in implementing the MOU?

- * Joint working and support with GP Sub rep;
- * Joint working between CQLs, HSCP, Practices;
- * Practice feedback on greatest impact from addition of Pharmacists, ANPs & APPs in reducing GP workload;
- * Service users accessing more appropriate services at the right time;
- * Positive feedback from service users and GP / Practice staff regarding impact of service implemented;
- * Shared learning across HSCPs;
- * National learning / opportunities to share;
- * Issues implementing CTAC services due to lack of accommodation meaning staff, for the most part, have been situated across different practice sites. Some issues include impact on patients where they may not be seen within the own practice and differing infection control standards.

What lessons can be learned and applied moving forwards into the next phase of the MOU?

- * Consideration required at a national level for legal dispensation to allow ANP / APP / MHW to issue fit notes in order to reduce GP workload.
- * Challenges around multiple line management HSCP / GP Surgeries as a result of PCIP.
- * There is an urgent requirement to progress electronic prescribing.
- * Services unable to provide backfill results in work having to be passed back to GPs.
- * Requirement from Scottish Government to look at a realistic uplift in PCIP budget moving forward to account for accommodation, pay uplifts, NI increases etc.

Table 1 below provides a summary of allocation, spend and recruited staff from 2018 – March 2022 which is detailed within table 2 Workforce and Funding profile submitted to Scottish Government.

Table 1

Financial Year	Financial Allocation	Actual Spend	Recruited Staff
2018-19	£831,000	£316,000	18.4
2019-20	£997,000	£1,067,442	16.3
2020-21	£1,999,000	£1,758,000	15.6
2021-22	*£3,152,000	£2,764,294	5.4

**Finance allocation in 2021/22 includes non-recurring winter support funding at £278,000*

Table 2

Health Board Area: Greater Glasgow & Clyde NHSGG&C												
Health & Social Care Partnership: East Dunbartonshire HSCP East Dunbartonshire HSCP												
Financial Year	Service 1: Vaccinations Transfer Programme (£s)		v (£s)		Service 3: Community Treatment and Care Services (£s)		Service 4: Urgent care (£s)				onal s (£s)	Service 6: Community link workers (£s)
	Staff cost	Other costs	Staff cost	Other costs	Staff cost	Other costs	Staff cost	Other costs	Staff cost	Other		
2018-19 actual spend	£62,073	£6,650	£146,520	£25,199	£22,885	£0	£4,300	£0				9,749
2019-20 actual spend	£118,614	£49,323	£284,951	£16,174	£166,947	£25,323	£96,145	£13,383				5,503
2020-21 actual spend	£292,642	£10,374	£472,336	£10,049	£381,626	£22,063	£273,406	£5,079				,122
2021-22 actual spend	£379,974	£41,833	£792,395	£10,327	£625,410	£35,200	£510,693	£16,719				,777
Total actual spend to March 2022	£853,303	£108,180	£1,696,202	£61,749	£1,196,868	£82,586	£884,544	£35,181				4,151
2022-23 planned spend i.e. projected annual recurring cost	£530,415	£4,100	£1,352,594	£25,400	£1,712,150	£45,500	£588,160	£8,800				,060

Workforce profile 2018 - 2022 (headcount)

Financial Year	Service 6: Community link workers
TOTAL headcount staff in post as at 31 March 2018	0
INCREASE in staff headcount (1 April 2018 - 31 March 2019)	0
INCREASE in staff headcount (1 April 2019 - 31 March 2020)	3
INCREASE in staff headcount (1 April 2020 - 31 March 2021)	0
INCREASE staff headcount (1 April 2021 - 31 March 2022) [b]	0
TOTAL headcount staff in post by 31 March 2022	3

Financial Year	Service 2: Pharmacotherapy			Services 1 and 3: Vaccinations / Community Treatment and Care Services			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Wellbeing Workers
	Pharmacist	Pharmacy Technician	Other	Nursing	Healthcare Assistants	Other	ANPs	Advanced Paramedics	Other	MH Wrks	MSK Physios	Other	
TOTAL staff WTE in post as at 31 March 2018	0.0	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
INCREASE in staff WTE (1 April 2018 - 31 March 2019)	3.9	1.0	0.0	4.6	5.3	0.0	2.0	0.0	0.0	0.0	0.0	1.0	0.0
INCREASE in staff WTE (1 April 2019 - 31 March 2020)	3.7	0.0	0.0	3.5	1.0	0.8	2.8	0.0	1.0	0.0	0.9	0.6	2.0
INCREASE in staff WTE (1 April 2020 - 31 March 2021)	0.9	6.0	0.4	1.0	1.1	2.0	2.6	0.0	0.0	0.0	1.5	0.1	0.0
INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]	0.5	0.0	0.8	0.0	0.8	2.8	0.0	0.0	0.0	0.0	0.5	0.0	0.0
TOTAL staff WTE in post by 31 March 2022	9.0	7.6	1.2	9.1	8.2	5.6	7.4	0.0	1.0	0.0	2.9	1.7	2.0
PLANNED INCREASE staff WTE (1 April 2022 - 31 March 2023) [b]	0.0	4.0	3.6	9.9	14.4	2.5	0.0	0.0	0.0	0.0	0.0	0.5	1.0
TOTAL future recurring staff WTE [c]	9.0	11.6	4.8	19.0	22.6	8.1	7.4	0.0	1.0	0.0	2.9	2.2	3.0

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 30TH JUNE 2022

REPORT REFERENCE: HSCP/300622/07

CONTACT OFFICER: DAVID AITKEN, INTERIM HEAD OF ADULT SERVICES, TELEPHONE NUMBER: 0300 123 4510

SUBJECT TITLE: ADULT LEARNING DISABILITY DAY SERVICE REDESIGN & NEW ALLANDER CENTRE

1.1 PURPOSE

1.2 The purpose of this report is to provide the Health & Social Care Partnership Board with a progress update on the redesign of Adult Learning Disability Day Services, and transition to the new Allander Centre.

2.1 RECOMMENDATIONS

2.2 It is recommended that the Health & Social Care Partnership Board note the content of the Report.

**CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.1 BACKGROUND/MAIN ISSUES

3.2 In May 2018, the HSCP Board approved East Dunbartonshire's Adult Learning Disability Strategy 2018-2023, which set the context for a planned review and redesign project, and modernisation of Adult Learning Disability Services.

3.3 A set of redesign principles were developed to support the implementation of the strategy and were approved following consultation processes:

1. Providing a wider range of day services in the local area, in line with the principles of the national Learning Disability Strategy 'Keys to Life'.
2. Placing in-house HSCP services at the heart of local provision with a strong third, independent and voluntary sector presence to ensure complementary and sustainable services.
3. Replacing the existing Kelvinbank Resource Centre which was no longer fit for purpose, with a new modern and state of the art day service facility. The new service would provide a wider range of support than at present, including those for people with more complex and profound disabilities, supported by skilled staff.
4. Delivering the new in-house service from a single main location, supplemented by shared spaces across the localities and the integration of the main service within a shared community resource rather than a standalone building, reflecting national strategies and examples of good practice.
5. Delivering both centre-based and community-based day services to meet individual needs and outcomes. People with mild and the lower end of moderate learning disabilities would be supported within community settings, as far as possible.
6. Commissioning a wider range of informal community assets, social enterprise developments, supported and substantive employment opportunities and volunteering services. This would be an area of significant growth and improvement, in partnership with local organisations; and
7. Provision of choice and self-determination through Self-Directed Support, informed by fair and equitable mechanisms for determining personal budgets.

3.4 Following a comprehensive consultation and option appraisal process, the inclusion of the development of a new Learning Disability Day Services within a future East Dunbartonshire Council Major Asset Project was approved, and the Allander Leisure Centre in Bearsden was identified as a joint resource to replace the existing outdated resource delivered from Kelvinbank Resource Centre in Kirkintilloch.

3.5 The Allander Leisure Centre commenced construction in January 2021. The project is currently working to a Construction Programme with an anticipated completion date of 31 October 2022.

3.6 The new joint facility will be a modern, integrated and state of the art resource, offering additional community use, as well as meeting the needs of adults with learning disabilities in East Dunbartonshire. Work has continued throughout the pandemic to develop a redesigned service model that will deliver on the objectives and principles within the strategy and a revised set of Day Service Aims and Objectives has been developed to support the redesign; **Appendix 1**.

3.7 New services are being developed to increase community capacity to supplement the new day centre and ensure that a breadth of community based options are

available to those who use our services. There is an increased focus on growth, independence and development of individuals through the promotion of meaningful activities, education, volunteering and employment.

- 3.8** A number of new partnerships have been established to improve opportunities for people with a mild or moderate learning disability. These include representatives from third sector agencies such as East Dunbartonshire Voluntary Action (EDVA), 'No One Left Behind', and New College Lanarkshire.
- 3.9** A programme of further communication and engagement with Service Users, Carers, Welfare Guardians, staff and other stakeholders commenced in March 2022. A report detailing the outcomes of engagement to date is attached at **Appendix 2**. A dedicated HSCP web page, newsletter and regular social media updates have been established to encourage collaboration and information sharing.
- 3.10** The much anticipated new integrated day service with the Allander Leisure Centre is on schedule for completion in late October 2022, and will provide state of the art facilities providing services to adults with more complex learning disabilities supported by the development of additional community supports promoting enhanced choice and self-determination.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

- 4.2** Relevance to HSCP Board Strategic Plan; -
- Priority 1 - Promote positive health and wellbeing, preventing ill-health, and building strong communities
 - Priority 2 - Enhance the quality of life and supporting independence for people, particularly those with long-term conditions
 - Priority 4 - Address inequalities and support people to have more choice and control
 - Priority 5 - People have a positive experience of health and social care services
 - Priority 7 - Improve support for Carers enabling them to continue in their caring role
 - Priority 8 - Optimise efficiency, effectiveness and flexibility
- 4.3** Frontline Service to Customers – The redesigned Day Centre will provide improved facilities designed to better meet the needs of individuals with severe and complex learning disabilities, and supplementary community supports will provide improved opportunities and choice for those with a mild or moderate learning disability.
- 4.4** Workforce (including any significant resource implications) – There are no planned changes to the workforce at this time.
- 4.5** Legal Implications – None.
- 4.6** Financial Implications – The redesigned Day Service will be better equipped to support individuals who are currently placed out with the authority, often at significant cost.
- 4.7** Procurement – None.
- 4.8** ICT – None.

- 4.9** Corporate Assets – The redesigned Day Service will benefit from shared costs and assets between the HSCP and the Leisure Trust.
- 4.10** Equalities Implications – An Equalities Impact Assessment was undertaken as part of the Redesign Strategy. An equalities approach to service provision and development is embedded within practice and continued within any future service developments.
- 4.11** Sustainability – The Service Redesign will ‘future proof’ day services to deliver services from a modern facility which will be able to support an increasing population of individuals with complex care needs.

Renewable energy and modern equipment will deliver a reduced carbon footprint.

- 4.12** Other – None.

5.1 MANAGEMENT OF RISK

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

- 5.2** Risk of slippage due to limitations in supply of building materials. Whilst there has been some impact experienced to date, the construction programme remains on schedule.
- 5.3** This will represent a significant change for adults and carers who have previously attended Kelvinbank Resource Centre, with proposed changes to service delivery models and new community supports. In order to mitigate any risk associated with change each individual’s needs will be reviewed in advance of the move to the new service and thorough communication and engagement processes are being taken forward to equip and prepare those adults affected, their carers and our staff teams with as much information as possible to mitigate any risks associated with this change.

6.1 IMPACT

- 6.2** STATUTORY DUTY – None

- 6.3** EAST DUNBARTONSHIRE COUNCIL – None.

- 6.4** NHS GREATER GLASGOW & CLYDE – None.

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

7.1 POLICY CHECKLIST

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

8.1 APPENDICES

8.2 Appendix 1 – Aims and Objectives November 2022

8.3 Appendix 2 – LD Engagement Report May 2022



Allander Day Service

Statement of Aims and Objectives

November 2022 – October 2023

Service Name: Allander Day Service

Address: Allander Leisure Centre, Milngavie Road, Bearsden, G61 3DF

Organisation/Provider:

The Allander Day Service is provided by East Dunbartonshire Health and Social Care Partnership (HSCP), delivered by East Dunbartonshire Council. The service has existed for over 30 years, formerly delivered from Kelvinbank Resource Centre and by the Outlook and Outreach Community Support Services. The service was redesigned following a Strategic Review of Day Services in 2018/19.

The East Dunbartonshire HSCP was established in June 2015. It is governed by a Board that includes Local Elected Members, NHS Board Members, and Representatives of Service-Users, Carers, Staff, and Service Providers. Together they agree a Strategic Plan that sets out how the joint budget should be used to meet national and local health and wellbeing outcomes.

Services delivered by the Health and Social Care Partnership include:

- Adult Services - such as Adult Support and Protection and Community Care Social Work
- Community Health & Social Care Services - such as Adult Community Nursing Service and Care at Home Service
- Children's Services and Criminal Justice Services - such as Child protection and Health Visiting Services
- Strategic and Support Services - such as Public Health Improvement and Inequalities Planning and Performance and Quality

The Health and Social Care Partnership - Vision and Values:

The East Dunbartonshire HSCP's vision is supported by six values of Professionalism, Integrity, Honesty, Respect, Empathy and Compassion. These values set the tone for how we intend to deliver services for the people of East Dunbartonshire.



our vision.....

Caring Together to Make a Positive Difference

Board Members -

The Integration Joint Board is made up of 3 Elected Members appointed by East Dunbartonshire Council, 3 Non-Executive Directors of the Health Board and a range of professional advisors and stakeholder members. The full membership list is available at:

[East Dunbartonshire Health and Social Care Partnership Board | East Dunbartonshire Council](#)

Senior Day Service Management -

Dereck Pearce - Head of Health and Community and Care Services

Richard Murphy - Registered Services Manager

Catherine Davison - Day Service Manager

East Dunbartonshire Day Service Values:

People who use our service have the right to:

- The same respect, dignity and privacy we would expect for ourselves
- Access to the same services as those without a disability
- Access to specialist services as and when required
- Participation in any decisions made about the service or particular support – with all necessary support or input required to help individuals make informed choices
- To choose from a range of opportunities and to change these as their aspirations, goals and support needs change
- Access to appropriate information and support to understand this information, when required

We also believe:

- That all human life is of value
- That anyone, whatever their impairment, is capable of exerting choices
- That people who are disabled by society's reaction to physical, intellectual and sensory impairment and to emotional distress have the right to assert control over their lives; and
- That disabled people have the right to participate fully in society

The role of Allander workers is to support service users to access non-segregated opportunities, to increase informed choice and to help shape an outcomes focussed service to meet individual requirements and goals. We will act as supporters, advocates and facilitators and we believe that human relationships are the basis for personal growth and change.

Description of the Service: (Registration for Support Service CS2004057808) -

The Allander Day Service is located within the Allander Leisure Centre in Bearsden. In addition, there is a community base located in Kirkintilloch where the Outlook and Outreach services are located.

The Day Service is predicated on a 'community resource centre' model which provides a specialist resource to individuals with more complex needs including those with severe learning disabilities and Profound & Multiple Learning Disabilities. The centre's facilities are also available to those service users who are mainly supported in the community; e.g. to provide a meeting place or work bases or to access a specialist activity. The public can access some areas of the centre on an evening or weekend basis as a venue for a variety of activities.

The Allander Day Service offers support to individuals across a variety of hubs and clubs in East Dunbartonshire, this mainly being facilitated by staff from the Outlook and Outreach teams. Support is delivered during the day, evenings and weekends to meet the needs and preferences of the people who use the service.

In addition to formal support Local Area Co-Ordinators (LACs), Outreach Staff and Volunteers provide informal support, guidance and signposting/matching with other agencies.

Services offered by The Allander Day Service include:

- Allocation of a key worker for every service user
- A person-centred assessment of need, aimed at identifying personal goals and preferences
- An outcome based support plan (OBSP), reviewed at least six monthly
- A weekly programme of support that is reflective of individual need, choice and preference
- A safe, secure and nurturing environment in which the individual is given the support to make choices, develop skills and confidence and realise their potential by accessing new activities and opportunities
- Specialist therapeutic support for individuals with complex health and care needs
- Support with maintaining health/wellbeing, such as medication and personal care support
- Low arousal areas for individuals with Autism and Sensory disorders
- Active service User Forum, capturing ideas for the ongoing development of the service
- Community activities such as arts and crafts activities, leisure activities (e.g. walking, bowling, gardening) and much more.....
- Centre based activities such as internet suite, music/drama, hydro and rebound therapy
- Informal support and sign-posting to alternative resources/support
- Education and volunteering/employment support
- Access to Leisure Centre resources such as swimming, gymnasium, badminton etc
- Transport for those assessed as requiring it

Service Cost:

The service can be purchased via Self Directed Support options 1-3. The daily cost is:

Support as part of a group - £81.17

Support with Transport - £99.81

Additional 1-1 support per hour- £11.50

Referral Criteria:

The Service is available to adults with a learning disability and/or Autism. Referrals are accepted from age 16 years and over, although referrals to LACs will be accepted from the age of 14 years. Referrals are received via the Learning Disability Resource Allocation Screening Group (Social Work). Self-referrals and out of area referrals are also accepted.

Staff team:

Day Service Manager:

Day Service Team Leaders: Building Base - TBC, Outlook Community Support

Senior Day Service Officers: Building Base – 4, Outlook Community Support - 2

Day Service Officers: Building Base – 17.5 WTE, Outlook Community Support - 7 WTE

Day Service Assistants: Building Base – 21.5 WTE, Outlook Community Support – 9 WTE

Outreach Workers: up to 15 workers working between 3 and 6 hours per week

Local Area Co-ordinators: 4 WTE

Receptionist : 1 WTE (employed by the Shared Services Team within EDC)

Facilities Staff: 5 WTE (employed by the Facilities Management team within EDC)

Aims of the service:

The Allander Day Service Aims and Objectives are aligned with 'The Keys to Life' and other relevant Social Care Standards/Objectives.

The Allander Day Service aims to -

- Keep people Safe and free from harm
- Promote good health and wellbeing
- Maximise independence
- Support individuals to develop new skills and new interests
- Empower individuals to make decisions through ensuring a person-centred approach to support planning
- Support individuals to increase their confidence and self-esteem and achieve their outcomes
- Develop social networks and build friendships
- Promote assertiveness
- Enhance quality of life
- Develop Volunteering and Employability Networks

We do this by:-

- Providing a building based Day Service open 52 weeks a year at the Allander between the hours of 09:00 and 15:00 Monday to Thursday and 09:00 and 14:00 on a Friday.
- Providing a community based Day Service 52 weeks a year between the hours of 09:00 and 16:00
- Providing social opportunities/support on evenings and weekends 52 weeks a year
- Adopting a robust set of Policies and Procedures, both EDC policies and service specific processes
- Providing trained and supported staff teams
- Having good leadership and a robust management structure throughout the service
- The provision of mandatory training and other processes including Supervision, Team Meetings, Professional Development Reviews and other training ensure that the rights of service users are upheld
- Having an environment within the main day service that supports service users to feel comfortable, safe and secure
- Providing nurturing environments and supporting all service users in a compassionate way
- Insuring infection control procedures are maintained at all times

- Providing a person centred approach as opposed to service led
- Offering service users choice to participate in a wide variety of activities both within the Centre and local/wider community
- Offering support to carers and families
- Working closely with the health and social work colleagues from the Joint Learning Disability Team to ensure the health and wellbeing of service users
- Providing specialist resources and facilities to meet the needs of those who have complex care and support needs
- Providing a choice of healthy meals for service users to the texture and consistency that is required
- Fostering professional relationships with service users, Carers and Stakeholders
- Tapping into local community initiatives and resources as well as seeking opportunities for volunteering and employment
- Supporting service users to develop skills and confidence to challenge barriers
- Networking with partner agencies, thus promoting increased opportunities
- Treating Service Users with dignity and respect
- Embracing equality and diversity
- Engagement and involvement in service delivery, seeking feedback
- Providing transport for those who require it

We aim to deliver support in accordance with:

Keys to Life Outcomes:

- Healthy life
- Choice and Control
- Independence
- Active Citizenship

Health and Social Care Standard Principles

- Dignity and Respect
- Compassion
- Be included
- Responsive Care and Support
- Wellbeing

Health and Social Care Standards - My support, my life.

As a Service Provider we at the Allander Day Service are committed to meeting and promoting the Principles of **Dignity and respect, Compassion, Be included, Responsive care and support, Wellbeing**. If we fail to meet these, Service Users or Carers/Representatives can raise their concerns with us at any time or can choose to use our Complaints Procedure that is accessible on the EDC website or alternatively complain to the Care Inspectorate.

Standard 1: I experience high quality care and support that is right for me

Service Users and Carers/Representatives are provided with information about the service, in advance of accessing it, to enable them to make an informed choice about whether the service can fully meet their needs and aspirations. They are invited to visit the service and meet the Team Leader and manager as well as staff and other Service Users and ask any questions. Information about the service is also on the council website.

Service users who are transitioning from Children’s Services and/or Education will be assigned a key worker who will visit the service users and family and will complete a support plan and where

possible an Essential Lifestyle Plan prior to the service user beginning their placement at the Allander Day Service.

The service provides high quality support to all individuals. We liaise closely with service users, family/carers and professional agencies, to be equipped with the information necessary to deliver a service that will meet the individual's care/support needs, wishes and aspirations. These are recorded in an Outcome Based Support Plan (OBSP).

We encourage service users to be as independent as they possibly can be when they are working towards their individual goals. A review of the support provided is carried out by the service on a 6 monthly basis, either service led or in partnership with other service providers or Social Work. Service Users can, if they wish, invite anyone who is important to them to attend their review.

A Key Worker is matched to each individual to ensure they are supported in line with their OBSP and to be the first point of contact for any concerns regarding their support.

Service users are supported with their health and wellbeing, including support with medication, personal care, meal support and support with any health related concerns such as epilepsy, diabetes etc, by a trained and competent staff team.

At the Allander Service we recognise that creative activities provide exciting and new opportunities for people. We encourage service users to participate in activities that are meaningful and outcome focused. Examples of this are Art groups, Keep Fit, Music, Drama/Dance Studio, Computing, Gardening, various Sports Groups, Day Outings to places of Interest, Smooth & Massage, "Independance" and focussed exercise and sensory activities for individuals who have more severe and complex needs as well as Hydrotherapy and Re-bound. We provide support in a number of community settings, including gardening allotments and community halls where activities such as Keep Fit and Creative Care take place.

We currently operate two supported employment initiatives operating in community cafés.

We work in partnership with Skills Development Scotland and No-one Left Behind to promote training and learning opportunities that can develop into employment for some individuals. This currently includes 'We Connect' a digital online support group.

Service Users are encouraged to develop friendships with their peers and the wider community, by being active citizens in their community, participating in projects that support local initiatives.

We regularly engage with Service Users, Carers and Stakeholders using informal and formal methods, to seek feedback on the service and use this to inform the service development plan.

Standard 2: I am fully involved in all decisions about my care and support

The ethos of the Allander Day Service is to treat each person with dignity and respect, promoting independence and decision making. Service users are encouraged to make decisions regarding their daily activities, choosing what they wish to explore or be involved in. We encourage and support service users to make decisions about all activities on offer and to seek out new and varied opportunities.

We take an augmentative approach to communication to ensure everyone is kept up to date and their views and ideas are captured. This includes the use of Makaton, talking mats, pictures, symbols and signifiers.

At the Allander Service we work closely with Service Users, Carers/Representatives to ensure that any decisions regarding the service are fully communicated to those involved. We actively engage with Service Users and Carers/Representatives via informal conversations and formal reviews to seek feedback that ensures individuals are receiving high quality support.

Service Users have a 6 monthly review to ensure the service continues to meet their needs. Carers/families, advocates and social work are invited along at Service Users requests, to share their thoughts on how the service is meeting the Service Users needs and outcomes.

We strive to promote independence and decision making by ensuring that all Service Users are treated as individuals. Thus they are provided with a keyworker who will assist them in compiling an Outcome Based Support Plan, capturing their needs, goals and aspirations.

People who use or are invested in our service play an active role in giving feedback on the service and areas for development via regular forums, suggestion box, questionnaires etc. Service Users are actively involved in developing two newsletters per annum.

Service Users are offered the opportunity to contribute to the recruitment of new staff by either being part of the interview panel or by meeting and greeting new candidates with the opportunity to ask them questions informally (pre/post pandemic). Their feedback forms part of the candidate scoring criteria.

Standard 3: I have confidence in the people who support and care for me

All Staff including Sessional Staff and Management are members of the Protection of Vulnerable Groups (PVG) Scheme and all are recruited in accordance with East Dunbartonshire Safer Recruitment Procedure.

A Statutory Training Programme is delivered to all staff, including Moving and Handling, Promoting Positive Behaviour, Food hygiene, Fire Warden, Epilepsy and Rescue Medication, Anaphalaxis and Emergency First Aid. In addition specialist training is provided, including Adult Support and Protection Awareness, Person Centred Planning, Autism Training, Dementia Awareness, Medication, Falls Prevention and Emergency First Aid at Work..

At the Allander Day Service training opportunities are actively sought and staff are currently undertaking Scottish Social Services Council (SSSC) badges, which cover topics such as Medication Administration.

The Day Service Manager is registered with SSSC as a Registered Manager and holds the appropriate Qualifications in Health and Social Care including SVQ4 at Level 10, and is currently working towards a Leadership and Management qualification. In addition she has a Social work qualification and a Practice Teacher Award, a Post Graduate Certificate in Adult Support & Protection, a Post Graduate Diploma in Supporting Adults with Learning Disabilities who have Profound & Complex Learning Disabilities, and, a Master of Science Degree with research being undertaken into the Experiences of Carers who have applied to be Welfare & Financial Guardians

Team Leaders and Day Service Seniors require to have an SVQ4 or equivalent qualification or be working towards one. Officers all possess or are in the process of working towards SVQ III and Day Service Assistants SVQ II. Staff do not currently need to be registered with the SSSC, however they are expected to keep up to date with all training necessary to ensure best practice and meet the SSSC Code of Practice.

All staff receive 4-6 weekly Supervision and an annual Professional Development Review with their immediate Line Manager. This is to discuss performance and development over the past year, along with a plan for future personal development. Continued Professional Development is discussed and reviewed and training is planned.

A quarterly audit is carried out in relation to staff training, supervision and review and support plans being undertaken and updated.

Standard 4: I have confidence in the organisation providing my care and support

East Dunbartonshire HSCP Strategic Plan provides the basis for all work activities and defines priorities via a set of 8 key objectives:

Empowering People

Prevention and Early Intervention

Supporting Carers and Families

Post-pandemic Renewal

Empowering Communities

Public Protection

Improving Mental Health and Recovery

Maximising Operational Integration

A robust Governance and Line Management Oversight ensures that the service is compliant and delivered in line with Legislative and Regulatory requirements.

In line with HSCP Quality Assurance Policy requirements, daily/weekly and monthly spot checks and observations of staff practice are conducted. In addition, the service is involved in the annual Adult Protection Audit, undertaken by the HSCP.

An annual questionnaire to Service Users, and Carers/Representatives provides feedback on the service and how this can be improved to ensure the highest quality of care and support. We also ask that all Stakeholders complete a quality questionnaire to establish the HSCP performance and development needs.

The HSCP has a suite of Policies and Procedures that guide and protect the operations of the services and workforce. This includes Data Protection and GDPR. All service users and their families are provided with a GDPR Statement advising of the information we hold and how it is stored. In the Allander building there is a Safe Store where confidential information about service users is stored in paper files. The only function of the room is to store documents securely and access to the room is restricted to Day Service staff only through a door lock system.

All new staff receive an Induction to the service that includes the reading of Health & Safety Policy, Fire Safety, Data Protection Policy, Medication Policy and Infection Control Policy. Adult

Protection, Health & Safety, Absence Management and training are standing items at all Team Meetings.

The HSCP promotes a risk enablement culture. Risk Assessments, Protocols and Emergency Contingency Plans are compiled in conjunction with Service Users, Carers and External Agencies as appropriate. All staff must read environmental Risk Assessments during their Induction and be fully aware of service users' individual Risk Assessments before supporting them. Staff are aware that they should report at any time any changes in the presentation or circumstances of a service user that would necessitate an update of the Risk Assessment. This is also discussed at supervision.

If a service user is unhappy with their support, they or their carers or guardians are encouraged to contact the key worker or senior or Team Leader to discuss this. The Manager of the service can also be contacted and will discuss any concerns with individuals and families. The HSCP has a robust Complaints Policy that will be implemented, or alternatively a complaint can be made directly to Care Inspectorate. All staff are aware of how the Complaints Procedure can be accessed.

Information about independent organisations such as advocacy and carers support services is kept at the Allander and is offered and given out to individuals and carers when requested.

Standard 5: I experience a high quality environment if the organisation provides the premises

The Allander Day Service

The Allander Day Service is a brand new purpose built Day and Leisure Centre. The Service is designed based on the needs of our service users both now, and those whom we anticipate will access the service in the future. Lighting and decoration take into account the needs of our service users, and there is a range of modern equipment available for use for those who require assistance with moving and transferring. The building incorporates advanced technology including Wi-Fi throughout, Bluetooth connectivity and programmable lighting to adjust colour tone and brightness in different areas.

There is a Reception Desk and member of staff is stationed there who ensures that all service users and visitors are greeted when they enter the building. Within the Reception area there is seating and a Visitor Toilet. There is also a Staff Toilet within the building. Toilets are fully accessible for Service Users in wheelchairs. There are three Changing Places within the Day Service where Tracking is in place for those who require using a hoist when transferring from and to their wheelchairs and additional Changing Places throughout the Allander Centre. There is also tracking in place in the Physiotherapy room and the Sensory room, as well as in the Changing Places located close to the Hydrotherapy pool and the main pools within the Sports Centre.

The Allander Day Service premises includes facilities such as a brand new IT suite with interactive smartboard, sensory room, rebound therapy facilities, Low arousal areas, appropriate changing areas and multi- purpose rooms to be used for Music, Drama, Arts & Crafts and Keep Fit activities.

The day service is bright, airy and free from debris. The décor is clean, comfortable and non-clinical. Signifiers are used on access doors to help service users navigate their way around the building.

Safety and security within the building is paramount. There is secure entry to the Day Service with fob access, which continues across high risk areas, controlling access.

All equipment within the service is inspected and maintained at regular intervals in line with Policy requirements.

East Dunbartonshire Infection Control Risk Assessment is adhered to including enhanced cleaning regimes implemented by Facilities Management staff and Day Service staff. The Day Service has

access to a cleaner and a Maintenance worker every day during day service operating times as well as a Duty Manager from the Leisure & Culture Trust which has the main responsibility for cleaning.

The premises is inspected daily/weekly/monthly and annually in line with Policy Requirements to ensure the environment remains free from hazards or obstruction to ensure fire systems such as fire doors, sprinklers and emergency lighting are operating safely and effectively.

Each individual service user has a Personal Emergency Evacuation Plan (PEEP) and a comprehensive Service Fire Evacuation Plan is in place.

The main kitchen where food is prepared for service users and staff lunches is located in an area of the centre not accessed by service users. It is only Facilities Management staff employed by the council who enter the kitchen. Food is served at a Servery. A choice is provided for all service users and food is prepared according to the needs of service users. All Infection Control guidelines for Food Hygiene and Safety are strictly adhered to. There are two separate training kitchens within the day centre used by staff to support service users to develop independent living skills. Staff who support service users in these areas have undertaken the mandatory Food Hygiene training provided by the council.

There is a laundry staffed by a member of staff employed by Day Services for 20 hours each week. This is located in an area away from areas used by service users. Laundry is transported to the laundry room using a laundry trolley after service users have gone into their own areas. There is a clean area of the laundry and a dirty area of the laundry. Separate sinks and mixer taps have been installed to minimise risk of spread of infection. The staff member uses PPE when in the laundry room.



The Allander Leisure Centre

The wider Allander Leisure Centre consists of integrated services with sports facilities including access to pool areas and large halls for group sports and activities, a reception hall and café.

East Dunbartonshire Council is responsible for the general Health and Safety and Fire Safety of the premises including all checks, such as monthly checking of Emergency Lighting. An internal fire risk assessment is undertaken annually and a Fires Safety Risk Assessment produced. Arrangements for Fire Alarm testing and Fire Drills is agreed between the manager of the Allander Day Service and the manager of the Allander Sports Centre.

The main building entrance has a reception which is staffed by the Leisure Trust Staff. Any one visiting the Allander Day Service will be directed to the Day Service Reception.

The Leisure Centre has a car park with disabled spaces and Electric Charging points.

The Allander Community Base

Address - TBC

East Dunbartonshire Council is responsible for the general Health and Safety and Fire Safety of the premises including all checks, such as monthly checking of Emergency Lighting. An internal fire risk assessment is undertaken annually and a Fires Safety Risk Assessment produced. Arrangements for Fire Alarm testing and Fire Drills is agreed between the manager of the Allander Day Service and the manager of the Allander Sports Centre.

Date:

Signature of registered manager:

Date of Review:

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Strategic Learning Disability Review

Learning Disability Day Service Redesign – Engagement Responses

1 ENGAGEMENT APPROACH

1.1 The engagement sessions were part of a wider programme of communication designed to update Service User’s, Carers, Staff and Stakeholders on the progress of the Learning Disability Day Service Redesign. Methods of engagement have included the following:

- Three Formal Engagement Sessions – in person and on-line
- Monthly Newsletter from March 2022
- Monthly Newsletter from March 2022 – Easy Read
- On-line sessions with External Stakeholders e.g Trade Unions
- On-line sessions with internal HSCP Stakeholders
- Two Formal Engagement Sessions with Staff Teams
- On-line sessions with 3rd Sector agencies e.g. Carers Link, Ceartas, PAMIS
- S/U self-advocacy sessions supported by Ceartas – June 2022
- Presentation to Public, Service User and Carer Group – August 2022
- Drop in Sessions – July 2022
- Website presence and social media – various

1.2 A range of comments and questions were gathered during the Formal Engagement Sessions.

1.3 Staff comments and questions have been shared separately with Staff Teams.

2 COMMENTS RECEIVED

2.1 The day service redesign was well supported. It appeared to strike the right note by supporting people with more severe and complex needs in a building based environment whilst creating improved community-based support for people with more mild and moderate disabilities, meaning that service users were going to be receiving support suited to their needs and outcomes. Good quality transitions and the lifting of Covid restrictions were two other areas that received comments.

3 FEEDBACK FROM CARER ENGAGEMENT EVENTS

3.1 Engagement with Carers was carried out through events on each side of the authority and included afternoon and evening sessions. Dates and times of the consultation were:

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Strategic Learning Disability Review

- 10 May 2022 Bearsden Community Hub 1pm – 2.30pm
- 11 May 2022 Kelvinbank Resource Centre 1pm – 2.30pm
- 11 May 2022 Microsoft Teams On-line 7pm – 8.30pm

- 3.2 In all, 22 people attended the events, with quite an even spread of attendance across the three sessions; this included 11 Parent/Carers of adults who use either Kelvinbank, Outlook or Outreach services, 8 Parent/Carers of young people about to go through transition from children’s to adult services, one Social Worker from the Joint Learning Disability Team, one Social Worker from the Review Team and one representative from Carers Link.
- 3.3 The Engagement Events included a Powerpoint Presentation, providing background information regarding the Context for Change, Legislation and Policy Drivers, Local Policies and Strategy changes and previous consultation outcomes. Then, looking at present and future service provision, in-depth detail was provided regarding the redesign of the day service and the resources and initiatives that would support it. A visual ‘walk through’ of the new Allander Centre provided a vision of how the facility should look on completion.
- 3.4 Questions and comments were invited at the Engagement Events. Not all participants at the engagement events provided comments, and in some cases stated that they would take time to read the literature provided and request further information by phone or e-mail if they believed they needed to.
- 3.5 Summary of questions and answers raised at the Engagement Events:

- **Q1. How many people will be supported in the new Day Centre?**

We have applied for Care Inspectorate registration to support up to 80 people within the Day Centre. This is in keeping with the current capacity at Kelvinbank. It is our intention that around 55 people with severe, complex or profound and multiple learning disabilities (PMLD) would be supported within the centre each day, that is in addition to other service users with mild or moderate disabilities who could be using facilities within the Day Centre or wider Allander Leisure Centre. The intention is that we provide the best quality support for all our service users, including for those whose needs would be best met in the building and those who would benefit from support in small groups within the community.

Should the demands for the building based Day Service be greater than our estimate of 55 people each day, we would be seeking a review from the HSCP Senior Management Team.

- **Q2. Will support be the same as Campsie View School, in that some will be shared?**

Yes, generally support will be shared. There will be additional staff so we will be able to provide 1-1 at times, for example the current PMLD unit has an approximate ratio of 2 staff to 3 service users.

- **Q3. Will transport still be provided?**

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Strategic Learning Disability Review

Yes, transport will still be provided. The Assistance with Transport Policy was implemented in 2019/20 and we will endeavour to ensure that this is applied consistently across the new service. The Policy meant that people were asked to make their own way to Day Services, where possible. If this is not possible then Council Transport is provided, however there is a charge associated with this. We would encourage Parents/ Carers to complete an Income Maximisation Form (IMF), so that any charges are means tested and the correct charge can be calculated based on their ability to pay. There may also be a charge in the future for service users travelling to community groups that are facilitated by the Day Opportunities Team (formally Outlook).

- **Q4. Will transitions be improved?**

This is an area that we recognise needs improvement and staff in day services are working with Social Work to bring about improvements, including communication and how information is conveyed to families.

- **Q5. Will activities such as Drama and River City Tours start again?**

These activities will all be reinstated as soon as EDC Risk Assessment for Social Care Services reduces some of the restrictions placed upon us. It has been difficult to get large spaces to accommodate these activities, whilst maintaining a 2 metre physical distance. Hopefully, this will be addressed in the near future.

- **Q6. Will 1-1 support still be provided in some instances?**

Yes, if someone is assessed by Social Work as requiring 1-1 support this will be provided. Our experience in day services is that once people settle into their environment, 1-1 support can be reduced. It also benefits the individual not to have someone by their side all of the time.

- **Q7. Are demands on the service increasing due to the increasing amount of young people coming through?**

Yes. An exercise has been undertaken to look at the number of young people transitioning in the next four years and we believe it will be possible to support them in the new service. The number of service users attending can change for various reasons such as people choosing other services, moving into supported accommodation or sadly passing away.

- **Q8. Will there be a community hub in Kirkintilloch?**

Yes. We are currently looking to secure an office base for Day Opportunities within the Kirkintilloch area. We have requested that this includes a large room for activities and storage space for equipment. The expectation is that this would be mainly accessed by people with mild or moderate Learning Disabilities.

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Strategic Learning Disability Review

- **Q9. When will the current service return to normal?**

We are unable to provide a definitive time line for this. We are subject to EDC Infection Control Risk Assessment. We understand how frustrating this is and hope that the building can reopen fully soon. However, please be mindful that whilst the reviews and assessments are ongoing it may be the case that not all service users will receive what was their previous allocation of days.

- **Q10. Will there be a qualified medical person available in the new Day Centre?**

All Day Service Staff are trained in First Aid and there will be a qualified First Aider from the Leisure Trust supporting the entire centre. It is possible they are trained to a higher level than our staff but we will need to have that confirmed. We will also check out whether a defibrillator will be available.

- **Q11. Where does the new service fit with the Autism Strategy?**

Not all people referred to Day Services meet the eligibility criteria for formal paid services and may instead be referred to Local Area Co-ordinators (LACS), who will support them to find volunteering, work experience, employment etc. The Autism strategy sought to meet the objectives of the Scottish Strategy for Autism, including finding meaningful opportunities for people with autism.

3.6 Summary of comments made at the Engagement Events:

- “All looks very good, I think it’s wonderful what is happening”
- “I’m a North Lanarkshire Customer. I feel my son has always had a good experience at Kelvinbank”
- “Sometimes I as a parent have had to push things along. My son was particularly affected when a work placement came to an end and was told he could only attend for 12 weeks as other people needed an opportunity. He didn’t understand this and felt that he wasn’t wanted”
- “It is reassuring that people with PMLD are going to get a building based service as they need that, not sure that 55 places will be enough though”
- “My son is going to be transitioning to the new service next year and I am very happy with what I have heard today. It was helpful to be given the background to the changes to help us understand what has happened up until now”
- “I will wait until I have read the information before I comment”
- “I phoned Adult Social Work months ago about my daughter transitioning and still haven’t had a reply, its poor. I don’t know what is happening”

“Working together to deliver better outcomes for people with learning disabilities, and their families and carers”

Strategic Learning Disability Review

- “It is great that the needs of people with PMLD are finally being recognised and that they will be getting a service that is right for them”
- “I feel very overwhelmed in transition, all these things are new to me, self-directed support etc”
- “I am part of the Parent and Service User Carer Group and I would urge people to be involved with anything that is happening within services, it makes a difference”
- “I am pleased to hear that employment opportunities have been considered as this has been sadly lacking over the years. Supporting people to have employment is important”
- “It’s very clear that young people with PMLD’s needs are only going to increase in adulthood, why would anyone think that support can be reduce when they leave school?”
- “We use the See-saw app in school to communicate with parents. It has been very effective”

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 30TH JUNE 2022

REPORT REFERENCE: HSCP/300622/08

CONTACT OFFICER: TOM QUINN, HEAD OF HUMAN RESOURCES
TELEPHONE 07801302947

SUBJECT TITLE: DRAFT EAST DUNBARTONSHIRE HSCP,
WORKFORCE PLAN 2022 -2025.

1.1 PURPOSE

1.2 The purpose of this report is to share Draft Version of the East Dunbartonshire HSCP Workforce Plan for 2022 -2025

2.1 RECOMMENDATIONS

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

2.2 Note the content of the Draft East Dunbartonshire HSCP Workforce Plan 2022 -2025;
and

2.3 Request that the Final version of the plan is tabled at the September 2022 Board meeting

**CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.1 BACKGROUND/MAIN ISSUES

- 3.2 East Dunbartonshire HSCP Workforce Plan 2022 -23 complies with the Scottish Government guidance for HSCPs to Publish a 3yrs Workforce Plan during 2022, covering the period 2022-2025.
- 3.3 Scottish Government guidance set out that each HSCP had to submit a draft version of their plan to Scottish Government's workforce group in July 2022 and final plans by end of September 2022.
- 3.4 The plan is based on the six step methodology for Integrated Services, setting out the key drivers for change, the known workforce and the potential future workforce, developing an action plan that will bridge the gaps.
- 3.5 The HSCP has a workforce development group, with senior managers, professional leads, staff side colleagues and input from the voluntary sector.
- 3.6 Some key highlights from the draft workforce plan include –
 - a. As we have experienced an average staff turnover of 10% in the last 3yrs then this is likely to be similar in the next 3yrs, requiring us to recruit up to 100 staff per annum, without any new service developments.
 - b. To try and address our age demographic within the current workforce then we will encourage the development of Modern Apprenticeship opportunities and look to encourage careers in Health & Social care through the Graduate Apprenticeship scheme and Health and Care skills Academy.
 - c. Key to us sustaining our workforce numbers and those of key partner agencies across both health and social care will be promoting the use of various social media opportunities to promote Health & Social Care as a rewarding career.
 - d. We will also work with key partners to look at sector level recruitment drives promoting East Dunbartonshire as a great place to work.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

- 4.2 Relevance to HSCP Board Strategic Plan;- having an appropriate workforce underpins delivery of all of the HSCP's priority areas within the Strategic Plan
- 4.3 Frontline Service to Customers – having an appropriate workforce underpins is essential to delivery of all of the HSCP's services to customers.
- 4.4 Workforce (including any significant resource implications) –
 - a. Complies with Scottish Government Requirement to publish a 3yr Workforce Plan during 2022
- 4.5 Legal Implications – None.
- 4.6 Financial Implications – None.
- 4.7 Procurement – None.
- 4.8 ICT – None.

- 4.9 Corporate Assets – None.
- 4.10 Equalities Implications – None.
- 4.11 Sustainability – None.
- 4.12 Other – None.

5.1 **MANAGEMENT OF RISK**

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

- 5.2 None.

6.1 **IMPACT**

- 6.2 **STATUTORY DUTY** – None
- 6.3 **EAST DUNBARTONSHIRE COUNCIL** – None.
- 6.4 **NHS GREATER GLASGOW & CLYDE** – None.
- 6.5 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required.

7.1 **POLICY CHECKLIST**

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

8.1 **APPENDICES**

- 8.2 **Appendix 1** – Draft East Dunbartonshire HSCP Workforce Plan 2022-2025

East Dunbartonshire HSCP Workforce and Organisation Development Plan

2022-25



Content:

Foreword:

Section 1 – East Dunbartonshire HSCP

Section 2 – Known Drivers for change and transformation

Section 3 – Future Workforce

Section 4 – Current Workforce Demographics

Section 5 – Action Plan

Section 6 – Governance Arrangements

Appendix 1 – Organisational Development Plan*

Appendix 2 – Staff Training Plan 2022-23*

Appendix 3 - Staff Wellbeing Plan 2022-23*

Appendix 4 – Group Membership

***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:

DRAFT

Section 1

East Dunbartonshire HSCP

DRAFT

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 and children. The delivery or arrangement of those services is then carried out by the Council and the Health Board on behalf of the HSCP Board, in line with its strategic and financial plans. The HSCP Chief Officer is responsible for the management of planning and operational delivery on behalf of the Partnership overall.

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 intend to achieve, or contribute to achieving, the National Health and Wellbeing Outcomes. Strategic Plans should also have regard to the National Integration Delivery Principles.

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

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, 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 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

East Dunbartonshire HSCP Workforce Plan 2022-25

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 National Care Service

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.

2.2 East Dunbartonshire Strategic Plan 2022-25

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.

2.3 National Health and Social Care Workforce Strategy

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.

2.4 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 and for effective rehabilitation where necessary. In addition we will need to find ways of support service users with Long Covid to live as normal a life as possible 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.

2.5 The Promise

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).

East Dunbartonshire HSCP Workforce Plan 2022-25

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.

2.6 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.

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

2.7 Moving Forward Together – MH 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.

2.8 Health and Care Safe Staffing Legislation

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.

2.9 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 visit 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 carer 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.

2.10 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 2years. As we look at the capacity to provide hybrid working, we need to take recognition of the best way to offer services to maximise 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.

2.11 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.

2.12 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.

East Dunbartonshire HSCP Workforce Plan 2022-25

2.13 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.

2.14 Potential use of Apprenticeship 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.

2.15 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.

2.16 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

East Dunbartonshire HSCP Workforce Plan 2022-25

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 @ 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.

East Dunbartonshire HSCP Workforce Plan 2022-25

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 and to support the continuum of Mental Health Care provided across both Primary Care Mental Health and Community Mental Health Teams already established within the areas, and mental health Link workers being established through the Primary Care Improvement Plan.

3.12 Impact from 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

East Dunbartonshire HSCP Workforce Plan 2022-25

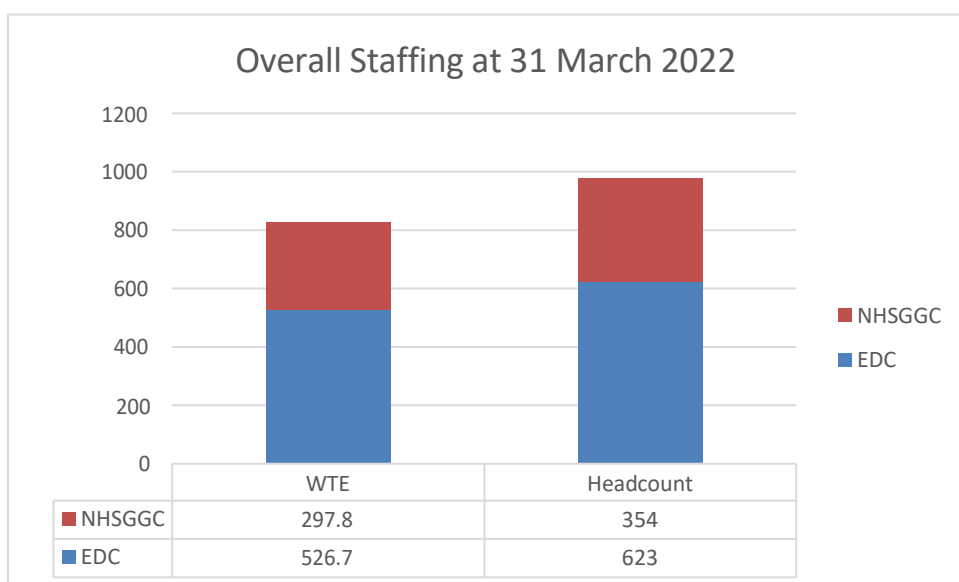
4. Current Workforce

4.1.1 This plan looks only at the staff directly working in the HSCP and employed by either 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

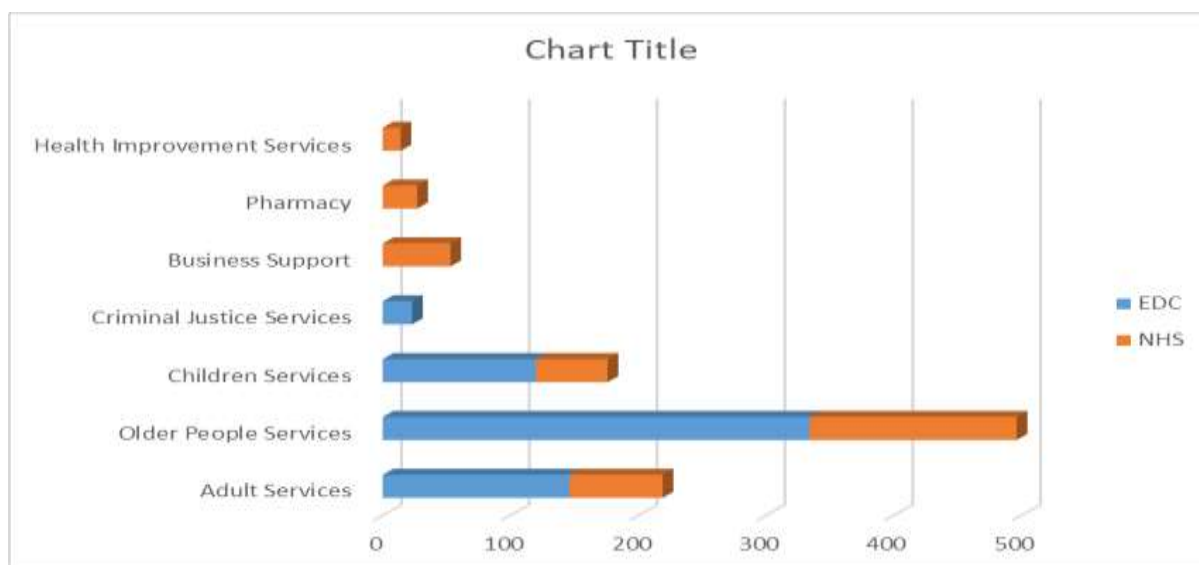


4.1.4 Our workforce is distributed across the 7 care groups as identified below. Further work is required to look at the entry level qualifications required by these occupational groups as we look to maximise the opportunities for employment within the HSCP.

