For meeting on

20 JANUARY 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 20th January 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; 18th November 2021

Item	Report by	Description		For Noting/ Approval
		STANDING ITEMS		
1.	Chair	Declaration of interests	**Verbal**	**Noting**
2.	Martin Cunningham	Minute of HSCP Board held on 18th November 2021 – to follow	**Paper**	**Approval**
3.	Caroline Sinclair	Chief Officer's Report	**Verbal**	**Noting**
		STRATEGIC ITEMS		
4.	Caroline Sinclair	HSCP Strategic Plan 2022-2025	**Paper**	**Approval**
5.	David Aitken	ADP Annual Report	**Paper**	**Noting**
6.	Derrick Pearce	Primary Care Improvement Plan update	**Paper**	**Noting**

GOVERNANCE ITEMS				
7.	Alan Cairns	HSCP Business Continuity Plan	**Paper**	**Noting**
8.	Alan Cairns	HSCP Quarter 2 Performance Report 2021-22	**Paper**	**Noting**
9.	Jean Campbell	Financial Monitoring Report – Month 8	**Paper**	**Approval**
10.	Linda Tindall	iMatter Annual Update 2021	**Paper**	**Noting**
11.	Paul Treon	Clinical and Care Governance Minutes held on 6th October 2021	**Paper**	**Noting**
12.	Derrick Pearce	Strategic Planning Group Minutes held on 21st October 2021	**Paper**	**Noting**
13.	Tom Quinn	Staff Forum Minutes held on 25th October 2021	**Paper**	**Noting**
14.	Gordon Cox	Public Service User and Carer Group Minutes held on 8th December 2021	**Paper**	**Noting**
15.	Caroline Sinclair	East Dunbartonshire HSCP Board Agenda Planner	**Paper**	**Noting**
16.	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 24th March 2022** All held in the Council Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT or via remote access during COVID Pandemic restriction arrangements	

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Minute of virtual meeting of the Health & Social Care Partnership Board held on **Thursday, 18 November 2021.**

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

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

Non-Voting Members present:

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

Jacquie Forbes (Chair) presiding

Also Present:

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

SEMINAR – HSCP STRATEGIC PLAN 2022-2025

The Planning, Performance & Quality Manager provided a presentation on the HSCP Strategic Plan 2022 - 2025 which supplemented the report on the Board's agenda (Item 4 below refers), followed by questions from the Board.

The Board noted the information and thanked Mr Cairns for an informative presentation.

OPENING REMARKS

The Chair welcomed everyone to the meeting. The Chair led the Board in paying tribute to Provost Alan Brown who had passed away, suddenly at home and intimated the Board's condolences to the Provost's family at this sad time.

APOLOGIES FOR ABSENCE

None

ANY OTHER URGENT BUSINESS

None

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 – 16 SEPTEMBER 2021

There was submitted and approved a minute of the meeting of the Health & Social Care Partnership (HSCP) Board held on 16 September 2021.

3. INTERIM CHIEF OFFICER'S REPORT

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

- The continued response to the ongoing pandemic
- COP26 – commended the planning and preparation which resulted in very little impact on business as usual for service users and employees
- HSCP newsletter – showcasing the range of services and performance excellence across the whole HSCP.

Following questions the Board noted the information.

4. HSCP STRATEGIC PLAN

A Report by the Planning, Performance and Quality Manager, copies of which had previously been circulated, brought forward for approval an outline programme of action in support of the agreed Strategic Priorities and Enablers that would form the framework of the new Strategic Plan 2022-25. Full details were contained within the Report and attached Appendices.

The Board commended the report and following consideration agreed as follows:

a) to note the content of the Report;

b) to approve the outline programme of action at Appendix 1 of the Report, which would be further developed in line with SMART (Specific, Measurable, Achievable, Realistic and Timebound) methodology and included in a substantive draft Strategic Plan 2022-25 for consideration at the January 2022 HSCP Board meeting, ahead of a second phase of public consultation; and

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c) to note the "Plan on a Page" at Appendix 2 of the Report, which would also be further developed for inclusion in the draft Strategic Plan 2022-25.

5. WINTER PLANNING FOR HEALTH AND SOCIAL CARE – NATIONAL FUNDING £300M

A Report by the Head of Community Health & Care Services, copies of which had previously been circulated, updated the Board on a range of measures and new investment being put into place nationally to help sustain health and social care services over the winter period, and to provide longer term improvement in service capacity across health and social care systems. The Report set out what this would mean for East Dunbartonshire HSCP and sought approval to these proposals. Full details were contained within the Report and attached Appendices.

Following discussion during which the Board heard the Head of Community Health & Care Services in response to members' questions, the Board agreed as follows:

a) to note the investment and priorities for funding from Scottish Government over the winter period;

b) to note that a detailed plan was in development, to be brought to a future meeting of the IJB, for East Dunbartonshire to invest the allocated funding to meet the priorities set out in response to the winter pressures as set out from Paragraph 3.8 of the Report onwards;

c) to delegate authority to the Interim Chief Officer and the Chief Finance & Resources Officer to refine and progress the detailed plan as the funding allocations and priorities for investment were confirmed, within the financial framework available; and

d) to approve the proposed pay uplift of 5.47% for workers in Adult Social Care commissioned services as outlined in Paragraph 3.11 of the Report, within the financial envelope available to deliver on this proposal.

6. THIRD SECTOR RESPONSE TO PANDEMIC AND MOVING FORWARD

The Third Sector Representative / Chief Officer, East Dunbartonshire Voluntary Action (EDVA), provided a Report to the Board, copies of which had previously been circulated, informing the IJB members of the results of a recent survey on how third sector organisations in East Dunbartonshire had responded to the Pandemic along with developments going forward. Full details were contained within the Report.

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

7. NHSGGC SPECIALIST CHILDREN'S SERVICES MENTAL HEALTH RECOVERY AND RENEWAL CAMHS FUNDING

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The Interim Head of Children's Services & Criminal Justice provided a Report to the Board, copies of which had previously been circulated, which updated the Integration Joint Board on proposals for the planned use of the first and second tranche of the new Scottish Government Mental Health Recovery and Renewal Fund 2021/22 and 2022/23, specifically in relation to Specialist Children's Services (SCS) and Child and Adolescent Mental Health Services (CAMHS). Full details were contained within the Report and attached Appendices.

Following questions and further discussion, the Board agreed as follows:-

a) to note the priorities and funding made available by the Scottish Government for Phase 1 and Phase 2 Mental Health Recovery & Renewal priorities for CAMHS;

b) to approved a centralised whole GGC approach to increasing the workforce, undertaken in the initial stages, the approach similar to that which was used for Action 15 monies in Adult Mental Health with budget delegated thereafter. Recruitment decisions would follow governance arrangements within each IJB;

c) to approve the proposed spending priorities identified for Phase 1 funding as outlined in Appendix 2 of the Report for Glasgow City as part of the wider plan;

d) to approve the allocation of East Dunbartonshire funding (£509,312 for Phase 1 as set out in Paragraph 3.6 of the Report) to Glasgow City HSCP to progress the recruitment of staff to Tier 3 CAMHs services for the purposes intended for the funding; and

e) to note that funding proposals for Phase 2 funding would be the subject of a future report.

8. DRUG RELATED DEATHS – EAST DUNBARTONSHIRE 2020

A Report by the Interim Head of Adult Services, copies of which had previously been circulated, provided a summary of drug related deaths (DRD's) in East Dunbartonshire for the year 2020, including additional analysis broken down by age, sex, substances implicated in death and location. Additional information at a national and Greater Glasgow and Clyde board wide level would also be utilised in the Report where appropriate.

Information contained in the Report had been prepared from the 'Drug-related deaths in Scotland in 2020' report and associated papers which could be accessed utilising the link within the Agenda. Full details were contained within the Report.

Following discussion, the Board commended the work of officer in this field and in particular the service alterations made to accommodate the pandemic and thereafter noted the contents of the Report.

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9. NATIONAL CARE SERVICE CONSULTATION – EDHSCP IJB RESPONSE

A Report by the Interim Chief Officer, copies of which had previously been circulated, enabled Members to formally ratify the East Dunbartonshire Integration Joint Board's response to the National Care Service – Consultation. Full details were contained within the Report and the Draft Response was contained within Appendix 1.

Following consideration, the Board considered and approved the content of the Report and attached Response.

10. CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2020 - 21

A Report by the Interim Chief Officer, copies of which had previously been circulated, presented the Chief Social Work Officer's (CSWO) Annual Report for the period 2020 – 2021. Full details were contained within the Report and Appendix.

Following consideration and questions to officers, the Board noted the content of the Report.

11. FINANCIAL MONITORING REPORT – MONTH 6

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, updated the Board on the financial performance of the partnership as at month 6 of 2021/22. Full details were contained within the Report and attached Appendices.

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

a) to note the projected Out turn position was reporting a year end under spend of £1.9m as at month 6 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.

12. WORKFORCE PLAN 2022 -2025

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A Report by the Head of Human Resources, copies of which had previously been circulated, provided re-assurance to the Board that work was progressing to ensure that the HSCP could submit a Workforce Plan for 2022-25 on time to Scottish Government. Full details were contained within the Report and Appendices 1 and 2.

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

13. STAFF WELLBEING PLAN 2021-22

A Report by the Head of Human Resources, copies of which had previously been circulated, provided re-assurance to the Board that work was on-going to support and promote a positive wellbeing culture within East Dunbartonshire HSCP. Full details were contained within the Report and Appendix 1 – Letter 'Additional Funding for Primary Care and Social Care Workforce Wellbeing – Winter Pressures'

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

14 CORPORATE RISK REGISTER

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, provided the Board with an update on the Corporate Risks and how they were mitigated and managed within the HSCP. Full details were contained within the Report and appended was a copy of the Corporate Risk Register (Appendix 1).

Following consideration, the Board approved the Corporate Risk Register.

15 DRAFT PERFORMANCE AUDIT AND RISK MINUTES HELD ON 28 OCTOBER 2021

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, updated the Board on the HSCP Performance, Audit and Risk Committee meeting held on 28 October 2021. A copy of the Minute was appended.

Following consideration, the Board noted the contents of the minute of the HSCP Performance, Audit and Risk Committee meeting held on 28 October 2021.

16. CLINICAL AND CARE GOVERNANCE GROUP MEETING HELD ON 11 AUGUST 2021

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A Report by the Clinical Director, copies of which had previously been circulated, enclosed the minutes of the Clinical & Care Governance Group meeting held on 11 October 2021.

Following consideration, the Board noted the minutes.

17. HSCP STRATEGIC PLANNING GROUP MINUTES HELD OF 19 AUGUST 2021

A Report by the Head of Community Health and Care Services, copies of which had previously been circulated, enclosed the minutes of the HSCP Strategic Planning Group held on 19 August 2021.

Following consideration, the Board noted the improvement in the transparency of the minutes and governance arrangements and thereafter noted the contents of the HSCP Strategic Planning Group held on 19 August 2021.

18. STAFF PARTNERSHIP FORUM MINUTES HELD OF 13 SEPTEMBER 2021

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

Following consideration, the Board noted the contents of the Staff Forum meeting minute of 13 September 2021

19. PUBLIC SERVICE USER & CARER (PSUC) MINUTES HELD ON 7 OCTOBER 2021

A Report by the Health Improvement & Inequalities Manager, copies of which had previously been circulated, outlined the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUC). Full details were contained within the Report and Appendix 1: Public Service User and Carer Support Group of 7 October 2021; Appendix 2: PSUC Newsletter September 2021; and Appendix 3: PSUC Power of Attorney leaflet September 2021

The Service User Group representative highlighted various aspects of their work including the development of a Power of Attorney information leaflet. Following consideration, the Board commended the work of the Group and acknowledged their recent award as Volunteer of the Year and thereafter noted the report.

20. EAST DUNBARTONSHIRE HSCP BOARD AGENDA PLANNER

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

21. ANY OTHER COMPETENT BUSINESS

None.

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22. DATE OF NEXT MEETING

The HSCP Board noted the next scheduled meeting for 2020/21 was as follows:

- Thursday, 20th January 2022 at 9.30 am.

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

Interim Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 4.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**20 JANUARY 2022**
REPORT REFERENCE:	**HSCP/200122/04**
CONTACT OFFICER:	**ALAN CAIRNS / ALISON WILLACY (J/S) PLANNING, PERFORMANCE AND QUALITY MANAGER**
SUBJECT TITLE:	**HSCP STRATEGIC PLAN 2022 - 2025**

1.1 PURPOSE

1.2 The purpose of this report is to bring forward for approval a draft HSCP Strategic Plan 2022-25 for statutory consultation.

2.1 RECOMMENDATIONS

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

2.2 Note the content of this report;

2.3 Approve the draft HSCP Strategic Plan 2022-25 at **Appendix 1** for the purposes of partnership and stakeholder consultation during January to March 2022;

2.4 Note the impact assessments set out at **Appendices 2-4,** in support of the draft Strategic Plan 2022-25; and

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

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.1 **BACKGROUND/MAIN ISSUES**

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

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

3.4 At its meeting on 18 November 2021, the HSCP Board considered and approved a programme of action in pursuance of these strategic priorities and enablers. A topic-specific seminar was convened at the HSCP Board meeting of 18 November, in support of this report. The staged approach to bring forward for approval the priorities and then the supporting programme of action was consistent with the iterative approach to the development of the new Strategic Plan that seeks to engage the HSCP Board members and wider stakeholder at each significant stage in its development.

3.5 In line with the timescales for the preparation of a new HSCP Strategic Plan 2022-25, there is a requirement for a second period of consultation, this time on a substantive draft plan. A draft HSCP Strategic Plan 2022-25 has therefore been prepared for HSCP Board's approval to use for these consultative purposes and is attached at **Appendix 1**. This document builds around the framework of priorities and actions that are already agreed. It is intended that this second period of consultation will follow the same process used during the first period of consultation and as described in the Communication and Engagement Plan that was approved by the HSCP Board at its meeting on 24 June 2021. It is proposed that this second period of consultation will commence on 21 January 2022 and conclude on 4 March 2022, which will deliver a total of over 15 weeks of consultation in support of the plan's development over both engagement periods.

3.6 At the conclusion of the second period of consultation, a final version of the Strategic Plan 2022-25 will be considered for approval by the HSCP Board at its meeting on 24 March. If approved, the document will then be prepared for design and final publication, ensuring compliance with accessibility standards.

3.7 In support of its preparation, the draft HSCP Strategic Plan 2022-25 has undergone formal impact assessment in areas of environment, equality and the Fairer Scotland Duty. These impact assessments are set out for information at **Appendices 2-4.**

4.1 **IMPLICATIONS**

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan;-

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

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

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

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

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

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

4.7 Procurement – None.

4.8 ICT – None.

4.9 Corporate Assets – None.

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

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

4.12 Other – None.

5.1 MANAGEMENT OF RISK

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

5.2 None at this stage. A suite of impact assessments has been undertaken to support the development of the HSCP Strategic Plan as part of the drafting process.

6.1 IMPACT

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

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

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

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

7.1 POLICY CHECKLIST

7.2 This Report has been assessed against the Policy Development Checklist and as it is a new policy has been subject to full impact assessment, with the assessment reports provided at **Appendices 2-4**, for information and consideration.

8.1 APPENDICES

8.2 Appendix 1: HSCP Strategic Plan 2022-25: Consultative draft

8.3 Appendix 2: Strategic Environmental Impact Screening Assessment

8.4 Appendix 3: Equality Impact Assessment

8.5 Appendix 4: Fairer Scotland Duty Assessment Report

Strategic Plan: 2022-25

Consultation Draft

Caring Together to Make a Difference

Please note: As a draft document, the focus is on content at this stage. Once the content is agreed, the document will be converted into a version that is more visually appealing, maximising the use of infographics and ensuring accessibility standards are met.

Version: 05.01.22

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Consultation: Your Views

Health and Social Care Partnerships (HSCPs) were introduced in 2015 to bring together a range of community health and social care services. The idea behind creating HSCPs was to integrate services much more closely, delivering a single plan that sets out how to meet a set of national outcomes in a way that best meets local needs. The "single plan" is called the HSCP Strategic Plan, which HSCP Boards develop to describe out how they will plan and deliver services for their area, using the integrated budgets under their control.

East Dunbartonshire HSCP has produced two previous Strategic Plans, since it was created. A new Strategic Plan is now needed for the three year period 2022 to 2025.

HSCP Boards are collaborative at heart; they include membership from Local Authorities and Health Boards, plus representatives of service users, informal carers, professionals and clinicians, trade unions and third and independent sector service providers. When preparing its Strategic Plan, an HSCP Board must ensure that all of these partners, stakeholders and the general public are fully engaged in the process.

The process of consultation has followed three distinct stages. The approach we have taken was in part influenced by the public health constraints of the pandemic:

Stage 1

Obtaining views on the effectiveness of the previous Strategic Plan 2018-21 (This was carried out in November to December 2020);

Stage 2

Obtaining views on what the main challenges are for health and social care over the next three years that should inform our themes for development and improvement (We did this during July to August 2021). As a result of this we were able to agree a set of strategic priorities, enablers and supporting actions with the Health and Social Care Board, for the new Strategic Plan. This has provided the framework for the new plan.

More information on the outcomes from these consultation processes is provided in Annex 2 of this document (page 48)

Stage 3

With the benefit of the views of partners and stakeholders during stages 1 and 2, we have now produced a draft Strategic Plan. We are now welcoming views on this document. Please do take the time to read over this document, and share your views. We will be engaging with all of the HSCP's representative groups and the Third Sector to facilitate discussion and comment. You are also welcome to send your comments direct to: alan.cairns2@ggc.scot.nhs.uk

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

This consultation period will run until 4 March 2022.

Strategic Plan on a Page

The illustration below provides an overview of the Strategic Plan 2022-25. It shows the relationship between the strategic priorities and enablers and the actions that will be taken forward in support of these. It also illustrates that more detailed plans will take forward the specific changes and frames the overall plan within the HSCP's vision and values.

EAST DUNBARTONSHIRE HSCP STRATEGIC PLAN ON A PAGE

OUR VISION
Caring Together To Make A Difference

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

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

Workforce and Organisational Development	Medium Term Financial and Strategic Planning	Collaborative Commissioning	Infrastructure and Technology	HSCP Strategic Enablers
Supporting the wellbeing of the health and social care workforce	Maximising available resources	Co-designing solutions with the third and independent sectors	Modernising health and social care facilities	Commitments in support of the Strategic Enablers
Equipping the workforce and workplace during and after the pandemic	Balancing investment and disinvestment	Supporting primary care improvement	Maximising the potential of digital solutions	
Implementing a skills framework for supporting children's mental health and wellbeing	Delivering financial sustainability	Redesigning the Public Dental Service		
HSCP Improvement Plans	Wider Partnership Improvement Plans	Council & Health Board Improvement Plans	Hosted Services Improvement Plans	The "Engine Room": work that will deliver the changes

Introduction

Health & Social Care Partnerships: Some Background

The East Dunbartonshire Health and Social Care Partnership (HSCP) was established in 2015 following Scottish Government legislation to integrate health and social care services. The work of the Partnership is governed by the 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. An illustration of these governance arrangements is set out at **Annex 1**.

The 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. A full list of the health and social care services and functions delegated to the HSCP Board is set out in the Integration Scheme[1] which includes:

Services and Functions Delegated to the HSCP Board	
Home care services	Child protection
Community mental health services	Looked after children
Criminal justice	Care and support for children with disabilities
Carer support services	Care and support for adults with physical and learning disabilities
Adult support and protection	Youth justice
Alcohol and drug services	Primary care services
Allied Health Professions (community)	General Practices (GPs)
Occupational Therapy	Community pharmacists
Physiotherapy	Optometry services
Podiatry	Dental services
Speech and Language	Minor injury units

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

Dietetics	Public health services
Aids and adaptations for homes	Health visitors
Supported accommodation	School nurses
Public Health improvement services	Vaccination programmes
Telecare	Pharmacotherapy services

The HSCP Strategic Plan

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

The Health and Wellbeing Outcomes
People are able to look after and improve their own health and wellbeing and live in good health for longer.
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
People who use health and social care services have positive experiences of those services, and have their dignity respected.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
Health and social care services contribute to reducing health inequalities.
People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
People who use health and social care services are safe from harm.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
Resources are used effectively and efficiently in the provision of health and social care services.

The Integration Delivery Principles
That the main purpose of services is to improve the wellbeing of service-users
That those services should be provided in a way which:
• Is integrated from the point of view of service-users,
• Takes account of the particular needs of different service-users,
• Takes account of the particular needs of service-users in different parts of the area in which the service is being provided,
• Takes account of the particular characteristics and circumstances of different service-users,

• Respects the rights of service-users,
• Takes account of the dignity of service-users,
• Takes account of the participation by service-users in the community in which service-users live,
• Protects and improves the safety of service-users,
• Improves the quality of the service,
• Is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care),
• Best anticipates needs and prevents them arising, and
• Makes the best use of the available facilities, people and other resources.

The Overall Direction of the HSCP Strategic Plan 2022-25

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

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

However, it is important to acknowledge that the landscape of health and social care has changed markedly in the few short years since the last plan was published. Our aspirations to improve and develop services in our 2018-21 Strategic Plan was affected significantly by financial pressures felt by the HSCP Board's main funding bodies; the Health Board and Council. This was compounded by increasing demand pressures and complexity being faced by services. The impact of the Covid-19 pandemic has been substantial and may be felt over the full period of this new Strategic Plan. For these reasons, this Strategic Plan has aspirations based on the realities of the pressures being faced in the health and social care sectors and building towards a fair, equitable, sustainable, modern and efficient approach to service delivery. Some of these areas of redesign with take longer than the three years of this Strategic Plan to deliver. Unless new resource streams are forthcoming, investment in one area means greater efficiency or disinvestment in another. 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.

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 population, with an increase in people living longer with multiple conditions and complex needs who require health and social care services. This rise in demand is expected to increase pressure on financial resources, rendering current models of service delivery unsustainable. We have shaped this plan to move in a strategic direction that is responsive and flexible for the future.

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

Annual Delivery Planning and Performance Review

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

Health and Wellbeing of our Population

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

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

Population Projections (2018 based)

By 2028:

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

Life Expectancy

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

Ethnicity

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

Household Composition

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

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

Average Weekly Earnings

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

Children in Families with Limited Resources

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

Crime/Community Safety

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

Health (2011 Census)

General Health

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

Limiting Illness or Disability

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

Teenage Pregnancies

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

Provision of Unpaid Care (2011 Census)

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

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

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

Deprivation

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

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

Population Health

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

Health & Well-being of Children and Young People Survey

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

Child and Adolescent Mental Health

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

Pregnancy

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

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

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

Long Term Conditions

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

Hospital Activity

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

Deaths

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

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

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

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

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

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

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

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

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

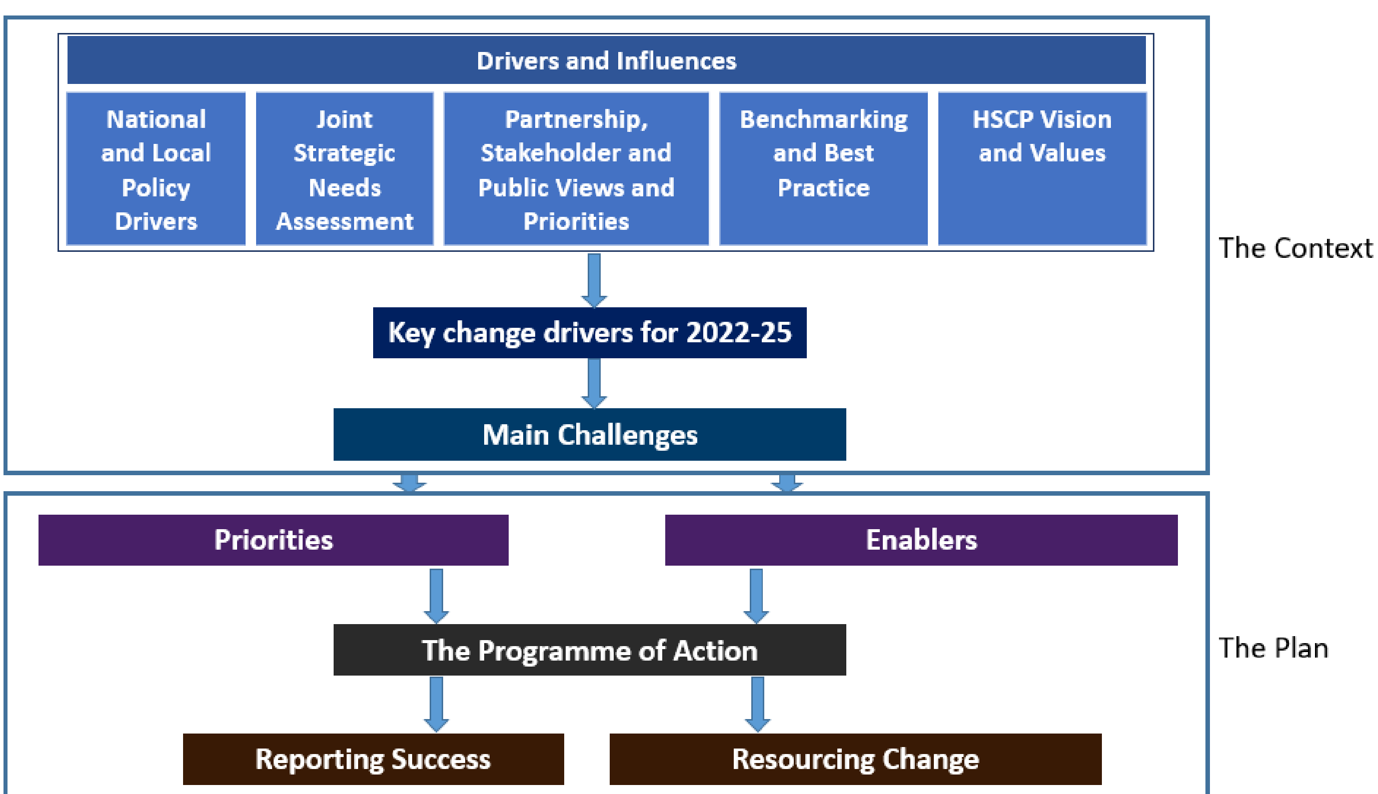
The Context for Change

Drivers for Change

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

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

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



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

National and Local Policy Drivers

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

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

Key Policy Drivers: Local	
The East Dunbartonshire Local Outcome Improvement Plan (2017-27)	NHSGG&C and East Dunbartonshire Council Covid-19 Recovery and Remobilisation Plans
NHSGG&C Health and Social Care Strategy: Moving Forward Together (July 2019)	NHSGG&C Board-wide strategies: Mental Health, Learning Disability, Unscheduled Care, Health Visiting, School Nursing, District Nursing, Rehabilitation.
Turning the Tide through Prevention: NHSGG&C Public Health Strategy 2018-2	Five Year Strategy for Adult Mental Health Services in Greater Glasgow and Clyde 2018-2023

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

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

Consultation and Engagement with Partners, Stakeholder and the Public

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

Benchmarking and Best Practice

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

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

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

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

HSCP Vision and Values

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

The Main Challenges

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

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

Meeting These Challenges

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

Our Strategic Priorities and Enablers

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

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

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

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

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

Taking Forward These Strategic Priorities and Enablers

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

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

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

Our Programme of Action

This section focuses in more detail on what we intend to take forward in pursuit of our Strategic Priorities and Enablers, over the three years of this plan (2022-2025). Some of these actions will be focused on **improving** what we already do, whereas other actions will be more transformative in nature and will contribute to longer term **service redesign**.

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

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

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

	Developing integrated quality management arrangements	Further develop robust, quality-driven clinical and care governance arrangements that reflect the National Health and Social Care Standards and the Partnership's Quality Management Framework (**Improvement).**
Strategic Enabler	**Action**	**Objectives for 2022-25**
Workforce and Organisational Development	Supporting the wellbeing of the health and social care workforce	Respond to the pressures across all staff, independent contractors, commissioned services, partners and stakeholders due to the impact of the pandemic, with wellbeing support prioritised **(Redesign)**.
	Equipping the workforce and workplace during and after the pandemic	Ensure that the workforce and the workplace is prepared and equipped to respond to the impact of the pandemic **(Redesign)**.
	Redesigning the Public Dental Service to support the new delivery model	Redesign the Public Dental Service to enable the service to proceed to implement a new service delivery model **(Redesign)**.
	Implementing a skills framework for supporting children's mental health and wellbeing	Support the improvement of children's mental health and wellbeing, by implementing a national workforce knowledge and skills framework **(Improvement)**.
Medium term Financial and Strategic Planning	Maximising available resources	Maximise available resources through efficiency, collaboration and integrated working **(Improvement)**.
	Balancing investment and disinvestment	Balance investment and disinvestment to deliver HSCP priorities within the medium term financial plan **(Improvement)**.
	Delivering financial sustainability	Ensure longer term sustainability of services within available resources **(Redesign)**
Collaborative Commissioning	Co-designing solutions with the third and independent sectors	Build collaborative commissioning through the development of a new Commissioning Strategy that focuses on improved efficiency, co-designed and co-produced solutions and better outcomes in collaboration with third and independent sector providers **(Redesign)**.
	Supporting primary care improvement	Support primary care improvement and multi-disciplinary working through development in line with the new General Medical Services Contract Memorandum of Understanding **(Improvement)**.

Infrastructure and Technology	Modernising health and social care facilities	Progress towards the development of appropriate, modern facilities that enable co-location of team members and services as well as alignment with GP Practices **(Redesign)**.
	Maximising the potential of digital solutions	The delivery of a comprehensive Digital Health and Social Care Action Plan that maximises the potential of digital solutions, whilst ensuring equality of access for everyone **(Redesign)**.

Redesign and Transformation: The Principles

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

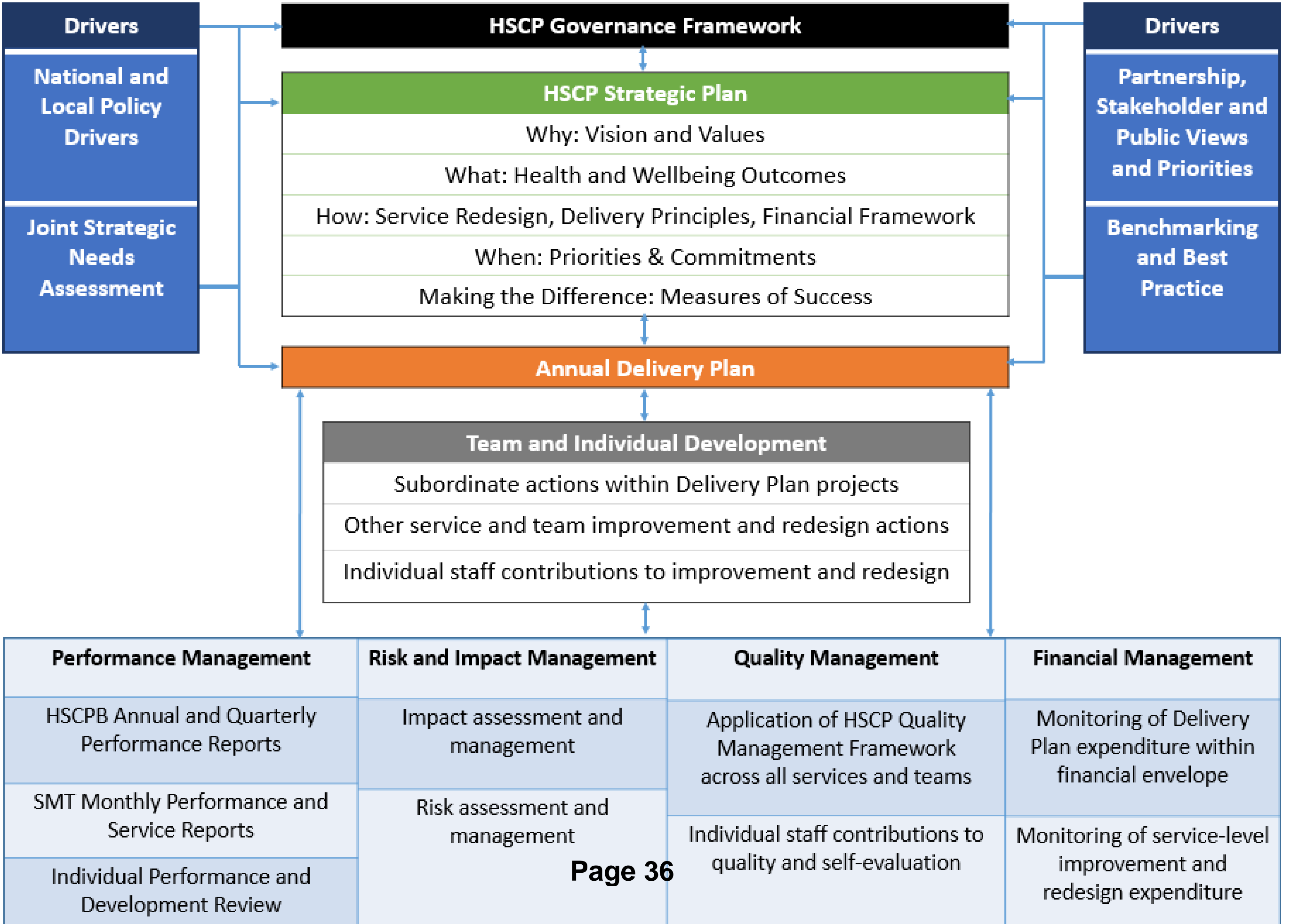
The idea behind service redesign and transformation is a recognition that a combination of greater demand for services, increasing levels of complexity and financial pressures means that the current ways of designing and delivering some services may need to fundamentally change. The objective of service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

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

Organisational Alignment: "The Golden Thread"

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

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



Working Together

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

Community Planning

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

Local Outcome 1:	East Dunbartonshire has a sustainable and resilient economy with busy town and village centres, a growing business base, and is an attractive place for visitors and investors.
Local Outcome 2:	Our people are equipped with knowledge and skills for learning, life and work.
Local Outcome 3:	Our children and young people are safe, healthy and ready to learn.
Local Outcome 4:	East Dunbartonshire is a safe place in which to live, work and visit.
Local Outcome 5:	Our people experience good physical and mental health and wellbeing with access to a quality built and natural environment in which to lead healthier and more active lifestyles.
Local Outcome 6:	Our older population and more vulnerable citizens are supported to maintain their independence and enjoy a high quality of life, and they, their families and carers benefit from effective care and support services.

Central to the HSCP's contribution to community planning is how it can support a locality-based approach. Community planning within localities (previously called "Place" planning) allows community planning partners to look at outcomes in the context of smaller communities and to plan how we will work with each other and with local people in these areas. In 2011 a locality approach to delivering services began in Harestanes & Hillhead and has since been extended to Auchinairn, Lennoxtown and Twechar. Using a locality approach means encouraging greater communication between services and with residents of a particular locality to devise solutions to reduce disadvantage in their area. This puts the people, who are local to that area, central to the service planning.

Moving Forward Together

NHS Greater Glasgow and Clyde's strategy Moving Forward Together (MFT) describes a tiered model of services where people receive care as near home as possible, travelling to specialist centres only when expertise in specific areas is required. MFT promotes greater use of digital technology and maximising the utilisation of all resources, with a drive to ensure all practitioners are working to the top of their professional abilities. It recommends supported self-care and better links between primary and secondary care. The key elements on which the Moving Forward Together Programme has been based are:

Aligned to the national strategic direction
Consistent with the West of Scotland Programme
Reflect a whole system programme across health and social care
Use the knowledge and experience of our wide network of expert service delivery and management teams
Involve our service users, patients and carers from the outset
Engage with, and listen to, our staff and working in partnership
Embrace new technology and the opportunities of eHealth
Affordable and sustainable.

HSCP Locality Planning

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

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

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

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

Climate Action

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

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

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

Strategic Priority	Action	Reducing Climate Impact
Empowering Communities	Building local integrated teams	Reducing travelling costs for staff, by operating within practice localities.
	Modernising day services	Providing support within existing community assets, so reducing scale of building-based services with associated environmental impact.
Strategic Enabler	**Action**	**Reducing Climate Impact**
Workforce and Organisational Development	Supporting the wellbeing of the health and social care workforce	Promoting flexible working practices, including home working that can positively reduce greenhouse gas emissions and building-based space requirements.

Infrastructure and Technology	Modernising health and social care facilities	Developing local, integrated health and social care facilities, fewer in number and operating to higher efficiency standards.
	Maximising the potential of digital solutions	Increasing the availability of online, digital and virtual solutions to accessing health and social care advice and support, for people who would benefit from these options. These approaches reduce the need for travelling to building-based centres.

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

Reducing Inequalities

Central to the objectives of the HSCP Strategic Plan 2022-25 is to pursue improvement activity that contributes to reducing inequality and inequity of health and social care outcomes, for the population of East Dunbartonshire. In addition to this being a dedicated action area in support of the Empowering People priority, the plan itself has been fully Equality Impact Assessed in line with the requirements of the Equality Act 2010. The Strategic Plan has also been assessed in support of the Fairer Scotland Duty which requires public bodies to actively consider how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

The Housing Dimension

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

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

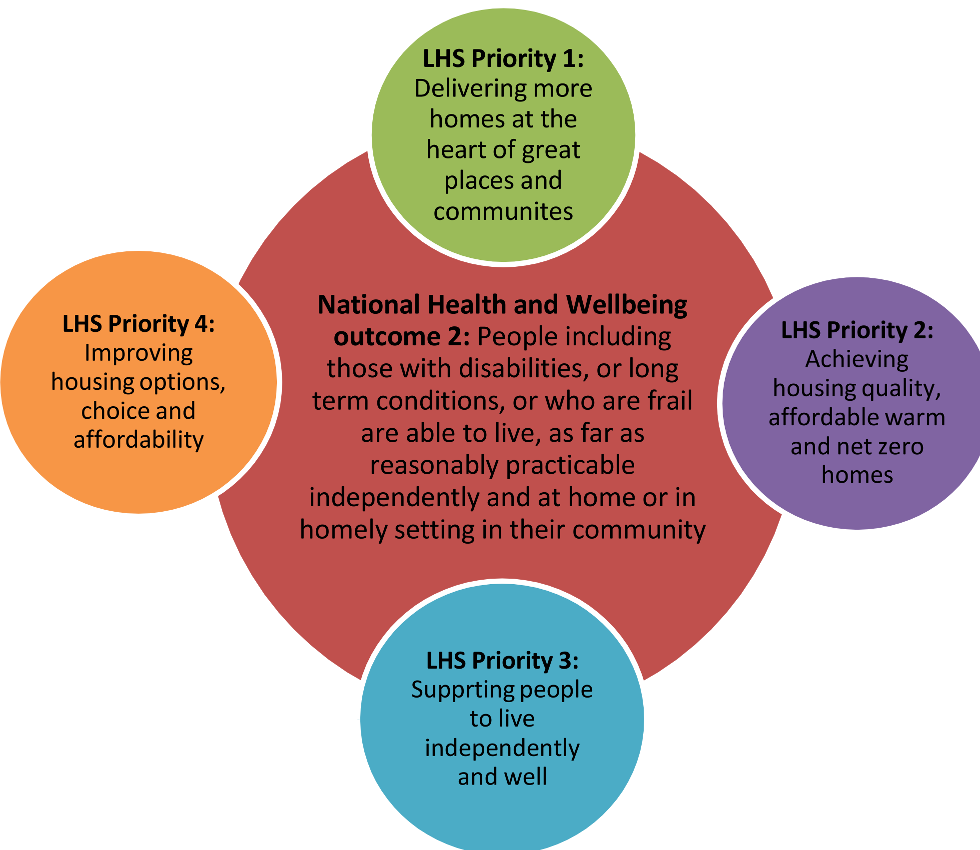
Key Housing Policy Drivers	
Housing (Scotland) Act 1987	Housing to 2040
Homelessness etc. (Scotland) Act 2003	Housing (Scotland) Act 2010
Housing (Scotland) Act 2001	Scottish Housing Regulator
Anti-social Behaviour etc. (Scotland) Act 2004	Housing (Scotland) Act 2014
Housing (Scotland) Act 2006	Local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

Local Housing Strategy (LHS)

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

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

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



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

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

<u>East Dunbartonshire Council Housing Supply Targets – Local Development Plan (LDP)</u>

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

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

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

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

- Replacement windows
- Kitchens
- Bathrooms
- Roof replacement
- MR Rendering
- Cavity insulation
- Electrical rewire programme

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

LHS Priority 3: Supporting people to live independently and well

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

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

LHS Priority 4: Improving housing options, choice and availability

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

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

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

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

The Financial Plan

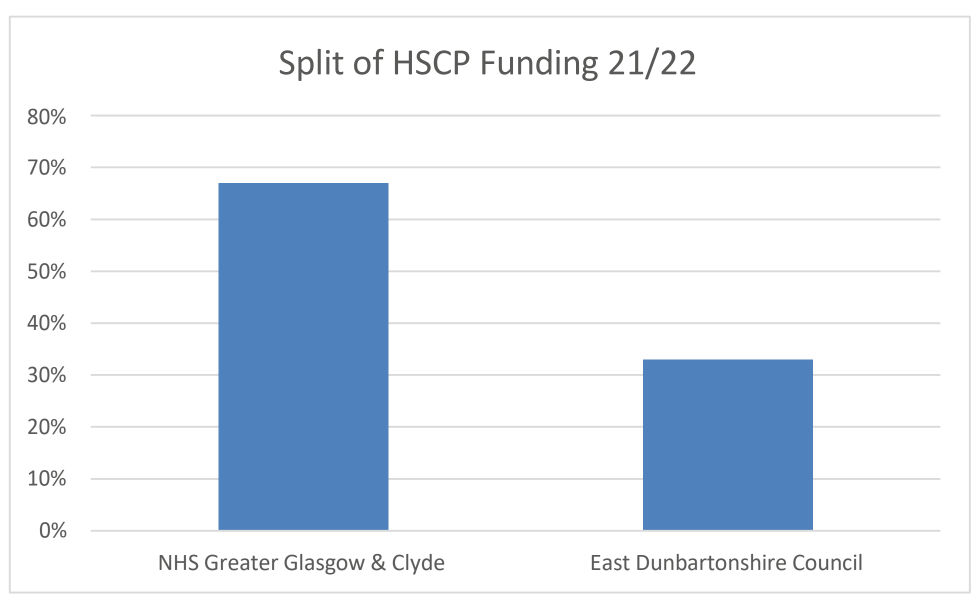
Financial Context

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

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

East Dunbartonshire HSCP has been delivering a range of health and care services to our service users, patients and carers since September 2015 and has a recurring budget of £176.8m within which to deliver these services. This includes an amount of £33.7m related to set aside for the delivery of prescribed acute functions.

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



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

will see significant investment across a range of areas including the development of a National Care Services on an equal footing to the National Health Service, expansion of support for lower-level needs and preventive community support, increasing support to unpaid carers and sums paid for free personal care.
The HSCP has particular demographic challenges related to a growing elderly population particularly in older old age. In the 10 years from 2016-2026, the East Dunbartonshire 85+ population is projected to continue to rise faster than any other HSCP area (by 52%). Looking ahead to 2041, the 85+ population will continue to rise faster than all HSCP areas (153%), with the exception of West Lothian.

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

The Financial Challenge

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

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

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

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

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.

HSCP Reserves

The partnership holds a general reserve of £1.9m which provides some resilience to manage in year demands and cost pressures. In line with the HSCP Reserves policy, a prudent level of reserves for a partnership with the scale and complexity attached to the budgets held by the HSCP would be 2% of net expenditure. This would equate to £3.2m (excluding Set Aside) which falls short of the actual reserves held by the HSCP. There is a reliance on a challenging programme of transformation across health and social care services which given the complexity and timescales to deliver service redesign experiences a level of slippage during each year.

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

SUMMARY

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

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

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

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

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

Service Commissioning & Market Facilitation

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

Commissioning Model

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

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

Ethical Commissioning

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

Collaborative Commissioning

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

Collaborative commissioning essentially requires a paradigm shift from the traditional commissioner / provider role to one of a more joined up, integrated approach. The key aim of collaborative commissioning is to achieve better outcomes for people using services

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

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

Commissioning Delivery Plan

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

Market Facilitation

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

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

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

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

Market Position

The commissioned market reflects a diverse range of providers including: third / voluntary, independent and private sectors, augmented by the HSCP's in-house provision. This is collectively known as a "mixed economy" market. Many providers particularly across the

third and voluntary sector typically fall into the Small to Medium Enterprise (SME's) category, whilst those across other sectors (including Care at Home and Care Homes), often due to their sheer size, volume of business and national status, are typically categorised as Large Enterprises (LE's).

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

Commissioned Spend

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

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

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

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

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

- Embrace collaborative commissioning approaches
- Flex business / service delivery models to meet current and future needs
- Adopt as a minimum ethical / fair work practice requirements

- Actively engage and participate in "Test of Changes" to support service transformation
- Innovate service delivery models using digital solution/ platforms
- Identify alternative funding streams to support long term growth and sustainability

Market Forces

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

Provider Engagement Framework

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

Performance Management Framework

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

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

Commissioning Support

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

Measuring Success: Performance, Standards and Quality

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

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

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

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

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

So, the HSCP will measure success in a number of ways. This is already the case, with quarterly performance reports to the HSCP Board and fuller Annual Performance Reviews, with financial planning updates and regular progress reports on delivery of each Annual

Delivery Plan. We will continue to develop more refined ways of measuring success, based on the following key areas, supported by the East Dunbartonshire HSCP Quality Management Framework and in pursuit of the National Health and Social Care Standards:

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

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

Annual Delivery Plan Reporting
Agreement of an Annual Delivery Plan for each year of the Strategic Plan that will draw down specific actions and deliverables for the year, in support of the Strategic Priorities and Enablers.
Preparation of subordinate, more detailed action plans where necessary, to ensure that a SMART-based approach to project management is undertaken.
Quarterly reporting to the HSCP Board on the progress of the Annual Delivery Plan.
Yearly reporting of progress in the Annual Performance Review
Financial and Budget Reporting
Agreement of an annual budget, based on the cost of continuation of current services adjusted for changed costs and obligations, plus development and redesign distributions in support of each Annual Delivery Plan
Quarterly reporting to the HSCP Board on the progress of the annual budget
Performance Reporting
Quarterly and annual performance reporting across a wide range of measures, indicators and targets that measure performance of services and impact of changes consequent to improvement and redesign undertaken through Annual Delivery Plans. These include:
Integration Core Indicators
Percentage of adults able to look after their health very well or quite well (National Outcome 1)
Percentage of adults supported at home who agree that they are supported to live as independently as possible (National Outcome 2)
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (National Outcome 2, 3)
Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated (National Outcome 3, 9)
Total percentage of adults receiving any care or support who rated it as excellent or good

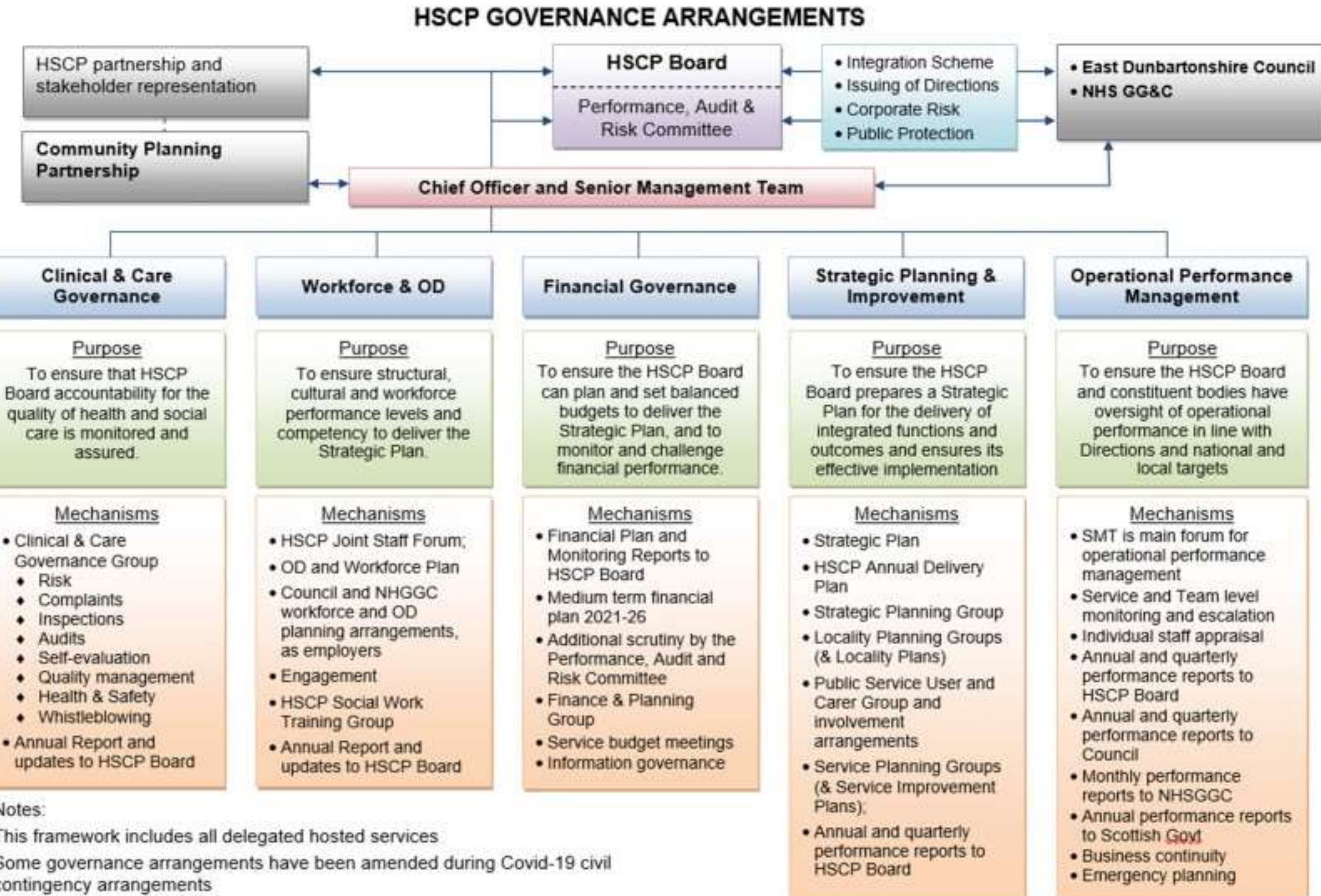
(National Outcome 3)
Percentage of people with positive experience of the care provided by their GP Practice (National Outcome 3)
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life (National Outcome 4)
Total combined percentage of carers who feel supported to continue in their caring role (National Outcome 6)
Percentage of adults supported at home who agreed they felt safe (National Outcome 7)
Premature mortality rate for people aged under 75yrs per 100,000 persons (National Outcome 1,5)
Emergency admission rate (per 100,000 population) (National Outcome 1,2,4,5)
Emergency bed day rate (per 100,000 population) (National Outcome 2,4,7)
Readmission to hospital within 28 days (per 1,000 population) (National Outcome 2,4,7,9)
Proportion of last 6 months of life spent at home or in a community setting (National Outcome 2,3,9)
Falls rate per 1,000 population aged 65+ (National Outcome 2,4,7,9)
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (National Outcome 3,4,7)
Percentage of adults with intensive care needs receiving care at home (National Outcome 2)
Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population) (National Outcome 2,3,4,9)
Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency (National Outcome 2,4,7,9)
Ministerial Strategic Group – Performance Measures
Unplanned admissions – rate per 1000 population (National Outcomes 1,2,3,4)
Unplanned bed days - rate per 1000 population (National Outcomes 2,4,7)
A&E attendances - rate per 1000 population (National Outcomes 1,2,9)
Admissions from A&E – rate per 1000 population (National Outcomes 1,2,3,4)
Delayed discharge bed days - rate per 1000 population (National Outcomes 2,3,4,9)
Last 6 months of life spent at home or in a community setting - rate per 1000 population (National Outcomes 2,3,9)
Balance of Care (% of population in community or institutional settings) - rate per 1000 population (National Outcomes 2,4,9)
Local Social Work and Social Care Standards
Percentage of child care Integrated Comprehensive Assessments (ICA) for Scottish Children's Reporter Administration (SCRA) completed within target timescales (20 days), as per national target
Percentage of Initial Child Protection Case Conferences taking place within 21 days from receipt of referral

Percentage of first Child Protection review case conferences taking place within 3 months of registration
Balance of Care for looked after children: % of children being looked after in the Community
Percentage of first Looked After & Accommodated reviews taking place within 4 weeks of the child being accommodated
No. of Homecare Hours per 1,000 population 65+
Number of people taking up Self Directed Support options
People Aged 75+yrs with a Telecare Package
Number of People Aged 65+yrs in Permanent Care Home Placements
Number of Care Home Admissions and Discharges (including deaths)
Percentage of Adult Protection cases where the required timescales have been met
Percentage of customers (65+) meeting the target of 6 weeks from completion of community care assessment to service delivery
Percentage of people 65+ indicating satisfaction with their social interaction opportunities
Percentage of service users satisfied with their involvement in the design of their care packages
Percentage of adults receiving social care support whose personal outcomes have been partially or fully met
Percentage of Criminal justice Social Work Reports submitted to court by due date
Percentage of individuals beginning a work placement within 7 working days of receiving a Community Payback Order
Percentage of Court Report Requests Allocated to a Social Worker within 2 Working Days of Receipt
Local Health Care Standards
Percentage of People Waiting <3wks for Drug & Alcohol Treatment
Percentage of People Starting Treatment <18wks for Psychological Therapies
Percentage of People Newly Diagnosed with Dementia Accessing Post Diagnostic Support within 12 weeks of new diagnosis
Number of Alcohol Brief Interventions delivered against target
Smoking quits at 12 weeks post quit in the 40% most deprived areas against target
Percentage of People Waiting <18wks for Children and Adolescent Mental Health Services (CAMHS)
Percentage of Children receiving 27-30 month health assessment
Quality Management and Self Evaluation
Monitoring and evaluation of service quality and improvement, in support of continuous improvement and to measure impact of service redesign associated with the Strategic Plan.
Organisational development in support of the aims and values of the organisation and in pursuit of its objectives, as set out in the Strategic Plan.
Workforce development and wellbeing support to ensure staff are equipped to contribute their part to the delivery of the Strategic Plan.

Performance Target Setting

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

Annex 1: HSCP Governance Arrangements



Annex 2: Participation and Engagement

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

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

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

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

Review of Strategic Plan 2018-21

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

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

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

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

Consultation on the Challenges and Priorities for the New Strategic Plan

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

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

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

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

The consultative exercise generated a great deal of comment and feedback that will contribute to the detail that will now be developed to sit beneath these improvement priorities.

Feedback relating to service matters included:

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

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

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

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

Consultation on the draft Strategic Plan 2022-25

(Underway: January to March 2022)

Annex 3: National Outcomes, Local Priorities & Enablers

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

	National Outcome	East Dunbartonshire HSCP Strategic Priorities							
		Empowering People	**Empowering Communities**	**Prevention and Early Intervention**	**Public Protection**	**Supporting Families and Carers**	**Improving Mental Health and Recovery**	**Post Pandemic Renewal**	**Maximising Operational Integration**
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	X	X	X		X	X	X	
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	X	X	X		X	X		
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	X	X			X	X		X
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	X	X	X	X	X	X	X	X

National Outcome		East Dunbartonshire HSCP Strategic Priorities							
		Empowering People	Empowering Communities	Prevention and Early Intervention	Public Protection	Supporting Families and Carers	Improving Mental Health and Recovery	Post Pandemic Renewal	Maximising Operational Integration
5	Health and social care services contribute to reducing health inequalities.	X	X	X	X	X	X	X	
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	X	X	X		X	X		
7	People who use health and social care services are safe from harm.	X			X	X	X		X
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.							X	X
9	Resources are used effectively and efficiently in the provision of health and social care services.	X	X	X				X	X

	National Outcome	East Dunbartonshire HSCP Strategic Enablers			
		Workforce & Organisational Development	**Medium Term Financial & Strategic Planning**	**Collaborative Commissioning**	**Infrastructure & Technology**
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	X	X	X	
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	X	X	X	X
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	X	X	X	
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	X	X	X	
5	Health and social care services contribute to reducing health inequalities.	X	X	X	X
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	X	X	X	
7	People who use health and social care services are safe from harm.	X	X	X	X
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	X	X	X	
9	Resources are used effectively and efficiently in the provision of health and social care services.	X	X	X	X

Date: 16th July 2021

SEA Gateway

Scottish Government
Area 2 H (South)
Victoria Quay
Edinburgh
EH6 6QQ

PLACE, NEIGHBOURHOOD AND CORPORATE ASSETS
Land Planning and Development

Broomhill Depot
Kilsyth Road
Kirkintilloch
G66 1TF

Telephone 0141 578 8600
Fax No: 0141 578 8575

SEA Gateway Administrators,

SEA Screening Determination
Health and Social Care Partnership Strategic Plan

I refer to your letter dated 2rd July 2021 outlining the responses from the Consultation Authorities to the Screening Report that was submitted on 4th June 2021 in relation to the proposed HSCP Strategic Plan.

The Consultation Authorities are in agreement with the Council that the Strategic Plan is unlikely to have significant environmental effects. On 15th July 2021 East Dunbartonshire Council made a determination under Section 8(1) of the Environmental Assessment (Scotland) Act 2005 that the HSCP Strategic Plan is unlikely to have significant environmental effects. Therefore, the Strategic Plan will not be subject to a Strategic Environmental Assessment and an Environmental Report will not be prepared alongside the document.

A copy of the screening determination will be available for inspection on the Council website at www.eastdunbarton.gov.uk. An advert will also be placed in the Kirkintilloch Herald and Milngavie and Bearsden Herald to publicise the screening determination.

In accordance with Section 10(1) of the Act, a copy of the screening determination is enclosed and I would be obliged if you could forward this onto the Consultation Authorities.

If you have any further queries, please don't hesitate to contact Neil Samson on 0141 578 8615.

Yours faithfully,

Neil Samson
Strategic Environmental Assessment Technical Officer

SCREENING REPORT

STEP 1 – DETAILS OF THE PLAN

Responsible Authority:	East Dunbartonshire Health and Social Care Partnership
Title of the plan:	HSCP Strategic Plan
What prompted the plan: (e.g. a legislative, regulatory or administrative provision)	Statutory requirement to prepare a Strategic Plan set out in the Public Bodies (Joint Working) (Scotland) Act 2014
Plan subject: (e.g. transport)	The main areas covered are primary and community health, social work and social care, wellbeing, equality and related housing provision.
Screening is required by the Environmental Assessment (Scotland) Act 2005. Based on Boxes 3 and 4, our view is that:	☐ An SEA is required, as the environmental effects are likely to be significant: Please indicate below what Section of the 2005 Act this plan falls within ☐ Section 5(3) ☐ Section 5(4) ☒ An SEA is not required, as the environmental effects are unlikely to be significant: Please indicate below what Section of the 2005 Act this plan falls within ☐ Section 5(3) ☒ Section 5(4)
Contact details:	Neil Samson Strategic Environmental Assessment Technical Officer Sustainability Policy Team Place, Neighbourhood and Corporate Assets Southbank House Strathkelvin Place Kirkintilloch G66 1XQ
Date:	4th June 2021

STEP 2 – CONTEXT AND DESCRIPTION OF THE PLAN

Context of the Plan:	The East Dunbartonshire Health and Social Care Partnership Board (EDHSCPB) is a legally constituted Integrated Joint Board and local authority body corporate. It has delegated authority for a range of health and social care functions. The Board is responsible for the overall delegated budget and sets out in its Strategic Plan how this budget will be used to deliver statutory functions and improve national health and wellbeing outcomes for the population of East Dunbartonshire. The EDHSCPB comprises elected members of East Dunbartonshire Council and non-executive director of Greater Glasgow and Clyde NHS Board. It also comprises a range of professional and stakeholder representatives, including the third and independent sectors, service users, carers and trades unions. The HSCP Strategic Planning Group is an officer group that supports the HSCPB, which has an important role in scrutinising the Strategic Plan as it develops, the membership of which is designed to reflect a wide range of partners and stakeholders. There are a number of representative consultees that either live or operate in East Dunbartonshire who must be included in the Strategic Plan participation and engagement process, by statute. These are called the "prescribed consultees": The local authority and Health Board Social care and health professionals Users of health and/or social care services Carers of users of health and/or social care services Commercial providers of health and/or social care Non-commercial providers of health and/or social care Staff of the Health Board and local authority who are not health professionals or social care professionals Non-commercial providers of social housing Third sector bodies carrying out activities related to health or social care Neighbouring HSCPs
Description of the Plan:	The strategic priorities have still to be agreed through our consultation process with our stakeholders. For guidance, there are 8 draft priorities from the last plan which the new Plan will be based around: 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 3. Keep people out of hospital when care can be delivered closer to home 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 6. Promote independent living through the provision of suitable housing accommodation and support

	PRIORITY 7. Improve support for Carers enabling them to continue in their caring role PRIORITY 8. Optimise efficiency, effectiveness and flexibility The spatial scope of the Strategy is limited to East Dunbartonshire Council area.
What are the key components of the plan?	The priorities set out above are the key components of the Plan at this stage and the overall purpose/aim.
Have any of the components of the plan been considered in previous SEA work?	The content of the Plan will be new information that has not been considered as part of previous SEA work for any other PPS. However, the content will not set a framework for other projects or future development consents and will be developed in line with all other relevant PPS in relation East Dunbartonshire which have been subject to SEA, including the Local Development Plan and Local Housing Strategy. The plan is influenced by national and local policy drivers, the Joint Strategic Needs Assessment, Partnership, Stakeholder and Public consultation and engagement as well as benchmarking and best practice. The plan will also inform the EDHSCPB annual delivery plan, quarterly performance reports, the Annual Performance Report, commissioning strategy, and financial plan.
In terms of your response to Boxes 7 and 8 above, set out those components of the plan that are likely to require screening:	The component that is likely to require screening is the overall purpose/aim and priorities (set out above). To improve or maintain the health and wellbeing of the people in East Dunbartonshire, and support them to remain in their own home or homely setting where possible.

STEP 3 – IDENTIFYING INTERACTIONS OF THE PLAN WITH THE ENVIRONMENT AND CONSIDERING THE LIKELY SIGNIFICANCE OF ANY INTERACTIONS (Error! Reference source not found.)

Plan Components	Environmental Topic Areas										Explanation of Potential Environmental Effects	Explanation of Significance
	Biodiversity, flora and fauna	Population and human health	Soil	Water	Air	Climatic factors	Material assets	Cultural heritage	Landscape	Inter-relationship issues		
Strategic Plan Aim (draft)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		After reviewing the draft overall aim and priorities for the Strategic Plan, there is unlikely to be any significant impacts through its development and implementation. The overall impact is likely to be positive in nature, particularly through the potential improvements and measures that will be developed through the Plan in relation to equality, health and wellbeing. The Plan will align with the EDC Local Development Plan 2 (Proposed Plan) and its extensive policy framework along with the Local Housing Strategy and together will ensure the continued improvement to the health and wellbeing of the people of East Dunbartonshire.
	To improve or maintain the health and wellbeing of the people in East Dunbartonshire, and support them to remain in their own home or homely setting where possible.											
Draft Priorities for the Draft 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 3. Keep people out of hospital when care can be delivered closer to home 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 6. Promote independent living through the provision of suitable housing accommodation and support											

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	PRIORITY 7. Improve support for Carers enabling them to continue in their caring role PRIORITY 8. Optimise efficiency, effectiveness and flexibility	

STEP 4 – STATEMENT OF THE FINDINGS OF THE SCREENING	
Summary of interactions with the environment and statement of the findings of the Screening: (Including an outline of the likely significance of any interactions, positive or negative, and explanation of conclusion of the screening exercise.)	As outlined in the above initial components review (Box 10), there is potential for the Strategy to provide impacts in relation to health and wellbeing, relating to the Population and Human Health environment topic area. Any impacts identified through the development of the Strategy and related projects and activities will be undertaken in line with the existing policy framework for East Dunbartonshire, which have been subject to SEA. It is the Councils view that the overall environmental impacts of the Plan are not likely to be significant. Therefore, it has been determined that, under Section 5(4) of the Environmental Assessment (Scotland) Act 2005, a full SEA is not required.
When completed send to: SEA.gateway@scotland.gsi.gov.uk or to the SEA Gateway, Scottish Government, Area 2H (South), Victoria Quay, Edinburgh, EH6 6QQ.	

Local Government and Communities Directorate
Planning and Architecture Division

T: 0131-244 5036
E: SEA.Gateway@gov.scot

Neil Samson
Climate Change Policy & SEA Officer
Sustainability Policy Team,
Place, Neighbourhood & Corporate Assets Directorate,
East Dunbartonshire Council,
Broomhill Deport Kilsyth Road Kirkintilloch,
G66 1TF

01651 - Screening - East Dunbartonshire Council - HSCP Strategic Plan
02/07/2021

Dear Neil,

With reference to the Screening document you submitted on 04 June 2021.

The Consultation Authorities have now considered your screening request as per Section 9(3) of the Environmental Assessment (Scotland) Act 2005. I have attached the individual letters from the Consultation Authorities, outlining their views and opinions.

Please note, these are the views and opinions of the Consultation Authorities on the likelihood of significant environmental effects arising from the plan or programme and not a judgement on whether an SEA is required. It is therefore for the Responsible Authority to determine whether an SEA is required in the circumstances. Where possible the Consultation Authorities may have offered supplementary information and/or advice for you to consider, which you should find helpful.

As the Consultation Authorities have now notified you of their views, you should now refer to the 2005 Act to consider your next step. You should of course take into account the advice offered by the Consultation Authorities.

You should note, as per Section 10 of the 2005 Act, that within 28 days of your determination about whether an SEA is required or not, a copy of the determination and any related statement of reasons must be passed to the Consultation Authorities. This may be done via the SEA Gateway.

If you have any queries or would like me to clarify any points, please call me on 0131 244 0078.

Kind regards,

Clare Donnelly
SEA Gateway Administrator

Environmental Assessment (Scotland) Act 2005
01651 - Screening - East Dunbartonshire Council - HSCP Strategic Plan
Screening report

Thank you for consulting SEPA on this Screening Report by way of your email of 7 June 2021. In accordance with Section 9(3) of the Environmental Assessment (Scotland) Act 2005 we have reviewed the screening report using the criteria set out in Schedule 2 of the Act. In regard to our main areas of interest (air, water, soil, human health, material assets and climatic factors) we agree with the conclusions of the screening report that the proposed PPS is unlikely to have significant environmental effects.

Although we are of the view that significant environmental effects are unlikely, it is for the Responsible Authority to make a formal determination taking into account the consultation responses received.

If you would like to discuss this consultation response please do not hesitate to contact me by email via our SEA Gateway at sea.gateway@sepa.org.uk.

Yours sincerely
Nicki Dunn

Cc:
sea_gateway@nature.scot
sea.gateway@hes.scot
sea.gateway@sepa.org.uk

Nicki Dunn
Scottish Environment Protection Agency | Law House | West of Scotland Science Park | Glasgow | G20 0XA
T: 01698 839000
e: planning.sw@sepa.org.uk

ot

Scotland's Nature Agency
Buidheann Nadair na h-Alba

Neil Samson
Strategic Environmental Assessment Technical Officer
Sustainability Policy Team
Place, Neighbourhood and Corporate Assets
Southbank House
Strathkelvin Place
Kirkintilloch
G66 1XQ

By e-mail only to: sea.gateway@gov.scot

30 June 2021

Dear Mr Samson,

The Environmental Assessment (Scotland) Act 2005
Health & Social Care Partnership Strategic Plan

I refer to your screening consultation submitted on 07 June 2021 via the Scottish Government SEA Gateway in respect of the above Strategic Plan.

In accordance with Section 9(3) of the Environmental Assessment (Scotland) Act 2005, SNH has considered your screening report using the criteria set out in Schedule 2 for determining the likely significance of effects on the environment.

We agree with your conclusion that the above Strategic Plan is not likely to have significant environmental effects.

Please note that this consultation response provides a view solely on the potential for the plan or programme to have significant environmental effects in terms of the natural heritage. We cannot comment on whether or not the plan or programme meets other criteria determining the need for SEA as set out in the Act.

Should you wish to discuss this screening advice, please do not hesitate to contact me at dave.lang@nature.scot or via NatureScot's SEA Gateway at SEA_GATEWAY@nature.scot.

Yours sincerely

Dave Lang
Area Officer
Strathclyde & Ayrshire

4-J

HISTORIC ENVIRONMENT SCOTLAND | ARAINNEACHD EACHDRAIDHEIL ALBA

By emailto: sea.gateway@qov.scot

Neil Samson
Sustainability Policy Team
East Dunbartonshire Council
Place, Neighbourhood and Corporate Assets
Southbank House
Strathkelvin Place
Kirkintilloch
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Enquiry Line: 0131-668-8716
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HMConsultations@hes.scot

Our case 10:300051823
Your ref: 01651
01 July 2021

Dear Neil Samson

Environmental Assessment (Scotland) Act 2005
01651 Screening- East Dunbartonshire Council - HSCP Strategic Plan

Screening Report

Thank you for your consultation which we received on 04 June 2021 about the above screening report. We have reviewed this report in our role as a Consultation Authority under the above Act, in accordance with the requirements of Section 9(3). In doing so we have used the criteria set out in Schedule 2 for determining the likely significance of the effects on the environment.

Historic Environment Scotland's view
In light of the information and reasoning set out within the screening report, we agree with your view that there are unlikely to be significant environmental effects for the historic environment.

Next steps
The Environmental Assessment (Scotland) Act 2005 requires you as the Responsible Authority to determine whether an environmental assessment is required. You must then notify the Consultation Authorities within 28 days of making this determination. This may be done via the SEA Gateway (sea.gateway@gov.scot).

We hope our advice is helpful to you in making this determination. Please feel welcome to contact us if you have any questions about this response. The officer managing this case is Virginia Sharp who can be contacted by phone on 0131 668 8704 or by email on Virginia.Sharp@hes.scot.

Yours sincerely

Historic Environment Scotland

Item 4c. Appendix 3

NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact alastair.low@ggc.scot.nhs.uk for further details or call 0141 2014560.

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

East Dunbartonshire HSCP Strategic Plan 2022-25

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

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

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

The Strategic Plan sets the direction for the actions needed to improve and deliver health and social care services to meet the changing local demands within East Dunbartonshire. It is prepared by the East Dunbartonshire Integration Joint Board under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014. The Plan covers all topics which are required by the Act, along with a number of other relevant topics pertinent to East Dunbartonshire's residents.

The Integration Joint Board is required by the Act to produce a Strategic Plan for how the functions delegated to it by NHS Greater Glasgow and Clyde and East Dunbartonshire Council will be delivered. The Integration Joint Board is responsible for monitoring the delivery and performance of services by all partners including the Council and Health Board, and may issue further directions if needed to ensure effective delivery in line with the Strategic Plan, making available whatever financial resources it deems appropriate from the budget within its control.

This plan is a strategic document which sets out the vision and future direction of health and social care services in East Dunbartonshire. It is not an exhaustive list of actions outlining everything that East Dunbartonshire Health and Social Care Partnership are doing, or plan to do, over the coming years. The plan shows instead the priorities that we want and need to achieve in order to improve the health and wellbeing of the citizens of East Dunbartonshire, identifies our commitments in support of these priorities and the enablers that will allow us to achieve these priorities whilst making best use of all the resources available to us. The detail about how we will achieve those things, will be developed through our annual delivery plans, which will be developed in collaboration with all partners in the public, independent and voluntary sectors, and in our local communities. They will allow us to be responsive to any potential changes in the landscape of East Dunbartonshire over the lifetime of the plan.

The strategic priorities of the plan are:

- Empowering People
- Empowering Communities
- Prevention and Early intervention
- Delivering our Key Social Work Public Protection Statutory Duties
- Supporting Families and Carers
- Improving Mental Health and Recovery
- Post Pandemic Renewal
- Maximising Operational Integration

Supported by the following enablers:

- Workforce and organisational development
- Medium term financial and strategic planning
- Collaborative commissioning
- Infrastructure and Technology

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.)

East Dunbartonshire HSCP undertakes an EQIA on significant changes to policy or services, and decisions that could have disproportionate impacts on individuals or groups protected under the Equalities Act 2010. We believe that it is good practice when developing a policy, strategy or a new initiative to anticipate the likely effects it may have, and to take steps to prevent or minimise, any likely harmful effects, especially on persons who share any of the characteristics that are protected under the Equalities Act. This ensures that disadvantaged groups are not further disadvantaged by the policies and strategies we adopt. It also ensures that the IJB are properly advised of the potential effects of proposals before they take decisions that affect people's lives.

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

Name:	**Date of Lead Reviewer Training:**
Caroline Sinclair, Interim Chief Officer and Chief Social Work Officer	No training currently available, process discussed with a member of the Equality and Human Rights Team

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

David Aitken (Interim Head of Adult Health and Social Care) Alan Cairns (Planning, Performance & Quality Manager) Jean Campbell (Chief Finance & Resources Officer) Claire Carthy (Interim Head of Children's Services & Criminal Justice) Leanne Connell (Interim Chief Nurse) Derrick Pearce (Head of Community Health & Care Services) Tom Quinn (Head of People and Change) Caroline Sinclair (Interim HSCP Chief Officer) Linda Tindall (Senior Organisational Development Adviser) Dr Paul Treon (Clinical Director East Dunbartonshire HSCP) Alison Willacy (Planning, Performance & Quality Manager) Strategic Planning Group HSCP Board

		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
1.	**What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.**	***A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.***	Promoting equality and addressing health inequalities are at the heart of East Dunbartonshire Health and Social Care Partnership's (HSCP) vision and values. **Vision:** 'Caring together to make a positive difference' **Values:** Honesty, Integrity, Professionalism, Empathy and Compassion, Respect Throughout the development of the Strategic Plan we have: • given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equalities Act 2010) and those who do not share it, and; • give regard to the need to reduce inequalities between our stakeholders in access to and outcomes	It should be noted that the country was in the midst of the Covid-19 pandemic during the writing of the JSNA and thus it is inevitable that any future planning may have to be adjusted accordingly. The majority of the figures reported pre date the pandemic; therefore, there are significant gaps in the data that will need addressed in future analysis. Over time, systems will be developed to enable the JSNA to more accurately assess the health and social care needs of the East Dunbartonshire local population in order to plan, deliver and commission local

			from healthcare services, and to ensure this might reduce health inequalities. The Joint Strategic Needs Assessment (JSNA) was a key resource document in the process of preparing the East Dunbartonshire Strategic Plan and was produced with the support of Public Health Scotland's LIST Analysts. The JSNA informs the planning and nature of future services and provides an overview of the current and projected population demographic, information relating to life circumstances, health behaviours, and health and social care status across East Dunbartonshire. It includes information on age, gender, ethnic origin, population projections, disabilities (including physical, learning, sensory), mental health and wellbeing. Detail of this analysis is in the sections that follow. The most up to date, robust data available was used to inform this joint strategic needs assessment, including comparisons to the national Scottish average, and available trend data. In addition, available locality level information was included to aid local planning.	quality services to individuals and our communities.
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
2.	**Please provide details of how data captured has been/will be used to inform policy content or service design.** **Your evidence should show which of the 3 parts of the General Duty have been**	***A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for***	The Strategic Plan is based on evidence of demand, on what currently works well and where improvements have been identified as well as the findings of the Joint Strategic Needs Assessment. It has been developed by engaging with partners, stakeholders and the public to ensure services are designed and commissioned around the people who use them and their communities.	The Strategic Plan has been widely shared with patient, service user, carer and staff groups among other stakeholders (including the third sector), those from a protected characteristic group and advertised on social media channels. However, it may not have reached all groups/people who have a protected

	considered (tick relevant boxes). **1) Remove discrimination, harassment and victimisation ☒** **2) Promote equality of opportunity ☒** **3) Foster good relations between protected characteristics. ☒** **4) Not applicable ☐**	***the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)***	It is supported by an Annual Delivery Plan for each year of the Strategic Plan, which will provide a responsive mechanism in which to ensure the priorities of the Strategic Plan are realised.	characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups. To mitigate this we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups. When developing our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
3.	**How have you applied learning from research evidence about the experience of equality groups to the service or Policy?** **Your evidence should show which of the 3 parts of the**	***Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a***	The Joint Strategic Needs Assessment (detailed in section 1 and 2) includes details of the population of East Dunbartonshire, including: age, gender, ethnic origin, population projections, disabilities (including physical, learning, sensory), mental health and wellbeing. The consultation and engagement sessions held during the development of the plan has also influenced the Strategic Plan (detailed in section 4).	It should be noted that the country was in the midst of the Covid-19 pandemic during the writing of the JSNA and thus it is inevitable that any future planning may have to be adjusted accordingly. The majority of the figures reported pre date the pandemic;

	General Duty have been considered (tick relevant boxes). **1) Remove discrimination, harassment and victimisation ☒** **2) Promote equality of opportunity ☒** **3) Foster good relations between protected characteristics ☒** **4) Not applicable ☐**	***disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people.*** ***(Due regard to removing discrimination, harassment and victimisation and fostering good relations).***	The Public Bodies (Joint Working) (Scotland) Act (2014) and supporting orders sets out the legislative requirements for the partnership in relation to the Strategic Plan.	therefore, there are significant gaps in the data that will need addressed in future analysis. Over time, local systems will be developed to enable the JSNA to more accurately assess the health and social care needs of the East Dunbartonshire local population in order to plan, deliver and commission local quality services to individuals and our communities.
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
4.	**Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?** **Your evidence should show which of the 3 parts of the General Duty have been**	***A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone***	Two periods of consultation have been planned within the development of the strategic plan. The first consultation was undertaken in July and August 2021 and aimed firstly to engage with consultees to enable them to participate and influence the next HSCP Strategic Plan, and secondly to reach broad consensus on a set of high level strategic priorities around which the Strategic Plan can be developed. The consolation was based around the findings of the HSCP following their consideration of: - their main drivers and influences, including national and local policy, - local health and social care needs and trends,	The Strategic Plan has been widely shared with patient, service user, carer and staff groups among other stakeholders (including the third sector), those from a protected characteristic group and advertised on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities

	considered (tick relevant boxes). **1) Remove discrimination, harassment and victimisation ☒** **2) Promote equality of opportunity ☒** **3) Foster good relations between protected characteristics ☒** **4) Not applicable ☐**	***service which significantly increased uptake.*** ***(Due regard to promoting equality of opportunity)*** **** The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.***	- views expressed in previous consultative engagements, - examples of practice elsewhere These led to the identification and proposal of 8 themes for priority action and 4 proposed enablers for change. There was substantial discussion across the range of HSCP governance and representative groups including: • The HSCP Board • The Strategic Planning Group (including Locality Planning Group members) • The Joint Staff Partnership Forum • The Public Service User and Carer Forum • The HSCP Leadership Forum • The local third sector network, organised through EDVA. • The Carers Partnership Group The outcome of this engagement was positive with broad support received for the priority themes and enablers identified addition to the feedback captured at these discussions. In addition to this, 36 people used the online survey, with 92% fully or partly agreeing with the area of challenge and the development themes that were identified, and 94% full or partly agreeing with the enablers that were proposed. An equalities monitoring form was not used as part of the online consultation therefore disaggregated information in relation to protected characteristic is not available. All feedback given will be taken into account when producing a draft strategic plan. The second consultation will involve the draft strategic plan, based on the agreed themes and enablers and feedback received from the first consultation exercise, been taken back to partners, stakeholders and the public	of East Dunbartonshire, particularly protected characteristics groups. To mitigate this we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups. When developing our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.

			to gather their views on the proposed plan. Allowing for any feedback to be taken into consideration before a final plan is taken to the HSCP Integrated Joint Board for approval in March 2022. The first consultation occurred during a period where Covid-19 restrictions were in place, thus preventing any face to face consultation. Consultation took the form of an online questionnaire which was advertised and circulated widely to partners, stakeholders and the general public through targeted correspondence and general social media advertisement. Presentations and facilitated discussions were also held with a wide range of HSCP governance groups including the HSCP Board, the Strategic Planning Group (including Locality Planning Group members), the Joint Staff Partnership Forum, the Public Service User and Carer Forum, the HSCP Leadership Forum and also to the local third sector network, organised through EDVA. The second consultation exercise will follow the same format with consideration given to where face to face consultation is feasible.	
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
5.	**Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?**	***An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained***	This is a policy document which is will be accessibility checked and available publically on the HSCP's website. The Strategic Plan will influence the way services are delivered across the lifetime of the plan and all premises/estate that services are delivered from will be accessible and meet equalities legislation.	Not Applicable

	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). **1) Remove discrimination, harassment and victimisation** ☒ **2) Promote equality of opportunity** ☒ **3) Foster good relations between protected characteristics.** ☒ **4) Not applicable** ☐	***by magnets that could deactivate in the event of a fire.*** ***(Due regard to remove discrimination, harassment and victimisation).***		
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
6.	**How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?** **Your evidence should show which of the 3 parts of the General Duty have been**	***Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.***	The East Dunbartonshire HSCP Strategic Plan has been influenced by and reflects patient, service user, carer and staff experience among other stakeholders, including those from a protected characteristic group. EDHSCP draws from both East Dunbartonshire Council and NHSGG&C in terms of governance in relation to clear communication and to meet out legal requirements in terms of communication support. We have followed the East Dunbartonshire HSCP Communications Strategy (CS) (2020-23) and	The Strategic Plan has been widely shared with patient, service user, carer and staff groups among other stakeholders (including the third sector), those from a protected characteristic group and advertised on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, the

	considered (tick relevant boxes). **1) Remove discrimination, harassment and victimisation** ☒ **2) Promote equality of opportunity** ☒ **3) Foster good relations between protected characteristics** ☒ **4) Not applicable** ☐ **The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.**	***Written materials were offered in other languages and formats.*** ***(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).***	Participation and Engagement Strategy (PES) (2020-23) and The communications matrix within these strategies details how the EDHSCP will communicate with different stakeholders and gives those with one or more protected characteristics an opportunity to share their views. The CS is committed to communications that strive to be clear and concise ('Plain English'); accessible (with arrangements in place to adapt styles, formats, layouts, languages and material) is inclusive, and communications are adapted to meet the communication needs and preferences of different audiences including those with protected characteristics. This includes the use of British Sign Language (BSL). NHSGG&C has also has guidelines (Clear to all) in relation to clear, consistent and accurate approach to the provision of information for patients and the public. Through the provision of an accessible and inclusive Strategic Plan, we are demonstrating due regard to removing discrimination, promoting equality of opportunity and fostering good relations.	Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups. To mitigate this we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups. When developing our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.
7	**Protected Characteristic**		**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**

(a)	**Age** **Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	The need for health and social care services to work with other partners to prepare for an increasingly ageing population is seen as one of Scotland's biggest challenges. In common with the rest of Scotland, East Dunbartonshire's population profile is changing in all age categories. A combination of factors, including healthier lifestyles, advances in medicine and lower birth rates, means that there are more older people (aged 65 and over) in our society and proportionally fewer children and people of working age. The Joint Strategic Needs Assessment projects a 7.6% increase in the overall population of East Dunbartonshire from 2018 – 2043 due to a significant estimated rise in the population aged over 65 years. The largest increase is in individuals aged over 85 years, which is projected to rise by over 100% from 3,203 to 7,017 people by 2043. There will be a higher incidence of frailty, dementia and multi-morbities amongst this part of the population which suggests that demand for health and social care services will rise accordingly. It is anticipated that the Strategic Plan will have a positive impact on ageing and older people as parts of the plan have been specifically designed with the specific needs of this group in mind. Further development of anticipatory and planned care services will ensure people are enabled to live full and positive lives in supportive communities. All other age groups are included in the Strategic Plan and more detailed Locality Plans will take account of communities within localities of all age groups, and will provide further detail as to how the HSCP will design services in order to respond to these changing demographics.	The Strategic Plan has been widely shared with patient, service user, carer and staff groups among other stakeholders (including the third sector), those from a protected characteristic group and advertised on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups. To mitigate this we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups. When developing our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.

(b)	**Disability** **Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☒ **2) Promote equality of opportunity** ☒ **3) Foster good relations between protected characteristics.** ☒ **4) Not applicable** ☐	The Joint Strategic Needs Assessment reports that 5.6% of the adult population in East Dunbartonshire reported a disability (Scotland 6.7%) in the 2011 Census. Just under half of reported disabilities (48%) were sensory impairment, 32% related to a physical disability, 18% reported a mental health condition and 2% reported a learning disability. Increased life expectancy has also been linked to increasing numbers of people with disabilities and long term conditions. This change will have significant implications for health and social care with demand increasing as a result of more people living into older age (when health and social care needs are likely to be more complex), whilst the number of people available to work in housing, health and social care and/or provide unpaid care may decline. The strategic plan has taken cognisance of these trends and amongst others, is planning to improve service information, public communication systems and advice to reflect specific communication needs and preferences. Alongside redesigning day services for older people and adults with learning disabilities, to create a wider range of informal and formal support options. The continued recognition of the role of carers, many of which may become unwell themselves, should result in more support for both service user and unpaid carers and a better environment for both groups. We will ensure that this group of service users does not receive a lesser service due to their protected characteristics.	The Strategic Plan has been widely shared with patient, service user, carer and staff groups among other stakeholders (including the third sector), those from a protected characteristic group and advertised on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups. To mitigate this we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups. When developing our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	**Gender Identity** **Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☒ **2) Promote equality of opportunity** ☒ **3) Foster good relations between protected characteristics** ☒ **4) Not applicable** ☐	NHSGG&C offer guidance on the health needs of transgender people and how to address discrimination against trans people in their Briefing Paper on Gender Reassignment and Transgender, as well as offering training for NHS staff on the subject of transgender people. The Strategic Plan is fully inclusive to all. Partnership working, inclusive of the Third Sector, is highlighted in various themes within the Plan, and should also impact positively upon transgender people as major research and policy direction around trans people are as yet largely shaped by the Third Sector organisations. NHS Scotland has launched a pride badge for staff to wear to promote the inclusion of LGBTQ+ people to make a statement that there is no place for discrimination in NHS Scotland. NHS staff members who wear the badge have pledged to be aware and responsive to LBGTQ+ people accessing care, be a friendly, listening ally who staff and service users can safely approach and use inclusive language and respect identity.	The Strategic Plan has been widely shared with patient, service user, carer and staff groups among other stakeholders (including the third sector), those from a protected characteristic group and advertised on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups. To mitigate this we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups. When developing our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	**Marriage and Civil Partnership** **Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☒ **2) Promote equality of opportunity** ☒ **3) Foster good relations between protected characteristics** ☒ **4) Not applicable** ☐	The Strategic Plan does not make any specific reference to marriage and civil partnership. All residents of East Dunbartonshire have the same rights in law as anyone else to marry, enter into a civil partnership or live together. Providing the person is over 16 years and has a general understanding of what it means to get married, he or she has the legal capacity to consent to marriage. No one else's consent is ever required. The District Registrar can refuse to authorise a marriage taking place if he or she believes one of the parties does not have the mental capacity to consent, but the level of learning disability has to be very high before the District Registrar will do so.	The Strategic Plan has been widely shared with patient, service user, carer and staff groups among other stakeholders (including the third sector), those from a protected characteristic group and advertised on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups. To mitigate this we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups. When developing our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.

(e)	**Pregnancy and Maternity** **Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☒ **2) Promote equality of opportunity** ☒ **3) Foster good relations between protected characteristics.** ☒ **4) Not applicable** ☐	East Dunbartonshire HSCP has in place policies that advise on Pregnancy, Maternity and Paternity, Fostering and Adoption leave. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding. The birth rate in East Dunbartonshire has been falling over the last 4 years with 1,036 births in 2017, 950 births in 2018, 910 births in 2019 and 884 births in 2020. NRS Scotland Record of Births by Local Authority	The Strategic Plan has been widely shared with patient, service user, carer and staff groups among other stakeholders (including the third sector), those from a protected characteristic group and advertised on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups. To mitigate this we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups. When developing our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	**Race** **Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☒ **2) Promote equality of opportunity** ☒ **3) Foster good relations between protected characteristics** ☒ **4) Not applicable** ☐	Scotland's Census 2011 indicated that 4.2% of the population of East Dunbartonshire identified as being from a minority ethnic group. A community, where there is a lack of data is the Gypsy and Travellers. According to a desktop survey carried out in 2015 to assist with informing the development of Local Housing Strategies estimated that there is one site in East Dunbartonshire, with five Gypsy and Traveller households (Desktop Survey - East Dun 2015). The Gypsy / Traveller community experiences of stigma, poverty and illiteracy have placed them in a disadvantaged position in seeking for support from services. They also felt that services, as a whole, are not sensitive to their culture. Through in-depth focus groups, many BME disabled people report that access to services can be compromised by poor translation, inconsistent quality of care and weak links between services and communities. Disabled people are more likely to live in poverty but BME disabled people are disproportionately affected with nearly half living in household poverty. Like all disabled people, many of those from black and minority ethnic backgrounds find themselves socially excluded and pushed to the fringes of society Over-looked Communities, Over-Due Change (Trotter R 2012) NHSGG&C has an Accessible Information Policy which is designed to make sure there is a consistent, accurate and clear approach in providing information to patients and members of the public in a range of formats and languages. They also provide an in-house interpreting services to ensure that everyone receives the best possible care.	The Strategic Plan has been widely shared with patient, service user, carer and staff experience among other stakeholders (including the third sector), including those from a protected characteristic group and advertised on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups. To mitigate this we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups. When developing our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity

(g)	**Religion and Belief** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	There is little evidence to indicate specific faith groups fare more poorly than others in terms of access to HSCP services. Scotland's Census 2011 reports that in East Dunbartonshire 62.5% of the population stated they belonged to a Christian denomination. In terms of the Christian denominations 35.6% of the population in East Dunbartonshire belonged to the Church of Scotland and 22.3% stated they were Roman Catholic. The 'Other Christian' group accounted for 4.6% of the population. A large percentage of residents reported they had no religion (28.2%), though this is lower than the Scottish average of 36.7%. 1% reported that they were Muslim, 1.9% reporting other religions and 6.4% not stating. NHSGG&C has a Faith and Belief Communities Manual which sets out its commitment to ensuring that spiritual care, including religious care, is provided in an equal and fair way to those of all faith communities and those of none. The manual is designed to help staff respond to religious care, and to be confident as they meet some of the religious needs of those in their care.	The Strategic Plan has been widely shared with patient, service user, carer and staff groups among other stakeholders (including the third sector), those from a protected characteristic group and advertised on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups. To mitigate this we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups. When developing our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	**Sex** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☒ **2) Promote equality of opportunity** ☒ **3) Foster good relations between protected characteristics.** ☒ **4) Not applicable** ☐	The Joint Strategic Needs Assessment 2021 highlights the inequalities of life expectancy between men and women across East Dunbartonshire. Life expectancy at birth in East Dunbartonshire is 80.5 years for males (Scotland 77.1 years) and 83.7 years females (Scotland 81.1 years). East Dunbartonshire continues to have the highest life expectancy at birth in Scotland for males and the second highest for females. Healthy life expectancy measures are providing 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. The number of years lived in 'not healthy' health (3 year average 2017-19) for males in East Dunbartonshire is 10.7 years (Scotland 15.4 years) and for females in East Dunbartonshire is 17.2 years (Scotland 19.2 years). The links between gender and health are becoming more widely recognised, some examples of this in East Dunbartonshire are mental health, learning disability, Alzheimer's and dementia. A total of 3.2% (3,341) of East Dunbartonshire's population identified themselves as having a mental health condition that has lasted, or would last for more than 12 months, in the 2011 Census. Self-reported identification varied by gender and age. A higher proportion of females (59%) reported having a mental health condition compared to males (41%). Poor mental health, including mental disorder, has a considerable impact on individuals, their families and the wider community.	The Strategic Plan has been widely shared with patient, service user, carer and staff groups among other stakeholders (including the third sector), those from a protected characteristic group and advertised on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups. To mitigate this we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups. When developing our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.

		Of the 403 (18+) residents with a learning disability who received some form of support from the HSCP, 56.6 % were male and 43.4% were female. Of the 2314 people with dementia that Alzheimer Scotland estimates live within East Dunbartonshire (2017 estimation), 825 would be males and 1,488 would be females. The majority of dementia sufferers are aged 65 or over and female. Scotland wide rates of dementia increase with age from 1.8% of males and 1.4% at age 65-69 rising to 32.4% of males and 48.8% of males in the 95-99 and 100+ age ranges. https://www.alzscot.org/campaigning/statistics NHSGGC is committed to meeting the needs of its diverse workforce. NHSGGC : Gender Based Violence Policy and Guidance is aimed at ensuring staff at all levels in the organisation are safe to disclose their experiences of abuse in order to access support and increase safety for themselves and others. East Dunbartonshire Council has a multi-agency partnership of services, known as Empowered, which has an interest in preventing and elimination of all forms of gender based violence. Through their work they inform practice and developments though an annual outcome focused action plan.	
(i)	**Sexual Orientation** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**	The Office for National Statistics reports a declining trend in the UK since 2015 of people identifying as heterosexual or straight, with 95.2% in 2015 and 93.7% in 2019. Of all age groups, younger people (aged 16 to 24 years) were most likely to identify as lesbian, gay or bisexual (LGB).	The Strategic Plan has been widely shared with patient, service user, carer and staff groups among other stakeholders (including the third sector), those from a protected characteristic group and advertised on social media channels. However, it may not have reached all groups/people who have a protected

	1) Remove discrimination, harassment and victimisation ☒ **2) Promote equality of opportunity** ☒ **3) Foster good relations between protected characteristics.** ☒ **4) Not applicable** ☐	Stonewall report that more than half of LGBT people (52%) have experience depression and 72% of LGBT women and 56% of LGBT men have experienced anxiety. The HSCP, along with the Community Planning Partners (CPP) previously commissioned LGBT Youth Scotland to carry out a programme of work to find out more about the views and needs of our older LGBT residents. Among the approaches was a survey open to anyone over 50 living in the area and researchers also spoke with carers to try and gain an understanding of what individuals identify as their needs. Many LGBT people fear potentially experiencing homophobia, biphobia and transphobia from services or have previous experience of discrimination from a service. There is often a lack of visibility of LGBT identities within services (such as staff knowledge of the issues affecting LGBT people, promotion of inclusive posters or websites, and explicitly stating that the service is LGBT inclusive), which are necessary to counter LGBT people's expectations of discrimination or a lack of confidence that service services are able to meet their needs. NHS Scotland has launched a pride badge for staff to wear to promote the inclusion of LGBTQ+ people to make a statement that there is no place for discrimination in NHS Scotland. NHS staff members who wear the badge have pledge to be aware and responsive to LBGTQ+ people accessing care, be a friendly, listening ally who staff and service users can safely approach and use inclusive language and respect identity.	characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups. To mitigate this we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups. When developing our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	**Socio – Economic Status & Social Class** **Could the proposed service change or policy have a disproportionate impact on the people because of their social class or experience of poverty and what mitigating action have you taken/planned?** **The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage in strategic planning. You should evidence here steps taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status.**	Audit Scotland report on Health Inequalities in Scotland (2012), explains that deprivation is a major factor in health inequalities. For example, for those in the most deprived areas, life expectancy is shorter, alcohol related admissions are higher, you are more likely to smoke, suffer from anxiety, have poorer dental health and not be breastfeeding when your baby is 6-8 weeks old. The Scottish Index of Multiple Deprivation (SIMD) ranks 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. Although the majority of the population of East Dunbartonshire live in the least deprived deciles', there are 4 datazones areas in East Dunbartonshire categorised amongst the most deprived in Scotland, three are in the Hillhead area of Kirkintilloch and one is in Lennoxtown. All of these are in the East Locality of East Dunbartonshire and represent 3,562 people or 3.28% of East Dunbartonshire's population. Joint Strategic Needs Assessment 2021. The East Dunbartonshire Local Housing Strategy 2017-22 shows there has been an overall reduction in demand for homelessness services since 2011/12 in East Dunbartonshire. From a peak of just under 700 applications in 2010/11, homeless applications have fallen to just over 500 in 2015/16. Unfortunately there is no available breakdown of demographic information to identify the age ranges of homelessness applications. Shelter Scotland reported that that trend has continued into 2019-20 with 420 homeless application being made with East Dunbartonshire.	The Strategic Plan has been widely shared with patient, service user, carer and staff groups among other stakeholders (including the third sector), those from a protected characteristic group and advertised on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups. To mitigate this we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups. When developing our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.

		SCVO - SDS Regulations and Statutory Guidance expressed their concern relating to the current substantial and poverty inducing changes to benefits driven through the intentions behind the SDS legislation. SCVO felt that already, people may have lost significant income, without even considering the potential loss of mobility components/support in the transfer to Personal Independence Payment (PIP). EDHSCP are aware of their legal responsibility under The Fairer Scotland Duty Guidance for Public Bodies to consider how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Strategic Plan ensures a strategic approach is taken by the HSCP towards delivering and developing services, within a specified budget, and the Fairer Scotland Duty that we are reducing inequality and inequity of outcomes. The inclusion of the strategic priority of Empowering People has three main actions identified: 1. Improving personalisation – to further develop person centered, rights-based, outcome focused approaches. 2. Reducing inequality and inequity of outcomes - to further reduce inequality of health outcomes and embed fairness, equity and consistency in service provision 3. Improving information and communication – to improve service information and public communication systems and advice to reflect specific communication needs and preferences. The HSCP are aware of the unequal impact the COVID-19 pandemic has had on people experiencing socio-economic disadvantage. A strategic priority of Post Pandemic Renewal has been included to understand the impact of the pandemic on all of the people within East Dunbartonshire on their health and wellbeing, and	

		understand the responses necessary to meet these needs and resource requirements to build back 'stronger and fairer'. The detail about how we will achieve these things, will be developed through our annual delivery plans, which will be developed in collaboration with all partners in the public, independent and voluntary sectors, and in our local communities. They will allow us to be responsive to any potential changes in the landscape of East Dunbartonshire over the lifetime of the plan.	
(k)	**Other marginalised groups** **How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?**	The Public Sector Equality Duty requires public authorities, in the exercise of their functions, to have due regard to the need to: • eliminate Unlawful Discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010 • advance equality of opportunity between people who share a relevant protected characteristic and those who do not, and; • foster good relations between people who share a relevant characteristic and those who do not The Equality Duty is non-delegable. In practice this means that public authorities like EDHSCP need to ask their suppliers and those they commission services from to take certain steps in order to enable the public authority to meet their continuing legal obligation to comply with the Equality Duty. If there are any changes to services or to service provision we must ensure that we communicate and involve all communities who may be affected, and ensure that any East Dunbartonshire resident, service user, patient, carer or family member do not receive a lesser service due to their protected characteristics.	The Strategic Plan has been widely shared with patient, service user, carer and staff groups among other stakeholders (including the third sector), those from a protected characteristic group and advertised on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups. To mitigate this we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups.

		The East Dunbartonshire breakdown is; In 2014, 62% (65,720/106,730) of the population of East Dunbartonshire was of working age (16–64 years), lower than the national percentage of 65%. Children and young people (aged 0–15 years) made up 17% (18,386/106,730) of the population, similar to the national 17%. Adults aged over 75 years comprised 10% (10,695/106,730) of the population, higher than the national average of 8%. The population structure of East Dunbartonshire has similar younger people, but higher numbers of older people, and fewer people of working age than the national average. (https://www.scotpho.eastdunbartonshire). Please note that this data is from 2014 and the population was lower than it is currently (108,640 in 2021). In 2014, 3.3% of adults claimed incapacity benefit, severe disability allowance or employment and support allowance; this was lower than the Scottish figure of 5.1%. The percentage of those aged 65 years and over with high care needs cared for at home, at 38%, was higher than in Scotland overall (35%). The crude rate for children, who were looked after by the local authority, at 7/1000, was half of Scotland's rate of 14/1000. (https://www.scotpho.eastdunbartonshire). The Learning Disability rate per 1,000 in 2011 is 4.4, the Scotland rate, per 1000 is 5 (Scotland's Census 2011 - National Records of Scotland (Table QS304SC - Long-term health conditions). The number of people with learning difficulties 0-15 is 101, 16-64 is 305, 65+ is 52 (https://www.sldo.ac.uk/census-2011-information/learning-disabilities/local-authorities/east-dunbartonshire/)	When developing our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.