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

East Dunbartonshire HSCP Workforce Plan 2022-25

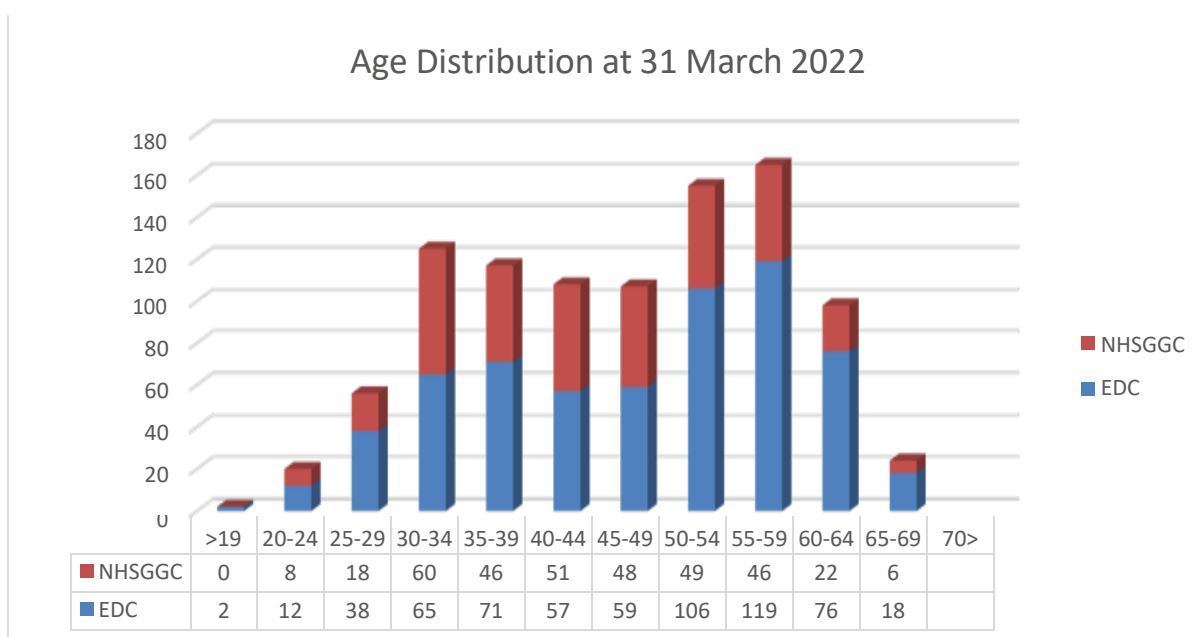
Graph B – Staffing by Care Group



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



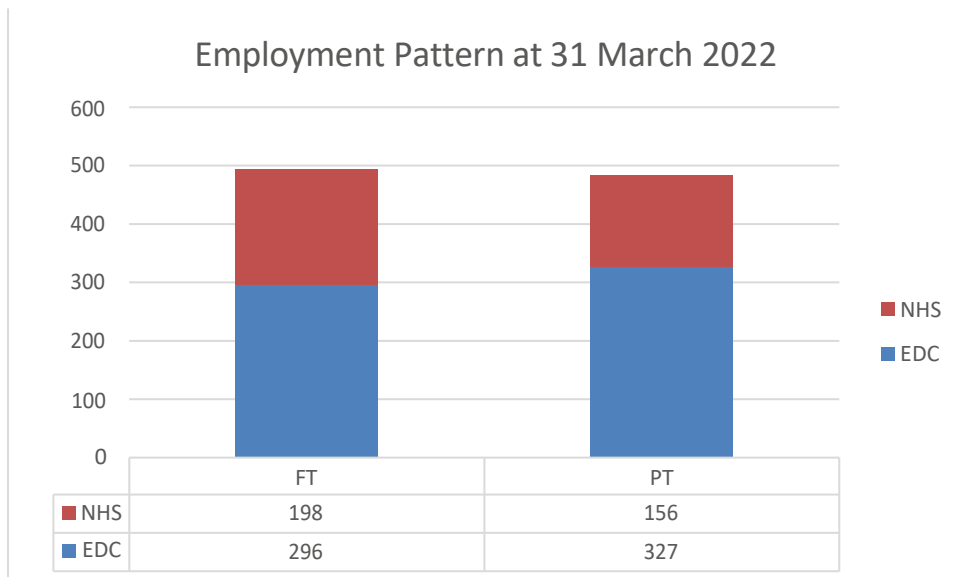
4.2 Work patterns

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

East Dunbartonshire HSCP Workforce Plan 2022-25

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.

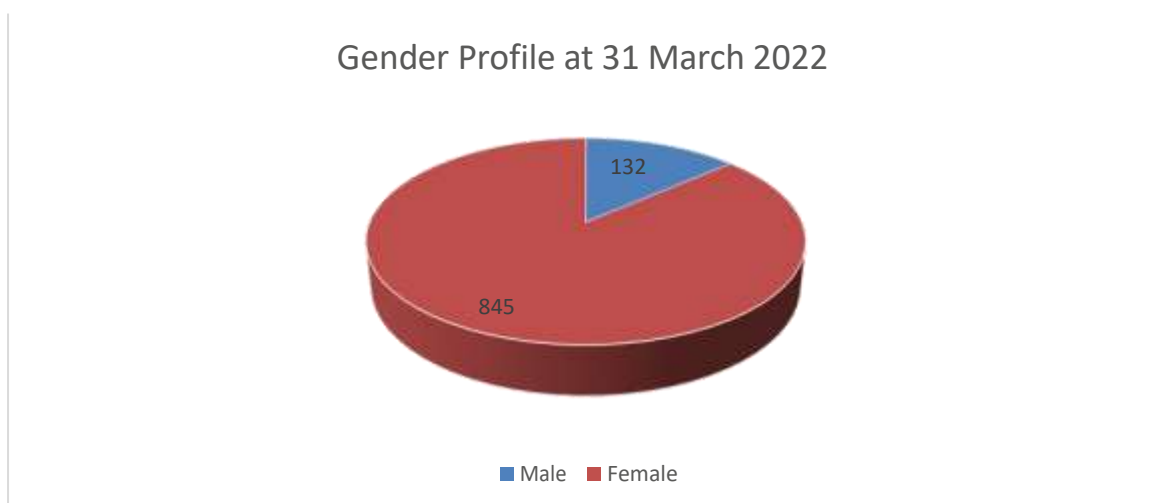
Graph D: Full-Time and Part Time split at 31 March 2022



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



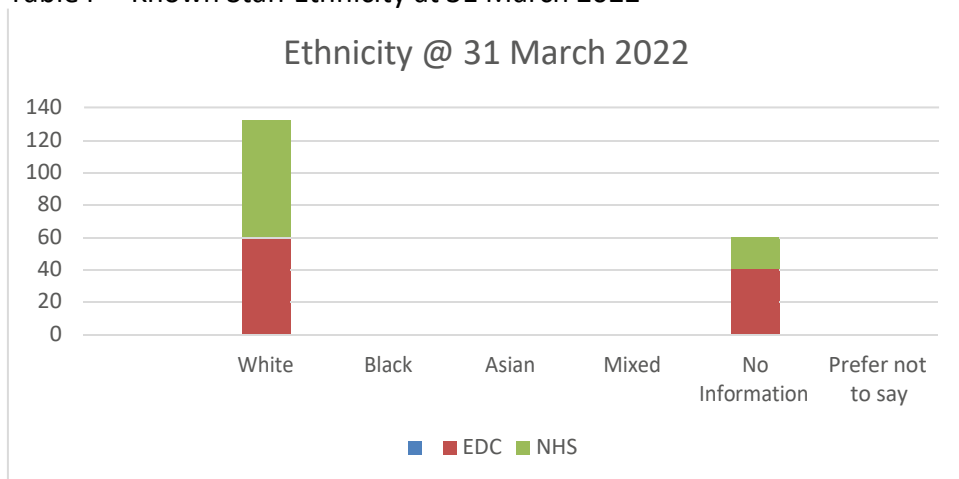
4.3.2 This variation in the gender balance of our workforce does not at this time provide any difficulties in our service delivery models.

East Dunbartonshire HSCP Workforce Plan 2022-25

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

East Dunbartonshire HSCP Workforce Plan 2022-25

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	Sept 2022	
	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	
	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	Sept 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 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.	C. Smith	Sept 2022	
		The HSCP will develop a recruitment strategy that highlights the advantages of working within East Dunbartonshire – including short video	C. Smith/ T. Quinn	Sept 2022	

East Dunbartonshire HSCP Workforce Plan 2022-25

	Recruitment	clips that can be used on social media from existing staff.			
		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	
	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	
		Promoting Lived Experience	The HSCP will look to identify and train sufficient "Peer" support workers across service areas.	Heads of Service	On-going
	Wellbeing	The HSCP Wellbeing Plan will be reviewed quarterly and reported to HSCP SMT and Staff Forum	T. Quinn	Sept 2022	
		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	Sept 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	

East Dunbartonshire HSCP Workforce Plan 2022-25

		The HSCP will continue to promote and report on the success of our PDR /KSF processes with a target of 80% compliance by Dec 2022.	T Quinn	On-going	

Section 6

Governance and Monitoring Arrangements

East Dunbartonshire HSCP Workforce Plan 2022-25

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

East Dunbartonshire HSCP Workforce Plan 2022-25

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.

Appendix 3

Staff Wellbeing Plan 2022 – 23



Staff Wellbeing Plan

2022-23

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.

East Dunbartonshire HSCP Workforce Plan 2022-25

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)

East Dunbartonshire HSCP Workforce Plan 2022-25

	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

East Dunbartonshire HSCP Workforce Plan 2022-25

Promotion of local activity			opportunity to have that wellbeing conversation with staff
	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

East Dunbartonshire HSCP Workforce Plan 2022-25

			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

East Dunbartonshire HSCP Workforce Plan 2022-25

Better 2-way communications			promotes opportunity for staff to 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

East Dunbartonshire HSCP Workforce Plan 2022-25

			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 BOARD

DATE OF MEETING: 30th JUNE 2022

REPORT REFERENCE: HSCP/300622/09

CONTACT OFFICER: ALAN CAIRNS / ALISON WILLACY (J/S)
PLANNING, PERFORMANCE AND QUALITY
MANAGER

SUBJECT TITLE: HSCP QUARTER 4 (FULL YEAR)
PERFORMANCE REPORT 2021-22 AND
ANNUAL PERFORMANCE REVIEW UPDATE

1.1 PURPOSE

1.2 The purpose of this report is to advise the HSCP Board of the deferred publication of the HSCP Annual Performance Report 2021-22 until September 2022, in line with provisions under the Coronavirus Scotland Act (2020) and associated Scottish Government advice. In the interim, a performance report for the period January to March 2022 (Quarter 4) and full year 2021-22 is attached to this report at **Appendix 1**, to inform the Board of progress made against an agreed suite of performance targets and measures, relating to the delivery of the HSCP strategic priorities.

2.1 RECOMMENDATIONS

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

- 2.2** Note the deferment of the full statutory HSCP Annual Performance Report for 2021-22 in line with Scottish Government advice and agree to its later publication in the September 2022; and
- 2.3** Note the content of the Quarter 4 and Full Year Performance Report 2021-22 at **Appendix 1**.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.1 BACKGROUND/MAIN ISSUES

- 3.2** The Scottish Government have advised that the Coronavirus Scotland Act (2020) has been extended to 30 September 2022. Subsequently, Integration Authorities are permitted to delay the release of their Annual Performance Report (APR) until November 2022 using the same mechanisms as the last two years and as laid out in Coronavirus Scotland Act (2020), Schedule 6, Part 3.
- 3.3** Prior to the pandemic, publication of HSCP APRs by the intended July timescale created significant logistical difficulties due to the delay in Public Health Scotland producing complete national data for the reporting period across a number of core integration indicators. The Scottish Government has indicated its intention to resolve these technical challenges by changing the APR publication timescale on a more permanent basis, as soon as parliamentary circumstances permit. In the meantime, the Scottish Government has applied the terms of the Coronavirus Scotland Act (2020) to allow for deferment to ensure that APRs are able to meet statutory guidance on reporting progress across the full range of core integration indicators.
- 3.4** In order to find a balance between reporting complete data and bringing an APR to the HSCP Board without undue delay, the Chief Officer has therefore agreed to defer the publication date for the APR for one reporting cycle, until 15 September 2022.
- 3.5** It is important though that the HSCP Board, wider partners, stakeholders and the general public have access to performance outturn data for the 2021-22 reporting year without undue delay, despite the deferment of the full APR. For this reason, a report has been prepared at **Appendix 1** that provides this information across a range of HSCP indicators and measures that are ordinarily reported on a quarterly basis to the HSCP Board. The HSCP Board is invited to consider progress against the performance targets and measures within, including those which are aligned to the delivery of the HSCP strategic priorities.
- 3.6** The performance report contains a range of information, most of which is available and complete for the full reporting period. However, as indicated above, 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 full year performance in these areas, tables and charts are included that use Greater Glasgow and Clyde Health Board's own activity data for the full year. These are also presented in a way that permits summary comparison of our performance with the previous year 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 measure in the absence of published national figures.
- 3.7** The pandemic continued to impact on a number of the performance metrics during January to March 2022, with the diversion of health and social care resources to support winter pressures and critical response management, as well as the impact of social distancing on business-as-usual service activity and staff absence.
- 3.8** During 2020-21, the HSCP suspended summary RAG ratings to avoid the risk of misrepresentation of the attribution of "positive" service activity to performance, in the context of the pandemic's impact on service activity. Summary RAG ratings for 2021-22 were re-introduced, but caution should continue to be applied to interpretation. Where activity is clearly and significantly impacted by the pandemic in the most

recent reporting period, this will be represented by a white rating. It is intended that the white rating will be withdrawn from the start of the 2022-23 reporting year.

3.9 Work is now underway on the preparation of the statutory HSCP Annual Performance Review, for consideration by the HSCP Board at its meeting in September 2022.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan;-

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

4.3 Frontline Service to Customers – None.

4.4 Workforce (including any significant resource implications) – None

4.5 Legal Implications – None.

4.6 Financial Implications – None.

4.7 Procurement – None.

4.8 ICT – None.

4.9 Corporate Assets – None.

4.10 Equalities Implications – None

4.11 Sustainability – None.

4.12 Other – None.

5.1 MANAGEMENT OF RISK

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

5.2 None.

6.1 IMPACT

6.2 STATUTORY DUTY – None

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

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

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

7.1 POLICY CHECKLIST

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

8.1 APPENDICES

8.2 Appendix 1 – HSCP Performance Report Quarter 4 2021-22

PERFORMANCE REPORT 2021-22 QUARTER 4 (FULL YEAR)





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

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

Covid-19 Pandemic Impact:

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

The HSCP has business continuity plans in place to guide the delivery of essential services. 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

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

As a result of the Covid-19 pandemic, presenting need, demand, service activity, performance and impact have been significantly affected in ways that affect the metrics and interpretations that are normally used to measure performance. During 2020-21, the HSCP suspended summary RAG rating to avoid the risk of misrepresentation of the attribution of “positive” service activity to performance, in the context of the pandemic’s impact on service activity.

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

-  Positive Performance (on target) improving
-  Positive Performance (on target) declining
-  Negative Performance (off target) improving
-  Negative Performance (off target) declining
-  Performance significantly impacted by Covid-19

 **Positive Performance (on target & maintaining/improving)**

4.1	Number of homecare hours per 1,000 population 65+
4.3	Community Care Assessment to Service Delivery Timescale
4.5	% of Adult Protection cases where timescales are met
5.2	% of people waiting <18 weeks for psychological therapies
6.1	Child Care Integrated Assessments (ICAs) submission timescales to Reporters Administration
6.3	% of first Child Protection review conferences taking place within 3 months of registration
6.5	% of first Looked After and Accommodated Children (LAAC) reviews taking place within 4 weeks of accommodation
7.1	% of individuals beginning a work placement within 7 days of receiving a Community Payback Order
7.3	% of court report requests allocation to a social worker within 2 days



Positive Performance (on target but declining)

6.6	% of children receiving 27-30 months assessment
-----	---



Negative Performance (below target but maintaining/improving)

4.2	% of People 65+ with intensive needs receiving care at home
5.3	% of people newly diagnosed with dementia receiving post diagnostic support
6.2	% of initial Child Protection case conferences taking place within 21 days from receipt of referral
6.4	% of children being Looked After in the community



Negative Performance (below target and declining)

5.1	% of people waiting <3 weeks for drug and alcohol treatment
5.6	Child and Adolescent Mental Health Services (CAMHS) waiting times
7.2	% of Criminal Justice Social Work reports submitted to court on time



Performance significantly impacted by Covid-19

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

The following targets relate to unscheduled acute care and focus on areas for which the HSCP has devolved responsibility. They are part of a suite of indicators set by the Scottish Government, and all HSCPs were invited to set out local objectives for each of the indicators. They are reported to and reviewed quarterly by the Scottish Government Ministerial Strategic Group for Health & Community Care (MSG) to monitor the impact of integration. Delays can occur with completeness of hospital-based data, so these tables and charts are based upon the most recent reliable data relevant to the reporting period.

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

3.1 Emergency Admissions

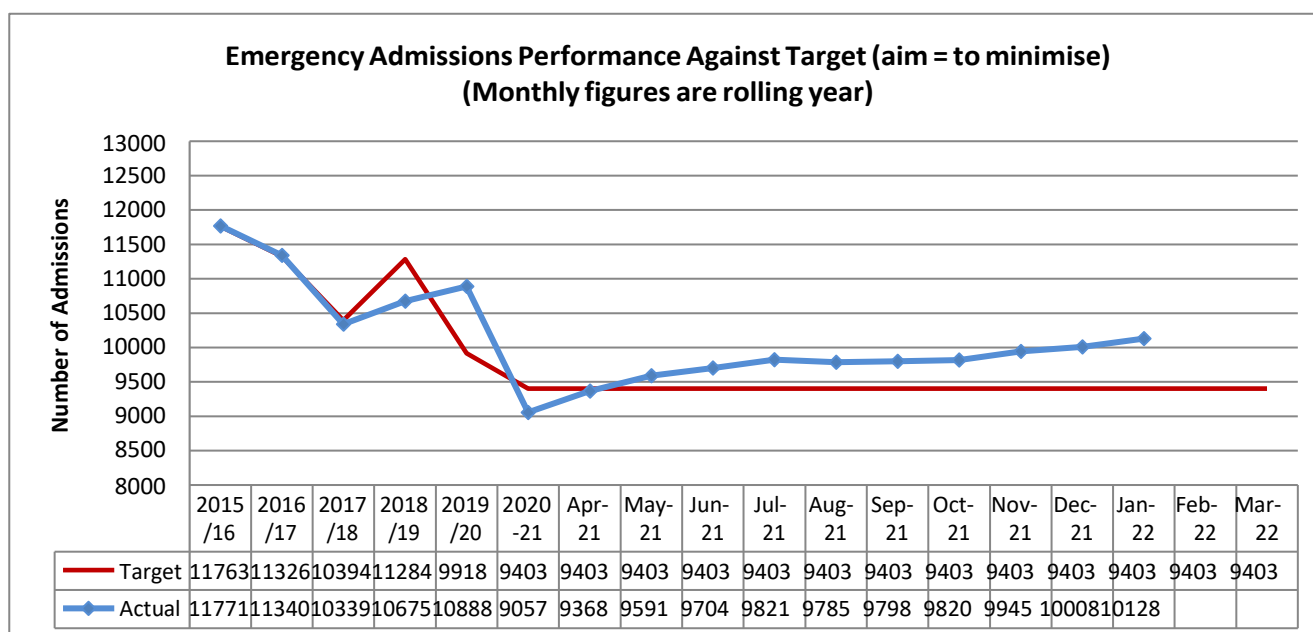
Rationale: Unplanned emergency acute admissions are focussed on reducing inappropriate use of hospital services and shifting the focus from a reliance on hospital care towards proactive support in the community setting.
 Aim = to minimise.

Table 3.1: Quarterly Number of Unplanned Acute Emergency Admissions

Q4 2020-21	Q1 2021-22	Q2 2021-22	Q3 2021-22	Q4 2021-22	Target (2021-22)
2,310	2,630	2,551	2,517	Full Q4 not available	2,351

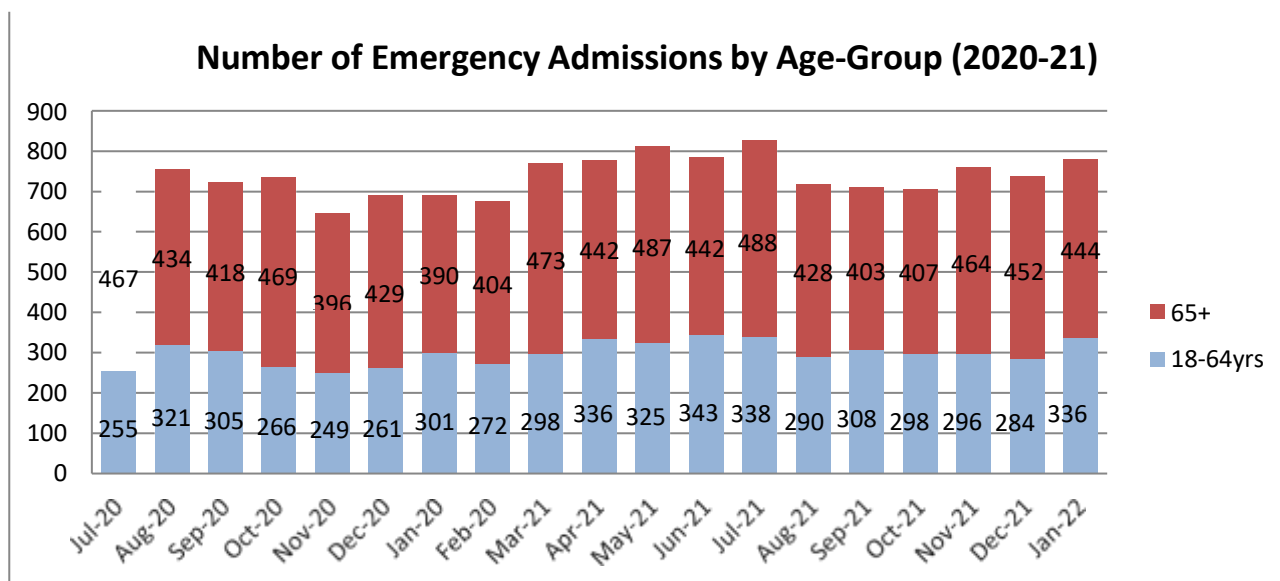
*Based on availability of complete data for quarter at time of report – subject to update.

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



*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 21.

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 the acute. 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)

Q4 2020-21	Q1 2021-22	Q2 2021-22	Q3 2021-22	Q4 2021-22	Quarterly Target (2021-22)
21,307	21,564	21,299	21,216	Full Q4 not available	20,181

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

Figure 3.2a: Rolling year number of Unscheduled Hospital Bed Days

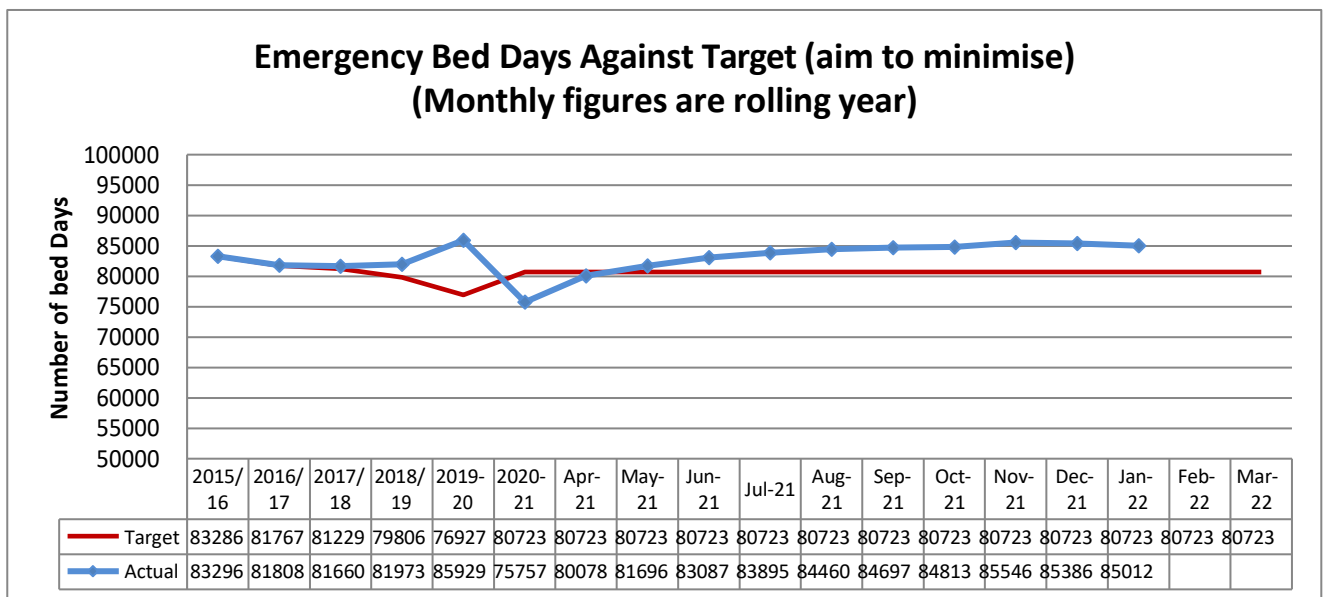
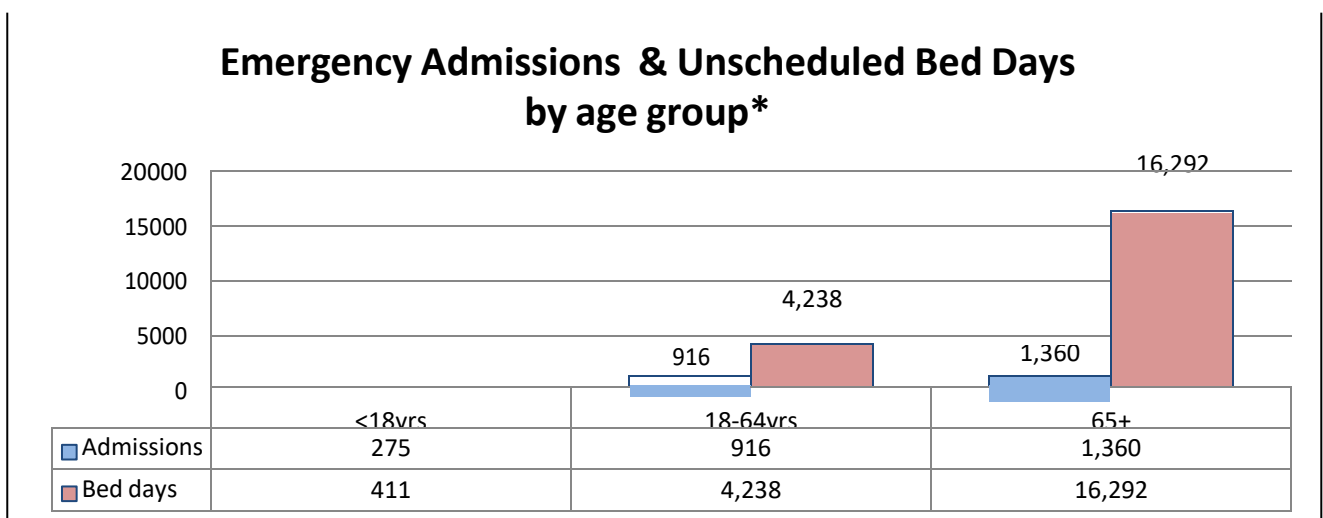


Figure 3.2b: Number of Unscheduled Admissions/Hospital Bed Days by Age Group *



*Based on most recent complete 3 month data period (>=95% complete) November 2021 to January 2022

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 national source data publication extends only to January 2022, but as with admissions, there is an indication of recovery in emergency hospital activity. Although a slight decline in rolling-year admissions can be seen from November 2021 we are still above target for the year to date. 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 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+)*

	Q4 2020-21	Q1 2021-22	Q2 2021-22	Q3 2021-22	Q4 2021-22	Quarterly Target (2021-22)
No. Bed Days	1,481	1,072	1,036	1,438	Full Q3 not available	1,210

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

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

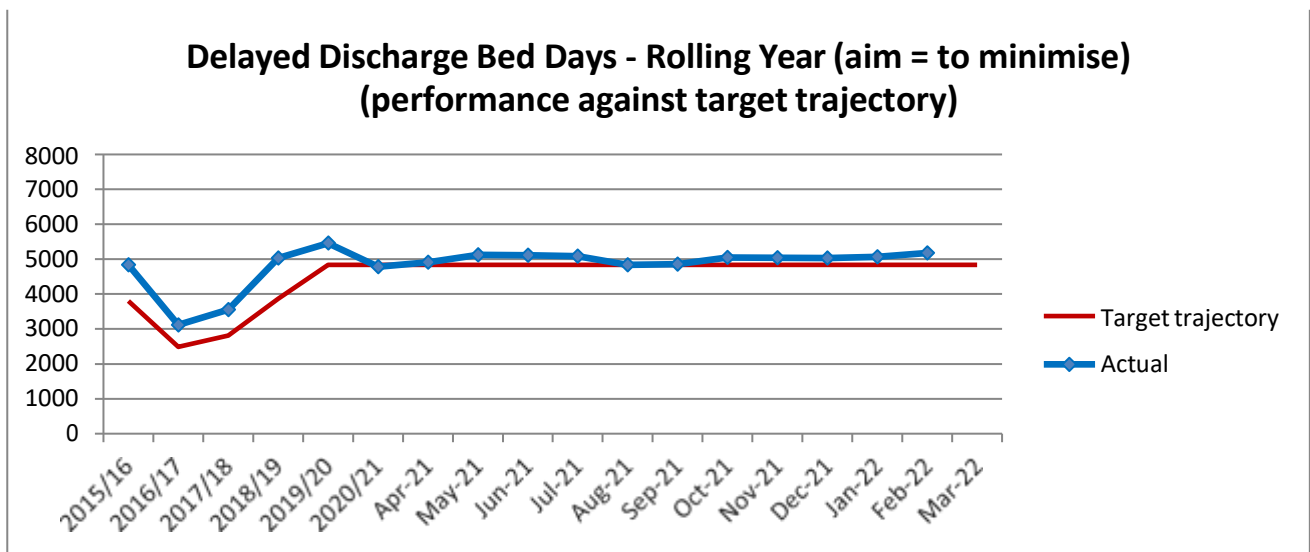
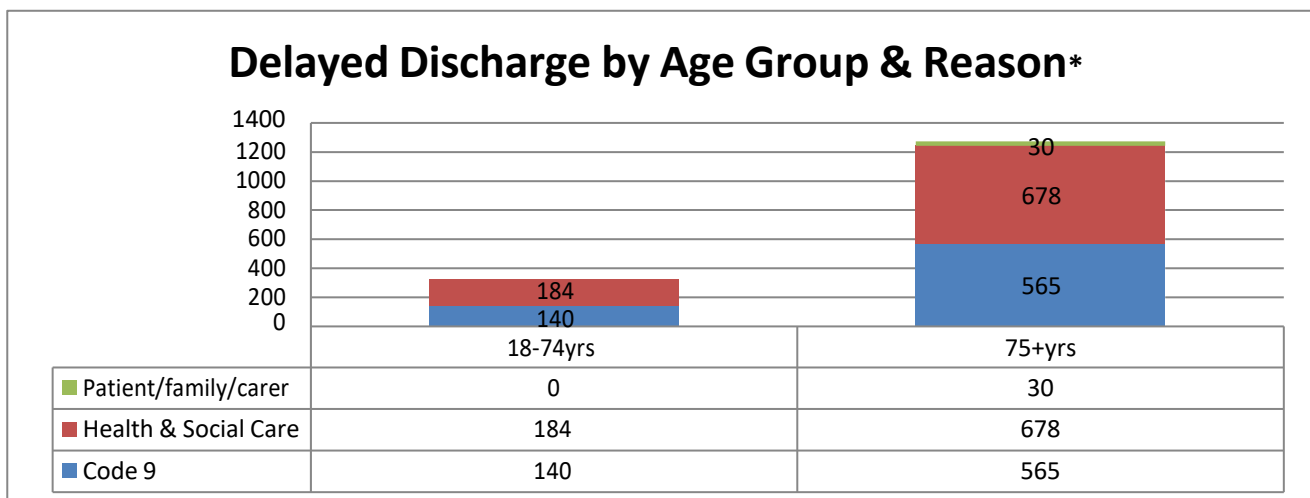


Figure 3.3b: Number of Delayed Discharges by Age and Reason



*Based on most recent complete 3 month data period (December 2021 to February 2022)

Situational Analysis:

Facilitating discharge from hospital when a patient is clinically fit to return home is an important component of the health and social care whole system. This ensures that people are supported safely at home where possible, reduces the loss of independence and allows hospital resources to be used for people in need of clinical care. This has been a particular focus during the period of the pandemic. 2020-21 was characterised by a marked reduction overall in delayed discharges due to Covid-19 emergency planning. Between the successive waves, delayed discharge numbers returned to pre-Covid levels. This was impacted often by the need to ensure safe and well-planned discharge through testing and liaison with care providers in the community and because there was an increase in the numbers of patients resuming elective surgery and being delayed in their discharge thereafter. National data is only available to February 2022, but in general terms it can be expected that delays will increase through recovery and remobilisation. External scrutiny from the NHS GG&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 us 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)*

Q4 2020-21	Q1 2021-22	Q2 2021-22	Q3 2021-22	Q4 2021-22	Quarterly Target (2021-22)
4,883	6,991	7,308	6,214	Full Q4 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

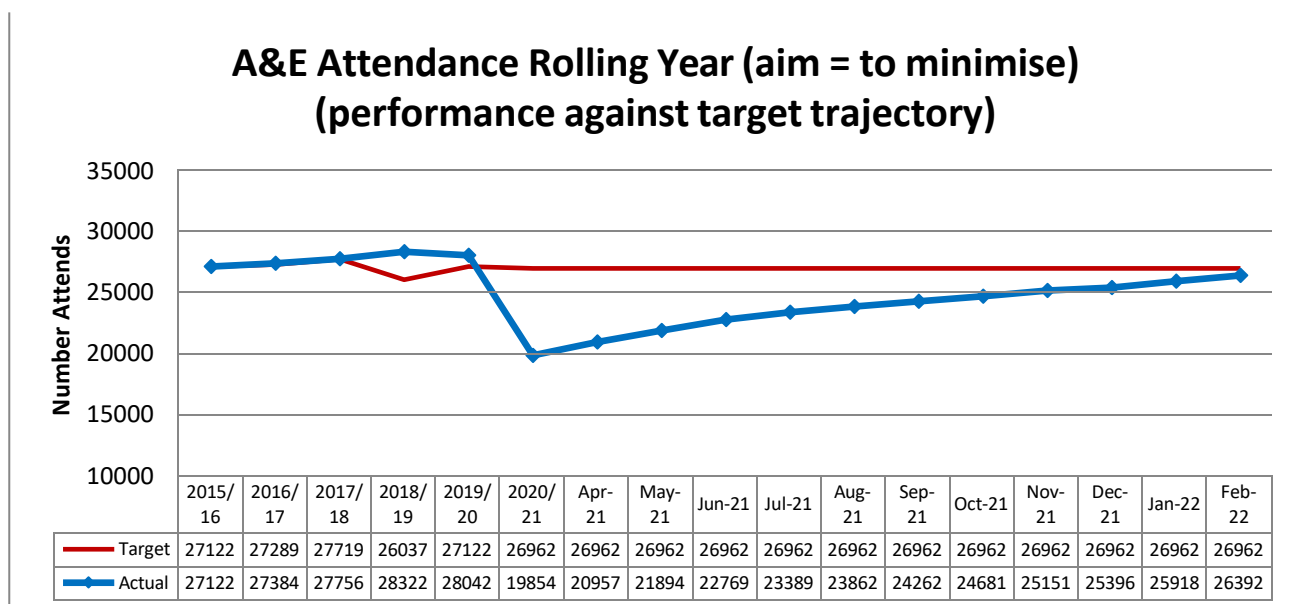
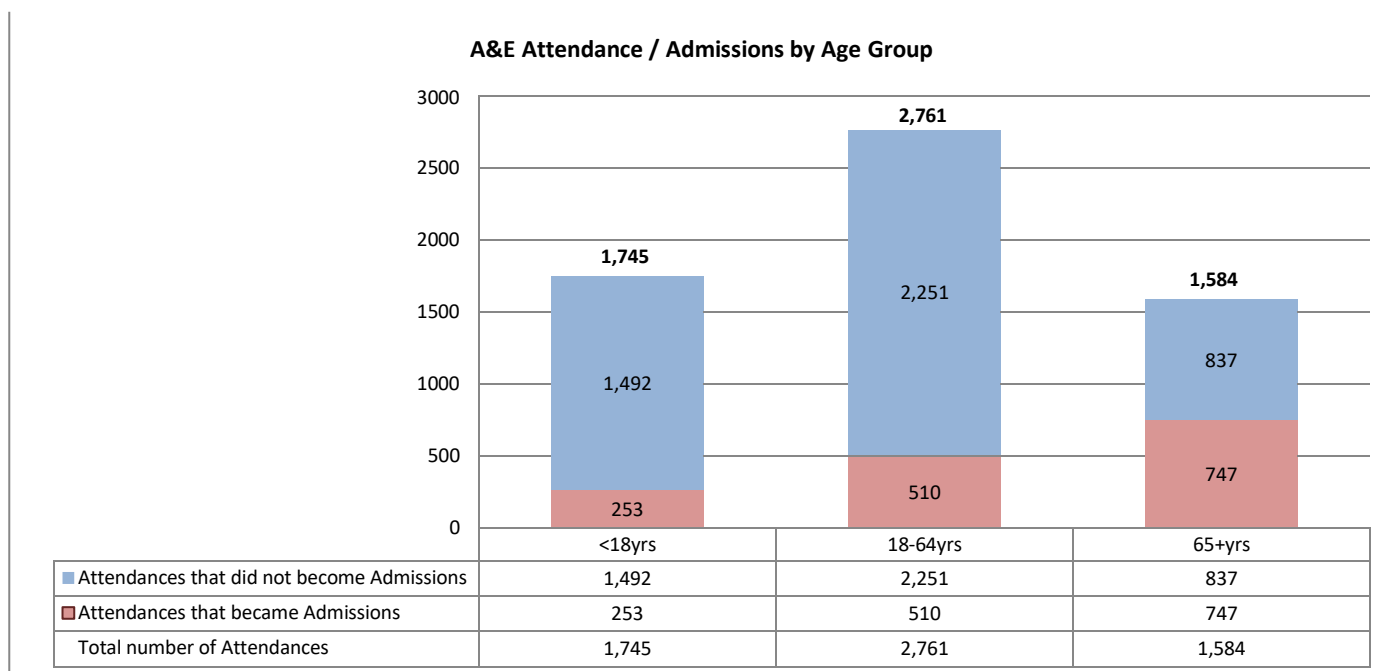


Figure 3.4b: A&E Attendances Admitted to Hospital by Age Group (Jun-Aug 2021*)



*Based on most recent complete 3 month data period (>=95%) November 2021 to January 2022

Situational Analysis:

Pre-Covid, East Dunbartonshire had the second lowest level of emergency department attendances across Greater Glasgow and Clyde and this continued since then, 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. Since the start of 2021-22, there has been a steady increase in attendances at emergency departments (as shown at 3.4a), with 2021-22 likely to end with numbers at target levels.

The data at 3.4b shows the proportion of those who attended A&E who were subsequently discharged, suggesting a significant number of those attending A&E could have had their needs met in the community or via self-care. In order to address this on a national level “Right Care, Right Place” is now operating across Scotland. Scotland’s new approach to urgent care has those with non-life threatening conditions who would usually visit an 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 November 2021, but it 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 January 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 March 2022

Measure	Actual (Full Year 21-22)	Target (Full Year 21-22)	Target RAG*	Rank in GGC (Full Year 21-22)
Emergency Dept. Attendances (18+)	18,196	19,674	Green	2
Emergency Admissions (18+)	9,027	9,403	Green	3
Unscheduled bed days (18+)	86,764	80,723	Amber	3
Delayed discharge bed days (all ages)	5,285	4,838	Amber	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)

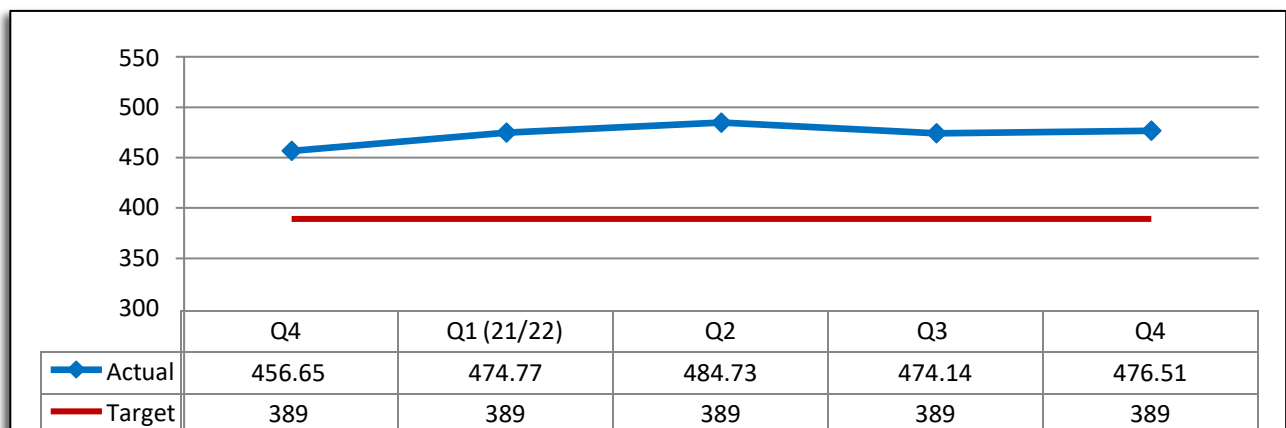
This section provides an updated report of Social Care core dataset and includes data collated by East Dunbartonshire Council's Performance & Research Team. Although reported separately from the Health and Social Care data, the following indicators are integral to achieving the targets set out in the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



Situational Analysis:

This indicator was first established nationally to measure the extent of community-based support, in comparison with institutional care. The number of homecare hours per 1000 population over 65 is ahead of target. Whilst this demonstrates success in supporting people in the community, the increase is also a result of rising demand and complexity. Our analysis on the reasons for this rising demand point to the disproportionate increase in people aged 85+ in East Dunbartonshire, which has been the highest in Scotland over the past 10 years at +5% per year. We are projected to continue to have the fastest growing increase over the next 10 years. People aged 85+ overall have the greatest level need in terms of volume and intensity of older people's health and social care services. Approximately 40% of people 85+ 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.

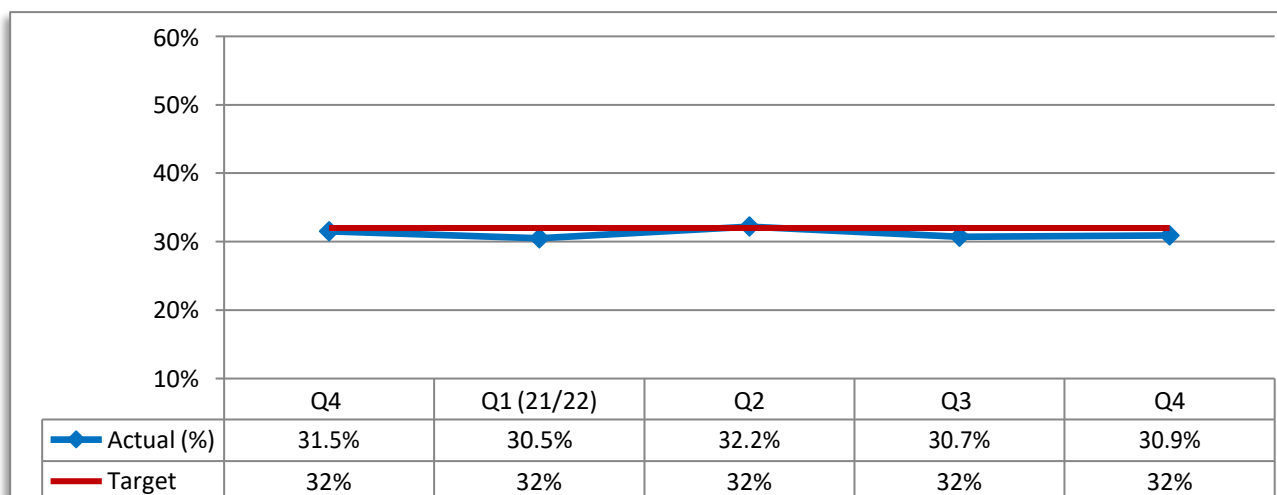
Implementation of the revised organisational structure and service delivery model resulting from the strategic review of care at home is complete. Some remedial changes resulting from the benefits realisation process that were delayed due to the Covid-19 pandemic, have now also been put in place. These have included adjustments to the direct care: leadership ratio for senior carers and a significant increase in care package review capacity.

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)



Situational Analysis:

This indicator measures the number of people over 65 receiving 10 hours or more of homecare per week, which is a measure of intensive support. Our policy is to support people with intensive care needs in the community as far as possible, traditionally the aim

has been to maximise this value. However we also have to be mindful of the need to maximise independent living using “just enough” support rather than creating over-dependency. We have been consistently around target for this indicator but have reported a slight dip over the past two quarters, which may be a consequence of Covid-19-related demand, and the resultant impact on capacity in our own internal care at home service and amongst our commissioned providers.

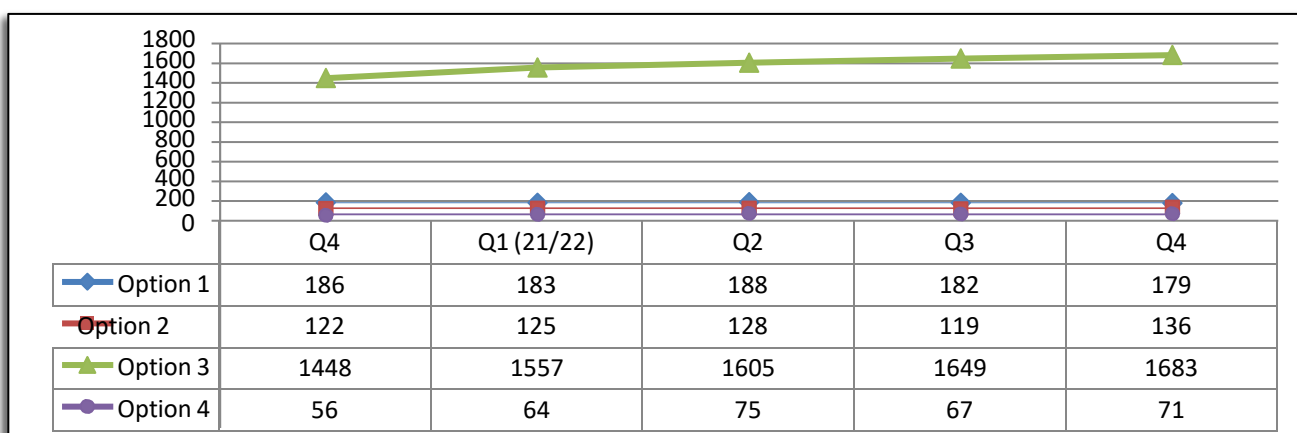
Improvement Action:

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



Situational Analysis:

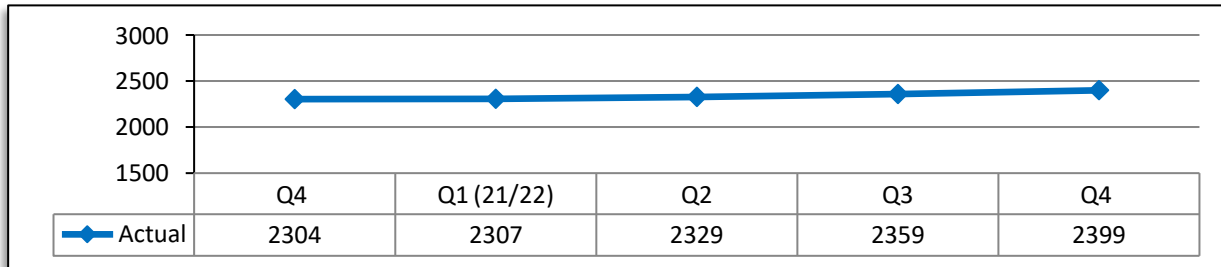
The indicators measure the number of people choosing Self Directed Support Options to direct their own support package. Their choice will be dependent upon the amount of control and responsibility that the customer or their family wish to take in arranging the delivery of care. None of the options are considered inferior to the other options and the statistics reflect customer choice. This quarter has seen a decrease across options 1 and 4, and an increase in option 2 and 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)



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.