		There is no local population data with regards to Gender Reassignment available within East Dunbartonshire and there is no reliable information on the number of transgender people in Scotland. GIRES estimates that in the UK, the number of people aged over 15 presenting for treatment for gender dysphoria is thought to be 3 in every 100,000. (http://www.gires.org.uk/) It is known that there were 884 births in East Dunbartonshire during 2020. This is a decrease of 14.7% from 1,036 births in 2017. NRS Scotland Record of Births by Local Authority In the 2011 census, just under 96% of the East Dunbartonshire population stated they are white Scottish, white British, and white Irish or white other. The demographic / area profiles recognise that 4.2% of the population of East Dunbartonshire is from a minority ethnic (BME) background (compared to Glasgow City with 11.6% of the population). This is made up of mixed or multiple ethnic groups which stated they are from a, Asian, Asian Scottish or Asian British, African, Caribbean or Black and other ethnic groups (http://www.scotlandscensus.gov.uk/scottish-council-areas-2001-and-2011). Scotland's Census 2011 reports that in East Dunbartonshire 62.5% of the population stated they belonged to a Christian denomination. In terms of the Christian denominations 35.6% of the population in East Dunbartonshire belonged to the Church of Scotland and 22.3% stated they were Roman Catholic. The 'Other Christian' group accounted for 4.6% of the population. A large percentage of residents reported they had no religion (28.2%) lower than the Scottish average of 36.7%. 1% reported that they were	

		Muslim, 1.9% reporting other religions and 6.4% not stating. In East Dunbartonshire the population is 108,640, The split between those who are female to male of 48/52, compared to Scotland which is 49/51 (Joint Strategic Needs Assessment). It is estimated between five and seven per cent of the East Dunbartonshire population is lesbian, gay or bisexual. This equates to one in every fifteen people, or over 7,000 East Dunbartonshire residents. https://www.eastdunbarton.gov./lgbt-health The United Nations Convention on the Rights of Persons and Optional Protocol requires all service provision to be concerned about the difficult conditions faced by people with disabilities who are subject to multiple or aggravated forms of discrimination on the basis of race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status. https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx Low Moss Prison is an adult male convicted and remanded prisoner's facility and is within the boundaries of East Dunbartonshire HSCP. A prison-based Social Work team from EDHSCP work in accordance with the National Outcomes and Standards to provide a range of services to prisoners and are responsible for the provision of risk and needs assessments to inform sentence management and supervisory arrangements, participate in the Integrated Case Management process and prepare reports to the Parole Board. NHSGG&C recognises that people in prison have poorer health than the population at large. Many will have had little or no regular contact with health services before	

		coming into prison, and research within prison populations reveals strong evidence of health inequalities and social exclusion. It is acknowledged that those who are released from prison will be, almost invariably, released into poverty, inequality and social exclusion.	
8.	**Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	Not applicable to the Strategic Plan, the annual delivery plans which will support the delivery of the priorities within the plan may have cost savings attached to them.	Not applicable
		Service Evidence Provided	**Possible negative impact and Additional Mitigating Action Required**
9.	**What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.**	East Dunbartonshire HSCP is committed to regularly training and empowering staff on equalities issues in order to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups.	Not Applicable

		EDHSCP statutory and mandatory compliance with Equality and Diversity module is very good 91.9% (November 2021)	

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

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

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

There are no reported risks in relation to human rights.

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

No specific or definable approach was applied in the development of the Strategic Plan but the PANEL principles underpin the general approach to all plans developed by the HSCP, particularly in respect of maximising participation, preventing discrimination and promoting equality and empowerment of communities.

*

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

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

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

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

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

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

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

Once complete please e-mail a copy of the assessment to alastair.low@ggc.scot.nhs.uk for quality assurance (QA). Please note QA offers advice on content and is an optional process for HSCPs who can proceed directly to publication if required.

Quality Assurance: Name
Job Title
Signature
Date

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

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

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

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

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

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

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

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

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

Name of completing officer:

Date submitted:

Please email a copy of this EQIA to alastair.low@ggc.scot.nhs.uk or send to Equality and Human Rights Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospitals Site, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4817.

Fairer Scotland Duty Assessment Report

This report documents the findings of the Fairer Scotland Duty assessment which applied the guidance from Scottish Government on the Fairer Scotland Duty which is available online at http://www.gov.scot/Publications/2018/03/6918/2.

Name of Policy/Plan/Proposal	Strategic Plan 2022-25
Lead Department/Service	Planning, Performance and Quality
Report Author	Alison Willacy Planning, Performance & Quality Manager

What is the aim of the Policy/Plan/Proposal?
This plan is a strategic document which sets out the vision and future direction of health and social care services in East Dunbartonshire. It is not an exhaustive list of actions outlining everything that East Dunbartonshire Health and Social Care Partnership are doing, or plan to do, over the coming years. The plan shows instead the priorities that we want and need to achieve in order to improve the health and wellbeing of the citizens of East Dunbartonshire, identifies our commitments in support of these priorities and the enablers that will allow us to achieve these priorities whilst making best use of all the resources available to us. The detail about how we will achieve those things, will be developed through our annual delivery plans, which will be developed in collaboration with all partners in the public, independent and voluntary sectors, and in our local communities. They will allow us to be responsive to any potential changes in the landscape of East Dunbartonshire over the lifetime of the plan. The strategic priorities of the plan are: • Empowering People • Empowering Communities • Prevention and Early intervention • Delivering our Key Social Work Public Protection Statutory Duties • Supporting Families and Carers • Improving Mental Health and Recovery • Post Pandemic Renewal • Maximising Operational Integration Supported by the following enablers: • Workforce and organisational development • Medium term financial and strategic planning • Collaborative commissioning • Infrastructure and Technology

Stage 1 – Planning – Is this strategically important or not?
The planning stage of the process enables public bodies to determine whether a Fairer Scotland Duty Assessment will be required and, where it is, to start planning how to deliver it.
The Strategic Plan sets the direction for the actions needed to improve and deliver health and social care services to meet the changing local demands within East Dunbartonshire. It is prepared by the East Dunbartonshire Integration Joint Board under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014. The Plan covers all topics which are required by the Act, along with a number of other relevant topics pertinent to East Dunbartonshire's residents. The Strategic Plan 2022-25 involves and informs strategic decision making and is therefore subject to the Fairer Scotland Duty to pay due regard to reducing inequalities of outcome caused by socio-economic disadvantage.

Stage 2 - Evidence
What evidence do you have about socio-economic disadvantage and inequalities of outcome in relation to this issue or decision? Is it possible to gather new evidence, involving communities of interest?
Quality of life in East Dunbartonshire as a whole compares favourably to other local authority areas and Scotland as a whole. We have a high percentage of home ownership, low unemployment and a high percentage of economically active residents. Socioeconomic inequality in East Dunbartonshire can often be overlooked due to good outcomes for people on average in the authority area. The Strategic Plan considers how best to meet the population needs of all its residents, including plans for localising services into smaller communities to improve health and wellbeing at a local level whilst contributing to the achievement of the overall strategic priorities. East Dunbartonshire Place planning allows our Community Planning Partnership to look at outcomes in the context of smaller communities and to plan how we will work with each other and with local people in these areas. Using a Place approach means encouraging greater communication between services and with residents of a particular place to come up with solutions for what would reduce disadvantage in their area. This puts the people, who are local to that area, central to the service planning. Evidence used within the development of the Strategic Plan has come mainly from the Joint Strategic Needs Assessment 2021, the Strategic Plan EqIA, the Local Outcome Improvement Plan 2017-27, the Child Poverty Action Report 2019-20 and the East Dunbartonshire Locality Profiles 2021. Each of which draws on a number of different data sources. The main findings in relation to socioeconomic disadvantage relating to health and social care was:

- Although the majority of the population of East Dunbartonshire live in the least deprived SIMD deciles', there are 4 datazones areas in East Dunbartonshire categorised amongst the most deprived in Scotland, three are in the Hillhead area of Kirkintilloch and one is in Lennoxtown. All of these are in the East Locality of East Dunbartonshire and represent 3,562 people or 3.28% of ED's population.

- Deprivation is a major factor in health inequalities. For example, for those in the most deprived areas, life expectancy is shorter, alcohol related admissions are higher, you are more likely to smoke, suffer from anxiety, have poorer dental health and not be breastfeeding when your baby is 6-8 weeks old.

- These difference can be seen in the Locality Profiles where the East locality has higher:
  - admission rates for alcohol and drugs
  - prescribing rates for drugs for anxiety, depression or psychosis,
  - rates of A&E attendance, emergency admissions and emergency bed day rates
  - incidence of early CHD, COPD, liver disease and cancer deaths than the West Locality.

- East Dunbartonshire continues to compare favourably to other local authority areas with one of the lowest rates of child poverty in Scotland, but still more than one in ten of East Dunbartonshire's children grow up in poverty.

- 60% of school pupils in East Dunbartonshire achieved 5 or more Highers by the end of S6 and 7 of the 8 high schools in East Dunbartonshire were ranked in the top 30 best performing schools in Scotland.

- People in employment increased from 76.3% in 2018 to 77.5% in 2019 and was higher than the Scottish average of 74.3%. Unemployment in East Dunbartonshire decreased from 3.4% in 2018 to 2.6% in 2019 and was nearly 1% lower than the Scottish average of 3.5%.

- 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. Life expectancy at birth of 80.5 for males in East Dunbartonshire (Scotland 77.1) and 83.7 for females (Scotland 81.1).

- East Dunbartonshire is dominated by owner occupants at 85% of the population. House prices remained high largely due to the geography of the area and close proximity to Glasgow. This suggest that many households on low incomes cannot afford to purchase in the area.

- East Dunbartonshire is regarded as a safe place to live with the level of crime being significantly lower than the Scottish average with 461 crimes and offences per 10,000 population in 2018/19 compared to the Scottish average of 909 per 10,000 population.

Data taken from:
https://www.eastdunbarton.gov.uk/statistics-facts-and-figures
Joint Strategic Needs Assessment 2021
Children's Services Joint Strategic Needs Assessment March 2020

Stage 3 – Assessment and Improvement
What are the main impacts of the proposal? How could the proposal be improved so it reduces or further reduces inequalities of outcome?
Throughout the development of our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes and socioeconomic disadvantage. Central to the objectives of the HSCP Strategic Plan 2022-25 is to pursue improvement activity that contributes to reducing inequality and inequity of health and social care outcomes, for the population of East Dunbartonshire. To this end, one of the strategic priorities is of Empowering People which has three main actions: 1. Improving personalisation – to further develop person centered, rights-based, outcome focused approaches. 2. Reducing inequality and inequity of outcomes - to further reduce inequality of health outcomes and embed fairness, equity and consistency in service provision 3. Improving information and communication – to improve service information and public communication systems and advice to reflect specific communication needs and preferences. In addition to this being a dedicated action area, the plan itself has been fully Equality Impact Assessed in line with the requirements of the Equality Act 2010. The Strategic Plan also emphasises the need to plan and deliver services that contribute to health, wellbeing and safety throughout people's lives. This approach focuses on a healthy start to life and targets the needs of people at critical periods throughout their lifetime. It includes intervening and supporting people when their safety and welfare may be at risk and if they find themselves involved with justice services. The Strategic Plan promotes timely effective interventions that address the causes, not just the consequences, of ill health, deprivation and a range of other life circumstances. In public health terms is also crucial to recognise the impact of relative poverty on health and wellbeing. Despite relative prosperity overall in East Dunbartonshire, the known impact of deprivation in affected communities is an issue that the HSCP must prioritise in order to ensure that access to, and impact of, services is equitably targeted to people and communities who are risk of poorer health. The HSCP Board is an equal partner in the East Dunbartonshire Community Planning Partnership and has responsibility for leading on key outcomes within the Local Outcome Improvement Plan. Central to the HSCP's contribution to community planning is how it can support Place planning. Place planning allows community planning partners to look at outcomes in the context of smaller communities and to plan how we will work with each other and with local people in these areas. Using a Place approach means encouraging greater communication between services and with residents of a particular place to devise

solutions to reduce disadvantage in their area. This puts the people, who are local to that area, central to the service planning. The HSCP are aware of the unequal impact the COVID-19 pandemic has had on people experiencing socio-economic disadvantage. A strategic priority of Post Pandemic Renewal has been included to understand the impact of the pandemic on all of the people within East Dunbartonshire on their health and wellbeing, and understand the responses necessary to meet these needs and resource requirements to build back 'stronger and fairer'. The detail about how we will achieve these things, will be developed through our annual delivery plans, which will be developed in collaboration with all partners in the public, independent and voluntary sectors, and in our local communities. They will allow us to be responsive to any potential changes in the landscape of East Dunbartonshire over the lifetime of the plan.

Stage 4 – Decision	
This stage is for an appropriate officer to confirm that due regard has been paid. They should be satisfied the body has understood the evidence, considered whether the policy can narrow inequalities of outcome, considered improvements and the links to socio-economic disadvantage and equality.	
The appropriate Governance Groups were informed, had sight of and the opportunity to discuss and influence the FSD assessment of the Strategic Plan before it was signed off for publication.	
Sign off	Name: Designation:

Stage 5 – Publication
Public Bodies covered by the Duty must be able to show that they have paid due regard to meeting it in each case. This should be set out clearly and accessibly, and signed off by an appropriate official from the body in question.
Once signed off by the appropriate governance groups, the FSD assessment report on the Strategic Plan will be published on the HSCP website alongside the Strategic Plan 22-25.

Interim Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 5.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**20 JANUARY 2022**
REPORT REFERENCE:	**HSCP/200122/05**
CONTACT OFFICER:	**DAVID AITKEN, INTERIM HEAD OF ADULT SERVICES AND ALCOHOL AND DRUG PARTNERSHIP CHAIR, TELEPHONE NUMBER: 0300 123 4510**
SUBJECT TITLE:	**ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORT 2020 - 2021**

1.1 PURPOSE

1.2 The purpose of this report is to advise the East Dunbartonshire Health and Social Care Partnership Board of the Alcohol and Drug Partnership Annual Report 2020-21 **(Appendix 1)** and provide a summary of key points and implications for the HSCP.

2.1 RECOMMENDATIONS

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

2.2 Note the content of the Report.

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.1 BACKGROUND/MAIN ISSUES

3.2 Alcohol and Drug Partnership's (ADP) are required to submit an annual report, based on a standard Scottish Government template. The annual report records progress against the national strategic targets, Drug Related Deaths Taskforce priorities and Medication Assisted Treatment Standards (MAT). The report is used to provide updates to Scottish Ministers and Public Health Scotland around ADP delivery, and to monitor and evaluate drugs policy at a local level.

3.3 In October 2021 East Dunbartonshire Alcohol and Drug Partnership submitted their annual report for 2020/21. The report was prepared by the ADP Coordinator in collaboration with ADP stakeholders; including the Alcohol and Drug Recovery Service (ADRS), Criminal Justice, Children and Families, Finance and third sector commissioned providers and is approved prior to submission by the ADP Chair and Interim Chief Officer.

3.4 The ADP annual report provides information on the following areas:

- ADP representation, frequency and accessibility
- Education and Prevention
- 'Rights, Respect and Recovery' – eight point plan
- Getting it Right for Children, Young People and Families
- A Public Health Approach to Justice
- Equalities
- Financial Framework

3.5 East Dunbartonshire ADP continued to meet quarterly during 2020-21and retained wide partnership representation including statutory staff, emergency services, Licensing, Public Health and third sector providers. Going forward, the addition of lived and living experience representation is a priority for development and will be supported through additional investment provided by Scottish Government to ADPs.

3.6 Three sub groups sit under the ADP and drive forward the ADP priorities, these sub groups are the Treatment and Recovery Group, Substance Use Prevention Group and the Suicide Prevention Group. An additional short life sub group is being established in 2022 to drive forward the implementation of the 10 Medication Assisted Treatment (MAT) Standards in East Dunbartonshire; it is anticipated that there will be additional funding available to ADPs to support this work.

3.7 The ADP annual report highlights the significant work undertaken over 2020-21 by the ADP, East Dunbartonshire HSCP's Alcohol and Drug Recovery Service, and partners to support individuals to receive alcohol and drug care and treatment and access recovery services. During 2020-21, this work included regular social media campaigns, additional resources to promote Naloxone provision which is a key tool to prevent overdose and potential drug related death, and this year included the introduction of a postal Naloxone service.

3.8 There was also continued promotion of the substance misuse toolkit and other prevention activities within schools. There was also the delivery of the 'Elf and Safety' booklet that now includes more detailed information around drugs and alcohol and the addition of a Summer Safety booklet. Key messages and campaigns provided in 2020/21 included:

- International Overdose Awareness Week
- Go sober for October / Dry January

- #Drive Smart
- Suicide Prevention Week

There was also enhanced social media campaigns locally, during the lockdown periods, sharing a variety of information to help people keep safe.

3.9 During 2020-21 ADRS continued to provide a comprehensive and intensive service; supported by online referral processes, and use of virtual support through 'Attend Anywhere', MS Teams and telephone support. All referrals were risk assessed and 'RAG' status applied. Increased take home of Opioid Substitute Therapy (OST) was rolled out across Scotland and worked well in East Dunbartonshire with minimal issues. Naloxone and locked boxes were provided to those receiving OST.

3.10 During 2020-21 each ADP received additional funding to support the implementation of national priorities over the next five years from Scottish Government. Initiatives to develop joint services between Criminal Justice and our Alcohol and Drug Recovery Service (ADRS) were identified as an initial local priority and the new funding has allowed for the establishment of a Peer Navigator service to develop peer and lived experience support across Criminal Justice and ADRS which will commence in 2022. Additionally using funding from the Drug Death Taskforce a Band 6 Nursing post was also developed this year to support Criminal Justice and ADRS local provision of drug treatment and testing orders (DTTOs).

3.11 Third sector commissioned services also continued to provide essential support to individuals who were isolated, offering and delivering different support options and access to technology, food parcels and wellbeing packs. Support was provided virtually through MS Teams and Zoom, including keep fit, art classes, one-to-one support, group work and wellbeing check-ins across all age groups to ensure they were kept safe and had access to food and other supplies. Providers accessed the national technology fund to provide tablets and mobile devices to ensure individuals were able to keep in touch and access the virtual support being provided.

3.12 Additional investment was provided for access to Drug Rehabilitation, which is one of the Scottish Government's new national priorities. As a direct result ADRS increased access to residential rehabilitation for individuals over 2020-21. Work commenced to implement the 10 Medication Assisted Treatment Standards (MAT), for same day prescribing, access to treatment for as long as necessary, and ensuring support is trauma informed.

3.13 ADRS works closely with both statutory and third sector partners to ensure individuals receive a seamless and comprehensive service through treatment into recovery. During 2020-21 ADRS worked with Criminal Justice and Low Moss Prison on the early release from prison scheme in May 2020, and close working continues to ensure prisoners on release have access to appropriate services, including alcohol and drug support.

3.14 To ensure that service delivery across both statutory and third sector provision continued to meet local needs, Scottish Drugs Forum (SDF) are commissioned to provide service user engagement and undertake themed independent reports on our behalf. During 2020-21 SDF connected with both staff and service users to report on the impact of COVID19. The feedback received has supported transformation and service change within our statutory service.

3.15 During 2020-21, East Dunbartonshire ADP worked closely with Glasgow City and wider Greater Glasgow and Clyde (GGC) ADPs, on board wide protocols and service development. Work commenced with GGC and Turning Point Scotland on the implementation of a Near-Fatal Overdose Service to support individuals who have experienced a near-fatal overdose within the first 7-days. East Dunbartonshire and West Dunbartonshire share a service, which was funded via Scottish Government and links to the Glasgow City service also funded via Scottish Government.

3.16 The report provides an overview of the work of our Alcohol and Drug Partnership which is commend to the HSCP Board, and the HSCP Board is asked to note the content of the report.

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. Improve support for Carers enabling them to continue in their caring role
7. Optimise efficiency, effectiveness and flexibility
8. Statutory Duty

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

4.3 Frontline Service to Customers – Frontline services changed the way they provided support over 2020-21 and developed new ways of working; providing support based on individualised risk assessment and 'RAG' status.

4.4 Workforce (including any significant resource implications) – Increased demand and higher caseloads have been a feature and work has commenced to invest additional funding towards expanding the capacity of ADRS.

4.5 Legal Implications – None.

4.6 Financial Implications – Increased investment for the ADP provided by Scottish Government as previously reported over five years on top of core ADP funding.

4.7 Procurement – Developments proposed in terms of lived and living experience and increased use of residential rehabilitation as part of dedicated funding streams.

4.8 ICT – None.

4.9 Corporate Assets – None.

4.10 Equalities Implications – Increased investment based on equal opportunities, including multiple and complex needs.

4.11 Sustainability – ADPs receive core funding each year, with additional investment committed by the Scottish Government for a period of five years.

4.12 Other – None.

5.1 **MANAGEMENT OF RISK**

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

5.2 The report serves as a timely reminder of the importance of our practice in this area of work, particularly when considering the impact of drug and alcohol deaths and related harm in respect of the impact upon families and our communities. The report provides a framework and focus for continued practice improvement and development and investment in harm reduction, treatment and recovery.

6.1 **IMPACT**

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

6.3 **EAST DUNBARTONSHIRE COUNCIL** – Increased ADP Scottish Government investment will assist in the development of new services and increased capacity to support the reduction of drug and alcohol deaths and harm in East Dunbartonshire.

6.4 **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** – ADP Annual Reports 2020 - 2021

ALCOHOL AND DRUG PARTNERSHIP ANNUAL REVIEW 2020/21 (East Dunbartonshire ADP)

I. Delivery progress
II. Financial framework

This form is designed to capture your **progress during the financial year 2020/2021** against the Rights, Respect and Recovery strategy including the Drug Deaths Task Force emergency response paper and the Alcohol Framework 2018 We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2020/21. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please ensure all sections are fully completed. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. The data will also be shared with Public Health Scotland (PHS) evaluation team to inform monitoring and evaluation of drugs policy.

We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform drugs policy monitoring and evaluation, and excerpts and/or summary data from the submission may be used in published reports. It should also be noted that, the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual Review you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Wednesday 14th October 2021** to: drugsmissiondeliveryteam@gov.scot

NAME OF ADP: East Dunbartonshire ADP

Key contact:
Name: **Lynsay Haglington**
Job title: **Alcohol and Drug Partnership Coordinator**
Contact email: **Lynsay.Haglington@eastdunbarton.gov.uk**

I. DELIVERY PROGRESS REPORT

1. Representation

1.1 Was there representation form the following local strategic partnerships on the ADP?

Community Justice Partnership	☒
Children's Partnership	☒
Integration Authority	☒

1.2 What organisations are represented on the ADP and who was the chair during 2020/21?

Chair *(Name, Job title, Organisation):* David Aitken, Interim Head of Adult Services, East Dunbartonshire HSCP

Representation

The public sector:

Police Scotland	☒
Public Health Scotland	☐
Alcohol and drug services	☒
NHS Board strategic planning	☒
Integration Authority	☒
Scottish Prison Service (where there is a prison within the geographical area)	☒
Children's services	☒
Children and families social work	☒
Housing	☒
Employability	☒
Community justice	☒
Mental health services	☒
Elected members	☐
Other	☐ Please provide details…….

The third sector:

Commissioned alcohol and drug services	☒
Third sector representative organisation	☒
Other third sector organisations	☐ Please provide details…….
People with lived / living experience	☒
Other community representatives	☒ Please provide details…….

Other ☒ Individuals with lived experience do not sit directly on the Alcohol and Drug Partnership (ADP) or sub groups yet; however, there has been significant discussion on how to ensure there is appropriate representation. Lived and living experience is currently represented via Scottish Drugs Forum (SDF) service user engagement activity and through commissioned services who are represented on the ADP and sub groups. The additional allocation for lived and living experience has come at an extremely opportune time, as developing a panel/forum will not only link into the ADP and sub groups but help drive forward service redesign with the service users at the centre.

1.3 Are the following details about the ADP publically available (e.g. on a website)?
The papers below are not yet available on the Health and Social Care Partnership (HSCP) website but we are working towards adding them; however if requested the papers noted below can be provided. Papers are also available on the ADP Knowledge Hub and membership access can be provided. Under the new governance arrangements, accessibility to ADP papers is a priority. The ADP Strategy is being checked for accessibility and a change request form being completed to add to the website. The same will be done with other associated ADP paperwork.

Membership	☒	
Papers and minutes of meetings	☒	
Annual reports/reviews	☒	
Strategic plan	☒	Please provide link to website

1.4 How many times did the ADP executive/ oversight group meet during 2020/21?
The ADP meets quarterly, in 2020/21 the ADP met 4 times between April 2020 and March 2021. All of the ADP meetings took place virtually over MS Teams.

1.5 Please give details of the staff employed within the ADP Support Team

Job Title	Whole Time Equivalent
1. Alcohol and Drug Partnership Coordinator	1WTE
2.	
3.	

The ADP Coordinator also has a remit for coordinating suicide prevention activity.

Total WTE 1

2. Education and Prevention

2.1 In what format was information provided to the general public on local treatment and support services available within the ADP?
Please tick those that apply (please note that this question is in reference to the ADP and not individual services)

Leaflets/ take home information	☒
Posters	☐
Website/ social media https://www.eastdunbarton.gov.uk/health-and-social-care/services-adults-and-older-people/alcohol-and-drugs-recovery-service / https://www.facebook.com/eastdunhealthinfo / https://www.facebook.com/edunbartonshirecouncil / https://twitter.com/EDCouncil / https://twitter.com/EastDunHSCP	☒
Accessible formats (e.g. in different languages) These are available on request if appropriate	☒

Other ☒

Business card sized tri-fold naloxone postal service cards. These cards promote the East Dunbartonshire naloxone postal service, useful numbers and who can access naloxone. Banner pens are being printed that include the same information and how to spot the signs of an overdose. These resources are being provided to GP's, third sector providers, statutory staff, police, the fire service and members of the public.

2.2 Please provide details of any specific communications campaigns or activities carried out during 19/20 *(E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk)* (max 300 words).

There are regular posts on the East Dunbartonshire and HSCP Twitter and Facebook accounts around prevention messages and health information for public including signposting to local services and NHS inform. Information is shared across all accounts to ensure continuity and consistency of information. An ADP Comms Group was set up in 2020/21 to agree ongoing promotion and key messages from the ADP. Both the council and HSCP Healthy Working Lives groups also continue to promote key messages and over the years resources have been developed to ensure individuals have a safer festive season, this resource has been developed to cover the summer period too. Both resources will continue to be adapted depending on any key message, legislative changes and will be promoted on an annual basis to both staff and the public. https://www.eastdunbarton.gov.uk/news/have-yourself-safe-and-healthy-christmas / https://www.eastdunbarton.gov.uk/sites/default/files/summer_safety_2021.pdf. The following campaigns were featured during the course of the year: Public Health Scotland Covid-19 messages (PHS May 2019), World Hepatitis Day (July), International Overdose Awareness Week (August), Non Communicable Diseases campaign (Alcohol Focus Scotland, Sept), Go Sober for October (Macmillan, October), Alcohol Awareness Week (November), #DriveSmart (drink and drug driving – December/January), Dry January (Alcohol Change UK, January). In addition to this, regular content was posted by all partners on a range of topics including service updates, alcohol low risk guidelines, mental health support/awareness, naloxone, addressing stigma and training opportunities. There was enhanced social media activity during both covid-19 lockdowns with a specific focus on alcohol low risk guidelines, harm reduction messages for both alcohol and drugs and signposting to services for further support (including mental health). Tracking of the reach/engagement of social media is no longer collected due to capacity, as this required significant admin hours which are not available.

2.3 Please provide details on education and prevention measures/ services/ projects provided during the year 19/20 specifically around drugs and alcohol (max 300 words).

The ADP continue to promote Rory, Oh Lila and the Substance Misuse Toolkit within education and early years establishments, this was refreshed in 2020/21 and additional resources sought. Police Scotland Campus Officers continue to deliver input in schools when able, however COVID had an impact on this. Harm reduction work within services, increased promotion of Naloxone and safer storage options continues; presentations on naloxone were given at the East Dunbartonshire GP forum, Public, Service User and Carer (PSUC) representatives group and East Dunbartonshire Voluntary Action (EDVA) Children, Young People & Families network. Additional resources have been developed and the East Dunbartonshire Postal Naloxone Service set up. Use of digital technology and social media platforms continues to promote safer drinking and harm reduction. Festive 'Elf and Safety' booklet amended and circulated annually; this resource was also adopted by Greater Glasgow and Clyde NHS to help keep people safe during the festive period. A Summer Safety version has also been developed and will continue to be amended and promoted on an annual basis. Both booklets are provided to staff and members of the public. Delivery of alcohol screenings and Alcohol Brief Interventions (ABIs) in both primary care settings was less due to changes of service delivery models during covid-19. Training courses were delivered online by Scottish Drugs Forum around stigma, alcohol & drug awareness and were advertised widely to health and social care staff, third sector organisations and volunteers.

2.4 Please provide details of where these measures / services / projects were delivered

Formal setting such as schools ☒
Youth Groups ☒
Community Learning and Development ☒
Other – please provide details ☐

2.5 Please detail how much was spend on Education / Prevention activities in the different settings above
Funding it provided to the ADP sub groups to provide education and prevention activities, but this is a recent development and will enable the ADP to capture this work in more detail. For 2020/21 this activity was provided within the current scope and a definitive figure cannot be attributed to each of these headings below. Education and prevention activities have been embedded across current practice.

Formal setting such as schools
Youth Groups
Community Learning and Development
Other – please provide details

2.6 Was the ADP represented at the alcohol Licensing Forum?

Yes ☒
No ☐

Please provide details (max 300 words)
The last Licensing Forum meeting was in November 2018 where there was ADP representation. A member of the Licensing team sits on the ADP and provides feedback in relation to licensing matters. Licensing Board Meetings sit approximately every 6 weeks to which a representative from the Health and Social Care Partnership are invited to speak in response to certain licensing applications.

2.7 Do Public Health review and advise the Board on license applications?
All ☐
Most ☒
Some ☐
None ☐

Please provide details (max 300 words)
Public Health are statutory consultees on applications for provisional premises licence, premises licence and non minor variations of premises licence applications and provide formal feedback to the Licensing Board on these occasions. The ADP coordinator has also been attending the NHSGGC Licensing Group and the Alcohol Focus Scotland (AFS) Scottish Licensing Health Network.

3. RRR Treatment and Recovery - Eight point plan

People access treatment and support – particularly those at most risk (where appropriate please refer to the Drug Deaths Taskforce publication Evidence-Based Strategies for Preventing Drug-Related Deaths in Scotland: priority 2, 3 and 4 when answering questions 3.1, 3.2, 3.3 and 3.4)

3.1 During 2020/21 was there an Immediate Response Pathway for Non-fatal Overdose in place?

Yes ☐
No ☐
In development ☒

Please give details of developments (max 300 words)

Alcohol and Drug Recovery Service (ADRS) nursing post extension continues to enable the non-fatal overdose response to be embedded in practice across the service. Weekly reports continue to come from GGC of all hospital presentations within the service to enable an immediate response by the allocated worker or duty worker. Turning Point Scotland non-fatal overdose service has commenced across both East and West Dunbartonshire and ADRS will be working in partnership with Turning Point Scotland (TPS) to ensure individuals who have had a non-fatal overdose (NFO) receive support within the first seven days after their near-fatal overdose. Information sharing agreements and data protection impact assessments are being developed to ensure the minimisation of any risks.

3.2 Please provide details on the process for rapid re-engagement in alcohol and/or drug services following a period of absence, particularly for those at risk and during COVID-19. Are services fully open at normal levels / blended services on offer? (max 300 words).

New Referrals are still checked daily and allocated within the week for all new referrals including re-engagement. Online referral form is still being used to enable ease of access to self-referral at any time. The online referral form was particularly useful during COVID as it allowed individuals to self-refer, other council/HSCP teams to refer and allowed the information to be accessed by admin and relevant ADRS staff. All referrals continue to be risk assessed and rapid response is provided as required e.g. same day prescribing (where available) or a home visit. ADRS now have a duty senior on shift every day to deal with new Opioid Substitute Therapy (OST), and NFO. ADRS continue to implement the Medication Assisted Treatment (MAT) standards and are waiting for the appointment of a medical prescriber to increase same day prescribing from three days per week to five. There has also been a substantial increase in individuals accessing Buvidal, with 15 individuals in treatment, with extremely positive results. ADRS will continue to promote the use of Buvidal as part of the treatment options.

3.3 What treatment or screening options were in place to address drug harms? *(mark all that apply)*

Same day prescribing of OST ☒
Methadone ☒
Buprenorphine and naloxone combined (Suboxone) ☐
Buprenorphine sublingual ☒
Buprenorphine depot ☒
Diamorphine ☐
Naloxone ☒
BBV Screening ☒
Access to crisis support ☒
Access to detox from opiates/benzos - rehab ☒
Other non-opioid based treatment options ☒ Espranor wafers

3.4 What measures were introduced to improve access to alcohol and/or drug treatment and support services during the year, particularly for those at risk 19/20 (max 300 words).

An alcohol clinic was established in 2020 with addiction specialised medic session and two alcohol specific nurses (band 5 and band 6) to improve the ADRS specialist response to alcohol care and treatment and provide treatment interventions such as blood screening, Pabrinex multivitamin injections, ECG, protective medications. Alcohol home detoxes have been offered where appropriate or inpatient referral if required. Referrals from addictions liaison team are allocated to addiction nurses in ADRS service and given a specialist priority response. MAT standards are being implemented where possible in current staffing structure. Work has commenced to look at increasing capacity within ADRS to further implement the MAT standards, ensure NFO is being implemented, increase community outreach and naloxone provision. This also includes the development of a nursing post to support Criminal Justice two days per week including Drug Testing Treatment Order's (DTTO's) and health checks, this will also include mental health assessments where appropriate and where there is a substance use issue. The nursing post will support ADRS the other three days per week to increase capacity; this supports the increased caseloads due to individuals remaining in treatment for longer. Cases continue to be discussed within the weekly Multi-Disciplinary Team Meeting (MDT), including any rehab placements, detox or more specialist placements.

3.5 What treatment or screening options were in place to address alcohol harms? *(mark all that apply)*

Fibro scanning	☐
Alcohol related cognitive screening (e.g. for ARBD)	☒
Community alcohol detox	☒
Inpatient alcohol detox	☒
Alcohol hospital liaison	☒
Access to alcohol medication (Antabuse, Acamprase etc.)	☒
Arrangements for the delivery of alcohol brief interventions in all priority settings	☒
Arrangements of the delivery of ABIs in non-priority settings	☒
Other – Please provide details	☐

People engage in effective high quality treatment and recovery services

3.6 Were Quality Assurance arrangements in place for the following services? (examples could include review performance against targets/success indicators, clinical governance reviews, case file audits, review against delivery of the quality principles):

	Adult Services	*Children and Family Services*
Third sector	☒	☒
Public sector	☐	☐
Other	☐	☐

3.7 Please give details on how services were Quality Assured including any external validation e.g. though care inspectorate or other organisations? (max 300 words)

As per last year's submission, some services may be required to be registered with the Care Inspectorate, and adhere to Care Inspectorate quality assurance procedures. All commissioned services are required to implement the Quality Principles, which is part of their contract. Regular feedback is also requested through

contract management. Three 'We Are With You' Services, Families Plus, Young People Service and Alcohol Related Brain Damage (ARBD) provide service users with an annual service user survey asking for their views on the services, which supports ongoing service development. The results of the surveys are fed back to service manager to allow any changes to be made to the service. 'We Are With You' also have their own internal audit department. Service Managers also carry out case file audits. Scottish Families Affected by Alcohol and Drugs (SFAD) provided a detailed annual report to Cora for their young person's service, showing that all outcomes have been met and a good explanation of how feedback is used after each trip/session was provided. Detailing how the young people have learned to be constructive with their feedback. Scottish Families Affected by Alcohol and Drugs provided an annual report to funders Cora for their Routes project, this report shows all outcomes have been met and the report provides a good explanation of how feedback us used after each trip/session, and how the young people have learned to be constructive with their feedback. Glasgow Council on Alcohol (GCA) procedures are defined in their ISO9001 Quality Manual which are regularly reviewed, internally audited and subject to an external audit by QMS International. All feedback is gathered and any actions arising are actioned as quickly as possible and overseen by the CEO. Group Recovery Aftercare Community Enterprise (GRACE) – as well as the areas noted above there are also quality assurance arrangements through OSCR, Scottish Community Development Centre and Evaluation Support Scotland.

Thank you for completing the recent Scottish Government ADP Pathways Survey, which gathered data for 2019/20. The following questions look to gather the same data for 2020/21.

3.8 Were there pathways for people to access residential rehabilitation in your area in 2020/21?

Yes ☒

No ☐

Please give details below (including referral and assessment process, and a breakdown between alcohol and drugs referrals) (max 300 words)

Anyone open to ADRS can request access to rehab, the allocated worker will do an assessment to evaluate suitability, the worker will then bring the case to the weekly MDT for discussion with health and social work professionals, including medics and psychology. Rehab and is looked at on a case-by-case basis and rehab placements will be spot purchased based on the individuals assessed needs and circumstances. If someone contacts ADRS and is looking for access to a rehab placement, a referral to ADRS would be made and the same process followed. East Dunbartonshire does not have a local rehab so will utilise rehab facilities in other areas, mostly Glasgow City. There is a lack of crisis and stabilisation and after care services for individuals who require more intensive support prior to rehab and ongoing support after rehab.

3.9 How many people started a residential rehab placement during 2020/21? (if possible, please provide a gender breakdown)

There were seven individuals who started a residential placement in 2020/21, this equates to 3 females and 4 males. More comprehensive information will be available in the residential rehab report due on 22nd October 2021. As there is now a specific residential rehab budget reporting will be more specific as previously the residential budget covered care homes and specialist placements. Over the duration of the rehab funding stream, reporting for residential rehab will be based rehab placements only.

People with lived and living experience will be involved in service design, development and delivery
3.10 Please indicate which of the following approaches services used to involve lived / living experience / family members *(mark all that apply).* *For people with lived experience:* Feedback/ complaints process ☒ Questionnaires/ surveys ☒ Focus groups / panels ☒ Lived/living experience group/ forum ☐ Board Representation within services ☒ Board Representation at ADP ☐ Other ☒ Lived experience and living experience have been involved in an alcohol and drugs and mental health needs assessment, work has commenced to develop a series of consultations/workshops to ensure lived and living experience is fully embedded across the redesign process. All commissioned services are contracted to ensure lived and living experience is a key element of service development and improvement. The ADP also funded two Addiction Worker Trainee placements from Scottish Drugs Forum to work alongside the ADRS team, Please provide additional information (optional) The ADP continues to commission Scottish Drugs Forum to carry out service user involvement activities, as this work has been in place for a decade and been instrumental in significant change to services based on service user feedback. In 2020/21 SDF completed a survey on the impact of COVID on both service users and staff providing services. The outcome and recommendations from the report did not provide any big surprises but further supported changes that ADRS and the ADP have already been implementing and are looking to implement in 2021/22. A lot of the changes made during COVID were reported positively, e.g. increased use of technology, access to mobile phones/tablets to ensure individuals could keep in touch with services. ADRS worked with service users to ensure they had ways of contacting the service during COVID, by providing mobile phones and/or linking individuals into commissioned services who had access to mobile devices and tablets. The ADP funded two Addiction Worker Trainee placements, both of which sat within ADRS; one of these placements was extended so the entire placement was within ADRS. The trainee was heavily involved in developing resources to support service users and attended joint visits with ADRS staff, which was invaluable. ADRS and the ADP utilise lived and living experience where possible, the work of Scottish Drugs Forum service user engagement and feedback from commissioned services supports ADRS and ADP service development and improvement. ADRS staff also ensure that the individuals they are working with are fully informed and engaged in their support, upholding all 10 MAT standards where appropriate. Lived and living experience is always at the heart of service improvement to ensure changes are made with individuals not to them. The lived and living experience allocation will be extremely beneficial in solidifying the informal processes that are already in place and provide a platform for individuals from various services to come together, hopefully with individuals who have used services previously and moved on and individuals who are not known to statutory services but have a voice in the community. GRACE continue to encourage members active participation in ongoing focus group meetings which offer the opportunity for members to be fully involved in shaping their service provision. SFAD 'Routes' pilot project is co-developed by the young people who use the service; they are involved in almost every aspect of the service design, development and delivery. For many of these traditionally, 'hard to reach' young people, it is the first time that they have felt they have a voice. SFAD Routes pilot project is co-developed by the young people who use the service, they are involved in almost every aspect of the service design, development and delivery. For many of these traditionally, 'hard to reach' young people, it is the first time that they have felt they have a voice. GRACE - GRACE have encouraged lived experienced members/volunteers to actively participate in on-line focus group meetings through the pandemic and ongoing and which offer opportunity for our members/volunteers to be fully involved in shaping local policy that is shaping their daily lives. The role of lived experience volunteers quickly adapted to meet the needs of members during the COVID-19 crisis. WhatsApp groups were developed, which quickly become effective communication and support platforms and are providing a sense of community for members. GRACE

recognises that the continuing uncertainty and concerns in relation to this crisis will impact on members adversely. GRACE is currently monitoring the needs of our members and identifying what further supports are required to support our members in relation to mental health, wellbeing, addiction issues, relapse prevention and isolation, particularly for the more vulnerable members. We Are With You - When recruiting for the Young Person's service, two service users from another YP service who have significant lived experience were involved in the process. They met and spoke to all interviewees prior to them being interviewed formally. Their comments and insight were invaluable and played an important part in the decision making process. The Young Person's service, which has recently been extended to include the age group 18 – 25 will involve young people with lived experience in the design and development of the service and will offer young people an opportunity to become peer mentors and volunteers within the service.

For family members:

Feedback/ complaints process ☒
Questionnaires/ surveys ☒
Focus groups / panels ☒
Lived/living experience group/ forum ☐
Board Representation within services ☐
Board Representation at ADP ☐
Other ☐ Please provide details…….

Please provide additional information (optional)
Families had spoken to GRACE in relation to keeping their children busy whilst staying at home during this crisis. Families advised they were 'running out of things to do'. GRACE developed activities for children encouraging play and learning together for families. GRACE purchased 25 'Giant Box of Crafts' via STV Children's Appeal. GRACE is also providing further support via the GRACE Family Craft Group on Facebook and currently supports 23 children and their families. We Are With You - Family Members who are parents or carers for young children up to the age of 11 and who are being supported by the Families Plus service have also received the service user annual surveys allowing them to give their views and comments on the service. Families members are also made aware of the complaints procedure and can use this to raise any concerns around the support their family members are receiving from We Are With You.

3.11 Had the involvement of people with lived/ living experience, including that of family members, changed over the course of the 2020/21 financial year?

Improved ☒
Stayed the same ☒
Scaled back ☐
No longer in place ☐

Please give details of any changes (max 300 words)
SDF carry out service user engagement activity twice a year, providing a comprehensive report that is used for service improvement. Each commissioned service also, as part of their contract, will issue surveys/questionnaires to their service users and family members on quality of service and improvements. For SFAD, the involvement of young family members (12-26) has improved as the Routes project, specifically to support them, was established in 2019. Routes is currently at capacity, providing intensive holistic support to 74 young people (33 living in East Dunbartonshire). SFAD are hopeful that Routes will

expand in 2022 and be able to support more young people in East Dunbartonshire. GCA continues to issue questionnaires to their service users to measure the quality of service and to identify any improvements. GRACE - Due to the immense pressures and challenges from COVID that members have faced, there has been an increase in evening support. This consists of members and volunteers phoning each other in the evening and accessing evening support from the Project Manager and sessional workers. Due to social distancing/self-isolation, members no longer had daily physical contact with each other. This has led to an increase in their anxiety, loss of structure to their daily routine and added pressures placed on families. It is also recognised that the stress placed on members during these exceptional circumstances has led to an increase in alcohol consumption and a deterioration of physical and mental health for some members. It is evident that this crisis is having a particularly detrimental effect on individual members' recovery journeys, where they need increased support which is both effective and consistent. As part of GRACE's peer led objective participants are encouraged to provide feedback on any activities they take part in. Some examples of feedback given over the last year: quotes - "The class makes me look after myself in a way I would not be able to if left on my own" "The positivity that Liz creates in your mind cuts the negative right out. I am able to shut out what's going on around me and concentrate on me" "I am so grateful for online support and do not think i would have coped without it" "There are activities and support available to me every day if I need them"

3.12 Did services offer specific volunteering and employment opportunities for people with lived/ living experience in the delivery of alcohol and drug services?

Yes ☒
No ☐

Please give details below (max 300 words)

SFAD - Volunteers with lived experience have come to the Routes group to talk about their own experience in the hope that the young people to try and increase the young people's knowledge around alcohol and drugs but also gives them hope that recovery for their own parents is possible. Many of the Routes young people were supported to write CVs, college applications and personal statements. The young people were also supported with job and college interviews, resulting in several young people obtaining positive destinations that they would otherwise not have achieved without the support of a Routes worker. The Foundry (SAMH) has always been a service that fully supports lived experience and has employed staff and volunteers. The Foundry also has lived experience of alcohol and drug addiction within the staff team, which has been in place since the Foundry inception. GCA - All people with lived / living experience can access their peer support groups where volunteering opportunities are offered. They also have access to their Employability Service which provides support to those in recovery to improve their employability skills and provide support in seeking or retaining employment. GRACE acknowledges the immense challenges and pressures placed on lived experience volunteers during this crisis. GRACE recognises the importance of these volunteers continuing to receive the individual support they require directly relating to their recovery journey. Meetings including 1:1 support are currently provided online and via telephone contact from lived experienced volunteers. These have proved beneficial in relation to recovery, health and wellbeing. GRACE continues to monitor volunteers health and wellbeing during this crisis, recognising that as social distancing/self-isolation continues it will have a sustained impact on lived experience members. This shapes the continued support provided by GRACE directly relating to members' recovery journey.

People access interventions to reduce drug related harm

3.13 Which of these settings offered the following to the public during 2020/21? *(mark all that apply)*

Setting:	Supply Naloxone	Hep C Testing	IEP Provision	Wound care
Drug services Council	☒	☒	☒	☐
Drug Services NHS	☒	☒	☒	☒
Drug services 3rd Sector	☒	☐	☐	☐
Homelessness services	☒	☐	☐	☐
Peer-led initiatives	☐	☐	☐	☐
Community pharmacies	☐	☐	☐	☐
GPs	☐	☐	☐	☐
A&E Departments	☐	☐	☐	☐
Women's support services	☐	☐	☐	☐
Family support services	☒	☐	☐	☐
Mental health services	☐	☐	☐	☐
Justice services	☒	☐	☐	☐
Mobile / outreach services	☐	☐	☐	☐
Other … *(please detail)*	☐	☐	☐	☐

SFAD provides a home delivery service for Naloxone for family members and people with lived/living experience. Two members of staff from the new Greater Glasgow Overdose Response team came and spoke to the Routes young people about overdose awareness and Naloxone, several of the young people asked for Naloxone after the session, we were able to provide the Naloxone nasal spray for any who were over 14. We also had a session on what to do in a drug or alcohol medical emergency from the British Red Cross. There will continue to be an increase in the reach of naloxone, which will include women's services etc.

A person-centred approach is developed

3.14 To what extent were Recovery Oriented Systems of Care (ROSC) embedded across services within the ADP area? ROSC is centred around recognising the needs of an individual's unique path to recovery. This places the focus on autonomy, choice and responsibility when considering treatment.

Fully embedded ☒
Partially embedded ☒
Not embedded ☐

Please provide details (max 300 words)

SFAD - Family members can choose whether they want 1-2-1 support, group support, a combination of both, or face-to-face or online support. The Foundry - Due to COVID the service have not been providing the full service, which included face-to-face, and have had to adapt and meet the needs of the participants in different ways. at the start of the year 2021 while in the lockdown most of our support was telephone support they facilitated SMART recovery meetings and Tools for Living as well has providing emotional support. Staff provided crisis intervention and delivered food parcels SMART recovery packs. When restrictions eased the service was able to go and meet participants within the community and delivered 1-1 support within settings such as coffee shops. They have also be able to meet participants face-to-face within the community and going walks keeping safe distance and following government guidelines. The ethos of GRACE is to create a community of passionate people who not only provide support to the project but also create a supportive learning environment within the project. The charity's core values include supporting individuals to enhance their wellbeing and providing training and support for the community as

a whole. GRACE consistently and continuously trains volunteers who in turn train more members to become volunteers. It was crucial for GRACE, as a local recovery community group, to continue to provide support for its members and for the local community. It is important to note that although GRACE could not deliver sessions within Hillhead and Auchinairn Community Centres, they did manage to deliver all their sessions albeit in a different format (online) to their members. This has resulted in GRACE not cancelling any existing services. GRACE's hours have now been increased to meet the needs of our members. The popularity and effectiveness of the GRACE support groups have given members the opportunity to discuss how they are feeling, which resulted in a rise in the demand for 1:1 support. All service users within We Are With You work with their key-worker to jointly develop an individual recovery plan. Every service user is different with their own aspirations with regard to their substance use, health & wellbeing, family relationships and future goals and these are reflected within their own recovery plans. These plans are reviewed every six weeks with the service user, and this is an opportunity to change or amend the plans depending on how the service user is progressing.

3.15 Are there protocols in place between alcohol and drug services and mental health services to provide joined up support for people who experience these concurrent problems (dual diagnosis)?
Yes ☒
No ☐

Please provide details (max 300 words)
There are protocols in place between alcohol and drug services and mental health services, however these are out of date and need refreshed. As part of the needs assessment and service redesign for commissioned services, it has been agreed that statutory services need to be within scope too. ADRS has mental health nursing staff but there is still a need to provide more joined up support for multiple and complex needs. Dual diagnosis also covers autism, physical health needs etc.

Is staff training provided (dual diagnosis)?
Yes ☒
No ☐

Please provide details (max 300 words)
Training needs are continually scoped for staff and training calendars are developed. Due to COVID there have been minimal face-to-face sessions taking place. ADRS did provide Naloxone training for justice, mental health, police and homelessness, and further courses will be provided. ELearning courses are circulated to staff for a range of topics. The ADP coordinator continues to scope out training courses for circulation to staff.

Have mental health services requested Naloxone following updated guidelines from the Lord Advocate?
Yes ☐
No ☒

Please provide details (max 300 words)

The recovery community achieves its potential

3.16 Were there active recovery communities in your area during the year 2020/21?
Yes ☒
No ☐
SFAD were out every day of the pandemic following Covid regulations, they recognised that this was an extremely stressful time for young people living in very unpredictable and stressful homes and it was

imperative they did not feel forgotten about. Commissioned services such as the Foundry have been attending a monthly sharing time meeting run by GRACE. Sharing time is currently held on Zoom to allow all services in the area come together to discuss opportunities for people who are using the services and how the services can better work together to provide more opportunities to enhance the possibility of a successful recovery community. Mutual aid support meetings including AA,CA,NA are held within the community and are not commissioned by the ADP.

3.17 Did the ADP undertake any activities to support the development, growth or expansion of a recovery community in your area?