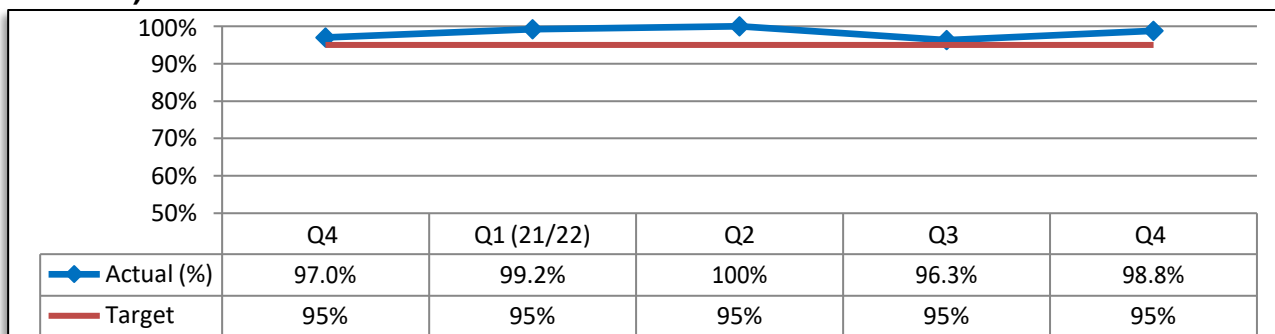
Improvement Action:

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.

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)



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.

Improvement Action:

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

4.4 Care Home Placements

Rationale: The focus of the HSCP is to maximise opportunities for people to live active, independent lives 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)

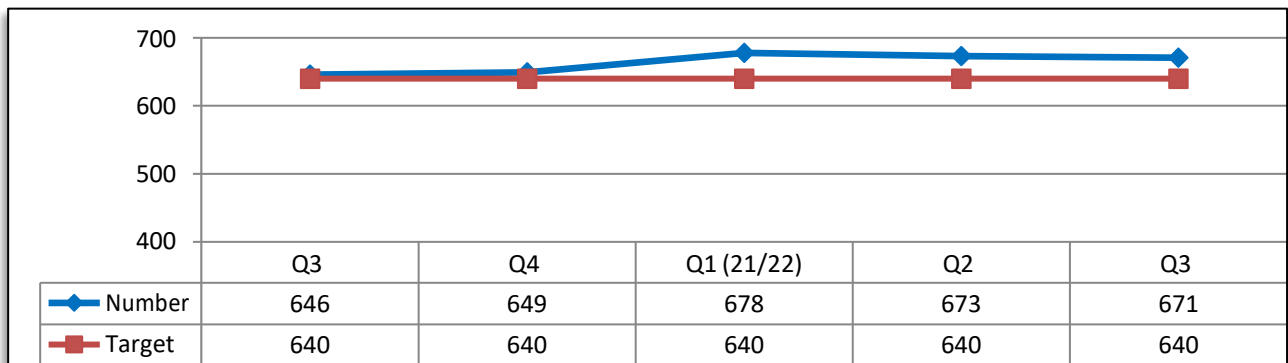
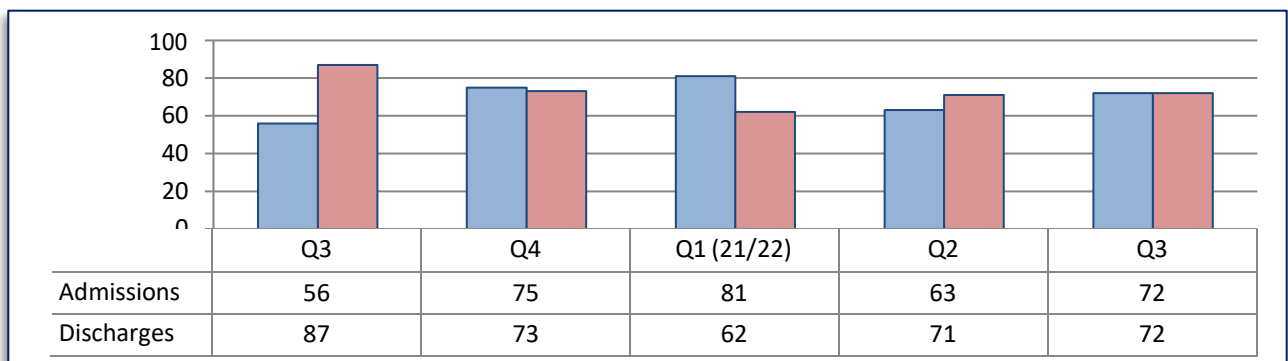


Figure 4.4b Number of Care Home Admissions and Discharges (including deaths)



Situational Analysis:

Care home admissions are determined at an individual level, based upon an assessment of support needs and with consideration to the balance of care and cost thresholds. The HSCP policy is to support people in the community for as long as possible, which is generally the preference of the individual concerned. National and local policy is also geared towards carefully balancing the use of 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 October to December 2021. 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.

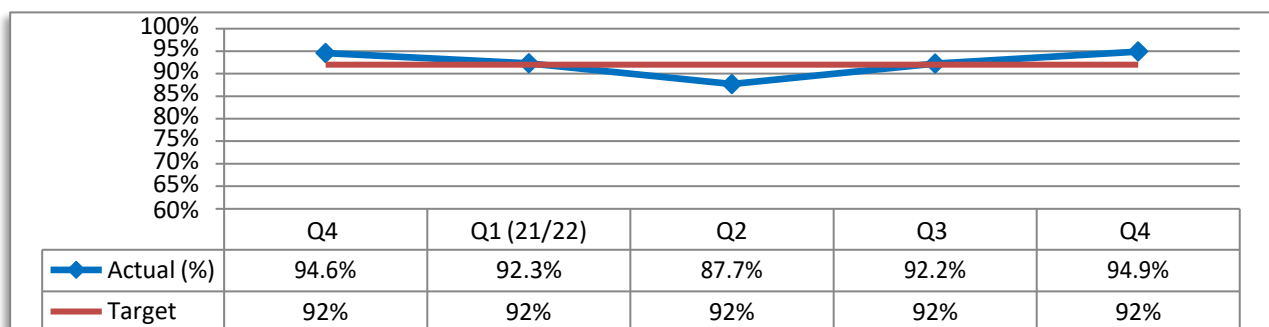
Improvement Action:

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 (Aim = to maximise)



Situational Analysis:

Quarter 4 has reported above target performance. This shows 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 scheduled to begin in July 2022. Any necessary adjustments to reporting will be made once the framework has been agreed for implementation.

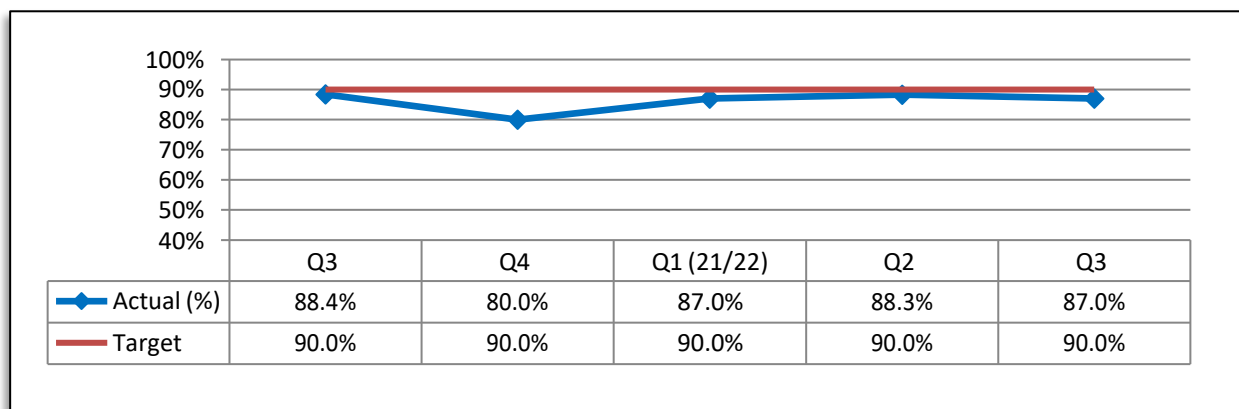
LDP Standards refer to a suit of targets, set by the Scottish Government, which define performance levels that all Health Boards are expected to either sustain or improve. This section reports on the Standards delivered by, or relevant to, the HSCP.

- 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)



Situational Analysis:

2021-22 Quarter 4 waiting time performance data had not been published at the time of preparing this report. Performance slipped very slightly off-target in Q3 as the service continues to operate with Covid-19 restrictions and impacts of staffing availability.

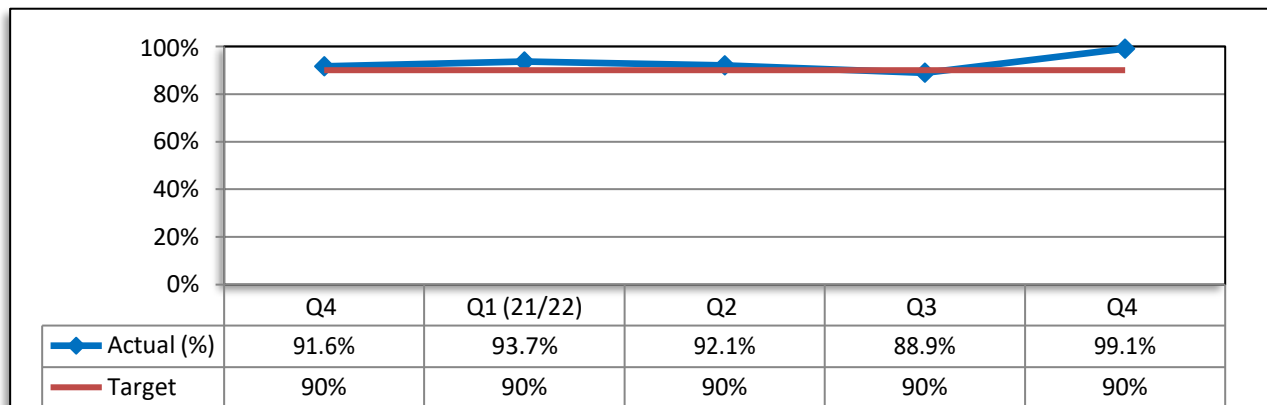
Improvement Action:

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

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)



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 dropped below this standard very slightly during Q3, but has recovered to deliver extremely positive levels of service response during Q4, 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.

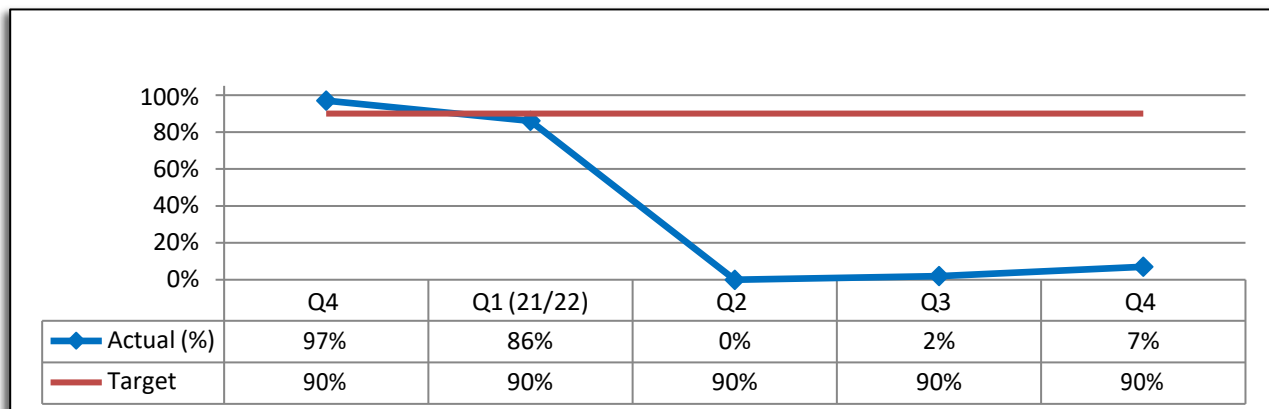
Improvement Action:

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)



Situational Analysis:

This indicator examines how many patients are accessing PDS within 12 weeks of new diagnosis. The service had been impacted significantly by Covid-19 lockdown measures. The period after the first wave saw a significant improvement, with 2020-21 Q4 reaching 97%. Unfortunately performance has been impacted in 2021-22 by non-Covid related staffing issues.

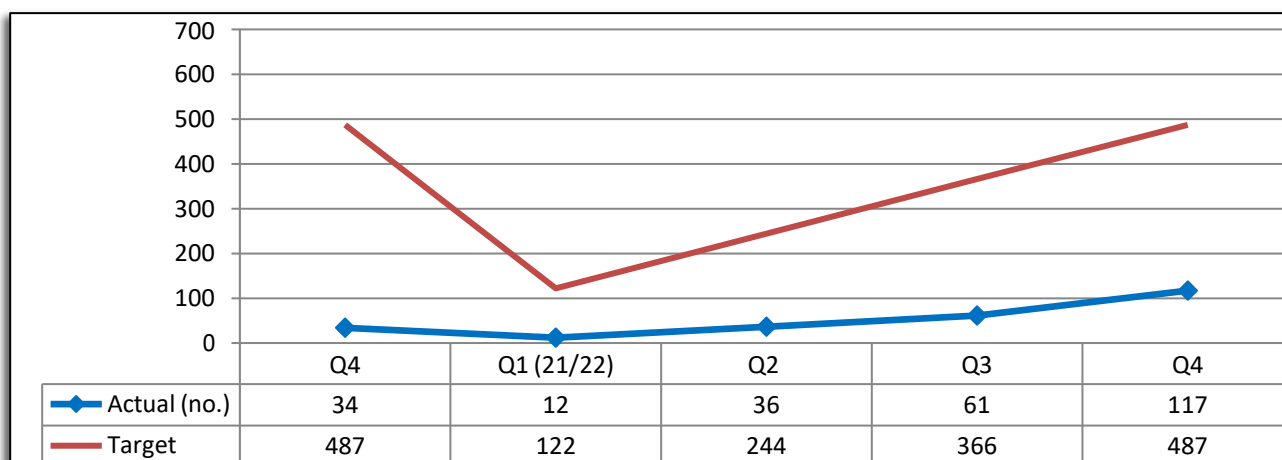
Improvement Action:

Work will be ongoing to return performance to target levels. The HSCP are 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: Cumulative total number of ABIs delivered (aim = to maximise)



Situational Analysis:

Fig 5.4 shows that the delivery of ABIs have been significantly reduced during 2021-22. Performance continues to be challenging and only 117 ABIs have been delivered this year compared to a target of 487, due to the severe impact of Covid-19 restrictions on these therapeutic interventions.

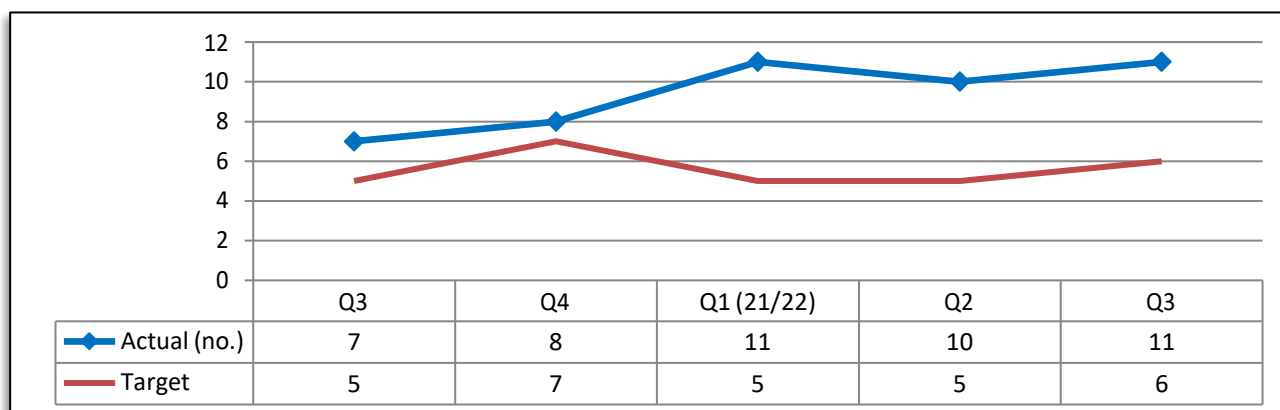
Improvement Action:

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

5.5 Smoking Cessation

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

Figure 5.5: Smoking quits at 12 weeks post quit in the 40% most deprived areas (aim = to maximise)



Situational Analysis:

Targets for smoking cessation are set centrally by NHSGGC. Data is generally 3 months behind, so Fig 5.5 shows the most recent data available. Performance was impacted by the pandemic with constraints particularly affecting successive waves. Nonetheless, the target of 22 quits was exceeded during 2020-21 and this trend is looking likely to continue in 2021-22 with 32 quits achieved against the target of 16 for the first 3 quarters of the year.

Improvement Action:

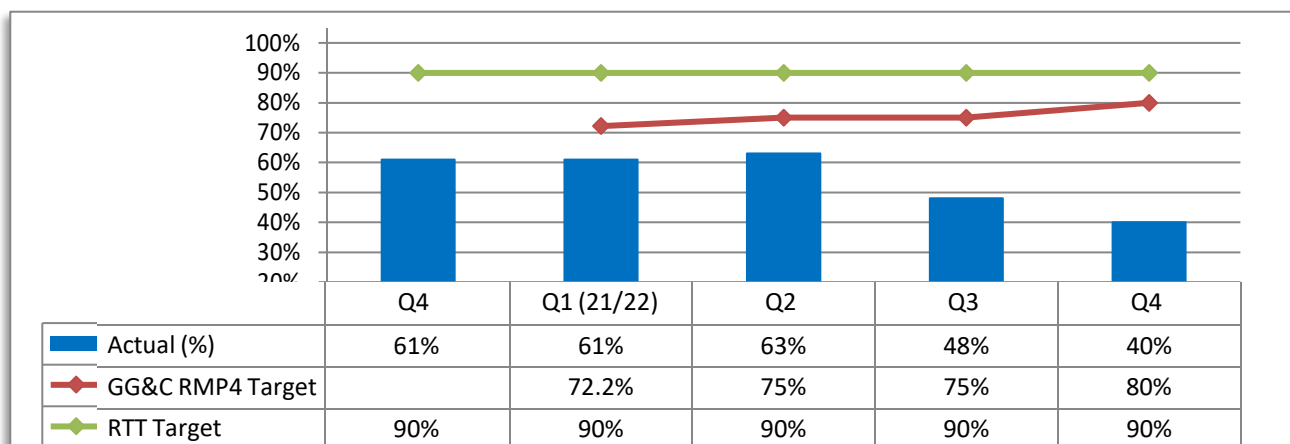
Although referral numbers and intervention mechanisms were detrimentally affected during both the first and second waves of the pandemic, the target was nonetheless met during this period which is a credit to the service. As we move through and out of the pandemic, the objective will be to increase referrals and reinstate normal intervention methods, when

safe to do so. Alternative methods of intervention will continue to be used on a blended basis as some “virtual” approaches have been found to be successful.

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

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

Figure 5.6: Percentage of Young People seen or otherwise discharged from the CAMHS waiting list who had experienced a wait of <18wks (aim = to maximise)



Situational analysis:

NHSGGC CAMHS aims to prioritise improvement on the Referral to Treatment (RTT) performance in a managed way that acknowledges the considerable task of balancing demand and capacity. Increases in demand, and increases in complexity of cases, over the last year in particular have had a significant impact on clinical capacity and we are working to resolve this as efficiently and safely as possible. For Quarter 4 in East Dunbartonshire, 40% of children seen or otherwise discharged from the waiting list had waited less than 18 weeks. During Quarter 4, 49% of children on the waiting list had waited for less than 18 weeks. 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) and recent procedural changes have resulted in more accurate recording of these discharges. The percentage of patients seen or discharged from the waiting list in less than 18 weeks has fallen again in Q4. This is a result of a focus on those children waiting longest, particularly in March. It should, however, be highlighted that the total number of children discharged from the waiting list

month on month continues to increase substantially (Q2 – 83, Q3 – 139 of which 67 waited less than 18 weeks, Q4 – 171 of which 69 waited less than 18 weeks).

Improvement Actions:

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

- Focus on remobilisation target data for completed first treatment appointments continues. First treatment appointment activity levels are increasing, in line with RMP4 targets described below.
- 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 invite to call and book an appointment, with choice of when and how families would like to be seen (within limits of distancing requirements).
- While the Waiting List Initiative continues, the focus on long waits, and increased demand and increased complexity of presentation, mean improvement to RTT is likely to stretch beyond Spring 2022.
- Regular performance updates supplied to CAMHS management and teams to ensure the most effective use of clinical capacity for the waiting list and open caseload. Regular monitoring of CAMHS clinical caseload management available to the service on a monthly or as required basis.
- Scottish Government funding has been provided to HSCPs for the development of community mental health and wellbeing Tier 1 and 2 resource for children and young people
- Ongoing use of NearMe and remote/digital group options, to increase numbers of children seen and clinical capacity, and encourage teams to work efficiently to see children sooner.
- There 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 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 2022

Please note that this trajectory is for GGC CAMHS and not specific to East Dunbartonshire. Specialist Children's Services leadership and CAMHS management are closely monitoring this progress and aim to keep the service on track for a return to achieving the RTT target. RMP3 targets have been superseded by RMP4 and also now report on the split of waiting times between 'seen within 52 weeks' and 'seen in more than 52 weeks'. For Q1 & Q2 of 2021/22 the targets have been met. The first treatment appointments target increased in Q3 and again in Q4, these targets were both exceeded.

Figure 5.6a Targets for CAMHS

Projections	Quarter ending 30/06/2021	Quarter ending 30/09/2021	Quarter ending 31/12/2021	Quarter ending 31/03/2022
CAMHS - First Treatment Appointments (patients treated within 52 weeks of referral) (Definitions as per published statistics)	1203	1013	1440	1500
CAMHS - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)	74	8	0	0
CAMHS - Performance against the 18 week standard (%) (Definitions as per published statistics)	72.20%	75%	75%	80%



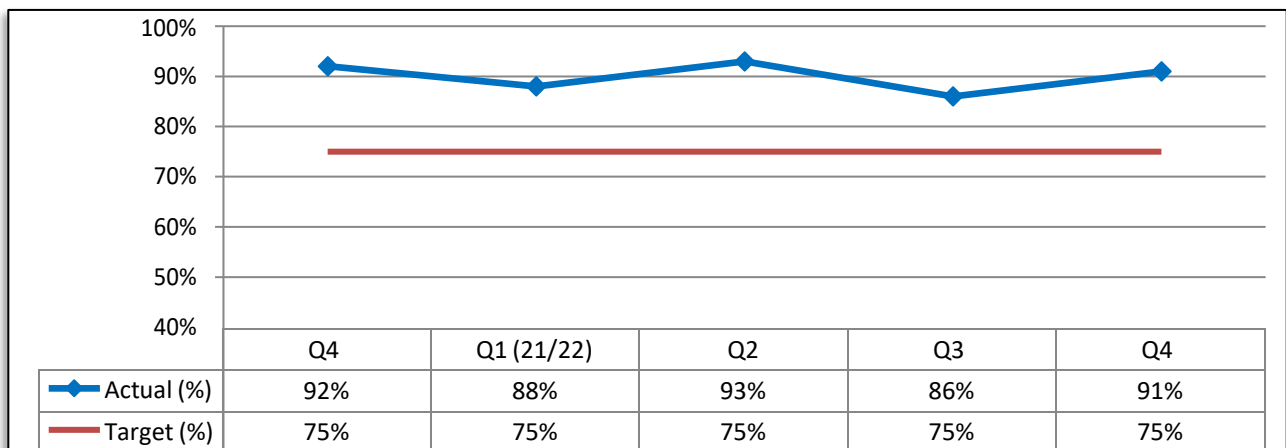
This section provides an updated report performance against key Children and Families indicators. The indicators reported are:

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

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

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

Figure 6.1: Percentage of Child Care Integrated Assessments (ICA) for SCRA completed within 20 days (aim = to maximise)



Situational Analysis:

Quarter 4 demonstrates the continued performance above target. The actual figure reflects 21 out of 23 ICA reports being submitted to SCRA within the target timescale.

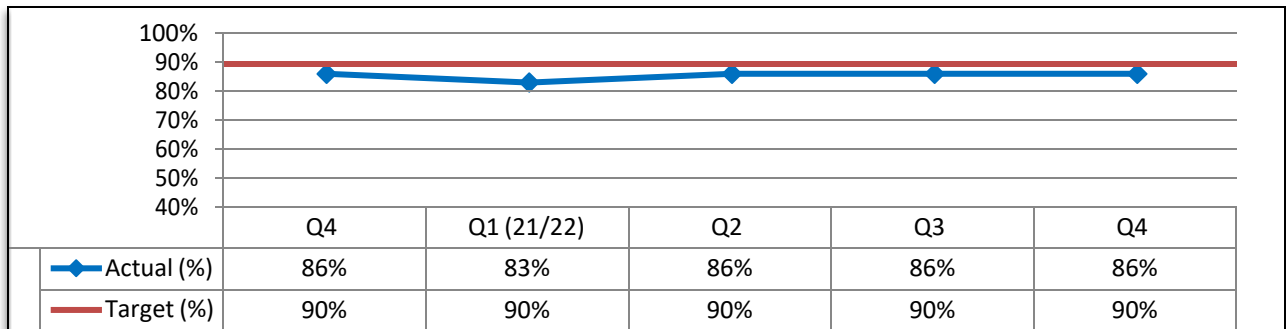
Improvement Action:

Maintain good performance.

6.2 Initial Child Protection Case Conferences Timescales

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

Figure 6.2: Percentage of Initial Child Protection Case Conferences taking place within 21 days from receipt of referral (aim = to maximise)



Situational Analysis:

Performance in Q4 is below target due to 1 of the 7 initial child protection case conferences having to be rescheduled to enable partner agency attendance. This demonstrates the impact of a small number of cases not on target impacting on overall percentages.

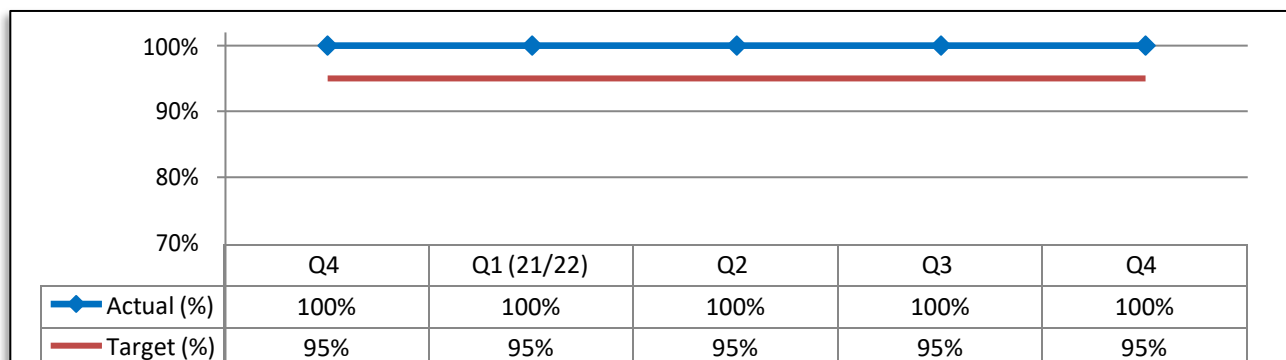
Improvement Action:

To continue to maximise performance at or above target levels.

6.3 First Child Protection Review Conferences Timescales

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

Figure 6.3: Percentage of first review conferences taking place within 3 months of registration (aim = to maximise)



Situational Analysis:

Performance in Q4 continues to be above target at 100%, with all 7 Child Protection Reviews within the quarter taking place within timescale.

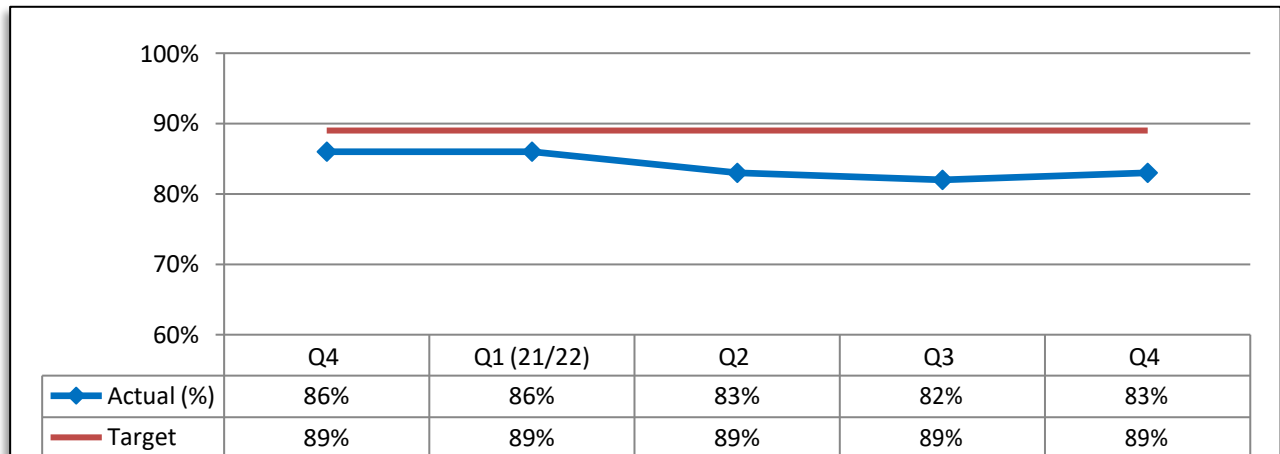
Improvement Action:

Team Managers will continue to maximise the achievement of Review Case Conferences timescales.

6.4 Balance of Care for Looked After Children

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

Figure 6.4: Percentage of Children being Looked After in the Community (aim = to maximise)



Situational Analysis:

There has been an overall decrease in the number of looked after children (4%). The number of community placements has increased slightly this quarter and the number in residential placements has decreased slightly.

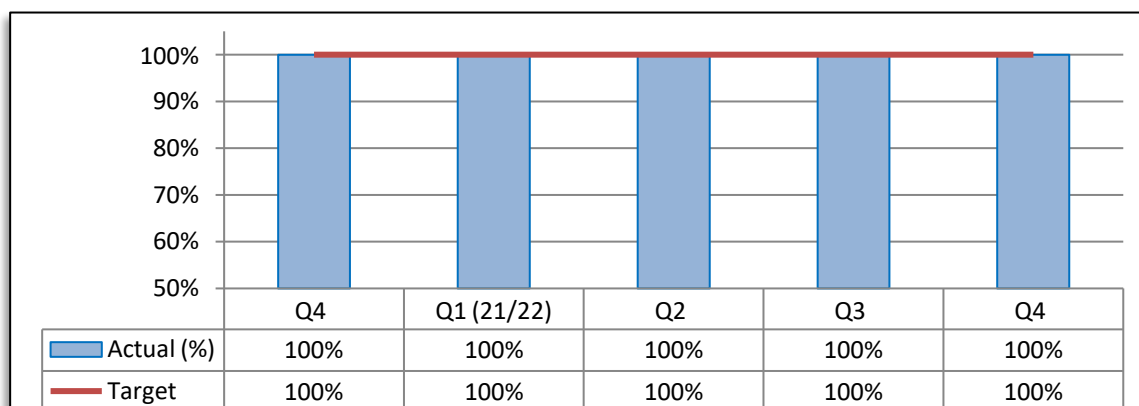
Improvement Action:

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)



Situational Analysis:

Performance continues to remain on target with all 5 scheduled reviews taking place within timescale.

Improvement Action:

To maintain high levels of performance.

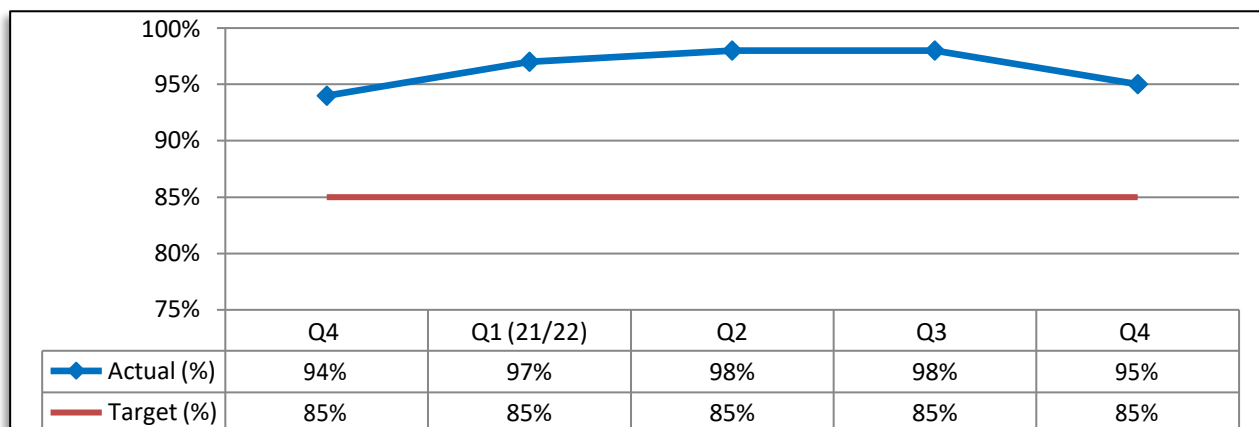
6.6 Children receiving 27-30 month Assessment

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)

**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. Q4 performance continues to be above target performance.

Improvement Action:

Monitor and continue to maximise performance. Data reports are monitored on a monthly basis at team meetings to support early identification of variances and allow improvement plans to be developed where required. Covid-19 service recovery planning is in place and will be followed to support these actions.

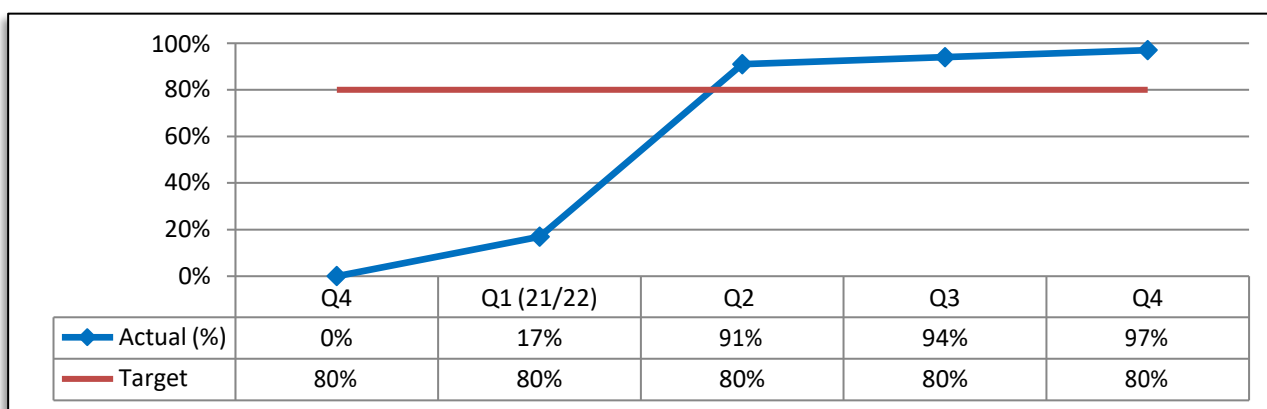
This section provides an updated report performance against key Criminal Justice indicators. The indicators reported are:

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

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

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

Figure 7.1: Percentage of individuals beginning a work placement within 7 days (aim = to maximise)



Situational Analysis:

During normal times, there is a challenge with this performance metric when service users who attend immediately after court but are then unable to commence due to a further conviction, ill health with GP line, employment contract clashing with immediate start or if 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.

During 2020/21 and 2021-22, work placements were suspended by the Scottish Government during two extended periods due to Covid-19 public health constraints. This had a consequential impact on the achievement of this target, for reasons out with the control of the service. The lifting of the national suspension and additional resource funding has resulted in Q2, Q3 and Q4 performance returning to above target for the 2021-22 reporting year.

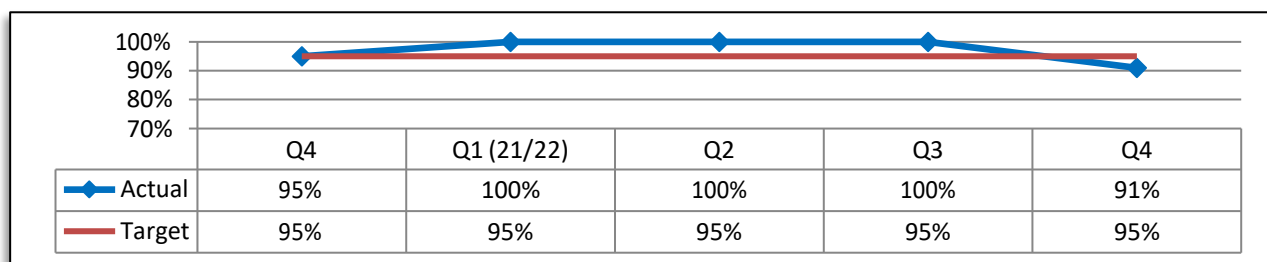
Improvement Action: The focus will be on the recovery of services in line with national and local public health guidance.

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.



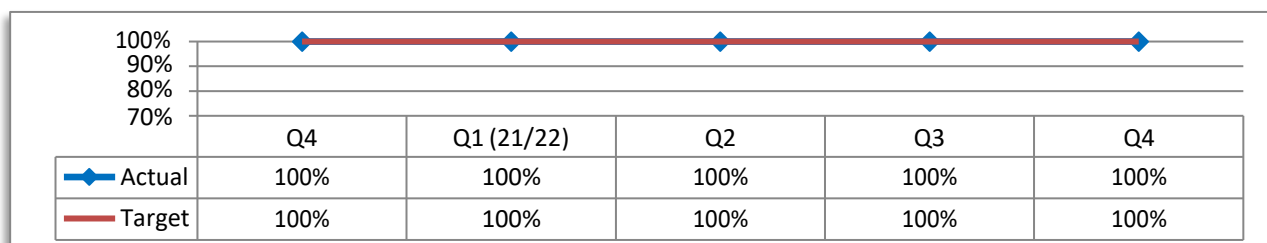
Situational Analysis: Performance in Quarter 4 is slightly below target for this indicator. 58 reports were submitted to Court during the quarter and 53 were within the target timescale. All reports were submitted to court on the date they were due however 5 were past the 12 noon deadline but were accepted 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)



Situational Analysis: Performance continues to be on target with all 98 reports being within the target timescale.

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

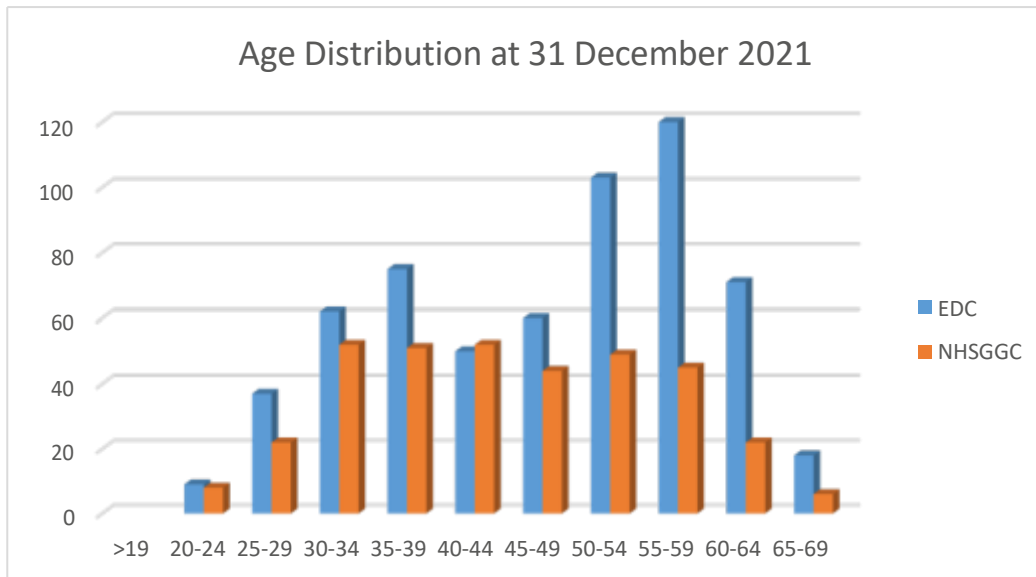
- Workforce Demographics
- Sickness / Absence Health Staff and Social Care Staff
- Knowledge & Skills Framework (KSF) / Personal Development Plan (PDP) / Personal Development Review (PDR)

8.1 Workforce Demographics

Employer	Headcount				WTE			
	Mar-21	Jun-21	Sept-21	Dec-21	Mar-21	Jun-21	Sept-21	Dec-21
NHSGGC	334	342	341	351	281.5	288.23	286.53	295.6
EDC	607	604	605	605	508.5	509.68	509.53	507.88
Total	941	946	946	956	790	797.91	796.06	803.48

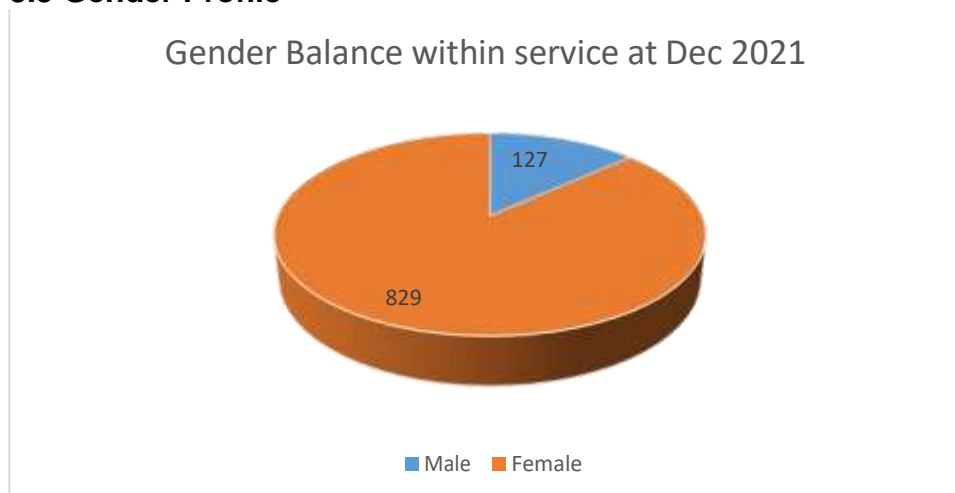
The picture on workforce shows an increase overall since September 2021 of 12 with an overall increase of 7.24wte staffing. This picture shows that the partnership is working hard to accommodate flexible working for staff with some staff increasing their hours.

8.2 HSCP Staff by Age profile



The age profile shows that the majority of staff remain aged over 45yrs and that we have a very low number of staff less than 25 yrs. of age (17). This age range is not unexpected within the services that the HSCP provides, although as identified above, this high percentage of older staff might impact on the number of requests for a more flexible employment option.

8.3 Gender Profile



The gender ratio of female to male employed staff has increased in the 3rd Quarter of 2021-22, with 87% of staff being female.

8.4 Sickness / Absence Health and Social Care Staff

Average sickness absence within EDC has been slowly reducing since the start of 2021.

Overall absence is well managed within the HSCP and as identified the main contributing factor in both Health and Social Care for higher absence is aligned with staff moving from short term to longer term absence due to health conditions. There is a notional absence threshold of 4% across both East Dunbartonshire Council and NHSGGC.

Sickness / Absence %		
Month	EDC	NHSGGC
Apr 21	7.95	3.22
May 21	7.94	3.21
June 21	7.24	3.75
July 21	8.39	4.23
Aug 21	8.55	3.5
Sept 21	8.41	4.52
Oct 21	9.88	4.76
Nov 21	11.19	6.48
Dec 21	13.41	6.01
Average	9.22	4.40

8.5 KSF / PDP / PDR

KSF Activity	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	July 21	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21
Actual	54.8	52.8	53.2	52.3	53.2	51.8	46.2	42.4	40.2	42	44	44
Target	80	80	80	80	80	80	80	80	80	80	80	80

KSF (Knowledge & Skills Framework) is the NHS staff review process to ensure that staff are competent to undertake the tasks associated with their role and have the appropriate learning and development planned across the year. Due to Covid-19 our progress towards the target figure was paused but whilst some work is being done it is likely to be the final quarter of 2021-22 before we return to target, and we are building it around Wellbeing.

8.6 Performance Development Review (PDR)

PDR		
Quarter	% recorded*	Target %
Q4	70.08	85
Q1	20.20	65
Q2	36.2	75
Q3	37.48	80

PDR (Performance, Development Review) is the Council process for reviewing staff performance and aligning their learning and development to service objectives. During 2021-22 some staff have continued, due to Covid-19, to be shielding, redeployed and working from home and the front line staff have had to continue new ways of working, and adapt quickly taking, into account Government Guidance around the Pandemic.

* With the focus being on maintaining key service delivery PDR may have not been carried out or recorded as usual. Where formal PDRs have not been completed managers have been encouraged to undertake wellbeing and shorter term objective setting conversations.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 30th JUNE 2022

REPORT REFERENCE: HSCP/300622/10

CONTACT OFFICER: JEAN CAMPBELL, CHIEF FINANCE & RESOURCE OFFICER, Tel: 07583902000

SUBJECT TITLE: FINANCIAL PERFORMANCE BUDGET 2021/22 – MONTH 12 (YEAR END OUTTURN)

1.1 PURPOSE

1.2 The purpose of this report is to update the Board on the financial performance of the partnership as at month 12 (Year End) of 2021/22.

2.1 RECOMMENDATIONS

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

- 2.2** Note the Final Outturn position is reporting a surplus on budget of 3.1m as at year end 2021/22 (after adjusting for impact of movement to / from earmarked reserves).
- 2.3** Note and approve the final budget adjustments outlined within paragraph 3.2 (**Appendix 1**)
- 2.4** Note the HSCP financial performance as detailed in (**Appendix 2**)
- 2.5** Note the progress to date on the achievement of the current, approved savings plan for 2021/22 as detailed in (**Appendix 3**).
- 2.6** Approve the reserves position set out in paragraph 3.10 – 3.14.
- 2.7** Note that the HSCP Draft Annual Accounts 2021/22 were presented to the Performance, Audit & Risk Committee on the 28th June 2022 for consideration and are available for review (**Appendix 4**).
- 2.8** Note the summary of directions set out within (**Appendix 5**)

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 **BACKGROUND/MAIN ISSUES**

3.1 **Budget 2021/22**

The budget for East Dunbartonshire HSCP was approved by the IJB on the 25 March 2021. This provided a total net budget for the year of £176.791m (including £33.712m related to the set aside budget). This included £0.676m of agreed savings to be delivered through efficiencies, service redesign and transformation and a £1.1m financial gap which required the identification of additional transformation activity to deliver a balanced budget for the year and moving forward into future financial years. Given the focus of leadership and management capacity remained throughout the year on the response to and recovery from the Covid-19 pandemic, the IJB agreed to the creation of a transformation reserve of £1.1m to under write the financial gap until such times as work can resume to identify and deliver transformation activity.

3.2 There have been a number of adjustments to the budget since the HSCP Board in March 2021 which has increased the annual budget for 21/22 to £200.517m. A breakdown of these adjustments are included as **Appendix 1**. These adjustments along with recurring funding streams identified during the year end process for 20/21 and in the initial monitoring periods of the budget for 21/22, including additional funding to support Scottish Living wage uplifts to the care home sector, have reduced the financial gap to £0337m.

3.3 **Partnership Performance Summary**

The overall partnership position is showing a year end surplus on directly managed partnership budgets of £14.1m, adjusting for balances to be taken to / from earmarked reserves of £11m, provides a general surplus on budget of £3.1m for the financial year 2021/22. This is in line with that reported to the board at month 10 and assumes a drawdown on earmarked reserves at year end of £8.583m (of which £6.128m relates to Covid). There has been further funding allocated from the SG to support all Covid related expenditure beyond the levels of earmarked reserves held by the HSCP for this purpose, as identified within the quarterly LMP returns submitted throughout the financial year.

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 2021/22 £000	Actual Expenditure 2021/22 £000	Actual Variance - Mth 12	Projected Variance - Mth 10	Movement from last period
East Dunbartonshire Council	62,753	60,953	1,799	1,804	- 5
NHS GG&C	149,959	148,616	1,343	1,392	- 49
TOTAL	212,712	209,569	3,142	3,196	- 54

3.5 There was a final submission for Qtr 4(to end March 2021) to the SG for total anticipated Covid related expenditure for 2021/22. The totality of the Local Mobilisation Plan expenditure for East Dunbartonshire at Qtr 4 was £7.2m (an increase on the Qtr 3 return of £0.757m) to be funded through current Covid reserves of £6.128m and the balance to be funded through additional Covid funding from the SG. A sum of £0.395m has already been received during 21/22, predominantly for

anticipated PPE expenditure. The final year end expenditure on Covid related activity was £6,588,567 – this reflected a reduced level of un achieved savings and actual provider expenditure in year including accruals.

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

Care Group Analysis	Annual Budget 2021/22 £000	Actual Expenditure 2021/22 £000	Year End Variance £000	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Year End Variance £000
Strategic & Resources	4,233	3,699	535	70	(692)	(86)
Older People & Adult Community Services	46,388	42,868	3,520	909	(3,537)	892
Physical Disability	4,940	5,005	(65)	0	0	(65)
Learning Disability	21,341	20,289	1,052	40	(39)	1,053
Mental Health	5,740	5,035	706	572	(758)	520
Addictions	1,602	971	631	112	(689)	53
Planning & Health Improvement	582	485	97	55	(40)	112
Childrens Services	14,082	14,795	(713)	228	(153)	(638)
Criminal Justice Services	403	346	57	0	(50)	7
Other Non Social Work Services	1,348	810	537	0	0	537
Family Health Services	31,314	31,314	0	0	0	0
Prescribing	20,675	19,936	740	0	0	740
Oral Health Services	13,983	10,786	3,197	403	(3,600)	0
Set Aside	35,982	35,982	0	0	0	0
Covid Expenditure	10,099	6,246	3,853	6,194	(10,029)	18
Net Expenditure	212,712	198,566	14,146	8,583	(19,587)	3,142

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

- Mental Health, Learning Disability, Addiction Services (£1.7m under spend) - there was 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, coupled with continuing vacancies across psychology, nursing and social care staffing. There has been a gradual 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, and this trend is expected to continue as the picture continues to improve.
- Community Health and Care Services – Older People / Physical Disability (underspend of £0.8m) – there continued to reduced levels of care home placements (in part due to sporadic outbreaks in care homes limiting placement numbers and admissions) and within care at home services purchased from the external market. This mitigated the pressures within the in-house care at home service along with additional adult winter planning funding to increase capacity in this area.
- Children and Criminal Justice Services (overspend of £0.6m) – the over spend in this area is due to an increase in the number of high cost residential placements, fostering and kinship placements have also seen an increase. This is being mitigated to some extent through staff turnover savings.
- Housing Aids and Adaptations and Care of Gardens (underspend of £0.5m) - 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 an ongoing vacancy within the care and repair service and a downward trend in the number of private sector housing grants to be awarded which may increase as work to progress tenders is underway.

- Prescribing (underspend of £0.7m) - the under spend on prescribing relates to a downturn in the volumes of medicines being prescribed compared to original budgeted projections and prices for medicines, based on an average cost per item, is also seeing a reduction. There have been some price increases associated with paracetamol and sertraline which have been managed within the overall under spend in this area.

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

3.9 Savings Programme 2021/22

There is a programme of service redesign and transformation which was approved as part of the Budget 2021/22. Progress and assumptions against this programme are set out in **Appendix 3**.

3.10 Partnership Reserves

As at the 1st April 2021, the HSCP had a general (contingency) reserves balance of £1.9m. The surplus generated during 2021/22 (£3.1m) will allow the HSCP to further that reserve in line with the HSCP Reserves Policy. This will provide the HSCP with some 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.

3.11 This will provide a general / contingency reserve moving into 2022/23 of £5.1m. It is proposed that £2m of this is used to create an earmarked reserve for Accommodation Redesign in furtherance of the HSCP strategic priorities for the delivery of PCIP, delivery of services currently delivered within acute settings to local communities, such as Phlebotomy, and additional space to accommodate increased staffing capacity in response to Adult Winter Planning monies, adult social work capacity funding etc. This will provide a general reserves balance of £3.1m.

3.12 A Reserves policy was approved by the IJB on the 11th August 2016. This provides for a prudent reserve of 2% of net expenditure (less Set Aside) which equates to approximately £3.2m for the partnership. The level of general reserves is in line with this prudent level and provides the partnership with a contingency to manage any unexpected in year pressures moving into future years of financial uncertainty.

3.13 The HSCP has also increased the level of earmarked reserves to £23.9m which are available to deliver on specific strategic priorities and largely relate to funding from the Scottish Government allocated late in the financial year. The most significant element relates to Covid-19 funding which accounts for £10.3m of ear marked reserves and be available to support ongoing expenditure related to Covid-19 and the recovery of services during 2022/23 with no further funding expected during 2022/23.

3.14 The total level of partnership reserves is now £26.990m which is set out in the table below:

Balance at 31 March 2021 £000	HSCP RESERVES	Transfers Out 2021/22 £000	Transfers In 2021/22 £000	Balance at 31 March 2022 £000
(1,100)	HSCP Transformation	0	0	(1,100)
0	HSCP Accommodation Redesign	0	(2,000)	(2,000)
(4)	Aproprate Adults	0	(20)	(24)
(170)	Review Team	40	0	(130)
(25)	Children's MH & Wellbeing Programme	0	0	(25)
(201)	Children's MH & Emotional Wellbeing - Covid	200	0	(1)
(77)	Scottish Govt. Funding - SDS	0	0	(77)
(282)	SG - Integrated Care / Delayed Discharge	0	0	(282)
(403)		403	(3,600)	(3,600)
(13)	Infant Feeding	13	(61)	(61)
(15)	CHW Henry Programme	15	(15)	(15)
(39)	SG - GP Out of Hours	0	0	(39)
(878)	SG - Primary Care Improvement	878	(1,292)	(1,292)
(572)	SG – Action 15 Mental Health	572	(687)	(687)
(112)	SG – Alcohol & Drugs Partnership	112	(652)	(652)
(11)	SG – Technology Enabled Care	0	0	(11)
(118)	GP Premises	19	(130)	(229)
(27)	PC Support	0	0	(27)
(185)	Prescribing	0	0	(185)
(6,128)	Covid	6,194	(10,029)	(9,963)
(341)	Community Living Charge	0	0	(341)
(60)	Psychological Therapies	0	0	(60)
(31)	District Nursing	31	(84)	(84)
(51)	Chief Nurse	51	(52)	(52)
(55)	Health & Wellbeing	55	(40)	(40)
(3)	Specialist Children - SLT	0	0	(3)
(7)	Woodland Garden Project	0	0	(7)
0	National Trauma Training	0	(50)	(50)
0	Adult Winter Planning Funding	0	(1,652)	(1,652)
0	Mental Health Recovery & Renewal	0	(616)	(616)
0	Telecare Fire Safety	0	(20)	(20)
0	Whole Family Wellbeing	0	(35)	(35)
0	Care Experienced Attainment	0	(20)	(20)
0	Unaccompanied Asylum Seeking Children	0	(22)	(22)
0	LAC Posts - Education Contribution	0	(39)	(39)
0	Dementia	0	(65)	(65)
0	Wellbeing	0	(92)	(92)
0	Premises	0	(36)	(36)
0	MH Estate Funding	0	(278)	(278)
(10,908)	Total Earmarked	8,583	(21,587)	(23,912)
(1,935)	Contingency	0	(1,143)	(3,078)
(12,843)	General Fund	8,583	(22,730)	(26,990)

3.15 The Draft Annual Accounts for 2021/22 were considered and approved by the Performance, Audit & Risk Committee on the 28th June 2022. A copy of these Annual Accounts are attached as **Appendix 4**.

3.16 Financial Risks - The most significant risks that were managed during 2021/22 were:

- A new pay deal was agreed in May for NHS staff which effectively offered an average 4% uplift across the Agenda for Change (AfC) pay scales. The Scottish Government committed to fully fund the additional cost of the base 4% however the

funding would not cover the additional incremental pressure of the revised AfC pay scale. Health Boards have received an allocation of funding in July and the six local CFOs are working with NHSGGC finance colleagues on individual allocations and there is a gap in funding. The impact for medical staff has yet to be concluded and further funding is anticipated from SG to support this element.

- Negotiations on the 21/22 pay uplift for local authority staff has now been concluded and the uplift agreed at 2% up to Grade 8 and thereafter a 1% uplift for those on grades at a higher level. The pay uplift was backdated to the 1st January 2021. The assumptions at the time of the budget setting was for a 2% uplift across all pay levels from the 1st April 2021. This has created a budget pressure of @£150k over and above original budget assumptions. This has been built into year-end projections and funded from capacity across HSCP payroll budgets.
- The ongoing impact of managing Covid as we move through the recovery phase and the recurring impact this may have on frailty for older people, mental health and addiction services moving forward.
- Delivery of a recurring savings programme identified as part of the budget process for 2021/22.
- Un Scheduled Care - The pressures on acute budgets remains significant with a large element of this relating to pressure from un-scheduled care. There is an Un-scheduled Care Commissioning Plan which sets out the key areas for investment across HSCP areas to improve delayed discharge and hospital attendance figures, however there remains a financial gap for East Dunbartonshire which requires consideration of recurring / non- recurring funding.
- Children's Services - managing risk and vulnerability within Children's Services is placing significant demand pressures on kinship payments, external fostering placements and residential placements which will increase the risk of overspend which will impact on achieving a balanced year end position.
- Funding allocations for PCIP and Action 15 have been updated for revised NRAC shares across Scotland – this has had a positive impact for East Dunbartonshire, however other HSCP areas are making representation to the SG for these monies to be allocated on historic NRAC shares as commitments have been based on previous indicative funding allocations.
- Financial Systems – the ability to effectively monitor and manage the budgets for the partnership are based on information contained within the financial systems of both partner agencies. This information needs to be robust and current as reliance is placed on these systems for reporting budget performance to the Board and decisions on allocation of resources throughout the financial year.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan ;-

1. Promote positive health and wellbeing, preventing ill-health, and building strong communities
2. Enhance the quality of life and supporting independence for people, particularly those with long-term conditions
3. Keep people out of hospital when care can be delivered closer to home
4. Address inequalities and support people to have more choice and control
5. People have a positive experience of health and social care services

6. Promote independent living through the provision of suitable housing accommodation and support
7. Improve support for Carers enabling them to continue in their caring role
8. Optimise efficiency, effectiveness and flexibility
9. Statutory Duty
(Note relevant priorities)

4.3 Frontline Service to Customers – None.

4.4 Workforce (including any significant resource implications) – None

4.5 Legal Implications – None.

4.6 Financial Implications – The financial performance to date is showing that the budget is projected to underspend at year end by £3.1m. A £1.1m Transformation reserve was approved at the time of agreeing the Annual Budget for 21/22 to under write the financial gap on the premise that further transformation activity would be identified to meet this gap on a recurring basis. As things stand currently, this reserve would not be required in this financial year and can be considered towards any future year pressures. The current position would enable the HSCP to further its general reserve in line with the HSCP Reserves policy to provide a contingency to manage in year pressures and support ongoing financial sustainability.

4.7 Procurement – None.

4.8 ICT – None.

4.9 Corporate Assets – None.

4.10 Equalities Implications – None

4.11 Sustainability – The sustainability of the partnership in the context of the current financial position and potential to create general reserves will support ongoing financial sustainability. In order to maintain this position will require a fundamental change in the way health and social care services are delivered within East Dunbartonshire going forward in order to meet the financial challenges and deliver within the financial framework available to the partnership on a recurring basis.

4.12 Other – None.

5.1 MANAGEMENT OF RISK

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

5.2 There are a number of financial risks moving into future years given the rising demand in the context of reducing budgets which will require a radical change in way health and social care services are delivered which will have an impact on services users / carers, third and independent sector providers and staffing. The risks are set out in paragraph 3.16.

6.1 IMPACT

6.2 **STATUTORY DUTY** – None

- 6.3 EAST DUNBARTONSHIRE COUNCIL** – Effective management of the partnership budget will give assurances to the Council in terms of managing the partner agency’s financial challenges.
- 6.4 NHS GREATER GLASGOW & CLYDE** – Effective management of the partnership budget will give assurances to the Health Board in terms of managing the partner agency’s financial challenges.
- 6.5 DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – East Dunbartonshire Council and NHS Greater Glasgow & Clyde (Directions template attached as appropriate)

7.1 POLICY CHECKLIST

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

8.1 APPENDICES

- 8.2** Appendix 1 – Budget Reconciliation 2021/22
- 8.3** Appendix 2 – Integrated HSCP Financial Performance at Month 12
- 8.4** Appendix 2a – NHS Financial Performance at Month 12
- 8.5** Appendix 2b – Social Work Financial Performance as at Period 12
- 8.6** Appendix 3 – HSCP Savings Update 21/22
- 8.7** Appendix 4 – HSCP Draft Annual Accounts 2021/22
- 8.8** Appendix 5 – Direction Template

2021/22 Budget Reconciliation	NHS £000	Local Authority £000	Total £000
Budget Approved at HSCP Board on 25th March 2021	84,678	58,401	143,079
Set Aside approved at HSCP Board on 25th March 2021	33,712		33,712
TOTAL Budget Approved	118,390	58,401	176,791
Period 3 Budget Adjustments			
Rollover Budget Adjustment	455		455
PSHG / Care & Repair Adjustment to HSCP		664	664
SG - Scottish Living Wage Contribution			0
Covid Funding			0
AFC Additional Uplift	378		378
Covid Funding - FHS	54		54
MH Strategy - Action 15	297		297
ADP	250		250
PCIF including GP Premises	1,463		1,463
Outcomes Framework Uplift 3% (Dental, HepC, BBV)	76		76
FHS Adjustments	1,606		1,606
Smoking Prevention	41		41
District Nursing	84		84
Ventilation Improvement Allowance (GDPs)	1,111		1,111
Revenue to Capital Transfer (Dental Equipment)	(11)		(11)
Dental transfer - Homeless post	15		15
Period 6 Budget Adjustments			
Covid Funding - FHS	(54)		(54)
Smoking Prevention	1		1
Electric Handpieces (GDPs)	1,666		1,666
Revenue to Capital Transfer (Dental Equipment)	(95)		(95)
Silverbirch RT transfer from East Ren	89		89
Infant Feeding	69		69
SESP - LD to HSCPs	13		13
School Nursing	37		37
Workforce Wellbeing	37		37
Apemilast from acute	29		29
Restatement of set aside based on refinement of budgets for delivery of prescribed acute functions			0
Transfer Specific Funding from Children & Families to Education		(67)	(67)
Period 8 Budget Adjustments			
Covid Funding	395		395
Dental Bundle	4,614		4,614
Pharmacy Global Sum Adjustment	(93)		(93)
FHS Adjustment	74		74
Apemilast from acute	24		24
Workforce Wellbeing	37		37
Re-mobilisation of dental services	1,044		1,044
Dementia - Post Diagnostic Support	65		65
District Nursing	36		36
GP Premises	65		65
ADP	429		429
Dental Transfer - Post to Secondary Care	(43)		(43)
Community Link Workers - £500 Bonus Payments	2		2
Set Aside Uplift 2021/22	4,047		4,047
Winter Pressures funding		2,489	2,489
Period 10 Budget Adjustments			
SG Uplift - Medical/ Dental/ AFC Band 8-9	52		52
ADP	37		37
PCIF	278		278
Winter Pressures funding	686		686
Adult Social Care - Chief Nurse	52		52
Apemilast from acute	57		57
Winter Pressures funding		(408)	(408)
Unaccompanied Asylum Seeking Children (UASC)		22	22
Mental Health Recovery & Renewal		51	51
Implementation of National Trauma Training Programme		50	50
Care Experienced Funding		20	20
Living Wage / Social Care Uplift		1,436	1,436
Period 12 Budget Adjustments			
FHS Adjustment	1,483		1,483
Chief Nurse (0.5 wte East Dun to West Dun)	(41)		(41)
PDN - Food, Fluid & Nutrition (Part Year)	9		9
Action 15	281		281
ADP	111		111
PCIF	1,437		1,437
GP Premises	65		65
Buvidal	24		24
School Nursing	8		8
MH in PC Services	19		19
Adult Social Care - Care Homes	109		109
Apemilast from acute	32		32
MHR&R Facilities	278		278
Capital - Minor Works	36		36
Covid-19	10,029		10,029
Set Aside Revision 2021/22	(1,777)		(1,777)
Local Area Coordinator Posts - budget transfer from Education		40	40
Whole Family Wellbeing		35	35
Telecare - Fire Safety		20	20
Revised 2021/22 Budget	149,959	62,753	212,712
<i>Anticipated Covid Funding Outstanding</i>			0
Anticipated 2021/22 Budget	149,959	62,753	212,712

212,712

East Dunbartonshire HSCP

Consolidated Financial Performance 2021/22 - Month
Period to the 31st March 2022

APPENDIX 2

Care Group Analysis	Annual	Actual	Year End	Reserves	Reserves	Revised
	Budget	Expenditure	Variance	Adjustment	Adjustment	Year End
	2021/22	2021/22	£000	(OUT)	(IN)	Variance
	£000	£000	£000			£000
Strategic & Resources	4,233	3,699	535	70	(692)	(86)
Older People & Adult Community Services	46,388	42,868	3,520	909	(3,537)	892
Physical Disability	4,940	5,005	(65)	0	0	(65)
Learning Disability	21,341	20,289	1,052	40	(39)	1,053
Mental Health	5,740	5,035	706	572	(758)	520
Addictions	1,602	971	631	112	(689)	53
Planning & Health Improvement	582	485	97	55	(40)	112
Childrens Services	14,082	14,795	(713)	228	(153)	(638)
Criminal Justice Services	403	346	57	0	(50)	7
Other Non Social Work Services	1,348	810	537	0	0	537
Family Health Services	31,314	31,314	0	0	0	0
Prescribing	20,675	19,936	740	0	0	740
Oral Health Services	13,983	10,786	3,197	403	(3,600)	0
Set Aside	35,982	35,982	0	0	0	0
Covid Expenditure	10,099	6,246	3,853	6,194	(10,029)	18
Net Expenditure	212,712	198,566	14,146	8,583	(19,587)	3,142

Subjective Analysis	Annual	Year to Date	Year to	Reserves	Reserves	Revised
	Budget	Actual	date	Adjustment	Adjustment	Actual
	2021/22	£000	Variance	(OUT)	(IN)	Variance
	£000	£000				
Employee Costs	49,518	49,245	273	851	(756)	367
Property Costs	354	370	(16)	0	0	(16)
Supplies and Services	22,038	4,658	17,380	80	(17,743)	(282)
Third Party Payments (care providers)	61,345	59,835	1,510	3,915	(1,045)	4,380
Transport & Plant	730	688	42	2	0	44
Administrative Costs	2,749	2,338	411	58	(43)	427
Family Health Services	32,020	31,832	188	0	0	188
Prescribing	20,675	19,936	740	0	0	740
Other	(587)	0	(587)	343	0	(244)
Resource Transfer	18,875	18,875	(1)	0	0	(1)
Set Aside	35,982	35,982	0	0	0	0
Gross Expenditure	243,699	223,759	19,941	5,250	(19,587)	5,603
Income	(30,987)	(25,193)	(5,794)	3,334	0	(2,460)
Net Expenditure	212,712	198,567	14,147	8,584	(19,587)	3,142

23%

25%

29%

Period to the 31st March 2022

Care Group Analysis	Annual Budget 2021/22 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Reserves Adjustment (OUT)	Reserves Adjustment IN	Revised Actual Variance	Variance %age
Strategic & Resources	£19,979	£19,979	£19,324	654	70	(533)	192	0.96%
Older People & Adult Community Services	£9,754	£9,754	£8,635	1,119	909	(2,025)	3	0.03%
Learning Disability	£675	£675	£664	11			11	1.63%
Mental Health	£3,203	£3,203	£2,765	438	572	(687)	323	10.09%
Addictions	£950	£950	£443	507	112	(689)	(71)	-7.45%
Planning & Health Improvement	£582	£582	£485	97	55	(40)	112	19.19%
Childrens Services	£2,439	£2,439	£2,358	81	28	(76)	33	1.35%
Family Health Services	£31,314	£31,314	£31,314	0			0	0.00%
Prescribing	£20,675	£20,675	£19,936	740			740	3.58%
Oral Health Services	£13,983	£13,983	£10,786	3,197	403	(3,600)	0	0.00%
Set Aside	£35,982	£35,982	£35,982	0			0	0.00%
Covid Expenditure	£10,425	£10,425	£1,975	8,450	1,579	(10,029)	0	
Net Expenditure	149,959	149,959	134,666	15,293	3,729	(17,679)	1,343	0.90%

Subjective Analysis	Annual Budget 2021/22 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Employee Costs	£26,231	£26,231	£25,410	821			821	3.13%
Property Costs	£324	£324	£323	1			1	0.22%
Supplies and Services	£20,823	£20,823	£3,492	17,330		(17,679)	(348)	-1.67%
Third Party Payments (care providers)	£382	£382	£415	(33)			(33)	-8.73%
Transport & Plant		£0		0			0	
Administrative Costs	£1,696	£1,696	£1,490	207			207	12.17%
Family Health Services	£32,020	£32,020	£31,832	188			188	0.59%
Prescribing	£20,675	£20,675	£19,936	740			740	3.58%
Other	£250	£250	£0	(250)			(250)	100.00%
Resource Transfer	£18,875	£18,875	£18,875	(1)			(1)	0.00%
Set Aside	£35,982	£35,982	£35,982	0			0	0.00%
Gross Expenditure	156,758	156,758	137,755	19,003	0	(17,679)	1,324	0.84%
Income	£6,799	£6,799	£3,089	(3,710)	3,729		19	-0.28%
Net Expenditure	149,959	149,959	134,666	15,293	3,729	(17,679)	1,343	0.90%

Care Group Analysis	Annual Budget 2021/22 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Strategic & Resources	(15,744)	(15,744)	(15,625)	(119)		(159)	(278)	1.77%
Older People & Adult Community Services	36,634	36,634	34,233	2,401		(1,512)	888	2.42%
Physical Disability	4,940	4,940	5,005	(65)			(65)	-1.31%
Learning Disability	20,666	20,666	19,625	1,041	40	(39)	1,042	5.04%
Mental Health	2,537	2,537	2,270	268		(71)	197	7.75%
Addictions	652	652	528	124			124	19.01%
Childrens Services	11,643	11,643	12,437	(794)	200	(77)	(671)	-5.76%
Criminal Justice Services	403	403	346	57		(50)	7	1.85%
Other Non Social Work Services	1,348	1,348	810	537			537	39.86%
Covid Expenditure	(326)	(326)	4,271	(4,597)	4,615		18	-5.43%
Net Expenditure	62,753	62,753	63,900	(1,147)	4,854	(1,908)	1,799	2.87%

Subjective Analysis	Annual Budget 2021/22 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Employee Costs	23,287	23,287	23,836	(548)	851	(756)	(454)	-1.95%
Property Costs	29	29	46	(17)			(17)	-57.61%
Supplies and Services	1,215	1,215	1,166	50	80	(64)	66	5.42%
Third Party Payments (care providers)	60,964	60,964	59,421	1,543	3,915	(1,045)	4,413	7.24%
Transport & Plant	730	730	688	42	2		44	5.98%
Administrative Costs	1,053	1,053	848	205	58	(43)	220	20.91%
Family Health Services	0	0	0	0			0	
Prescribing	0	0	0	0			0	
Other	(337)	(337)	0	(337)	343		6	-1.81%
Resource Transfer	0	0	0	0	0	0	0	0.00%
Set Aside	0	0	0	0			0	
Gross Expenditure	86,941	86,941	86,004	937	5,249	(1,908)	4,277	4.92%
Income	(24,188)	(24,188)	(22,104)	(2,084)	(395)		(2,479)	10.25%
Net Expenditure	62,753	62,753	63,900	(1,147)	4,854	(1,908)	1,799	2.87%

(1) (1) (0) 1 0 0 0

Workstream	Action	Lead	Full Year Impact 21/22	Saving Achieved 21/22	Comments
	Service Redesign (19/20 Savings Cfwd)				
Policy Service Change	Fair Access to Community Care Review of Daycare	David Derrick	200 50	200 50	In Exception - achieved in part through implementation of policy and through a downturn in care packages due to impact of Covid on daycare / respite care. On Track
			250	250	
	Service Redesign (20/21 savings c/fwd)				
Assets Service Change Service Change	Children's Services 'House' Project Development LD Supported Accomodation Review (In House Service) LD Supported Accomodation Review (Commissioned Services)	Claire David David	400 0 0	400	On Track
			400	400	
	TOTAL C/fwd Savings Programme 21/22		650	650	
	New Savings 21/22				
Efficiency	Review of Health Improvement Budgets (health)		26	26	On Track
	Total Approved Savings Programme 21/22		676	676	
Historic Savings - reflected in Budget 21/22	CM2000 Voluntary Sector - 5% Efficiency Sleepovers Fair Access to Community Care Review of Mgt Structure House Project Review of Daycare East	Derrick Gillian David A David A Caroline Claire Derrick	150 185 13 50 25 200 25	0 46 0 50 0 200 25	Block contracts awarded - will not progress, alternative to be scoped Assume half year - capture efficiencies post Covid Fire safety risk impacting delivery of this proposal On Track Interim structure in place pending review - delay due to Covid On Track On Track - met through capacity in expenditure budgets
	Total		648	321	
	Un achieved Savings - Covid related			164	Included within LMP Return - assume funded through SG
	Total Savings 21/22		1,324	1,161	
	Shortfall			163	

East Dunbartonshire Integration Joint Board Annual Accounts 2021/22



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MANAGEMENT COMMENTARY

Introduction

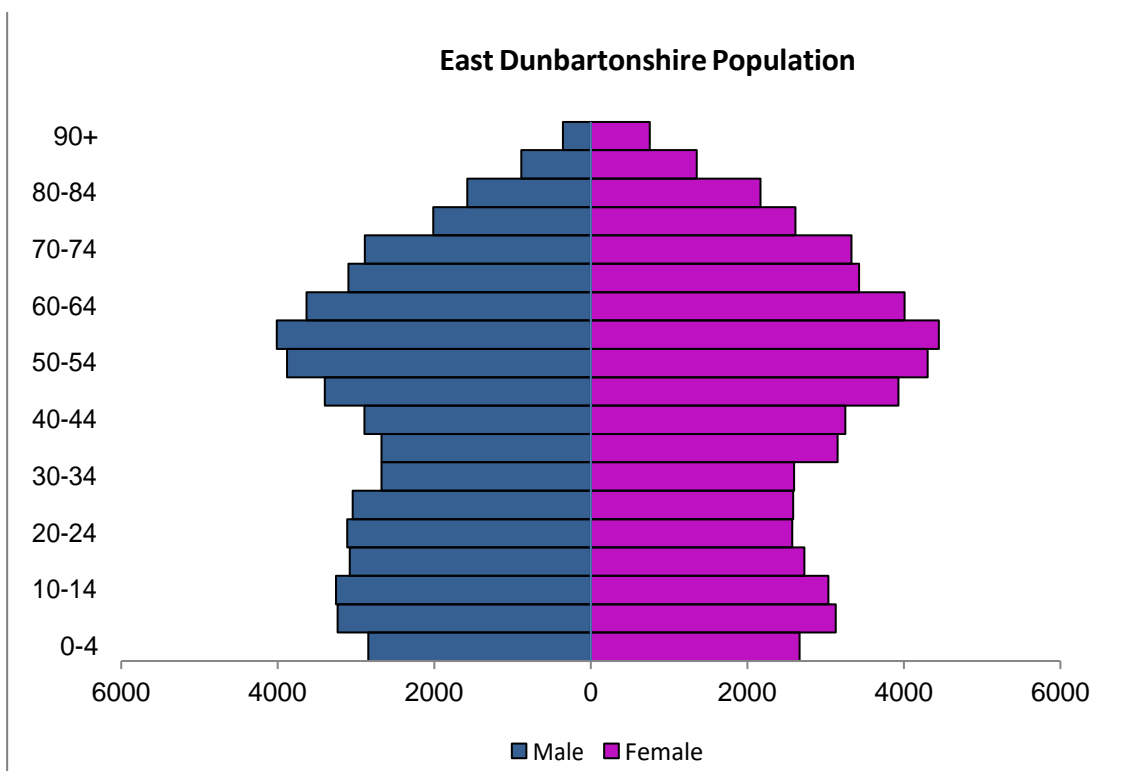
This document contains the financial statements for the 2021/22 operational year for East Dunbartonshire Integration Joint Board.

The management narrative outlines the key issues in relation to the HSCP financial planning and performance and how this has provided the foundation for the delivery of the priorities described within the Strategic Plan. The document also outlines future financial plans and the challenges and risks that the HSCP will face in meeting the continuing needs of the East Dunbartonshire population.

East Dunbartonshire

East Dunbartonshire has a population of approximately 108,640 (based on 2019 estimates, an increase of 0.3% on 2018 estimates) and is a mix of urban and rural communities. It has frequently been reported in quality of life surveys as one of the best areas to live in Scotland based on people’s health, life expectancy, employment and school performance. Economic activity and employment rates are high and the level of crime is significantly below the Scottish average. Despite this, inequalities exist across the authority and there are pockets of deprivation where the quality of life falls well below the national average. The graph below shows how the population is split by gender:

Diagram 1: East Dunbartonshire Population Split by Gender

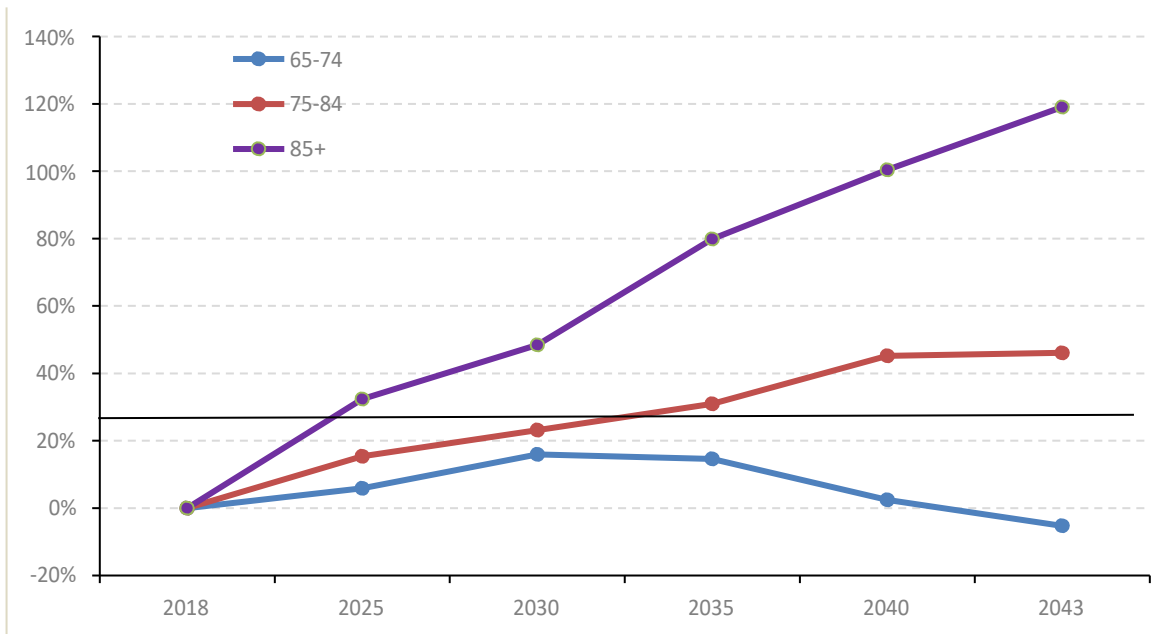


Source: NRS 2019 mid-year population estimate

The National Records of Scotland (NRS) population projections suggest there will be an increase of 7.6% in the overall population of East Dunbartonshire from 2018 – 2043 due to significant estimated rise in the population aged over 65yrs.

The figure below shows the proportion of increase projected in the older population from 2018-2043. The largest increase is in individuals aged over 85yrs, which is projected to rise by over 100% from 3,203 to 7,017 people. This projected rise in East Dunbartonshire’s older population, many of whom will be vulnerable with complex needs, suggests that demand for health and social care services will rise accordingly.

Diagram 2: East Dunbartonshire population projection % by age group 2018-2043



The demographic pressures for older people present particular challenges within East Dunbartonshire.

There has also been a significant increase in the number of children being referred to Social Work Services, with 40% increases in referrals reported in the Integrated Children’s Services Plan. Non-engaging families was the most common area of concern alongside neglect, domestic violence and parental alcohol misuse. Child Protection registrations have doubled in the 10 years to 2018. There has also been a sharp rise in parental mental health being identified as a significant concern. This is an area of cross-cutting focus between children and adult services.

Demand on services for other adult care groups and for children’s disability services has also increased. The number of young people with disabilities transitioning to adult services is experiencing a notable increase, both numerically and in terms of complexity. This can be demonstrated by an anticipated increase in the Adult Joint Learning Disability Team over the next three years’ as children move on into adult services equivalent to over 7% of its total caseload.

Localities

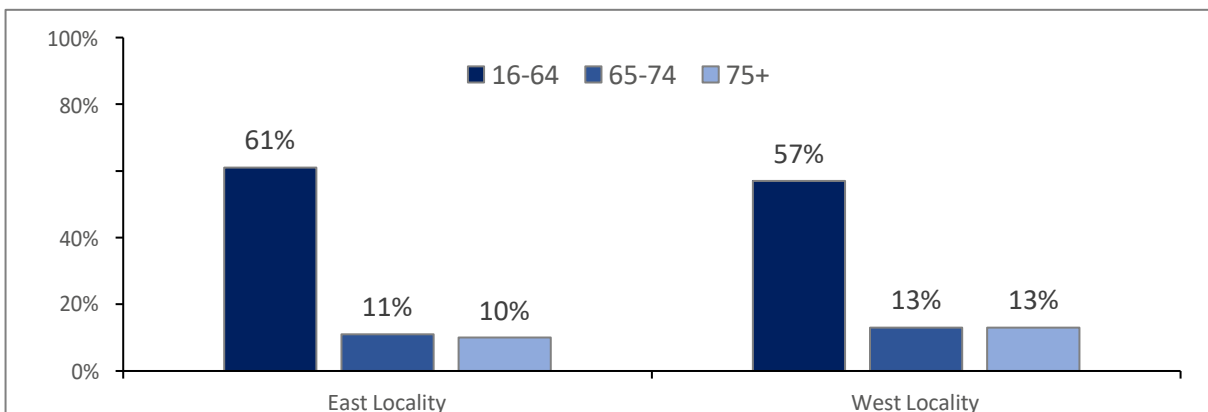
To allow the HSCP to plan and deliver services which meet the differing needs within East Dunbartonshire, the area has been split into two geographical localities; East Dunbartonshire (East), referred to as East locality and East Dunbartonshire (West), referred to as West locality.

Diagram 3: East Dunbartonshire Locality Map



The East Locality includes 62% (66,911) of East Dunbartonshire’s population, while the West Locality accounts for 38% (41,729) of the population. The demographic breakdown by locality showed a slightly older population in the West locality for ages 65+.

Diagram 4: Population breakdown by locality 2019



Life Expectancy

The NRS publication showed that East Dunbartonshire continued to have the highest life expectancy at birth in Scotland for males and the second highest for females. The life expectancy of females at birth in East Dunbartonshire is around 3 years higher than males. Life expectancy at the age of 65 years was also higher than Scotland for both male and females in East Dunbartonshire.

Life expectancy and healthy life expectancy provide useful measures for planning services. Healthy life expectancy estimates the number of years an individual will live in a healthy state. Therefore, the number of years people are expected to live in ‘not healthy’ health is the difference between life expectancy and healthy life expectancy. Table 1 shows the number of years people

were estimated to live in ‘not healthy’ health, with East Dunbartonshire having a lower estimate than Scotland.

Diagram 5: Number of years 'not healthy' health (3-year average 2017-19)

Local Authority	Expected period in 'not healthy' health	
	Males	Females
East Dunbartonshire	10.7	17.2
Scotland	15.4	19.2

Source: NRS

Deprivation

The Scottish Index of Multiple Deprivation (SIMD) ranked datazones, small areas with an average population of 800 people, from the most deprived to the least deprived. Using deciles, with 1 being the most deprived and 10 being least deprived, the chart below illustrates the number of people and datazones in each decile in East Dunbartonshire.

Diagram 6: East Dunbartonshire population by SIMD decile



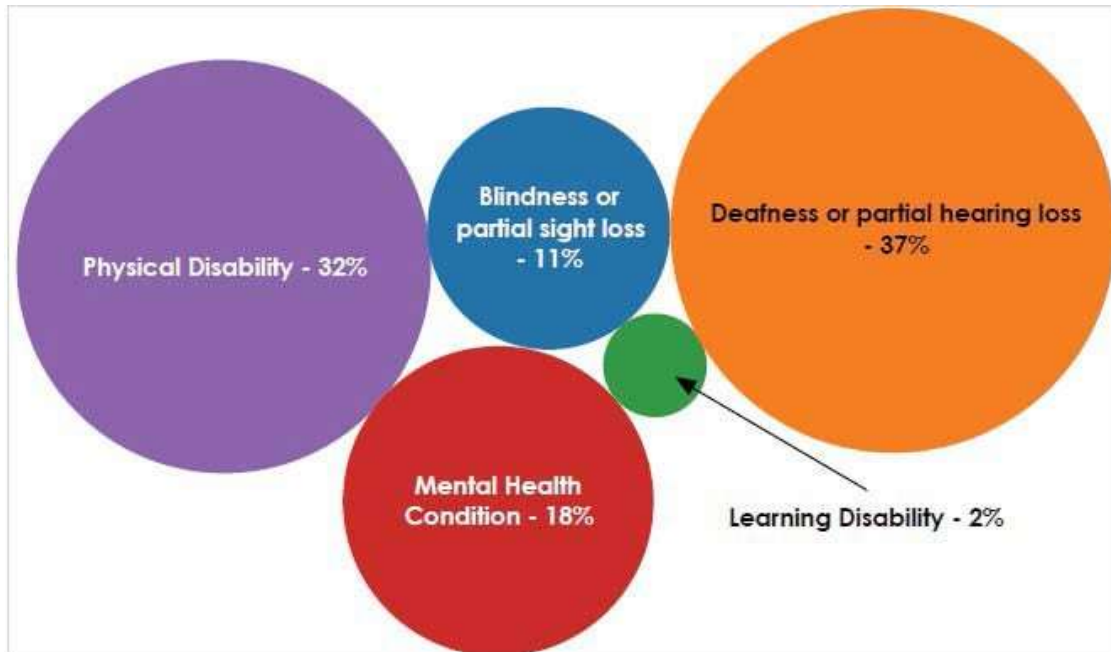
Although the majority of the population lived in the least deprived deciles, there were 4 datazones areas in East Dunbartonshire categorised amongst the most deprived in Scotland, three in the Hillhead area of Kirkintilloch and one in Lennoxton.

Population Health

In the Census in 2011 (the 2021 census has been delayed until 2022), 84.9% of East Dunbartonshire residents described their health as good or very good (Scotland 82.2%). This was the highest at 98% among the younger population (0-29yrs) but the percentage decreased with age to only 62% of those aged 75yrs and above describing their health as good or very good. In the West Locality, 66% of people aged 65yrs and above described their health as good or very good, compared to 57% in the East Locality.

The 2011 Census included a question on particular disabilities including sensory impairment, physical disability, mental health condition or learning disability. There were 5.6% of the adult population in East Dunbartonshire who reported a disability (Scotland 6.7%)

Reported Disability by Percentage in East Dunbartonshire



The number of long term conditions rises with age and we need to support those with complex needs so that they may manage their conditions and lead an active, healthy life. The most diagnosed long term condition in East Dunbartonshire is hypertension. The prevalence for this condition, cancer and atria fibrillation, are all notably higher than the rate for Scotland.

Analysis of the Burden of Disease study indicates that years of life lost to disability and premature mortality in East Dunbartonshire is the second lowest in Scotland. This is understood to be a reflection of relatively low deprivations levels across the authority as a whole. East Dunbartonshire experiences above average prevalence of Parkinson's certain cancers, certain respiratory diseases, certain digestive diseases, sensory conditions and self-harm (the latter for all ages).

The Health and Social Care Partnership

East Dunbartonshire HSCP is the common name of East Dunbartonshire Integration Joint Board. It was formally established in September 2015 in accordance with the provisions of the Public Bodies (Joint Working) (Scotland) Act (2014) and corresponding Regulations in relation to a range of adult health and social care services. The partnership's remit was expanded from an initial focus on services for adults and older people to include services for children and families, and criminal justice services in August 2016.

The HSCP Board, East Dunbartonshire Council (EDC) and NHS Greater Glasgow and Clyde (NHSGGC) aim to work together to strategically plan for and provide high quality health and social care services that protect children and adults from harm, promote independence and deliver positive outcomes for East Dunbartonshire residents.

East Dunbartonshire HSCP Board has responsibility for the strategic planning and operational oversight of a range of health and social care services whilst EDC and NHSGGC retains responsibility for direct service delivery of social work and health services respectively, as well as

remaining the employer of health and social care staff. The HSCP Chief Officer is responsible for the management of planning and operational delivery on behalf of the Partnership overall.

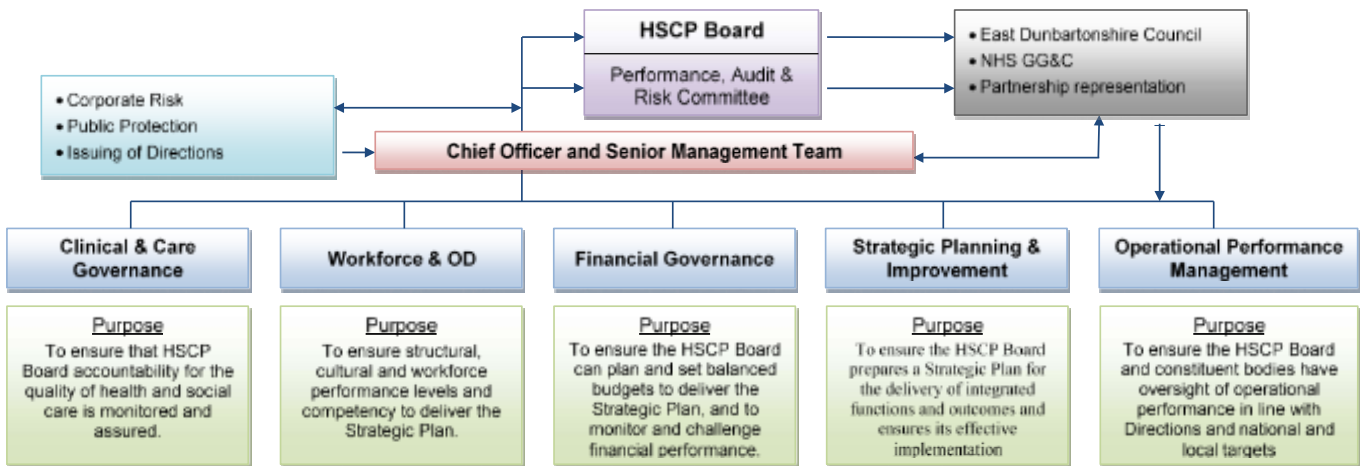
Members of the Board for the period 1 April 2021 to 31st March 2022 were as follows:

Voting Board Members 2021/22	Organisation
Jacqueline Forbes (Chair from 25 th June 2021, Vice Chair until 24 th June 2021)	NHSGGC
Ian Ritchie	NHSGGC
Ketki Miles	NHSGGC
Jim Goodall (Vice Chair from 25 th June 2021)	EDC
Alan Moir	EDC
Shelia Meechan	EDC
Susan Murray (Chair until 24 th June 2021, no longer a board member from that date)	EDC
Non-Voting Board Members	Organisation
Caroline Sinclair – Chief Officer/Chief Social Work Officer	EDC
Jean Campbell – Chief Finance and Resources Officer	NHSGGC
Paul Treon – Clinical Director	NHSGGC
Leanne Connell – Chief Nurse	NHSGGC
Adam Bowman – Acute Representative	NHSGGC
Ann Innes – Voluntary Sector Representative	East Dunbartonshire Voluntary Association
Gordon Cox – Service User Representative	
Fiona McManus – Carer Representative	
Allan Robertson – Trades union Representative	NHSGGC
Craig Bell – Trades Union Representative	EDC

Diagram 7 (below) HSCP Governance Arrangements

This represents accountability and governance arrangements for the planning and delivery of community health and social care services.

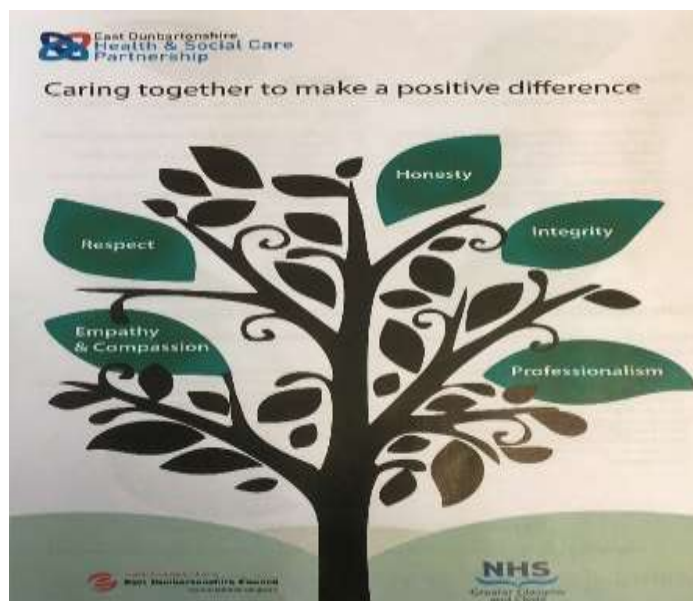
HSCP GOVERNANCE ARRANGEMENTS



(This framework includes all delegated hosted services)

Our partnership vision is “Caring Together to make a Positive Difference” and is underpinned by 5 core values as set out below.

Diagram 8: Tree of Core Values

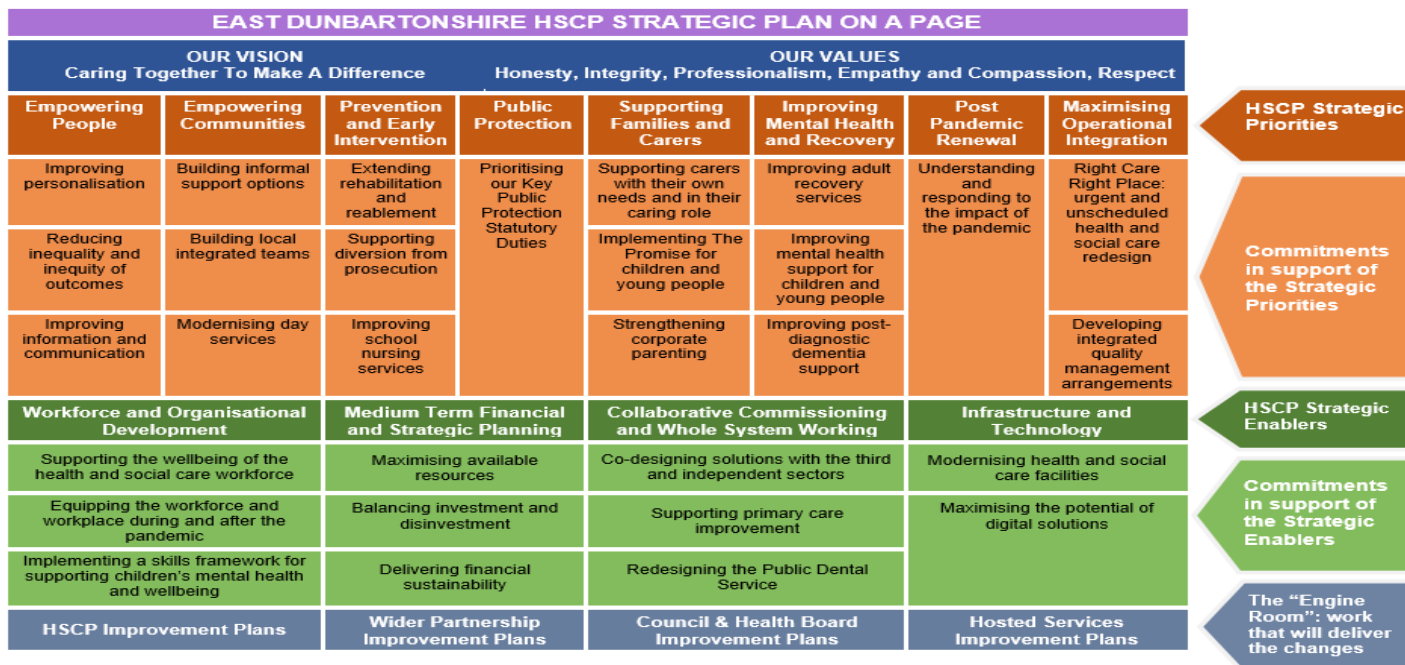


The Strategic Plan

Our current Strategic Plan covers the period 2022 – 2025 and sets out eight strategic priorities which describe our ambitions to build on the significant improvements already achieved and to further improve the opportunities for people to live a long and healthy life, provide early support to families and young children and focus service on those most vulnerable in our communities.

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

Diagram 9: HSCP Strategic Plan on a Page



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

also continue to be based on certain assumptions and dependencies that can in reality be fragile. Where we do have new funding streams, we want to:

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

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

It is predicted we will continue to see significant change in the make-up of our growing population, with an increase in people living longer with multiple conditions and complex needs who require health and social care services. This rise in demand is expected to increase pressure on financial resources, rendering current models of service delivery unsustainable. We have shaped this plan to move in a strategic direction that is responsive and flexible for the future.

This is further supported by a HSCP Annual Delivery Plan outlining the key priorities for service redesign and improvement in delivery of the Strategic Plan and is supported by a range of operational plans, work-streams and financial plans to support delivery. This is also the vehicle through which the HSCP will seek to deliver financial sustainability over the short to medium term by reconfiguring the way services are delivered within the financial framework available to it.

The Strategic Plan also links to the Community Planning Partnership's Local Outcome Improvement Plan whereby the HSCP has the lead for, or co-leads:

- Outcome 3 – “Our children and young people are safe, healthy and ready to learn”,
- Outcome 5 – “Our people experience good physical and mental health and well being with access to a quality built and natural environment in which to lead healthier and more active lifestyles” and
- 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”.

Covid-19 Pandemic Impact and Response

The HSCP has been actively responding to the Covid-19 pandemic since March 2020. As the situation has changed over the last 2 years, the HSCP has responded to changes in restrictions, lockdowns and frequently changing guidance on a range of Covid-19 related matters issued to health and social care from Scottish Government (SG), Health Protection Scotland and other bodies. Critical frontline services have continued to be delivered during this period and the HSCP has been able to respond quickly in providing additional support to services with additional funding made available through the SG to meet any Covid-19 related financial commitments.