Yes ☒

No ☐

3.18 Please provide a short description of the recovery communities in your area during the year 2020/21 and how they have been supported (max 300 words)

COVID made face-to-face support challenging, however the monthly recovery café was still supported by the ADP as was the annual Recovery Week. Although in person activities did not take place, there was a range of virtual supports available from commissioned services. The ADP fund a peer led organisation GRACE, who provides recovery and after-care services that are not available through the statutory sector. Informal and relational opportunities for those in need to support one another in a local setting have proved to be invaluable to those who access the services that GRACE provides and have led to an improvement in the quality of life and development of resilience in those who participate. The work of GRACE is not just about prevention of relapse but also about rebuilding life. It provides a bridge back into community for many who feel excluded and marginalised and helps to build self-esteem, self-confidence and life-skills. During the COVID-19 crisis, GRACE has been able to maintain this crucial and high level of service delivery though the dedication and commitment of its one member of staff, its volunteers and its members. The recovery community has looked to GRACE for structured support during this crisis. GRACE has, therefore, quickly adapted its service provision to meet the needs of the recovery community. This has resulted in GRACE adapting existing services and creating new services which now take place online. Members are actively engaging with the new online services. All activities are very well attended and feedback has shown a positive impact on members' continued health and wellbeing.

A trauma-informed approach is developed

3.19 During 2020/21 have services adopted a trauma-informed approach?

All services ☒

The majority of services ☐

Some services ☐

No services ☐

Please provide a summary of progress (max 300 words)

Trauma informed training was provided to all commissioned services across alcohol and drugs and mental health several years ago. The ADP Coordinator sits on the East Dunbartonshire Adverse Childhood Experience's (ACEs) and Trauma Collaborative Group, the Environmental Sub Group and the Kirkintilloch Health and Care Centre Trauma Group. As part of the MAT standards additional and refresher trauma training will be available. Work is also being done within the environmental sub group to ensure trauma is discussed at the start of any building development or refurbishment. All staff on the Routes project are trained in Trauma-Informed Practice, Alcohol brief interventions and first-aid. The Foundry staff have a Trauma informed approach and provide a platform for participants to feel safe and listened to. All staff have the knowledge of the different services that can be accessed for people who need specialised support for Trauma , psychology, counselling. Staff work close with ADRS and criminal justice with participants

Doctors. GCA - It is a mandatory requirement that all staff attend and complete trauma informed practice training which is renewed annually. GCA hosts the Trauma Addiction Partnership and ensures a trauma informed approach is embedded in the design and delivery of services. Environmental scans have also been carried out and actioned. All We Are With You services but particularly Families Plus and YP have adopted a trauma informed approach. For services users this means offering them safety, collaboration and choice. Several specific training sessions were offered to staff around ensuring that their practice was trauma aware. They also used the NHS Education for Scotland (NES) Trauma Training modules and this was mandatory for all staff within the organisation and refer to the NES trauma toolkit to ensure all service users are treated appropriately.

An intelligence-led approach future-proofs delivery

3.30 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? *(mark all that apply)*

Alcohol harms group ☒
Alcohol death audits (work being supported by AFS) ☐
Drug death review group ☒
Drug trend monitoring group ☐
Other ☒ East Dunbartonshire have a combined drug and alcohol review group

3.21 Please provide a summary of arrangements which were in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice. If none, please detail why (max 300 words)

The monthly drug and alcohol related deaths review meeting continues to meet, it is at this meeting where all deaths in service are reviewed and outcomes are agreed. Reports are sent to SCI (Sensitive Case Inquiry) and added to Datix. Work continues regarding a premature deaths work stream, linking alcohol and drug related death reviews with deaths by suicide reviews. The ADP have been waiting for the Alcohol Deaths Review guidance to be launched, which will be implemented in East Dunbartonshire. This work stream sits under the newly formed suicide prevention group.

3.22 Please provide a summary of arrangements which were in place to carry out reviews on drug related deaths and how lessons learned are built into practice (max 300 words)

The East Dunbartonshire ADP have a drug and alcohol related deaths review meeting and are looking to review premature deaths, including deaths by suicide within a specific work stream. This meeting continues to look at the complexities of any local drug or alcohol related deaths and includes a multi-agency approach between alcohol and drug services and mental health. Learning and outcomes from Significant Clinical Incident's (SCI's) are shared with the ADRS team.

4. Getting it Right for Children, Young People and Families

4.1 Did you have specific treatment and support services for children and young people (under the age of 25) with alcohol and/or drugs problems?

Yes ☒

No ☐

Please give details (E.g. type of support offered and target age groups)

Young people find it difficult to access support, especially support tailored to their individual needs, which can be significantly different to the needs of adult service users. Substance use can trigger changes in young people's behaviour, attitude and mood. As well as having a negative impact on their physical health, it can impair their cognitive development and comprehension. Substance misuse can also leave some young people feeling distant, or disconnected from any supportive peers or adults and can trigger low levels of motivation, negatively impacting on daily routines and stopping them from engaging in local community activities. This has been an ongoing need and in recognition of this need from EDC and We Are With You ongoing support has been provided via specifically employed support workers, using a trauma informed approach and offer safety, choice and collaboration. Referral pathways came directly from social work and Early and Effective Intervention screening group (EEI). Supported offered to our Young People was individual and direct support and intervention. SFAD - Many of the Routes young people are experimenting with drugs and alcohol themselves and SFAD provided support and information in relation to this, during the pandemic they had Zoom groups supporting young people who were trying to reduce their drug use. The Routes young people are constantly provided with support and information to help reduce their drug and alcohol use. We Are With You - The Families Plus project continues to offer intensive support to families where there are children aged 11 and under and a parent/s or carer is struggling with alcohol or drug misuse. This support is outreach with workers meeting in the family home or in the community. Support delivered within the family home allowed the workers to witness first-hand the family dynamics and identify issues which could be addressed via specific interventions. During the pandemic, it become challenging to keep up the outreach aspect of our support. However, they were aware that there were service users who would find it difficult to have only telephone or video call support. Therefore, they Red, Amber, Green (RAG) rated all of their service users and those at the highest risk were still offered outreach with staff utilising the appropriate PPE equipment and adhering to all government and organisational guidelines. Although support continued to be available around relapse prevention, harm reduction and parenting, they increasingly found they were supporting families whose mental health and emotional wellbeing had suffered and they increased their support around these issues. The positive relationships which had previously been developed due to the intensity of the support and the trauma informed approach of the workers were integral and allowed the families we support to stay engaged with us during this very difficult time when they felt lost and afraid. They were particularly keen to stay engaged and supportive for families involved in the child protection process as they realised the challenges of the pandemic could be even more difficult for them. Due to the way they had continued their support to families they were able to quickly return to normal support when restrictions started to lift.

4.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

Yes ☒

No ☐

Please give details (E.g. type of support offered and target age groups)

We Are With You provide support as detailed above and to target age group is 12-18 (this has just increased up to the age of 25). Support offered: outreach service meeting young people in a location of their choice. Specialist interventions to help prevent and reduce the harmful use of drugs and alcohol; support to young people in all risk areas of their life with care plans being individually tailored to their needs; build Young People's self-esteem by focusing on their individual qualities and skills and develop their assertiveness skills to increase their ability to cope with peer pressure. Support can be offered where families are

struggling to manage with substance use. SFAD - The Routes pilot project provides support (in groups and 1-2-1) for young people (aged 12-26) affected by a loved one's alcohol and/or drug use. They also organise trips and events (including some whole family activities) for the young people. During the pandemic they adapted quickly. SFAD went for walks and held groups outdoors where possible. They also held online groups to ensure that peer support was always there. Young people are hard to engage online so we tried everything to keep them connected, including cooking, make-up demonstrations, Tik-Tok, mindfulness and keep fit zooms. During the pandemic Routes provided over 1500 well-being bags for young people and their siblings, 582 food parcels, 173 take-aways and 92 phones, tablets or Wi-Fi connections for young people and their families. The Foundry offer addiction support to anybody over the age of 18 and this includes 1:1 sessions, peer support groups, Smart recovery meetings and mutual aid meetings. They also signpost people to other services that may suit their needs. We Are With You - Despite the challenges of the pandemic they continued their support to young people aged between 11 and 18 who were struggling with their substance misuse. The pilot started in October 2019 and was developing well with good relationships being established with partner agencies. They were making particularly good progress with schools in East Dunbartonshire and were offered rooms to see the young people they were supporting which was ideal. However, when the schools were forced to close they lost this opportunity and had to work hard to continue to engage with the young people in the service. They offered telephone call, video calls, walk and talk and meetings in gardens, parks, etc. This allowed them to continue offering support but certainly had challenges. They place a major emphasis on the relationships developed and the connections made with the young person and this helped to continue the support. Interventions were delivered around harm reduction, relapse prevention, drug and alcohol information, anxiety, self-confidence, peer pressure etc. In addition, increasingly they were supporting young people who were struggling with their mental health and emotional well-being. Although their support is for young people aged 11 – 18 they had identified a gap for young people aged 18 – 25 who were struggling with substance misuse which has having a negative impact on their health, their relationships and their ability to fulfil their potential. During the period they were successful in being awarded funding which will enable them to expand their young person's service to include this age group.

4.3 Does the ADP feed into/ contribute toward the integrated children's service plan?

Yes ☒
No ☐

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words)

The East Dunbartonshire Children's Plan was renewed in 2020 and runs until 2023. Priority 3, healthy lifestyles links to alcohol and drugs and tobacco, actions will sit under the Substance Use Prevention Group (SUPG - previously ADIAG). Partners will collaborate to deliver Policies, Strategies and Plans to establish and deliver consistent and methodological approaches to promote and improve the health and wellbeing of children, young people and their families. Links have also been made regarding The PROMISE, which is being added to the ADP priorities.

4.4 Did services for children and young people, with alcohol and/or drugs problems, change in the 2020/21 financial year?

Improved ☒
Stayed the same ☒
Scaled back ☐
No longer in place ☐

Please provide additional information (max 300 words)
The We are With You Service started in 2019, which provided additional support for our young people. A gap was identified for those aged between 19 and 25 so additional funding was sought to bridge that gap, which has meant the service extended to support care experienced young people between 18 – 25 too. SFAD applied for several funding streams in 2020/21, particularly around providing Covid related support, to which they were successful in most. This meant they were able to provide hundreds of well-being bags, which gave an opportunity to check in with the families. SFAD also provided technology to ensure every family stayed connected, provided take-away meals so that families could have a break from cooking once a week and were able to buy materials for zoom groups such as cooking ingredients, make up and craft materials. We Are With You - Families Plus continued to offer support to families affected by parental substance misuse. This support remained consistent during the 2019.2020 financial year.

4.5 Did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2020/21 financial year?

Improved ☐
Stayed the same ☒
Scaled back ☐
No longer in place ☐

Please provide additional information (max 300 words)
SFAD - Routes was established in April 2019. Many of the mainstream services stopped due to Covid and SFAD recognised the need for support was even greater during isolation and were in constant contact with all their young people. A lot of the young people being supported were becoming more socially isolated and family situations were more tense, so SFAD ensured that the young people had access to food and sent out wellbeing packs and developed zoom support around wellbeing and self-care.

4.6 Did the ADP have specific support services for adult family members?
Yes ☒
No ☐

Please provide details (max 300 words)
SFAD Family Support Development Officer continued to provide group and 1-2-1 support for adult family members. This moved online during the pandemic. There was more 1-2-1 support on Zoom, which worked really well, the groups also continued and diversified to include a Pilates group, a writing group and regular mindfulness groups as well as a number of training courses for personal development.

4.7 Did services for adult family members change in the 2020/21 financial year?

Improved ☒
Stayed the same ☒
Scaled back ☐
No longer in place ☐

Please provide additional information (max 300 words)
SFAD - The use of online support meant that less time was spent travelling and more families were supported 1-2-1 over Zoom and it also allowed for different types of online support groups as mentioned above. This was a consistent message across commissioned services. Some individuals missed face-to-face support but acknowledged that virtual support is as effective and more practical with regards to child care and travel arrangements.

4.8 Did the ADP area provide any of the following adult services to support family-inclusive practice? *(mark all that apply)*

Services:	*Family member in treatment*	*Family member not in treatment*
Advice	☐	☒
Mutual aid	☐	☒
Mentoring	☐	☒
Social Activities	☐	☒
Personal Development	☐	☒
Advocacy	☐	☒
Support for victims of gender based violence	☐	☒
Other *(Please detail below)*	☐	☐

Please provide additional information (max 300 words)
SFAD provides all of the above support for family members affected whether they are in treatment or not. If a family member is in treatment they would also be able to access the above services in their own right.

5. A Public Health Approach to Justice

5.1 If you have a prison in your area, were arrangements in place and executed to ensure prisoners who are identified as at risk left prison with naloxone?

Yes ☒
No ☐
No prison in ADP area ☐

Please provide details on how effective the arrangements were in making this happen (max 300 words)
All people identified at risk released from HMP Low Moss are provided with Nyxoid nasal administered Naloxone. East Dunbartonshire ADP have also been working in partnership with Scottish Drugs Forum and the prison service on the development of the peer naloxone service. The ADP are providing funding to provide Nyxoid to prisoners on release to East Dunbartonshire.

5.2 Has the ADP worked with community justice partners in the following ways? *(mark all that apply)*

Information sharing ☒
Providing advice/ guidance ☒
Coordinating activates ☒
Joint funding of activities ☒
Upon release, is access available to non-fatal overdose pathways? ☐
Other ☐ Please provide details

Please provide details (max 300 words)
A senior representative from ADRS attends the Reintegration Group, which uses the information from the data sharing agreement between the SPS and East Dunbartonshire to identify residents that are due for release 12 weeks prior to their liberation date and case conference any identified barriers to address these prior to liberation. It ensures that all individuals leaving custody and reintegrating back into the East Dunbartonshire communities are assessed to provide bespoke packages of care and screened to ensure any alcohol or drug issues are addressed. This will include those being liberated from Scottish Prison Service (SPS) establishments out with the East Dunbartonshire region. Justice staff were also offered Naloxone training and will continue to be offered training and support. The ADP Coordinator has been attending the Peer Naloxone Steering Group with SDF and the Scottish Prison Service to ensure prisoners on release into East Dunbartonshire have access to naloxone and can link into local services. The ADP Coordinator supported Justice colleagues to apply for funding from the Multiple and Complex Needs fund to fund a Peer Navigator Pilot. The tender process was delayed due to COVID so reporting on this service will be available in the 2021/22 report.

5.3 Has the ADP contributed toward community justice strategic plans (E.g. diversion from justice) in the following ways? *(mark all that apply)*

Information sharing ☒
Providing advice/ guidance ☒

Coordinating activates ☐
Joint funding of activities ☒
Other ☐ Please provide details

Please provide details (max 300 words)
A representative from the ADRS service attends the Early Intervention and Prevention Working Group which is a sub group of the Community Justice partnership. The chair of the ADP is a member of the Community Justice Partnership (CJP) and contributes to the development of Community Justice Outcomes Improvement Plan (CJOIP), annual delivery plans and identified strategic issues .The HMP Low Moss Recovery Café was established through ADP funding with a bid processed through Community Justice East Dunbartonshire.

5.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families. (max 600 words)

a) Upon arrest
No residents from East Dunbartonshire are held in custody within the local authority area. Currently all custodies go between Cathcart and Govan from the West of the sub division and to Clydebank or at times Coatbridge from the East. Where a resident from East Dunbartonshire with alcohol and drug treatment needs is taken into custody the following arrangements are in place. Every custody is asked a series of questions on arrival regarding their care including mental health and any addictions. They are offered the chance to see a doctor and many custody centres have a nurse present at set hours to offer a swift service.

b) Upon release from prison
Justice Social Work and Homelessness services are informed of all scheduled releases for a 12-week period through a Data Sharing Agreement. In East Dunbartonshire, these releases are discussed on a 6-weekly cycle at the multi-agency Reintegration Group. All people with alcohol and drug treatment needs on release are identified early by the Alcohol and Drug Recovery Service and provision made with the releasing establishment to enable any prescription and treatment to be continued in the community. To date this has worked well with work ongoing to improve communications between prison healthcare services and the ADRS. There is also the opportunity to refer a resident to an abstinence based residential rehabilitation programme to further their recovery through the 'Prison Release- Residential Rehab' process. This procedure is aimed at people leaving prison. It has been designed as a response to the ongoing COVID-19 pandemic to support individuals who have a history of problematic alcohol and/or drug use.

6. Equalities

Please give details of any specific services or interventions which were undertaken during 2020/21 to support the following equalities groups:
6.1 Older people *(please note that C&YP is asked separately in section 4 above)* Older People continues to be a priority under the ADP, specifically in the Substance Use Prevention Sub Group which sets priorities under age and stage (previously the ADIAG). ABI specific training and ABI delivery continues to be a priority, continued promotion of "Older & Wiser" and work with Scottish Fire Service to provide home visits. Social media promotion will continue annually and themed appropriately.
6.2 People with physical disabilities Environmental work around trauma friendly spaces has been disability inclusive. There is still no physical disability specific work taking place, but all care groups will be considered during the service redesign process.
6.3 People with sensory impairments As above, information is available in other formats, including braille and large text.
6.4 People with learning difficulties / cognitive impairments. As per the feedback last year, there have been no specific pieces of work regarding learning difficulties / cognitive impairments – there is an acknowledgement that services should be accessible and inclusive; any issues are dealt with on a case-by-case basis. The ADP Coordinator has made links with the Local Area Coordinators regarding autism and representation within the ACEs and Trauma Collaborative to ensure developments and actions are more inclusive.
6.5 LGBTQ+ communities
The ADP/ADRS will be utilising various research done on LGBTQ+ and alcohol and drugs to ensure any service development is inclusive. LGBTQ+ have been identified as an at risk group within the prevention and early intervention work and is highlighted as a priority. 2019-2022 – Links created to Glasgow City ADP "Kinder, Strong Together" campaign to ensure that social marketing is reaching messages of LGBTQI+ community. "Chem sex" training opportunities offered to relevant staff. 6.6 Minority ethnic communities There have been no specific pieces of work regarding minority ethnic communities – there is an acknowledgement that services should be accessible and inclusive; any issues are dealt with on a case-by-case basis. Information is available in other formats, including other languages.
6.7 Religious communities
There have been no specific pieces of work regarding religious communities – there is an acknowledgement that services should be accessible and inclusive; any issues are dealt with on a case-by-case basis. 6.8 Women and girls (including pregnancy and maternity) SNIPS group continues to run around special needs in pregnancy and ADRS continues to have representation on the group. Promotion of alcohol and pregnancy campaign will take place annually. ADP Coordinator also sits on the EMPOWERED Group which is a multi-agency Partnership of services in East Dunbartonshire with an interest in preventing and eliminating all forms of Violence Against Women and Girls, which includes pregnancy etc.

FINANCIAL FRAMEWORK 2020/21

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners. It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	444,873
2020/21 Programme for Government Funding	309,284
Additional funding from Integration Authority	862,387
Funding from Local Authority	
Funding from NHS Board	
Total funding from other sources not detailed above	
Carry forwards	38,063
Other	
Total	**1,654,607**

B) Total Expenditure from sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	392,178
Community based treatment and recovery services for adults	288,200
Inpatient detox services	172,500
Residential rehabilitation services	88,004*
Recovery community initiatives	224,180
Advocacy Services	0 **
Services for families affected by alcohol and drug use	96,080
Alcohol and drug services specifically for children and young people	80,065
Community treatment and support services specifically for people in the justice system	64,050
Other	172,484
Total	**1,577,741**

Information above has been set against expenditure as a best fit as these headings do not match the budget headings locally and some services may span across multiple headings.

*Shows as a reduction on 2019/20 spend; this was due to the residential budget covering other residential models for alcohol and drugs such as care homes and specialist services. As there is a specific funding stream for residential rehab this information will now be recorded as rehab placements only.

**Advocacy funding has been mainstreamed as the current advocacy model includes support for alcohol and drugs within the service

7.1 Are all investments against the following streams agreed in partnership through ADPs with approval from IJBs? *(please refer to your funding letter dated 29th May 2020)*

- Scottish Government funding via NHS Board baseline allocation to Integration Authority
- 2020/21 Programme for Government Funding

Yes ☒
No ☐

Please provide details (max 300 words)
Commissioned services have been in place for many years, however a significant service redesign has been commenced to ensure alcohol and drug and mental health services are more cohesive and services work collaboratively and not in competition. Utilising the existing and new ADP funding streams, both statutory and commissioned services will be developed to meet the emerging needs of the national priorities. All services will be trauma informed and able to support multiple and complex needs where appropriate. The final needs assessment report has been agreed by the IJB as a framework to underpin this significant change to service provision within commissioned services. This process will also allow internal work to commence to join up alcohol and drug and mental health services between health and social care, providing a smoother pathway of service provision from treatment into recovery, while ensuring MAT Standards are supported. All developments from the funding streams noted above are agreed in partnership through the ADP and fed into the IJB; this includes input into any additional funding bids.

7.2 Are all investments in alcohol and drug services (as summarised in Table A) invested in partnership through ADPs with approval from IJBs/ Children's Partnership / Community Justice Partnerships as required?

Yes ☒
No ☐

Please provide details (max 300 words)
ADP investment continues to be directed through the ADP; any proposals are agreed by partners and based on national and local strategic priorities and requirements across the relevant partner areas. Ongoing investment continues to link to the ADP strategy where appropriate, but also links to the MAT Standards and the additional funding streams that were provided in 2020/21. ADP spend will be based around the funding streams and criteria and priorities to reduce drug and alcohol deaths and harm. Unlike other ADPs East Dunbartonshire also embeds suicide prevention work across the ADP. There is representation from Justice and the Children's Partnership on the ADP to ensure partnership working and direct approval for investment. The IJB are informed of investment opportunities and are part of the decision making process.

Interim Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 6.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**20 JANUARY 2022**
REPORT REFERENCE:	**HSCP/200122/06**
CONTACT OFFICER:	**DERRICK PEARCE, HEAD OF COMMUNITY HEALTH & CARE SERVICES, TELEPHONE NUMBER: 0141 232 8216**
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:

1.2.1 East Dunbartonshire Primary Care Improvement Plan (PCIP) Tracker, and the remaining challenges in terms of overall affordability, workforce and premises associated with this;

1.2.2 East Dunbartonshire HSCP bid for Primary Care Winter Support Funding; and

1.2.3 Arrangements for GP Sustainability Payments as described in section 3.3 of this report.

2.1 RECOMMENDATIONS

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

2.2 Note the contents of this report

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.1 BACKGROUND/MAIN ISSUES

3.2 The latest East Dunbartonshire Primary Care Improvement Plan (PCIP) Tracker **(Appendix 1)** was submitted to Scottish Government on the 30 November 2021. 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 Memorandum of Understanding.

3.3 The Scottish Government wrote to all HSCPs on 22 October 2021 confirming their commitment to invest £300 million to help support the NHS and social care system over the winter period, £20million of which was intended for primary care (£15m of which will directly support GP Practices leaving a balance of £5m for HSCPs to accelerate PCIP plans). Each HSCP was asked to submit bids for this additional funding. East Dunbartonshire HSCP submitted their bid to the Scottish Government on 12 November 2021 **(Appendix 2)**. The HSCP are yet to receive the outcome of this bid in relation to the specific primary care dimension.

3.4 The Joint Letter from Scottish Government and the British Medical Association, circulated in December 2020 notified that where contract commitments where not being met by the end of the contract date, Practices would receive a transitionary payment. As. part of the Winter Support funding, Scottish Government and SGPC have agreed to allocate a sustainability payment to all practices covering 2021-22 and 2022-23. An allocation of £15 million for 2021-22 with a further payment of £15 million in 2022-23. The first of these payments will be made to all practices in December 2021, however, is conditional on the practices submitting appropriate claim documentation. This payment brings into effect what was agreed for transitionary services for Pharmacotherapy and Community Treatment & Care services. This sum is based on approximately £5 per patient in Scotland.

3.5 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.

3.6 East Dunbartonshire HSCP has been working with both our NHSGG&C Capital and Property teams and East Dunbartonshire Council colleagues through our local Property & Assets group to address potential solutions to accommodation challenges.

3.7 We are actively looking at the possibilities of what could be achieved by remodelling / refurbishing our current assets, but we are aware this will still not be sufficient for what we are responsible for implementing in relation to the contract. As a result of this we have been scoping external opportunities.

3.8 Scottish Government have communicated that they have additional available funding for HSCPs to access in relation to external / shop front options. The HSCP are in the process of creating a bid for this funding.

3.9 Through our local property and assets group, we are also looking at joint opportunities with a neighbouring HSCP to implement a full Community Treatment & Care Service within one of our clusters.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to Strategic Plan Priorities 2, 3, 4, 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
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 – No new implications

4.4 Workforce (including any significant resource implications) – None

4.5 Legal Implications – None.

4.6 Financial Implications – Use of the anticipated investment from the Primary Care Winer Pressures funding in the remainder of 2021/22 and 2022/23.

4.7 Procurement – None.

4.8 ICT – None.

4.9 Corporate Assets – Potential additional and changed use of NHSGGC and EDC premises current used by the HSCP.

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 Regular reporting to IJB and Scottish Government on limitations to delivery of the PCIP, GP Contract and MOU.

6.1 IMPACT

6.2 STATUTORY DUTY – None

6.3 EAST DUNBARTONSHIRE COUNCIL – None.

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

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 Improvement Plan Tracker

8.3 **Appendix 2** - Winter Support Funding Guidance

8.4 **Appendix 2a** - East Dunbartonshire Winter Support funding bid

8.5 **Appendix 3** - GP Practices – Sustainability Payment – 2021-22 & 2022-23

Covld PCIP4

H••lth Board Ar.,Gr...,Glugow & Clyd•

He•lth & Socl•I Cue Partnership: East Dunb•rtonshlre HSCP

Total number of practices: 16

MOU PRIORITIES

NB: Pleaseensure •II figures sum to the tot•I number of pr•ctices for Heh yeu.

2.1Pharmacot herapy	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21	Practices with no access by 31/3/22	Practices with partl•l access by 31/3/22	Practices with full access by 31/3/22
ProKtices with NO Pharmacotherapy service in place	0					
Practices with Pharmacotherapy level 1service in place	0	16			16	
Practices with Pharmacotherapy level 2 service in place	10				16	
Prctctices with Pharmacotherapy level 3 service in place	13			13		

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

A Task & finish group produced a report on delivery of pharmacotherapy service by April 2022 which defines e)(pected levels of delivery and staffing in line with nationally agreed models. This description 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 1service delivery elements. The proportion of GP practice aligned team time (PCI and non PCI) on level 1will 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 a:utes (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.

East Dunbartonshire HSCP is currently in a position to offer all 16 practices a partial pharmacotherapy service at levels 13. The skill mix within the team is weighted towards pharmacists, with some pharmacy technicians. Due to the current staffing numbers there is no provision of backfill for times of planned or unplanned leave; as a result level 1 work can revert to GPs at times which adds to workload.

As part of Winter Funding Monies the HSCP has bid for funding to optimise the implementation of a Pharmacy Hub, which will be primarily staffed by Pharmacy technicians. The Hub model will provide a more consistent approach to level 1 pharmacot herapy delivery, and remove the requirement for work revert to GPs. This will reablv reduce GP involvement in non-eomplex pharmacotherapy and postivelv impact on GP work. oad once implemen'ted.

2.2 Community Treatment and Care Services	Practices with no access by 31/3/21	Practices with partlal access by 31/3/21	Practices with full access by 31/3/21	Practices with no access by 31/3/22	Practices with partlal access by 31/3/22	Practices with full access by 31/3/22
Practices with access to ohlebotomv service	12				10	
Practices with accessto manageme nt of minor injuries and dressings service						
Practices with access to ear syringing service	12					
Practices with access to suture removal service	12					
Practices with access to chronic disease monitoring and related data collection	12				10	
Practices with access to other services	16	0		16	0	

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

East Dunbanonshire HSCPs implementation of CTAC has moved at a significantly slower pace than our aspirations, most panicularly due to chronic and historic accommodalio n pressu res in East Dunbanonshire. At this stage until funher financial suppon is available to suppon accommodation oplions & staffing, the HSCP will be unable to roll out the CTAC service within the Bearsden & Milngavie cluster.

As pan of Winter Funding Monies the HSCP would have requested the additional investment for the remainder of 2021-22 to be used in the following way:

• Accelerate full delivery of CTAC service in the Kirkintilloch & Lennoxtown Cluster, including cover for leave and absence.

• Increase staffing establishmen t to further accelerate service roll out within the Bishopbriggs and Auchinairn Cluster to max imise use of the available accommodation acknowledging that limitations will prevail until a solution to accommodation pressures can be found; eg. access to funding for high street premises from which to deliver a clu ter based model.

2.3 Vecclne Trensformetlon Progrem	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21	Practices with no access by 31/3/22	Practices with partlal access by 31/3/22	Practices with full access by 31/3/22
Pre School - Practices covered by service	0	0	16	0	0	16
School age • Practices covered by service	0	0	16	0	0	16
Out of Schedule - Practices covered by service	0	0	16	0	0	16
Adult imms - Practices covered by service	16	0	0	0	0	16
Adult flu - Practices covered by service	0	16	0	0	0	16
Pregnancy - Practices covered by service	0	0	16	0	0	16
Travel - Practices covered by service	16	0	0	0	0	16

Please outline any assumptions or caveats in the data and any significant changes since your March 2021 return_

The HSCP is continuing to work with the health board to achieve full access to all services by 31/3/22.

2.4 Urgent Care Services	Practices with no ac:cess by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21	Practices with no access by 31/3/22	Practices with partlal ac:ce-ss by 31/3/22	Practices with full access by 31/3/22
Practices supported with Urgent Care Service	5	11	0	0	16	0

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

Claification on what constitutes full urgent care service is still required prior to modelling service.

At this moment East Dunbartonshire are not currently seeking any further funding for this MoU workstream due to challenges with accommodation and stress within practice teams which is reducing their capacity/willingness to take on the leadership role for those trainees needing more input. Backfill during periods is also not built into current service.

Additional professional services

2.5 Physiotherapy / MSK	Practices with no acx:eu by 31/3/21	Practices with partial ac.c:ess by 31/3/21	Practices with full access by 31/3/21	Pr•ctice.s with no acx:ess by 31/3/22	Practices with p•rtial acx:ess by 31/3/22	Practices with full access by 31/3/22
Practices accessing APP	8	8	0	5	11	0

Please outline any assumptions or caveats in the data and any significant changes since your March 2021 return_

East Dunbartonshire have an allocation of 4 APPs, covering 8 of our practices. Due to availability of staff and concerns regarding the destabilisation of other aspects within the Physiotherapy service the HSCP are unable to further develop this MOU at this present time.

2.6 Mental health workers {ref to Action 15 where appropriate)	Pr•ctices with no ac:cess by 31/3/21	Practices with parti•l ac.c:ess by 31/3121	Practices with full •ccess by 31/3/21	Practices with no acx:ess by 31I3/22	Practices with p•rtial acx:ess by 31/3/22	Practices with full access by 31/3122
Practices accessing MH workers/ support through PCIF/Action 15	16	0	0	16	0	0
Practices accessing MH workers / support through other funding streams	0	0	0	0	0	0

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

Role to be clarified prior to modelling service.

2.7 Community Links Workers	Pr lctlces with no access by 31/3/21	Practices with p1rtl1l lccess by 31/3/21	Practices with full lccess by 31/3/21	Practices with no lccess by 31/3/22	Practices with p1rtl1l lccess by 31/3/22	Practices wth full lccess by 31/3/2.2
Practices accessing Link workers!	0	16	0	0	16	0

Please outline any assump1l ons or cavoeals in the data and any significant changes since your March 2021 return.

The Easl Dunbartonshire Well Being Model is currently running as a pilot using non-recurring funds until March 2022. Ttie model is currently under review. The HSCP would seek allocation of recurring funds to continue this work.stream longer term, assuming a positive review process.

2.8 Other locally •creed services {Insert detalls)	Practices with no access by 31/3/21	Practices with partlal access by 31/3/21	Practices with full access by 31/3/21	Practices with no .ccess by 31/3/22	Practices with p1rtlal access by 31/3/22	Practices with full access by 31/3/22
Practices accesslns service!	0	0	16	0	0	16

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

This section relates to all leadership within teams and also HSCP Primary care Team whith all Prattites have access to.

2.9 COVID-19

How has COVID-19 lmpl<ted delivery since M lrch 20211

Reduced and limited access to GP practices for staff due to social distancing requirements meaning some staff having to work from home eicperiencing IT pressures and challenges of remote access. It has been noted by GPs that PCIP staff working from home caused Issues with telephony, prinling and signing of strlpts meaning transfer of work back to GPs.

How do you upe<t COVID 19 to lmp1<t delivery between now ind M lrch 20221

As above

Fundlng and Workforce profile

Health Board Are•:Greater Glasgow & Clyde
He•lth & Social C.re Pertnership:East Ounbartoruhire

Tobie l:Spendingprofile2018•2022

Pease lnclude how much you spent in year from both PCIF and any unutllised funding held in reserve

Financial Year	Service 1:Vaccinations Transfer Programme (£s)		Service 2: Pharmacotherapy (£s)		Service 3: Community Treatment and Care Services (£s)		Service4:Urgent care(£s)		Service S: Additional Professional roles (£.s)		SeMce 6:Community link workers (fs)	
	Staff cost	Othe< costs (staff training. equipment, infrastructure etc.)	Staff cost	Other costs (staff training,, equipment, infrastructure etc.)	Staff cost	Other costs (staff training. equipment, infrastructure etc.)	Staff cost	Other costs (staff training. equipment, infrastructurnetc.)	Staff cost	Other costs (staff training. equipment, infrastructure etc.)	Staff cost	other costs (staff training. equipment, infrastructure etc.)
2018-19 actual spend	£62 073	£6.650	£146.520	[25,199	£22.885	£0	£4.300	£0	£28,293	£19,749	[O	£0
2019-20 actual soend	£118,614	£4923	£284,951	£16.174	£166,947	£25,323	£96,145	£13,383	£151,079	£125,503	£20,000	£0
2020-21 actual soend	£292,642	£10,374	£472.336	£10,049	£381,626	£22,063	£273,406	£5,079	£204,919	£5,122	£80,000	£0
2021-22 olanned soend	£509.576	£8,200	£81657	£35,600	£649194	£35,980	£501,060	£16,800	£254,035	£9,120	£80,000	£0
Total planned spend to March 2022	£982,905	£74,547	£1,719,664	£87,022	£1,220,652	£83,366	£874,911	£35,262	£638,326	£159,494	£180,000	£0
2022-23 planned spend i.e.projected **annual recurring cost (in 2021-22 prices,** excluding inflation)	£514,676	£4,510	£84300	£19,580	£665000	£20,401	£508,760	£9,240	£279,562	£4,027	£80,000	£0

Tobie 2: Workfora. profile 2018• 2022 (headcount)

Financial Year	Service 6: **Communitv link**
TOTAL headcount staff in post as at 31 March 2018	O
INCREASE in staff headcount (1April 2018•31March 2019)	O
INCREASE in staff headcount (1April 2019 •31March 20201	*3*
INCREASE in staff headcount (1April 2020 •31March 2021)	O
PLANNED INCREASE staff headcount (1 April 2021 •31March 2022) (b]	O
TOTAL headcount staff in post by 31 March 2022	3

[b] If planned increase is zero.add 0.IIplanned increase can not be estimated, add n/a

Table 3: Workforce profile 2018 - 2022 (WTE)

Financial Year	Service 1: Vaccinations Transfer Programme (£s)				Service 2: Pharmacotherapy						
	Nurse	HCSW	Admin	Leadership	Pharm.	Lead Tech.	Tech.	Tech Trainee	Support Worker	Admin	Leadership
TOTAL staff WTE in post as at 31 March 2018	0	0	0	0	0.0	0.0	0.6	0.0	0.0	0.0	0.0
INCREASE in staff WTE (1 April 2018 - 31 March 2019)	2.0	1.5	0	0	3.9	0.0	1.0	0.0	0.0	0.0	0.0
INCREASE in staff WTE (1 April 2019 - 31 March 2020)	0	0	0	0	3.7	0.0	0.0	0.0	0.0	0.0	0.0
INCREASE in staff WTE (1 April 2020 - 31 March 2021)	0	0	0	0	0.9	1.0	4.0	1.0	0.0	0.0	0.4
PLANNED INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]	0	0	0	0.6	0.5	0.0	0.0	0.0	0.0	0.8	0.0
TOTAL staff WTE in post by 31 March 2022	**2.0**	**1.5**	**0.0**	**0.6**	**9.0**	**1.0**	**5.6**	**1.0**	**0.0**	**0.8**	**0.4**
PLANNED INCREASE staff WTE (1 April 2022 - 31 March 2023) [b]	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL future recurring staff WTE [c]	**2.0**	**1.5**	**0.0**	**0.6**	**9.0**	**1.0**	**5.6**	**1.0**	**0.0**	**0.8**	**0.4**

Total staff (WTE) required for full delivery	**2.0**	**1.5**	**0.0**	**0.6**	**21.0**	**2.0**	**14.0**	**2.0**	**4.0**	**0.8**	**1.0**
Total staff gap (WTE) required for full delivery	**0.0**	**0.0**	**0.0**	**0.0**	**12.0**	**1.0**	**8.4**	**1.0**	**4.0**	**0.0**	**0.6**
Finance required for staff Gaps	**£0**	**£0**	**£0**	**£0**	**£782,748**	**£55,651**	**£378,983**	**£35,778**	**£130,292**	**£0**	**£53,824**

Financial Year	Service 3: Community Treatment and Care Services				
	Nurse	HCSW	Housebound Phlebotomy	Admin	Leadership
TOTAL staff WTE in post as at 31 March 2018	0.0	0.0	0.0	0.0	0.0
INCREASE in staff WTE (1 April 2018 - 31 March 2019)	2.6	2.29	1.49	0.0	0.0
INCREASE in staff WTE (1 April 2019 - 31 March 2020)	3.5	1.0	0.0	0.0	0.8
INCREASE in staff WTE (1 April 2020 - 31 March 2021)	1.0	1.1	0.0	1.0	1.0
PLANNED INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]	0.0	0.0	0.8	2.0	0.2
TOTAL staff WTE in post by 31 March 2022	**7.1**	**4.4**	**2.25**	**3.0**	**2.0**
PLANNED INCREASE staff WTE (1 April 2022 - 31 March 2023) [b]	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL future recurring staff WTE [c]	**7.1**	**4.4**	**2.3**	**3.0**	**2.0**

Total staff (WTE) required for full delivery	**17.0**	**18.0**	**3.0**	**4.5**	**2.0**
Total staff gap (WTE) required for full delivery	**9.9**	**13.6**	**0.8**	**1.5**	**0.0**
Finance required for staff Gaps	**£446,658**	**£443,319**	**£36,430**	**£44,843**	**£0**

Financial Year	Service 4: Urgent care (£s)	
	ANP	Leadership
TOTAL staff WTE in post as at 31 March 2018	0.0	0.0
INCREASE in staff WTE (1 April 2018 - 31 March 2019)	2.0	0.0
INCREASE in staff WTE (1 April 2019 - 31 March 2020)	2.8	1.0
INCREASE in staff WTE (1 April 2020 - 31 March 2021)	2.6	0.0
PLANNED INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]	0.0	0.0
TOTAL staff WTE in post by 31 March 2022	**7.4**	**1.0**
PLANNED INCREASE staff WTE (1 April 2022 - 31 March 2023) [b]	**0.0**	**0.0**
TOTAL future recurring staff WTE [c]	**7.4**	**1.0**

Total staff (WTE) required for full delivery	**7.4**	**1.0**
Total staff gap (WTE) required for full delivery	**0.0**	**0.0**
Finance required for staff Gaps	**£0**	**£0**

Financial Year	Service 5: Additional Professional roles (£s)				Service 6: Community link workers
	APP	Leadersh ip	MH Workers	Primary Care Leadership	
TOTAL staff WTE in post as at 31 March 2018	0.0	0.0	0.0	0.0	0.0
INCREASE in staff WTE (1 April 2018 - 31 March 2019)	0.0	0.0	0.0	1.0	0.0
INCREASE in staff WTE (1 April 2019 - 31 March 2020)	0.9	0.1	0.0	0.5	2.0
INCREASE in staff WTE (1 April 2020 - 31 March 2021)	1.5	0.1	0.0	0.0	0.0
PLANNED INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]	0.5	0.0	0.0	0.0	0.0
TOTAL staff WTE in post by 31 March 2022	**2.9**	**0.2**	**0.0**	**1.5**	**2.0**
PLANNED INCREASE staff WTE (1 April 2022 - 31 March 2023) [b]	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**
TOTAL future recurring staff WTE [c]	**2.9**	**0.2**	**0.0**	**2.0**	**2.0**

Total staff (WTE) required for full delivery	**6.8**	**0.2**	**6.8**	**2.0**	**2.0**
Total staff gap (WTE) required for full delivery	**3.9**	**0.0**	**6.8**	**0.0**	**0.0**
Finance required for staff Gaps	**£254,393**	**£0**	**£378,427**	**£0**	**£80,000**

Comment: Planned spend is capped within current funding levels. East Dunbartonshire HSCP have submitted a bid for Winter Support Funding – if bid successful then recruitment to the level of additional funding will be possible.

Primary Care Directorate
General Practice Policy Division

E: Naureen.Ahmad@gov.scot

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

22 October 2021

Dear Colleagues,

WINTER SUPPORT FUNDING

You will be aware of the Scottish Government's announcement of a £300 million investment in hospital and community care to help support the NHS and social care system over the winter period. https://www.gov.scot/news/over-gbp-300-million-new-winter-investment-for-health-and-care/

£28 million of this additional funding will underpin a range of measures including accelerated multi-disciplinary team (MDT) recruitment to aid General Practice and targeted funding to tackle the backlog in routine dental care. Of this £28 million the Scottish Government is making funding available to support further recruitment of MDT staff as part of implementation of the GP contract. This will in turn help provide further support to general practice over the winter period. Further detail on the investment of the remainder of the £28 million will follow in due course.

This funding will be made available to HSCPs who:

- Are on track to spend their recurring PCIF allocation for 2021/22 (including any amounts still to be drawn down)
- Can demonstrate reasonable confidence that this additional funding will be spent on MDT staff in financial year 2021/22

Applications should clearly demonstrate that the HSCP can satisfy these two points and set out the numbers and type of additional staff that they expect to employ and by when. Applicants will be expected to provide regular reporting on numbers of staff recruited and should not seek to "run down" their PCIF reserves to access this funding.

Applications should also demonstrate how this funding will help accelerate achievement of full delivery of the three key Memorandum of Understanding 2 work streams namely pharmacotherapy, vaccinations and CTAC.

While priority will be given to applications for further MDT recruitment in these three key work streams applications for funding will also be accepted to recruit to the wider GP contract MDT staff who are not part of the three key work streams (e.g. MSK Physio) or where HSCPs have been adversely affected by NRAC changes to their funding profile.

Applications for funding should be made to the Scottish Government by 12 November 2021. The Scottish Government will consider all applications and if successful a payment is expected to be made with December allocations.

We expect that this funding will be recurring and would remind you of the commitment made in the Memorandum of Understanding 2:

All MoU parties are committed to developing an integrated PCIF proposition for financial years 2022-25 by Autumn 2021 for evaluation and approval by Scottish Ministers utilising Value for Money principles and a methodology that assumes at least £155m of funding per annum uprated in line with inflation, which will include increases in staff pay as set by the Scottish Government.

All HSCPs can therefore expect that PCIF funding will continue into the next financial year and beyond with at least £155 million being available. Further details of the profiled spend for 2022-25 will follow.

Yours sincerely,

Naureen Ahmad

Deputy Director of General Practice Policy
Primary Care Directorate, Scottish Government

Interim Chief Officer
Caroline Sinclair

East Dunbartonshire HSCP
HSCP HQ Office
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10 Saramago Street
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Our Ref: PT/DP/LA

Naureen Ahmad
Deputy Director of General Practice Policy
Primary Care Directorate
General Practice Policy Division
E: Naureen.Ahmad@gov.scot

12 November 2021

Dear Naureen

Primary Care General Medical Services Contract

Winter Support Funding – East Dunbartonshire HSCP November 2021

Further to the letter from the Deputy Director of General Practice Policy, Primary Care Directorate, Scottish Government (dated 22/10/21) regarding Winter Support Funding; East Dunbartonshire HSCP seeks approval for recurring funding to support accelerated implementation of its Primary Care Improvement Plan as outlined below.

Yours sincerely,

Paul Treon
Clinical Director
East Dunbartonshire Health & Social Care Partnership

Kirkintilloch Health and Care Centre
10 Saramago Street
Kirkintilloch

PA: Lorraine Arnott: lorraine.arnott@ggc.scot.nhs.uk

cc. Andrew Chapman, GP Practice Division, Directorate of Primary Care, Scottish Government

1.0 Current Allocation & Reserves

1.1 East Dunbartonshire HSCP is on track to spend the recurring PCIF allocation for 2021-22. The current planned spend over and above the recurring allocation would come from PCIF reserves held by the HSCP. (Full breakdown by MoU in appendix 1).

East Dunbartonshire	TOTAL (£000s)	
	Staff cost	Other costs*
2021-22 Planned spend	2,897	110
2021-22 Planned Spend by MOU	3,007	
East Dunbartonshire PCIF NRAC Share 2021-22	2,874	
Projected Variance 2021-22	(133)	

*Staff training, equipment, infrastructure etc.

1.2 East Dunbartonshire has plans to use the PCIF reserves to partially mitigate the severe accommodation issues which have significantly delayed the roll out of CTAC and to optimise implementation of the Pharmacotherapy Hub.

East Dunbartonshire HSCP PCIF Reserve	£'000
Balance as at 1.4.21	878
Planned Spend	
2021-22 Variance*	133
Primary Care Leadership Post	90
Accommodation	655
Total Planned Spend	878
Variance	0

*Covers wellbeing workers, uplift for post for pharmacy HUB

1.3 East Dunbartonshire HSCP is bidding for an additional £358K (part year) or £1430K (Full year) recurring funding to accelerate delivery of the 3 core and 1 non-core MOUs. A detailed outline of the proposed recruitment by MOU follows; with a summary of proposed spend against MOU in appendix 2. We have prioritised our proposed recruitment from 1-3. Whilst additional funding will be required to fully deliver each MOU the HSCP has limited the bid to realistic recruitment targets.

2.0 MOU commitment 2 – Pharmacotherapy Services

2.1 East Dunbartonshire HSCP is currently in a position to offer all 16 practices a partial pharmacotherapy service at levels 1-3. The skill mix within the team is weighted towards pharmacists, with some pharmacy technicians. Due to the current staffing numbers there is no provision of backfill for times of planned or unplanned leave; as a result level 1 work can revert to GPs at times which adds to workload.

2.2 The proposed spend would optimise the implementation of a Pharmacy Hub Model, primarily staffed by pharmacy technicians and pharmacy support workers. The Hub model will provide a more consistent approach to level 1 pharmacotherapy delivery, and remove the requirement for work to revert to GPs. This will reliably reduce GP involvement in non-complex pharmacotherapy and positively impact on GP workload once implemented.

2.3 By improving the skill mix within the pharmacotherapy team pharmacists will be released from more basic tasks, such as straight forward medication reconciliation and acute prescribing, allowing more complex work to be carried out, such as complex medication reviews and chronic disease management. This will further release GP capacity, accelerating the development of the Expert Medical Generalist role.

2.4 The current temporary 8B leadership role for pharmacotherapy/VTP will be made substantive for the current post holder, therefore no anticipated recruitment challenge. Based on current recruitment history of pharmacy technicians and pharmacy support workers the HSCP is confident that any advertised posts would be recruited to. Historically recruitment and retention of pharmacotherapy posts in East Dunbartonshire have been very successful. NHS GGC Pharmacy services are already progressing recruitment to pharmacy support worker posts which East Dunbartonshire HSCP will be to draw on.

2.5 Accelerating the pharmacotherapy MOU is the HSCPs top priority area as it is felt that this will offer maximum impact on GP workload, in particular over the winter pressures period.

2.6 Summary of proposed pharmacotherapy spend:

Priority	Post	Band	WTE	Estimated Start Date	2021/22	2022/23
					£000's	£000's
					PYE	FYE
1	Band 8B Leadership*	8B	0.60	01-Jan-22	13	53
1	Band 7 HUB Lead	7	1.00	01-Jan-22	16	63
1	Band 5 Pharmacy Technician	5	3.00	01-Jan-22	32	129
1	Band 3 Pharmacy Support Worker	3	3.00	01-Jan-22	23	92

*Substantiating the 8B Leadership role which is currently temporarily funded will achieve sustainability of support for the pharmacotherapy and VTP MOUs. It is anticipated there would be a 0.2 WTE clinical aspect to this role.

3.0 MOU commitment 3 – Community Treatment and Care service

3.1 The HSCPs implementation of CTAC has moved at a significantly slower pace than our aspirations, most particularly due to chronic and historic accommodation pressures in East Dunbartonshire.

3.2 Of the 3 clusters in the HSCP area there is partial access to CTAC in 2. The Bearsden and Milngavie Cluster has no access to CTAC services, the Bishopbriggs and Auchinairn Cluster has a practice hosted model with partial cover, and the Kirkintilloch and Lennoxtown Cluster has a Health Centre based service with partial cover. The variation in service model and partial nature of roll out is resultant from the aforementioned accommodation challenges. These issues have been raised in detail with NHS GG&C, the LMC and Scottish Government. Further detail is being prepared for submission to GP Practice Division following PCIP liaison meeting of Friday 12 November 2021.

3.2 The proposed additional investment in CTAC services in the remainder of 2021-22 would be used as follows:

- Accelerate full delivery of CTAC service in the Kirkintilloch & Lennoxtown Cluster, including cover for leave and absence.
- Increase staffing establishment to further accelerate service roll out within the Bishopbriggs and Auchinairn Cluster to maximise use of the available accommodation (acknowledging that limitations will prevail until a solution to accommodation pressures can be found; e.g. access to funding for high street premises from which to deliver a cluster based model.

3.3 The further development of CTAC services as above will allow a significant shift of work from GP teams to CTAC. This will allow practices to accelerate a transformation in practice roles, which should support a transfer of work from GPs.

3.4 It will not be possible at this juncture to roll out the CTAC service to the final cluster of Bearsden and Milngavie until such a time as sustainable accommodation solutions can be found, or funding can be accessed for use of commercial premises.

3.5 Since the introduction of the Domiciliary Phlebotomy element of CTAC services an increase in workload has been seen, particularly in the Bearsden and Milngavie Cluster where there is a higher than average frail elderly population. The HSCP would seek to recruit further staff to support this workstream within this bid.

3.6 The HSCP is confident that it will be able to recruit to the proposed posts within the required timescale. Whilst we are confident of being able to recruit to the full establishment required to deliver the whole MOU this will not be possible due to the accommodation challenges previously described.