In addition, the HSCP has been required to deliver new services with partners to support the national response to the pandemic including:-

- Roll out of the Covid-19 vaccination programme to the most vulnerable
- Enhanced support arrangements to support local care home sector
- Distribution of PPE and testing kits to our own services and those delivered by the third, independent sector and unpaid carers

- Supporting staff and communities health and wellbeing during the pandemic
- Financial support to vulnerable children and families
- Continued contribution to the development of Mental Health Assessment Units to minimise attendance of Mental Health patients at Emergency Departments and also deliver a streamlined service for assessments
- Continued additional financial support to third and independent social care providers who are key to our response to the pandemic

There were a number of services which were suspended during Covid-19 related predominantly daycare and respite services across older people and adult services (some elements of children's respite services also). These tended to be building based services to vulnerable care groups (large numbers of individuals shielding) which were closed during the Covid-19 peaks and have gradually re-opened with reduced numbers in line with social distancing guidance to support some of our highest risk individuals. There were other services which ceased, at the request of family, related to care at home / supported living packages but these were to a lesser extent.

Funding consequences

The HSCP's response to the Covid-19 pandemic has resulted in additional costs being incurred, including short term costs such as those relating to increased demand for care, staffing and PPE costs. The HSCP, along with all other HSCPs, was required to submit Local Mobilisation Plans (LMPs) to Scottish Government, outlining the actions being taken in response to the Covid-19 situation. This is supported by further detail which is submitted on a regular basis through the health board to the Scottish Government, detailing the financial costs associated with these actions. These costs are being separately tracked internally for monitoring and reporting purposes and to help secure additional funding available. For the HSCP this additional funding was necessary to supplement the earmarked reserves held for the purposes of supporting Covid-19 related expenditure during 2021/22.

Longer term funding impacts are difficult to comment on at this stage, as future funding settlements are subject to a greater degree of uncertainty and the longer term impacts on costs are also highly uncertain. Although it is expected that there will be significant changes in demand pressure patterns as a result of Covid-19, mapping and quantifying these is difficult as there remains much unknown regarding the medium and long term impacts of the pandemic. Demand trends will be closely monitored for any implications for future service delivery.

The HSCP recognises that the pandemic is a health crisis, social crisis, and economic crisis of unprecedented scale, with profound and permanent implications for our society. The crisis has brought about significant developments in, and embedding of, remote and digital ways of working that will be utilised throughout the pandemic and beyond. The full practical implications of the pandemic on society's expectations of care providers, the HSCP's demand for services, service users and ways of working in the medium and long term are not yet fully apparent but will continue to be assessed as the situation evolves and further government advice becomes available.

HSCP BOARD OPERATIONAL PERFORMANCE FOR THE YEAR 2021/22

Performance is monitored using a range of performance indicators outlined in a performance management framework with quarterly performance reports to the HSCP Board. Service uptake, waiting times and other pressures are closely reviewed and any negative variation from the planned strategic direction is reported to the HSCP Board through exception reporting

arrangements which includes reasons for variation and planned remedial action to bring performance back on track.

A full report on performance will be outlined within the East Dunbartonshire HSCP Annual Performance Review 2021/22. Publication of the Annual Performance Review (APR) is normally in place by the end of July each year, but production of APRs have provision to defer under the Coronavirus (Scotland) Act 2020. The APR for East Dunbartonshire will be presented to the HSCP Board for approval in September 2022. As an interim measure, a summary of key performance across HSCP functions and services will be reported to the HSCP Board in June 2022.

Notwithstanding the deferral in the production of HSCP APRs, the timing of the preparation of this set of Annual Accounts is ahead of the publication of national performance data for Core Integration Indicators. However transformational change and other qualitative performance updates do relate directly to the 2021/22 period.

Headline performance is summarised below under the following headings:

- *National Core Indicators and experience data (most recently published)*
- *HSCP Delivery Plan activity 2021-22*
- *Summary of service-level and activity performance against targets and standards*

National Health & Wellbeing Survey 2021 (most recent: collected biennially)

Table 1: National Qualitative Outcome Indicators	Positive Responses (%)	
	East Dunbartonshire	Scotland
Percentage of adults aware of the help, care and support options available to them	50%	53%
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	59%	55%
Percentage of adults who agree that people took account of the things that mattered to them	66%	62%
Percentage of adults treated with compassion and understanding	79%	70%
Percentage of adults who agreed they felt safe	75%	67%
Percentage of adults supported at home who agree that they are supported to live as independently as possible	71%	65%
Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	57%	54%
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	68%	62%
Percentage of people with positive experience of the care provided by their GP practice	69%	67%
Percentage of carers who feel supported to continue in their caring role	30%	30%
Percentage of adults who rated their care or support services positively overall (excluding informal care)	69%	62%

Table 2: National Data Indicators	2019-20	2020-21	National Rank
Premature mortality rate for people aged under 75yrs per 100,000 persons *	300	305	1
Emergency admission rate (per 100,000 population)	11,262	10,102	10
Emergency bed day rate (per 100,000 population)	107,901	101,132	18
Readmission to hospital within 28 days (per 1,000 population)	73	82.6	2
Proportion of last 6 months of life spent at home or in a community setting	89%	90.1%	14
Falls rate per 1,000 population aged 65+	25	21.7	17
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	90%	82.5%	6
Percentage of adults with intensive care needs receiving care at home *	66%	59.6	21
Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	325	305.6	11
Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency *	22%	19.6%	11

*Data for 2019 calendar year

Table 3: HSCP Delivery Plan 2021-22

(local transformational change and Best Value improvement activity during 2021/22. This activity was curtailed due to critical pandemic response pressures)

Completed Initiatives	Contribution to Strategic Plan Priorities and LOIPs
Learning Disability: service review, action plan and implementation	All SP priorities LOIP 5 & 6
Older People's Day Services: service review, action plan and implementation	SP Priorities:1, 2 LOIP 6
Recovery Services commissioned service review, action plan and implementation	SP Priorities:1, 2, 3, 4 LOIP 4 and 5
Covid-19: critical response, transition and recovery	All SP Priorities LOIPs 3, 4, 5 and 6
Strategic Plan 2022-25 development	All SP Priorities All LOIPs
Community Led Locality Services	SP Priorities:1, 5, 8 LOIP 5 and 6
Children's emotional wellbeing and mental health – implement framework	All SP Priorities LOIP 3

Outcome focused approach to Justice delivery	SP Priorities:1, 2, 4, 5 LOIP 4
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Ongoing Initiatives	Contribution to Strategic Plan Priorities and LOIPs
Digital Health & Care Action Plan: development and implementation	SP Priorities: 4, 5, 8 LOIP 5 & 6
Property Strategy: development and implementation	SP Priorities: 8 LOIP 5
Dementia Strategy	SP Priorities:1, 2, 3, 4, 5, 7, 8 LOIP 6
Primary Care Improvement Plan	SP Priorities:1, 3, 4, 5, 8 LOIP 5 and 6
Fair Access to Community Care Policy	SP Priorities:1, 2, 4, 5, 6, 7, 8 LOIP 5 and 6

Unscheduled Care

There is a delay of some months for published national unscheduled care performance by Public Health Scotland, so full year performance data is not yet available for this. However, NHS Greater Glasgow and Clyde (GG&C) records more up-to-date unscheduled care activity and performance data, which can be used at this stage to report performance locally. Using this local data, a summary of unscheduled care performance is shown in Table 4 below. Unscheduled care activity has greatly affected by the pandemic. Activity returned to more normal levels over the course of 2021-22, so it is difficult to attribute activity changes to performance impact in the normal sense. Like for like comparison with previous years and evaluation of impact associated with pre-existing improvement planning activity is therefore very difficult to achieve for this particular reporting year.











Table 4: Data Summary: April 2021 to March 2022

Measure	Actual (Full Year 21-22)	Target (Full Year 21-22)	Target RAG*	Rank in GGC (Full Year 21-22)
Emergency Dept. Attendances (18+)	18,196	19,674		2
Emergency Admissions (18+)	9,027	9,403		3
Unscheduled bed days (18+)	86,764	80,723		3
Delayed discharge bed days (all ages)	5,285	4,838		3

(Source: NHSGGC - East Dunbartonshire HSCP Analysis)

Table 4: Summary of other HSCP Performance against Standards and Targets: 2021-22

The HSCP re-introduced the summary RAG rating in its quarterly performance reports for 2021-22, but caution should continue to be applied to interpretation. Where activity is clearly and significantly impacted by the pandemic, this is represented by a white rating.

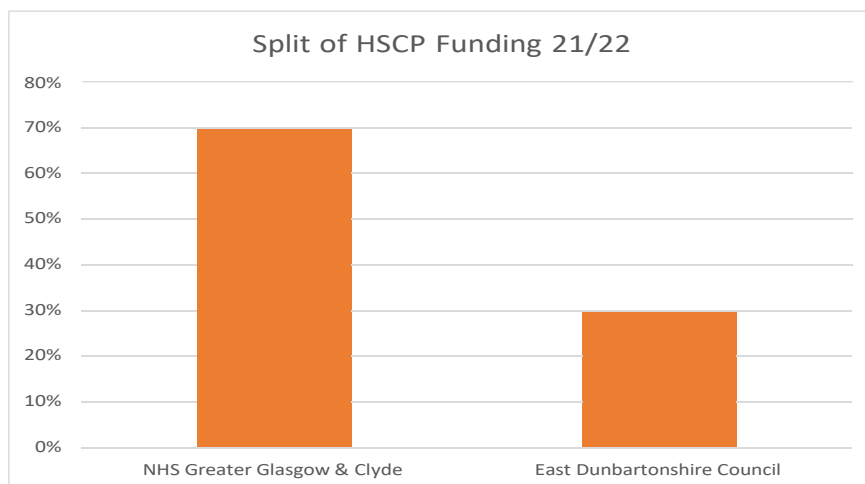
Indicator / Measure	RAG Rating
Number of homecare hours per 1,000 population 65+	
% of People 65+ with intensive needs receiving care at home	
% of Service Users 65+ meeting community care assessment to service delivery waiting times target (6 weeks)	
Number of people 65+ in permanent care home placements	
% of Adult Protection cases where timescales are met	
% of people waiting <3 weeks for drug and alcohol treatment	
% of people waiting <18 weeks for psychological therapies	
% of people newly diagnosed with dementia receiving post diagnostic support	
Total number of alcohol brief interventions delivered (cumulative)	
Smoking quits at 12 weeks post quit in the 40% most deprived areas	

Child and Adolescent Mental Health Services (CAMHS) waiting times	○
Child Care Integrated Assessments (ICAs) submission timescales to Reporters Administration	✔
% of initial Child Protection case conferences taking place within 21 days from receipt of referral	⚠
% of first Child Protection review conferences taking place within 3 months of registration	✔
% of children being Looked After in the community	✖
% of first Looked After and Accommodated Children (LAAC) reviews taking place within 4 weeks of accommodation	✔
% of children receiving 27-30 months assessment	✔
% of individuals beginning a work placement within 7 days of receiving a Community Payback Order	✔
% of Criminal Justice Social Work reports submitted to court on time	✔
% of court report requests allocation to a social worker within 2 days	✔
NHS Knowledge & Skills Framework and Council Performance Development Review achievement against target	○

HSCP BOARD'S FINANCIAL POSITION AT 31 MARCH 2022

The activities of the HSCP are funded by EDC and NHSGGC who agree their respective contributions which the partnership uses to deliver on the priorities set out in the Strategic Plan.

Diagram 10: Split of HSCP Funding 2021/22



The scope of budgets agreed for inclusion within the HSCP for 2021/22 from each of the partnership bodies were:-

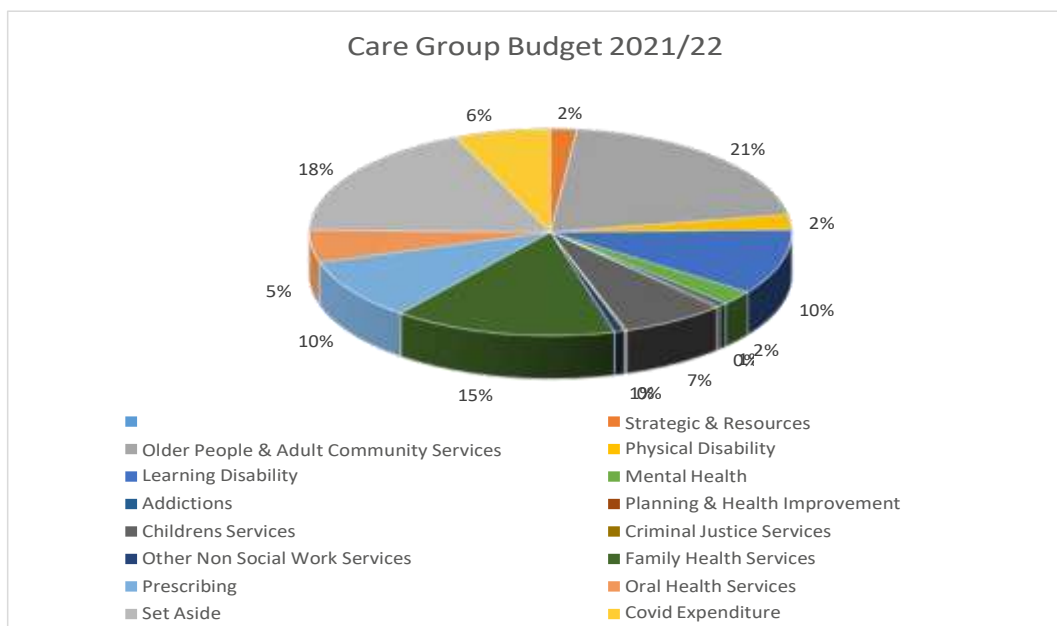
HSCP Board Budgets 2021/22 (from the 1st April 2021 to the 31st March 2022)

	Original Budget 2021/22 £000	In Year Adjustments £000	Final Budget 2021/22 £000
Functions Delegated by East Dunbartonshire Council	58,401	4,352	62,753
Functions Delegated by NHSGGC	84,678	29,299	113,977
Set Aside – Share of Prescribed Acute functions	33,712	2,270	35,982
TOTAL	176.791	35.921	212.712

The increases to the original budget for 2021/22 relate largely to non-recurring funding allocations during the year relating to oral health, family health services and Scottish Government funding to support alcohol and drugs, primary care improvements and Action 15 mental health monies. A significant increase for 2021/22 related to Covid-19 funding from the Scottish Government to support Covid-19 related expenditure across health and social care budgets in addition to the reserves held by the HSCP for this purpose. This was routed in its entirety through the health element of the HSCP budget with funding transferred to the local authority to support social work expenditure as required. This funding will ultimately further the HSCP Covid-19 reserves to support Covid-19 expenditure in 2022/23.

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

Diagram 11: Care Group Budget 2021/22



HOSTED SERVICES

East Dunbartonshire HSCP is one of six in the Greater Glasgow and Clyde area. To ensure consistency and for economy of scale, some health services are organised Greater Glasgow-wide, with a nominated HSCP hosting the service on behalf of its own and the other five HSCPs in the area. The Health Budget includes an element relating to Oral Health Services (£14m) which is a service hosted by East Dunbartonshire HSCP and delivered across the other five partnership areas within NHSGGC's boundaries.

The full extent of this budget is reflected in these accounts as prescribed within the Integration Scheme. There are services hosted within other NHSGGC partnerships which have similar arrangements and which support the population of East Dunbartonshire such as Musculoskeletal Physiotherapy, Podiatry, and Continence Care.

The extent to which these services are consumed by the population of East Dunbartonshire is reflected below:-

2020/21 £000	Service Area	2021/22 £000
545	MSK Physio	524
52	Retinal Screening	52
180	Podiatry	183
324	Primary Care Support	324
399	Continence	412
667	Sexual Health	646
0	Learning Disability – Tier 4	0
909	Mental Health Services	862
19	Augmentative and Alternative Communications	22
808	Oral Health	831
906	Addiction	833
166	Prison Healthcare	177
187	Healthcare in Police Custody	199
2,615	General Psychiatry	2,497
0	Learning Disability – In Patient	0
1,256	Old Age Psychiatry	1,080
9,033	Total Cost of Services consumed within East Dunbartonshire	8,642

The levels of expenditure have decreased in a number of areas since 2020/21 due to the inclusion of Covid-19 related expenditure which has been re-categorised or has reduced during 2021/22.

SET ASIDE BUDGET

The set aside budget relates to certain prescribed acute services including Accident and Emergency, General Medicine, Respiratory care, Geriatric long stay care etc. where the redesign and development of preventative, community based services may have an impact and reduce the overall unplanned admissions to the acute sector, offering better outcomes for patients and service users.

Work continues to be progressed in relation to the sum set aside for hospital services; however, arrangements under the control of Integration Authorities are not yet operating as required by the legislation and statutory guidance. Each Health Board, in partnership with the Local Authority and Integration Authority, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published in June 2015. To date work has focused on the collation of data in relation to costs and activity and the

development of an Un-scheduled Care Commissioning Plan which will set the priorities for the commissioning arrangement for un-scheduled care bed usage across NHSGGC.

An allocation has been determined by NHSGGC for East Dunbartonshire of £35.982m for 2021/22 in relation to these prescribed acute services. Actual figures are now based on a much more detailed approach including actual spend and activity for each year.

The set aside resource for delegated services provided in acute hospitals is determined by analysis of hospital activity and actual spend for that year. For 2021/22, while the overall expenditure for GGC has increased, the actual figures for East Dunbartonshire have slightly decreased. This is due to the share of overall activity for Older People and Respiratory care having decreased. The impact of Covid-19 resulted in a reduction in activity however this reduction in activity is offset by an increase in additional expenditure. The additional expenditure was predominantly as a result of additional staff costs, increased beds, additional cleaning, testing, equipment and PPE. The costs associated with Covid-19 that are included within the set aside total, were £36.9m for NHS Greater Glasgow and Clyde. These costs were fully funded by Scottish Government.

KEY RISKS AND UNCERTAINTIES

The period of public sector austerity and reduction in the overall level of UK public sector expenditure is anticipated to extend over the medium term horizon. This is compounded by the impact on public sector budgets of the Covid-19 pandemic which is expected to continue into 2022/23 (albeit with no further funding available to SG through UK consequentials) with a continued focus on recovery and the re mobilisation of services and mitigation of Covid-19 related expenditure levels through the delivery of recurring measures to secure sustainable services into future years to be accommodated within the Health and Social Care Portfolio's care funding envelope.

There has been continued disruption to how health and social care services across East Dunbartonshire have been delivered during 2021/22 and experienced by service users, patients and carers and this is likely to continue in the short term as services move to pre pandemic delivery levels. The HSCP has also had to continue to support new service areas in response to the pandemic including enhanced support to our care home sector, a Covid-19 vaccination programme for the most vulnerable groups, the operation of a hub to support the distribution of PPE to our social care services and those delivered by the third and independent sector, personal assistants and carers.

The financial impact of implementing the continued changes to services and service delivery models (e.g. to support social distancing requirements, support staff with the appropriate protective equipment, and manage the new and changing levels of need and demand) was significant and likely to be ongoing and evolving as we continue to move through a period of recovery. There are elements which will remain such as enhanced infection prevention and control, use of PPE, support to social care providers who continue to be impacted through outbreaks and staff absence. The Governance Statement on page 34 outlines the governance arrangements which are in place during this challenging time. These accounts have been prepared on the basis that the Scottish Government have met all the additional costs experienced by the HSCP, over and above the earmarked reserves held for this specific purpose.

Additional Covid-19 funding was made available through SG in 2021/22 with an assumption that this will cover Covid-19 expenditure in 2022/23, however beyond that continued Covid-19 funding will cease with an expectation that costs related to Covid-19 will be mitigated as far as possible

through the delivery of recurring measures to secure sustainable services into future years to be accommodated within the Health and Social Care Portfolio's care funding envelope – the latter will create a significant financial challenge.

Future Scottish Government grant settlements remain uncertain with further reductions in government funding predicted to 2022/23. The Partnership, through the development of an updated strategic plan, has prepared a Medium Term Financial Strategy 2022 – 27 aligned to its strategic priorities. The aim is to plan ahead to meet the challenges of demographic growth and policy pressures, taking appropriate action to maintain budgets within expected levels of funding and to maximise opportunities for delivery of the Strategic Plan through the use of reserves. This was presented in the context of the ongoing impact of the Covid-19 pandemic and will be reviewed on an annual basis and updated to reflect up to date assumptions and known factors which may have changed since the original strategy was written. It is accepted that the medium to longer term impacts of the pandemic are yet to be fully felt and assessed.

The most significant risks faced by the HSCP over the medium to longer term are:-

- The increased demand for services alongside reducing resources. In particular, the demographic increases predicted within East Dunbartonshire is significant with the numbers of older people aged 75+ set to increase by 67% over the period 2018-2043 (source: NRS). Even more significantly given the age profiles of people receiving the greatest proportion of services, numbers of older people aged 85+ are set to increase by 119% over the same period.
- East Dunbartonshire has a higher than national average proportion of older people aged 75+, therefore these projected increases will have a significant, disproportionate and sustained impact on service and cost pressures.
- The cost and demand volatility across the prescribing budget which has been significant over the years as a result of a number of drugs continuing to be on short supply resulting in significant increase in prices as well as demand increases in medicines within East Dunbartonshire. While these issues were not as significant during 2021/22, the impact on the demand and supply of medicines following the Covid-19 pandemic are expected to resume to normal levels. This represents the HSCP's singular biggest budget area.
- The achievement of challenging savings targets from both partner agencies that face significant financial pressure and tight funding settlements, expected to continue in the medium to long term.
- The capacity of the private and independent care sector who are struggling to recruit adequate numbers of care staff to support service users which is being felt more acutely south of the border but remains a concern locally.

The HSCP Board approved a risk management strategy in August 2017 and we continue to maintain a corporate risk register for the HSCP which identified the key areas of risk that may impact the HSCP and the range of mitigating actions implemented to minimise any associated impact. This is subject to regular review with the latest version presented to the IJB in June 2022. This has been supplemented by a specific Covid-19 risk register following the pandemic outbreak in March 2020 and will be in place specifically to manage these risks throughout this period.

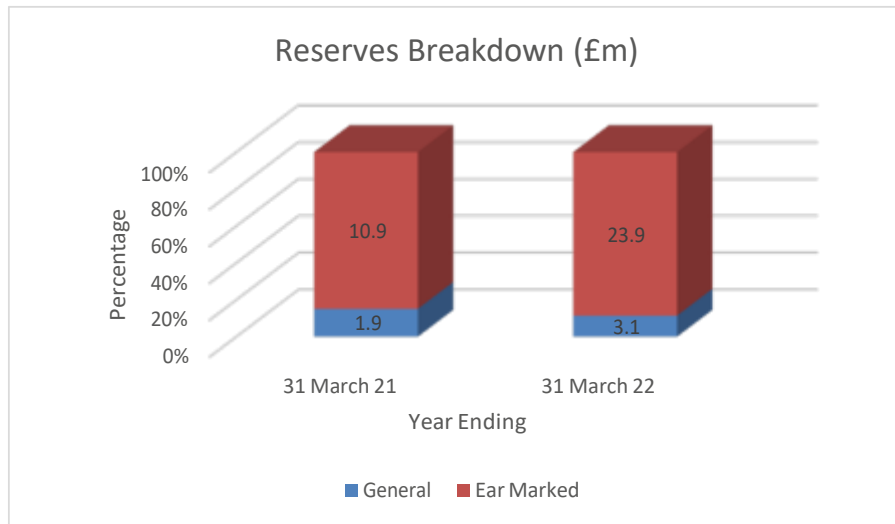
The key areas identified (as at May 2022) are:

Key Strategic Risks	Mitigating Actions
Inability to achieve recurring financial balance	Liaison with other Chief Finance Officers network. Monitoring of delivery of efficiency plans for the coming year through the HSCP Annual Delivery Plan board. Financial recovery plan in place as needed and work with staff and leadership teams to identify areas for further efficiencies / service redesign to be escalated in year. Development of a medium term financial plan to support longer term projections.
Risk of failure to achieving transformational change and service redesign plans within necessary timescales	Early collaborative planning with ED Council and NHS GG&C re support requirements. Work through staff and leadership teams to identify further efficiency and redesign options to bring forward in year. Development and scrutiny of annual delivery plans including actions for investment / dis investment.
Covid-19 - Increased demand for services to support individuals within the community in the context of reduced capacity.	Additional support provided to individuals / carers to support those at risk to remain safely at home, training ongoing for staff re-directed to care at home and other critical service areas in the event need to invoke business continuity measures.
Inability to support early, effective discharge from hospital	Review further options for increasing capacity within care home provision and care at home through recruitment drive and further re-direction of staff. Additional investment through Adult Winter Planning funding to increase capacity across the HSCP in direct care services to support early and effective discharge.

FINANCIAL PERFORMANCE 2021/22

The partnership's financial performance is presented in these Annual Accounts. The table, on page 40 shows a surplus of £14.1m against the partnership funding available for 2021/22. This includes unspent funding from Scottish Government received in year (to be carried forward to future years) in relation to Covid-19 funding, Primary Care Improvements, delivery of the Mental Health Strategy, Children's Mental Health and Wellbeing and Alcohol and Drugs monies. Additional funding received during the later stages of the financial year mask the true extent of surpluses on revenue budgets during the year. Adjusting this position for in year movements in reserves provides a surplus on budget of £3.1m for 2021/22 which has been reported throughout the year to the IJB through regular revenue monitoring updates.

This has further enhanced the reserves position for the HSCP from a balance of £12.8m at the year ending 31st March 2021 to that of a balance of £26.99m at year ending 31st March 2022 (as detailed in the reserves statement on page 41.) The reserves can be broken down as follows:



The CIES includes £6.6m of expenditure related to the impact from Covid-19. The costs incurred during 2021/22 are set out in the table below. Costs were covered through HSCP earmarked reserves, held for this specific purpose, and additional funding received in year from the SG (an additional £10m received in the final quarter of the financial year). The balance has been taken to earmarked reserves to meet ongoing Covid-19 related costs during 2022/23.

	Revenue 2021/22
Additional Covid -19 Costs - HSCP	
Additional Personal Protective Equipment	83,874
Flu Vaccination	345
Scale up of Public Health Measures	96,310
Community Hubs	255,005
Additional Capacity in Community	110,849
Additional Infection Prevention and Control Costs	1,043
Additional Equipment and Maintenance	323,194
Additional Staff Costs	919,552
Additional FHS Prescribing	78,082
Additional FHS contractor costs	147,280
Social Care Provider Sustainability Payments	2,496,359
Payments to Third Parties	1,896
Children and Family services	1,140,210
Loss of Income	387,081
Other	5,178
Remobilisation - Digital & IT costs	27,652
Remobilisation - Primary Care	592,739
Total	6,666,649
Unachievable Savings	500,000
Offsetting cost reductions	(578,082)
Total Expenditure	6,588,567
Income:	
20/21 Surplus carried forward to 21/22	(6,128,439)
21/22 Allocation - General (Q1 + 70% Q2-4)	(18,000)
21/22 Allocation - PPE (Q1 + 40% Q2-4)	(377,000)
21/22 Allocation - Further Covid Funding	(10,029,000)
Total Income	(16,552,439)
Net Expenditure (Surplus)	(9,963,872)

Financial Outturn Position 2021/22

The budget for East Dunbartonshire HSCP was approved by the IJB on the 25 March 2021. This provided a total net budget for the year of £176.791m (including £33.712m related to the original set aside budget). This included £0.676m of agreed savings to be delivered through efficiencies, service redesign and transformation and a £1.1m financial gap which required the identification

of additional transformation activity to deliver a balanced budget for the year and moving forward into future financial years. Given the focus of leadership and management capacity remains on the response to and recovery from the Covid-19 pandemic, the IJB agreed to the creation of a transformation reserve of £1.1m to under write the financial gap until such times as work can resume to identify and deliver transformation activity.

There have been a number of adjustments to the budget since the HSCP Board in March 2021 which has increased the annual budget for 21/22 to £212.712m. These adjustments along with recurring funding streams identified during the year end process for 2020/21 and in the initial monitoring periods of the budget for 2021/22, including additional funding to support Scottish Living wage uplifts to the care home sector, have reduced the financial gap to £0337m.

The partnership’s financial performance across care groups is represented below:

Care Group Analysis	Annual Budget 2021/22 £000	Actual Expenditure 2021/22 £000	Year End Variance £000	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Year End Variance £000
Strategic & Resources	4,233	3,699	535	70	(692)	(86)
Older People & Adult Community Services	46,388	42,868	3,520	909	(3,537)	892
Physical Disability	4,940	5,005	(65)	0	0	(65)
Learning Disability	21,341	20,289	1,052	40	(39)	1,053
Mental Health	5,740	5,035	706	572	(758)	520
Addictions	1,602	971	631	112	(689)	53
Planning & Health Improvement	582	485	97	55	(40)	112
Childrens Services	14,082	14,795	(713)	228	(153)	(638)
Criminal Justice Services	403	346	57	0	(50)	7
Other Non Social Work Services	1,348	810	537	0	0	537
Family Health Services	31,314	31,314	0	0	0	0
Prescribing	20,675	19,936	740	0	0	740
Oral Health Services	13,983	10,786	3,197	403	(3,600)	0
Set Aside	35,982	35,982	0	0	0	0
Covid Expenditure	10,099	6,246	3,853	6,194	(10,029)	18
Net Expenditure	212,712	198,566	14,146	8,583	(19,587)	3,142

A breakdown of the projected underspend against the allocation from each partner agency is set out in the table below:

Partner Agency	Annual Budget 2021/22 £000	Actual Expenditure 2021/22 £000	Actual Variance - Year End 21/22 £000
East Dunbartonshire Council	62,753	60,953	1,799
NHS GG&C	149,959	148,616	1,343
TOTAL	212,712	209,569	3,142

The main reasons for the variances to budget for the HSCP during the year are set out below:

- **Mental Health, Learning Disability, Addiction Services (£1.7m under spend)** - there was 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, coupled with continuing vacancies across psychology, nursing and social care staffing. There has been a gradual 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, and this trend is expected to continue as the picture continues to improve.

- **Community Health and Care Services – Older People / Physical Disability (underspend of £0.8m)** – there continued to reduced levels of care home placements (in part due to sporadic outbreaks in care homes limiting placement numbers and admissions) and within care at home services purchased from the external market. This mitigated the pressures within the in-house care at home service along with additional adult winter planning funding to increase capacity in this area.
- **Children and Criminal Justice Services (overspend of £0.6m)** – the over spend in this area is due to an increase in the number of high cost residential placements, fostering and kinship placements have also seen an increase. This is being mitigated to some extent through staff turnover savings.
- **Housing Aids and Adaptations and Care of Gardens (underspend of £0.5m)** - 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 an ongoing vacancy within the care and repair service and a downward trend in the number of private sector housing grants to be awarded which may increase as work to progress tenders is underway.
- **Prescribing (underspend of £0.7m)** - the under spend on prescribing relates to a downturn in the volumes of medicines being prescribed compared to original budgeted projections and prices for medicines, based on an average cost per item, is also seeing a reduction. There have been some price increases associated with paracetamol and sertraline which have been managed within the overall under spend in this area.

Partnership Reserves

As at the 1st April 2021, the HSCP had a general (contingency) reserves balance of £1.9m. The surplus generated during 2021/22 (£3.1m) will allow the HSCP to further that reserve in line with the HSCP Reserves Policy. This will provide the HSCP with some 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.

The performance of the budget during 2021/22 supports the HSCP in the creation of a reserve to support the redesign of accommodation of £2m across the HSCP in delivery of its strategic priorities, primarily related to the delivery of the primary care improvement programme, moving services currently delivered within acute settings to local communities, such as Phlebotomy, and additional space to accommodate increased staffing capacity in response to Adult Winter Planning monies, adult social work capacity funding. This provides a remaining balance on general reserves of £3.1m.

A Reserves policy was approved by the IJB on the 11th August 2016. This provides for a prudent reserve of 2% of net expenditure (less Set Aside) which equates to approximately £3.2m for the partnership. The level of general reserves is in line with this prudent level and provides the partnership with a contingency to manage any unexpected in year pressures moving into future years of financial uncertainty.

The HSCP has also increased the level of earmarked reserves to £23.9m which are available to deliver on specific strategic priorities and largely relate to funding from the Scottish Government allocated late in the financial year. The most significant element relates to Covid-19 funding which accounts for £10.3m of ear marked reserves and be available to support ongoing expenditure related to Covid-19 and the recovery of services during 2022/23 with no further funding expected during 2022/23.

A breakdown of the HSCP earmarked reserves is set out in note 10, page 50.

The total level of partnership reserves is now £26.990m as set out in the table on page 41.

Financial Planning

In setting the budget for 2022/23, the partnership had a funding gap of £0.449m following an analysis of cost pressures set against the funding available to support health and social care expenditure in East Dunbartonshire, this is set out in the table below:

	Delegated SW Functions (£m)	Delegated NHS Functions (£m)	Total HSCP (£m)
Recurring Budget 2021/22 (excl. Set aside)	58.402	87.327	145.729
Set Aside		37.759	37.759
Total Recurring Budget 2021/22	58.402	125.086	183.488
Financial Pressures - 22/23	11.462	2.665	14.127
Recurring Financial Gap 21/22	0.936		0.936
2022/23 Budget Requirement	70.801	127.751	198.552
2022/23 Financial Settlement	70.640	127.463	198.103
Financial Challenge 22/23	0.161	0.288	0.449
Budget Savings 20/21 - F/Y Impact	(0.340)	0.000	(0.340)
Transformation / Application of General Reserves	0.000	0.000	0.000
Savings Plan 22/23	(0.061)	(0.048)	(0.109)
Residual Financial Gap 22/23	(0.240)	0.240	0.000

Savings plans of £0.449m were identified to mitigate the financial pressures which delivered a balanced budget position moving into 2022/23.

The HSCP has a Medium Term Financial Strategy for the period 2022 – 2027 which outlines the financial outlook over the next 5 years 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. The Strategic Plan is currently under review, with an interim plan in place to cover the period to 2022.

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

The HSCP has particular demographic challenges as set out previously on page 4.

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

The Financial Challenge

The Medium Term Financial Strategy (MTFS) for the HSCP provides a number of cost pressures with levels of funding not matching the full extent of these pressures requiring a landscape of identifying cost savings through a programme of transformation and service redesign. The MTFS was updated as part of the Budget Setting for 2022/23 in March 2022.

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

- The IJB is planning for a range of scenarios ranging from best to poor outcomes in terms of assumptions around cost increases and future funding settlements. This will require the identification of £11.5m to £21.8m of savings with the most likely scenario being a financial gap of £11.5m over the next five years.
- This will extend to £28.9m over the next 10 years, however this becomes a more uncertain picture as the future environment within which IJBs operate can vary greatly over a longer period of time.
- Based on the projected income and expenditure figures the IJB will require to achieve savings between £0.5m and £3.0m each year from 2022/23 onwards.

The aim of the medium term financial strategy is to set out how the HSCP would take action to address this financial challenge across the key areas detailed below:

Key areas identified to close the financial gap



Delivering Services Differently through Transformation and Service Redesign

- Development of a programme for Transformation and service redesign which focuses on identifying and implementing opportunities to redesign services using alternative models of care in line with the ambitions of the HSCP Strategic Plan.



Efficiency Savings

- Implementing a range of initiatives which will ensure services are delivered in the most efficient manner.



Strategic Commissioning

- Ensuring that the services purchased from the external market reflect the needs of the local population, deliver good quality support and align to the strategic priorities of the HSCP.



Shifting the Balance of Care

- Progressing work around the un-scheduled care commissioning plan to address a shift in the balance of care away from hospital based services to services delivered within the community.



Prevention and Early Intervention

- Through the promotion of good health and wellbeing, self-management of long term conditions and intervening at an early stage to prevent escalation to more formal care settings.



Demand Management

- Implementing a programme focussed on managing demand and eligibility for services which enable demographic pressures to be delivered without increasing capacity. This is an area of focus through the Review of Adult Social Care.

J Forbes
IJB Chair

C Sinclair
Chief Officer

J Campbell
Chief Finance & Resources
Officer

26th October 2022

26th October 2022

26th October 2022

STATEMENT OF RESPONSIBILITIES

Responsibilities of the HSCP Board

The HSCP Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the Chief Finance and Resources Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014 as modified by the Coronavirus (Scotland) Act 2020), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature at a meeting of the Performance, Audit and Risk Committee on the 26th October 2022.

Signed on behalf of the East Dunbartonshire HSCP Board.

J Forbes
IJB Chair

26th October 2022

Responsibilities of the Chief Finance and Resources Officer

The Chief Finance and Resources Officer is responsible for the preparation of the HSCP Board's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Finance and Resources Officer has:

- selected suitable accounting policies and then applied them consistently
- made judgements and estimates that were reasonable and prudent
- complied with legislation
- complied with the local authority Code (in so far as it is compatible with legislation)

The Chief Finance and Resources Officer has also:

- kept proper accounting records which were up to date
- taken reasonable steps for the prevention and detection of fraud and other irregularities

I certify that the financial statements give a true and fair view of the financial position of the East Dunbartonshire HSCP Board as at 31 March 2022 and the transactions for the year then ended.

J Campbell

Chief Finance and Resources Officer

26th October 2022

REMUNERATION REPORT

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified HSCP Board members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

Remuneration: HSCP BOARD Chair and Vice Chair

The voting members of the HSCP Board are appointed through nomination by EDC and NHSGGC in equal numbers being three nominations from each partner agency. Nomination of the HSCP Board Chair and Vice Chair post holders alternates between a Councillor and a Health Board Non-Executive Director.

The remuneration of Senior Councillors is regulated by the Local Governance (Scotland) Act 2004 (Remuneration) Regulations 2007. A Senior Councillor is a Councillor who holds a significant position of responsibility in the Council's political management structure, such as the Chair or Vice Chair of a committee, sub-committee or board (such as the HSCP Board).

The remuneration of Non-Executive Directors is regulated by the Remuneration Sub-committee which is a sub-committee of the Staff Governance Committee within the NHS Board. Its main role is to ensure the application and implementation of fair and equitable systems for pay and for performance management on behalf of the Board as determined by Scottish Ministers and the Scottish Government Health and Social Care Directorates.

The HSCP Board does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the HSCP Board. The HSCP Board does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. There were no taxable expenses paid by the HSCP Board to the Chair and Vice Chair.

The HSCP Board does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting HSCP Board members. Therefore no pension rights disclosures are provided for the Chair or Vice Chair.

Remuneration: Officers of the HSCP Board

The HSCP Board does not directly employ any staff in its own right; however specific post-holding officers are non-voting members of the Board. All staff working within the partnership are employed through either EDC or NHSGGC and remuneration for senior staff is reported through those bodies. This report contains information on the HSCP Board Chief Officer and the Chief Finance and Resources Officer's remuneration together with details of any taxable expenses relating to HSCP Board voting members claimed in the year.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the HSCP Board has to be appointed and the employing partner has to formally second the officer to the HSCP Board. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the HSCP Board. The Interim Chief Officer, Mrs Sinclair was appointed from the 6th January 2020. Mrs Sinclair is employed by East Dunbartonshire Council and seconded to the HSCP Board.

Other Officers

No other staff are appointed by the HSCP Board under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below. The HSCP Board Chief Finance and Resources Officer is employed by NHSGGC.

The Council and Health Board share the costs of all senior officer remunerations.

Total 2020/21 £	Senior Employees	Salary, Fees and Allowances £	Compensation for Loss of Office £	Total 2021/22 £
104,448	C Sinclair Chief Officer 6 th January 2020 to present	104,040	0	104,040
87,036	J. Campbell Chief Finance and Resources Officer 9 th May 2016 to present	92,220	0	92,220
191,484	Total	196,260	0	196,260

Pay band information is not separately provided as all staff pay information has been disclosed in the information above.

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there

is no pensions liability reflected on the HSCP Board balance sheet for the Chief Officer or any other officers.

The HSCP Board however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the HSCP Board. The following table shows the HSCP Board's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Senior Employee	In Year Pension Contributions			ts	
	For Year to 31/03/21	For Year to 31/03/22		Difference from 31/03/21	As at 31/03/22
	£	£		£000	£000
C Sinclair	20,000	20,100	Pension	0 - 5	5 - 10
Chief Officer 6 th January 2020 to present			Lump sum	0	0
J. Campbell	18,000	19,300	Pension	0 - 5	5 - 10
Chief Finance and Resources Officer 9 th May 2016 to present			Lump sum	0	0
Total	38,000	39,400	Pension	0 - 10	10 - 20
			Lump Sum	0	0

The Chief Officer and the Chief Finance and Resources Officer detailed above are members of the Local Government Superannuation Scheme and the NHS Superannuation Scheme (Scotland) respectively. The pension figures shown relate to the benefits that the person has accrued as a consequence of their current appointment and role within the HSCP Board and in the course of employment across the respective public sector bodies. The contractual liability for employer's pension contribution rests with East Dunbartonshire Council and NHSGGC respectively. On this basis there is no pension liability reflected on the HSCP Board balance sheet. There was no exit packages payable during either financial year.

J Forbes
IJB Chair

C Sinclair
Chief Officer

26th October 2022

26th October 2022

ANNUAL GOVERNANCE STATEMENT

Scope of Responsibility

The HSCP Board is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money and assets are safeguarded and that arrangements are made to secure best value in their use.

In discharging this responsibility, the Chief Officer has put in place arrangements for governance, which includes the system of internal control. The system is intended to manage risk to support the achievement of the HSCP Board's policies, aims and objectives. Reliance is placed on the NHSGGC and EDC systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the HSCP Board.

The system of internal control is designed to manage risk to a reasonable level, but cannot eliminate the risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable but not absolute assurance of effectiveness.

Impact of Coronavirus (Covid-19) pandemic on governance arrangements

Impact on service delivery

As a result of the pandemic, presenting need, demand, service activity, performance and impact have continued to have been significantly affected in 2021/22. Throughout the year, operational teams have worked very hard to ensure that the people we support continue to have their eligible needs met, with provision being made in ways that are safe and person-centred.

Governance Implications

Governance frameworks remained largely in place in the year with virtual meetings of the HSCP Board meetings and those of the Performance, Audit and Risk Committee continuing throughout. However, the pressures on management as a result of the pandemic have resulted in delays to some key governance documents. This has included the deferral of the publication of the HSCP Annual Performance Report from July until September 2021 in line with the Coronavirus Scotland Act (2020).

Financial Pressure and Funding Consequences

Significant pressures have continued as a result of Covid-19 related costs and the impact of this on the delivery of savings and transformation during 2021/22. The Scottish Government have provided additional funding towards these costs and earmarked reserves have been drawn down on to fund these pressures. Additional funding was received in the year for Adult Winter Planning Funding. This has not been

spent in full during 2021/22 and some of this funding will therefore be taken to HSCP earmarked reserves to be used to support Covid and winter pressures into 2022/23.

[Assessment of the longer-term disruption and consequences arising from the coronavirus pandemic](#)

The HSCP has been through two very challenging years, and it is recognised that there will be further impact on our communities, and on people's physical and mental wellbeing, as we look towards the years ahead. The COVID-19 pandemic is already demonstrating its impact on health and wellbeing. Higher rates of mental ill health, alcohol and drug use and public protection referrals have all been experienced in East Dunbartonshire over the period of the pandemic, and likely to have a number of yet unknown consequences on population health, which should be taken in to account for future planning. Some of these trends pre-date the pandemic. The HSCP has prepared and agreed a 2022-25 Strategic Plan which acknowledges that the impact of the pandemic may be felt over the full period of the new Strategic Plan. It will be incumbent upon the HSCP and all of its partners to work together to meet both the pre-existing and new challenges post-pandemic. The HSCP's plans will continue to be refined year on year, as a better understanding is obtained of the longer term impact of the pandemic, and of people's needs as we look towards recovery and renewal.

The Governance Framework and Internal Control System

The system of internal control is based on a framework designed to identify and prioritise the risks to the achievement of the Partnership's key outcomes, aims and objectives and comprises the structures, processes, cultures and values through which the partnership is directed and controlled.

The system of internal control includes an ongoing process, designed to identify and prioritise those risks that may affect the ability of the Partnership to achieve its aims and objectives. In doing so, it evaluates the likelihood and impact of those risks and seeks to manage them efficiently, effectively and economically.

Governance arrangements have been in place throughout the year and up to the date of approval of the statement of accounts. However, see further detail provided above on the impact of the Covid-19 pandemic on these arrangements.

Key features of the governance framework in 2021/22 are:

- The HSCP Board comprises six voting members – three non-executive Directors of NHSGGC and three local Councillors from EDC. The Board is charged with responsibility for the planning of Integrated Services through directing EDC and the NHSGGC to deliver on the strategic priorities set out in the Strategic Plan. In order to discharge their responsibilities effectively, board members are supported with a development programme. This programme aims to provide opportunities to explore individual member and Board collective responsibilities and values that facilitate decision making, develop understanding of service provision within the HSCP and engage with staff delivering these services and specific sessions on the conduct of the business of the HSCP Board.

- HSCP Boards are ‘devolved public bodies’ for the purposes of the Ethical Standards in Public Life (Scotland) Act 2000, which requires them to produce a code of conduct for members. The members of the HSCP Board have adopted and signed up to the Code of Conduct for Members of Devolved Public Bodies and have committed to comply with the rules and regularly review their personal circumstances on an annual basis.
- The HSCP Board has produced and adopted a Scheme of Administration that defines the powers, relationships and organisational aspects for the HSCP Board. This includes the Integration Scheme, Standing Orders for meetings, Terms of reference and membership of HSCP Board committees, the Scheme of Delegation to Officers and the Financial Regulations.
- The Strategic Plan for 2022-2025 outlines eight key priorities to be delivered over the three year period and provides specific commitments and objectives against each of these. It sets out the identified strategic priorities for the HSCP and links the HSCP’s priorities to National Health and Wellbeing Outcomes.
- Financial regulations have been developed for the HSCP in accordance with the Integrated Resources Advisory Group (IRAG) guidance and in consultation with EDC and NHSGGC. They set out the respective responsibilities of the Chief Officer and the Chief Finance and Resources Officer in the financial management of the monies delegated to the partnership.
- The Risk Management Policy sets out the process and responsibilities for managing risk in the HSCP. The Corporate Risk Register was revised and approved in November 2021 and is reviewed by the Senior Management Team at least twice a year. In light of the Covid-19 pandemic, a specific risk register has been compiled for the risks associated with this event.
- Performance Reporting – Regular performance reports are presented to the HSCP Board to monitor progress on an agreed suite of measures and targets against the priorities set out in the strategic plan. This includes the provision of exception reports for targets not being achieved identifying corrective action and steps to be taken to address performance not on target. This scrutiny is supplemented through the Performance, Audit and Risk Committee. A performance management framework has been developed and implemented across the HSCP to ensure accountability for performance at all levels in the organisation. This includes regular presentations on team / service performance to the Senior Management team at a more detailed level and informs higher level performance reporting to the partner agency Chief Executives as part of regular organisation performance reviews (OPRs) and ultimately to the HSCP Board.
- The Performance, Audit and Risk Committee advises the Partnership Board and its Chief Finance and Resources Officer on the effectiveness of the overall internal control environment.
- Clinical and Care Governance arrangements have been developed and led locally by the Clinical Director for the HSCP and through the involvement of the Chief Social Work Officer for EDC.

- Information Governance – the Public Records (Scotland) Act 2011 (Section 1 (1)) requires the HSCP Board to prepare a Records Management Plan setting out the proper arrangements for the authority's public records. The HSCP Board updated and approved this in March 2021, prior to submission to the Keeper of the Records of Scotland. In addition, under the Freedom of Information (Scotland) Act, the HSCP Board is required to develop a Freedom of Information Publication Scheme – this was published in March 2017.
- The HSCP Board is a formal full partner of the East Dunbartonshire Community Planning Partnership Board (CPPB) and provides regular relevant updates to the CPPB on the work of the HSCP.

Roles and Responsibilities of the Performance, Audit and Risk Committee and Chief Internal Auditor

Board members and officers of the HSCP Board are committed to the concept of sound internal control and the effective delivery of HSCP Board services. The HSCP Board's Performance, Audit and Risk Committee operates in accordance with CIPFA's Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities.

The Performance, Audit and Risk Committee performs a scrutiny role in relation to the application of CIPFA's Public Sector Internal Audit Standards 2017 (PSIAS) and regularly monitors the performance of the Partnership's internal audit service. The appointed Chief Internal Auditor has responsibility to perform independent reviews and to report to the Performance, Audit and Risk Committee annually, to provide assurance on the adequacy and effectiveness of conformance with PSIAS.

The internal audit service undertakes an annual programme of work, approved by the Performance, Audit and Risk Committee, based on a strategic risk assessment. The appointed Chief Internal Auditor provides an independent opinion on the adequacy and effectiveness of internal control. East Dunbartonshire Council's Audit and Risk Manager is the Chief Internal Auditor for the Partnership. In this role, the assurance is based on the available information including HSCP audits, EDC internal audit reports relating to the Partnership and summary reports on NHSGGC internal audits that relate to the partnership. Whilst as a result of the ongoing effects of the Covid-19 pandemic the focus of internal audit work in 2021/22 has differed to that originally envisioned, particularly in the final quarter of the year, internal audit have continued to take a risk based approach in completing the internal audit plan. There have been no impairments or restrictions of scope during the course of the year.

Based on Internal Audit work completed in 2021/22 in accordance with Public Sector Internal Audit Standards (PSIAS), the Chief Internal Auditor has concluded that the HSCP's internal control procedures were generally found to operate as intended, with reasonable assurance being provided on the integrity of controls. A number of additional recommendations have been made by the internal audit team in 2021/22 in order to improve controls further, and action plans developed with management to address the risks identified. The Chief Internal Auditor has conducted a review of all HSCP and EDC Internal Audit reports issued in the financial year, together with

summary reports on NHSGGC Internal Audit work and Certificates of Assurance from the EDC and partnership Senior Management Team. Although no system of internal control can provide absolute assurance, nor can Internal Audit give that assurance, based on the audit work undertaken during the reporting period, the Chief Internal Auditor is able to conclude that a reasonable level of assurance can be given that the system of internal control is operating effectively within the organisation.

Update on Previous Governance Issues

The 2020/21 Annual Governance Statement set out a number of Improvement Actions to enhance the governance arrangements within the partnership or which the partnership relies on to support effective internal controls. These are updated below:

- An area identified for further improvement was the process for purchasing emergency or short notice commissioned care. The processes for ensuring this, and other existing commissioning, has proper contractual under-pinning was identified as requiring strengthening. In support of these improvements, staff have been asked to confirm understanding of the requirement to follow proper governance processes. Additionally, a standard procurement form has been updated to capture details on any emergency purchases.
- EDC Internal Audit Reports – EDC Internal Audit have performed a follow up review which confirmed that a high risk prior year issue remained in progress relating to contractual arrangements for Social Work Contract Monitoring. A new Planning and Service Development structure is expected to largely address this issue which will also require a review of the contract tracker of spend outwith contractual arrangements. Revised timescales have been agreed with relevant officers and this will be progressed in 2022/23.
- External Reports – it was stated in last year’s governance statement that the HSCP would take cognisance of external reports and develop action plans that seek to improve governance arrangements in line with best practice. This has occurred, with the partnership developing action plans in response to reports from Audit Scotland and the Care Inspectorate.

Review of Effectiveness

East Dunbartonshire HSCP Board has responsibility for reviewing the effectiveness of the governance and risk management arrangements including the system of internal control. This review is informed by the work of the Chief Officer and the Senior Management Team who have responsibility for the development and maintenance of the governance environment, the Annual Governance Report, the work of internal audit functions for the respective partner organisations and by comments made by external auditors and other review agencies and inspectorates.

The partnership has put in place appropriate management and reporting arrangements to enable it to be satisfied that its approach to corporate governance and risk management is both appropriate and effective in practice.

A range of internal audit assignments has been completed that reviewed the operation of internal controls of relevance to the HSCP Board. These were generally found to

operate as intended, with reasonable assurance provided on the integrity of controls. A number of recommendations have been made for areas for further improvement and action plans developed to address the risks identified. Senior Officers have provided assurances that the issues raised by Internal Audit have been or will be addressed. Auditors will conduct testing following completion of the actions, as part of the 2022/23 audit programme.

There has been specific work undertaken by each partner's audit functions. The HSCP's Chief Internal Auditor has considered the conclusions on the areas reviewed by NHSGGC internal auditors in 2021/22. An opinion of reasonable assurance has been provided by the NHSGGC's auditors, Azets, whilst specific areas for improvement have been highlighted. Similarly, consideration has been made of the opinion provided of reasonable assurance provided by the Council's auditors on its systems, governance and risk management systems.

The HSCP Board has various meetings, which have received a wide range of reports to enable effective scrutiny of the partnership's performance and risk management updates including regular Chief Officer Updates, financial reports, performance reports, risk registers and service development reports, which contribute to the delivery of the Strategic Plan.

Governance Improvement Plans

The following areas of improvement have been identified for 2022/23, which will seek to enhance governance arrangements within the partnership:

- External Reports – the HSCP will take cognisance of external reports and develop action plans that seek to improve governance arrangements in line with best practice.
- Internal Audit Reports – Further to the completion of the internal audit work for 2021/22, and following up on previously raised internal audit actions, the main area that the Internal Audit Team highlighted as requiring further improvement was the contractual status of social care expenditure. Action plans have been agreed with management and any outstanding audit actions will continue to be monitored for compliance.

Assurance

The system of governance (including the system of internal control) operating in 2021/22 provides reasonable assurance that transactions are authorised and properly recorded; that material errors or irregularities are either prevented or detected within a timely period; and that significant risks to the achievement of the strategic priorities and outcomes have been mitigated.

Certification

It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the East Dunbartonshire HSCP Board's systems of governance.

J Forbes

C Sinclair

IJB Chair

Chief Officer

26th October 2022

26th October 2022

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the cost of providing services for the year according to accepted accounting practices.

	2020/21			Care Group	2021/22		
	Gross Expenditure	Gross Income	Net Expenditure		Gross Expenditure	Gross Income	Net Expenditure
	Re-stated £000	Re-stated £000			£000	£000	
	2,625	(57)	2,568	Strategic/ Resources	3,106	(62)	3,044
	1,369	0	1,369	Addictions	1,360	(9)	1,351
	39,268	(624)	38,644	Older People	43,690	(1,026)	42,664
	19,803	(470)	19,333	Learning Disability	20,853	(374)	20,479
	4,595	285	4,880	Physical Disability	5,009	(4)	5,005
	5,882	(504)	5,378	Mental Health	6,086	(566)	5,520
	14,938	(676)	14,262	Children & Families	15,602	(807)	14,795
	1,452	(1,290)	162	Criminal Justice	1,752	(1,406)	346
	741	0	741	Other - Non Social Work	810	0	810
	10,921	(1,101)	9,820	Oral Health	11,900	(1,114)	10,786
	29,976	(154)	29,822	Family Health Services	31,869	(555)	31,314
	19,178	0	19,178	Prescribing	19,937	(1)	19,936
	7,215	0	7,215	Covid	6,245	0	6,245
	36,750	0	36,750	Set Aside for Delegated Services to Acute Services	35,982	0	35,982
	282	0	282	HSCP Board Operational Costs	289	0	289
	194,995	(4,591)	190,404	Cost of Services Managed By East Dunbartonshire HSCP	204,490	(5,924)	198,566
		<i>(202,444)</i>	<i>(202,444)</i>	<i>Taxation & Non Specific grant Income</i>		<i>(212,712)</i>	<i>(212,712)</i>
	194,995	(207,035)	(12,040)	(Surplus) or deficit on Provision of Services	204,490	(218,636)	(14,146)
			(12,040)	Total Comprehensive Income and Expenditure			(14,146)

The 2020/21 expenditure has been re-stated to reflect an amendment to the set aside figures – a decrease of £0.225m. This has had no impact on the reported deficit for the year as it is met from an equivalent decrease in the contribution from NHSGGC.

In determining the set aside, NHSGGC data included activity related to the Royal Hospital for Children (RHC) which has now been properly excluded. While the overall costs associated with the set aside remained the same the proportionate allocations across each HSCP area within GGC changed, as a consequence of the removal of this activity data, which has resulted in the re-statement for 2020/21.

Movement in Reserves Statement

This statement shows the movement in the year on the HSCP Board’s reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movements in Reserves During 2021/22	Contingency Reserve (non-earmarked)	Ear-Marked Reserves	Total General Fund Reserves
	£000	£000	£000
Opening Balance at 31 March 2021	(1,935)	(10,909)	(12,844)
Total Comprehensive Income and Expenditure (Increase) / Decrease 2020/21	(1,143)	(13,003)	(14,146)
Closing Balance at 31 March 2022	(3,078)	(23,912)	(26,990)

Movements in Reserves During 2020/21	Contingency Reserve (non-earmarked)	Ear-Marked Reserves	Total General Fund Reserves
	£000	£000	£000
Opening Balance at 31 March 2020	0	(804)	(804)
Total Comprehensive Income and Expenditure (Increase) / Decrease 2020/21	(1,935)	(10,105)	(12,040)
Closing Balance at 31 March 2021	(1,935)	(10,909)	(12,844)

BALANCE SHEET

The Balance Sheet shows the value as at the 31st March 2022 of the HSCP Board's assets and liabilities. The net assets of the HSCP Board (assets less liabilities) are matched by the reserves held by the HSCP Board.

31 March 2021 £000		Notes	31 March 2022 £000
12,844	Short term Debtors	9	26,990
Current Assets			
12,844	Net Assets		26,990
(1,935)	Usable Reserve: Contingency	10	(3,078)
(10,909)	Unusable Reserve: Earmarked	10	(23,912)
(12,844)	Total Reserves		(26,990)

The unaudited accounts were issued on 28th June 2022 and the audited accounts were authorised for issue on 26th October 2022.

J Campbell
Chief Finance and Resources Officer

26th October 2022

NOTES TO THE FINANCIAL STATEMENTS

1. Significant Accounting Policies

General Principles

The Financial Statements summarises the authority's transactions for the 2021/22 financial year and its position at the year-end of 31 March 2022.

The HSCP Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973. It is a joint venture between NHSGGC and East Dunbartonshire Council.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the HSCP Board will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the HSCP Board.
- Income is recognised when the HSCP Board has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

Funding

The HSCP Board is primarily funded through contributions from the statutory funding partners, East Dunbartonshire Council and NHS Greater Glasgow and Clyde. Expenditure is incurred as the HSCP Board commissions specified health and social care services from the funding partners for the benefit of service recipients in East Dunbartonshire.

Cash and Cash Equivalents

The HSCP Board does not operate a bank account or hold cash. Transactions are settled on behalf of the HSCP Board by the funding partners. Consequently the HSCP Board does not present a 'Cash and Cash Equivalent' figure on the balance sheet.

The funding balance due to or from each funding partner, as at 31 March, is represented as a debtor or creditor on the HSCP Board's Balance Sheet.

Employee Benefits

The HSCP Board does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The HSCP Board therefore does not present a Pensions Liability on its Balance Sheet.

The HSCP Board has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31 March is accrued, for example in relation to annual leave earned but not yet taken.

Charges from funding partners for other staff are treated as administration costs.

Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the HSCP Board's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the HSCP Board's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

Reserves

The HSCP Board's reserves are classified as either Usable or Usable Ear-marked Reserves.

The balance of the General Fund as at 31 March 2022 shows the extent of resources which the HSCP Board can use in later years to support service provision and complies with the Reserves Strategy for the partnership.

The ear marked reserve shows the extent of resource available to support Covid-19 recovery and service re-design in achievement of the priorities set out in the Strategic Plan including funding which have been allocated for specific purposes but not spent in year.

VAT

The HSCP Board is not a taxable person and does not charge or recover VAT on its functions.

The VAT treatment of expenditure in the HSCP Board's accounts depends on which of the partner organisations is providing the service as these agencies are treated differently for VAT purposes.

The services provided to the HSCP Board by the Chief Officer are outside the scope of VAT as they are undertaken under a special legal regime.

Indemnity Insurance

The HSCP Board has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. The EDC and NHSGGC have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the HSCP Board does not have any 'shared risk' exposure from participation in CNORIS. The HSCP Board participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration is provided for in the HSCP was £0k, the balance will be payable in Board's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

2. Prior Year Restatement

When items of income and expenditure are material, their nature and amount is disclosed separately, either on the face of the CIES or in the notes to the Accounts, depending on how significant the items are to the understanding of the HSCP's financial performance.

Prior period adjustments may arise as a result of a change in accounting policy, a change in accounting treatment or to correct a material error. Changes are made by adjusting the opening balances and comparative amounts for the prior period which then allows for a consistent year on year comparison.

The 2020/21 expenditure has been re-stated to reflect an amendment to the set aside figures – a decrease of £0.225m. This has had no impact on the reported deficit for the year as it is met from an equivalent decrease in the contribution from NHSGGC.

In determining the set aside, NHSGGC data included activity related to the Royal Hospital for Children (RHC) which has now been properly excluded. While the overall costs associated with the set aside remained the same the proportionate allocations across each HSCP area within GGC changed, as a consequence of the removal of this activity data, which has resulted in the re-statement for 2020/21.

3. Critical Judgements and Estimation Uncertainty

In applying the accounting policies set out above, the HSCP Board has had to make critical judgement relating to services hosted within East Dunbartonshire HSCP for other HSCPs within the NHSGGC area. In preparing the 2021/22 financial statements the HSCP Board is considered to be acting as 'principal', and the full costs of hosted services are reflected within the financial statements. In delivering these services the HSCP Board has primary responsibility for the provision of these services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required.

In responding to Covid-19 the HSCP has been required to act as both principal and agent. An assessment of all Covid-19 expenditure has been undertaken and this assessment has concluded that the IJB acted as agent in relation to the £500 payment made to Council employees and external care providers at the request of the Scottish Government. This assessment has been based on LASAAC guidance issued in relation to this expenditure. In line with the Code, this expenditure has been excluded from the accounts.

The Scottish Government has issued guidance on accounting for Personal Protective Equipment (PPE) and testing kits provided through NHS National Services (NSS). In accordance with this guidance and based on the judgement that the HSCP is acting as an agent, the income and expenditure relating to PPE has been excluded from the HSCP Annual Accounts 2021/22.

The Annual Accounts contain estimated figures that are based on assumptions made by East Dunbartonshire HSCP about the future or that which are otherwise uncertain. Estimates are made taking into account historical expenditure, current trends and other relevant factors. However, because balances cannot be determined with certainty, actual results could be materially different from the assumptions and estimates made. In applying these estimations, the HSCP has no areas where actual results are expected to be materially different from the estimates used.

4. Events After the Reporting Period

The Annual Accounts were authorised for issue by the Chief Finance and Resources Officer on 26th October 2022. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2022, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

5. Expenditure and Income Analysis by Nature

2020/21 £000		2021/22 £000
45,183	Employee Costs	49,043
344	Property Costs	370
5,053	Supplies and Services	6,167
56,964	Contractors	59,420
825	Transport and Plant	1,140
199	Administrative Costs	309
30,217	Family Health Service	31,831
19,178	Prescribing	19,937
36,750	Set Aside	35,982
282	HSCP Board Operational Costs	289
(4,591)	Income	(5,922)
190,404	Net Expenditure	198,566
(202,444)	Partners Funding Contributions and Non-Specific	(212,712)
(12,040)	(Surplus) or Deficit on the Provision of Services	(14,146)

The 2020/21 expenditure has been re-stated to reflect an amendment to the set aside figures – a decrease of £0.225m. This has had no impact on the reported deficit for the year as it is met from an equivalent decrease in the contribution from NHSGGC.

In determining the set aside, NHSGGC data included activity related to the Royal Hospital for Children (RHC) which has now been properly excluded. While the overall costs associated with the set aside remained the same the proportionate allocations across each HSCP area within GGC changed, as a consequence of the removal of this activity data, which has resulted in the re-statement for 2020/21.

HSCP Board Operational Costs

2020/21 £000		2021/22 £000
255	Staff Costs	261
27	Audit Fees	28
282 Total Operational Costs		289

External Audit Costs

The appointed Auditors to ED HSCP were Audit Scotland. Fees payable to Audit Scotland in respect of external audit service undertaken were in accordance with the Code of Audit Practice.

6. Support Services

Support services were not delegated to the HSCP Board through the Integration Scheme and are instead provided by the Health Board and Council free of charge as a 'service in kind'. The support services provided is mainly comprised of: financial management and accountancy support, human resources, legal, committee administration services, ICT, payroll, internal audit and the provision of the Chief Internal Auditor.

All support services provided to the HSCP Board were considered not material to these accounts.

7. Taxation and Non-Specific Grant Income

2020/21 Re-stated £000		2021/22 £000
57,719	Funding Contribution from East Dunbartonshire Council	62,753
144,725	Funding Contribution from NHS Greater Glasgow & Clyde	149,959
202,444 Taxation and Non-specific Grant Income		212,712

The funding contribution from the NHSGGC shown above includes £35.982m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by NHSGGC which retains responsibility for managing the costs of providing the services. The HSCP Board however has responsibility for the consumption of, and level of demand placed on, these resources.

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services. Such ring-fenced funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

The 2020/21 expenditure has been re-stated to reflect an amendment to the set aside figures – a decrease of £0.225m. This has had no impact on the reported deficit for the year as it is met from an equivalent decrease in the contribution from NHSGGC.

In determining the set aside, NHSGGC data included activity related to the Royal Hospital for Children (RHC) which has now been properly excluded. While the overall costs associated with the set aside remained the same the proportionate allocations across each HSCP area within GGC changed, as a consequence of the removal of this activity data, which has resulted in the re-statement for 2020/21.

8. Debtors

31 March 2021 £000		31 March 2022 £000
7,519	NHS Greater Glasgow and Clyde	19,749
5,325	East Dunbartonshire Council	7,241
12,844	Debtors	26,990

The short term debtor relates to the balance of earmarked reserves to support specific initiatives for which the Scottish Government made this funding available and is money held by the parent bodies as reserves available to the partnership. There is also an element related to general contingency reserves – the detail is set out in the note below.

9. Usable Reserve: General Fund

The HSCP Board holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the HSCP Board’s risk management framework.

The table below shows the movements on the General Fund balance, analysed between those elements earmarked for specific planned future expenditure, and the amount held as a general contingency.

Balance at 31 March 2020 £000	Transfers Out 2020/21 £000	Transfers In 2020/21 £000	Balance at 31 March 2021 £000		Transfers Out 2021/22 £000	Transfers In 2021/22 £000	Balance at 31 March 2022 £000
0	0	(1,100)	(1,100)	HSCP Transformation	0	0	(1,100)
0	0	0	0	HSCP Accommodation Redesign	0	(2,000)	(2,000)
0	0	(4)	(4)	Apropriate Adults	0	(20)	(24)
0	0	(170)	(170)	Review Team	40	0	(130)
0	0	(25)	(25)	Children's MH & Wellbeing Programme	0	0	(25)
0	0	(201)	(201)	Children's MH & Emotional Wellbeing - Covid	200	0	(1)
(77)	0	0	(77)	Scottish Govt. Funding - SDS	0	0	(77)
(307)	25	0	(282)	SG - Integrated Care / Delayed Discharge	0	0	(282)
0	0	(403)	(403)		403	(3,600)	(3,600)
(13)	13	(13)	(13)	Infant Feeding	13	(61)	(61)
(15)	15	(15)	(15)	CHW Henry Programme	15	(15)	(15)
(39)	39	(39)	(39)	SG - GP Out of Hours	0	0	(39)
(78)	78	(878)	(878)	SG - Primary Care Improvement	878	(1,292)	(1,292)
(108)	108	(572)	(572)	SG – Action 15 Mental Health	572	(687)	(687)
(38)	38	(112)	(112)	SG – Alcohol & Drugs Partnership	112	(652)	(652)
(11)	11	(11)	(11)	SG – Technology Enabled Care	0	0	(11)
(91)	91	(118)	(118)	GP Premises	19	(130)	(229)
(27)	27	(27)	(27)	PC Support	0	0	(27)
0	0	(185)	(185)	Prescribing	0	0	(185)
0	0	(6,128)	(6,128)	Covid	6,194	(10,029)	(9,963)
0	0	(341)	(341)	Community Living Charge	0	0	(341)
0	0	(60)	(60)	Psychological Therapies	0	0	(60)
0	0	(31)	(31)	District Nursing	31	(84)	(84)
0	0	(51)	(51)	Chief Nurse	51	(52)	(52)
0	0	(55)	(55)	Health & Wellbeing	55	(40)	(40)
0	0	(3)	(3)	Specialist Children - SLT	0	0	(3)
0	0	(7)	(7)	Woodland Garden Project	0	0	(7)
0	0	0	0	National Trauma Training	0	(50)	(50)
0	0	0	0	Adult Winter Planning Funding	0	(1,652)	(1,652)
0	0	0	0	Mental Health Recovery & Renewal	0	(616)	(616)
0	0	0	0	Telecare Fire Safety	0	(20)	(20)
0	0	0	0	Whole Family Wellbeing	0	(35)	(35)
0	0	0	0	Care Experienced Attainment	0	(20)	(20)
0	0	0	0	Unaccompanied Asylum Seeking Children	0	(22)	(22)
0	0	0	0	LAC Posts - Education Contribution	0	(39)	(39)
0	0	0	0	Dementia	0	(65)	(65)
0	0	0	0	Wellbeing	0	(92)	(92)
0	0	0	0	Premises	0	(36)	(36)
0	0	0	0	MH Estate Funding	0	(278)	(278)
(804)	445	(10,549)	(10,908)	Total Earmarked	8,583	(21,587)	(23,912)
0	0	(1,935)	(1,935)	Contingency	0	(1,143)	(3,078)
(804)	445	(12,484)	(12,843)	General Fund	8,583	(22,730)	(26,990)

10. Related Party Transactions

The HSCP Board has related party relationships with the EDC and NHSGGC. In particular the nature of the partnership means that the HSCP Board may influence, and be influenced by, its partners. The following transactions and balances included in the HSCP Board’s accounts are presented to provide additional information on the relationships.

Transactions with NHS Greater Glasgow and Clyde

2020/21 Re-stated £000		2021/22 £000
(144,725)	Funding Contributions received from the NHS Board	(149,959)
111,046	Expenditure on Services Provided by the NHS Board	115,613
127	Key Management Personnel: Non-Voting Board Members	130
(33,552) Net Transactions with the NHS Board		(34,216)

Key Management Personnel: The non-voting Board members employed by the NHS Board and recharged to the HSCP Board include the Chief Officer and the Chief Finance and Resources Officer. These costs are met in equal share by the EDC and NHSGGC. The details of the remuneration for some specific post-holders are provided in the Remuneration Report.

The 2020/21 expenditure has been re-stated to reflect an amendment to the set aside figures – a decrease of £0.225m. This has had no impact on the reported deficit for the year as it is met from an equivalent decrease in the contribution from NHSGGC.

In determining the set aside, NHSGGC data included activity related to the Royal Hospital for Children (RHC) which has now been properly excluded. While the overall costs associated with the set aside remained the same the proportionate allocations across each HSCP area within GGC changed, as a consequence of the removal of this activity data, which has resulted in the re-statement for 2020/21.

Balances with NHS Greater Glasgow and Clyde

31 March 2021 £000		31 March 2022 £000
7,519	Debtor balances: Amounts due from the NHS Board	19,749
7519 Net Balance with the NHS Board		19,749

Transactions with East Dunbartonshire Council

2020/21 £000		2021/22 £000
(57,719)	Funding Contributions received from the Council	(62,753)
79,076	Expenditure on Services Provided by the Council	82,665
128	Key Management Personnel: Non-Voting Board Members	130
27	Support Services	28
21,512	Net Transactions with the Council	20,070

Balances with East Dunbartonshire Council

31 March 2021 £000		31 March 2022 £000
5,325	Debtor balances: Amounts due from the Council	7,241
5,325	Net Balance with the Council	7,241

11. Contingent Assets and Liabilities

A contingent asset or liability arises where an event has taken place that gives the HSCP Board a possible obligation or benefit whose existence will only be confirmed by the occurrence or otherwise of uncertain future events not wholly within the control of the HSCP Board. Contingent liabilities or assets also arise in circumstances where a provision would otherwise be made but, either it is not probable that an outflow of resources will be required or the amount of the obligation cannot be measured reliably.

Contingent assets and liabilities are not recognised in the Balance Sheet but disclosed in a note to the Accounts where they are deemed material.

The HSCP Board is not aware of any material contingent asset or liability as at the 31st March 2022.

Independent auditor’s report to the members of East Dunbartonshire Integration Joint Board and the Accounts Commission

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	300622-10 Agenda item number 10
2	Report Title	Financial Performance Budget 2021/22 – Month 12 (Year End Outturn)
3	Date direction issued by Integration Joint Board	30 th June 2022
4	Date from which direction takes effect	30 th June 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 240322-08
7	Functions covered by direction	Budget 2021/22 – all functions set out within Appendix 2.
8	Full text of direction	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2018-22, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.
9	Budget allocated by Integration Joint Board to carry out direction	The budget delegated to NHS Greater Glasgow and Clyde is £149.959m and East Dunbartonshire Council is £62.753m as per this report.
10	Details of prior engagement where appropriate	Engagement through chief finance officers within the respective partner agencies as part of ongoing budget monitoring for 2021/22.
11	Outcomes	Delivery of the strategic priorities for the IJB as set out within the Strategic Plan within the financial framework available to deliver on this as set out within the paper.
12	Performance monitoring arrangements	The budget will be monitored through standard budget monitoring and reporting arrangements to the IJB and in line with agreed performance management framework.
13	Date direction will be reviewed	Complete – Budget 2022/23 monitoring report will supersede this direction planned for September 2022.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 30TH JUNE 2022

REPORT REFERENCE: HSCP/300622/11

CONTACT OFFICER: JEAN CAMPBELL, CHIEF FINANCE & RESOURCES OFFICER (07583902000)

SUBJECT TITLE: EAST DUNBARTONSHIRE HSCP CORPORATE RISK REGISTER UPDATE

1.1 PURPOSE

1.2 The purpose of this report is to provide the Board with an update on the Corporate Risks and how they are mitigated and managed within the HSCP.

2.1 RECOMMENDATIONS

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

2.2 Consider and approve the Corporate Risk Register.

**CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.1 BACKGROUND/MAIN ISSUES

- 3.2** The HSCP Corporate Risk register reflects the HSCP Board's Commitment to a culture of improved performance in the management of Corporate Risks.
- 3.3** Individual Service Risk Registers are reviewed and updated on a quarterly basis by the Operational Leads within the HSCP.
- 3.4** The Corporate Risk Register is reviewed twice per year by the Senior Management Team and updated. This review has been delayed as a result of the impact of managing the response to and recovery from Covid.
- 3.5** The Risk Register provides full details of all current risks, in particular high level risks, and the control measures that are in place to manage these. The risks associated with the Covid pandemic have been incorporated into the HSCP Corporate risk register as they will remain relevant for the duration of 2022 - 2023.
- 3.6** There are a total of 21 risks included within the HSCP Corporate Risk register, 8 relate specifically to the Covid pandemic. This represents an overall reduction in the number of risks for the HSCP of two from that previously reported. There were three risks removed (two related to Covid) as these were determined to have been effectively mitigated / managed or had not materialised as being of risk to the HSCP or were deemed part of normal operational service delivery. The risks which have been removed relate to:
- Brexit
 - Failure of Community Assessment Centre (Covid)
 - Additional pressures upon East Dunbartonshire Alcohol and Drug Recovery service (Covid)
- 3.7** There was one additional risk included which related to the failure to retain/recruit GPs (in particular but not restricted to Principal GPs) de-stabilising existing Partnerships/Practices.
- 3.8** Of the 13 risks that relate to the normal business of the HSCP, ten are considered to be high risk albeit following the risk management actions implemented, this reduces to two high risk areas.
- 3.9** The biggest areas of risk relate to the continuing financial position for the HSCP related to achieving recurring financial balance and delivery of the transformation programme. The risk management actions will mitigate the likelihood of these risk events occurring and the development of a medium term financial plan and continued collaborative working with partner agencies in the development of the annual delivery plans will be key in managing these risk events.
- 3.10** There are 8 risks identified in relation to the potential impact from the Covid pandemic, of which seven are considered high risk with this reducing to two high risk areas following the risk management actions identified.
- 3.11** The biggest Covid risks relate to:-

- the ongoing ability to deliver services to vulnerable individuals within the community, whether in a care home or care at home setting, as the service manages the impact of additional demands related to Covid in the context of reduced capacity due to the availability of staff, carers and the closure of services where alternatives may have to be considered, and;
- an inability to support early, effective discharge from hospital due to staff absence within the hospital assessment team, increasing number of admissions placing increasing demands on discharge planning, capacity and ability of care homes to take individuals during Covid arrangements, pressure on care at homes services to support individuals to remain safely at home. Demands for complex care at home packages outstrips ability to supply.

3.12 The risk management actions identified will mitigate the likelihood of these risk events occurring with the recruitment and redeployment of staff to high risk areas, support to the external provider market and the identification of alternative models of care to support individuals safely and provide the necessary breaks and respite for carers to support them during this challenging time. There has also been significant investment in building capacity across community services including care at home and interim placements to support early effective e discharge from hospital.

3.13 A copy of the HSCP Corporate Risk Register is included as **Appendix 1**.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan – All. High level risks may impact on the ability to deliver on key strategic priorities;-

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

4.3 Frontline Service to Customers – None.

4.4 Workforce (including any significant resource implications) – there are particular workforce issues highlighted throughout the risk register, particularly related to the impact from the Covid pandemic. Workforce issues will be addressed through the HSCP Workforce Strategy.

- 4.5 Legal Implications – The HSCP Board is required to develop and review strategic risks linked to the business of the Board twice yearly.
- 4.6 Financial Implications – There are key high level risks to the HSCP which will have a financial impact going forward and where there will require to be a focus on the delivery of transformation and service redesign to support financial sustainability and the delivery of financial balance in future years.
- 4.7 Procurement – None.
- 4.8 ICT – None.
- 4.9 Corporate Assets – None.
- 4.10 Equalities Implications – None
- 4.11 Sustainability – None.
- 4.12 Other – None.

5.1 **MANAGEMENT OF RISK**

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

- 5.2 This risk register is an aggregate of all service specific Risk Registers and control measures must be reviewed and updated regularly to reduce risk.

6.1 **IMPACT**

- 6.2 **STATUTORY DUTY** – None

- 6.3 **EAST DUNBARTONSHIRE COUNCIL** – The HSCP Board Risk Register contributes to East Dunbartonshire Council Corporate Risk Register and ensures the management of the risks with robust control measures which are in place.

- 6.4 **NHS GREATER GLASGOW & CLYDE** – The HSCP Board Risk Register contributes to NHS GG&C Corporate Risk Register and ensures the management of the risks with robust control measures which are in place.

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

7.1 **POLICY CHECKLIST**

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

8.1 **APPENDICES**

- 8.2 **Appendix 1** – HSCP Corporate Risk Register.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Completed by

Jean Campbell

Date created/
updated

Updated June 2022

Risk is the chance of something happening which will cause harm or detriment to the organisation, staff or patients. It is assessed in terms of likelihood of an event occurring and the severity of its impact upon the organisation, staff or patients.

The Integration Joint Board has adopted the following scoring system which enables risks to be prioritised.

Likelihood (L)		Consequence (C)		Risk (LxC)	= Priority
Almost certain	5	Extreme	5	20 - 25	= Priority 1: VERY HIGH
Likely	4	Major	4	12 - 16	= Priority 2: HIGH
Possible	3	Moderate	3	6 - 10	= Priority 3: MEDIUM
Unlikely	2	Minor	2	1 - 5	= Priority 4: LOW
Rare	1	Negligible	1		

The Boards Shared Risk Register comprises those risks that have been assessed as being high or very high.

Risk Appetite/Tolerance matrix

Likelihood	Consequence /Impact				
	1 - Negligible	2 - Minor	3 - Moderate	4 - Major	5 - Extreme
Almost Certain - 5	5	10	15	20	25
Likely - 4	4	8	12	16	20
Possible - 3	3	6	9	12	15
Unlikely-2	2	4	6	8	10
Rare - 1	1	2	3	4	5

Risk Reference	Risk Event	Cause	Effect	Category of risk	Control Measures	Residual Likelihood	Residual Impact	Rank (Equals H*I)	Priority	Strategy for Risk	Risk Management Actions	Acceptable Likelihood	Acceptable Impact	Rank (Equals N*O)	Priority	Risk Owner
HSCP1	Inability to achieve recurring financial balance	Rising demand for services due to demographics, new legislation, new national policy, changing societal profile due to economic downturn, as-of-yet unknown post covid service demand impacts arising from changed profiles of health and care usage/access during covid 'lockdown' provision and behaviours, increasing public expectations re service provision, end of risk share agreement re Prescribing, public service financial challenges resulting in requirements to make financial efficiencies. Recurring covid expenditure with no further funding beyond 2021/22.	Reduced ability to maintain service levels leading to service reductions and potential risk of poor service / harm to individuals Cuts to staff in post Reputational risk to the HSCP	Financial	Annual budget setting process undertaken in discussion with finance leads for Council and Health Board. Specific investment from SG to support HSCP strategic objectives and system pressure - ability to set budget for 22/23 with achievable savings targets. Annual Service Delivery Plan incorporating dis investment / savings options developed and delivered. Internal Budget controls/Management systems and regular financial meetings with Council and NHS finance leads. Programme of efficiency plans established for coming year.	4	4	16	2	Treat	Liaison with other Chief Finance Officers network Monitoring of delivery of efficiency plans for the coming year through the HSCP Annual Delivery Plan board. Financial recovery plan in place as needed and work with staff and leadership teams to identify areas for further efficiencies / service redesign to be escalated in year. Development of a medium term financial plan to support longer term projections.	3	4	12	2	Chief Officer
HSCP2	Failure to deliver adequate levels of Adult Support and Protection training to ensure in-house and commissioned local services have received appropriate support to meet their statutory duties	Insufficient capacity to deliver sufficient levels of training in-house and insufficient funding available to buy in training to meet capacity shortages. Lack of clarity around roles and responsibilities Inadequate training. Inconsistent assessment and application of protection procedures.	Death or harm to Service User. Failure to meet statutory adult support and protection duties. Reputational risk to the HSCP.	Health and Safety	Chief Officers' Group and Adult Protection Committee structure in place and overseeing training delivery. Progressive multi-agency ASP learning and development programme in place: Mandatory Levels 1-3 training delivered by partner agencies, including Level 3 for SW Council Officers and managers responsible for leading statutory investigations and protective interventions. Elective Level 2 multiagency training. Relevant HSCP and partner agency staff, including commissioned services, participate in annual case file audit and improvement task groups.	3	4	12	2	Treat	Business case developed to in-source ASP training through recruitment of additional social work capacity creating more capacity at the same cost as current arrangements. Requires consideration by Council through HR processes.Recurring funding identified.	2	4	8	3	Protection Chief Officers' Group
HSCP3	Failure to comply with General Data Protection Regulations - loss of sensitive personal data (this risk and mitigation relates to personal data held which is the data controller responsibility of NHS GG&C or ED Council)	Structural changes require new and more sophisticated forms of data management. Lack of understanding and awareness of Data Protection legislation Increasing demand and competing priorities cause workers to have decreased awareness and lessened regard for Information Security. Inadequate training for staff and use of technologies.	Breach of Information management legislation. Harm or reputational risk to individuals whose data is lost or inappropriately shared. Financial penalty Increased external scrutiny Reputational damage to NHS GG&C, ED Council or the HSCP Litigation	Data Protection	Professional Codes of Practice Procedures are in place on all sites for use/release of data. Monitoring of Information Governance Standards and Agencies' Security Policy, Caldicott Guardian responsibilities, NHSGGC-wide Information Governance Steering Group. Information Sharing Protocol (endorsed by the Information Commissioner) in place for HSCP. An on-going programme of awareness and training will continue. Policies updated to reflect GDPR and new e-mail policies in place to meet government's secure email standards. All laptops (now including University equipment) encrypted. Extended use of electronic records. A programme of work re the systematic audit of access to electronic records is being extended beyond the Emergency Care Summary. Access to health records is controlled via a role based access protocol signed off by senior clinicians and the Caldicott Guardian.	3	4	12	2	Treat	SMT implements and reviews governance arrangements to comply with legislative requirements. Action plan in place to manage staff's adherence to GDPR including Information Asset register and Information Management Liaison Officer (IMLO) role. Digital GDPR training now mandatory for staff with network access.	2	4	8	3	Chief Officer
HSCP4	Failure to comply with General Data Protection Regulations - failure to destroy records in line with schedule of destruction dates	Errors in patient information Errors in drug information Poor or inadequate communication Inadequate medication storage, stock, standardization, and distribution Drug device acquisition, use, and monitoring Environmental factors Staff education and competency Patient education	Breach of Information management legislation. Financial penalty Increased external scrutiny Reputational damage to NHS GG&C, ED Council or the HSCP Litigation	Data Protection	A programme of work to catalogue, assign destruction dates to, and destroy records has been developed. This is implemented as/when staff capacity allows. IMLO reports to SMT on status of work. Delays in delivery due to Covid which has compounded position	5	2	10	3	Treat	New retention and destruction protocols for social work records (integrating paper and electronic records) being rolled out. Review of staffing position to prioritise task as we move into recovery phase.	2	2	4	4	Chief Officer
HSCP 5	Failure in service delivery through failure of business continuity arrangements in the event of a civil contingency level event	Poor/ineffective Civil contingencies planning. Lack of suitably trained resource. Disjointed partnership working.	Reputational damage Legislative requirements not being complied with. Disruption to services. Loss of life or injury to public and or staff across the HSCP. We do not fully meet the requirements of the Civil Contingency (Scotland) act 2005.	Business Continuity	Regular testing and updating of emergency plans (multi-agency response) and Business Continuity Plans; Comprehensive plans for a Pandemic outbreak.	2	5	10	3	Tolerate	Business Continuity plans. Multi agency working. Compliance with national alerts. Civil contingency. Prevent training. Winter planning. Covid-19 specific business continuity approach with transition and recovery / remobilisation planning at service and overarching levels, regularly refreshed	2	5	10	3	Chief Officer
HSCP 6	Failure to secure effective and sufficient support from NHS GG&C and ED Council to plan, monitor, commission, oversee and review services as required. Functions delivered by business support services.	Limited resources across NHS GG&C and ED Council to manage increasing demands and competing priorities HSCP reliance on NHS GG&C and ED Council IT infrastructure and systems Frequency of change demands for CareFirst and NHS GG&C systems such as EMIS high and outwith our control, arising from new reporting requirements and changing legal/policy etc underpinning requirements.	Failure to effectively and securely store and retrieve records - case management systems become outdated Inability to effectively and timely share information Inability to be effective in electronic management and communication (e.g. arranging meetings) Inability to progress service redesign in delivery of the strategic priorities for the partnership. Inability to	Service Delivery	Engaged in Board wide process to ensure proportionate allocation. Chief Officer attend constituent body CMT / SMT meetings.	3	3	9	3	Tolerate	Ongoing collaborative work with NHS GG&C and ED Council to share understanding of support requirements and reach agreement as to how this is delivered	3	3	9	3	Chief Officer
HSCP 7	Inability to recruit and retain the appropriate numbers of trained staff to meet requirements resulting in reduction in service or failure to meet statutory duties. Specific workforce pressure areas are Mental Health Officers and Psychologists.	The reduction in numbers of registered staff in post. Ageing workforce able to retire, limited numbers of staff in training to take up post requiring a secondary qualification, lack of remuneration for specialist qualifications (MHOs) leading to inability to retain staff after training.	Failure to accurately assess and respond to risk. Unable to provide/arrange care services Inability to meet statutory requirements/duties Service is reduced Fragmented services Increased complaints Service user detriment Reputational damage Inability to support the shift in the balance of care between secondary and primary care. Inability to support the transformational change agenda in relation to GMS contract, unscheduled care. Poorer patient/service user outcomes.	Service Delivery	Local workforce plan in place. Vacancy management process in place. Business case developed for MHO remuneration. Work with Chief Nurse to raise concerns corporately and nationally re community nursing workforce and make ongoing representation for funding allocation to East Dunbartonshire.	4	3	12	2	Treat	Develop workforce plan for 2022-2025 in line with HSCP Strategic Plan. Revised recruitment protocol in place to support SMT overview of workforce issues. Funding from SG to support additional social work and mental health officer workforce capacity to be progressed and implemented.	3	3	9	3	Chief Officer
HSCP 8	Failure of external care provider to maintain delivery of services.	Collapse of Care Provider; care homes and practice failures. Capacity of market, staff recruitment issues, impact of living wage changes, failure of business continuity procedures, contractual negotiations through procurement. Potential for negative impact of Brexit on workforce. The availability of external care provision across geographical patches as move to implement the SXL care at home framework and key providers not successful in getting onto framework.	Unable to provide/arrange care services Inability to meet statutory requirements/duties Service is reduced, disrupted / compromised. Fragmented services Increased complaints Service user detriment through lack of services or lack of timely intervention Reputational risk to the HSCP	Service Delivery	Contract Management Framework Regulation/Inspection framework SXL Framework. HSCP CM's, Supervisors / review & monitoring teams, provider business continuity plans linking back to HSCP business continuity plans. Strategic Commissioning Team Leader now in post to support care at home / care home services.	3	4	12	2	Treat	Support to providers. Provider Forums. Care home liaison. Contract Management Framework liaison post. Oversight through HSCP Clinical & Care Governance Group.Establishment on a recurring basis the Care Homes Support Team to provide specific support to this sector.	2	4	8	3	Chief Officer
HSCP 9	Risk of failure to achieving transformational change and service redesign plans within necessary timescales	Lack of capacity within HSCP services and those supporting transformational change to deliver full change programme.	Significantly negative impact on ability to deliver medium to long term organisational outcomes as per the Strategic Plan. Inability to achieve financial balance.	Service Delivery	HSCP Delivery Plan Board oversees progress. Annual Business Plan in place. Performance reporting framework established to support tracking of progress. Support through Council and NHS transformation teams to progress priorities.	4	4	16	2	Treat	Early collaborative planning with ED Council and NHS GG&C re support requirements. Work through staff and leadership teams to identify further efficiency and redesign options to bring forward in year. Development and scrutiny of annual delivery plans including actions for investment / dis investment.	3	4	12	2	Chief Officer
HSCP 10	Failure to deliver the health visiting pathway in line with SG requirements	Insufficient Health Visitor workforce required to safely facilitate the delivery of the Universal Health Visitor Pathway in East Dunbartonshire due to caseload weighting model/ tool used by NHSGG&C being heavily weighted towards SIMD which does not favour East Dunbartonshire. Re grading of health visitors to band 7 creates further pressures on the allocated budget resulting in further staffing capacity challenges.	Failure to accurately assess and respond to risk. Inability to meet service requirements/duties Unable to provide care in line with Scottish Government Universal Health Visitor Pathway Service is reduced Fragmented services Increased complaints Service user detriment Reputational damage	Service Delivery	Issue escalated corporately to NHSGG&C Board CMT and East Dunbartonshire IJB. Caseload numbers closely observed and monitored to allow staffing to be allocated dependent on areas of greatest need. Resources prioritised to the highest SIMD areas. Local workforce plan in place. Vacancy management process in place. Temporary reduction in delivery of contacts from Universal Health Visitor Pathway risk assessed and agreed with East Dunbartonshire HSCP SMT.	4	3	12	2	Treat	GG&C board wide review to look at different models for delivery including skill mix and weighting tool for application of funding - recurring investment identified within the HSCP to support additional capacity for Health Visiting (additional 2WTE)	4	2	8	3	Head of Children & Criminal Justice Services
HSCP 11 (COVID)	Failure to deliver in house care at home services to all those vulnerable and complex individuals to allow them to remain safely at home	Rising levels of absence among employees within the care at home service due to sickness/ testing outcomes/ self isolation as a result of the virus, rising demands to support greater need and complexity within the community as a result of increased hospital discharge and individuals more ill and frail at home.	Individuals left at risk within the community, unsafe practice in service delivery due to improper or lack of use of proper equipment, inability to safely discharge from hospital causing risks within acute care, escalation to care home due to lack of available care at home services as opposed to needs driven.	Business Continuity	Monitoring of absence levels and adherence to health protection Scotland advice, additional overtime on offer for staff at work, ongoing recruitment, staff re-direction to frontline care at home service, purchase of appropriate PPE to support staff to deliver safely and re enforcement of usage, management of demand through reliance on carers / family members.	3	4	12	2	Treat	Additional recruitment drives, review options for further staff re-direction / training, liaison with other HSCPs for resilience, work locally with external care providers. Increased investment in internal care at home service to increase overall staffing capacity.	2	4	8	3	Chief Officer

Risk Reference	Risk Event	Cause	Effect	Category of risk	Control Measures	Residual Likelihood	Residual Impact	Rank (Equals H*I)	Priority	Strategy for Risk	Risk Management Actions	Acceptable Likelihood	Acceptable Impact	Rank (Equals N*O)	Priority	Risk Owner
HSCP 12 (COVID)	Failure / lack of availability of external care providers to deliver ongoing care to vulnerable individuals within the community including care home and care at home.	Rising levels of absence among provider employees across full range of commissioned services due to sickness / testing outcomes / self isolation as a result of the virus, rising demands to support greater need and complexity within the community as a result of daycare closures, increased hospital discharge and individuals more ill and frail at home.	Individuals left at risk within the community, lack of residential placements for those that need them, revert to in house services who are also struggling to deliver, unsafe practice in service delivery due to lack of use of proper equipment, inability to safely discharge from hospital causing risks within acute care, escalation to care home due to lack of available care at home services as opposed to needs driven.	Business Continuity	Monitoring of provider business continuity arrangements including absence levels and adherence to health protection Scotland advice. Assurances to providers on continued funding and any additional costs incurred at this time through additional overtime, recruitment, staff re-direction to frontline services, access to and purchase of appropriate PPE to support staff to deliver safely, re-direction of daycare staff to support individuals within supported accommodation or at home, reliance on carers / family members.	3	4	12	2	Treat	Additional contract monitoring and commissioning support and liaison to support business continuity. Access to HSCP PPE Hub for equipment where normal routes fail.	2	4	8	3	Chief Officer
HSCP 13 (COVID)	Increased demand for services to support individuals within the community in the context of reduced capacity.	Reduced acute hospital capacity, as a result of Covid 19 emergency admissions; reduced informal carer capacity, as a result of carers becoming ill with Covid and/or of being unable to provide support due to self-isolation; reduced day and respite services due to service closures;reduced wellbeing of vulnerable people, post-infection; mental health impact of self-isolation; potential for increase in domestic violence due to self-isolation.	Individuals at risk of harm within the community.	Service Delivery	Measures in place to manage effective discharge during Covid period, additional capacity created through purchase of additional placements in care homes and in house care at home provision, mobilisation plans developed and in progress including approval for additional spend from SG, Staff directed to critical areas of service delivery, supports in place to enable business continuity.	4	4	16	2	Treat	Additional support provided to individuals / carers to support those at risk to remain safely at home, training ongoing for staff re-directed to care at home and other critical service areas in the event need to invoke business continuity measures.	3	4	12	2	Chief Officer
HSCP 14 (COVID)	No further funding available through the Scottish Government (SG) to support the ongoing significant additional costs arising from managing the Coronavirus locally and in the longer term.	Exact nature and level of costs not known with certainty, financial impact on care providers to be met until June 2022 however could continue for some expenditure, limited funding available across the public sector agencies, costs are more significant than predicted. SG funding generally allocated on a non recurring basis, costing of initiatives and allocations not sufficient to meet full cost implications.	Significant impact on HSCP financial performance for the year putting additional pressure on transformation activity required and reliance on partner agencies for additional support at year end.Additional demands across health and social care services as a consequence of longer term impact of Covid may not be met timely.	Financial	Development and contribution to GG&C Mobilisation plan, financial templates completed and submitted for East Dunbartonshire, regular updates on anticipated expenditure and actual expenditure as planning progresses, ledger codes set up and guidance issued to staff to monitor expenditure related to CoVid. Impact of longer term impact under review to form part of financial planning assumptions moving forward. Reserves balance to provide a cushion for 2022/23, however this is not recurring with some to be allocated to un scheduled care activity.	3	4	12	2	Treat	Political and Chief Officer representation on GG&C and national groups to make representation for adequate funding, representation through COSLA. Process underway to review residual covid related expenditure with a view to maintaining or look at an exit strategy to mitigate impact / pressure on budgets going forward.	2	4	8	3	Chief Officer
HSCP 15 (COVID)	Inability to support early, effective discharge from hospital	Increasing absence within hospital assessment team to undertake assessments for those within a hospital setting, increasing number of admissions placing increasing demands on discharge planning, requirements for negative covid tests on discharge, capacity and ability of care homes to take individuals during CoVid arrangements, pressure on care at homes services to support individuals to remain safely at home. Demands for complex care at home packages outstrips ability to supply.	Individuals remain inappropriately placed within an acute bed, reduces capacity within hospitals to manage increasing volume of admissions due to coronavirus, individuals health and rehabilitation opportunities decline placing further pressure on statutory services into the future.	Service Delivery	Staff re-directed to hospital assessment team to ensure sufficient assessment function to meet demand, working closely with care providers to determine real time capacity to support discharge, commission additional care home places to meet demand, monitoring absence and enhancing capacity within care at home services to support discharge home.	4	4	16	2	Treat	Review further options for increasing capacity within care home provision and care at home through recruitment drive and further re-direction of staff. Additional investment through Adult Winter Planning funding to increase capacity across the HSCP in direct care services to support early and effective discharge.	3	4	12	2	Chief Officer
HSCP 16 (COVID)	Increase in incidence of child and adult protection concerns.	Children may be absent from school and at home for periods of self isolation which places additional pressures at home and schools act as a key oversight for indication of child protection concerns, escalating and heightened stress factors managing children at home, adults observing social distancing measures and self isolating causing stress factors within the home, support and services not available during current period which would identify / mitigate escalation of child / adult protection concerns and potential for abuse or exploitation.	Children and adults placed at risk of harm, mechanisms to identify risks are no longer in place therefore detection may go un noticed for longer periods.	Service Delivery	Child and Adult protection staff working at home and ensuring regular contact maintained in line with procedures, children at risk continuing within education and receiving support with food supplies.	3	4	12	2	Treat	Local Covid-19 Adult Protection and Child Protection guidance established and child and adult protection based work maintained as a priority. Covid Public Protection Group established to ensure appropriate oversight and early identification of any issues in relation to our delivery of child, adult and public protection services.	2	4	8	3	Chief Officer
HSCP 17 (COVID)	Failure of some or all of General Practice to deliver core services.	Demand levels rise above available capacity within existing General Practice(s) or staffing levels fall below a level where General Practice(s) can safely operate to deliver urgent and/or vital services. Increased workload created to longer waiting times for specialist assessment / intervention in acute sector leading to increased numbers of enquiries and complex consultations within the community.	Local population no longer able to access appropriate safe level of medical and nursing care within their usual General Practice setting and delay in access to specialist level assessment and treatment. Potential increase in all cause morbidity and mortality and increase reliance on acute sector at a time when they are already likely to be overwhelmed.	Service Delivery	All practices in East Dunbartonshire remain at Level 1 Escalation offering limited practice level flexibility to non urgent work streams with further escalation guidance in place if required. Strengthening of Business Contingency Plans by each East Dunbartonshire Practice, with confirmed 'Buddy' arrangements. Discussion and agreement on General Practice consolidation at cluster level and HSCP level 4 planning around potential single point of GP level care. Pathway in place for practices to seek support via buddy practice, cluster group or wider HSCP if required.	2	4	8	3	Treat	In addition, HSCP taking a proactive approach to liaising with local practices to offer early support with redeployment of staff or assisting buddying arrangements including the redeployment of HSCP PCIP staff where possible.	2	3	6	3	Clinical Director
HSCP 18 (COVID)	Heightened risk of community mental ill-health and deterioration in wider wellbeing and mental health.	Longer term impact of global pandemic, and increased social isolation and disruption to normal social connections and social contact. Pressure upon service provision within Primary and Secondary Mental Health services due to increased demand.	Increased demand on Community Mental Health Team services and potential heightened risk of self-harm and suicide.	Service Delivery	Continued provision of community and emergency mental health assessment and services. Development of GGC Mental Health Assessment Units for those in distress who who require emergency assessment and treatment. Voluntary and third sector services continue to provide mixed models of support within our communities.	3	4	12	2	Treat	Service provision continued in accordance with business continuity plans. GGC boardwide initiatives to ensure continued provision of emergency and out of hours services established. Development of third sector and independent sector and provision of their services continues. Continued oversight and review within Public Protection Group.	2	4	8	3	Chief Officer
HSCP 19	Failure to deliver the MOU commitments within the Primary Care Improvement Plan	Lack of adequate funding to support full delivery of the core MOU commitments, inability to recruit the required staff, lack of accommodation to support additional staffing. Cost of Vaccination Programme(VTP) greater than funding allocation available.	Failure to deliver contractual requirements, financial implications to meet contract defaults- in the form of transitional payments, continued pressure on GPs to deliver non specialist functions identified to be met through other professional staff groups.	Service Delivery	Prioritisation of MOU commitments, maximise use of reserves to meet commitments where appropriate and non recurring, accommodation strategy to expand space capacity.	3	4	12	2	Treat	Representation to SG for funding to support full extent of MOU commitments.	2	4	8	3	Chief Officer
HSCP 20	Failure to deliver on actions to support the implementation of the Un-scheduled Care Commissioning Plan	Lack of recurring funding to deliver on key actions, inability to recruit staff.	Unscheduled care plan supports reduction in bed day usage and delayed discharges, therefore no improved performance would be seen in this area.	Service Delivery	Identification of non recurring funding streams	3	4	12	2	Treat	Consider as part of financial planning consideration / budget process - consider virement / prioritisation and re direction of funding to support this area. Representation to SG to financially support agenda through transitional funding.	2	4	8	3	Chief Officer
HSCP 21 (new)	Failure to retain/recruit GPs (in particular but not restricted to Principal GPs) de-stabilising existing Partnerships/Practices.	GP retirement / resignation due to any of a number of factors, including workload, reaching retirement age, pension issues, career change. Vacant partnerships / salaried posts remaining unfilled.	Reduced ability for affected practice(s) to provide contracted services leading to clinical risk for patients; increased burden of stress on remaining Principal GPs and the wider practice teams with increased risk to their well being, increasing risk of further destabilisation to the practice. Potential for practice to fail to deliver services and 'hand back' their GMS contract - this would result in the HSCP having to ensure affected patients continued to receive appropriate primary medical care in line with GMS contract.	Service Delivery	Exception reporting of practice staffing challenges to PCDO / CD	3	4	12	2	Treat	Early engagement of Clinical Director / PCDO with practices requiring support. Local escalation plan shared with practices - including requesting support from Cluster practices (directly) and HSCP MDT (via PCDO/CD). Escalation to HoS if required. Engagement with PCS and GP sub / LMC when appropriate.	2	4	8	3	Clinical Director / HoS

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 30th JUNE 2022

REPORT REFERENCE: HSCP/300622/12

CONTACT OFFICER: JEAN CAMPBELL, CHIEF FINANCE & RESOURCES OFFICER, TELEPHONE NUMBER, 0141 232 8216

SUBJECT TITLE: HSCP IJB DIRECTIONS LOG UPDATE

1.1 PURPOSE

1.2 The purpose of this report is to update the Integrated Joint Board on the status of HSCP Integrated Joint Board Directions which are recorded and issued to East Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

2.1 RECOMMENDATIONS

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

2.2 Note the content of the Report.

**CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.1 BACKGROUND/MAIN ISSUES

3.2 Directions are the mechanism by which the IJB signals to the Health Board and Local Authority the details of how the objectives of its Strategic Plan, and any other strategic decisions taken during the lifetime of the plan, are to be delivered.