3.7 Summary of proposed CTAC spend:

Priority	Post	Band	WTE	Estimated Start Date	2021/22	2022/23
					£000's	£000's
					PYE	FYE
1	Band 5 Staff Nurses	5	3.90	01-Jan-22	42	168
1	Band 3 HCSW	3	7.10	01-Jan-22	54	217
1	Band 3 Domiciliary Phlebotomist	3	1.50	01-Jan-22	11	46
2	Band 5 Staff Nurses*	5	6.00	01-Jan-22	65	259
2	Band 3 HCSW*	3	6.50	01-Jan-22	50	199
2	Band 3 Admin	3	1.00	01-Jan-22	8	31
2	Band 2 Admin	2	1.50	01-Jan-22	10	42

*Recruitment to support roll out of CTAC service to Bearsden and Milngavie if accommodation solution is facilitated by year end.

4.0 MOU commitment 1 – Vaccination Transformation Programme

4.1 It is assumed that a future model of adult influenza vaccination in NHS GG&C will be similar to that rolled out in Autumn/Winter 2021. The HSCP would therefore retain responsibility for the coordination and delivery of Care Home and Housebound vaccinations.

4.2 Given the high frail/elderly population in East Dunbartonshire there is a significant administrative burden in safely and effectively coordinating vaccinations in this cohort. It is important that this is in place well in advance to reflect on the 2021/22 programme and prepare early for 2022/23 season.

4.3 Ensuring appropriate levels of local administrative support for the VTP MOU ensures East Dunbartonshire is also prepared for early planning for additional adult vaccination programmes; such as shingles and pneumococcal.

4.4 There would be no anticipated barrier to recruitment as the HSCP would plan to substantiate current post holders.

4.3 The 2021-22 influenza immunisation programme saw a transfer of work away from practice teams to HSCP and NHS GG&C teams. This released GPs to provide additional routine and urgent appointments to patients and practice nursing teams to continue chronic disease management catch up; which in prior years would not have been possible due to practice led flu clinics.

4.4 In addition to reduced GP/Nurse workload; it would be anticipated that the provision of an appropriately staffed administrative team at the HSCP would reduce practice reception team workload. This will benefit further from the development of local relationships between the HSCP and practice teams.

4.4 Summary of proposed VTP spend:

Priority	Post	Band	WTE	Estimated Start Date	2021/22	2022/23
					£000's	£000's
					PYE	FYE
3	Band 6 Senior Business Support	6	0.40	01-Jan-22	5	21
3	Band 3 Admin Support	3	1.00	01-Jan-22	8	31

5.0 Additional work streams – Well Being Workers (WBWs)

5.1 The East Dunbartonshire Well Being Model is currently running as a pilot using non-recurring funds until March 2022. The model is currently under review. The HSCP would seek allocation of recurring funds to continue this workstream longer term, assuming a positive review process.

5.2 Summary of proposed WBW spend:

Priority	Post	Band	WTE	Estimated Start Date	2021/22	2022/23
					£000's	£000's
					PYE	FYE
3	Wellbeing Workers	5	2.00	01-Jan-22	20	80

6.0 MOU commitment 4 – Urgent Care

6.1 East Dunbartonshire are not seeking any further funding for this MoU at this stage due to training & induction capacity within the existing service. However, it should be noted that there is no capacity for backfill to support practices during periods of leave at this stage. Additional funding will be required in the future when further staff recruitment becomes possible.

7.0 MOU commitment 5 – Additional Professional Roles (APPs)

7.1 East Dunbartonshire are not seeking any further funding for this MoU at this stage due to recruitment challenges across the Health Board and concerns regarding destabilising other aspects of physiotherapy service delivery. There is not yet a full APP service within East Dunbartonshire, but unfortunately due the above reasons the HSCP is unable to further develop this MOU at the present time. Additional funding will be required in the future when further staff recruitment becomes possible.

8.0 Summary

8.1 East Dunbartonshire welcomes the opportunity to accelerate the core MOUs within PCIP. The bid outlines the reasons why the HSCP are confident with regards recruitment and demonstrates the benefit proposed delivery would offer general practice teams over a challenging winter period.

8.2 The HSCP will be able to provide updates to Scottish Government as recruitment progresses in line with any stipulated requirements.

Interim Chief Officer
Caroline Sinclair

Appendix 1

East Dunbartonshire HSCP 2021/22 Forecast Spend

East Dunbartonshire	Service 1: VTP (£000s)		Service 2: Pharmacotherapy (£000s)		Service 3: CTAC (£000s)		Service 4: Urgent care (£000s)		Service 5: Additional Professional roles (£000s)		Service 6: Community link workers (£000s)		TOTAL (£000s)	
	Staff cost	Other costs*	Staff cost	Other costs*	Staff cost	Other costs*	Staff cost	Other costs*	Staff cost	Other costs*	Staff cost	Other costs*	Staff cost	Other costs*
2021-22 Planned spend	519	8	915	40	610	36	501	17	272	9	80	0	**2,897**	**110**
2021-22 Planned Spend by MOU	**527**		**954**		**646**		**518**		**281**		**80**		**3,007**	
East Dunbartonshire PCIF NRAC Share 2021-22													**2,874**	
Projected Variance 2021-22													**(133)**	

***(staff training, equipment, infrastructure etc.)**

Interim Chief Officer
Caroline Sinclair

Appendix 2

PCIP – Winter Support Funding – East Dunbartonshire

Detailed List of Posts within Application

Project Bids	Core/ Non-Core MOU	Priority	Post	Band	WTE	Estimated Start Date	2021/22	2022/23
							£000's	£000's
							PYE	FYE
MOU								
Pharmacotherapy	Core	1	Band 8B Leadership*	8B	0.60	01-Jan-22	13	53
Pharmacotherapy	Core	1	Band 7 HUB Lead	7	1.00	01-Jan-22	16	63
Pharmacotherapy	Core	1	Band 5 Pharmacy Technician	5	3.00	01-Jan-22	32	129
Pharmacotherapy	Core	1	Band 3 Pharmacy Support Worker	3	3.00	01-Jan-22	23	92
CTAC	Core	1	Band 5 Staff Nurses	5	3.90	01-Jan-22	42	168
CTAC	Core	1	Band 3 HCSW	3	7.10	01-Jan-22	54	217
CTAC	Core	1	Band 3 Domiciliary Phlebotomist	3	1.50	01-Jan-22	11	46
CTAC	Core	2	Band 5 Staff Nurses**	5	6.00	01-Jan-22	65	259
CTAC	Core	2	Band 3 HCSW**	3	6.50	01-Jan-22	50	199
CTAC	Core	2	Band 3 Admin	3	1.00	01-Jan-22	8	31
CTAC	Core	2	Band 2 Admin	2	1.50	01-Jan-22	10	42
VTP	Core	3	Band 6 Senior Business Support	6	0.40	01-Jan-22	5	21
VTP	Core	3	Band 3 Admin Support	3	1.00	01-Jan-22	8	31
Community Link Workers	Non-Core	3	Wellbeing Workers	5	2.00	01-Jan-22	20	80
Total Costs					**38.50**		**358**	**1,430**

*0.2 WTE clinical / 0.4 WTE non-clinical
*Recruitment to support roll out of CTAC service to Bearsden and Milngavie if accommodation solution is facilitated by year end.

Primary Care Directorate
General Practice Policy Division

Addresses

For Action
Chief Executives NHS Boards
General Medical Practitioners

For information
Chief Officers, Integration Authorities
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29th November 2021

Dear Colleague

GP Practices – Sustainability Payment – 2021-22 & 2022-23

Background

1. Prior to last year's Scottish LMC Conference, the Scottish Government and the Scottish GP Committee of the BMA took the opportunity to write a joint letter sent to all GP practices. This emphasised our continued commitment to the 2018 General Medical Services Contract and to reconfirm our commitment to continue to invest in general practice.

2. Our experiences and those of the wider system during the pandemic had confirmed to us that the principles and aims contained within the Contract Offer remained the right ones - collaborative multi-disciplinary teams working alongside GPs in their role as Expert Medical Generalists to manage patients in their own community. We recognise we still had some way to go to deliver enhanced multi-disciplinary teams. In the joint letter, we set out our intention to make the reforms we have made a permanent part of the support that GP practices receive from NHS Boards and Health & Social Care Partnerships – by placing them in regulations.

3. Vaccinations that were in the core GMS contract under the Additional Services Schedule, such as childhood vaccinations and immunisations and travel immunisations, would be removed from GMS Contract and PMS Agreement regulations. All historic income from vaccinations would transfer to the Global Sum in 2022-23 including that from the five vaccination Directed Enhanced Services.

4. Whilst our joint policy position remained that general practice should not be the default provider of vaccinations, we understood that practices may still be involved in the delivery of some vaccinations in 2022-23 arrangements. Where this is necessary, it would be covered on a new transitionary service basis to be negotiated by SGPC and the Scottish Government in 2021 and payments would be made to practices providing these services from 2022-23.

5. Regulations would be amended so that Health Boards were responsible for providing a Pharmacotherapy service to every general practice for 2022-23. Payments for those practices that still did not benefit from a Pharmacotherapy service by 2022-23 would be made via a Transitionary Service until such time as the service is provided.

6. Regulations would also be amended so that Health Boards were responsible for providing a Community Treatment and Care (CTAC) service for 2022-23. Where practices did not benefit from this service, payment will be made on a transitionary service basis until such time the service is provided.

7. Scottish Government and SGPC recognised by exception some practices in remote and rural communities where there are no alternatives to ongoing practice delivery identified through a satisfactory options appraisal. The Scottish Government and SGPC would negotiate a separate arrangement including funding for these practices.

Vaccinations

8. Vaccinations that were in the core contract under the Additional Services Schedule were removed from the GMS Contract and PMS Agreement regulations from 18 October 2021. PCA(M)(2021)10 set out that Health Boards were able to serve notices (under regulation 33A of the amended GMS regulations) to practices that would require them to continue to deliver vaccinations that were providing these additional services from October 2021 to April 2022. Funding will continue under the core GP contract from the Enhanced Services allocation until the end of March 2022.

9. The five Directed Enhanced Services included in the Vaccination Transformation Programme will continue, either as Directed Enhanced Services or refreshed as Temporary Enhanced Services, until the end of March 2022. Where vaccinations have not already transferred to Health Board provision, practices should continue to participate in the programmes, where appropriate until 1st April 2022 in order to protect their historic income. Practice historic income for the remainder of Phase One will be determined by the arrangements set out in PCA(M)(2019)03. **The 3 years used to calculate historic income will be 2017-18, 2018-19, and 2019-20 unless it is locally agreed to use more suitable years.**

10. The Scottish Government and SGPC are negotiating arrangements for fees for any practices which may still be involved in residual delivery of vaccinations from April 2022 onwards. Before 1 April 2022 there will also be arrangements for those options appraised remote and rural practices which will continue to provide vaccinations on an indefinite basis as well as practices which should stop providing vaccinations over the course of 2022/23. The vaccination fees for options appraised practices will be consistent with transitionary services. However, there will be additional consideration of the ongoing nature of vaccination provision by options appraised practices. Greater detail on arrangements for options appraised practices will also be published as soon as possible.

Community Treatment & Care Services and Pharmacotherapy – Sustainability Payment

11. Scottish Government will lay regulations before the Scottish Parliament in the new year to give Health Boards responsibility for providing a Pharmacotherapy service to every general practice and provide Community Treatment & Care services from 2022-23, as well as a separate arrangement for remote and rural communities where there are no alternatives to ongoing practice delivery identified through a satisfactory options appraisal.

12. The Scottish Government and SGPC recognise that partial implementation of the pharmacotherapy and community treatment and care services, on a national level, means that general practice is facing a difficult winter without all of the support Scottish Government and SGPC had agreed it should have in 2018.

13. On this basis, **Scottish Government and SGPC have agreed to allocate a sustainability payment to all practices (including 2C practices) covering 2021-22 and 2022-23.** This payment brings into effect what was agreed for transitionary services for Pharmacotherapy and Community Treatment & Care services in the 2020 Joint Letter.

14. Scottish Government is allocating £15 million for this payment in 2021-22 followed by a further payment of £15 million in 2022-23. This sum is approximately based on £5 per patient in Scotland - it will be allocated to practices by the Scottish Workload Formula and Income and Expenses Guarantee. Although the first payment will be made to all practices in December 2021, it is conditional on submission of the attached form. The attached form (annex) requires practices to indicate where this payment will best support the services they provide this winter:

    - Extra internal GP sessions (including face-to-face appointments)
    - Extra non-core hours
    - Additional administrative time and practice manager time
    - Additional practice nurse time
    - Practice organised cover for PLT for reflection, learning and innovation
    - External GP locum sessions
    - Any other purpose connected with the provision of GP services

15. This form is not intended to represent a commitment by practices to spend the money in particular ways; we understand that organising external locum cover in particular at present is challenging and we would not seek to limit the ability of practices to respond to emerging circumstances as they see best.

16. Practices will receive their whole allocation for 2021-22 in December. Practitioner Services will separately identify practice payments in the monthly statement. Where a practice has not submitted the form by the end of February 2022, Practitioner Services will recover the payment for 2021-22 from the March 2022 payment.

17. Funding for the sustainability payment will come from winter funding monies for 2021-22. Funding for the 2022-23 payment will be identified through the 2022-23 Scottish Budget process. Practitioner Services will provide details of the timing of payment for 2022-23 in their monthly newsletter.

2023024 and Beyond

18. Arrangements covering transitionary services for 2023-24 and beyond, if required, will be negotiated by the Scottish Government and SGPC in 2022 and will continue until the implementation of Phase 2 of the new contract. Scottish Government is expecting the full roll out of Pharmacotherapy and CTAC services in 2022-23 so transitionary payments should be very seldom required beyond 31st March 2023.

Action

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

Signature

Naureen Ahmad
Deputy Director Primary Care

Annex A

GP Sustainability Payment: GP Declaration Form 2021/22

Practice Details

Nameof Practice:

PracticeAddressandContactDetails:

Practice Code:

Intended Use

Pleaseindicatehow you anticipate makingseeof this funding. Tickall that apply.

This is intended to provide an indicative record of your intentions to allow Scottish Government to better understandwhat is most needed to support general practice. Scottish Government is cognisant that circumstances can change very quicklyin a GP practice and practices will not beheld to their intentions providedhere. This means that whilewewill survey GP practices about theuseof this money, wedo not expect GP practices to treat these funds any differently from the funds you receive to provide General Medical Services: there will beno reconciliations or any requirement to account for how you spent this money.

Extra internal GP sessions (inc. F2F appointments)	☐
Extra non-core hours	☐
Additional administrative time and practice manager time	☐
Additional practice nurse time	☐
Practice organised cover for PLT for reflection, learning and innovation	☐
External GP locum sessions	☐
Any other purpose connected with the provision of GP services	☐

Please outline any other purpose below:

Authorised Practice Signature

Authorised Practice signature//////////////////////////Date//////////..

I declare that the information I have given on this form is correct and complete and I understand that if it is not, action may be taken against me. I acknowledge that my claim will be authenticated from appropriate records and that payment will be made to my Practice.

For Official Use

Input by //////////////////////////Date//////////..

Checked by //////////////////////////Date//////////..

Please return completed Declaration Form to your Health Board primary care contract manager.

Interim Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 7.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**20 JANUARY 2022**
REPORT REFERENCE:	**HSCP/200122/07**
CONTACT OFFICER:	**ALAN CAIRNS / ALISON WILLACY (J/S) PLANNING, PERFORMANCE AND QUALITY MANAGER**
SUBJECT TITLE:	**HSCP BUSINESS CONTINUITY PLANNING**

1.1 PURPOSE

1.2 The purpose of this report is to update the HSCP Board on Business Continuity Planning Arrangements.

2.1 RECOMMENDATIONS

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

2.2 Note the content of this report;

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.1 BACKGROUND/MAIN ISSUES

3.2 Prior to the Coronavirus Pandemic, the HSCP reviewed its departmental Business Continuity Plans (BCPs) annually, and updated its overarching HSCP BCP at the same time. With the realisation in April 2020 that these plans were going to suddenly have very significant importance, all BCPs were updated once more, but this time with a more tailored focus on critical response management associated with the impact of the pandemic.

Prioritisation and Contingency

3.3 It was clear at the outset that the provisions of the overarching BCP were insufficient to provide the tools necessary to support contingency and continuity planning in a sustained way, over what was clearly going to be an extended period. Therefore a specific annex to the HSCP BCP was prepared that set out: an essential services prioritisation schedule; a team consolidation plan; a public protection plan; a commissioning plan; a workforce plan, and; a communication plan. These also provided a structure for status reporting to the Local Response Management Team.

3.4 The departmental and overarching BCPs (including the Covid-19 annex) have been updated twice since April 2020, with a focus on continuous improvement and learning from the experience of the pandemic and its impact on services. The most recent review commenced in October 2021 and concluded in December, with 34 service BCPs being reviewed for targeted update focusing on:

- Quality and consistency
- Strengthening the effectiveness of the essential services prioritisation and team contingency tools
- Strengthening governance arrangements

3.5 The essential services prioritisation schedule has been updated accordingly and is attached at **Appendix 1**. This document supports operational escalation and coordinated response management by setting out all critical functions of the HSCP in a single document, by urgency level.

3.6 Pressure on services is often due to staff being unavailable to work due to illness or self-isolation. In these circumstances, it is important to have contingency arrangements in place to ensure that remaining capacity can be brought to the most urgent critical functions. In support of the prioritisation schedule, a team consolidation plan is therefore necessary that identifies where organisational teams can merge, to ensure functional cover across these priorities. A team consolidation plan forms part of the BCP Covid-19 annex and is attached at **Appendix 2**. The over-riding principle is that the combined resources of the HSCP should be considered collectively to ensure that operational priorities are met. The needs of the whole-system across the wider Health Board may also be a factor in the deployment of resources, particularly for specialist services.

Governance

3.7 As the pandemic has progressed, response management governance arrangements have evolved iteratively, informed by national, regional and local requirements. The HSCP Business Continuity Plan states:

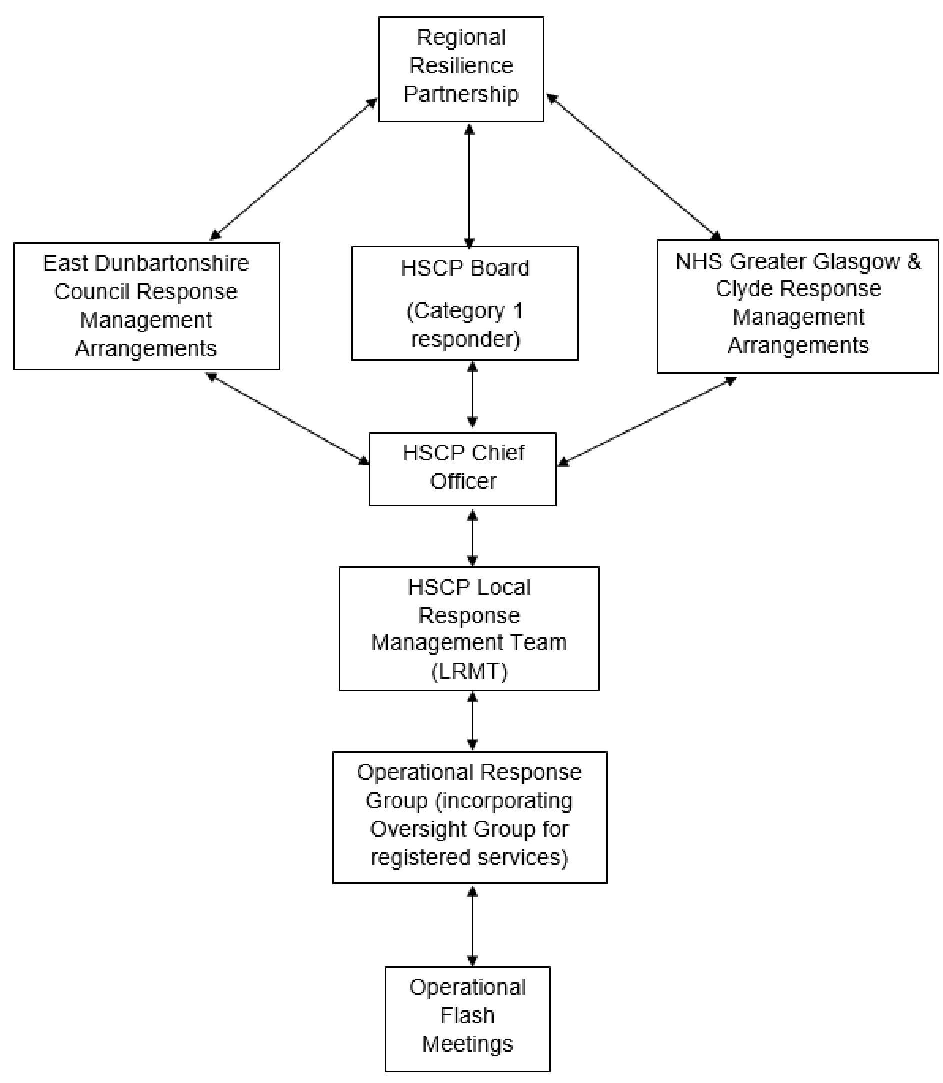
“In the event of a major loss or disruption the HSCP BCP plan (and relevant service level plans) will be activated, under the direction of a Local Response Management Team (LRMT). This LRMT will be led by the HSCP Chief Officer and to the overall direction of the agreed national and local leadership response arrangements.”

“The LRMT will act in accordance with this Business Continuity Plan and ensure the health, safety and welfare of those affected so far as is reasonably practicable”.

3.8 The particular nature of the pandemic has meant that during periods of escalation, the operational impacts have required day by day and often hour by hour response management. In addition, oversight meetings to coordinate the support of registered service providers have been established in line with national requirements.

3.9 To strengthen the governance arrangements in support of the LRMT, the pre-existing oversight group for registered services has now been reconfigured into an Operational Response Group (ORG) that meets weekly on a Wednesday and reports directly to the LRMT when it meets on a Thursday. The ORG is in turn informed by a range of operational flash meetings that manage and oversee operational responses on a more immediate basis. These governance arrangements are set out in the illustration below, which also shows the HSCP Board’s status as a Category 1 responder (effective from 16 March 2021) and the linkages between local response management and wider local and regional oversight arrangements.

Local and Regional Response Management Arrangements



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 Duties

4.3 Frontline Service to Customers – The HSCP Business Continuity Planning arrangements provide the procedures and tools to sustain frontline services, prioritised by urgency.

4.4 Workforce (including any significant resource implications) – The HSCP Business Continuity Planning arrangements provide a framework for the deployment of staffing resources as part of critical response management.

4.5 Legal Implications – none.

4.6 Financial Implications – The HSCP Business Continuity Planning arrangements may have commissioning impact as a consequence of meeting critical service priorities.

4.7 Procurement – as Financial Implications.

4.8 ICT – The HSCP Business Continuity Planning arrangements have particular dependency on ICT.

4.9 Corporate Assets – None.

4.10 Equalities Implications – An enquiry has been made as to whether an Equality Impact Assessment is required.

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 Risks reported and managed via the governance arrangements set out in the report.

6.1 IMPACT

6.2 STATUTORY DUTY –The HSCP Business Continuity Planning arrangements are informed by the Civil Contingencies Act 2004

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 an enquiry has been made as to whether an Equality Impact Assessment is required.

8.1 APPENDICES

8.2 Appendix 1 - HSCP Business Continuity Plan – Essential Service Prioritisation

8.3 Appendix 2 - Service and Team Consolidation and Contingency Arrangements

East Dunbartonshire HSCP Business Continuity Plan – Essential Service Prioritisation

Priority of Service / Function	Duration Without Service / Function
1. Vital	Within 24 hours
2. High	Within 48 hours
3. Medium	Within 1 week
4. Low	Within 1 month

Notes: Prioritisation based on departmental Business Continuity Plans. These may be reviewed and altered dynamically.
Allocation of prioritisation level based upon moderate and above impact levels
Sub-low risks not included – refer to individual BCPs for these and for additional detail.

A risk assessment and ongoing monitoring will need to be undertaken when reducing / suspending services.

Team	Vital (<24h)	High (<48h)	Medium (<1 week)	Low (<1 month)
District Nursing	Palliative / End of Life Care	Bowel Care	Routine catheter care	Continence review assessments
	Administration of essential medicines e.g. insulin, syringe drivers	Leg Ulcer Dressings with risk of infection.	Leg Ulcer Dressings (other)	Diabetic screening Doppler assessment
	Parenteral Feeding	Disconnecting chemotherapy pumps	Administration of non-essential medications incl. hydroxycobalamin for patients on therapeutic dose	Health promotion
	Responding to urgent unplanned care needs, e.g., replacement of PEG tubes, acute retention of urine if urinary catheter blocked	Management of specialist drains.eg pico, pleural and pigtail drains	Routine Peg tube management	

Team	Vital (<24h)	High (<48h)	Medium (<1 week)	Low (<1 month)
	Complex and infected wounds		Review of simple wounds	Anticipatory care assessments
	Central venous line maintenance			Routine phlebotomy
	Tracheotomy Care			
	Patients with spinal injury, at risk of autonomic dysreflexia, who require planned or unplanned bowel or catheter care			Ear irrigation
Diabetes Nursing	Support for people who are unwell (Sick Day rules).	Insulin starts for patients not in priority 1.	Clinic reviews and routine assessments.	Structured education
	Urgent GP Referrals Hospital /referrals/discharges.	Insulin Management plans to support DNs.	Provide guidance/support for equipment issues, troubleshooting.	Ordering of stock eg meters Information /leaflets.
	Initiation of Insulin for unstable patients.	Support/education and titration advice for all Patients including Patients recently commenced on new treatments eg Insulin, GLP1 oral tablets.	Deal with non-urgent new referrals.	Ongoing case load review.
	Changes of Insulin for patient safety.	Clinic reviews soon.	GLP1 starts/follow ups. GLP1 now used 2nd line to prevent uncontrolled diabetes	Health promotion
	Support and Advice for insulin titration. To include Nursing Homes, Carers supporting vulnerable patients at home (learning disability) and DNs.		Home visit for housebound patients.	

Team	Vital (<24h)	High (<48h)	Medium (<1 week)	Low (<1 month)
	Support DNs /families with Palliative care.			
Community Treatment and Care Services (adult nursing)			Complex/infected wounds and leg ulcers	Doppler assessment
			Administration of non-essential medication	Ear irrigation
			Routine phlebotomy	
			Routine and non-complex wound care	
			Removal of sutures/staples	
NHS C&F Health Visiting Service	Child protection	Infant feeding	Primary birth visit	Weight faltering children
	Special Needs in pregnancy • antenatal visit • recording on Badgernet		Child health Surveillance (CHS) for Babies <8 weeks	Gender based violence
	Assessing and supporting maternal and paternal mental health		National Practice Model Assessment (NPM) for: • Primary visit • Babies < 8 weeks • Additional HPI – NPM assessment as required • Transition	Supporting VTP / immunisation Team delivering vaccination to pre school children
	Targeted mental health support for perinatal parents			Targeted campaigns
	Caseload management			Antenatal visit

Team	Vital (<24h)	High (<48h)	Medium (<1 week)	Low (<1 month)
				3-5 week contact
				8 month contact
				Additional HPI - NPM assessment
				CHS 13- 15mths
				CHS 27- 32mths
				Weaning support
				Childsmile
				Clinical supervision
				6mth pause and reflect
				CHS 4-5yrs assessment
				Parents groups
				Health promotion
				Full - Universal Health Visiting pathway
NHS C&F School Nursing Service	Child protection		Responding to Request For Assistance from partner agencies and parental / self-referral to service	Assessing, identifying and supporting unmet health needs Allocation of Health Plan Indicator
				Transition to school

Team	Vital (<24h)	High (<48h)	Medium (<1 week)	Low (<1 month)
				Routine Child Health Screening Programme P1 Height & Weight
				Routine Child Health Screening Programme P7 Vision Screening.
				Attendance at MARAC (Gender based violence).
				Support to Children with identified additional needs.
NHS C&F Speech and Language Service				Completion of eating and drinking assessments.
				Specialist SLT assessment, diagnosis and treatment.
				Targeted parental group to support families with C&YP with SLCN.
				Education Authority contracted work to support children and young people with SLCN access education. Link therapist provision, programme of CPD and provision of consultation.

Team	Vital (<24h)	High (<48h)	Medium (<1 week)	Low (<1 month)
Alcohol and Drug Recovery Service	Planned Assessment	Opiate Substitute Treatment (OST)	Duty: Unplanned Assessment/ Referral screening	
	Collaborative working with mental health services/ Psychiatric Emergency Planning	Alcohol Care & Treatment (AC&T)	Children Affected by Parental Substance Misuse (CAPSM)	
			Adult Support & Protection (ASP)	
			Children Affected by Parental Substance Misuse (CAPSM)	
			Adult Support & Protection (ASP)	
			Pandemic protocols	
Older People's Mental Health Services (OPMHS)	Crisis intervention		Caseload management	Memory Assessment
	Specialist advice	Care home support		Group work
	Desk duty continuity			PDS
				Clinical Governance/Staff Support
Community Rehab Team (CRT)	Rapid Assessment to prevent avoidable admission to hospital	Scaled urgency response	Scaled urgency response	Scaled urgency response
	Urgent response to priority referrals to maintain safety within home.	Scaled urgency response	Scaled urgency response	Scaled urgency response

Team	Vital (<24h)	High (<48h)	Medium (<1 week)	Low (<1 month)
	Urgent response to need for equipment provision to maintain patient safety within the home	Scaled urgency response	Scaled urgency response	Scaled urgency response
	Urgent discipline specific assessment and treatment - PT / OT / Nurse	Scaled urgency response	Scaled urgency response	Scaled urgency response
Care Home Support team	Social Work – Adult Support & Protection enquiries, investigations and Case Conferences			
	CHLN - Palliative care/ End of life care. Symptom management concerns. Set up of syringe driver (if staff not confident)			
	CHLN - Responding to urgent unplanned care needs, e.g., replacement of PEG tubes, Central venous line maintenance, Tracheotomy Care, Bowel care (potential obstruction) (if staff not confident)			
	CHLN - Catheter care if resident has Dislodged / blocked supra pubic or is in Urine retention (if staff not confident)			
	CHLN - Complex infected wounds			

Team	Vital (<24h)	High (<48h)	Medium (<1 week)	Low (<1 month)
	CPN – Assessment and Liaison with Psychiatry regarding treatment/ admission to hospital for care home residents presenting with acute symptoms			
	CPN - Specialist support and guidance to care homes with regards mental illness including delirium and stress and distress in dementia management			
Joint Learning Disability Team (JLDT)	Multi-disciplinary care management of critical cases	Crisis intervention in response to people with learning disabilities who are exhibiting severe difficulties such as deterioration in mental health; behavioural disturbances; threatened loss of tenancy; family/carer crisis.		ASP formal reviews Annual reviews may require tolerance of delay built in if not critical
	Adult Support and Protection initial enquiries/investigations	Medications (alternative arrangements via Primary Care Services may be considered)		
	Urgent unplanned assessments	Interventions by JLDT staff to prevent hospital admissions, support discharge and to those who are vulnerable / at risk.	Planned non critical assessments	

Team	Vital (<24h)	High (<48h)	Medium (<1 week)	Low (<1 month)
	Critical planned assessments			
	Planning /providing /reviewing critical support			
	Response to provider failure in respect of providing direct critical support.			
Prescribing Support Team	Prescribing / medication information queries to GPs and other healthcare staff		Clinics with patients already booked	Medication Review Clinics
	Management of medication short supply			
	Medication Reconciliation			
	Management of acute prescription requests			
NHS Primary Care Mental Health Team (PCMHT)		Outpatient Appointments – group, face to face, one to one.	Telephone Assessments	
		Self Referrals	CCBT	
NHS Community Mental Health Team (CMHT)	Emergency/Urgent Appointments	Depot Injections	Blood Clinics (Clozapine)	
	Desk Contact Staff/Safety Patient Contacts Emergency Referrals	Drug deliveries and sundries	Routine Appointments; treatment and assessments waiting times (1 room & groups)	

Team	Vital (<24h)	High (<48h)	Medium (<1 week)	Low (<1 month)
Social Work Community Mental Health Team (CMHT)	Multi-disciplinary care management (*critical*)	Multi-disciplinary care management (*substantial*)	Planned non critical assessments	Reviews may require to build in tolerance in delay where not deemed essential.
	Unplanned critical SW assessments			ASP formal reviews
	Adult support and protection			
	All MHO statutory functions			
	Crisis intervention in response to people with mental health problems exhibiting severe difficulties: deterioration in mental health; behavioural disturbances; threatened loss of tenancy; family/carer crisis.			
	Medications (alternative arrangements via Primary Care Services possible)			
	Prevention of hospital admissions, support discharge and to those who are at risk.			
Public Health Improvement Team (PHIT)				Community Capacity building
				Tobacco / Drugs and Alcohol
				Sexual Health / Relationships
				Physical Activity / Nutrition

Team	Vital (<24h)	High (<48h)	Medium (<1 week)	Low (<1 month)
				Long Term Conditions / Social Prescribing
				Mental health / wellbeing
				Health Surveillance
				Primary Care / Public Health Interface
Social Work Adult Intake, Older People, and Physical Disability Services	Urgent Unplanned assessing /Referral screening		Planned assessments if non critical	
	Support Planning and service continuity (*critical)* – providing / arranging support	Support Planning and service continuity (*substantial)* - providing / arranging support		ASP formal reviews. Routine community care reviews may require tolerance of delay built in if non-critical
	Care management and collaborative working with older people's mental health services; psychiatric emergency planning; community health; allied health professionals.			
	Adult Support and Protection			
SW C&F Advice & Response	Emergency response to Child Protection Referrals		Completion of Child Protection Investigations (max 5 days)	
	Immediate assessment of risk		Pandemic protocols (max 3 days)	

Team	Vital (<24h)	High (<48h)	Medium (<1 week)	Low (<1 month)
	Implementation of Safe Care arrangements			
	Participation in IRDs			
	Risk Assessment and risk management planning. Statutory duties as conferred by the Children's (Scotland) Act 1995, Children's Hearings (Scotland) Act 2011 and the Children and Young People's (Scotland) Act 2014. Court and SCRA assessments, reports and attendance			
SW C&F Teams 1 and 2 **Youth Justice Team** **Children with Disability**	Emergency response to Child Protection Concerns		Completion of Child Protection Investigations (max 5 days)	
	Response to crisis/crisis intervention		Ongoing case management of children on the Child Protection Register (max 5 days)	
	Immediate assessment of risk		Management, review and coordination of court ordered contact plans (max 5 days)	

Team	Vital (<24h)	High (<48h)	Medium (<1 week)	Low (<1 month)
Team	Implementation of Safe Care arrangements		Risk Assessment and risk management planning (max 5 days)	
	Participation in duty rota		Planned visits and reviews for children who are Looked After at home (max 5 days)	
	Participation in IRDs		Statutory duties as conferred by the Children's (Scotland) Act 1995, Children's Hearings (Scotland) Act 2011 and the Children and Young People's (Scotland) Act 2014. (max 5 days)	
	Risk assessments for contact		Court and SCRA assessments, reports and attendance (max 5 days)	
			Pandemic protocols	
SW C&F Care Planning & Placement Team	Provide emergency and support service to Foster Carers, Kinship Carers and Adoptive Parents Respond to requests made for planned or emergency placements for vulnerable children and young people	Perform statutory duties as conferred by the Children's (Scotland) Act 1995 (including statutory instrument The Continuing Care (Scotland) Order 2015), Children's Hearing (Scotland)Act 2011 and the Children and Young People's (Scotland) Act 2014.	Requirement to consider, assess and register skilled/appropriate Foster Carers, Adoptive Parents and Kinship Carers. Implementation and facilitate relevant training and resources for Carers to equip and support their role as carers.	Befriending service for vulnerable children receiving a service from Children and Families Team

Team	Vital (<24h)	High (<48h)	Medium (<1 week)	Low (<1 month)
		Perform specific functions in relation to Adoption and Fostering Panels under the Adoption Agencies (Scotland) Regulations 2009 (Part II) and The Looked After Children (Scotland) Regulations 2009 (Part VI) (the LACS Regulations).		
		Adhere and respond to the standards for Registered Services directed within the Health and Social Care Standards 2017. Maintain service provision and respond to requirements, inspections and requests from the Care Inspectorate.	Monitor and participate in permanence planning and tracking to ensure timeliness permanence for children; reduce drift and delay. Quality assurance; engage, support and monitor external placements. Risk Assessment and risk management planning. Complete permanence and court reports.	
SW C&F Community Support Team	Child Protection home visits out of hours (daily)		Supervised Family contacts as directed by court/SCRA	
	Unannounced home visits (child's plan)		Early Help and Intervention	

Team	Vital (<24h)	High (<48h)	Medium (<1 week)	Low (<1 month)
	Immediate Assessment of Risk		Parenting Support and Crisis Intervention	
	Support the Implementation of Safe Care Arrangements		Risk Assessment and risk management planning.	
			Out of hours support and intervention focused on child safety and protection	
			Case Recording	
			Transporting service users for contact/emergency accommodation	
			Adhere to regulations as implemented by the Car Inspectorate as a Registered Service	
			Pandemic protocols	
SW C&F Throughcare & Aftercare	Young people at risk of destitution and or homelessness Young people at high risk of offending and or imprisonment or safe care centres	Young people with significant mental health issues Young people living alone in the community Young people at risk of being accommodated Young people at risk of harm via substance misuse Young people at risk of CSE Young people who are victims of human trafficking Young people at risk of	Participation in IRDs Early Help and Intervention Risk Assessment and risk management planning. Statutory duties as conferred by the Children's (Scotland) Act 1995, Children's Hearings (Scotland) Act 2011 and the Children and Young People's (Scotland) Act 2014. Court and SCRA assessments, reports and	

Team	Vital (<24h)	High (<48h)	Medium (<1 week)	Low (<1 month)
		sexual violence Vulnerable care leavers Child Protection Referrals Immediate assessment of risk Implementation of Safe Care arrangements	attendance Pandemic Protocols	
Social Work Justice Services (Community)	Emergency response to MAPPA Public Protection Concerns	Chair all MAPPA 2 and 3 Meetings for all medium to very high cases where an imminent risk of harm is identified.		CJSW Reports and risk management plans for High Court and Sherriff Summary Cases (max 2 weeks)
	Immediate assessment of risk	Risk Assessment and risk management planning.		
	Implementation of MAPPA Contingency Plan and arrangements	All Statutory duties as conferred by the Social Work Scotland Act (1968) and Management of Offenders Act (2005).		
			Pandemic protocols	
Social Work Justice Services (Custody)	Pre-Release Integrated Case Management meetings (ICMs)	MAPPA 3 Risk Management Assessment/Planning/Referral and Meetings	Immediate Release Review Report to the Parole Board for all persons subject to MAPPA and/or Section 17 Recall (impact: likely delay)	Attendance at Risk Management Team (RMT) meeting (impact: definite)
	Short Term Sex Offender Parole Reports to the Parole Board for Scotland	Citation to the Parole Board for Oral Hearings (impact: case adjourned)	Escorted Days Absence (EDA) checks with regards attendance at end of life/	Programme Case Management Board (PCMB) (impact: definite)

Team	Vital (<24h)	High (<48h)	Medium (<1 week)	Low (<1 month)
			funeral (impact: non-attendance)	
	Immediate Release Reports to the Parole Board for Scotland	Short Term Sex Offender reports to the Parole Board (impact: likely delay)	Circular 18 paperwork (schedule 1 offenders) with regards child protection (impact: public protection risk)	Case Management Forum (CMF) for mental wellbeing (impact: definite)
	Citation to attend Oral Hearings and Parole Tribunals	Pre-Parole Integrated case Management Meetings	Talk to Me Case Conference imminent risk of self-harm in custody (impact: non-attendance and risk of harm to client)	Child visit checks with Children and families (impact: definite)
	Escorted Day Absence release assessment for funerals	Export of LSCMI risk assessments to Local Authorities	First Review Reports to the Parole Board for Scotland	Any Prison Based SW statutory duties as required. (impact: definite)
		Compassionate Release Assessment and Report (End of Life)	Subsequent Review Reports to the Parole Board for Scotland	Annual Integrated Case Management Meetings ICM (impact: potential)
			Licence Conditions Only Reports to the Parole Board for Scotland	Collaborative working with all areas of social work including NHS Health, Police Scotland , Housing and third sector (impact: potential)
			Circular 18 reports for Schedule 1 Offenders	Order Lifelong Restriction (OLR) Multi-Disciplinary case conference

Team	Vital (<24h)	High (<48h)	Medium (<1 week)	Low (<1 month)
			Risk Management Team meetings	Initial & Annual Integrated Case Management Meetings
			Programme Case Management Board Meetings	
In-house Homecare Service (incl Community Alarms and Sheltered housing)	Home Care (mainstream) office based management functions			
	Red customers (<1 hour) • Home care front line direct provision • Home for Me reablement • Response Team • Out of Hours • External commissioned providers	**Green customers** (<48 hours) • Home care front line direct provision • Home for Me reablement • Response Service • Out of Hours • External Commissioned Providers		
	Amber customers (<4 hours) • Home care front line direct provision • Home for Me reablement • Response Team • Out of Hours • External Commissioned Providers			
Kelvinbank and Milan Day Services	Contingency planning in event of day services being closed – see individual BCP			

Team	Vital (<24h)	High (<48h)	Medium (<1 week)	Low (<1 month)
Ferndale Children's Residential and Outreach Service	Residential service – safe levels of support must be retained at all times	Outreach service – prioritisation and rescheduling in event of staff shortages.	Collaborative working with independent and third sector services	
John St and Pineview	Residential service – safe levels of support must be retained at all times			

BUSINESS CONTINUITY – SERVICE AND TEAM CONSOLIDATION & CONTINGENCY ARRANGEMENTS

These arrangements may be engaged in whole or in part depending upon pressure areas at particular times due to staff or manager absence. It will also be essential that skills and resources overall are maximised to ensure efficiency and effectiveness, for example between home care and district nursing services. The over-riding principle is that the combined resources of the HSCP should be considered collectively to ensure that operational priorities are met. The needs of the wider whole system across the Health Board may also be a factor in the allocation of resources, particularly for specialist services.

<table>
<tr><th>Operational Teams: Status Quo</th><th>Stage 1 Consolidation</th><th>Stage 2 Consolidation</th></tr>
<tr><td>Adult Support & Protection (ASP) Lead</td><td rowspan="3">Virtual Public Protection Coordination and Advisory Team

(This team will also have oversight of potential protection and ethical issues associated with service reduction and/or cessation)</td><td rowspan="3">Virtual Public Protection Coordination and Advisory Team

(This team will also have oversight of potential protection and ethical issues associated with service reduction and/or cessation)</td></tr>
<tr><td>Child Protection Lead</td></tr>
<tr><td>Child Protection Coordinator</td></tr>
<tr><td>Adult Social Work Team East Locality (Older People and adult Physical Disability)</td><td rowspan="7">Some or all of these teams to come together to support delivery of Adult & Older People Social Work Services</td><td rowspan="7">Generic Social Work Services (all ages and care groups – except ADRS)</td></tr>
<tr><td>Adult Social Work Team West Locality (Older People and adult Physical Disability)</td></tr>
<tr><td>Older People's LAC Team and SDS Coordination</td></tr>
<tr><td>Social Work Review Team</td></tr>
<tr><td>Social Work Hospital Assessment Team</td></tr>
<tr><td>Learning Disability Social Work Team</td></tr>
<tr><td>Social Work Mental Health (MHO) Team</td></tr>
</table>

Social Work Occupational Therapy and Sensory Impairment		
Social Work Justice Team	Social Work Justice Services	
Social Work Community Payback Team		
Social Work Lowmoss Prison Team		
Social Work Children's Advice and Response Service	Children & Families Social Work Services	
Social Work Children With Disabilities Team		
Social Work Children & Families Fieldwork Team 1		
Social Work Children & Families Fieldwork Team 2		
Social Work Youth Justice Team		
Social Work Children's Throughcare Team		
Children's Care Placement Team		
Alcohol and Drugs Recovery Service	Specialist Recovery and Support Services	Specialist Recovery and Support Services
Community Mental Health Team (PCMHT)		
Primary Care Mental Health Team (PCMHT)		
Older People's Mental Health Team (OPMHT)		

<table>
<tr><td>Community Rehab Team East and H4M</td><td rowspan="2">Community Rehabilitation Services</td><td rowspan="6">Community Nursing and Rehabilitation Services. This would be by function, not by team. Contingency work to be done to prepare for potential arrangements.</td></tr>
<tr><td>Community Rehab Team West and Falls</td></tr>
<tr><td>Adult Nursing Services – East and CTAC</td><td rowspan="2">Adult Nursing Services</td></tr>
<tr><td>Adult Nursing Services West and CHLN</td></tr>
<tr><td>Children’s Community Nursing Team 1</td><td rowspan="2">Children’s Community Nursing Team</td></tr>
<tr><td>Children’s Community Nursing Team 2</td></tr>
<tr><td>Children and Families Community Support Team</td><td rowspan="2">Children’s Residential and Community Support Services</td><td rowspan="6">Social Work Residential, Community and Home Care Services.

Important to consider pan-HSCP capacity building drawing on all skills.</td></tr>
<tr><td>Ferndale Children’s Unit</td></tr>
<tr><td>Homecare Service</td><td rowspan="4">Adult Residential and Home Care Services</td></tr>
<tr><td>Community Alarms</td></tr>
<tr><td>Kelvinbank and Milan Day Services (incl Outlook, Outreach and LACs)</td></tr>
<tr><td>Learning Disability Accommodation Services (John St, Meiklehill, Pineview)</td></tr>
<tr><td>Prescribing and Clinical Pharmacy</td><td>Prescribing and Clinical Pharmacy</td><td>Prescribing and Clinical Pharmacy</td></tr>
<tr><td>Public Health Improvement Team</td><td>Mobilised as required</td><td>Mobilised as required</td></tr>
</table>

Interim Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 8.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**20 JANUARY 2022**
REPORT REFERENCE:	**HSCP/200122/08**
CONTACT OFFICER:	**ALAN CAIRNS / ALISON WILLACY (J/S) PLANNING, PERFORMANCE AND QUALITY MANAGER**
SUBJECT TITLE:	**HSCP QUARTER 2 PEFORMANCE REPORT 2021-22**

1.1 PURPOSE

1.2 The purpose of this report is to inform the HSCP Board of progress made against an agreed suite of performance targets and measures, relating to the delivery of the HSCP strategic priorities, for the period July to September 2021 (Quarter 2).

2.1 RECOMMENDATIONS

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

2.2 Note the content of this report, and;

2.3 Consider the Quarter 2 Performance Report 2021-22 at **Appendix 1.**

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.1 BACKGROUND/MAIN ISSUES

3.2 The 2021-22 HSCP Quarter 2 Performance Report contains a range of information, most of which is available and complete for the full reporting period. However there are routine delays with the publication of validated data by Public Health Scotland, due to incomplete hospital-derived data in Section 3 of the report and the timing of certain waiting times data publications. In order to provide an indication of up to date performance in these areas, tables and charts are included that use Greater Glasgow and Clyde Health Board's own activity data for the full year. These are also presented in a way that permits summary comparison of our performance against targ
ets and with other HSCP areas across the Health Board area. The methodology of local Health Board data differs in aspects from national data publications, so is not precisely comparable. However it provides an accurate proxy set of data while waiting for published national figures.

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

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

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan;-

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

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

9. Statutory Duty

4.3 Frontline Service to Customers – None.

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

4.5 Legal Implications – None.

4.6 Financial Implications – None.

4.7 Procurement – None.

4.8 ICT – None.

4.9 Corporate Assets – None.

4.10 Equalities Implications – None.

4.11 Sustainability – None.

4.12 Other – None.

5.1 **MANAGEMENT OF RISK**

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

5.2 None at this stage.

6.1 **IMPACT**

6.2 **STATUTORY DUTY** – None.

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

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

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

7.1 **POLICY CHECKLIST**

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

8.1 **APPENDICES**

8.2 **Appendix 1 -** HSCP Performance Report Quarter 2 2021-22

PERFORMANCE REPORT 2021-22 QUARTER 2

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

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

Covid-19 Pandemic Impact:

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

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

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

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

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

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

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

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

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

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

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

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

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

- Positive Performance (on target) improving (10 measures)
- Positive Performance (on target) declining (0 measures)
- Negative Performance (below target) improving (3 measure)
- Negative Performance (below target) declining (1 measures)
- Performance affected by Covid-19 (11 measures)

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Positive Performance (on target & maintaining/improving)

4.1	Number of homecare hours per 1,000 population 65+
4.2	% of People 65+ with intensive needs receiving care at home
4.3	% of Service Users 65+ meeting community care assessment to service delivery waiting times target (6 weeks)
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 Acccommodated Children (LAAC) reviews taking place within 4 weeks of accommodation
6.6	% of children receiving 27-30 months assessment
7.1	% of individuals beginning a work placement within 7 days of receiving a Community Payback Order
7.2	% of Criminal Justice Social Work reports submitted to court on time

Positive Performance (on target but declining)

No PIs in this category

Negative Performance (below target but maintaining/improving)

5.1	% of people waiting <3 weeks for drug and alcohol treatment
6.2	% of initial Child Protection case conferences taking place within 21 days from receipt of referral
7.3	% of court report requests allocation to a social worker within 2 days

Negative Performance (below target and declining)

6.4	% of children being Looked After in the community

Performance affected by Covid-19

3.1	Number of unplanned acute emergency admissions
3.2	Number of unscheduled hospital bed days
3.3	Number of Delayed Discharge Bed Days
3.4	Number of Accident and Emergency attendances (all ages)
4.4a	No of people 65+ in permanent care homes
4.5	% of Adult Protection cases where timescales are met
5.3	% of people newly diagnosed with dementia receiving post diagnostic support
5.4	Total number of alcohol brief interventions delivered (cumulative)
5.5	Smoking quits at 12 weeks post quit in the 40% most deprived areas
5.6	Child and Adolescent Mental Health Services (CAMHS) waiting times
8.5 / 8.6	NHS Knowledge & Skills Framework and Council Performance Development Review achievement against target

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

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

3.1 Emergency Admissions

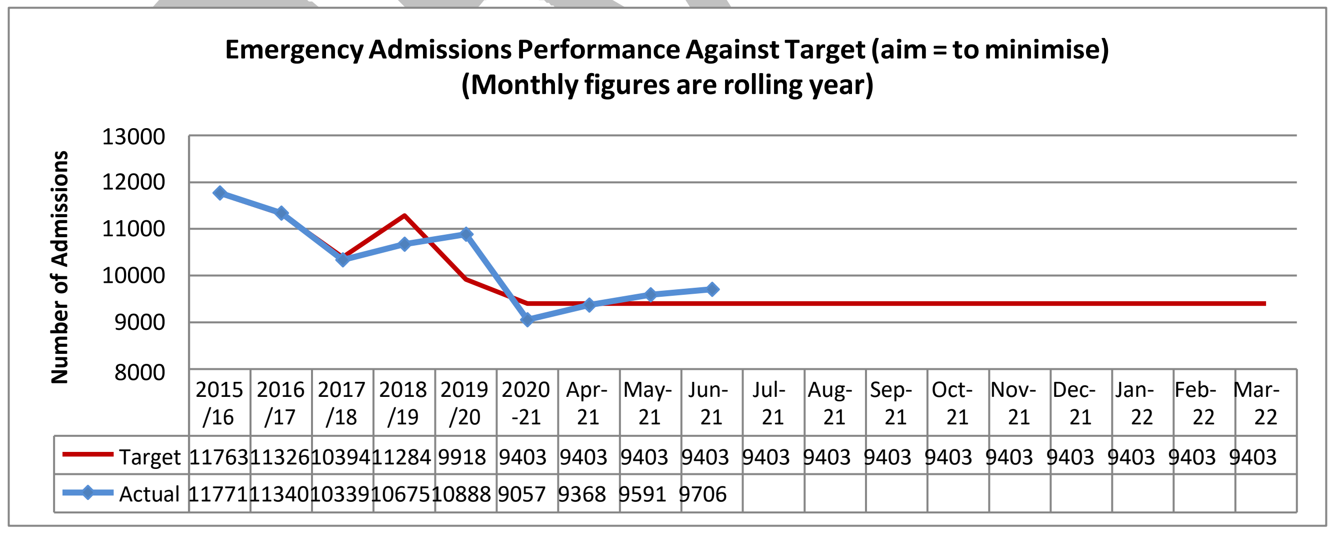
Rationale: Unplanned emergency acute admissions are focussed on reducing inappropriate use of hospital services and shifting the focus from a reliance on hospital care towards proactive support in the community setting. Aim = to minimise.