3.3 The use of Directions is a legal requirement for IJB's, Health Board and Local Authorities and as such their use is subject to internal/external audit and scrutiny.

3.4 East Dunbartonshire HSCP IJB implemented a refreshed approach to the development, issuing and recording of Directions. This came into effect from January 2021.

3.5 Each IJB report which has an accompanying Direction is submitted through each IJB cycle for consideration noting the Direction to be issued, revised, superseded or revoked.

3.6 The Directions Log is updated and maintained by the Corporate Business Manager.

3.7 Internal Audit has reviewed the Directions process as part of HSCP governance processes and has also recommended that to comply with statutory guidance and the HSCP procedure that Directions should be regularly reviewed with a robust follow up and review process.

3.8 A process to ensure all directions are reviewed and updated on the Directions Log has been introduced. The Directions Log will be taken to Senior Management Team meeting for regular review highlighting impending review dates and asking for an update on the progress of the Direction. An update on the Directions Log will be brought to the Performance, Audit & Risk Committee and HSCP IJB on a twice yearly basis.

3.9 **Appendix 1** details the Directions Log for 2021 and 2022 IJB cycles.

3.10 There was a total of 18 Directions issued for 2021, the status of the Directions are noted as being:

Current	10
Complete	4
Superseded	4
Revoked	0

3.11 There have been six Directions issued across the two IJB meetings held so far in 2022, the status of the Directions are noted as being:

Current	4
Complete	0
Superseded	2
Revoked	0

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan;-

9. Statutory Duty

4.3 Frontline Service to Customers – None.

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

4.5 Legal Implications – The Public Bodies (Joint Working) (Scotland) Act 2014 required the IJB to issue Directions in writing. Directions must set out how each integrated health and social care function is to be exercised and the budget associated with that function.

4.6 Financial Implications – The IJB have statutory responsibility for the delivery of transformational service delivery within budget allocations.

4.7 Procurement – None.

4.8 ICT – None.

4.9 Corporate Assets – None.

4.10 Equalities Implications – The Strategic Plan acknowledges that some individuals, or groups of individuals may face difficulties in accessing services and the Plan identifies some additional supports to address this issue. Directions issued by the IJB are likely to be instrumental in improving access to services.

4.11 Sustainability – None.

4.12 Other – None.

5.1 MANAGEMENT OF RISK

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

5.2 The Strategic Plan and the IJB Risk Register identify risk factors which have an impact on a range of financial, governance, capacity and partnership issues. Directions from the IJB form part of the ongoing risk mitigation and management processes.

6.1 IMPACT

6.2 STATUTORY DUTY – The HSCP have a statutory duty to record and issue Directions to East Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

6.3 EAST DUNBARTONSHIRE COUNCIL – The Council must comply with a Direction from the Integration Joint Board.

6.4 NHS GREATER GLASGOW & CLYDE - The Health Board must comply with a Direction from the Integration Joint Board.

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

7.1 POLICY CHECKLIST

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

8.1 APPENDICES

8.2 Appendix 1 – East Dunbartonshire HSCP Directions Log as at 08.06.22

Reference no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Current	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Link to New Direction	Responsible Officer	Service Area	Comments	Most Recent Review (Date)
200122-09	Financial Performance Budget 2021/22 – Month 8	East Dumbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dumbartonshire Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2018-22, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	Budget 2021/22 – all functions set out within Appendix 4	The budget delegated to NHS Greater Glasgow and Clyde is £137,696m and East Dumbartonshire Council is £61.487m as per this report.	20.01.22	20.01.22	Complete – Budget 2021/22 monitoring report will supersede this direction planned for March 2022.	Superseded	Yes	181121-11	Need link to published paper on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Finance and Resources	N/A	20.01.22
240322-04	Unscheduled Care Commissioning Plan (Design & Delivery Plan 2022/23 – 2024/25)	NHS Greater Glasgow and Clyde only	NHS Greater Glasgow and Clyde is directed to design and deliver the integrated system of care for health and social care services that includes the strategic commissioning intentions for acute hospital services, as outlined within this report and appendix.	All functions as they relate to the delivery of services related to the commissioning strategy for unscheduled care, and are outlined with the appendix attached to this report.	Should be implemented as outlined in the financial framework developed to support implementation of the plan.	24.03.22	24.03.22	31.03.23	Current	No		Need link to published paper on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Community Health and Care Services	N/A	24.03.22
240322-05	HSCP Strategic Plan 2022-25	East Dumbartonshire Council and NHS Greater Glasgow and Clyde jointly	Integration Authorities require a mechanism to action their strategic plans and this is laid out in sections 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act. This mechanism takes the form of binding directions from the Integration Authority to both of the Health Board and Local Authority. The Integration Joint Board directs partners to support the agreed areas of development as set out in the HSCP Strategic Plan 2022-25.	All delegated functions as set out in the current East Dumbartonshire Integration Scheme	The budget allocated to the HSCP Strategic Plan 2022-25 is notional set out in the medium term financial plan and will be specified in more detail annually as the total HSCP budget for each of the years 2022 to 2025, to be detailed at the time of the budget setting process and as approved by the HSCP Board, which for 2022-23 will be £198.122m	24.03.22	01.04.22	The HSCP Strategic Plan 2022-25 will be expected to operate for the full duration of its three year lifespan, however this direction will be reviewed at least annually in line with the budget setting exercise.	Current	No	(Previous Strategic Plan preceded revised Directions procedures)	Need link to published paper on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	East Dumbartonshire HSCP wide services	N/A	24.03.22
240322-06	HSCP Annual Delivery Plan 2022-23	East Dumbartonshire Council and NHS Greater Glasgow and Clyde jointly	The Integration Joint Board directs partners to support the agreed areas of development as set out in the HSCP Annual Delivery Plan 2022-23. The Annual Delivery Plan draws together the strategic development priorities for the year, informed by the Strategic Plan's development priorities, the NHS Moving Forward Together Strategic Plan, the priorities of East Dumbartonshire Council as set out in the Community Planning Partnership's Local Outcome Improvement Plans, new statute and policy drivers, and identified areas for transformation change and our savings requirements. The Annual Delivery Plan is attached as appendix 1 to the cover report.	HSCP Annual Delivery Plan 2022-23: The business planning intentions of the HSCP Board for the period 2021-22 in pursuance of the implementation of the current Strategic Plan which covers all delegated functions of the IJB.	The funding implications, both spend and disinvestment, are set out within the body of the Annual Delivery Plan which is attached as appendix 1 to the cover report.	24.03.22	01.04.22	31.03.23	Current	Yes	Yes (reference number: 240621-17) Supersedes	Need link to published paper on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	East Dumbartonshire HSCP wide services	N/A	24.03.22
240322-08	Financial Performance Budget 2021/22 – Month 10	East Dumbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dumbartonshire Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2018-22, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	Budget 2021/22 – all functions set out within Appendix 2.	The budget delegated to NHS Greater Glasgow and Clyde is £137,858m and East Dumbartonshire Council is £62.658m as per this report.	24.03.22	24.03.22	Complete – Budget 2021/22 monitoring report will supersede this direction planned for June 2022.	Superseded	Yes	Yes supersedes 200122-09	Need link to published paper on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Finance and Resources	N/A	24.03.22
240322-09	HSCP Financial Planning & Annual Budget Setting 2022/23	East Dumbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dumbartonshire Council is directed to spend the delegated net budget of £70.640m in line with the Strategic Plan and the budget outlined within this report. NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £128.394m (incl. £38,514 related to set aside) in line with the Strategic Plan and the budget outlined within this report.	Budget 2022/23 – all functions set out within Appendix 6.	The budget delegated to NHS Greater Glasgow and Clyde is £128.394m and East Dumbartonshire Council is £70.640m as per this report.	24.03.22	01.04.22	15.09.22	Current	No		Need link to published paper on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Finance and Resources	Will be superseded by Financial Monitoring report 22/23 - Mth 3 to Sept 22 IJB	24.03.22

Reference no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by LJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Current	Does this supersedes, revise or revoke a previous Direction	Direction superseded, revised or revoked	Link to LJB paper	Link to New Direction	Responsible Officer	Service Area	Comments	Most Recent Review (Date)
250321-04	Alcohol and Drug Partnership (ADP) Strategy and Delivery Plan 2020/2023	East Dumbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dumbartonshire LJB directs NHS Greater Glasgow and Clyde, and East Dumbartonshire Council to agree the delivery of the ADP Strategy and Delivery Plan in accordance with the identified funding. Sections 2 and 3 of the attached report, to achieve the Priorities and Outcomes identified within Section 4 of the report.	Alcohol and Drug Partnership, East Dumbartonshire Alcohol and Drug Recovery Service.	Funding for the implementation of the East Dumbartonshire ADP Strategy and Delivery Plan is provided centrally by Scottish Government.	25.03.21	25.03.21	31.03.23	Current	No	N/A	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Alcohol and Drug Partnership	N/A	31.05.21
250321-08	Financial Performance Budget 2020/21 – Month 10	East Dumbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dumbartonshire Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2018-21, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	Budget 2020/21 – all functions set out within Appendix 3.	The budget delegated to NHS Greater Glasgow and Clyde is £137.37m and East Dumbartonshire Council is £57.436m as per this report.	25.03.21	25.03.21	31.04.21	Superseded	No	N/A	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Finance and Resources	N/A	25.03.21
250321-09	Financial Planning and Budget Setting 2021/22	East Dumbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dumbartonshire Council is directed to spend the delegated net budget of £58.40m in line with the Strategic Plan and the budget outlined within this report. NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £118.380 (incl. £53.712 related to set aside) in line with the Strategic Plan and the budget outlined within this report.	Budget 2021/22 – all functions set out within Appendix 6.	The budget delegated to NHS Greater Glasgow and Clyde is £118.194 and East Dumbartonshire Council is £58.401 as per this report.	25.03.21	01.04.21	01.05.21	Superseded	No	N/A	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Finance and Resources	Superseded by Financial Monitoring report - MH 4 in Sept 2021	01 September 2021
240621-05	Transforming School Nursing Roles	NHS Greater Glasgow and Clyde	NHSGGC are directed to progress the recruitment and training of staff for the School Health Team utilising financial investment from the Scottish Government.	Children and Families Health Teams.	The total financial investment at end point will be £216,054 with a securing budget of £62,000.	24.06.21	24.06.21	01.09.21	Completed	No	N/A	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Children and Families	N/A	31.05.22
240621-06	Adult Community Nursing Service Development	NHS Greater Glasgow and Clyde	NHSGGC are directed to progress the recruitment and training of District Nurse Advance Nurse Practitioners.	Adult Community Nursing Team	The total financial investment at end point will be £762,916 with a securing budget of £261,571.	24.06.21	24.06.21	31.03.22	Completed	No	N/A	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Adult Nursing Services	N/A	31.05.22
240621-07	Strategic Review of Social Supports for Older People	East Dumbartonshire Council	East Dumbartonshire Council is directed to determine an appropriate interim commissioning solution to secure the delivery of centres based day care for older people in the East and West of East Dumbartonshire in 2022/23 and 2023/24.	Formal and Informal Social Supports and Day Care for Older People.	£1m for 21/22 related to uncommitted budgets for day centre provision (excludes Milan Daycare and customers who have chosen other options out with day centre for which these funds are committed to support these other forms of social support)	24.06.21	24.06.21	24.08.22	Current	No	N/A	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Community Health and Care Services	Coming to LJB on 30.06.22	24.06.21
240621-10	Support for Care Homes	East Dumbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dumbartonshire Council and NHSGGC are directed to progress the recruitment of additional staff for the Care Home Support Team utilising COVID-19 funding in 2021-22. EDC and NHSGGC are further directed to support the efforts of the HSCP to identify and implement a future financial framework to ensure the sustainability of this team.	Residential Care for Older People, Residential Care for Adults with Disability, Older Peoples Social Work, Adult Community Nursing, Planning and Service Development Team.	A financial envelope to deliver this service to be funded from COVID-19 funding in 2021-22. Thereafter funding is not recurring a recommendation may be brought forward to the board for a permanent investment from another budget area.	24.06.21	24.06.21	01.09.21	Completed	No	N/A	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Community Health and Care Services	Directions Actions completed by both bodies	28.04.22
240621-11	Mental Health and Alcohol and Drugs Needs Assessment	East Dumbartonshire Council and NHS Greater Glasgow and Clyde jointly	The Integration Joint Board is asked to note and approve the findings of the East Dumbartonshire Mental Health and Alcohol and Drug Needs Assessment as the underpinning framework to initiate and support the review and redesign of mental health and alcohol and drug services.	Alcohol and Drug Partnership, Alcohol and Drug Recovery Service, Mental Health Teams and Commissioned Services under mental health and alcohol and drugs.	The direction is to improve the needs Assessment as a framework to initiate and support the review and redesign of commissioned mental health and alcohol and drug services. No direction at this time in respect of budget allocation as not directing funds to service delivery at this point prior to review being undertaken.	24.06.21	24.06.21	2023	Current	No	N/A	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Alcohol and Drug Partnership, Alcohol and Drug Recovery Service, Mental Health Teams and Commissioned Services.	N/A	24.06.21
240621-12	Self Directed Support (SDS) Implementation Plan 2021-2024	East Dumbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dumbartonshire LJB directs NHS Greater Glasgow and Clyde, and East Dumbartonshire Council to implement delivery of the Self Directed Support Implementation Plan 2021-2024 to achieve the priorities and outcomes identified within Section 4 of the report. It is recommended HSCP Board members; Note progress against the key commitments in the new General Medical Services GMS contract and Memorandum of Understanding (MOU) and Note the remaining challenges in terms of overall affordability, workforce and premises.	Provision of Self Directed Support	No direction in terms of budget allocation which is provided in accordance with assessed need from core funding.	24.06.21	24.06.21	Prior to conclusion of plan in 2024.	Current	No	N/A	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Adult Services	N/A	24.06.21
240621-13	Primary Care Improvement Plan Report – May 2021	NHS Greater Glasgow and Clyde	This report provides an update to the Health and Social Care Partnership Board on the key commitments in the new General Medical Services GMS contract and Memorandum of Understanding (MOU) and Note the remaining challenges in terms of overall affordability, workforce and premises.	This report provides an update to the Health and Social Care Partnership Board on the key commitments in the new General Medical Services GMS contract and Memorandum of Understanding (MOU) and Note the remaining challenges in terms of overall affordability, workforce and premises.	Funding for 2021/2022 - £2,817k. Estimated Full Year Spend - £2,608k.	24.06.21	24.06.21	Bi-annually	Completed	No	N/A	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Community Health and Care Services	Complete. Will be a new direction on PCIP Tracker 5 to June 2022 LJB	28.04.22
240621-15	Financial Performance Budget 2020/21 – Month 12 (Year End)	East Dumbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dumbartonshire Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2018-21, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	Budget 2020/21 – all functions set out within Appendix 2.	The budget delegated to NHS Greater Glasgow and Clyde is £144.872m and East Dumbartonshire Council is £57.719m as per this report.	24.06.21	24.06.21	Complete – Budget 2021/22 monitoring will supersede this direction	Current	Yes	250321-08	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Finance and Resources	N/A	08.06.22
240621-16	HSCP Medium Term Financial Strategy 2022 – 2027	East Dumbartonshire Council and NHS Greater Glasgow and Clyde jointly	The Integration Scheme requires East Dumbartonshire Council and NHS Greater Glasgow and Clyde to consider draft budget proposals based on the Strategic Plan as part of their annual budget setting processes. Both Partners are requested to consider this Medium Term Financial Strategy as part of their annual budget process for the period 2022 – 2027 and work with the HSCP to address the financial challenges set out.	All functions as outlined in the Medium Term Financial Strategy (MTFS) and delegated to the LJB.	The budget for the period is predicated on the financial assumptions set out within the Medium Term Financial Strategy and the actions identified to meet these financial challenges.	24.06.21	24.06.21	June 2022 following the annual budget process for 2022/23 and the assumptions revised in line with developments identified during the financial year.	Current	No	N/A	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Finance and Resources	N/A	24.06.21
240621-17	HSCP Delivery Plan 2021-22	East Dumbartonshire Council and NHS Greater Glasgow and Clyde jointly	The Integration Joint Board directs partners to agree and approve development as set out in the HSCP Delivery Plan. The Delivery Plan draws together the strategic development priorities for the year, informed by the Strategic Plan's development priorities, the NHS Moving Forward Together Strategic Plan, the priorities of East Dumbartonshire Council as set out in the Community Planning Partnership's Local Outcome Improvement Plans, new statute and policy drivers, and identified areas for transformation change and our savings requirements. The Delivery Plan is attached as appendix 2 to the cover report.	HSCP Delivery Plan 2021-22 – The business planning intentions of the HSCP Board for the period 2021-22 in pursuance of the implementation of the current Strategic Plan.	The funding implications, both spend and disinvestment, are set out within the body of the delivery plan which is attached as appendix 2 to the cover report.	24.06.21	24.06.21	01.06.22	Superseded	No	N/A	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	ED HSCP	superseded by Annual Delivery Plan 2022/23 - March 2022 LJB	08.06.22

Reference no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by LJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Current	Does this supersedes, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to LJB paper	Link to New Direction	Responsible Officer	Service Area	Comments	Most Recent Review (Date)
160921-07	Carers Strategy 2019-2022	East Dumbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dumbartonshire LJB directs NHS Greater Glasgow and Clyde, and East Dumbartonshire Council to extend the period for delivery of the Carers Strategy for a further year to 2023.	Support to carers across Children's, Adults and Older People's Services covered within the overall Carers Strategy.	Funding for the implementation of the East Dumbartonshire Carers Strategy as it relates to the Carers Act is provided centrally by Scottish Government. The budgets to deliver direct support services to carers is within the relevant budgets of the HSCP including supported living, respite, carers support and advice.	16.09.21	16.09.21	16.09.22	Current	No	No	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	ED HSCP	N/A	16.09.21
160921-13	Financial Performance Budget 2021/2022 - Month 4	East Dumbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dumbartonshire Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2018-22, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	Budget 2021/22 - all functions set out within Appendix 2.	The budget delegated to NHS Greater Glasgow and Clyde is £124.208m and East Dumbartonshire Council is £59.066m as per this report.	16.09.21	16.09.21	Complete - Budget 2021/22 monitoring will supersede this direction planned for November 2021	Current	Yes	250321-09	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Finance and Resources	N/A	08.06.22
181121-05	Winter Plan for Health and Social Care	East Dumbartonshire Council and NHS Greater Glasgow and Clyde jointly	NHS Greater Glasgow and Clyde and East Dumbartonshire Council are directed to recruit to the finalised workforce plan, to be refined under delegated authority, in line with the financial framework available through the SG funding allocated to deliver specific programmes of work to support winter planning pressures across health and social care services.	Adult health and social care services involved in response to winter planning pressures	As per the financial framework set out in paragraph 3.7.	18.11.21	18.11.21	Nov-22	Current	No	N/A	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Adult Health and Social Care	N/A	18.11.21
181121-07	NHS GG&C Specialist Children's Services Mental Health Recovery & Renewal CAMHS Funding	NHS Greater Glasgow and Clyde	NHS Greater Glasgow and Clyde are directed to recruit to the workforce plan set out in Appendix 2 in line with the financial framework available through the SG funding allocated to deliver specific programmes of work to improve the delivery of CAMHS services to the children of East Dumbartonshire.	NHS GG&C Mental Health Recovery & Renewal CAMHS funding	As per the financial framework set out in Appendix 2.	18.11.21	18.11.21	Nov-22	Current	No	N/A	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Specialist Children's Services	N/A	18.11.21
181121-11	Financial Performance Budget 2021/22 - Month 6	East Dumbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dumbartonshire Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2018-22, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	Budget 2021/22 - all functions set out within Appendix 2.	The budget delegated to NHS Greater Glasgow and Clyde is £109m and East Dumbartonshire Council is £58.998m as per this report.	18.11.21	18.11.21	Complete - Budget 2021/22 monitoring will supersede this direction planned for January 2022.	Superseded	Yes	160921-13	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Finance and Resources	N/A	18.11.21

Reference no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by JJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Current	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to JJB paper	Link to New Direction	Responsible Officer	Service Area	Comments	Most Recent Review (Date)
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EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 30TH JUNE 2022

REPORT REFERENCE: HSCP/300622/13

CONTACT OFFICER: JEAN CAMPBELL, CHIEF FINANCE &
RESOURCES OFFICER TEL: 07583902000

SUBJECT TITLE: HSCP DRAFT PERFORMANCE AUDIT AND
RISK MINUTES HELD ON 31ST MARCH 2022

1.1 PURPOSE

1.2 The purpose of this report is to update the Board on the HSCP Performance, Audit and Risk Committee meeting held on 31st March 2022 (attached as **Appendix 1**).

2.1 RECOMMENDATIONS

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

2.2 Note the draft minutes of the HSCP Performance, Audit and Risk Committee Meeting held on 31st March 2022.

**CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.1 BACKGROUND/MAIN ISSUES

3.2 Appended are the draft Performance, Audit and Risk Committee minutes from the meeting held on the 31st March 2022.

3.3 The main highlights from the meeting were:

- An update on internal audit reviews over the period to Feb 2022 related to the financial assessment process for residential care, the review of Adults with Incapacity Funds and a Review of the Controls in place at Ferndale Children's Unit.
- An internal audit planning update for 2022/23 to include Interim Care Home Funding; Self-Directed Support overpayments; and the HSCP Bad Debt Provisions.
- HSCP Audit Scotland Action Plan update from the previous year's audit process.
- Audit Scotland annual audit plan.
- An update on performance of the HSCP Annual Delivery Plan 2021/22
- An update on the Mental Welfare Commission report and how this related to East Dunbartonshire.
- An update on the Audit Scotland Plan related to Drug and Alcohol services.
- An update on Audit Scotland reports related to Social Care and NHS in Scotland 2021
- An update on the new auditors to be appointed for 2022/23.

4 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Board Strategic Plan –

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

This committee provides support to the IJB in its responsibilities for issues of performance, risk, control and governance and associated assurance through a process of constructive challenge and provides a robust framework within which the objectives within the Strategic Plan are delivered.

4.2 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 31st March 2022.

**Minutes of
East Dunbartonshire HSCP Performance, Audit & Risk Committee Meeting
Date: Thursday 31st March 2021, 10am
Location: Via MS Teams**

Present: Jim Goodall (Chair) **JG** Ketki Miles **KM**
Jean Campbell **JC** Gillian McConnachie **GM**
Caroline Sinclair **CS** David Aitken **DA**
Jacquie Forbes **JF** Derrick Pearce **DP**
Peter Lindsay **PL**

Minutes : Catriona Burns **CB**

No.	Topic	Action by
1.	Welcome and Apologies	JG
	The chair welcomed the Committee members to the meeting. Apologies were received from: Alan Moir, Ian Ritchie. The additional paper re Audit Scotland Annual Audit Plan was accepted and Cllr Goodall advised this would be taken as item 4a.	
2.	Minutes of last meeting	JG
	Minutes of the meeting held on the 21 st January 2021 were reviewed and approved for factual accuracy, all actions have been resolved.	
3.	HSCP Internal Audit Update to Feb 2022 and Internal Audit Planning 2022/23	GMcC
	GMcC advised this is the update on HSCP Internal Audit progress since the last Committee. Several audits have been completed which provides assurance over a range of areas to the Committee and to Senior Management. Financial Assessment Process for Resident Accommodation was reviewed, which identifies eligibility for funded and self-funded places. The audit concluded that the control environment is generally satisfactory. The main agreed action is the introduction of a form in situations where the individual's capital drops below the threshold. This will ensure consistency and also sign off is obtained. This is in progress with a completion date of end of April. The Review of Adults with Incapacity Funds was concluded. This is used on rare occasions when the person is unable to manage their affairs and has no family to do this. Draft procedures were reviewed and recommendations made, which have been incorporated into a revised procedure. The procedure addresses the main areas of risk. A Review of Controls at Ferndale Children's Unit was carried out in the form of a Controlled Self-Assessment. This allows the conclusion that key controls are in place and operating well. There was one area which requires further attention once the easing of pandemic restrictions allow which is a physical check of the inventory. Consultancy advice was provided on the controls expected by the HSCP who are providing grants. This is generic advice and there is no actions required for this. Further work may be required in the future.	

	<p>An Internal Audit Planning Update for 22/23 is provided, which detailed proposed areas of Internal Audit Focus. These are Interim Care Home Funding; when an individual goes into a care home and is unable to complete a financial assessment short term and to ensure any risks are minimised. Self-Directed Support, in relation to overpayments process to ensure timely reclaim and the transition from Children's to Adults Services. Also included in the plan is the HSCP Bad Debt Provisions, focusing on the process which appears in the Accounts.</p> <p>These areas of focus will be in addition to the annual assurance and governance support given. Twice yearly reports to the Committee will be provided.</p> <p>JC welcomed the areas of focus for 22/23 advising that these have been highlighted previously and will give comfort in terms of improving processes.</p> <p>PL advised that GMcC has liaised with the Auditors in the completion of the plan for 22/23 and has no further comments.</p> <p>JF advised she was happy with the updates and the content of the plan.</p> <p>Approved.</p>	
4.	<p>HSCP Audit Scotland Action Plan Update 2020/21</p>	<p>JC</p>
	<p>JC advised that this paper provides an update on the outstanding actions from last year's Audit Report. There were 6 outstanding actions, 2 will be progressed as part of the preparation of the Annual Accounts and relate to the Inspection and Management Commentary. Item 3 relates to an outstanding review required on the Financial Regulations, which have been updated and brought to the Committee for approval. These have been reviewed in consultation with GMcC and the Section 95 Officer for East Dunbartonshire Council.</p> <p>The other items relate to continuing improvement in areas of transparency and improve the information on our website, reports are uploaded timeously. There have been issues with accessibility as some information originates from external sources and can be problematic. Work is ongoing with the Council's Corporate Team to continue to make improvements.</p> <p>A medium term financial plan brought to the Board last June has been reviewed as part of the Budget process and will continue to be done annually.</p> <p>As part of the budget process, a number of efficiency savings have been agreed which will deliver a balanced budget for 22/23. The Annual Delivery Plan will be used to identify savings in future years.</p> <p>GMcC confirmed her input has been taken into account and noted that it is helpful to see the timescales against items on the Action Plan.</p> <p>PL advised that this year's Annual Audit report which will be issued in October 22, will contain an Appendix which will reflect the content of the Action Plan Update.</p> <p>Approved.</p>	
4a.	<p>Audit Scotland Action Plan</p>	
	<p>PL advised that this is the 6th and final Audit Report as the IJB's Auditors. The appointment was extended by 1 year because of Covid Restrictions. PL confirmed they will work with the incoming Auditors to ensure a smooth transition.</p>	

	<p>PL explained the format and advised the content of the plan is the same as in previous years. PL highlighted pages 5 & 7 which details the timetable for the audit of the Annual Accounts. Paragraph 33 details the fee for this year.</p> <p>JC confirmed notification of the new auditor has been received and is a later Agenda Item. Minor amendments will be required now the budget has been approved and revisions have been made to medium term strategies. The Review of the Integration Scheme is ongoing and will be reflected in the paper. JC confirmed that this is a representation of what would be expected at year end.</p> <p>PL confirmed no major issues are expected and that handover meetings will be arranged with the new auditors. Accounts are expected to be signed off by end of October 22.</p> <p>Approved</p>	
5.	<p>HSCP Delivery Plan 2021 22 Update</p>	<p>JC</p>
	<p>JC advised that this is a standard report on the update of the Annual Delivery Plan and is the final report for 21/22. 27 projects were agreed going into 21/22. 19 are shown as green and on track to deliver at year end; 1 is amber and another is not expected to achieve its outcome. 6 projects were completed and closed and an update on the savings achieved is provided. There is a small shortfall in savings however this has been mitigated by savings achieved elsewhere. The report also includes updates on 8 projects which will conclude by year end, giving a total of 14 completed projects. The other projects will continue into future years. Comments regarding projects which run over several years have been taken on and completion dates will be amended. Clear milestones and expectations will be in place for these projects.</p> <p>The project in red relates to the Fair Access to Community Care Policy, there were a number of factors which impacted on delivery including inability to recruit fully to the team due to the pandemic. It is expected that this will be fully implemented by 22/23.</p> <p>Board members approved the 22/23 plan at the IJB on 24th March 22 and will be reported to the Committee going forward.</p> <p>JF thanked JC for the work involved in this report and was pleased that dates will be included in the next iteration. JF raised concern about the number of incomplete projects which are due today. JF referred to some disparity on the completion dates for the Learning Disability Service Review and the narrative. JC advised that the completion dates are generated by the system. The Learning Disability Project will straddle a number of years and the report contains the expected actions to be completed within the current year.</p> <p>DA confirmed the project will span at least 2-3 years and the actions for this year have been successfully completed, with the new building open in Autumn 22. The focus will then move to Accommodation Services with a number of actions.</p> <p>JF asked for clarity in the report as to whether the project or a stage of the project is being completed. CS advised that the actions within the Annual Delivery Plan relate to the milestones for the year and will be measured against these. CS</p>	

	<p>confirmed that this will be clarified within the narrative and also an acknowledgement that some projects will run over several years.</p> <p>KM congratulated the team on a successful result overall, 1 red and 1 amber is an excellent result given the operating environment. The level of transparency has improved over the past 18 months.</p> <p>Approved</p>	
6.	Mental Welfare Commission Report – Care & Treatment for People with Alcohol Related Brain Damage in Scotland (2021)	DA
	<p>DA advised this paper was published in September 21 and focused on people who lacked capacity to make decisions and the legal powers in place to make decisions on their behalf. The report made 4 recommendations, ensuring specialist care and treatment, ensuring Chief Social Work Officer oversight on the allocation of a named individual for each person concerned, focused on a robust review process which engaged with all partners and sufficient advocacy support for adults affected by Alcohol Related Brain Damage.</p> <p>HSCP carried out a Self-Evaluation exercise against the recommendations as part of the response to the Mental Welfare Commission and DA confirmed that within East Dunbartonshire we have always sought to provide specialist supports for each adult who requires these. There had been concerns that some adults had been placed in Older Adult environments, however this has never happened within East Dunbartonshire. Within the Chief Social Work Officer provision, work had been carried out prior to the report to ensure every adult who required a named individual had this. We have a long and well established provision of Advocacy within East Dunbartonshire with Ceartas for all vulnerable adults,</p> <p>A positive report was returned, there is no action plan and nothing of concern to report to the Board.</p> <p>JF commented that the report was a distressing read overall however was delighted to know everything was being done correctly for people within East Dunbartonshire in this position. JF thanked DA's teams for the good work involved.</p> <p>Approved</p>	
7.	Audit Scotland Report – Drug & Alcohol Services March 2022	DA
	<p>DA presented a high level paper reflecting the national position for information. The paper highlights the high number of drug and alcohol related deaths which have been widely reported in other forums. The implications of a reduction in national funding in previous years and the recent expansion of funding was highlighted. National funding has been specifically targeted and the report suggests it is not joined up or being holistically approached.</p> <p>Locally, a number of funding streams have been granted with a variety of timeframes for delivery and outcomes. Some have been narrowly focused on an intended use which has not allowed an overview of all funding streams and use. Overall the additional funding is welcome and the focus on alcohol and drug recovery services. There is no action plan today as funding streams are being reviewed to align with the Locality Drug Related Death Action Plan.</p>	

	<p>CS commented that this is a very busy agenda both locally and at national level. There will be a number of new additional reporting requirements which will be presented as they become established. Some of these targets will be challenging as they could be viewed as directing treatment. CS said further conversation will be required in order to share the understanding of better treatments.</p> <p>JF commented that although it is a work in progress, it is the right place to be. It will be interesting to see how the reporting progresses over the summer.</p> <p>KM welcomed a seminar on any reporting imposed from a national level at the appropriate time to avoid duplication of work.</p> <p>Approved.</p>	
8.	<p>Audit Scotland Report – Social Care Briefing</p>	CS
	<p>CS presented the Social Care Briefing which brings back to the fore, the key challenges of the demographics and capacity. It acknowledges that attempts to address these are linked to the workforce and the ability to attract, retain and develop staff. Also noted are cultural differences, leadership and turnover of senior staff. Also commented on what the impact on Commissioning of a cost driven commissioning model does not translate to a person centred delivery and that the options of users are not always taken into account. These are challenges we are familiar with and we already take these into account.</p> <p>JF acknowledged the report and the challenges of the system.</p> <p>Approved.</p>	
9.	<p>Audit Scotland Report – NHS in Scotland 2021</p>	CS
	<p>CS advised that the report highlights a number of challenges for the NHS. The report acknowledges the financial sustainability challenge for the NHS pre-pandemic and this has been exacerbated. Also acknowledged is the inter-relationship between Social Care and NHS Services as the foundation for a basis for avoiding higher cost in patient services. Members are aware of the pressures resulting from the high number of people unable to return home to a suitable package of care. CS advised that a new government programme of work Discharge without Delay has commenced and will be a national refresh of approach. The report is a fair reflection of current and future challenges.</p> <p>JF commented that this is a very relevant report and appreciates the complex nature of the work.</p> <p>KM asked what the key enablers are and what % of the numbers are East Dunbartonshire? CS advised that East Dunbartonshire has a disproportionate number of older residents. 5% of people experience a delay in discharge, while 95% of others are not delayed. CS advised that the Discharge without Delay thinks about the responsibility of all roles from the point of admission, breakdowns in communication are a reflection of the busy nature of Acute Services. This will all for process mapping of each stage. The impact of long stays in hospital is also considered. CS raised the impact of long stays on people who lack capacity but</p>	

	<p>require to be elsewhere other than hospital. The system can take up to year and is part of the Mental Health Review.</p> <p>DP advised that East Dunbartonshire accounts for 6.5% across GGC. In February 96% of discharges without delay. East Dunbartonshire was the 5th lowest in standard delays. There are 25 people who cannot be discharged, 11 of whom are subject to AWI Act. The majority of the others are stuck because their Care Home or ward is in outbreak. DP feels that an enabler would be Overnight Care and an extended service is being set up using Winter Pressures funding.</p> <p>JF commented on impact of late decisions by Consultants on when a patient is able to be discharged but not to their home. JF also noted the shortage of staff who could prevent hospital admission in the first place.</p> <p>DP advised that the work currently being undertaken to manage frailty in the Community, sustain independent living is the biggest way to prevent people becoming delayed in their discharge.</p> <p>JG suggested the HSCP communicate with the new Council members to ensure they are understand the critical importance of the work carried out.</p> <p>Approved.</p>	
10.	For Information – Proposed Auditors 2022/23 – 2026/27	JC
	<p>JC advised that formal notification has been received confirming the new auditors will be KPMG and will span financial years 22/23 – 26/27. JC confirmed there is no known conflict of interest. JC asked all present to advise her of any conflicts before close of business. JC acknowledged and welcomed the assistance offered in the handover by PL.</p> <p>Approved.</p>	
11.	HSCP PAR Agenda Planner June 2021 – June 2022	ALL
	<p>PL reminded all the accounts will be signed off in October and a special meeting can be arranged.</p> <p>Approved.</p>	
12.	A.O.C.B.	JG
	No further business for discussion.	
13.	Date of next meeting	JG
	Thursday 28 th June 2022 at 12:00pm.	

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 30TH JUNE 2022

REPORT REFERENCE: HSCP/300622/14

CONTACT OFFICER: DR PAUL TREON, CLINICAL DIRECTOR
TELEPHONE 0141 232 8237

SUBJECT TITLE: CLINICAL & CARE GOVERNANCE GROUP
MEETING HELD ON 23rd February 2022.

1.1 PURPOSE

1.2 The purpose of this report is to share the minutes of the Clinical and Care Governance Group meeting held on 23 February 2022.

2.1 RECOMMENDATIONS

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

2.2 Note the content of the Clinical and Care Governance Group Meeting held on 23 February 2022.

**CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.1 BACKGROUND/MAIN ISSUES

3.2 Clinical and Care Governance Group minutes highlight:

- a) East Dunbartonshire HSCP Falls Lead, presented to the group on 'Slips, Trips and Falls'. This was identified previously as a common incident theme affecting multiple services. The group were updated on work to improve various falls pathways including within day care services and the flow navigation centre. It was also noted that recording of falls can be inconsistent where the primary diagnosis leading to the fall takes precedence over the fall itself. This will primarily affect hospital discharge letters, and subsequent GP coding. Pathways include improved multifactorial and self-assessment tools. The falls group will try to resolve some issues around reporting, given multiple reporting systems. The group were assured that there were both reactive and proactive measures in place.
- b) Specialist Children's services updated in work being carried out in relation to improving the interface between private providers and NHS services. This creates challenges for patients and primary care where private providers recommend medication. The work should look to reduce duplication in assessment of ADHD, and support patients receiving optimal care whether initiated via private or NHS provider.
- c) It was noted that Specialist Children's Services sits under the auspices of East Dunbartonshire HSCP for Governance Purposes; however is not hosted or managed by the HSCP. The group agreed that Specialist Children's Services should report elsewhere within NHSGGC's governance structures given the lack of a direct management relationship with East Dunbartonshire HSCP. However; since then it has been agreed that East Dunbartonshire will continue to offer governance support until such a time as a long term solution to the reporting of the service can be agreed.
- d) The Clinical Director for the Public Dental Service highlighted risks relating to availability of some emergency drugs, requiring use of vials rather than pre-filled syringes, and supply issues regarding defibrillator pads. The group agreed appropriate action following discussion with Clinical Director and Chief Nurse and were assured that appropriate information and training was arranged to ensure patients and staff safety.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan;-

1. Statutory Duty

4.3 Frontline Service to Customers – None.

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

4.5 Legal Implications – None.

- 4.6 Financial Implications – None.
- 4.7 Procurement – None.
- 4.8 ICT – None.
- 4.9 Corporate Assets – None.
- 4.10 Equalities Implications – None.
- 4.11 Sustainability – None.
- 4.12 Other – None.

5.1 **MANAGEMENT OF RISK**

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

- 5.2 None.

6.1 **IMPACT**

- 6.2 **STATUTORY DUTY** – None

- 6.3 **EAST DUNBARTONSHIRE COUNCIL** – Provides assurance that clinical and care governance issues are scrutinised at the appropriate levels within the partnership and ultimately seek to improve the quality of services provided through the HSCP.
- 6.4 **NHS GREATER GLASGOW & CLYDE** – Provides assurance that clinical and care governance issues are scrutinised at the appropriate levels within the partnership and ultimately seek to improve the quality of services provided through the HSCP.
- 6.5 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required.

7.1 **POLICY CHECKLIST**

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

8.1 **APPENDICES**

- 8.2 **Appendix 1** - Clinical & Care Governance Group minutes of meeting held on 23 February 2022.

**Minutes of
East Dunbartonshire Health & Social Care Partnership
Clinical & Care Governance Sub Group
Wednesday 23rd February 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	Interim Chief Officer
Tara Dunseith	Clinical Director, PDS
Leanne Connell	Interim Chief Nurse for HSCP
Fiona Munro	Lead AHP for HSCP (and deputising for Derrick Pearce)
Derrick Pearce	Head of Community Health and Care Services
Karen Lamb	Head of Specialist Children's Services
Claire Carthy	Interim Head of Children and Families and Criminal Justice
Vandrew McLean	Corporate Business Manager
Fraser Sloan	Clinical Risk Lead

In Attendance

Name	Designation
Elaine Marsh	East Dunbartonshire HSCP Falls Lead
Alan Cairns	Planning, Performance and Quality Manager
Lorraine Arnott	PA/Business Support

Apologies

Name	Designation
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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	
	<p>PT highlighted that after the complaint review discussion at the last meeting, there had been discussion around reviewing local processes in relation to assessment and prescribing of equipment. DP advised that he will review the issue and report back on. LC advised that FS would run a report from Datix for all HSCP Equipment significant issues to identify learning to inform local processes.</p> <p>PT also asked CC to clarify in relation to child death discussed at the last meeting, and the multiple team's involved, and who the lead on the review would be. CC informed that it has been referred to the Mental Health SEER Group, currently waiting to hear if they are able to proceed with it. CC has checked the eligibility with the Child Death Hub and it would not be eligible for review through that mechanism as the young child was not receiving through care services or after care services. Will update once response is received. CC also informed that the Child Death Hub has now been established and she has received the first reporting template for East Dunbartonshire this week and there are two child deaths reported, only one of which they have been aware of. The other report was not known to any statutory services, and CC advised that she would like to determine the speed of reporting, local reporting and also if there is going to be a review. Will ask Alison Rennie, local lead for Child Death Hub to ask those questions. ACTION: CC to follow up on those pathways into informing East Dunbartonshire of our local child deaths as important that we are aware.</p>	
4.	Actions / Outcomes Log	
	<p>CF reviewed the Actions & Outcomes Log</p> <ul style="list-style-type: none"> • Core Audits – LC advised DN Core Audits are being reported through CCG and hasn't been decided as yet to the outcome measures. • SCR Review – Delayed. Still awaiting update. • Datix Reports – Complete. All staff should be set up with dashboard • Governance items – Ongoing action. • Information Governance – VMcL informed that dates have been offered for various courses in relation to Information Governance. Has a Teams call arranged to set up Training dates • Ongoing cleansing exercise and request Team Leads to clarify team details – Ongoing. VMcL advised that she has reviewed the Datix database. 99 incidents in total overall in holding area; making progress. However 82% incidents in total overdue. • Learning outcomes – VMcL advised that Datix Manager and Reviewer training should be completed by managers and checked by Heads of Service. • Issues and impacts of COVID – Nothing to report on at present. • Defibrillator pads - Paediatric defibrillator cartridge issue now resolved. VM suggested changing to monthly check instead of quarterly to ensure robust checking 	

	process.	
5.	Strategic Plan	
	AC attended to provide the group with an overview of the Strategic Plan and to ensure that people are aware that the plan is currently going through the second stage consultative process. Have tried to build consensus stage by stage. All enablers have been approved by the HSCP Board. Opportunity to make sure that the plan has everything in that members would expect to see reflected within. The consultation is ongoing so would welcome consideration by members of the group and any comments that anyone may have. The end of the consultation period is 4 th March 2022.	
6.	Incident Themes	
	<ul style="list-style-type: none"> Slips Trips and Falls – Elaine Marsh <p>Pt welcomed Elaine Marsh along to the meeting who leads on the Falls workstream for ED HSCP, and what we can do to prevent incidents and what learning can be taken from them.</p> <p>EM provided presentation to the group on Slips, Trips and Falls In East Dunbartonshire. The purpose of the presentation was to look at local headlines and datix data. Numbers of reported falls aren't high, and the numbers that are reported are reported by CRT themselves. Care Homes data on Unscheduled Care dashboard suggests that falls is part of the reason that care home residents present to hospital and are admitted as a consequence. Around 25 residents are taken to hospital from ED each month, with around 18% of those with conditions suggestive of falls although not always written as the diagnosis on admission. Flow Navigation Centre currently working with care homes to rollout work around falls incidences. Report received weekly from Carefirst shows an average of around 28 fallers per week being dealt with at home. Carrying out new test of change around looking at being more proactive with the patients that are continually falling at home, and how this can this be prevented. Day Care Services reviews included checking if falls are being experienced by people, and pathways there to support with this. Many falls pathways have been developed across the health and social care partnership services and beyond, of which EM detailed, to carry out a multi-factorial assessment or refer on if required. She then detailed the measures and actions in situ within the Health and Social Care Partnership including a range of self-assessment tools and information leaflets. The Falls Operational Group continues to ensure maintenance and development of those pathways. The Falls Group within the HSCP which includes all the HSCP services, third sector, SFAS & SAS will continue with maintenance programme and continue to develop services. Support to Care at Home and Falls Steering Group also all available to monitor better data and improving training.</p> <p>PT asked around the numbers reported on Datix being low, are falls not being reported accurately through Datix or not being captured accurately in Datix. EM advised it is possible that it is more to do with where and when the falls are happening. Care Homes use patient notes to record incidences, Council report separately, therefore not necessarily a witnessed fall but a fall that staff within the HSCP are responding to. Mixture of where falls are occurring. The Falls group will look at this and try and do something about. Also, PT asked commented on proactive screening for falls, and whether services could do better around this. Important to remind staff on level one conversations with patients.</p> <p>Some discussion thereafter ensued. PT then thanked EM for her informative presentation, and providing the group with assurance that there are appropriate pathways in place across a multitude of services.</p>	

7.	Incident Trends	
	<ul style="list-style-type: none"> a. Health b. Social Care c. Oral Health Directorate (Primary Care) d. Specialist Children's Services <p>Non Clinical Incidents</p> <ul style="list-style-type: none"> • 14 incidents reported • Common themes; violence and aggression, sudden illness and deterioration, and 2 coded other, work to be done to ensure coding is appropriate. • 3 awaiting review and 1 being reviewed/recoded, 3 finally approved <p>Clinical incidents</p> <ul style="list-style-type: none"> • 46 incidents reported • 32 pressure ulcer care • 7 medication incidents • 3 unexpected deaths • 11 in holding area, 8 being reviewed, 3 awaiting final approval and 24 finally approved. Improving picture of what is sitting in the overall holding area. <p>Social Care Incidents</p> <ul style="list-style-type: none"> • 1 hit by object • 3 physical injuries • 10 assaults • 4 verbal assaults incidents • 1 injury/dog bite • 3 injury moving and handling <p>VMcL informed the group that work is ongoing outwith the group around risk registers and categories across HSCPs. LC commented that due to reporting in different categories, it would be good to have sight of all the options to determine what categories service managers feel are most appropriate for each service or care groups when reporting on Datix to build in to review process. ACTION: VMcL will link in with appropriate Heads of Services around reporting categories and options for reporting on Datix.</p>	
8.	Complaints & Whistleblowing	
	<ul style="list-style-type: none"> a. Health b. Social Care c. Oral Health Directorate (Primary Care) d. Specialist Children's Services (see Item 16) e. GP Complaints Survey Report f. Optometrist Complaints Report Quarter 4. <p>VMcL updated that complaints received through Health Board complaints mailbox, 5 have been received within this reporting period. All at Stage 2, 3 are closed at the moment and 2 ongoing. In terms of the closed complaints, 2 were not upheld and 1 partially upheld. In terms of split of services 4 to CMHT/Adult Autism Team and 1 to Administration. Shown as an increase on last year's figures.</p> <p>In terms of EDC complaints, 8 received within this period. 1 at Stage 1 that is closed, 1 Stage 2 open, 1 Stage 2 closed, and 1 Stage 2 extension.</p>	

	Overall VMcL reminded members that the Datix Complaints module should be completed as this helps to refocus staff on how complaints should be dealt with. She also informed of the recent updates to the NHS model Complaints Process. Flowchart in place to detail how HSCPs should process complaints. ACTION: VMcL will circulate to SMT for comments and can send round managers. Will review and bring back to next CCG meeting. A discussion followed in relation to the complaints handling and reporting process.	
9.	SPSO Updates	
	SPSO update attached with papers. PT noted the detail within with regard to appropriate consenting and to make sure that consenting processes are robust.	
	GOVERNANCE LEADS UPDATES / REPORTS	
10.	Children & Families/Criminal Justice	
	Report contained within agenda. CC advised that SCR has finally been concluded, however will now be referred to as a Learning Review to make it more of a learning culture within the organisation. The review has been concluded and will be reported to the sub group of the Child Protection Committee and will bring back action plan to the next meeting. ACTION: Outcome of learning review to be added to discussion items on the next agenda.	
11.	Criminal Justice Services	
	Report contained within agenda. CC informed that there were no exceptions to report at this time.	
12.	Community Health & Care Services	
	Report contained within agenda. DP updated that there was nothing to add to the report already provided. Of note, DP did advise of the introduction of Saturday clinics for OPMHT to address waiting times. However continuing to see significant staffing challenges in the service related to vacancies. Conversations ongoing progressing with North Lanarkshire and NHS Lanarkshire around the northern corridor cohort of patients that are seen within ED OPMHT services. Ongoing joint work between CRT Community OT service and the Acute Front Door Frailty Team in order to try and address challenges that have been presenting in duplicating things that could be avoided. Polypharmacy Prescribing Review initiative all practices now signed up to and underway. Electronic eMAR within Homecare now moving to electronic format. All registered services in-house are green in terms of RAG status presently. Care at Home service have been inspected since last meeting and has been re-graded by Inspectors.	
13.	Commissioned Services	
	Report contained within agenda. DP updated on the above and advised that there were no exceptions to note. However noted the ongoing pressures around recruitment and retention across all of the commissioned services in every client group area.	
14.	Joint Adult Services	
	Report contained within agenda. Nothing further to note at this time.	
15.	Oral Health – Primary Care	
	Report contained within agenda.	