Table 3.1 Quarterly Number of Unplanned Acute Emergency Admissions

Q2 2020-21	Q3 2020-21	Q4 2020-21	Q1 2021-22	Q2 2021-22	Target (2021-22)
2,456	2,308	2,310	2,632	Full Q2 not available	2,351

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

Figure 3.1a Rolling Year Number of Unplanned Emergency Admissions*



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

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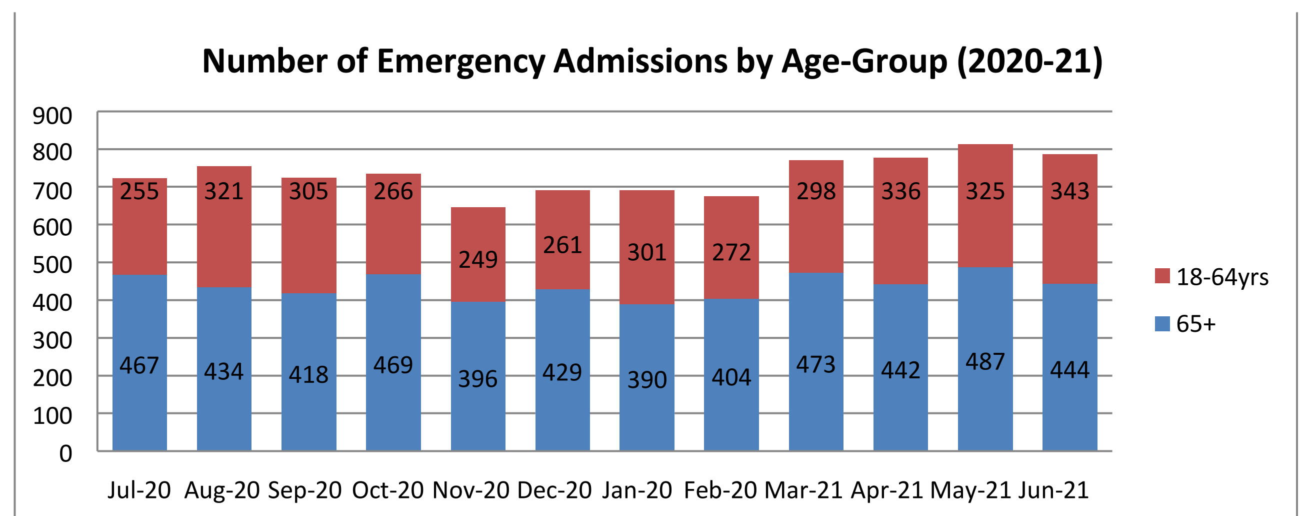
Figure 3.1b Unplanned Emergency Admissions by Age Group



Situational Analysis:
The number of people being admitted unexpectedly to hospital is a key indicator of how well we are doing to maintain people in their own homes, particularly later in life. It is also a proxy indicator of the level of complexity being managed in the community, as secondary care clinicians continue to consider the majority of unplanned admissions of East Dunbartonshire residents as clinically appropriate.

The national source data publication extends only to June 2021, but the impact of the Covid-19 pandemic reduced emergency hospital admissions for most of 20-21. This was reflective of a substantial reduction in non-Covid-related emergency hospital activity during this period. This may be due partly to public messaging at the time to protect the NHS in its efforts to treat people with Covid-19 and community reaction to avoid public areas where transmission levels may be higher. Certainly, emergency admissions reduced most particularly during each of the most active waves of the pandemic. Admissions in quarter 1 showed an increase but it is too early to be certain about the overall trend at this stage.

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

3.2 Unscheduled hospital bed days; acute specialities

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

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

Q2 2020-21	Q3 2020-21	Q4 2020-21	Q1 2021-22	Q2 2021-22	Quarterly Target (2021-22)
19,668	20,430	20,822	20,540	Full Q2 not available	20,181

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

Figure 3.2a Rolling year number of Unscheduled Hospital Bed Days

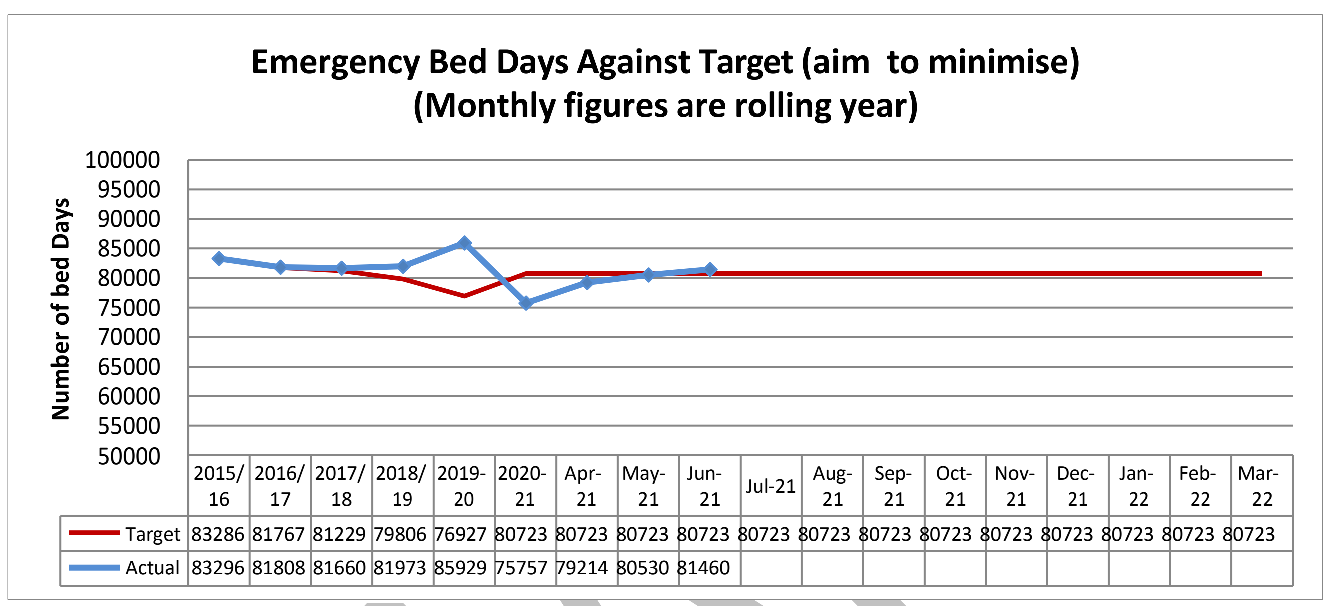
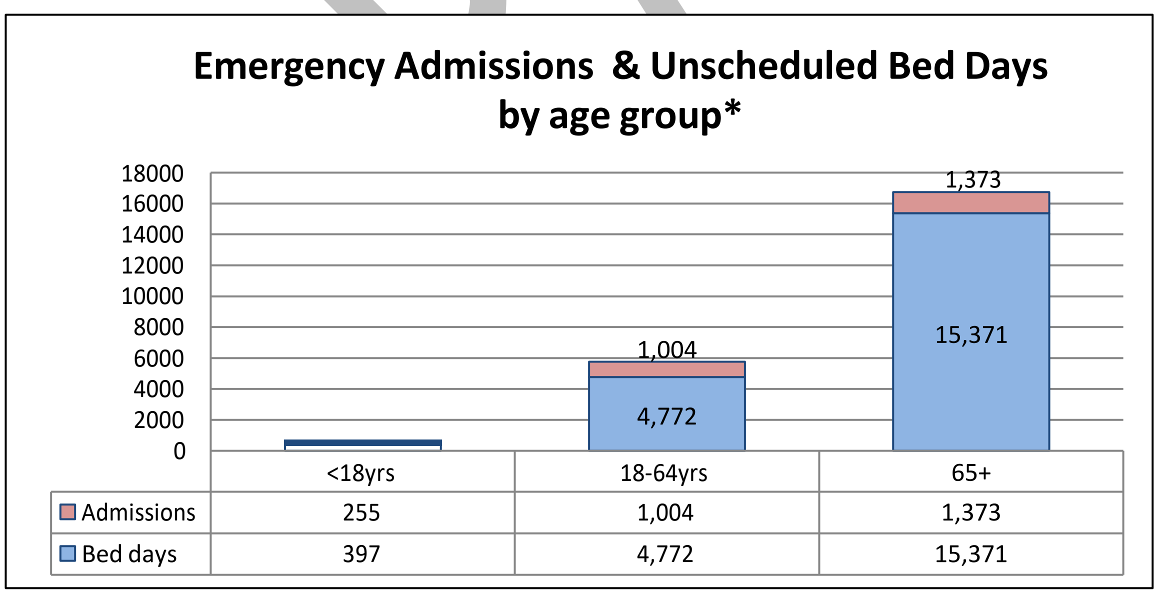


Figure 3.2b Number of Unscheduled Admissions/Hospital Bed Days by Age Group *



*Based on most recent complete 3 month data period (>=95% complete) Apr-June 2021

Situational Analysis:

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

during 2020-21, reflecting the reduction in emergency hospital admission, described above. The national source data publication extend only to June 2021, but as with admissions, there is an indication of recovery in emergency hospital activity.

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

3.3 Delayed Discharges

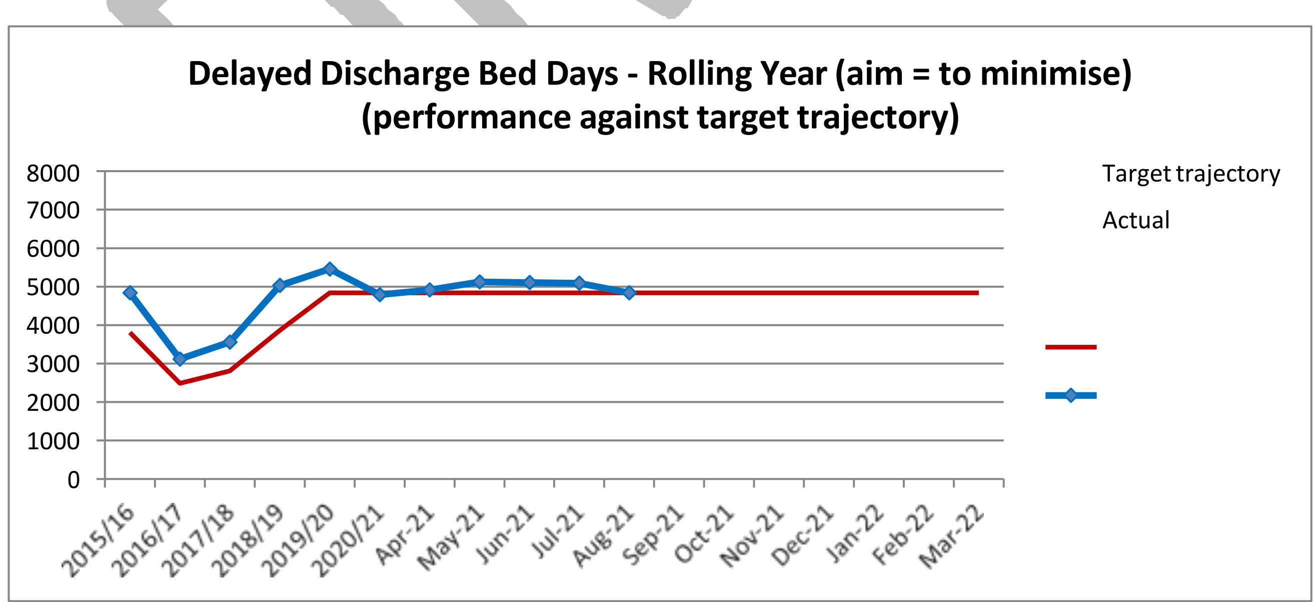
Rationale: People who are ready for discharge will not remain in hospital unnecessarily.
Aim = to minimise

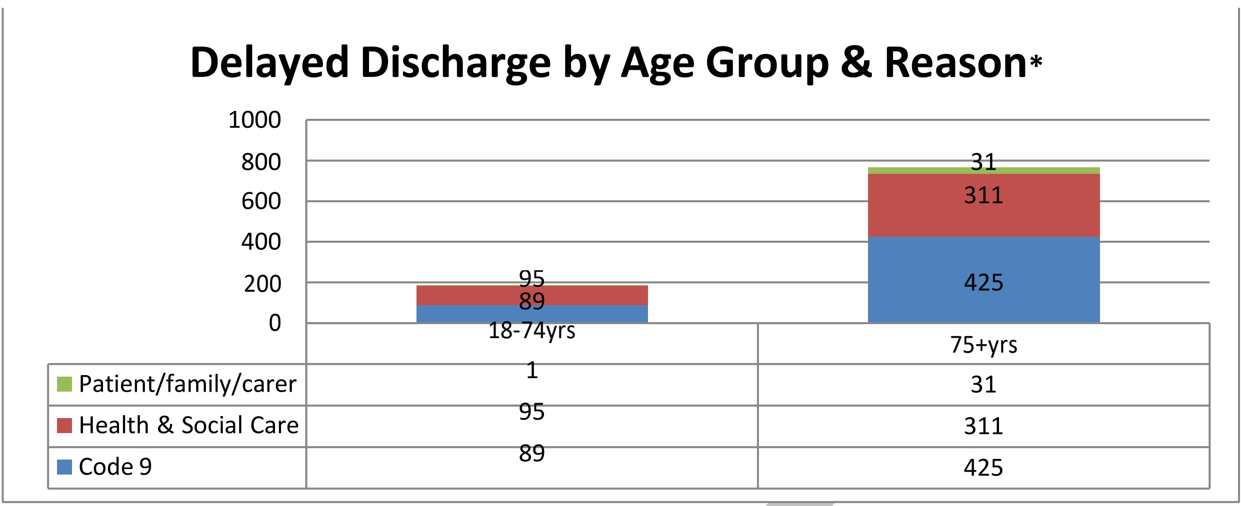
Table 3.3 Quarterly Number of Delayed Discharge Bed Days (18+)*

	Q2 2020-21	Q3 2020-21	Q4 2020-21	Q1 2021-22	Q2 2021-22	Quarterly Target (2021-22)
No. Bed Days	1,291	1,266	1,481	1,072	Full Q2 not available	1,210

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

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





*Based on most recent complete 3 month data period (June to August 21)

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

Improvement Actions:
Use of electronic operational activity "dashboards" allow us to be better sighted on community patients who have been admitted to hospital so that we can respond more quickly, prior to these patients being deemed fit for discharge. We can also see patients who have been admitted who are not currently known to us, again allowing us to intervene early. In addition, all of the actions described in the previous indicator around prevention of admission are relevant to avoiding delayed discharges. Home for Me coordinates our admission avoidance and discharge facilitation work across a range of services. We continue to work closely with care homes and other registered care providers to provide intensive support and assurance during the pandemic.

3.4 Accident & Emergency Attendances

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

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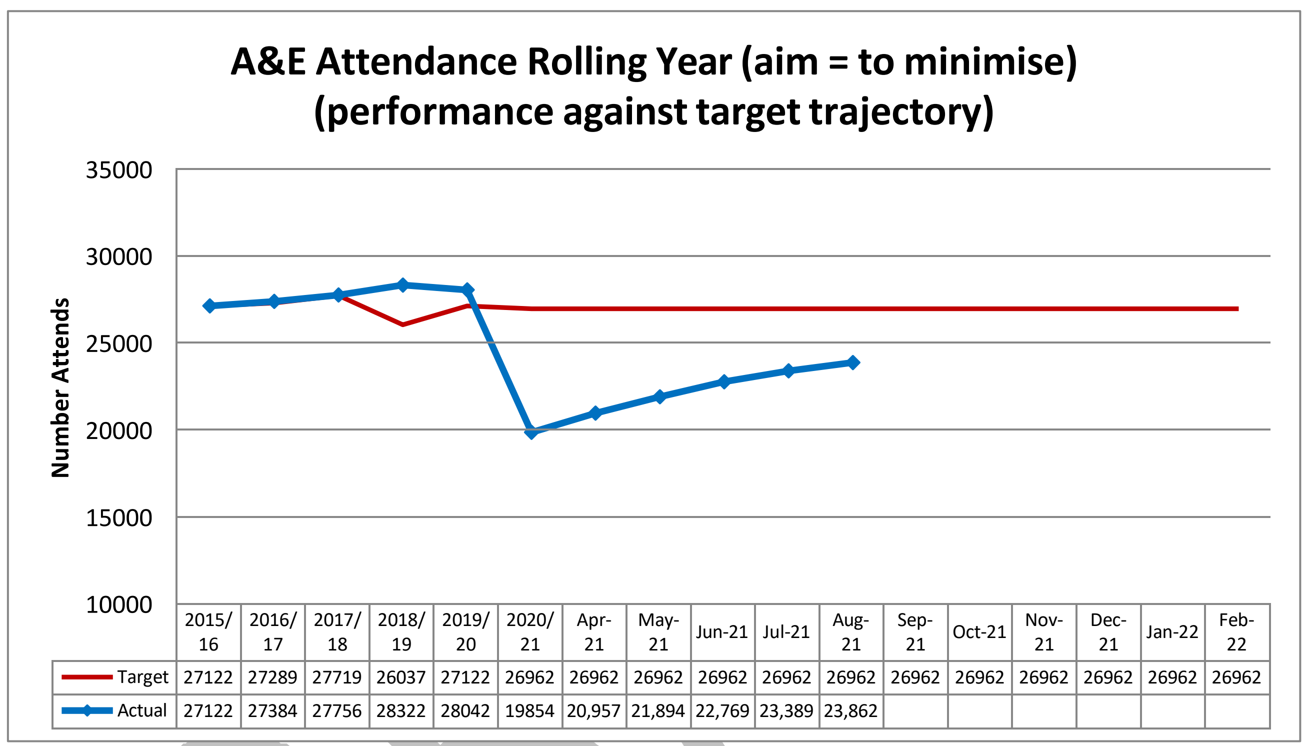
Table 3.4 Quarterly Number A&E Attendances (all ages)*

Q2 2020-21	Q3 2020-21	Q4 2020-21	Q1 2021-22	Q2 2021-22	Quarterly Target (2021-22
5,815	5,080	4,883	6,991	Full Q2 not available	6,740

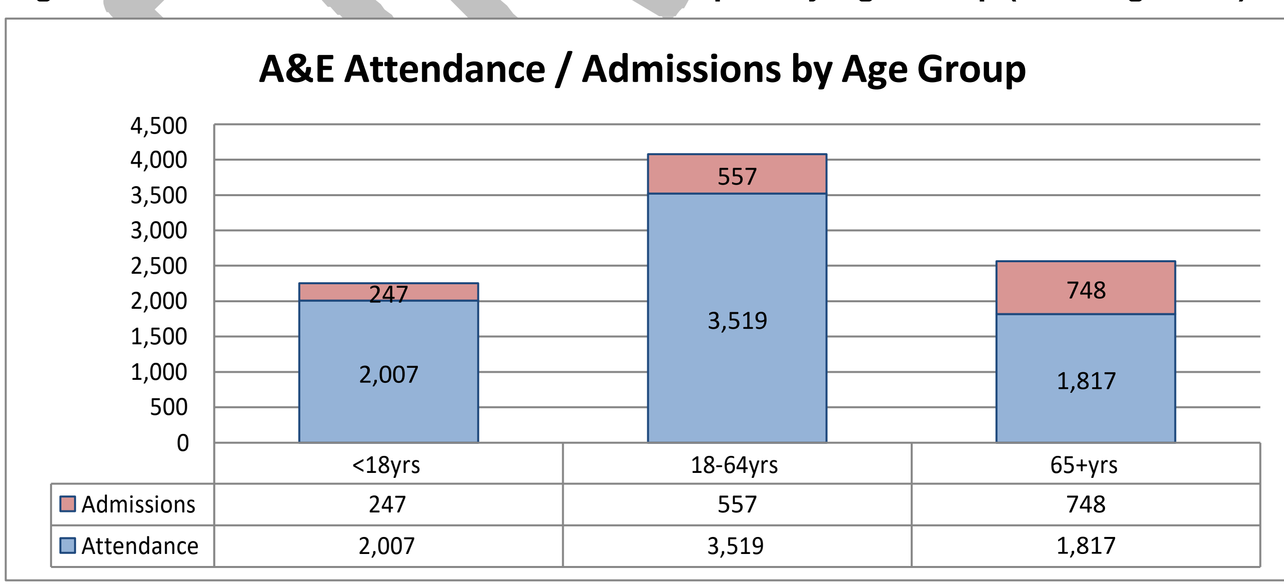
*Based on availability of complete data for quarter at time of report – subject to update.

Figure 3.4a Rolling year number of A&E Attendances



	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Target	27122	27289	27719	26037	27122	26962	26962	26962	26962	26962	26962	26962	26962	26962	26962	26962	26962
Actual	27122	27384	27756	28322	28042	19854	20,957	21,894	22,769	23,389	23,862						

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



	<18yrs	18-64yrs	65+yrs
Admissions	247	557	748
Attendance	2,007	3,519	1,817

*Based on most recent complete 3 month data period (>=95%) June – August 21

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

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

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

Improvement Actions:
From an HSCP perspective we continue our work around the Primary Care Improvement Plan, to recalibrate and sustain GP services. This will enable more flexible responses to patient need in the community. We hope that increased focus on self-care for people with long term conditions will also mean that people can manage their own health more proactively. We are working closely with secondary care colleagues around their introduction of redirection protocols to ensure that people who do not need to be at A&E are redirected to community services or self-care timeously. We are also engaged in local implementation of the Right Care, Right Place initiative.

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 June 2021 for a number of these core indicators.

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

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

Measure	Actual (Year to Date)	Target (Year to Date)	Target RAG	Rank in GGC (most recent month)
Emergency Dept. Attendances (18+)	12,621	13,116		2
Emergency Admissions (18+)	6,037	6,269		Joint 2nd
Unscheduled bed days (18+)*	57,388	53,815		3
Delayed discharge bed days (all ages)	3,073	2,822		3

(Source: NHSGGC - East Dunbartonshire HSCP Analysis)

*The increase in unscheduled bed days may be in part to individuals presenting at a more acute stage of unwellness and being in a more deconditioned state with a weaker immune system. With the added pressure of an older population within East Dunbartonshire.

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

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

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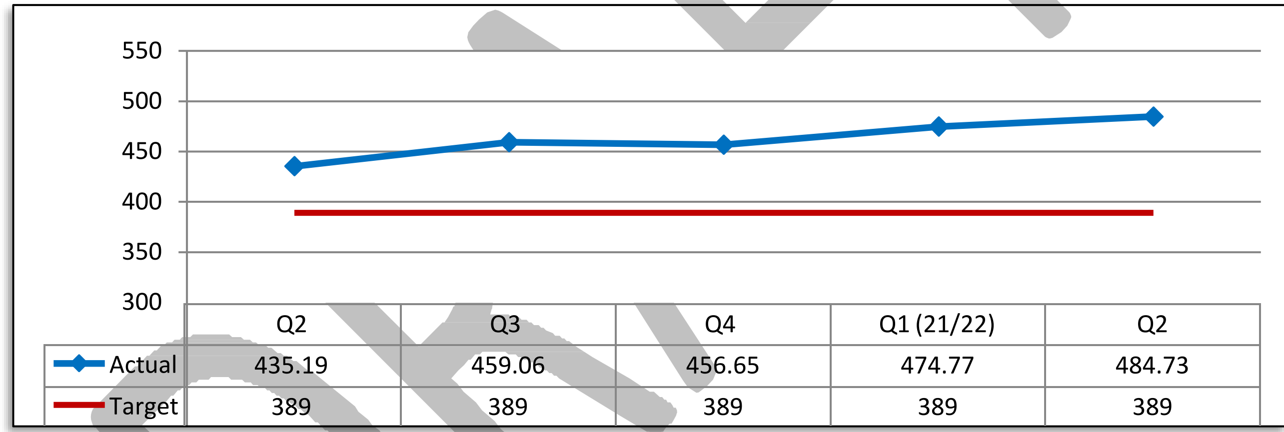
4.1 Homecare hours per 1,000 population aged 65+yrs

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+



	Q2	Q3	Q4	Q1 (21/22)	Q2
Actual	435.19	459.06	456.65	474.77	484.73
Target	389	389	389	389	389

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

Improvement Action:
Homecare is a cornerstone service in the community health and social care landscape. Performance in relation to maintaining people in their own home, facilitating people to die in their preferred place of care and reducing the number of people living in long term care are all dependant on homecare.

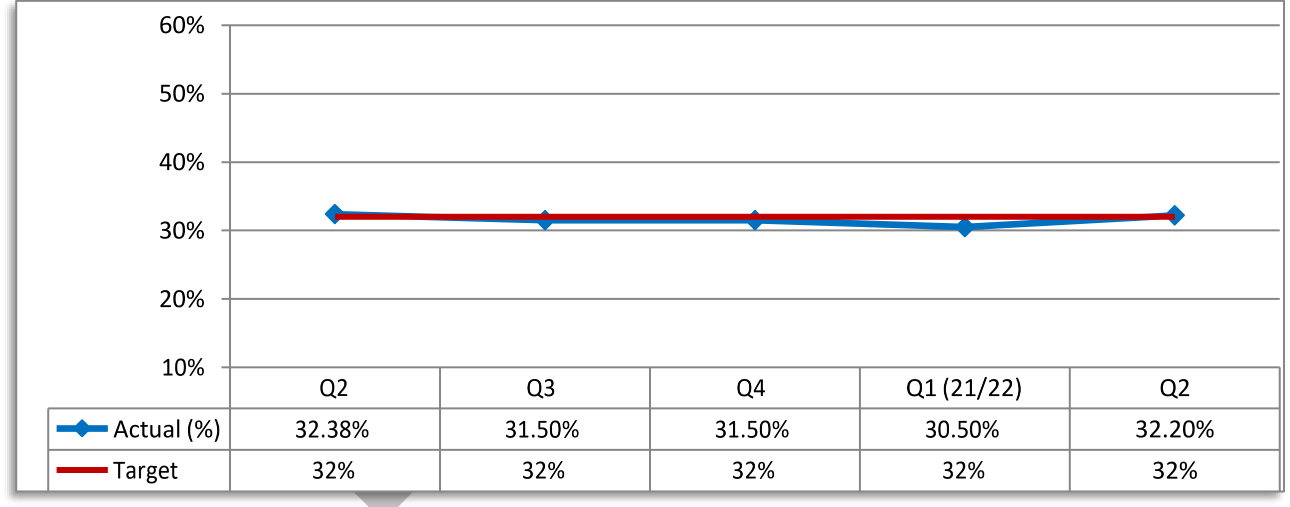
Implementation of the revised organisational structure and service delivery model resulting from the strategic review of care at home is complete, although the impact of the covid-19 pandemic has been considerable and elements of refinement remain. High level benefits realisation has been undertaken and subsequent increased to establishment and adjustments to shift patterns etc. are being taken forward. A joint service improvement plan with the care inspectorate following inspection on August 2021 is well underway.

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

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

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

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



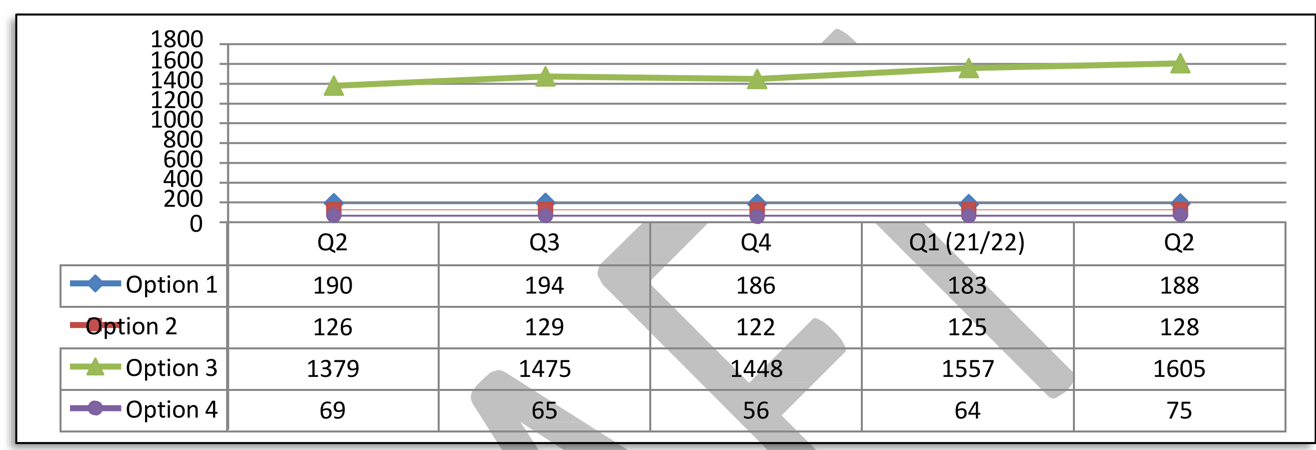
Situational Analysis:
This indicator measures the number of people over 65 receiving 10 hours or more of homecare per week, which is a measure of intensive support. Our policy is to support people with intensive care needs in the community as far as possible, traditionally the aim has been to maximise this value. However we also have to be mindful of the need to maximise independent living using "just enough" support rather than creating over-dependency. We have been consistently around target for this indicator but have reported a slight dip over past quarters, which may be a consequence of Covid-19-related demands. This quarter's performance is now reflective of 20/21 Q2.

Improvement Action:
Our intention is to maintain good, balanced performance in this area. Further analysis will be carried out to ensure we understand the reasons for the apparent trend away from target.

4.2b Systems supporting Care at Home

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

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



	Q2	Q3	Q4	Q1 (21/22)	Q2
Option 1	190	194	186	183	188
Option 2	126	129	122	125	128
Option 3	1379	1475	1448	1557	1605
Option 4	69	65	56	64	75

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 an increase across all the four options, particularly options 3 and 4, although the distribution of SDS choices is remaining broadly stable.

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

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

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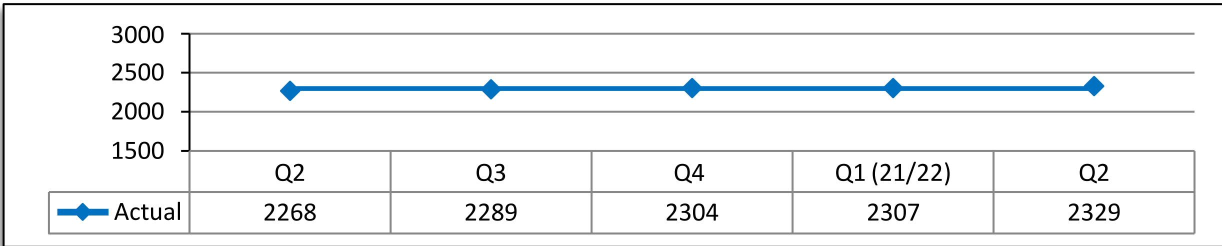
4.2b(ii) People Aged 75+yrs with a Telecare Package (aim to maximise)



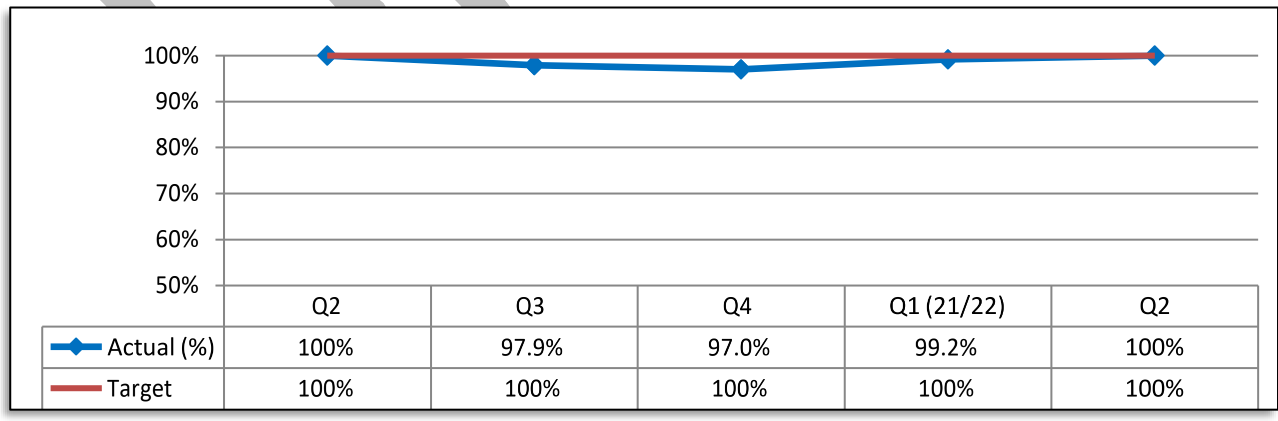
Situational Analysis:
There has been a very gradual increase in the number of people aged 75 and over with a telecare package over the past 15 months. This is in line with expectations, as the population of people in East Dunbartonshire aged 75+ increases and telecare opportunities are maximised.

Improvement Action:
We continue to implement the actions of our Digital Health and Social Care Action Plan, seeking to link traditional telecare with telehealth monitoring and technology enabled care. A communication plan has been developed for this programme to support increased workforce awareness of the opportunities technology can bring.

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:
While very many people receive services well within the 6 week target from the completion of their community care assessment, this measure ensures that we can track compliance with this national target timescale. We consistently score very highly with compliance levels of around 100%. After a slight downturn as a consequence of Covid-19 restrictions on

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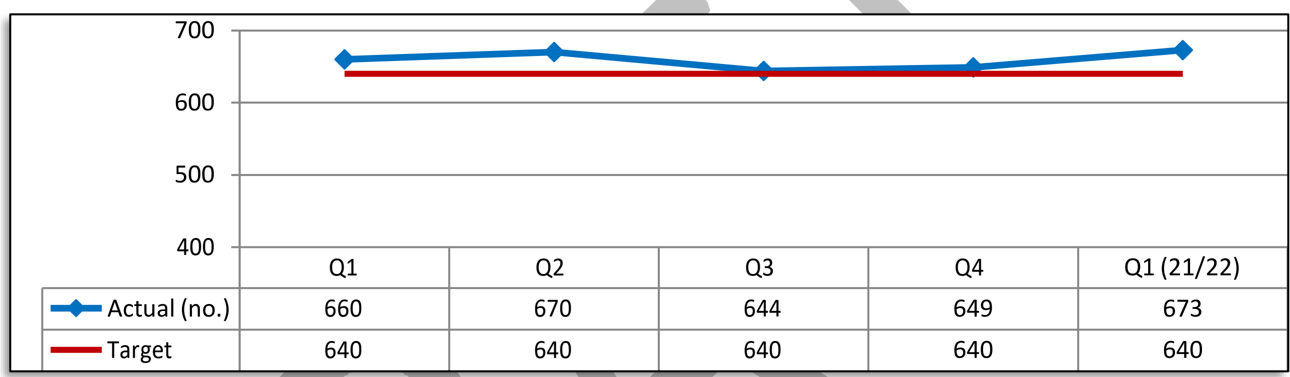
normal working, performance has recovered and the service has successfully delivered the national target.

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

4.4 Care Home Placements

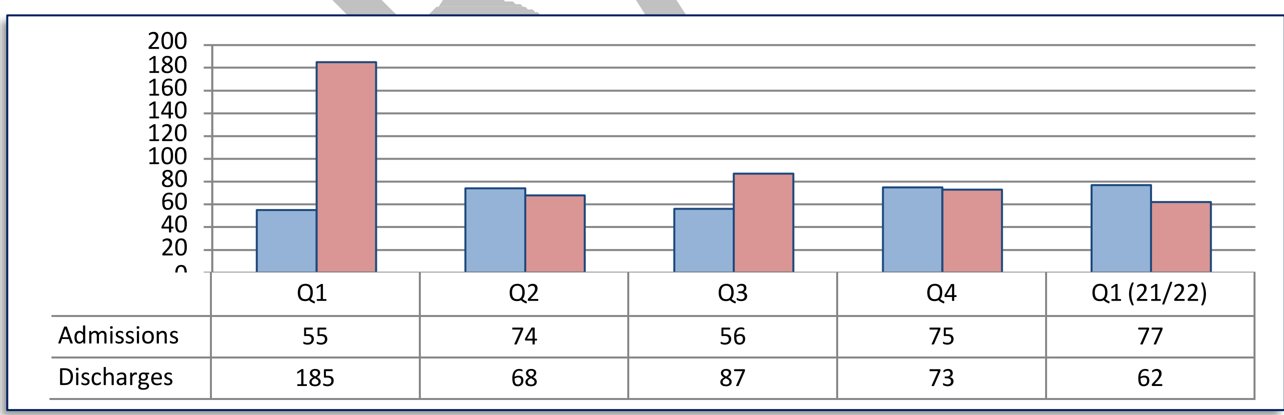
Rationale: Avoiding new permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the scheme supports local health and social care services to work together to reduce avoidable admissions. Aim = to minimise in normal circumstances, but this has been adversely affected by Covid.

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



	Q1	Q2	Q3	Q4	Q1 (21/22)
Actual (no.)	660	670	644	649	673
Target	640	640	640	640	640

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



	Q1	Q2	Q3	Q4	Q1 (21/22)
Admissions	55	74	56	75	77
Discharges	185	68	87	73	62

Situational Analysis:
Care home admissions are determined at an individual level, based upon an assessment of support needs and with consideration to the balance of care and cost thresholds. The HSCP policy is to support people in the community for as long as possible, which is generally the preference of the individual concerned. National and local policy is also geared towards carefully balancing the use of care home admissions. Increases in care at home provision to older people demonstrates that this has been successful, but demand pressures continue across all service sectors.

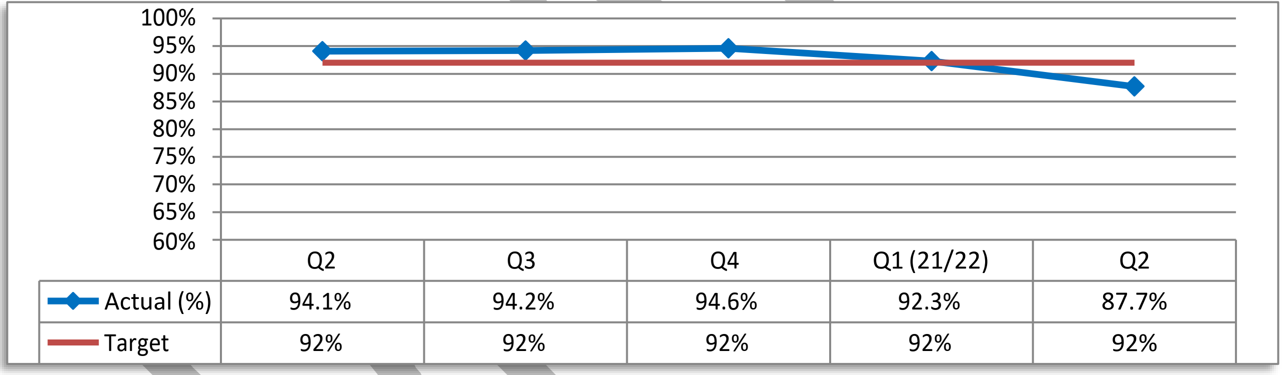
The availability of care home admission and discharge data is generally subject to time lag, due to transactional processes and recording, so the most recent data relates to April to June 2021, but the highly challenging impact of Covid-19 on the care home sector can be seen in the trend in Fig 4.4b.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

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

4.5 Adult Protection Inquiry to Intervention Timescales

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

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



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

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

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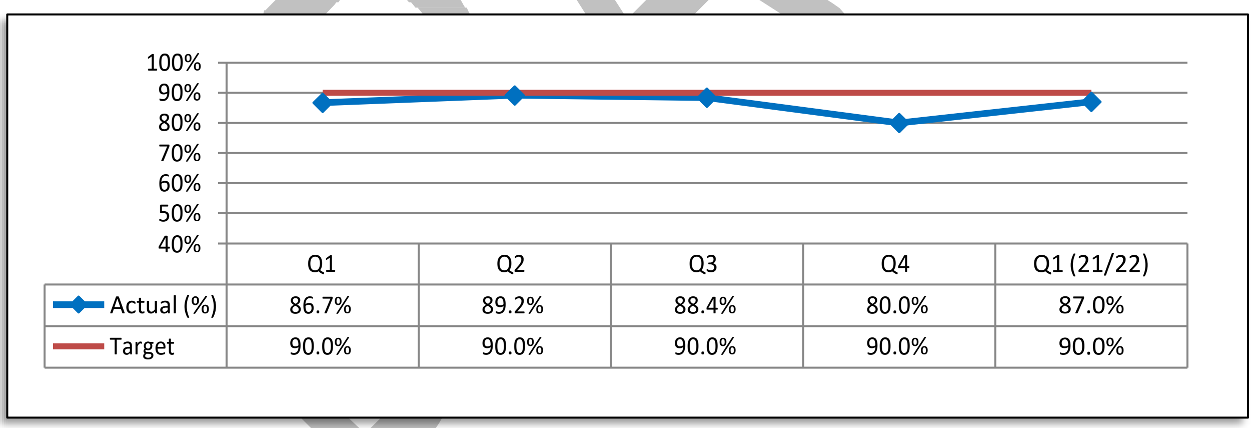
LDP Standards refer to a suit of targets, set by the Scottish Government, which define performance levels that all Health Boards are expected to either sustain or improve. This section reports on the Standards delivered by, or relevant to, the HSCP.

- **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)



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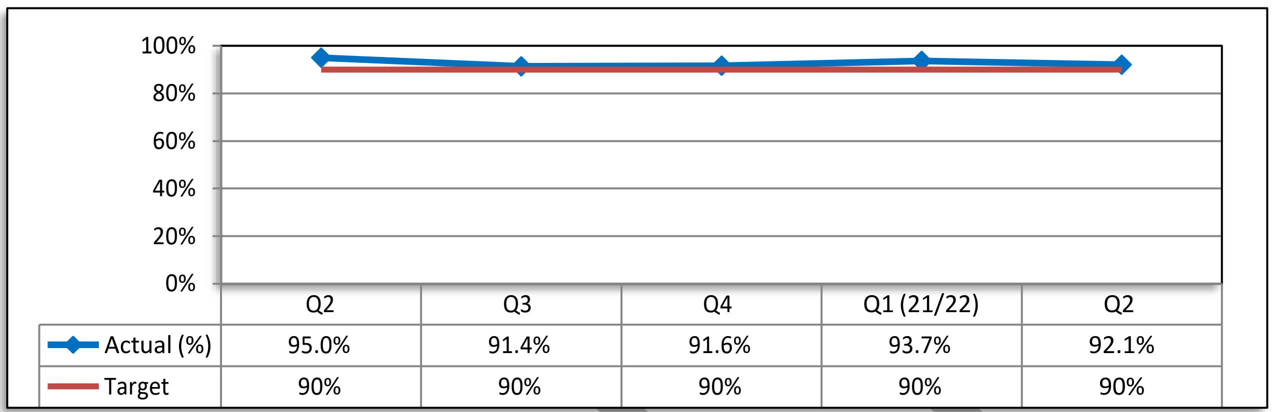
Situational Analysis:
2021-22 Quarter 2 waiting time performance data had not been published at the time of preparing this report. Performance has returned to previous levels following a dip in Q1 due to staffing shortages, a 23% increase in demand and the introduction of a new management information system.

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)



	Q2	Q3	Q4	Q1 (21/22)	Q2
Actual (%)	95.0%	91.4%	91.6%	93.7%	92.1%
Target	90%	90%	90%	90%	90%

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Situational Analysis:

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

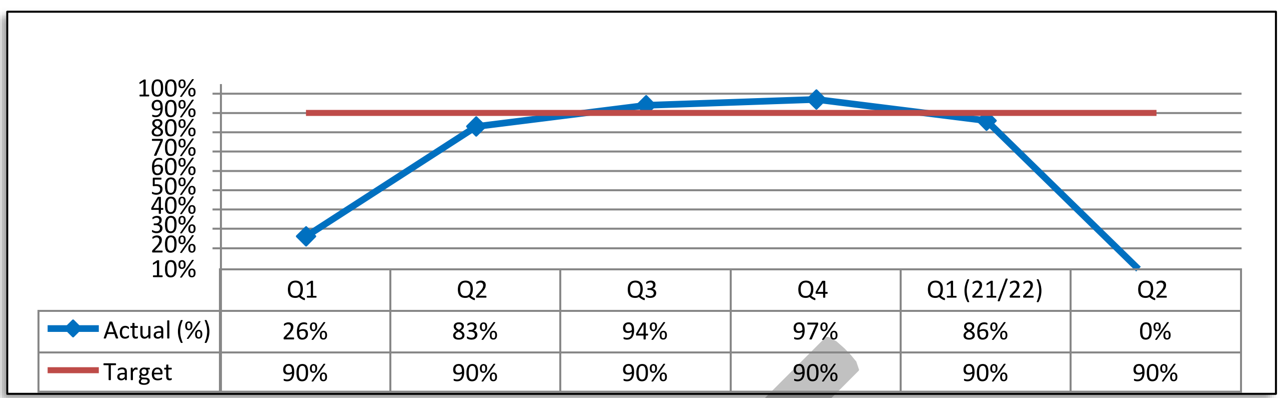
Improvement Action:

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

5.3 Dementia Post Diagnostic Support

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

Figure 5.3 Percentage of People Newly Diagnosed with Dementia Accessing PDS (aim = to maximise)



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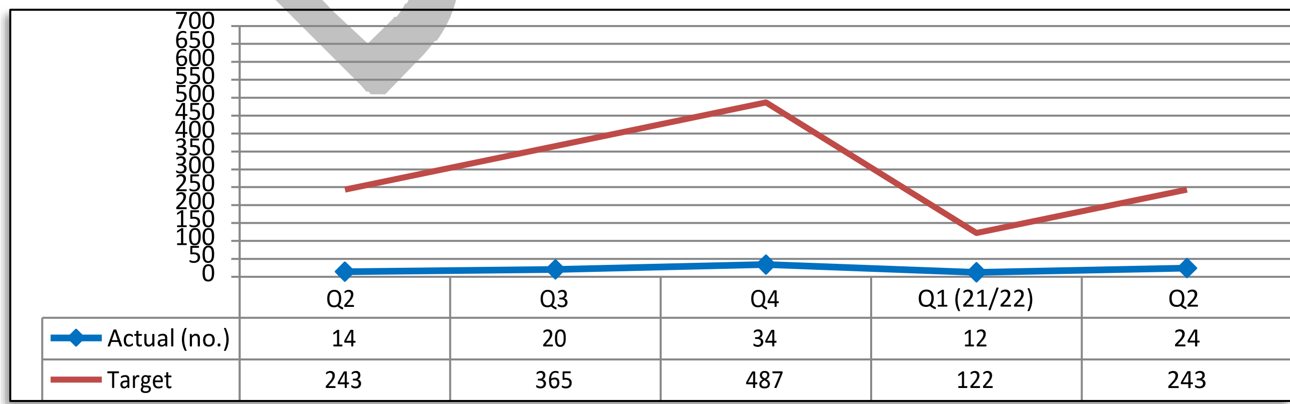
Situational Analysis:
This indicator examines how many patients are accessing PDS within 12 weeks of new diagnosis. The service had been impacted significantly by Covid-19 lockdown measures. The period after the first wave saw a significant improvement, with Q4 reaching 97%. Unfortunately performance has been impacted in 2021-22 by non-Covid related staffing issues, specifically in Quarter 2 where no customer met the 12 week target due to high caseloads of the remaining staff members.

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

5.4 Alcohol Brief Interventions (ABIs)

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

Figure 5.4 Cumulative total number of ABIs delivered (aim = to maximise)



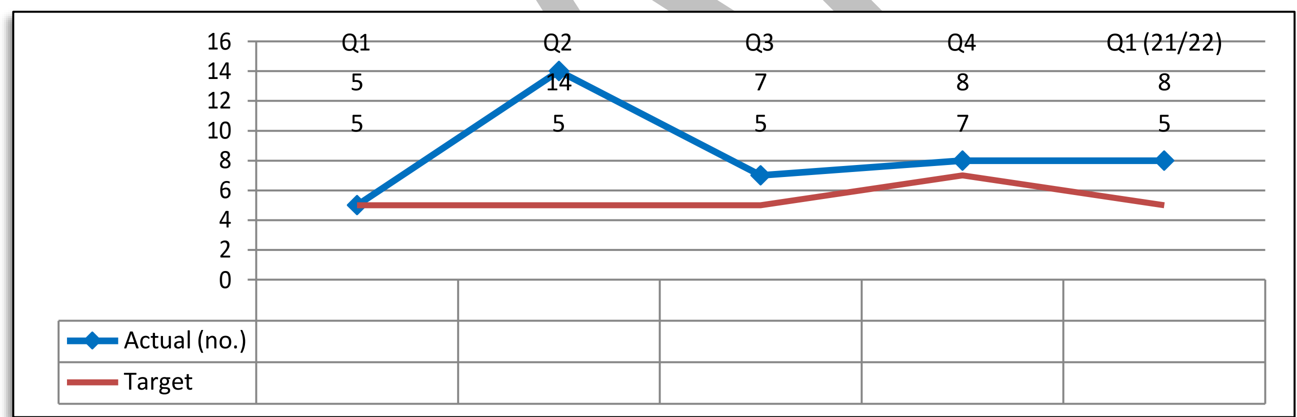
Situational Analysis:
The target of 487 Alcohol Brief Interventions was achieved and exceeded by some margin over 2019-20 at 610 interventions. However, Fig 5.4 shows that the delivery of ABIs have been significantly reduced during 2020-21. Only 34 ABIs have been delivered due to the severe impact of Covid-19 restrictions on these therapeutic interventions. Performance in 2021-22 continues to be challenging with only 24 APIs delivered from a target of 243.

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 with 34 achieved for the full year of 2020-21 and this trend is looking likely to continue into 2021-22. The target set by NHSGGC varies with a higher target being set in the last quarter of the reporting year.

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

Alternative methods of intervention will continue to be used on a blended basis as some "virtual" approaches have been found to be successful.

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

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

Figure 5.6 Percentage of People Waiting <18wks for CAMHS (aim = to maximise)

	Q2	Q3	Q4	Q1 (21/22)	Q2
Actual (%)	57%	57%	61%	61%	63%
GG&C RMP3 Target				75%	86%
RTT Target	90%	90%	90%	90%	90%

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Situational analysis:
NHSGG&C 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 over the last two years have had a significant impact on clinical capacity and we are working to resolve this as efficiently and safely as possible. For quarter 2 (July to September 2021) in East Dunbartonshire, 37.36% of children currently on the waiting list had waited less than 18 weeks for treatment, and 62.65% of children who started treatment had waited less than 18 weeks. The upward trend in % of patients seen in less than 18 weeks continues into Q2. The total number of children seen month on month dipped in the summer, coinciding with school holidays.

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. First treatment appointment activity levels are increasing, in line with RMP4 targets described below.
- CAMHS Waiting List Initiative resource agreed with Chief Officers and staff in post. The plan has been revised, and is trajectories are currently being remodelled using a Public Health Scotland Tracker tool.

- 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 implementation of NearMe/Attend Anywhere, and remote/digital group options, to increase numbers of children seen and clinical capacity, and encourage teams to work efficiently to see children sooner. GGC CAMHS are 4th highest user of video calls when compared to the NHS Benchmarking network UK CAMHS monthly data.
- Service Managers have undertaken a programme of work with referrers with the intention of implementing throughout 2021.
- There is an increased focus on DNA rate for choice appointments and plans are being developed with the aim of reducing this. This has included a refreshed roll-out of text message reminders.
- 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.
- The CAMHS Waiting List Initiative Group are meeting monthly to monitor performance of the plan.

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 split 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 increases in Q3, and with many teams providing additional first treatment appointments in the current CAPA cycle (Oct-Dec), this quarter is on track to be met.

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)	1200	1021	1440	1500
CAMHS - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)	75	10	0	0
CAMHS - Performance against the 18 week standard (%) (Definitions as per published statistics)	72.20%	75%	75%	80%

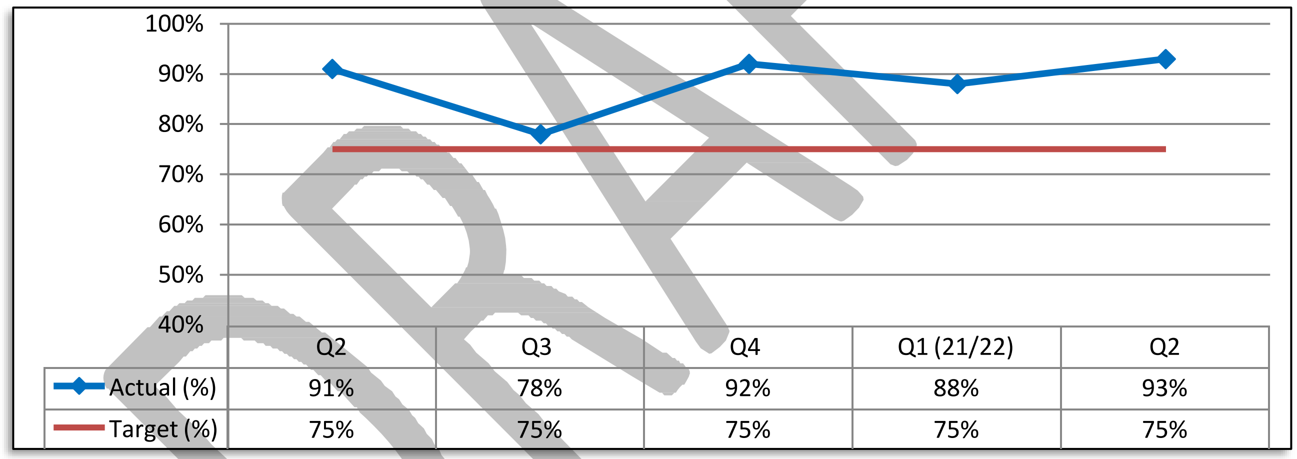
This section provides an updated report performance against key Children and Families indicators. The indicators reported are:

- **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)



	Q2	Q3	Q4	Q1 (21/22)	Q2
Actual (%)	91%	78%	92%	88%	93%
Target (%)	75%	75%	75%	75%	75%

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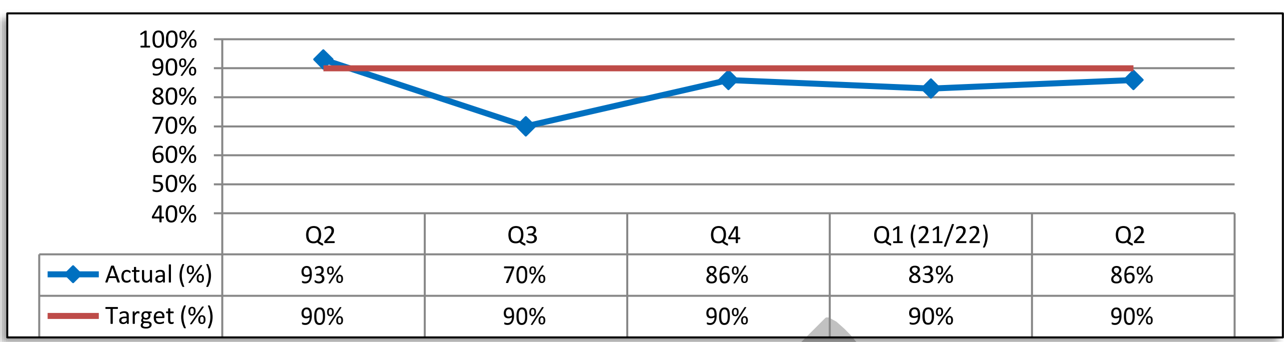
Situational Analysis:
Q2 in for 2021-22 shows a return to previous performance levels well above target. The actual figure reflects 14 out of 15 ICA reports being submitted to SCRA within the target timescale.

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)



	Q2	Q3	Q4	Q1 (21/22)	Q2
Actual (%)	93%	70%	86%	83%	86%
Target (%)	90%	90%	90%	90%	90%

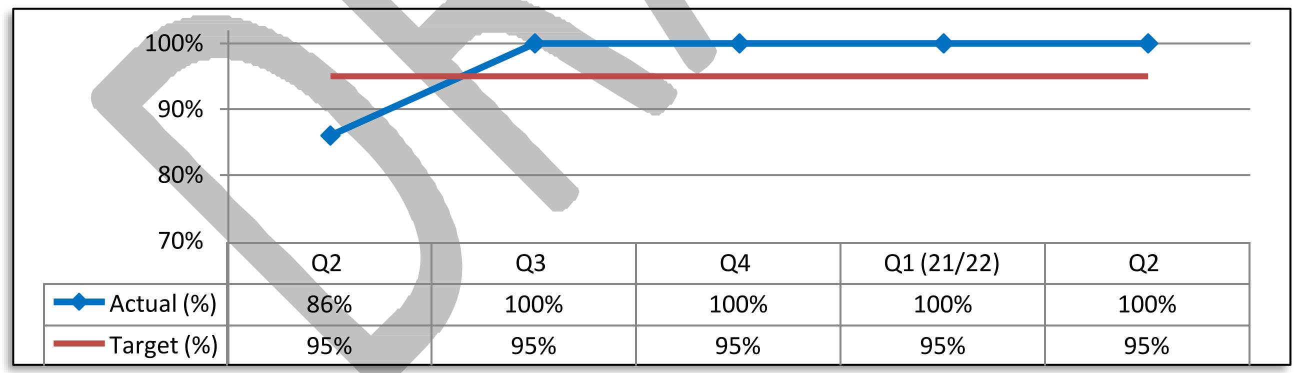
Situational Analysis:
Performance in Q2 is below target due to 1 of the 7 initial child protection case conferences having to be rescheduled to enable partner agency attendance. This demonstrates the impact of small number changes on overall percentages.

Improvement Action:
To continue to maximise performance at or above target levels.

6.3 First Child Protection Review Conferences Timescales

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

Figure 6.3 Percentage of first review conferences taking place within 3 months of registration (aim = to maximise)



	Q2	Q3	Q4	Q1 (21/22)	Q2
Actual (%)	86%	100%	100%	100%	100%
Target (%)	95%	95%	95%	95%	95%

Situational Analysis:
Performance in Q2 continues to above target with 100% with all 6 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.

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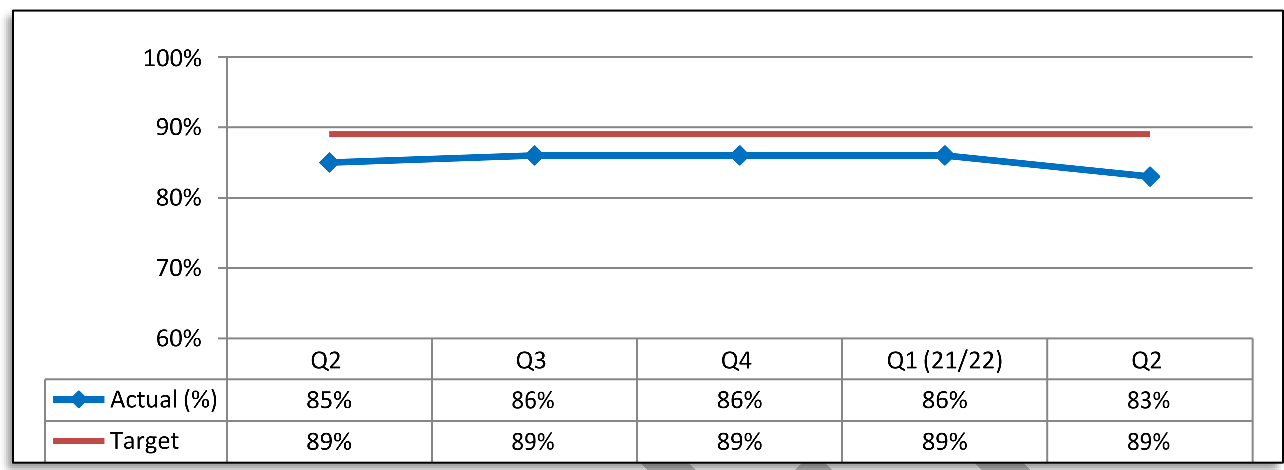
6.4 Balance of Care for Looked After Children

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

Figure 6.4 Percentage of Children being Looked After in the Community (aim = to maximise)



	Q2	Q3	Q4	Q1 (21/22)	Q2
Actual (%)	85%	86%	86%	86%	83%
Target	89%	89%	89%	89%	89%

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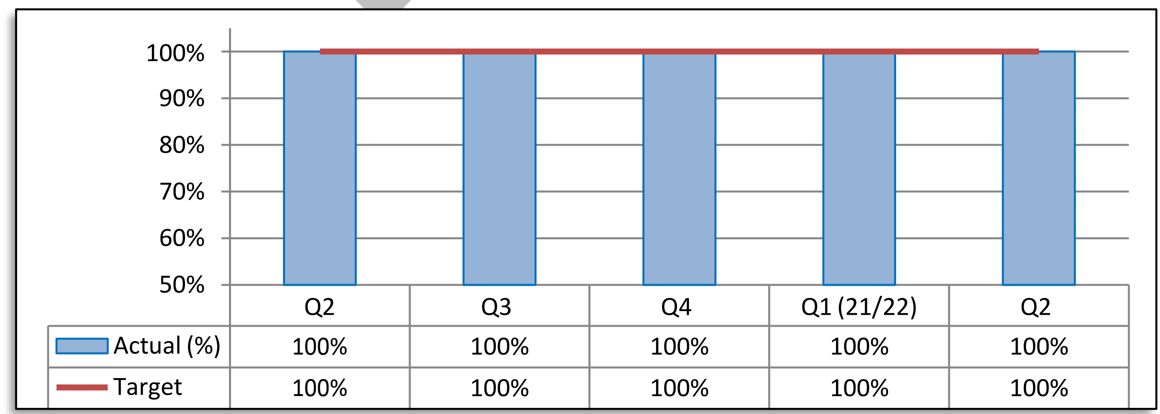
Situational Analysis:
There has been a 13% increase in LAC placements over the last 6 months and although there has been an increase in the number of looked after children in community placements, there has been a bigger increase in residential placements resulting in a change to the balance of care which remains below target.

Improvement Action:
Work continues to redress the balance of care by reviewing out of authority placements and continuing the Foster Carer recruitment campaign.

6.5 First Looked After & Accommodated (LAAC) Reviews Timescales

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

Figure 6.5 Percentage of first LAAC reviews taking place within 4 weeks of accommodation (aim = to maximise)



	Q2	Q3	Q4	Q1 (21/22)	Q2
Actual (%)	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

Situational Analysis:
Performance continues to remain on target.

Improvement Action:
To maintain high levels of performance.

6.6 Children receiving 27-30 month Assessment

Rationale: The central purpose of the 27-30 month contact is to seek parental concerns to identify children whose social, emotional and behavioural development puts them at risk of adverse life course outcomes.

Having identified these children, interventions must be put in place to optimise child development in preparation for education. The plan is that wherever possible, children's needs should be met in time for them to benefit from universal nursery provision at age 3.

The Scottish Government target is for at least 85% of children within each SIMD quintile of the CPP will have reached all of their developmental milestones at the time of their 27–30 month child health review.

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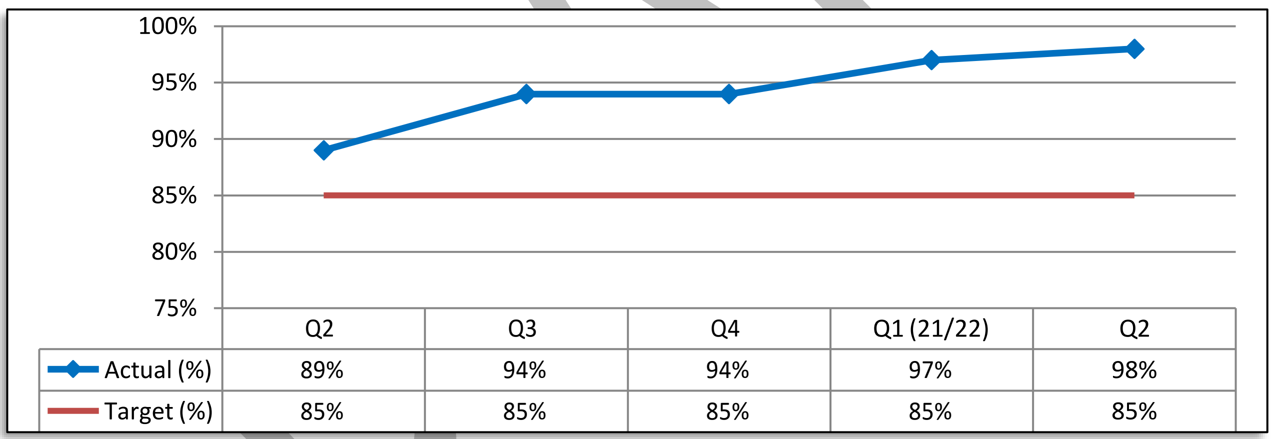
Figure 6.6 Percentage of Children receiving 27-30 month assessment (aim = to maximise)



	Q2	Q3	Q4	Q1 (21/22)	Q2
Actual (%)	89%	94%	94%	97%	98%
Target (%)	85%	85%	85%	85%	85%

Situational Analysis:
This indicator relates to early identification of children within the SIMD quintiles with additional developmental needs. Where additional needs are identified, children are referred to specialist services. Uptake of the 27-30 month assessment across East Dunbartonshire HSCP has been consistently high and above target. Q2 performance continues to be above target performance.

Improvement Action:
Monitor and continue to maximise performance. Data reports are monitored on a monthly basis at team meetings to support early identification of variances and allow improvement plans to be developed where required. Covid-19 service recovery planning is in place and will be followed to support these actions.

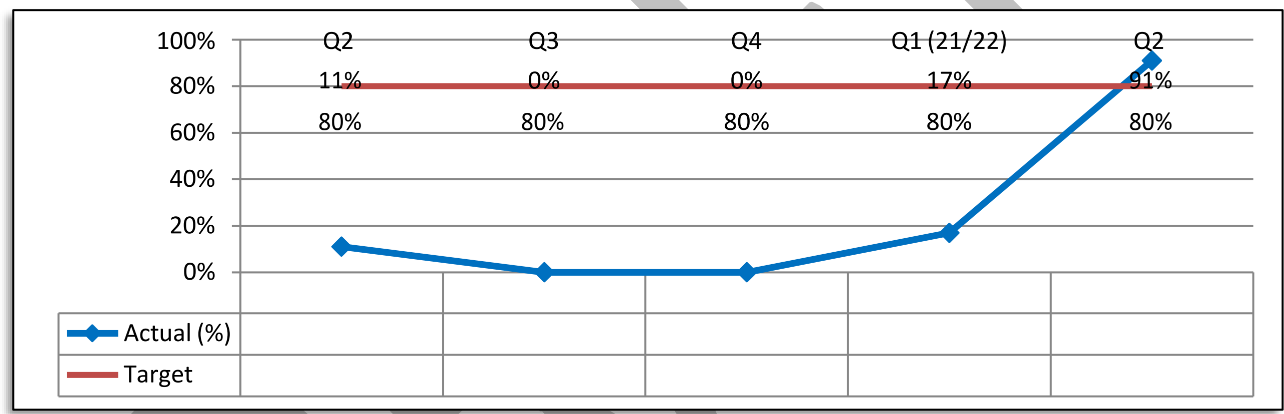
This section provides an updated report performance against key Criminal Justice indicators. The indicators reported are:

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

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

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

Figure 7.1 Percentage of individuals beginning a work placement within 7 days (aim = to maximise)



Situational Analysis:

During normal times, there is a challenge with this performance metric when service users who attend immediately after court but are then unable to commence due to a further conviction, ill health with GP line, employment contract clashing with immediate start or if subject to an existing order which means the new order cannot commence until the original one is completed. These factors are out with the control of the service.

During 2020/21, work placements were suspended by the Scottish Government during two extended periods due to Covid-19 public health constraints. This had a consequential impact on achievement of this target, for reasons out with the control of the service. Performance. 2021-22 Q1 was also affected by this service suspension for the majority of the reporting period. The lifting of the national suspension has resulted in Q2 performance returning to above target.

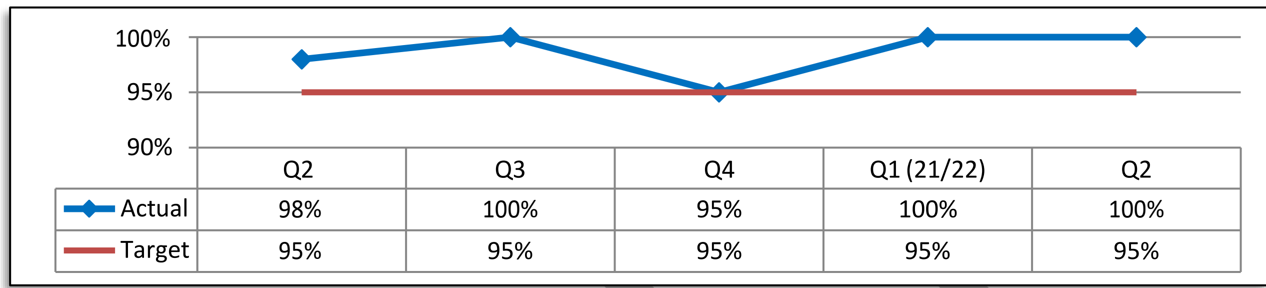
Improvement Action: The focus will be on the recovery of services in line with national and local public health guidance**.**

7.2 Percentage of CJSW Reports Submitted to Court by Due Date

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

Figure 7.2 Percentage of CJSW reports submitted to Court by due date (aim = to maximise)

Rationale: National Outcomes & Standards (2010) stresses the importance of providing reports to courts by the due date, to facilitate smooth administrative support arrangements.



	Q2	Q3	Q4	Q1 (21/22)	Q2
Actual	98%	100%	95%	100%	100%
Target	95%	95%	95%	95%	95%

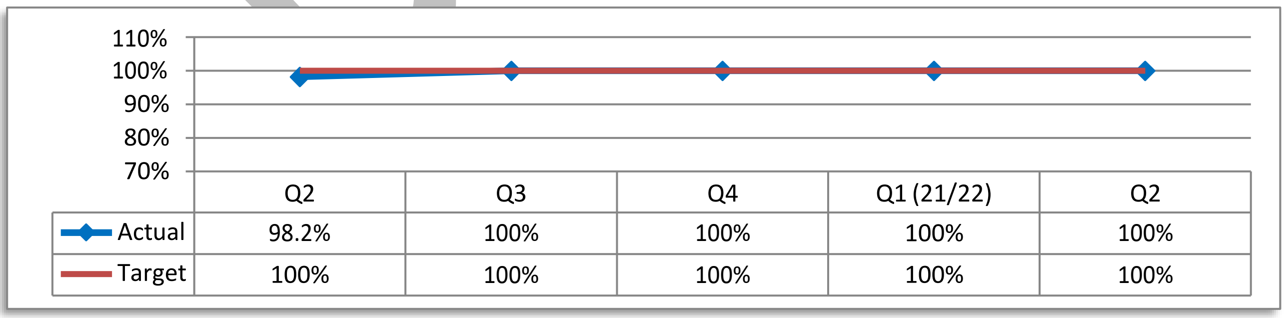
Situational Analysis: Performance in Quarter 2 is above target for this indicator. 46 reports were submitted to Court during the quarter and all were within the target timescale.

Improvement Action: Monitor and maintain.

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

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

7.3 Percentage of Court report requests allocated to a Social Worker within 2 Working Days of Receipt (aim = to maximise)



	Q2	Q3	Q4	Q1 (21/22)	Q2
Actual	98.2%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

Situational Analysis: Performance continues to be on target with all 84 reports being within the target timescale.

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

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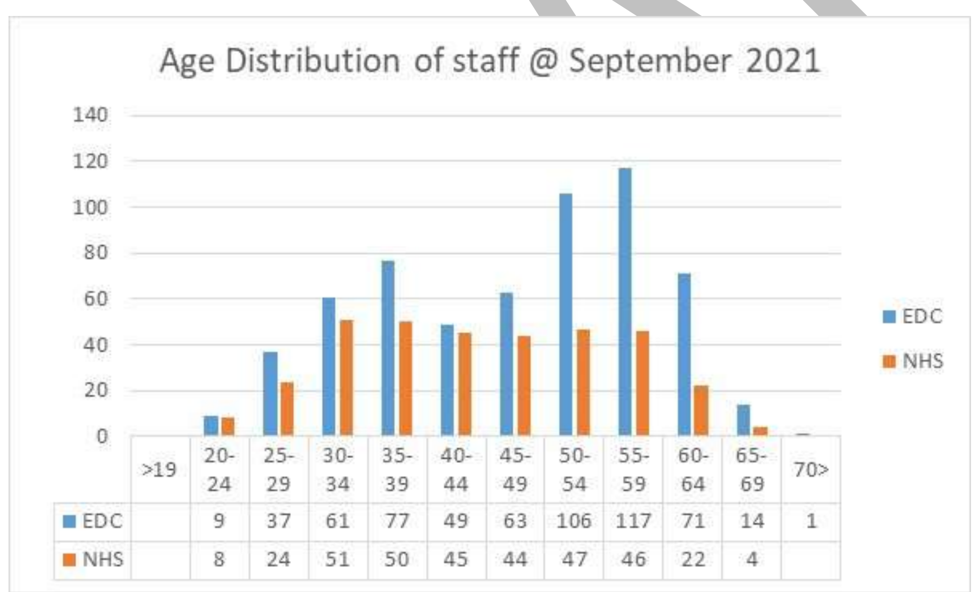
- Workforce Demographics
- Sickness / Absence Health Staff and Social Care Staff
- Knowledge & Skills Framework (KSF) / Personal Development Plan (PDP) / Personal Development Review (PDR)

8.1 Workforce Demographics

Employer								
	Dec - 20	Mar- 21	Jun - 21	Sept - 21	Dec- 20	Mar - 21	Jun- 21	Sept- 21
NHSGGC	320	334	342	341	265.4	281.5	288.23	286.53
EDC	594	607	604	605	496.8	508.5	509.68	509.53
Total	914	941	946	946	762.2	790	797.91	796.06

The picture on workforce shows an increase overall since March 2021 of 1 with an overall increase of 6.06wte 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 decreased in the 2nd Quarter of 2021 -22, with 85% 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
Jan 21	10.00	2.65
Feb 21	9.52	2.77
Mar 21	9.52	3.45
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
Average	**8.61**	**3.48**

8.5 KSF / PDP / PDR

KSF Activity	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	July 21	Aug 21	Sept 21
Actual	58.5	57.6	56.3	54.8	52.8	53.2	52.3	53.2	51.8	46.2	42.4	40.2
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.

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8.6 Performance Development Review (PDR)

PDR		
Quarter	**% recorded**	**Target %**
Q3	3.89	80
Q4	70.08*	85
Q1	20.20	65
Q2	Information not available	

PDR (Performance, Development Review) is the Council process for reviewing staff performance and aligning their learning and development to service objectives. During 2021-22 Q1 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 and recorded in line with normal practice.

* During 2020-21 Q4, work was undertaken to support managers in this area, and record some of the wellbeing and shorter term objective setting conversations that had taken place with staff and are reflected in 2020-21 Q4.

Interim Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 9.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**20th JANUARY 2022**
REPORT REFERENCE:	**HSCP/200122/09**
CONTACT OFFICER:	**JEAN CAMPBELL, CHIEF FINANCE & RESOURCES OFFICER, TELEPHONE NUMBER 0141 232 8216**
SUBJECT TITLE:	**FINANCIAL PERFORMANCE BUDGET 2021/22 – MONTH 8**

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 8 of 2021/22.

2.1 **RECOMMENDATIONS**

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

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

2.3 Note and approve the budget adjustments outlined within paragraph 3.2 (Appendix 1).

2.4 Note the final detailed Winter Pressure Funding Plan (Appendix 3).

2.5 Note the HSCP financial performance as detailed in (Appendix 4).

2.6 Note the progress to date on the achievement of the current, approved savings plan for 2021/22 as detailed in (Appendix 6).

2.7 Note the impact of Covid related expenditure during 2021/22.

2.8 Note the summary of directions set out within (Appendix 7).

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Budget 2021/22

The budget for East Dunbartonshire HSCP was approved by the IJB on the 25 March 2021.This provided a total net budget for the year of £176.791m (including £33.712m related to the set aside budget). This included £0.676m of agreed savings to be delivered through efficiencies, service redesign and transformation and a £1.1m financial gap which required the identification of additional transformation activity to deliver a balanced budget for the year and moving forward into future financial years. Given the focus of leadership and management capacity remains on the response to and recovery from the Covid-19 pandemic, the IJB agreed to the creation of a transformation reserve of £1.1m to under write the financial gap until such times as work can resume to identify and deliver transformation activity.

3.2 There have been a number of adjustments to the budget since the HSCP Board in March 2021 which has increased the annual budget for 21/22 to £198.183m. 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 have reduced the financial gap to £0.936m. There were significant increases to the budget since the last report including an uplift to the set aside budget of £4.047m (2.12%), the uplift to the Oral health budget for the non-recurring funding elements of £4.614m as well as budget increases to reflect the allocation of the winter pressures funding of £2.489m.

3.3 A further letter was received from NHS GG&C on the 17th November confirming the 2021/22 financial allocations to East Dunbartonshire HSCP, which includes the uplift to the set aside budget and the additional funding to support the agenda for change pay uplifts. This is included as **Appendix 2.**

3.4 Partnership Performance Summary

The overall partnership position is showing a projected year end under spend on directly managed partnership budgets of £2.2m at this point in the financial year, an improvement of £0.3m on that reported at month 6. This assumes a drawdown on earmarked reserves at this point in the financial year of £8.485m (of which £6.128m relates to Covid) and that there will be a full funding allocation from the SG to support all Covid related expenditure beyond the levels of earmarked reserves held by the HSCP for this purpose, as identified within the quarterly LMP returns.

3.5 A breakdown of the projected underspend against the allocation from each partner agency is set out in the table below:

Partner Agency	Annual Budget	Projected Year End Expenditure	Projected Variance - Mth 8	Projected Variance - Mth 6	Movement from last period
East Dunbartonshire Council	61,488	60,051	1,436	1,142	294
NHS GG&C	136,696	135,914	782	747	35
TOTAL	198,183	195,965	2,218	1,889	329

3.6 There has been no further submission, since the Quarter 2 September 2021 return, to the SG for total anticipated Covid related expenditure for 2021/22 (Quarter 3 return is due at the end January 2022).

3.7 The totality of the Local Mobilisation Plan expenditure for East Dunbartonshire at Qtr 2 was £7.9m to be funded through current Covid reserves of £6.128m and additional Covid funding from the SG of £1.747m for 2021/22, £0.395m has already been received during 21/22, predominantly for anticipated PPE expenditure. However, the claim for additional Covid funding is expected to be reduced for the next claim as a consequence of the recently announced Winter Pressures funding which provides recurring funding to support a number of areas such as homecare pressures, staffing, management / project capacity, additional care home placements.

3.8 The projected underspend, at this stage, does not reflect the impact of the additional funding to support winter pressures. The totality of funding to East Dunbartonshire HSCP for 2021/22 is £3.6m (including £0.8m for an uplift to social care pay for commissioned services). It is not expected that this will be spent in full during 2021/22 and will therefore be taken to HSCP ear marked reserves to be used to support Covid and winter pressures into 2022/23. The projected expenditure against this funding stream is still to be fully assessed as plans are implemented, posts recruited to and expenditure incurred. The current plan for the use of this funding is attached as **Appendix 3.** This is still subject to change now that the final allocations have been confirmed and further work to refine the plan is concluded.

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

Care Group	Annual Budget Total (£000)	Projected Variance Total (Mth 8)	Reserves Adjustment	Revised Actual Variance (Mth8)	Revised Actual Variance (Mth6)	Movement
Mental Health, Learning Disability, Addictions & Health Improvement	28,417	911	(764)	1,675	1,321	353
Community Health & Care Services	46,538	(57)	(909)	853	667	185
Children & Criminal Justice Services	14,337	(676)	(229)	(447)	(478)	31
Business Support	5,735	(896)	(51)	(844)	(1,089)	245
Other Non SW - PSHG / Care & Repair/Fleet/COG	1,348	284	0	284	284	0
FHS - Prescribing	20,564	349	0	349	260	89
FHS - GMS / Other	29,830	0	0	0	0	0
Oral Health - hosted	13,983	(403)	(403)	0	388	(388)
Set Aside	37,759	0	0	0	0	0
Covid	(326)	(5,780)	(6,128)	348	534	(186)
Projected Year End Variance	**198,183**	**(6,267)**	**(8,485)**	**2,218**	**1,888**	**329**

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

a) Mental Health, Learning Disability, Addiction Services (projected £1.68m under spend, a positive movement since that reported at month 6 of £0.35m) – the movement relates in most part to the reflection of the actual anticipated cost of children transitioning into adult services which is significantly less than that built into the budget based on previous year experiences. There are also now underspends on transport budgets which are not expected to spend at budgeted levels for this year due to reduced usage despite changes to shared travel arrangements which make individual journeys more expensive. The overall underspend relates to a downturn in the number of care packages across residential, daycare, homecare and supported living for learning disability and to a lesser extent within mental health services. Daycare budgets were

based on approx. 1000 hrs of care services per week and are currently averaging 823 hrs per week (a slight upward trend in activity on that reported at month 6). SG guidance sets out arrangements to support care providers where services have reduced / stopped as a result of Covid with the host authority making sustainability placements to compensate for reduced placement numbers - this is being claimed by host authorities through SG Covid funding. This guidance is in place up until the end of March 2022 for services which continue to be impacted through Covid. This continues to impact daycare and respite placements, particularly those outwith our local area. In addition we are continue to experience some positive payroll variations due to reduced staffing levels within our Pineview service, which supports young adults with complex autism, due to a void placement and within our community mental health and health improvement teams dues to vacancies across psychology and nursing.

b) Community Health & Care Services (projected underspend of £0.85m, a positive movement since that reported at month 6 of £0.2m) –There are significant cost pressures in this area related to the delivery of our in house homecare service due to a combination of increased overtime to cover vacancies, absence and demand pressures within the service and continuing to funds posts that are no longer part of the structure following a service redesign. Work is underway to understand the increasing demand in the context of a downward trend in care home placements, people attending daycare and capacity within purchased care at home services. This is supported by a review of overtime usage with a tightening up on procedures for approving overtime and a review of the impact of the service redesign with a potential increase required in the number of carers to free up the role of the seniors to undertake administrative tasks allowing supervisors to support the process of customer reviews to ensure service levels align with need. There are also pressures in equipment purchases to support people to remain at home. These pressures are being offset by a downturn in care home placements (709 service users per week assumed at budget setting compared to an average of 695 placements per week based on current numbers – an increase in numbers since that reported at month 6) and a further downturn in purchased homecare provision (9.936 hours per week at budget setting compared to 8,838 hrs per week based on current levels – a further reduction since that reported at month 6). There are also some positive payroll variations across the rehabilitation team, psychology and nursing to support elderly mental health services. Overall this is providing a favourable variance at this stage in the financial year.

c) Children & Criminal Justice Services (projected £0.5m overspend, no movement since that reported at month 6) – There are payroll pressures across Children's Services due to challenging turnover savings as vacancies move to be filled, however these are expected to be achieved in full by the year end. This is compounded by significant pressures on residential placement - 18 placements assumed at budget setting with 22 placements currently in place (excluding those which are Covid related, a reduction of 1 placement since that last reported at Month 6) and increases in costs as the education funding element ceases for children aged 16+. Some of these costs are Covid related and being set against this funding, however there has been an overall increase in demand across Children's services.

d) Prescribing (projected underspend of £0.3m, a slight positive movement of £0.09m since that reported at month 6) – There continues to be a downturn in the volumes of medicines being prescribed based on budgeted projections, however this is met by an increase in the price for some medicines albeit these are levelling off and moving back to normal levels. The price increases associated with paracetamol and sertraline have been attributed to Covid supply issues and included within the HSCP LMP return.

e) Business Support (projected overspend of £0.8m, a positive movement since that reported at month 6 of £0.2m) – The pressure in this area relates to the financial gap (£0.9m) which remained at the time of setting the 2021/22 budget requiring the identification of additional transformation activity to deliver a balanced budget for this year and moving forward into future financial years. This will be mitigated in year through the positive performance on budgets within older people and adult services and work to identify recurring savings forms part of the financial planning work already underway through the HSCP Leadership Team as part of consideration of the 2022/23 budget process. There are also some recurring accommodation cost pressures related to KHCC and additional costs associated with the interim management structure currently in place.

f) Housing Aids and Adaptations and Care of Gardens (projected underspend of £0.3m, no movement since that reported at month 6) - there are a number of other budgets delegated to the HSCP related to private sector housing grants, care of gardens, care and repair and fleet provision. These services are delivered within the Council through the Place, Neighbourhood & Corporate Assets Directorate. The positive variance relates to a vacancy within the care and repair service which is planned to be incorporated within the wider in house team to provide some resilience and also a downward trend in the number of private sector housing grants to be awarded which may increase as work to progress tenders is underway.

g) Oral Health (projected breakeven, a negative movement from that reported at month 6 of £0.4m) – Underspend as a result of vacancies not recruited to as services not running at full capacity and reduced non-pay costs. As services return to normal activity vacancies will be recruited. There are plans being considered to look at test of change and non-recurring equipment requirements which may reduce the under spend in this area and deliver a breakeven position at year end.

h) Covid Expenditure (projected underspend of £0.3m, a negative movement of £0.2m since that reported at month 6) – this relates to costs captured across other care group areas with full anticipated funding to cover these costs reflected here. The variance relates to elements such as loss of income from charging, which has reduced slightly as services resume, and some un achieved savings.

3.11 The consolidated position for the HSCP is set out in **Appendix 4**. The detailed budget monitoring reports for the NHS budgets and SW budgets delegated to the partnership are provided in **Appendix 5**.

3.12 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 6**.

3.13 Partnership Reserves

The indicative position projected to 31 March 2022, with regard to partnership reserves is set out below;-

HSCP Reserve 2021/22	Balance at 31st March 2021	Proposed Use of Reserves	Projected Balance at 31st March 2022
	£000	£000	£000
HSCP Transformation	(1,100)		(1,100)
Apropriate Adults	(4)		(4)
Review Team	(170)		(170)
Children's MH & Wellbeing Programme	(25)	25	0
Children's MH & Emotional Wellbeing - Covid	(201)	201	0
Scottish Govt. Funding - SDS	(77)		(77)
SG - Integrated Care / Delayed Discharge Funding	(282)		(282)
Oral Health Funding	(403)	403	0
Infant Feeding	(13)	13	0
CHW Henry Programme	(15)	15	0
SG - GP Out of Hours	(39)		(39)
SG - Primary Care Improvement	(878)	878	0
SG – Action 15 Mental Health	(572)	572	0
SG – Alcohol & Drugs Partnership	(112)	112	0
SG – Technology Enabled Care	(11)		(11)
GP Premises	(118)		(118)
PC Support	(27)		(27)
Prescribing	(185)		(185)
Covid	(6,128)	6,128	0
Community Living Change Funding	(341)		(341)
Psychological Therapies	(60)		(60)
District Nursing	(31)	31	0
Chief Nurse	(51)	51	0
Health & Wellbeing	(55)	55	0
Specialist Children - SLT	(3)		(3)
Woodland Garden Project	(7)		(7)
Total Earmarked	**(10,909)**	**8,485**	**(2,424)**
Contingency / General	**(1,935)**		**(1,935)**
General Fund	**(12,844)**	**8,485**	**(4,358)**

3.14 This will provide a general / contingency reserve moving into 2022/23 in the region of £1.9m. Depending on the final year end position there may be an opportunity to further this reserves position with any underspend that materialises at year end. This will move the partnership nearer to compliance with the HSCP Reserves policy, approved in August 2016 and the actions set out through Audit Scotland to demonstrate a level of financial sustainability for the partnership into future years. This provides for a prudent reserve of 2% of net expenditure in the context of the size, scale and volatility of HSCP budgets which equates to approx. £3m.

3.15 The ear marked reserves positon will be updated for any spending plans that emerge against these specific areas as the year progresses along with specific funding streams made available during 2021/22. This does not include any additional un spent funding at year end which will increase ear marked reserves, particularly in the areas of Winter Pressure funding, ADP and Action 15.

3.16 **Financial Risks -** The most significant risks that will need to be managed during 2021/22 are:

- A new pay deal was agreed in May for NHS staff which effectively offered an average 4% uplift across the Agenda for Change (AfC) pay scales. The Scottish Government

committed to fully fund the additional cost of the base 4% however the funding would not cover the additional incremental pressure of the revised AfC pay scale. Health Boards have received an allocation of funding in July and the six local CFOs are working with NHSGGC finance colleagues on individual allocations and there is a gap in funding. The impact for medical staff has yet to be concluded and further funding is anticipated from SG to support this element.

- Negotiations on the 21/22 pay uplift for local authority staff has now been concluded and the uplift agreed at 2% up to Grade 8 and thereafter a 1% uplift for those on grades at a higher level. The pay uplift was backdated to the 1st January 2021. The assumptions at the time of the budget setting was for a 2% uplift across all pay levels from the 1st April 2021. This has created a budget pressure of @£150k over and above original budget assumptions. This has been built into year-end projections. There has been additional funding allocated to Local Authorities, on a one off basis as part of wider Covid support, which may mitigate some of the impact of the agreed pay uplift and work is ongoing to quantify the extent to which this will cover any pay pressures.
- The ongoing impact of managing Covid as we move through the recovery phase and the recurring impact this may have on frailty for older people, mental health and addiction services moving forward.
- Delivery of a recurring savings programme identified as part of the budget process for 2021/22.
- Un Scheduled Care - The pressures on acute budgets remains significant with a large element of this relating to pressure from un-scheduled care. If there is no continued improvement in partnership performance in this area (targeted reductions in occupied bed days) then there may be financial costs directed to partnerships in delivery of the board wide financial improvement plan. There is an Un-scheduled Care Commissioning Plan which sets out the key areas for investment across HSCP areas to improve delayed discharge and hospital attendance figures, however there remains a financial gap for East Dunbartonshire which requires consideration of recurring / non-recurring funding.
- Children's Services - managing risk and vulnerability within Children's Services is placing significant demand pressures on kinship payments, external fostering placements and residential placements which will increase the risk of overspend which will impact on achieving a balanced year end position.
- Funding allocations for PCIP and Action 15 have been updated for revised NRAC shares across Scotland – this has had a positive impact for East Dunbartonshire, however other HSCP areas are making representation to the SG for these monies to be allocated on historic NRAC shares as commitments have been based on previous indicative funding allocations.
- Financial Systems – the ability to effectively monitor and manage the budgets for the partnership are based on information contained within the financial systems of both partner agencies. This information needs to be robust and current as reliance is placed on these systems for reporting budget performance to the Board and decisions on allocation of resources throughout the financial year.

4.1 **IMPLICATIONS**

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan –

1. Promote positive health and wellbeing, preventing ill-health, and building strong communities

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

The Strategic Plan is dependent on effective management of the partnership resources and directing monies in line with delivery of key priorities within the plan.

4.3 Frontline Service to Customers – None.

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

4.5 Legal Implications – None.

4.6 Financial Implications – The financial performance to date is showing that the budget is projected to underspend at year end by £2.2m. A £1.1m Transformation reserve was approved at the time of agreeing the Annual Budget for 21/22 to under write the financial gap on the premise that further transformation activity would be identified to meet this gap on a recurring basis. As things stand currently, this reserve would not be required in this financial year and can be considered towards any future year pressures. This position could change as the year progresses given the volatility of these demand led budgets which are seeing an increase in activity as demand levels resume back to anticipated levels. This will continue to be monitored as the year progresses. The position is also dependent on the SG providing full funding to cover all Covid related expenditure. The current position would enable the HSCP to further its general reserve in line with the HSCP Reserves policy to provide a contingency to manage in year pressures and support ongoing financial sustainability.

4.7 Procurement – None.

4.8 Economic Impact – None.

4.9 Sustainability – The sustainability of the partnership in the context of the current financial position and potential to create general reserves will support ongoing financial sustainability. In order to maintain this position will require a fundamental change in the way health and social care services are delivered within East Dunbartonshire going forward in order to meet the financial challenges and deliver within the financial framework available to the partnership on a recurring basis.

4.10 Equalities Implications – None.

4.11 Other – None.

5.1 **MANAGEMENT OF RISK**

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

5.2 There are a number of financial risks moving into future years given the rising demand in the context of reducing budgets which will require a radical change in way health and social care services are delivered which will have an impact on services users / carers, third and independent sector providers and staffing. The risks are set out in paragraph 3.16.

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 – Letter Confirmed Uplift 21-22 East Dun Updated
8.4 Appendix 3 – Final Pressure Funding Plan
8.5 Appendix 4 – Integrated HSCP Financial Performance at Month 6
8.6 Appendix 4a – NHS Financial Performance at Month 6
8.7 Appendix 4b – Social Work Financial Performance as at Period 6
8.8 Appendix 5a – NHS Budget Monitoring Report Month 6
8.9 Appendix 5b – Social Work Budget Monitoring Report Period 6
8.10 Appendix 6 – HSCP Savings Update 21/22
8.11 Appendix 7 – Direction Template

East Dunbartonshire HSCP
Consolidated Budget Reconciliation 2021/22

APPENDIX 1

2021/22 Budget Reconciliation	NHS £000	Local Authority £000	Total £000
Budget Approved at HSCP Board on 25th March 2021	**84,678**	**58,401**	**143,079**
Set Aside approved at HSCP Board on 25th March 2021	33,712		33,712
TOTAL Budget Approved	118,390	58,401	176,791
Period 3 Budget Adjustments			
Rollover Budget Adjustment	455		455
PSHG / Care & Repair Adjustment to HSCP		664	664
SG - Scottish Living Wage Contribution			0
Covid Funding			0
AfC Additional Uplift	378		378
Covid Funding - FHS	54		54
MH Strategy - Action 15	297		297
ADP	250		250
PCIF including GP Premises	1,463		1,463
Outcomes Framework Uplift 3% (Dental, HepC, BBV)	76		76
FHS Adjustments	1,606		1,606
Smoking Prevention	41		41
District Nursing	84		84
Ventiliation Improvement Allowance (GDPs)	1,111		1,111
Revenue to Capital Transfer (Dental Equipment)	(11)		(11)
Dental transfer - Homeless post	15		15
Period 6 Budget Adjustments			
Covid Funding - FHS	(54)		(54)
Smoking Prevention	1		1
Electric Handpieces (GDPs)	1,666		1,666
Revenue to Capital Transfer (Dental Equipment)	(95)		(95)
Silverbirch RT transfer from East Ren	89		89
Infant Feeding	69		69
SESP - LD to HSCPs	13		13
School Nursing	37		37
Workforce Wellbeing	37		37
Apemilast from acute	29		29
Restatement of set aside based on refinement of budgets for delivery of prescribed acute functions			0
Transfer Specific Funding from Children & Families to Education		(67)	(67)
Period 8 Budget Adjustments			
Covid Funding	395		395
Dental Bundle	4,614		4,614
Pharmacy Global Sum Adjustment	(93)		(93)
FHS Adjustment	74		74
Apemilast from acute	24		24
Workforce Wellbeing	37		37
Re-mobilisation of dental services	1,044		1,044
Dementia - Post Diagnostic Support	65		65
District Nursing	36		36
GP Premises	65		65
ADP	429		429
Dental Transfer - Post to Secondary Care	(43)		(43)
Community Link Workers - £500 Bonus Payments	2		2
Set Aside Uplift 2021/22	4,047		4,047
Winter Pressures funding		2,489	2,489
Revised 2021/22 Budget	**136,696**	**61,487**	**198,183**
Anticipated Covid Funding Outstanding			*0*
Anticipated 2021/22 Budget	***136,696***	***61,487***	***198,183***

East Dunbartonshire HSCP
Consolidated Financial Performance 2021/22 - Month 8
Period to the 30th November 2021

APPENDIX 4

Care Group Analysis	Annual Budget 2021/22 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Reserves Adjustment	Revised Actual Variance	Variance %age
Strategic & Resources	5,735	1,766	748	1,018	6,630	(896)	(51)	(844)	-14.72%
Older People & Adult Community Services	41,649	25,329	24,986	343	41,589	61	(909)	970	2.33%
Physical Disability	4,888	3,081	2,908	173	5,006	(117)	0	(117)	-2.40%
Learning Disability	21,012	12,738	11,804	934	19,936	1,075	0	1,075	5.12%
Mental Health	5,375	2,963	2,607	356	5,477	(101)	(572)	471	8.76%
Addictions	1,448	574	507	67	1,541	(93)	(137)	44	3.03%
Planning & Health Improvement	582	345	272	73	552	30	(55)	85	14.60%
Childrens Services	13,984	9,090	9,894	(804)	14,728	(743)	(229)	(514)	-3.68%
Criminal Justice Services	352	212	284	(71)	285	68	0	68	19.16%
Other Non Social Work Services	1,348	674	402	272	1,064	284	0	284	21.08%
Family Health Services	29,830	20,517	20,517	0	29,830	0	0	0	0.00%
Prescribing	20,564	13,701	13,395	306	20,214	349	0	349	1.70%
Oral Health Services	13,983	6,707	6,532	175	14,386	(403)	(403)	0	0.00%
Set Aside	37,759	25,173	25,173	0	37,759	0	0	0	0.00%
Covid Expenditure	(326)	325	2,701	(2,376)	5,454	(5,780)	(6,128)	348	-106.93%
Net Expenditure	198,183	123,194	122,729	466	204,450	(6,267)	(8,485)	2,218	1.12%

Subjective Analysis	Annual Budget 2021/22 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Reserves Adjustment	Revised Actual Variance	Variance %age
Employee Costs	49,205	31,441	31,059	382	49,974	(769)	(1,105)	336	0.68%
Property Costs	330	222	228	(6)	388	(58)	0	(58)	-17.70%
Supplies and Services	6,060	2,193	2,092	101	6,401	(341)	(672)	331	5.47%
Third Party Payments (care providers)	61,493	37,682	36,153	1,529	61,916	(423)	(2,166)	1,743	2.83%
Transport & Plant	727	482	378	103	639	88	0	88	12.09%
Administrative Costs	5,056	1,350	946	403	4,639	417	0	417	8.25%
Family Health Services	30,529	20,983	20,849	134	30,529	0	0	0	0.00%
Prescribing	20,564	13,701	13,395	306	20,214	349	0	349	1.70%
Other	(1,186)	(787)	0	(787)	0	(1,186)	(936)	(250)	21.10%
Resource Transfer	18,875	12,583	12,584	(1)	18,875	1	0	0	0.00%
Set Aside	37,759	25,173	25,173	0	37,759	0	0	0	0.00%
Gross Expenditure	229,410	145,021	142,857	2,164	231,334	(1,923)	(4,879)	2,955	1.29%
Income	(31,227)	(21,827)	(20,128)	(1,699)	(26,884)	(4,343)	(3,606)	(737)	2.36%
Net Expenditure	198,183	123,194	122,729	465	204,450	(6,266)	(8,485)	2,218	1.12%

East Dunbartonshire HSCP
Consolidated Financial Performance 2021/22 - Month 8
Period to the 30th November 2021

APPENDIX 4A

Care Group Analysis	Annual Budget 2021/22 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Forecast Full Year Spend £000	Forecast Full Year Variance £000	Reserves Adjustment	Revised Actual Variance	Variance %age
Strategic & Resources	£19,938	£11,187	£11,109	79	£19,756	182	(51)	234	1.17%
Older People & Adult Community Services	£7,211	£4,532	£4,639	(108)	£8,071	(861)	(909)	49	0.67%
Learning Disability	£675	£450	£455	(5)	£683	(8)		(8)	-1.18%
Mental Health	£2,922	£1,452	£1,216	235	£3,210	(287)	(572)	285	9.76%
Addictions	£801	£145	£175	(30)	£957	(156)	(112)	(45)	-5.56%
Planning & Health Improvement	£582	£345	£272	73	£552	30	(55)	85	14.60%
Childrens Services	£2,431	£1,609	£1,583	26	£2,440	(9)	(28)	19	0.78%
Family Health Services	£29,830	£20,517	£20,517	0	£29,830	0		0	0.00%
Prescribing	£20,564	£13,701	£13,395	306	£20,214	349		349	1.70%
Oral Health Services	£13,983	£6,707	£6,532	175	£14,386	(403)	(403)	0	0.00%
Set Aside	£37,759	£25,173	£25,173	0	£37,759	0		0	0.00%
Covid Expenditure		£573	£573	0	£1,661	(1,661)	(1,475)	(186)	#DIV/0!
Net Expenditure	136,696	86,389	85,638	751	139,520	(2,824)	(3,606)	782	0.57%

Subjective Analysis	Annual Budget 2021/22 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Forecast Full Year Spend £000	Forecast Full Year Variance £000	Reserves Adjustment	Revised Actual Variance	Variance %age
Employee Costs	£26,144	£16,937	£16,514	423	£25,506	638		638	2.44%
Property Costs	£323	£215	£225	(10)	£338	(15)		(15)	-4.67%
Supplies and Services	£4,888	£1,413	£1,520	(107)	£4,838	50		50	1.01%
Third Party Payments (care providers)	£451	£247	£267	(20)	£481	(30)		(30)	-6.59%
Transport & Plant				0		0		0	
Administrative Costs	£4,057	£746	£553	192	£3,830	227		227	5.59%
Family Health Services	£30,529	£20,983	£20,849	134	£30,529	0		0	0.00%
Prescribing	£20,564	£13,701	£13,395	306	£20,214	349		349	1.70%
Other	-£250	-£167	£0	(167)	£0	(250)		(250)	100.00%
Resource Transfer	£18,875	£12,583	£12,584	(1)	£18,875	0		0	0.00%
Set Aside	£37,759	£25,173	£25,173	0	£37,759	0		0	0.00%
Gross Expenditure	143,338	91,830	91,080	751	142,370	968	0	968	0.68%
Income	-£6,642	-£5,442	-£5,441	(0)	-£2,850	(3,792)	(3,606)	(186)	2.80%
Net Expenditure	136,696	86,389	85,638	751	139,520	(2,824)	(3,606)	782	0.57%

East Dunbartonshire HSCP
Consolidated Financial Performance 2021/22 - Month 8
Period to the 28th November 2021

APPENDIX 4B

Care Group Analysis	Annual Budget 2021/22 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Reserves Adjustment	Revised Actual Variance	Variance %age
Strategic & Resources	(14,203)	(9,421)	(10,361)	939	(13,125)	(1,078)		(1,078)	7.59%
Older People & Adult Community Services	34,439	20,797	20,347	450	33,517	921		921	2.68%
Physical Disability	4,888	3,081	2,908	173	5,006	(117)		(117)	-2.40%
Learning Disability	20,337	12,288	11,349	939	19,254	1,083		1,083	5.33%
Mental Health	2,453	1,512	1,391	121	2,267	186		186	7.58%
Addictions	647	429	332	97	583	63	(25)	88	13.68%
Childrens Services	11,553	7,481	8,310	(830)	12,287	(734)	(201)	(533)	-4.61%
Criminal Justice Services	352	212	284	(71)	285	68		68	19.16%
Other Non Social Work Services	1,348	674	402	272	1,064	284		284	21.08%
Covid Expenditure	(326)	(248)	2,129	(2,376)	3,793	(4,119)	(4,653)	534	-164.03%
Net Expenditure	61,488	36,805	37,091	(286)	64,930	(3,443)	(4,879)	1,436	2.34%

Subjective Analysis	Annual Budget 2021/22 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Reserves Adjustment	Revised Actual Variance	Variance %age
Employee Costs	23,061	14,504	14,545	(41)	24,468	(1,407)	(1,105)	(302)	-1.31%
Property Costs	7	7	3	4	51	(43)		(43)	-599.21%
Supplies and Services	1,172	780	572	208	1,563	(390)	(672)	282	24.03%
Third Party Payments (care providers)	61,042	37,434	35,886	1,549	61,436	(394)	(2,166)	1,772	2.90%
Transport & Plant	727	482	378	103	639	88		88	12.09%
Administrative Costs	999	604	393	211	808	191		191	19.08%
Family Health Services	0	0	0	0	0	0		0	
Prescribing	0	0	0	0	0	0		0	
Other	(936)	(621)	0	(621)	0	(936)	(936)	(0)	0.03%
Set Aside	0	0	0	0	0	0		0	
Gross Expenditure	86,072	53,191	51,777	1,413	88,964	(2,892)	(4,879)	1,987	2.31%
Income	(24,585)	(16,386)	(14,687)	(1,699)	(24,034)	(551)		(551)	2.24%
Net Expenditure	61,488	36,805	37,091	(286)	64,930	(3,443)	(4,879)	1,436	2.34%

Greater Glasgow and Clyde NHS Board

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Date: 17th November 2021
Our Ref: FMcE

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

Dear Caroline

2021/22 Financial Allocation to East Dunbartonshire Health and Social Care Partnership

Following on from the initial uplift letter sent out in March 2021, I can now update the Boards Allocation to the HSCP for 2021/22, based on further allocations for the Agenda for Change pay agreement. Please note this does not include an allocation for the Medical Pay Award and AFC band 8-9, this has still to be confirmed by Scottish Government.