	<p>TD highlighted some important points from within. In terms of clinical effectiveness and the --</p> <p>- Guidance has moved away from the four nations guidance, in Scotland to provide aerosol generating procedures, there is still a need to continue to adhere to advance PPE and fallow periods between patients. This reduces the capacity in dentistry hugely depending on ventilation and air exchange. Currently, dentists are able to work at 50% capacity of what they could do previously. Chief Dental Officer has asked Scottish Dental Clinical Effectiveness programme to produce data to compare the balance of harm of transmission of COVID in the dental setting as opposed to the lack of access to Dental Care for patients. TD reported that it is becoming an increasing problem. She was hopeful there will be a review springtime and that Scotland will be able to adopt the four nation's guidelines. They had started to rollout speed increasing hand pieces which do not produce an aerosol although rollout has been slow due to supply issues. In terms of clinical risk in terms of COVID and the impact of COVID on the ability of high street dentists to regain pre COVID activity levels, there is a huge back log of care and increasing number of patients presenting for unscheduled care both to day time and out of hours services. Monitoring the number of NHS de-registrations reflecting a poor picture across the ability of GDS colleagues to remobilise. Have received Winter Preparedness funding from Scottish Government to help alleviate this situation, to improve access to NHS dental care for registered and unregistered patients, and to improve access of domiciliary care for patients within their own homes and care homes. Also put adverts to Jobtrain and BDJ, been able to recruit internationally as well. Difficulties in recruitment at present. Trying to recruit to fixed term contracts. Huge recruitment drive for 40 whole time equivalents for a mix of grades and roles. Have recruited to the dental bank successfully and supported over the festive period due to absences from Omicron. Continue to have large numbers on waiting lists for GA treatment. Bleak picture in terms of pediatric pathways, increased demands for access and increase in referrals. SBAR provided re defibrillator pads and emergency drugs; defibrillator pads resolved however emergency drugs issue ongoing. Pursuing a number of different strands to get a more reliable and robust supply chain for this. Chief Pharmaceutical Officer has given agreement to revert to vials to improve the ability to procure. Also keen for a training package which was produced with NES in line with the risk associated with drawing up of drugs. No update yet on training package being produced as yet. Also working with Tayside Specials who had identified a wholesaler who could provide the medication with a much longer expiration date, however still no update on that also. Have had better supply to PDS than previous. Drugs that have come in recently have had longer expiration dates. Concern that the ability to provide patient care is going to be further restricted if the necessary emergency drugs are not easily available.</p>	
16.	<p>Specialist Children's Services</p>	
	<p>Report contained within agenda.</p> <p>KL raised a few points from the report. No new SAEs however have some outstanding. Also linking into a piece of work with Adult Mental Health with a specific focus on trying to complete and SCRs and have brought back someone from retirement to lead on that work. In terms of patient experience, good work being carried out in Skye House around recovery start, patients owning own care plan and using the format to aid discussion. Service questionnaire rolled out to all teams within SCS. Also, KL has commissioned the creation of a Patient Engagement Group. Both CAMHS National Service specification and the Neuro Development National Service specification are challenging to include people who are experiencing co-design of services, therefore looking to put together a group that can help support this.</p> <p>She further went on to discuss clinical effectiveness, around patients who are seen privately for ADHD diagnosis. This piece of work is being led through a SLWG between Adult Mental</p>	

	<p>Health and CAMHS Services, where clinical leads are putting together criteria to manage the referrals that come through to the Adult and CAMHS Services, where a private diagnosis for ADHD has been undertaken then there is a request for the person to be taken on by NHS services for medication and other treatment. Need to ensure there has been a quality SIGN guideline compliant assessment carried out, and need to ensure efficiency for the patient. There is also the need to ensure the principals to which the MH services work are in place to prioritise those patients at the greatest risk. The SLWG will need to articulate for everyone that this affects, that it will not be a fast track process and a referral from a private company for a patient diagnosed as ADHD will be risked assessed in the same way that other referrals are risk assessed. LC commented from an adult mental health perspective in that consultants cannot accept the private health assessment and have to then carry out their own repeat assessment. CS also commented on the increasing prevalence of the ability to register with online services that are perhaps able to prescribe but not based in the UK and GPs not aware of a prescription already in place or being offered. Are there patients coming into the service that already have a prescription. KL advised that she wasn't aware of any circumstances in this regard but will find out and feedback. CC also noted that the issue had also been raised around children who have been placed in Scottish Secure safe centers and coming in with diagnosis and prescriptions with concerning levels of medication at times, without proper transfer protocols in place, can put additional pressures on local CAMHS teams. Potential issues around illicit use and issues around private and NHS interface. PT stated that long waits are causing private referrals across the board and particularly with the long waits in CAMHS causing GPs to be caught in the middle.</p> <p>In relation to CAMHS waiting times, KL advised that referrals have increased year on year. As a result Scottish Government have developed a Mental Health Recovery and Renewal plan which has been a significant amount of funding and a large amount of that funding has been confirmed as recurring. GGC Mental Health Recovery and Renewal Programme Board has been established, chaired by Susan Manion, to look at the workforce plan associated to the funding streams. 13 funded work streams associated to this programme, ranging from waiting list backlogs and prescribing and health and welling. Risks associated are availability of staff to deliver the full CAMHS specification. Currently recruiting to qualified posts. Other associated risk to the work plan is around destabilisation of the existing teams. Mitigations to these risks are around trying to look at different ways to entice staff to work within GGC. Tests of change being carried out around bringing in different roles across mental health services. Will monitor staff numbers on a regular basis. CS asked KL if through the DCYPP group the service is able to measure and assure that the investment in the Tier 1 and Tier 2 community services to offer alternatives is making a positive impact on the numbers of children and young people referred to CAMHS, if a monthly report is available to East Dunbartonshire detailing this. KL advised that this is within a report and will discuss this with CS outside of the meeting. She further informed that 80% of referrals to the CAMHS service are from GPs. No service at present has been overwhelmed. With regard to moving resource around, KL informed that the Tier 3 services are fully delegated to the HSCPs. North Glasgow have the highest number of open cases and the highest numbers waiting. Have recommended to them how they can use resource in the other teams within the service and how they can align the posts they are recruiting to as part of the Recovery and Renewal programme. Further discussion around movement of staff and use of peripatetic staff ensued.</p>	
17.	Mental Health	
	<p>Report contained within agenda.</p> <p>LC updated that the biggest pressures currently in retention of staff. Losing another CBT therapist. Medics are now at full complement but back log of wait times to catch up on.</p>	

	Across the services absences and vacancies causing extra waits; LD at present does not have a psychologist. Another area has assisted during this period with a psychologist, however it does not help the situation longer term. Temporary post approved so hopeful for some interest in that. Recent positive surveys conducted. Ongoing perinatal work going well.	
18.	Business Support	
	Report contained within agenda. VMcL advised that recruitment is still a changing picture around capacity. Having significant challenges on one site around IT connection, part of ongoing discussion with EDC and NHS IT. This is impacting on turnaround of letters and financial impact in relation to overtime and extra hours to ensure targets are being met. VMcL to put in service risk register as a risk.	
19.	Primary Care & Community Partnerships Governance Group update	
	No update at this time.	
20.	Board Clinical Governance Forum update	
	No update at this time.	
	RISK MANAGEMENT	
21.	Clinical Risk Update	
	FS advised that the risk report relates to the Period July to December 2021. Significant increase in clinical incidents during this period with patient related incidents almost doubling. 216 incidents reported during the first half of the year, however increased to 483 for the last half of the year. During 2020 average of 25 incidents reported a month however increased to an average of 58 incidents a month in 2021. Three main incident themes are self-harm, pressure ulcer care and medication administration. In respect to self-harm incidents, there were 25 in 2019, 36 in 2020 and 318 in 2021. In the period July to December 2021 almost 90% of incidents involved the same five patients. Vast majority of these incidents have been recorded as having negligible or minor severity scores. Only one incident however has resulted in a local investigation. He noted that there is an inconsistency with the completion of self-harm fields. Second incident type to highlight of note was pressure ulcer care, 65 reported within the period and a total of 132 during 2021. An increase from the 95 reported in 2020. In all of 2021 some patients had up to seven incidents reported. No avoidable pressure ulcers reported during 2021 however there was one avoidable Grade 4 pressure ulcer reported last month, SAE has been commissioned. Last main incident theme reported on was medication incidents. 24 reported during the reporting period, however prior to 2020 there were 20 medication incidents reported per year. Medication incidents involving the administration of insulin have increased slightly. Four involved the administration of insulin in the community of which three where the wrong dose administered and one patient who did not received insulin due to a missed visit.	
22.	SAE Actions	
	FS noted that in terms of SAE there were 6 commissioned within the last six months of 2021, and 1 commissioned in January of this year. One was concluded between July and December and identified issues with documentation, risk assessment and shared decision making however were not felt to have contributed to the event. On pages 7 and 8 of the report, FS highlighted the length of time taken to commission the SAERs as well as the length of time it took to conclude. 10 SAERs currently in process ranging from 2 months to 3 years. The longest one relates to a review that has been in quality assurance since 2020. Aspects of report that need to be updated and does not relate to the staff that were involved in the review and have been unable to ascertain who was involved in the report. Now significantly overdue. FS asked if any further updated information in relation to this SAER could be sent to clinical risk for progression. 15 briefing notes outstanding. 1 action open across ED HSCP stemming from a 2019 Community Nursing SAER. Section 6 of the report gives some updates. Duty of Candour Policy and Consent Policy have been updated, and	

	Clinical Risk dashboard available on Datix for reviewers and approvers to provide access to view data for areas of their responsibility. From April this will replace the monthly data that is sent out from Clinical Risk in relation to open SAERs and severity 4/5 incidents that do not have briefing notes attached.	
23.	Corporate Risk Register	
	No update and nothing further to add at this time.	
	CLINICAL EFFECTIVENESS / QUALITY IMPROVEMENT	
24.	Quality Improvement Projects within HSCP	
	Nothing to report at present.	
	PUBLIC PROTECTION	
25.	Child Protection	
	CC reported that the Public Protection Leadership Group continues to meet regularly in line with the Chief Officers Group and continue to monitor all Public Protection activity. Have seen a significant rise in the number of child protection referrals being made to the Duty Team and the number of child protection case conferences that have been occurring; 33 on the child protection register at present, a significant increase since the last Clinical Governance meeting.	
26.	Adult Protection	
	CC updated that the Adult Intake Team are noticing increase in activity though stabling of referrals, however the Police have introduced an new emailing system, possibly meaning referrals are not coming through as quickly. Will see a change as system becomes more streamlined.	
27.	PREVENT Counter-terrorism	
	1 PREVENT case still in the statutory post closure review stage with a further meeting schedule next week ahead of liberation.	
28.	MAPPA / Management of high risk offenders	
	CC highlighted that MAPPA numbers are slightly higher than normal, currently sitting with 65 names on the list at the moment. The increase is due to courts starting to reopen and work through back log. Although there is an increase the risk levels remain relatively low.	
29.	MARAC Domestic Violence	
	CC advised that no-one has been referred to the MARAC since the last meeting.	
	INFECTION CONTROL	
30.	Infection Control Minutes	
	Minutes included with the agenda for note.	
	GENERAL BUSINESS	
31.	MS Teams Recording/Information Governance	
	Deferred to next meeting.	
32.	SBAR Emergency Drugs, Replacement Defibrillator Pads	
	Discussed at Item 15 – Oral Health update.	
33.	Mental Health Welfare Commission – “Care and Treatment for People with ARBD”	
	Deferred to next meeting.	
34.	New Governance Lead Reporting template	
	Deferred to next meeting.	

35.	Primary Care Mental Health Team – Patient Feedback Survey May 21 to Dec 21	
	Deferred to next meeting.	
36.	Specialist Children’s Services Governance oversight	
	KL updated the group and provided some context around Hosted Specialist Children’s Services being a service not delegated to HSCPs. They remain transient with Susan Manion, therefore, should be realigned to whichever role she is occupying. Governance was always reported through the ED CCG. SCS also reports into Women’s and Children CG Forum, and also Mental Health CG because of the strong link between CAMHS and Adult Mental Health services. Susan Manion has agreed that SCS should report into the Primary Care and Community Governance Group as a service in its own right. She went on to thank the group for the support and civility that she has received since being a member of this group. CS thanked KL and acknowledged that it has been a complicated process for all involved. PT also thanked KL for her input to the group and having a dedicated SCS input has been very helpful.	
37.	Incident/complaints review June: Anger & Aggression	
	Deferred to next meeting.	
	ESCALATIONS	
38.	Items to be escalated to HSCP Board	
	No items to be escalated.	
39.	Items to be escalated to NHS G&C C&CGG	
	No items to be escalated	
40.	AOCB	
	Nothing of note.	

Date of next meeting – 20th April 2022, 9.30am via MS Teams

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 30TH JUNE 2022

REPORT REFERENCE: HSCP/300622/15

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 3RD MARCH 2022

1.1 PURPOSE

1.2 The purpose of this report is to share the draft minutes of the HSCP Strategic Planning Group held on the 3rd March 2022.

2.1 RECOMMENDATIONS

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

2.2 Note the content of the HSCP Strategic Planning Group draft minutes of 3rd March 2022.

**CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.1 BACKGROUND/MAIN ISSUES

3.2 Appended is the draft minute of the Strategic Planning Group held on 3 March 2022.

- 3.3** The main highlights from the conversations within the meeting related to:
- The allocation of funding grants from the receipt by EDVA of the Health and Wellbeing Fund
 - The Public Service User and Carers Group campaign to raise awareness of Power of Attorney, and to progress local survey work to evidence unmet needs of carers to inform future planning
 - Challenges which are arising as a result of the covid-19 pandemic in registering children with high street dentists who undertake NHS work in East Dunbartonshire, which is being addressed by the Oral Health Directorate
 - Changes to the NHS Greater Glasgow and Clyde Smoking Cessation service
 - Update on the ongoing development of the new Allander Centre which will house building based social support services for adults with a learning disability and autism
 - The conclusion of the HSCP consultation on the 2022 – 2025 Strategic Plan, and the opening of the Scottish Government's consultation on their draft national strategy for Older People.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan;-

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

The Strategic Planning Group is the statutory oversight and advisory forum driving the delivery of the HSCP Strategic Plan, thus its work has full relevance to all Key Strategic Priorities.

4.3 Frontline Service to Customers – None.

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

4.5 Legal Implications – None.

4.6 Financial Implications – None.

- 4.7 Procurement – None.
- 4.8 ICT – None.
- 4.9 Corporate Assets – None.
- 4.10 Equalities Implications – None.
- 4.11 Sustainability – None.
- 4.12 Other – None.

5.1 **MANAGEMENT OF RISK**

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

- 5.2 None.

6.1 **IMPACT**

- 6.2 **STATUTORY DUTY** – None
- 6.3 **EAST DUNBARTONSHIRE COUNCIL** – None.
- 6.4 **NHS GREATER GLASGOW & CLYDE** – None.
- 6.5 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required.

7.1 **POLICY CHECKLIST**

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

8.1 **APPENDICES**

- 8.2 **Appendix 1: Draft Strategic Planning Group Minutes of 3rd March 2022.**

EAST DUNBARTONSHIRE HSCP

Minute of the Strategic Planning Group held 3rd March 2022 via MS Teams

Present:

NAME	Designation
Derrick Pearce	CHAIR – Head of Community Health & Care Services
Karen Albrow	Carers Representative
Dr Alison Blair	GP – West Locality
Alan Cairns	Planning, Performance and Quality Manager
Claire Carthy	Interim Head of Children's Services & Criminal Justice
Dr Laura Coia	GP – East Locality
Neil Ferguson	Head of Planning, NHSGG&C
Kathleen Halpin	Senior Nurse
Lisa Johnston	General Manager – Oral Health/ Lead Officer, Dentistry NHSGG&C
Fiona McManus	Carers Representative
Joni Mitchell	Partnership Development Officer, EDVA
Fiona Munro	Service Manager/Lead AHP
Claire McNeil	Housing
David Radford	Health Improvement & Inequalities Manager
Dianne Rice	Primary Care Development Officer

Minutes:

1.	Introductions & Apologies	Actions
	Caroline Sinclair, Alison Willacy, Sara Abbot, Leanne Connell, Alex O'Donnell. DP welcomed Geraldine Lucas.	
2.	Notes of Previous Meeting	
	The notes from the last meeting on 12 th January 2022 were reviewed and agreed as an accurate record of the meeting.	
3.	Matters Arising	
	All matters arising have been actioned.	
4.	Updates	
4.1	East & West LPG Update	
	DP advised that the Locality Groups are still held in abeyance, it is intended to recommence these as soon as possible. FM advised that the Locality Practitioner Collaboratives are progressing well and staff are engaged with sharing of good practice. These are operating in 2 of the Locality Cluster areas. ACTION – A summary of the issues from Practitioners will be presented for the next SPG	DP/FM/KH
4.2	3rd Sector Update	
	JM advised that she is part of the group working with DA on the new Allander Development. JM reported that 44 organisations with East	

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	<p>Dunbartonshire have received awards from the Health & Wellbeing Fund. Some of these included, supporting carers, people aged 16years + with Autism. JM thanked DR for his involvement in the reviewing of the applications. JM will provide an update for a future SPG on where the funds were allocated and what it was spent on.</p> <p>Locality Planning Questionnaires have been issued and JM requested that these are placed with GP Practices.</p> <p>ACTION – JM, DR & DRi to discuss</p> <p>The Health & Wellbeing Network will encompass Financial Inclusion following the pandemic and CAB will work in partnership with EDVA. Dates will be issued shortly.</p> <p>JM advised that dates for all of the networks and forums are widely available and all are welcome to attend.</p> <p>JM confirmed the referral process and will share the details with AB.</p> <p>Noted</p>	<p>JM/DR & DRi</p>
<p>4.3</p>	<p>Independent Sector Update</p>	
	<p>This update was deferred.</p>	
<p>4.4</p>	<p>Communications & Engagement</p>	
	<p>FMcM advised that at a recent meeting, AC gave a presentation on the Strategic Plan and gave the group a good opportunity to discuss this. There are 3 new members to the team who have gone through induction and will be given posts shortly.</p> <p>Power of Attorney remains on the agenda and has an increased public profile. Work is ongoing with EDVA to look as support for the costs of PoA.</p> <p>The Covid Update Newsletter is being delivered to around 500 individuals and organisations.</p> <p>Unmet Needs of Carers will also remain on the agenda. Benchmarking across Scotland has identified that whilst these are recorded on care plans, there is no central collation for this data.</p> <p>It is hoped that the next meeting of the group will be face to face.</p> <p>DP advised that he is happy to look at funding for the support of PoA work. DP is also keen to support any work on the Unmet Needs of Carers.</p> <p>ACTION – DP & DR to discuss</p> <p>AB thanked FM for the ongoing support for extended carers as this is coming more to light as everything opens again. AB commented that</p>	<p>DP/DR</p>

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	<p>PoA is also more prominent and asked if there is guidance on the verification of initiation of PoA. Historically it was only GP's who signed off but this can be now done by a variety of professionals. AB asked that this is raised with the appropriate forums.</p> <p>LC commented that a higher than normal number of requests for verification of PoA is being seen at practices and this is because the solicitors are more expensive. Also an increase in capacity assessments is noted. LB asked if the pressure is so great, can a GP be employed to carry out the capacity assessments.</p> <p>FM advised that the group is keen to promote at an early staff years before it's needed.</p> <p>DR noted that this is a national issue and asked that GP colleagues raise with their Unions. Also the expense is prohibitive for a number of people which is why so many revert to GP's.</p> <p>ACTION – DP & FM to discuss further with Fieldwork Manager ACTION – DR to send updated leaflets to AB</p>	<p>DP/FM DR</p>
<p>4.5</p>	<p>Housing Update</p>	
	<p>CMcN advised that the Local Housing Strategy work is ongoing. Option Appraisal workshops are scheduled for March. CMcN thanked HSCP colleagues for their participation and advised that a draft consultation document will be available in early April. An Impact Assessment on Child Rights Health & Wellbeing requires to be completed and CMcN will contact CC & AC for further information.</p> <p>Noted</p>	
<p>4.6</p>	<p>Primary Care Update</p> <ul style="list-style-type: none"> • Changes to the Community Covid Pathway 	
	<p>DRi advised that it is almost the end of the contract term in terms of implementing the 3 core commitments of VTP, CTAC and Pharmacotherapy. Services are stable and running as near to normal as possible following Covid, but not near the final implementation stage. There is a lot of work around Accommodation Bids, working with NHS GGC to develop a Property Strategy with funding available to look at alternative short term options. A further meeting with Scottish Government will be arranged to discuss additional finances required to fully implement the core elements.</p> <p>DP advised that we will be reporting non delivery of the contract as at 31st March 2022 in relation to the full role of CTAC and this is largely due to accommodation issues. This has been reported back through various forums and this is not uncommon across other HSCP's. DP noted that there is good local work ongoing with the local teams and practices.</p> <p>DP advised that the Local Medical Committee in GG&C and GP Sub Committee of BMS have now signed off on proposal which will be implemented at the end of March for community Covid work which had been undertaken by the Community Assessment Centres to be</p>	

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	<p>resumed back into GP Practices. Plans for resilience and escalations need to be considered should there be a resurgence in the pandemic. More detailed information will follow along with public messaging.</p> <p>LJ provided an update on Dental Services. High Street practitioners have been issued with revised payment terms and emergency Covid payments will cease from 1st April 22. There is ongoing negotiations with all relevant forums. An increased number of patients are being deregistered from private practices and referred back to Public Dental Services. Additional funding has been received to help manage the backlog of care and an ongoing recruitment campaign. Communications will be issued advising the public where they can get care if their local practice cannot see them due to the backlog.</p> <p>DP highlighted that this is LJ's last meeting before leaving GG&C and thanked her for her hard work and contribution to the SPG.</p> <p>FM noted that only 2 practices in East Dunbartonshire are registering children. LJ advised that as independent practitioners, they can choose to make that choice, however it is hoped that the revised payments will allow some to reopen services. LJ asked for the details of children unable to access care to be forwarded on and the Health Improvement Team will reach out.</p> <p>LJ confirmed that additional funding of £500k has been received from Child Smile to augment the services locally. The National Dental Inspections Programme within schools has commenced and this will be a targeted approach to ensure areas requiring support are visited earlier.</p> <p>Noted</p>	
4.7	<p>Improving the Cancer Journey in East Dunbartonshire</p>	
	<p>DR advised that the ICJ programme continues to flourish and already has reached 75% of the targeted numbers of monthly referrals. McMillan reported that this is the fastest of all of the similar projects. A relationship with the Cancer Team at Stobhill is resulting in an increase in referrals. Along with referrals from GP practices, these will be managed to ensure customers receive a service as soon as possible.</p> <p>Noted</p>	
5.	<p>GGC Smoking Cessation Service Model Amendments'</p>	
	<p>DR introduced Geraldine Lucas, Manager of GG&C Smoking Cessation Service. GL presented a paper on a review and proposed changes to the Community Provision of the Smoking Cessation Service across GG&C. GL advised that these proposals will move the support model to a bi-weekly model which will provide more capacity. This is an established model within Specialist Quit Your Way Pregnancy Services and is adopted in some of the Hospital and Community Services. It is proposed to make this the standard model now across all services. There will be no change to the outputs delivered for East Dunbartonshire, but by aligning with specialist services it will maximise capacity across all teams ensuring the needs of service users are met in the initial stages of quitting. Restarting Face to Face service delivery is under discussion with scoping of suitable community venues. East</p>	

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	<p>Dunbartonshire is performing well against the LDP standard. Qu2 this year showed East Dunbartonshire at 50% over the target, with the second highest quit rate of 1 in 3 remaining smoke free at 12 weeks.</p> <p>DR commented that he does not see this as having a negative impact on local services but enhancing our ability to reach out.</p> <p>LJ suggested that GL contacts the Oral Health Improvement Teams who support Quit Your Way across various health improvement programmes.</p> <p>DP thanked GL for an excellent presentation.</p> <p>Noted</p>	
<p>6.</p>	<p>Development at Allander Centre</p>	
	<p>DA shared a presentation and update on the review of Adult Learning Disability and the services for users and carers. DA advised that within the new development at Allander Centre will be the hub for Day Centre Services. There will be a 3 tiered model of service, building base day centre, community based centre operating during the day and weekends and Local Area Co-ordination Services. Kelvinbank Centre is no longer fit for purpose and is not the modern community based centre we require for our services going forward. A number of local adults travel out with the area for services which meet their more complex needs and this was also a major factor in the new development.</p> <p>A supported employment scheme is planned within East Dunbartonshire. Similar schemes have been successful in other local authorities but not been available in East Dunbartonshire. DR's team are establishing links with North Glasgow College to develop pre-employment courses.</p> <p>The new centre will be used as a building base to support clients. The model of support will be mixed and flexible to promote independence and growth.</p> <p>The centre is due to open in November/December 2022.</p> <p>A new Project Lead has been appointed to take forward the project and develop the services.</p> <p>KA commented on how much the new development is appreciated by parents and families. KA asked for staff to be trained to identify opportunities for the service users and also if families can be allowed to set up groups for loved ones and peer to peer support for families. DA confirmed that this will be for use for all of the community and be a vibrant part of the community.</p> <p>Dr AB advised there are a number of people aged 40+ who have never received a formal diagnosis of learning disability and asked if support will be available for this group. DA confirmed that the Joint Learning</p>	

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	<p>Disability Team will continue to only work with people who have a formal diagnosis. Services are available to people without a formal diagnosis but are patchy and inconsistent. DA is hoped that new services will be developed to include all.</p> <p>Noted</p>	
7.	<p>Strategic Plan Update</p> <p>AC reported the consultation ends tomorrow. AC shared slides which detailed the extent of the consultation, local groups and governance forums attended; emails; social media. Feedback has been positive. The focus throughout the consultation has been to ensure stakeholders and partners can see their contribution to health & social care. The framework had been previously agreed by the Board and this was to look at the draft plan as a whole. Feedback has led to the expansion of the Working Together section to include a full range of all the policies where the partnership contributes to wider collaborative working. Other minor amendments have been actioned. The consultation has also allowed for conversation on the challenges expected over the next 4 years.</p> <p>Subject to any late comments, the final document will be presented to the HSCP Board on 24th March 2022 for approval and eventual publication. AC thanked the SPG for the support and leadership of this process over the last 12 months.</p> <p>DP thanked AC for his extensive work on the plan.</p> <p>Noted</p>	
8.	<p>Annual Delivery Plan</p> <p>AC advised that the 1st year of the Delivery Plan has been developed along with the finalising of the Strategic Plan. The Strategic Plan sets out the 3 year vision and each year the Delivery Plan will take forward the actions in support of the priorities. This will ensure the connection between transformation and improvement agenda and the Strategic Plan for the period of the plan. The Delivery Plan will be presented to the HSCP Board along with the Strategic Plan on 24th March 2022.</p> <p>AC shared the detail of the Delivery Plan, the actions and performance indicators.</p> <p>DP asked for continued engagement of the SPG and advised that there will be opportunity for further refinement of the plan as it progresses.</p> <p>Noted</p>	
9.	<p>Scottish Government Consultations</p> <p>DP shared links to 2 Scottish Government Consultations.</p> <p>DP had asked DR to do so work on a Public Enquiry on Health Inequalities. DR apologised for the late issue of the paper. This is an invite to participate in an enquiry looking at the impact of health inequalities and to view the solutions identified over the last few years. A short life working group is being proposed and SPG are being asked</p>	

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	to participate in this. A consultation is proposed for 18 th March 2022, with responses to the questions returned by 31 st March 2022. DR will send an invite to any interested parties and will also include HSCP managers and team leaders. SPG are asked to approve the setting up of the working group.	
	Agreed	
10.	AOB	
	No new business	
11.	Dates of Next Meeting	
	Thursday 9 th June 2022 at 10am	

DRAFT

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 30TH JUNE 2022

REPORT REFERENCE: HSCP/300622/16

CONTACT OFFICER: TOM QUINN, HEAD OF HUMAN RESOURCES
TELEPHONE 07801302947

SUBJECT TITLE: STAFF PARTNERSHIP FORUM MINUTES OF
MEETING HELD ON 27th APRIL 2022.

1.1 PURPOSE

1.2 The purpose of this report is to share the minutes of the Staff Partnership Forum meeting held on 27th April 2022.

2.1 RECOMMENDATIONS

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

2.2 Note the content of the Staff Partnership Forum Meeting held on 27th April 2022.

**CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.1 BACKGROUND/MAIN ISSUES

3.2 Staff Partnership Forum minutes highlight:

- a. The forum received a full update from Jean Campbell on the current work underway to identify suitable accommodation in both the Milngavie / Bearsden and the Bishopbriggs/Auchinairn Areas for both clinical and staff facilities.
- b. Derrick Pearce updated the forum on work underway as a test of change to extend the core hours of our District Nursing Services to better enable continuity of care and respond to patient needs. Derrick highlighted the joint work with our staff side colleagues to ensure that staff were kept fully informed and involved in the work.
- c. Leanne Connell highlighted that Thursday 12 May 2022 was National Nurses Day. Nursing staff within the HSCP had been asked to collate patient stories to help us celebrate this key group of staff. Craig Bell in congratulating our Nursing colleagues and wishing them well on National Nurses Day also highlighted that Thursday 28 April 2022, was International Workers Day, he further highlighted the events taking place with East Dunbartonshire to recognise this important event.
- d. Tom Quinn spoke to the first draft of the 2022-25 East Dunbartonshire HSCP Workforce Plan. Tom set out the timescale for collecting, collating and ensuring due diligence and governance for the plan, highlighting that a final draft would come to the staff forum in June 2022 before being submitted to Scottish Government as a final draft in July 2022.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

- 4.2 Relevance to HSCP Board Strategic Plan;-
- 4.3 Frontline Service to Customers – None.
- 4.4 Workforce (including any significant resource implications) –
 1. Statutory Duty
- 4.5 Legal Implications – None.
- 4.6 Financial Implications – None.
- 4.7 Procurement – None.
- 4.8 ICT – None.
- 4.9 Corporate Assets – None.
- 4.10 Equalities Implications – None.
- 4.11 Sustainability – None.

4.12 Other – None.

5.1 **MANAGEMENT OF RISK**

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

5.2 None.

6.1 **IMPACT**

6.2 **STATUTORY DUTY** – None.

6.3 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.4 **NHS GREATER GLASGOW & CLYDE** – Meets the requirements set out in the NHS Reform Act 2002.

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

7.1 **POLICY CHECKLIST**

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

8.1 **APPENDICES**

8.2 **Appendix 1** – Staff Partnership Forum Minutes of Meeting of 27th April 2022

Minute

Staff Forum

Wednesday 27 April 2022, 1pm

<u>Item</u>	<u>Subject</u>	<u>Follow Up</u>
1.	<p>Welcome & Confirmation of Attendees</p> <p>Caroline Sinclair, Tom Quinn, Margaret Hopkirk, Simon MacFarlane, Anne McDaid, Raymond Walsh, Derrick Pearce, Susan Frew, Jean Campbell, Brian McGinty, Marie Lowe, Alistair McDonald, Craig Bell, Caroline Smith, Leanne Connell, David Aitken, Allan Robertson</p> <p>Apologies</p> <p>Andrew McCready, Lynn Scott, Mags McCarthy, Claire Carthy,</p>	
2.	<p>Minutes of 8 March 2022</p> <p>Minutes of 8 March accepted as a correct record</p>	
3	<p>Current Situation on COVID-19</p> <p>Derrick gave an update on current position with regard to community transmission looking as it was falling. Although we still needed to be mindful. It was reinforced that although a number of community restrictions would be lifted, this did not apply to Health and Social Care settings, and that it was business as usual until such times as we are advised that there are changes.</p>	
4	<p>Accommodation Update – Bishopbriggs / Milngavie</p> <p>Jean provided update on accommodation being looked at for future development in both the Milngavie and Bishopbriggs areas to support additional clinical space, office accommodation and staff welfare facilities. Jean advised of work underway with both EDC and NHSGGC to review any surplus accommodation available and also to look at the wider facilities available on main thoroughfares that might give patients and service user's greater access. Jean did caution that once we have facilities identified we will then need to undertake appropriate "fit out" to make premises suitable for our purposes including wifi.</p>	
5	<p>Service Review – DN OOHs</p> <p>Derrick gave an overview of the work currently being undertaken to ensure that we are engaging about the Test of Change being undertaken to support OOHs DN services in East Dunbartonshire. The workforce change group is current meeting with Anne McDaid involved. The initial feedback from the Test of Change has been very positive and it is seen as good for East Dunbartonshire residents and has also has a positive impact on Glasgow City who currently provide the service.</p> <p>The formal staff engagement process starts later today and again Anne is involved. More updates at next meeting</p>	

6	<p>Children Services -</p> <p>Raymond Walsh, gave a very positive and upbeat overview of some of the highlights of The National Promise Report (Good Practice Highlights), in particular he highlighted the examples from the report:</p> <p style="padding-left: 40px;">Local Authority provided advice. EDC provided advice on House Project (pg13). Got Modern Apprentice in post - Participation & Development Assistant. Only 3 House projects running in Scotland.</p> <p>Raymond then gave us a quick update on the recent Ferndale Inspection (Residential & Community) which will be published soon:</p> <p>Inspection reported the following rating against the National set criteria:</p> <p>Young Person wellbeing kept grade at 5 which is very good.</p> <p>Peoples Health Benefits – care & support, grade 5,</p> <p>How well is our care & support plan – grade 6.</p> <p>Overall excellent inspection.</p> <p>Raymond also updated on the recently revised Ferndale Rota – This was changed at start to Covid. New Rota been revised. Caroline & Alistair involved. Positive feedback from TU. Hoping to have up & running by June.</p> <p>Caroline Sinclair – Acknowledge the positive Promise report – ED got 2 recognitions of examples of good practice. Caroline asked Raymond to pass on her thanks to staff at Ferndale for excellent results. Craig Bell – also add the forum’s congratulations to the staff.</p> <p>Brian – Rota change is welcome, moving away from 12hr shifts. Full consultation with staff groups.</p>	
7	<p>Workforce Plan 2022-25 update</p> <p>Tom talked through the plan, highlighting recruitment difficulties, meeting coming up with 3rd party agencies. Tom set out the timeframe to comply with Scottish Government request: Aim to bring consolidated plan back to forum and SMT for May meeting. Take to June IJB meeting. Have to have sent draft to Scottish Govt. by July 2022. Final approval at IJB in September 2022</p> <p>National Workforce Planning Guidance 2022-25</p> <p>Tom provided a copy of the guidance provided by Scottish government for information</p> <p>National Health & Social Care Workforce Strategy</p> <p>Tom again provided a copy of the strategy and said that it would be interwoven into the 2022-25 Workforce Plan</p>	
8	<p>National Nursing Day – 12 May 2022</p> <p>Leanne highlighted Nurses Celebrate Florence Nightingale birthday on 12th May. Leanne has asked all teams to provide patient stories, quality given to patients and we will work on the way to present stories.</p> <p>Linking in with both our local Twitter account and our corporate Communications</p> <p>Anne McDaid – offered support from RCN.</p> <p>Craig Bell offered his congratulations in celebrations. And advised that Unison will recognise this date.</p> <p>Craig also updated on work being undertaken to recognize International Workers</p>	

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	Day 28/4/22 – Highlighting: 12 Noon Silence minute silence. 1pm TU reps & Chief Exec lay wreath at Cairn outside Bishopbriggs library	
9	<p>iMatter 2022-23</p> <p>Tom advised that the final preparation work for iMatter 2022-23 is underway with the team profiles being updated. Tom asked that we encourage all managers to return profile to ensure people are in correct teams.</p>	
10	<p>Learning Disability Allander Day Service</p> <p>David Aitken – advised that we hope to be in October/Nov 22. He further offered thanks to Gillian Cameron, Unite who is joining the strategic group meetings.</p>	
11	<p>Staff Wellbeing Plan – 2022-23</p> <p>Tom highlighted the previously circulated plan – idea being that we have all info in one place. Tom asked members to review and advise if anything missing.</p> <p>Staff Wellbeing – Financial Advice and supports</p> <p>Tom advised that we have recently issued a posters with QR codes – Looking at what other advices and support lines can we use. Staff can be protective of their situation and don't normally want to discuss their own issues, so we need find ways of giving them access to support.</p> <p>Staff Wellbeing – Thank You pack (approx. 2000)</p> <p>Tom gave a quick overview on work underway to use Scottish Govt. money – working on bag, few items, travel mug, pen, stressball, cake. Thanks for what they have been doing over the last few years.</p> <p>Will go to commission services too in our area.</p> <p>HWL – Endowment hoping we may get extension to spend money on benches to place around sites.</p>	
12	AOCB	
	<p>Date of Next Meeting:</p> <p>1pm 25 May 2022 – MS Teams</p>	

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 30th JUNE 2022

REPORT REFERENCE: HSCP/300622/17

CONTACT OFFICER: DAVID RADFORD, HEALTH IMPROVEMENT & INEQUALITIES MANAGER, TELEPHONE NUMBER 0141 355 2391

SUBJECT TITLE: PUBLIC, SERVICE USER & CARER (PSUC) UPDATE

1.1 PURPOSE

- 1.2** The report describes the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUC).

2.1 RECOMMENDATIONS

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

- 2.2** It is recommended that the HSCP Board note the progress of the Public, Service User & Carer Representatives Support Group.

**CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.1 BACKGROUND/MAIN ISSUES

- 3.2** The full minute is included in **Appendix 1** and details the actions and progress of the PSUC representative support group (RSG), highlighting their progress.
- 3.3** The PSUC have held two meetings in 2022, the latest meeting took place on the 12 May 2022 and was held in a hybrid model, with members attending in both a 'physical' and 'virtual' capacity on Microsoft Teams.
- 3.4** At the latest PSUC meeting, the members received a presentation from the HSCP's Adults & Community Care Support Worker/SDS Lead, updating the group on the Social Support for Older People Options Appraisal (2022).
- 3.5** The members also received a presentation and update from Fiona McManus (Carers Rep-Board). Fiona attended a patient engagement session on Artificial Intelligence (AI) within Radiology and X-Ray depts. This is in an NHS GGC context.
- 3.6** The PSUC group have created four issues in 2022 of the Covid-19 information sheet (2022). This info sheet provides information on local Covid-19 infection data and signposts local residents to important Covid-19 information. This item has a readership of approximately 500+ (per month) to individuals and organisations across East Dunbartonshire. This is the latest issue of 2022 and number twenty (23) since the start of the pandemic. See **Appendix 2**.
- 3.7** The PSUC group are continuing discussions with East Dunbartonshire Voluntary Action (EDVA), who are the local Third Sector Interface (TSI), on the current Power of Attorney (PoA) workstream. EDVA are offering advice around possible funding opportunities, which could assist East Dunbartonshire residents with future POA applications.
- 3.8** The PSUC group members have also agreed to keep service users 'unmet need' as a key agenda item.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan;-

- 1) Promote positive health and wellbeing, preventing ill-health, and building strong communities
- 2) Enhance the quality of life and supporting independence for people, particularly those with long-term conditions
- 3) Address inequalities and support people to have more choice and control
- 4) People have a positive experience of health and social care services
- 5) Improve support for Carers enabling them to continue in their caring role
- 6) Optimise efficiency, effectiveness and flexibility
- 7) Statutory Duty

The report supports the ongoing commitment to engage with the Service Users and Carers in shaping the delivery of the HSCP priorities as detailed within the Strategic Plan.

- 4.3 Frontline Service to Customers – None.
- 4.4 Workforce (including any significant resource implications) – None.
- 4.5 Legal Implications – None.
- 4.6 Financial Implications – None.
- 4.7 Procurement – None.
- 4.8 ICT – None.
- 4.9 Economic Impact – None.
- 4.10 Sustainability – None.
- 4.11 Equalities Implications – None.
- 4.12 Other – None.

5.1 **MANAGEMENT OF RISK**

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

- 5.2 None.

6.1 **IMPACT**

- 6.2 **STATUTORY DUTY – None.**
- 6.3 **EAST DUNBARTONSHIRE COUNCIL – None.**
- 6.4 **NHS GREATER GLASGOW & CLYDE – None.**
- 6.5 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH – No Direction Required.**

7.1 **POLICY CHECKLIST**

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

8.1 **APPENDICES**

- 8.2 **Appendix 1: Public Service User and Carer Support Group of 12th May 2022.**
- 8.3 **Appendix 2: PSUC (Coronavirus) Covid-19 Info sheet April 2022.**

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Public Service User and Carer Support Group – 12 May 2022

Attending; Karen Albrow, Martin Brickley, Suzanne McGlennan Briggs, Gordon Cox, Susan Griffiths, Linda Hill, Fiona McManus and Michael O'Donnell

Apologies; David Bain, Sandra Docherty, Avril Jamieson, Linda Jolly, Mary Kennedy, Jenny Proctor, Frances Slorance and Michael Rankin

HSCP Staff in attendance; Kelly Gainty, David Radford and Anthony Craig

Action points agreed at meeting:

Action	By who	When	G	A	R
HSCP officer to create a members survey, based on the Equal, Expert and Valued report from the Coalition of Carers (COC). The aim is to improve our involvement, based on the most recent COC report (April 2022)	F McManus A Craig	04/08/2022			
PSUC group have asked that an invitation be extended to Jean Campbell (Chief Finance & Resource Officer) and Vandrew McLean (Corporate Business Manager) to discuss HSCP property and Assets.	A Craig	04/08/2022			
PSUC group have asked that the HSCP officer scope and inform on local programmes relating to income maximising and the impact of financial exclusion on our communities.	A Craig	01/10/2022			
PSUC group to continue conversation with professional bodies and 3 rd sector re registration, costs & funding (PoA).	AC and Carers Rep	Ongoing			
PSUC carer's rep and HSCP officer to further identify local, regional and national examples of good practice in gathering carer's unmet need.	F McManus A Craig	Ongoing (04/08/2022)			
PSUC group have asked that an invitation be extended to interim	D Radford	Ongoing			

Chief Officer to attend a meeting in 2021/22.					
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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 April 2022 to 10 April 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 10 April 2022 show **834*** positive cases, which is a 7 day positive rate of **766.9*** per **100,000** population. This is a decrease compared to the same period last month (14 March 2022) and overall the data for Scotland is also showing a reduction in the spread of the virus.

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](#) (14/04/2022)

(Covid-19) Coronavirus in Scotland

Changes come into force **18 April**: The legal requirement to wear face coverings in most indoor public spaces and on public transport will become guidance rather than a legal requirement from Monday 18th April 2022. It is recommended that members of the public continue to wear a face covering in indoor settings where possible, and particularly when significant numbers of people are present.

The changes to Test and Protect mean that from 18 April:

- most people without symptoms will no longer be asked to take COVID-19 tests.
- free lateral flow devices (LFDs) for the purposes of twice weekly routine testing will no longer be available for the general population (Unless for clinical care, for health and social care workers and for people visiting vulnerable individuals in care homes or hospitals).
- until the end of April, people with symptoms should still isolate and get a PCR test.
- People who have symptoms of COVID-19 will still be able to book PCR tests in the usual way until 30 April. **All COVID-19 advice and guidance** [See all coronavirus advice and guidance](#).

Covid 19: Booster (Dose 4) - Spring rollout begins

Spring booster jabs are being offered to those aged 75 and over and people at highest risk of severe COVID-19 disease.

To protect these groups a spring booster dose will be offered at least 24 weeks after the last vaccine dose to:

- adults aged 75 years and over
- residents in care homes for older adults, and;
- individuals aged 12 years and over who are immunosuppressed.

NHS Scotland will contact you to arrange your appointment at the right time for you.

Please wait to be invited forward.

[Please click HERE for more information.](#)

Coronavirus (COVID-19) in Scotland

COVID-19 is still a public health risk. You can catch it even if you've been vaccinated or had it before.

By continuing to care for ourselves and others, we can help slow down the spread of the virus, enable workplaces to operate safely and reduce pressure on health services.

To help keep yourself and others safe:

- [get the vaccine](#) or the [vaccine booster](#)
- open windows when meeting indoors
- wash your hands regularly, and cover your nose and mouth if coughing or sneezing
- See all [coronavirus advice and guidance](#).

Order rapid LFD tests to your home (Until 18 April 2022, then criteria change, see above)

You can order LFD tests to be sent to [your home](#). If you cannot place an order online, phone 119.

Collect rapid LFD tests from your nearest pharmacy:

- Find your nearest [participating pharmacy](#)

Do not enter a pharmacy if you have coronavirus symptoms. Self-isolate immediately and book a [PCR test instead](#).

A negative lateral flow device (LFD) test does not guarantee that you do not have coronavirus. You must continue to follow protective measures.

Covid Vaccination Programme East Dunbartonshire Update (13 April 2022)

The vaccination programme in East Dunbartonshire is progressing well. We have seen a very high uptake of the vaccines in East Dunbartonshire with 99.6% of all over 40s receiving their 2nd dose and over 100% of the over 75s having received their booster (dose 3) by 13 April 2022.

% of East Dunbartonshire residents 18+ received Dose 2,
97.2%

% of East Dunbartonshire residents 40+ received booster or Dose 3,
95.5%

% of East Dunbartonshire residents 30-39 received booster or Dose 3,
82.4%

% of East Dunbartonshire residents 18-29 received booster or Dose 3,
63.2%

Vaccinations (continued)

Currently East Dunbartonshire has the highest uptake for vaccinations in Scotland, with 82.3% 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 95.5% 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 HSCP Board Agenda Planner
Meetings
January 2022 – March 2023**

Update: 06.06.22

Standing items (every meeting)
Declaration of Interests
Minutes of last meeting (CS)
Chief Officers Report (CS)
Board Agenda Planner (CS)
HSCP Board Agenda Items – 30th June 2022
Older Adults Support Strategy
Update on Property Strategy and Delivery
Directions Log update
HSCP Corporate Risk Register
PCIP Update
Workforce Plan
Q4 Performance Report
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

Annual Performance Report
Annual Clinical & Care Governance Report – Paul Treon
Commissioning Spend
Integrated Children’s Services Plan 2023-26
Equal, Expert and Valued report 2022
HSCP Board Development Seminar – 20th October 2022 (tbc)
Adult Services
Mental Health & Learning Disabilities
HSCP Board Agenda Items – 17th November 2022
CSWO Annual Report 2021 – 2022
Older People’s Social Support Strategy
Carers Strategy 2023-2026
Un Scheduled Commissioning Plan Update
HSCP Board Development Seminar – 22nd December 2022 (tbc)
Children & Families & Criminal Justice
Care & Community Services
HSCP Board Agenda Items – 19th January 2023
Topic Specific Seminar – Frailty Update
HSCP Public Health Strategy
HSCP Board Development Seminar – 16th February 2023 (tbc)
Finance update 2023/24
HSCP Board Agenda Items – 23rd March 2023