Annual uplift to NHSGGC

The annual general uplift is provided by the Scottish Government to support Boards in meeting expected additional costs related to pay, supplies (which includes prescribing growth and utilities charges) and capital charges. The Board's initial uplift for 2021/22 is 1.5% totalling £33.7m followed by a further £31.2m for Agenda for Change Pay Uplift

The HSCP Settlement

The Scottish Government's funding allocation letter issued on 28 January 2021 states that *"In 2021/22, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 1.5% over 2020/21 agreed recurring budgets"*.

The total allocation uplift to all six HSCPs should therefore be £13.1m based on the recurring budget at 31 January 2021 followed by a further £7.6m for AFC pay uplift and the partnership's share of this allocation is included in **Appendix 1.**

Set Aside Budget

During 2020/21 work continued to identify the actual budgets and costs of unscheduled care services and these have been used as the basis for the set aside allocation for 2021/22. Now that the final out-turn for 2020/21 is confirmed the current value has been uplifted by 2.12%. This figure represents the estimated actual usage of the in scope Acute services. This will continue to be a notional allocation.

Recharges to HSCPs

The following items will continue to be charged to the HSCP during 2021/22:

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

- The HSCP's proportional share of the annual cost arising from the change in accounting treatment of pre 2010 pension costs as the non recurring funding generated from this change was used to provide non recurrent support to all service areas in 2016/17.

Non recurring allocations including Scottish Government allocations for COVID-19 for both health and social care expenditure will be passed directly to the partnership when received by the Board.

Yours sincerely

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

Appendix 1 – Financial Allocation 2021/22

Spend Categories	East Dunbartonshire Hscp £000s
Family Health Services	29,936
Fhs Income	(1,392)
Family Health Services Budget (Net)	**28,544**
Prescribing & Drugs	19,979
Non Pay Supplies	2,138
Pay	16,006
Other Non Pay & Savings	18,940
Other Income	(1,239)
Budget - HCH incl Prescribing	**55,824**
Total Rollover budget - NET	**84,368**
Adjustments:	
Non Recurring budget allocated to base	(1,771)
Budget Eligible for HCH & Prescribing uplift	**54,053**
Uplifts	
Scottish Government allocation	**811**
AFC additional uplift	**378**
West of Scotland Sexual Assault & Rape Service (Topsliced)	**(46)**
West of Scotland Sexual Assault & Rape Service (Hosted)	
Total Uplift	**1,143**
Revised Budget	**85,511**
Set Aside Budget	
2021/2022 Value	36,975
Upilift @ 2.12%	784
2021/22 Value	**37,759**

East Dunbartonshire HSCP
Winter Planning for Health & Social Care

APPENDIX 3

SG Allocation	Proposal	Perm / Temp	Number of Staff (WTE)	Total Part Year Cost 2021/22	Total Annual Cost 2022/23
MDT Allocation - £15m (Support Staff)	Increase in Rehabilitation Support Workers to enhance re ablement function	Perm	4.0	45,037	135,112
	Increase in health care and support workers to support nursing capacity and co-ordination of care to patients incl weekend / evening cover	Perm	13.8	140,636	421,907
	Other Costs - Mobiles/ uniforms/ travel			8,900	8,900
	Sub Total MDT Allocation (Support Staff)		**17.8**	**194,573**	**565,919**
	SG Funding			**278,180**	**556,361**
	Underspend / (Funding Shortfall)			**83,607**	**(9,559)**
MDT Allocation - £20m(Enhance MDTs)	Increase in Adult Community Nursing capacity incl OOH / weekends	Perm	8.0	151,366	454,097
	Increase in Allied Health Professionals (AHPs) to enhance re ablement function	Perm	5.5	90,387	271,162
	Additional locality management capacity	Perm		14,740	44,219
	Other Costs - Mobiles/ uniforms/ travel			6,750	6,750
	Sub Total MDT Allocation (Enhance MDTs)		**13.5**	**263,243**	**776,228**
	SG Funding			**408,000**	**816,000**
	Underspend / (Funding Shortfall)			**144,757**	**39,772**
Expanding Care at Home Capacity - £62m	Increase in senior carer capacity to facilitate care co-ordination function within homecare service and provide direct care	Perm	11.0	117,356	352,069
	Increase in carer capacity to support rahabilitation and re ablement approach	Perm	30.0	367,593	1,102,778
	Increase in carer capacity to enhance overnight support	Perm	6.0	44,798	134,394
	Additional recurring demand pressures - in house homecare	Perm		78,018	234,054
	Other Costs - recruitment, uniforms, fleet vehicles			22,133	66,400
	Management / Data Analysis Capacity	Perm	2.0	38,788	116,364
	Additional social work capacity to support hospital discharge	Perm	4.0	75,221	225,662
	Additional social work capacity to support assessment and admission avoidance	Perm	6.0	67,440	202,320
	Sub Total Expanding Care at Home Capacity		**59.0**	**811,347**	**2,434,041**
	SG Funding			**1,265,000**	**2,525,000**
	Underspend / (Funding Shortfall)			**453,653**	**90,959**
	TOTAL (excl Interim Care)		**90**	**1,269,163**	**3,776,189**
	SG Funding (excl. Interim Care)			**1,951,180**	**3,897,361**
	Underspend / (Funding Shortfall)			**682,017**	**121,172**
Providing Interim Care- £40m to £20m (Non recurring)	Workforce development backfill capacity	Temp	8.9	95,157	285,471
	Training (informal Carers)	Temp		7,500	22,500
	Additional advocacy support / legal capacity to facilitate hospital discharge	Temp		38,564	115,691
	Independent Sector Lead to facilitate inerface with commissioned service providers	Temp	0.5	15,000	45,000
	Enhanced interface with acute front door to support assessment and admission avoidance	Temp		50,950	152,850
	Interim Care Home / Intermediate Care Home provision	Temp		70,000	*210,000*
	Complex care packages to support hospital discharge from MH adult / OP wards	Temp		25,000	*75,000*
	Sub Total (Interim Care)		**9**	**302,170**	**906,511**
	SG Funding			**816,000**	**407,000**
	Underspend / (Funding Shortfall)			**513,830**	**(499,511)**
	TOTAL (incl Interim Care)		**100**	**1,571,333**	**4,682,700**
	SG Funding (incl. Interim Care)			**2,767,180**	**4,304,361**
	Underspend / (Funding Shortfall)			**1,195,847**	**(378,340)**

NHSGG&C - East Dunbartonshire HSCP - Period Ending 30th November 2021 (Month 8)

Care Group	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000	Reserves Adjs Drawdown n (Income)	Forecast Spend £'000	Forecast Variance £'000	Forecast Variance %	Summary Variance Analysis
Alcohol+drugs Recovery Service	912.8	256.8	286.5	(29.7)		957.4	**(44.6)**	**-4.9%**	Pressure from unfunded Band 6 Care & Treatment post - agreed by Andy Martin/ Saket approx 4 or 5 years ago? Assumes ADP + additional drug death funding fully spent or balance allocated to earmarked reserve.
Adult Community Services	8,120.0	5,440.8	5,548.4	(107.6)		8,071.4	**48.6**	**0.6%**	Equipu pressure estimated at £230k full year - forecast assumes £210k of winter support funding allocated to cover, continuing care pressure estimated at £33k as a result of prior year price increase. Some of pressures offset by current vacancies, assumed turnover continues throughout the year. Assumed Full PCIP allocation spent or balance to be carried forward via EMR.
Child Services - Specialist	522.2	348.1	293.8	54.3		460.8	**61.5**	**11.8%**	Underspend as a result of non-recurring mat leave savings and reduced non-pay costs.
Child Services - Community	2,233.5	1,437.3	1,465.7	(28.4)		2,276.1	**(42.6)**	**-1.9%**	Pressure 2 x Band 7 posts £126k - under review to identify funding source. Discussions ongoing re HV trainees and potential cost pressure to be picked up by HSCPs (not currently factored into forecast). School nurses on course paid via central budget
Fhs - Prescribing	20,564.3	13,701.6	13,395.5	306.1		20,130.2	**434.2**	**2.1%**	April - September volumes currently down by 17k items with prices on average 2p under at £10.98 per item (YTD GIC £203k under), Sept volumes 2% over so assuming volumes 0.5% over forecast levels (in line with 19/20) and price remained on average at £11 per item then projected GIC underspend for full year of £56k. Credit in relation to 20/21 overaccrual £185k. Other small underspends from central GIC and dental income included in forecast. Additional costs of Sertraline & Paracetamol as a result of covid included in current costs, additional covid funding to come from SG - £85k Full Year assumed in forecast.
Fhs - Gms	14,952.1	10,583.9	10,583.9	0.0		14,952.1	**0.0**	**0.0%**	
Fhs - Other	15,476.4	10,299.5	10,299.5	0.0		15,476.4	**0.0**	**0.0%**	
Learn Dis - Community	674.6	449.8	455.1	(5.3)		682.6	**(8.0)**	**-1.2%**	Pressure as a result of £50k unachieved saving to be achieved from LD review
Men Health - Adult Community	2,627.5	1,445.8	1,335.1	110.7		2,529.5	**98.1**	**3.7%**	Non-recurring slippage in year from psychology/ nursing vacancies. Nursing vacancies now filled with psychology recruitment progressing.
Men Health - Elderly Services	1,287.3	858.2	733.5	124.7		1,100.3	**187.1**	**14.5%**	Slippage in recruitment, psychology vacancy ongoing, nursing vacancies being filled with bank where possible, review ongoing to transfer service back to Lanarkshire which would result in loss of income and not filling the 4 x Band 5 nursing vacancies to cover.
Oral Health	15,484.0	7,689.6	7,515.1	174.5		15,484.0	**0.0**	**0.0%**	Underspend as a result of vacancies not recruited as services not running at full capacity and reduced non-pay costs. As services return to normal activity vacancies will be recruited. Review of current wte in post v funding required. Underspend to be used for non-recurring equipment requirements. Assumes additional SG funding for handpieces £1.7m, ventilation £1.1m and remobilisation £1m fully spent, put to EMR or returned to SG.
Administration + Management	1,718.9	1,030.9	1,085.8	(54.9)		1,685.3	**33.7**	**2.0%**	Pressure in accommodation budget from KHCC service charge. Assumes £82k allocated from financial planning to cover
Planning & Health Improvement	665.5	412.3	339.0	73.3		580.6	**85.0**	**12.8%**	Underspend from mat leave savings and reduced non-pay spend as a result of covid. Information Officer vacancy slippage to be used to fund fixed term post for 1 year from Nov 21 (seconded via EDC Education).
Resource Transfer - Local Auth	17,846.4	11,897.6	11,897.6	0.0		17,846.4	**0.0**	**0.0%**	
Financial Planning + Reserves	2,493.3	805.5	672.1	133.3		2,293.4	**200.0**	**8.0%**	Projected £200k underspend from prescribing savings (currently excluded from RT to Council until clear if saving will be achieved within prescribing). £68k of £155k financial planning balance allocated to medical/ dental and Band 8-9 pay uplift paid October with arrears November. £52k additional funding expected Month 9 to cover additional uplift. ADP PfG funding offsetting legacy savings £245k (risk if funding doesn't continue into 22/23).

Expenditure	105,578.8	66,657.7	65,906.6	751.0	**0.0**	**104,526.0**	**1,052.8**	**1.0%**
Alcohol+drugs Recovery Service	(111.7)	(111.7)	(111.7)	0.0	**111.7**	(0.0)	**(111.7)**	**100.0%**
Adult Community Services	(909.2)	(909.2)	(909.2)	0.0	**909.2**	0.0	**(909.2)**	**100.0%**
Child Services - Specialist	(296.5)	(148.3)	(148.3)	0.0		(296.5)	**0.0**	**0.0%**
Child Services - Community	(28.0)	(28.0)	(28.0)	0.0	**28.0**	0.0	**(28.0)**	**100.0%**
Fhs - Prescribing	(0.8)	(0.5)	(0.5)	0.0		(0.8)	**0.0**	**0.0%**
Fhs - Other	(598.1)	(366.6)	(366.6)	0.0		(598.1)	**0.0**	**0.0%**
Men Health - Adult Community	(834.3)	(747.0)	(747.0)	0.0	**572.4**	(261.9)	**(572.4)**	**68.6%**
Men Health - Elderly Services	(158.3)	(105.5)	(105.5)	0.0		(158.3)	**0.0**	**0.0%**
Oral Health	(1,501.1)	(982.8)	(982.9)	0.0	**403.5**	(1,097.6)	**(403.5)**	**26.9%**
Administration + Management	(111.4)	(81.2)	(81.2)	0.0	**51.2**	(60.2)	**(51.2)**	**46.0%**
Planning & Health Improvement	(83.5)	(67.5)	(67.5)	0.0	**55.0**	(28.5)	**(55.0)**	**65.9%**
Resource Transfer - Local Auth	(348.0)	(232.0)	(232.0)	0.0		(348.0)	**0.0**	**0.0%**
Financial Planning + Reserves	(1,661.0)	(1,661.0)	(1,661.0)	0.0	**1,661.0**	0.0	**(1,661.0)**	**100.0%**
Income	(6,641.9)	(5,441.3)	(5,441.4)	0.0	**3,792.0**	**(2,849.9)**	**(3,792.0)**	**57.1%**
East Dunbartonshire Hscp	**98,936.9**	**61,216.4**	**60,465.2**	**751.0**	**3,792.0**	**101,676.1**	**(2,739.2)**	**-2.8%**

NHSGG&C - East Dunbartonshire HSCP - Period Ending 30th November 2021 (Month 8)

Care Group	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000	Period Budget £'000	Period Actuals £'000	Period Variance £'000
Alcohol+drugs Recovery Service	912.8	256.8	286.5	(29.7)	32.3	40.0	(7.7)
Adult Community Services	8,120.0	5,440.8	5,548.4	(107.6)	679.1	708.8	(29.7)
Child Services - Specialist	522.2	348.1	293.8	54.3	43.7	36.1	7.7
Child Services - Community	2,233.5	1,437.3	1,465.7	(28.4)	178.0	175.0	3.0
Fhs - Prescribing	20,564.3	13,701.6	13,395.5	306.1	1,720.7	1,737.1	(16.4)
Fhs - Gms	14,952.1	10,583.9	10,583.9	0.0	1,824.5	1,824.5	0.0
Fhs - Other	15,476.4	10,299.5	10,299.5	0.0	1,098.2	1,098.2	0.0
Learn Dis - Community	674.6	449.8	455.1	(5.3)	58.6	58.8	(0.1)
Men Health - Adult Community	2,627.5	1,445.8	1,335.1	110.7	191.6	161.5	30.1
Men Health - Elderly Services	1,287.3	858.2	733.5	124.7	107.8	75.6	32.2
Oral Health	15,484.0	7,689.6	7,515.1	174.5	1,032.4	1,070.4	(38.0)
Administration + Management	1,718.9	1,030.9	1,085.8	(54.9)	135.3	140.7	(5.4)
Planning & Health Improvement	665.5	412.3	339.0	73.3	57.3	48.5	8.7
Resource Transfer - Local Auth	17,846.4	11,897.6	11,897.6	0.0	1,487.2	1,487.2	0.0
Financial Planning + Reserves	2,493.3	805.5	672.1	133.3	104.9	(661.5)	766.5
Expenditure	105,578.8	66,657.7	65,906.6	751.0	8,751.6	8,000.9	750.9
Alcohol+drugs Recovery Service	(111.7)	(111.7)	(111.7)	0.0	0.0	0.0	0.0
Adult Community Services	(909.2)	(909.2)	(909.2)	0.0	0.0	0.0	0.0
Child Services - Specialist	(296.5)	(148.3)	(148.3)	0.0	0.0	0.0	0.0
Child Services - Community	(28.0)	(28.0)	(28.0)	0.0	0.0	0.0	0.0
Fhs - Prescribing	(0.8)	(0.5)	(0.5)	0.0	(0.1)	(0.1)	0.0
Fhs - Other	(598.1)	(366.6)	(366.6)	0.0	(37.6)	(37.6)	0.0
Men Health - Adult Community	(834.3)	(747.0)	(747.0)	0.0	(21.8)	(21.8)	0.0
Men Health - Elderly Services	(158.3)	(105.5)	(105.5)	0.0	(13.2)	(13.2)	0.0
Oral Health	(1,501.1)	(982.8)	(982.9)	0.0	(67.3)	(67.3)	0.0
Administration + Management	(111.4)	(81.2)	(81.2)	0.0	0.0	0.0	0.0
Planning & Health Improvement	(83.5)	(67.5)	(67.5)	0.0	0.0	0.0	0.0
Resource Transfer - Local Auth	(348.0)	(232.0)	(232.0)	0.0	(29.0)	(29.0)	0.0
Financial Planning + Reserves	(1,661.0)	(1,661.0)	(1,661.0)	0.0	0.0	0.0	0.0
Income	(6,641.9)	(5,441.3)	(5,441.4)	0.0	(169.0)	(169.0)	0.0
East Dunbartonshire Hscp	**98,936.9**	**61,216.4**	**60,465.2**	**751.0**	**8,582.6**	**7,831.9**	**750.9**

NHSGG&C - East Dunbartonshire HSCP - Period Ending 30th November 2021 (Month 8)

Expenditure

Expense	4AC - Level 4 Acco	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000	Period Budget £'000	Period Actuals £'000	Period Variance £'000	Current WTE	Ave WTE
Senior Managers	PA0	200.8	133.1	161.6	(28.5)	16.6	20.2	(3.6)	0.5	0.5
Medical & Dental	PA1	4,274.9	2,887.7	3,043.2	(155.5)	327.4	405.6	(78.2)	39.6	42.1
Nursing & Midwifery	PA2	9,089.1	5,992.0	5,702.7	289.2	764.9	712.1	52.9	177.8	175.1
Allied Health Professionals	PA3	2,354.3	1,567.1	1,462.7	104.4	197.1	187.3	9.8	41.3	41.5
Healthcare Sciences	PA4	92.7	61.8	59.5	2.3	7.7	7.4	0.3	1.6	1.6
Other Therapeutic	PA5	1,508.9	992.3	847.9	144.4	123.2	94.5	28.7	21.0	22.7
Medical Dental Support	PA6	5,223.5	3,486.3	3,252.9	233.5	411.7	393.0	18.7	122.2	126.5
Support Services	PA7	0.7	0.6	1.4	(0.8)	0.0	0.1	(0.1)		0.0
Admin & Clerical	PA8	3,540.4	1,906.1	1,632.5	273.5	267.0	209.5	57.5	69.8	69.5
Personal Social Care	PA9	620.7	417.7	349.5	68.2	57.2	43.9	13.3	10.2	10.1
Budget Reserves -pay	PB1	(762.1)	(508.1)	0.0	(508.1)	(63.5)	0.0	(63.5)		0.0
Pay		**26,143.9**	**16,936.6**	**16,513.9**	**422.6**	**2,109.3**	**2,073.6**	**35.8**	**484.0**	**489.4**
Drugs	S10	194.6	129.8	114.2	15.5	16.2	13.0	3.2		
Surgical Sundries	S11	528.0	353.4	429.9	(76.5)	43.7	66.0	(22.2)		
Cssd/diagnostic Supplies	S12	42.6	28.6	38.6	(10.0)	3.5	5.2	(1.6)		
Equipment	S13	143.3	108.5	168.9	(60.3)	(119.8)	9.0	(128.8)		
Other Admin Supplies	S14	4,056.7	745.5	553.4	192.1	91.1	(185.4)	276.6		
Hotel Services	S15	205.3	137.1	45.2	91.9	17.2	4.3	12.8		
Property	S16	322.6	215.0	225.1	(10.0)	26.9	23.4	3.5		
Heating Fuel And Power	S17	0.0	0.0	0.0	0.0	0.0	0.0	0.0		
Other Therapeutic Supplies	S18	238.0	158.7	319.1	(160.4)	148.8	315.6	(166.9)		
Other Supplies	S19	3,098.4	263.8	304.3	(40.5)	134.7	145.6	(10.9)		
Budget Reserves - Non Pay	S1X	437.3	232.9	99.6	133.3	29.1	(737.4)	766.5		
Non Pay		**9,266.8**	**2,373.3**	**2,298.3**	**75.1**	**391.4**	**(340.7)**	**732.2**		
Resource Transfer	S20	18,874.7	12,583.1	12,583.6	(0.4)	1,572.9	1,572.9	(0.1)		
Purchase Of Healthcare	S30	450.9	247.3	267.1	(19.8)	30.9	27.3	3.6		
Purchase Of Healthcare		**19,325.6**	**12,830.4**	**12,850.7**	**(20.2)**	**1,603.8**	**1,600.2**	**3.5**		
Board Administration	BA36	96.9	96.9	96.9	0.0	24.3	24.3	0.0		
Gms	9	14,952.1	10,583.9	10,583.9	0.0	1,824.5	1,824.5	0.0		
Gps	0	26,181.4	17,397.8	16,957.8	440.0	2,105.2	2,104.9	0.3		
Gds	1	7,662.6	5,165.0	5,165.0	0.0	547.2	547.2	0.0		
Gos	2	2,199.5	1,440.4	1,440.4	0.0	166.8	166.8	0.0		
Family Health Services		**51,092.5**	**34,684.0**	**34,244.0**	**440.0**	**4,668.0**	**4,667.7**	**0.3**		
Savings	S50	(250.0)	(166.7)	0.0	(166.7)	(20.8)	0.0	(20.8)		
Savings		**(250.0)**	**(166.7)**	**0.0**	**(166.7)**	**(20.8)**	**0.0**	**(20.8)**		
East Dunbartonshire Hscp		**105,578.8**	**66,657.6**	**65,906.9**	**750.8**	**8,751.7**	**8,000.8**	**751.0**	**484**	**489.4**

Income

Expense	4AC - Level 4 Acco	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000	Period Budget £'000	Period Actuals £'000	Period Variance £'000	Current WTE	Ave WTE
Scot Bodies	I30	(1,352.6)	(761.6)	(761.6)	0.0	(95.2)	(95.2)	0.0		
Other Hch	I31	(4,212.7)	(4,066.6)	(4,066.5)	0.0	(29.0)	(29.0)	0.0		
Hch Income		**(5,565.3)**	**(4,828.2)**	**(4,828.1)**	**0.0**	**(124.2)**	**(124.2)**	**0.0**		
Unified Fhs	I20	(86.6)	(57.7)	(57.7)	0.0	(7.2)	(7.2)	0.0		
Non Disc Fhs	I21	(598.1)	(366.6)	(366.6)	0.0	(37.6)	(37.6)	0.0		
Fhs Income		**(684.7)**	**(424.3)**	**(424.3)**	**0.0**	**(44.8)**	**(44.8)**	**0.0**		
Other Operating Income	I40	(391.9)	(189.0)	(189.0)	0.0	0.0	0.0	0.0		
Other Operating Income		**(391.9)**	**(189.0)**	**(189.0)**	**0.0**	**0.0**	**0.0**	**0.0**		
East Dunbartonshire Hscp		**(6,641.9)**	**(5,441.5)**	**(5,441.4)**	**0.0**	**(169.0)**	**(169.0)**	**0.0**		

APPENDIX 5b

GENERAL FUND REVENUE MONITORING 2021/22

SUMMARY FINANCIAL POSITION

As at : 28 November 2021	BUDGET		ACTUAL		VARIANCE	
Accounting Period 8	Annual Budget	Budget Period 08	Expenditure Period 08	Projected Annual	At Period 08	Projected Period 12
Integrated Health & Social Care Partnership						
Community Health & Care Services	39,551	23,990	23,307	38,714	683	837
Mental Health, Learning Disability, Addictions & Health Improvement	23,585	14,303	13,130	22,219	1,173	1,366
Children & Families and Criminal Justice	11,939	7,710	8,607	12,602	(897)	(663)
Social Work Strategic / Resources	(13,925)	(9,282)	(10,257)	(12,918)	975	(1,007)
Covid 19	(326)	(248)	2,129	5,540	(2,376)	(5,866)
Housing (Disabled Adaptations/ Care & Repair)	664	332	176	521	156	144
HSCP Overspend Position for Discussions at HSCP Board					(286)	(5,190)
Transfer from Earmarked Reserves (incl NHS Covid Earmarked)				(4,880)		4,880
Anticipated SG Income to Support Covid				(1,747)		1,747
Total	**61,488**	**36,805**	**37,091**	**60,050**	**(286)**	**1,437**

GENERAL FUND REVENUE MONITORING 2021/22 DETAILED FINANCIAL POSITION as at Period 08: 28 November 2021	Annual Budget £000	Budget Period 08 £000	Expenditure Period 08 £000	Projected Annual £000	Variation Period 08 £000	Projected Year End Variation £000
INTEGRATED HEALTH AND SOCIAL CARE						
COMMUNITY HEALTH & CARE SERVICES (ALL)						
1 Employee Costs	9,483	6,008	6,625	10,156	-617	-673
There are significant cost pressures in this area related to the delivery of our in house homecare service due to a combination of increased overtime to cover vacancies, absence and demand pressures within the service and continuing to fund posts that are no longer part of the structure following a service redesign. Work is underway to understand the increasing demand in the context of a downward trend in care home placements, people attending daycare and capacity within purchased care at home services. This is supported by a review of overtime usage with a tightening up on procedures for approving overtime and a review of the impact of the service redesign with a potential increase required in the number of carers to free up the role of the seniors to undertake administrative tasks allowing supervisors to support the process of customer reviews to ensure service levels align with need.						
2 Property Costs	0	0	0	0	0	0
No variation on budget is expected						
3 Supplies and Services	681	452	445	643	6	38
Budgets relate to Homecare PPE (personal protective equipment) , telecare costs and homecare related disabled adaptations. Additional costs relate to House cleans, CM2000 discs, Access to work equipment and Shred It. This is partly offset within the Physical Disability service as In year savings on supplies and services can now be anticipated. This is in relation to the client budget for Holidays and outings and stairlifts.						
4 Agencies and Other Bodies	30,333	18,184	17,135	29,069	1,049	1,264
At this stage there is a reduction in the commitment value of Residential accommodation, Homecare and Daycare, however, Supported living packages have increased significantly. Covid has had a substantial impact in this area. Residential placements have seen a significant reduction in number due to Covid related deaths. This has reduced expenditure profiles throughout the year. This variance between budget and expenditure is more pronounced as provisions were made for a 5% demographic increase which has not transpired. Whilst the severity of Covid-19 means that this level of expenditure is unlikely to re-establish itself in the short term our demographic profile is such that they will return, and increase, over current provisions at some point. Placements are now gradually starting to increase and it is assumed that this trend will continue. The projections include an estimate for packages still to go onto the Carefirst system including an estimated increase throughout the year. Residential assumptions made as part of the budget setting process were based on client numbers mid year 20/21. Including the demographic increase, in Older People's services, this estimated circa 709 placements (excluding respite and palliative care). Projections assume an average of 695 placements per week. External Homecare assumptions for Older People and Physical disability services assumed approximately 9,936 hours per week. Projections currently assume an average of 8,838 hours per week. This is across all Self Directed Support types. Although, currently, we are projecting significant reductions in Residential and Homecare, there has been a shift in Care type to Supported Living. Budgeted vs projected in this area is showing an excess of over 500 hours per week. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments. This does not include any additional future unknown costs that may be a result of the impact of Covid on individuals i.e. there is a risk that Carefirst packages, suspended as a result of the Pandemic, will be re-instated throughout the year.						
5 Budget Savings	0	0	0	0	0	0
No variation on budget is expected						
6 Transport and Plant	5	3	6	11	-3	-6
At this stage, a small variation on budget is being reported. The impact of Covid on this area will, however, be reviewed, in a future reporting period.						
7 Admin and Other Costs	247	128	66	211	62	36
The variation within this area is in relation to an assumed reduction in Fleet recharges and to the transfer of support routed through Glasgow Council for the Voluntary Sector (GCVS) over to self directed support.						
8 Health Board Resource Transfer Income	-509	-339	-339	-509	0	0
No variation on budget is expected						
9 Other Income	-689	-446	-631	-867	185	178
The restart of Daycare services has gradually commenced in line with Scottish Government Covid guidance. Recharge income in this area will be substantially reduced as a result of Covid. This variation has been reported through the Mobilisation plan and has been funded by the Scottish Government and has been built into this budget. The variation reported relates to additional Telecare income received and estimated Sheltered housing support recharges.						
Total - Community Health & Care Services	39,551	23,990	23,307	38,714	683	837
Transfer from Earmarked Reserves				0	0	0
MENTAL HEALTH, LEARNING DISABILITY, ADDICTIONS & HEALTH IMPROVEMENT (EDC only)						
1 Employee Costs	5,794	3,656	3,338	5,653	318	141
Overall within this area projections show that there will be a underspend in budget. Projections assume some vacancies will be filled with commencement dates as discussed with managers. It is assumed that staff turnover savings will be achieved. Projected overspends in overtime and other pay are based on profiles of spend. This report assumes that the vacancies within the Pineview service may not be filled this financial year, unless one further client placement is placed there. However staff turnover savings have not been fully achieved. Payroll variations will continue to be monitored.						
2 Property Costs	0	0	0	0	-0	-0
No variation on budget is expected.						
3 Supplies and Services	127	84	47	125	37	2
The variation on budget relates to food costs for Day Services.						
4 Agencies and Other Bodies	18,017	10,812	10,080	16,917	732	1,100
At this stage there is a substantial reduction in the estimated Commitments against Residential, Daycare, Homecare and Supported Living Packages. This is mainly as a result of Covid. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments. Expenditure of £0.025m relating to We are with you: Addaction Young Person's Project. to continue the very effective project to aid recovery is also included, however, this will be funded through Earmarked reserves. This does not include any additional future unknown costs that may be a result of the impact of Covid on individuals i.e. there is a risk that Carefirst packages, suspended as a result of the Pandemic, will be re-instated throughout the year. The main areas of variation are Supported Living where packages have been reduced or suspended and in Daycare where budget estimates were based on approximately 1000 hours per week and are currently averaging approximately 823 hours per week. Some of the impact here will be as a consequence of the SG guidance to continue to support services which have reduced / stopped as a result of Covid with the host authority making sustainability placements to compensate for these reduced placement numbers - this is being claimed by host authorities through SG Covid funding. This guidance is in place up until the end of September and if SG remove sustainability payments to providers and as these move to re-mobilise we will see a significant increase in projections in this area. This continues to impact daycare and respite placements, particularly those outwith our local area.						
5 Budget Savings	0	0	0	0	0	0
No variation on budget is expected						
6 Transport and Plant	644	427	326	544	101	100
Transport costs are currently underspending in line with reduced day care services. At this stage we don't anticipate that this service will bounce back and so can assume that there will be an in-year saving in this area.						
7 Admin and Other Costs	161	83	59	127	24	34
Fleet recharges are to be reviewed. It can be assumed that charges will be in line with last financial year until this review has been completed.						
8 Health Board Resource Transfer Income	-663	-442	-442	-663	0	0
No variation on budget is expected						
9 Other Income	-495	-317	-278	-483	-38	-11
The gradual restart of Daycare services is in line with Scottish Government Covid Guidance. This has resulted in a loss of income recharges for Daycare, Lunch clubs and Transport. This variation has been reported through the Mobilisation plan. The budget for this year was reduced in line with these assumptions. Additional Income has been received in relation to an insurance recovery, NQSW Support Year early implementation grant scheme 2021-22 and secondment recharge income. Also, additional income for support services and John Street Board and Lodgings is anticipated.						
Total - Mental Health, Learning Disability, Addictions & Health Improvement	23,585	14,303	13,130	22,219	1,173	1,366
Transfer from Earmarked Reserves				-25	0	25
CHILDREN & FAMILIES AND CRIMINAL JUSTICE						
CHILDREN & FAMILIES						
1 Employee Costs	4,796	2,949	2,893	4,778	55	17

GENERAL FUND REVENUE MONITORING 2021/22 DETAILED FINANCIAL POSITION as at Period 08: 28 November 2021	Annual Budget £000	Budget Period 08 £000	Expenditure Period 08 £000	Projected Annual £000	Variation Period 08 £000	Projected Year End Variation £000
Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers. At this stage projections show that there will be an underspend in this budget and that staff turnover savings will be achieved. Budgets includes additional posts funded through grants received for Mental Health and Wellbeing.						
2 Property Costs	0	0	0	0	0	0
No variation on budget is expected						
3 Supplies and Services	118	80	68	97	13	21
The variation projected is as a result of a slow spend, as a result of Covid, in the Home and Belonging Project						
4 Agencies and Other Bodies	7,022	4,712	5,696	7,821	-984	-799
Projections are indicating pressures mainly in Children's residential packages where each additional care package can have a substantial impact on the budget. Projections also include £0.201m of costs for Mental Health and Emotional Wellbeing Services for Children and Young People and their families impacted by Covid. This will be funded through Earmarked reserves. Assumptions made as part of the budget setting process were based on client numbers mid year 20/21. Residential / Secure placements totalled 18 at this point. Current figures total 22 excluding Covid related. There is also a movement in the average costs where placements with an assumed Education element have ceased and new higher value placements have commenced. Also included are residual payments from placements in for part of the year. Numbers exclude those allocated to Covid. Client numbers for fostering and kinship have decreased from 126 to 116, however, again also included are residual payments from part year placements.						
5 Transport and Plant	72	48	44	75	4	-3
Additional transport costs can now be reported.						
6 Admin and Other Costs	237	208	142	216	66	21
Fleet recharges are to be reviewed. It can be assumed that charges will be in line with last financial year until this review has been completed. It can also be assumed that Pathways payments will underspend this financial year.						
7 Income	-678	-508	-527	-688	18	11
Additional income in relation Unaccompanied Asylum Seeking Children is expected in the current financial year. This will be partly offset by Life Changes Trust Projects funding expected to be unspent. This will be carried forward to the next financial year.						
Total - Children & Families	**11,568**	**7,488**	**8,316**	**12,299**	**-828**	**-731**
CRIMINAL JUSTICE						
1 Employee Costs	1,613	1,025	962	1,538	63	75
Detailed analysis of costs to date continue. At this point projections assume an underspend against budget. This assumes that turnover savings will be achieved.						
2 Property Costs	7	7	3	51	4	-43
The variation in budget reported is in relation to anticipated refurbishment costs of the Criminal Justice workshop. This is fully funded by the Section 27 grant received from the Scottish Government.						
3 Supplies and Services	14	10	7	38	3	-24
The variation reported is in relation to anticipated expenditure not yet allocated but included to match funding from the Scottish Government for Criminal Justice. When spend is identified budgets may be vired across other categories.						
4 Agencies and Other Bodies	162	123	111	169	12	-7
The variation on budget expected is in relation to payments to voluntary organisations. There has been a delay, due to Covid, in implementing the 3rd Sector saving. These payments are currently being reviewed.						
5 Transport and Plant	6	4	0	6	4	0
No variation on budget is expected						
6 Admin and Other Costs	40	24	11	32	13	9
Anticipated In-Year savings can now be assumed within the Low Moss service.						
7 Income	-1,472	-971	-803	-1,530	-167	58
Anticipated additional income can now be assumed within the Low Moss service.						
Total - Criminal Justice	**371**	**222**	**291**	**303**	**-69**	**68**
CHILDREN & FAMILIES AND CRIMINAL JUSTICE (ALL)						
1 Employee Costs	6,409	3,974	3,856	6,316	118	93
Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers. At this stage projections show that there will be an underspend in this budget and staff turnover savings will be achieved. Staff turnover savings are budgeted at 8.56% of total employee costs. Budgets includes additional posts funded through grants received for Mental Health and Wellbeing.						
2 Property Costs	7	7	3	51	4	-43
The variation in budget reported is in relation to anticipated refurbishment costs of the Criminal Justice workshop. This is fully funded by the Section 27 grant received from the Scottish Government.						
3 Supplies and Services	132	90	75	135	15	-3
The variation reported is in relation to anticipated expenditure not yet allocated but included to match funding from the Scottish Government for Criminal Justice. When spend is identified budgets may be vired across other categories. This variation is partly offset with slow spend, as a result of Covid, in the Home and Belonging Project						
4 Agencies and Other Bodies	7,185	4,835	5,806	7,990	-972	-806
Projections are indicating pressures mainly in Children's residential packages where each additional care package can have a substantial impact on the budget. Projections also include £0.201m of costs for Mental Health and Emotional Wellbeing Services for Children and Young People and their families impacted by Covid. This will be funded through Earmarked reserves. Assumptions made as part of the budget setting process were based on client numbers mid year 20/21. Residential / Secure placements totalled 18 at this point. Current figures total 22 excluding Covid related. There is also a movement in the average costs where placements with an assumed Education element have ceased and new higher value placements have commenced. Also included are residual payments from placements in for part of the year. Numbers exclude those allocated to Covid. Client numbers for fostering and kinship have decreased from 126 to 116, however, again also included are residual payments from part year placements.						
5 Transport and Plant	78	52	44	81	7	-3
Additional transport costs can now be reported.						
6 Admin and Other Costs	278	232	153	248	79	30
Fleet recharges are to be reviewed. It can be assumed that charges will be in line with last financial year until this review has been completed. It can also be assumed that Pathways payments will underspend this financial year. Anticipated In-Year savings can now be assumed within the Low Moss service.						
7 Income	-2,150	-1,479	-1,330	-2,219	-149	69
Within Criminal Justice budgets now include £0.142m Scottish Government funding for recovery work linked to the Covid19 pandemic. Within Children's services budgets now include Scottish Government funding in relation to Children & Young Peoples Mental Health & Wellbeing Programme and Winter Plan for Social Protection totalling £0.382m. Over and above this there is £0.201m held in Earmarked reserves being funding from last financial year for mental health and emotional wellbeing services for children , young people and their families impacted by the Covid 19 pandemic. Also within Children and Families, additional income included this Financial Year is in relation to Unaccompanied Asylum Seeking Children and the Promise Partnership partly offset by underspends of funding for the Life Changes Trust Projects - Corporate Parenting and The House Project.						
Total - Children & Families and Criminal Justice	**11,939**	**7,710**	**8,607**	**12,602**	**-897**	**-663**
Transfer from Earmarked Reserves				-201	0	201
SOCIAL WORK STRATEGIC / RESOURCES						
1 Employee Costs	1,213	762	500	1,238	263	-25
Detailed analysis of costs to date continue. At this point projections assume that there will be a variation to budget. This is in relation to unachieved turnover savings and also to the Interim restructure which is partly funded by the NHS.						
2 Property Costs	0	0	0	0	0	0
No variation on budget is expected						
3 Supplies and Services	6	4	1	3	3	3
In year savings can now be assumed in relation to Office equipment and materials.						
4 Agencies and Other Bodies	3,057	2,097	794	3,165	1,303	-108
The variation on budget expected is in relation to payments to voluntary organisations. There has been a delay, due to Covid, in implementing the 3rd Sector grants saving.						
5 Budget Savings	-936	-621	0	0	-621	-936

GENERAL FUND REVENUE MONITORING 2021/22 DETAILED FINANCIAL POSITION as at Period 08: 28 November 2021	Annual Budget £000	Budget Period 08 £000	Expenditure Period 08 £000	Projected Annual £000	Variation Period 08 £000	Projected Year End Variation £000
It can be assumed at this stage that budget savings will not be achieved. This has been included on the Mobilisation Tracker submitted to the Scottish Government. Awaiting clarification from Scottish Government that this will be funded.						
6 Transport and Plant	0	0	0	0	0	0
No variation on budget is expected						
7 Admin and Other Costs	311	161	116	222	45	89
Fleet recharges are to be reviewed. It can be assumed that charges will be in line with last financial year until this review has been completed. Over and above this in year savings can now be assumed in relation to printing, stationery and other administrative costs.						
8 Health Board Resource Transfer Income	-17,385	-11,590	-11,590	-17,355	0	-30
Resource Transfer schedule is £30k less due to a saving that had been aligned to health for Mental Health Commissioning review which should have been from Social Work.						
9 Other Income	-190	-95	-77	-190	-18	0
No variation on budget is expected						
Total - Social Work Strategic / Resources	-13,925	-9,282	-10,257	-12,918	975	-1,007
Transfer from Earmarked Reserves				0	0	0
Housing (Disabled Adaptations / Care & Repair)						
1 Employee Costs	0	0	0	0	0	0
No variation on budget is expected						
2 Property Costs	0	0	0	0	0	0
No variation on budget is expected						
3 Supplies and Services	0	0	0	0	-0	0
No variation on budget is expected						
4 Agencies and Other Bodies	664	332	176	521	156	144
A projected underspend can be reported on care and repair due to the home safety advice service budget now having been incorporated into the in-sourced care and repair service more generally. It is not anticipated that this additional funding would be required in future years. An underspend can be forecast against disabled adaptations, although work on tenders is currently being carried out and material costs are anticipated to increase, potentially reducing some of this underspend going forward.						
5 Budget Savings	0	0	0	0	0	0
No variation on budget is expected						
6 Transport and Plant	0	0	0	0	0	0
No variation on budget is expected						
7 Admin and Other Costs	0	0	0	0	0	0
No variation on budget is expected						
8 Health Board Resource Transfer Income	0	0	0	0	0	0
No variation on budget is expected						
9 Other Income	0	0	0	0	0	0
No variation on budget is expected						
Total - Housing (Disabled Adaptations / Care & Repair)	664	332	176	521	156	144
Transfer from Earmarked Reserves				0	0	0
COVID						
1 Employee Costs	162	104	227	1,105	-122	-943
This relates to additional costs associated to staff isolation, Supporting provider claims, Social worker and Care homes support Agency workers and also for remobilisation to reduce the backlog in waiting lists, moving and handling and occupational therapy. There is a high increase expected as a lot of these initiatives have not yet started, e.g. occupational therapy.						
2 Property Costs	0	0	0	0	0	0
No variation on budget is expected						
3 Supplies and Services	227	150	4	657	146	-431
PPE costs are expected to continue. This is based on last year's costs incurred and assumes the same requirement level.						
4 Agencies and Other Bodies	1,787	1,175	1,895	3,775	-720	-1,987
Based on sustainability calculator for care homes until the end of October. Additional payments based on audit of provider claims submitted so far plus an assumption for similar levels on outstanding provider claims - assumed to continue at similar levels for the remainder of the financial year. Additional care packages / support hours put in place to support carers / prevent carer breakdown - spend based on actuals assumed to continue at similar level for the duration of 21/22 based on standard phasing. Also includes additional mileage for care at home service due to changes required in use of pool cars during this period. Relates to additional care at home packages to support individuals who would otherwise be at day centres.						
5 Budget Savings	0	0	0	0	0	0
No variation on budget is expected						
6 Transport and Plant	0	0	2	3	-2	-3
Car Valet service costs assumed.						
7 Admin and Other Costs	2	1	0	0	1	2
Relates to emergency payments from S12 for food / electricity. Minimal spend incurred to date.						
8 Health Board Resource Transfer Income	0	0	0	0	0	0
No variation on budget is expected						
9 Other Income	-2,504	-1,678	0	-1,747	-1,678	-756
The latest return to the Scottish Government now include offsetting costs reductions. The majority of the pressures reported to the Scottish Government will not be claimed back as these will be funded from Earmarked Covid Reserves held within both the Local Authority and the NHS.						
Total - COVID	-326	-248	2,129	3,793	-2,376	-4,119

GENERAL FUND REVENUE MONITORING 2021/22 DETAILED FINANCIAL POSITION as at Period 08: 28 November 2021	Annual Budget £000	Budget Period 08 £000	Expenditure Period 08 £000	Projected Annual £000	Variation Period 08 £000	Projected Year End Variation £000
Transfer from Earmarked Reserves (EDC & NHS)				-4,654	0	4,654
Total Integrated Health and Social Care Variances	61,488	36,805	37,091	64,930	-286	-3,443
Transfer from Earmarked Reserves	0	0	0	-4,880	0	4,880
Total Integrated Health and Social Care Variances (net of reserves)	61,488	36,805	37,091	60,050	-286	1,437

East Dunbartonshire HSCP
Financial Planning 2021/22 - Savings Programme

Workstream	Action	Lead	Full Year Impact 21/22	Saving Achieved 21/22	Comments
	Service Redesign (19/20 Savings Cfwd)				
Policy	Fair Access to Community Care	David	200	200	On Track
Service Change	Review of Daycare	Derrick	50	50	On Track
			250	250	
	Service Redesign (20/21 savings c/fwd)				
Assets	Children's Services 'House' Project Development	Claire	400	400	On Track
Service Change	LD Supported Accomodation Review (In House Service)	David	0		
Service Change	LD Supported Accomodation Review (Commissioned Services)	David	0		
			400	400	
	TOTAL C/fwd Savings Programme 21/22		**650**	**650**	
	New Savings 21/22				
Efficiency	Review of Health Improvement Budgets (health)		26	26	On Track
	Total Approved Savings Programme 21/22		**676**	**676**	
Historic Savings	CM2000	Derrick	150	0	Block contracts awarded - will not progress, alternative to be scoped
- reflected in Budget 21/22	Voluntary Sector - 5% Efficiency	Gillian	185	46	Assume half year - capture efficiencies post Covid
	Sleepovers	David A	13	0	Fire safety risk impacting delivery of this proposal
	Fair Access to Community Care	David A	50	50	On Track
	Review of Mgt Structure	Caroline	25	0	Interim structure in place pending review - delay due to Covid
	House Project	Claire	200	200	On Track
	Review of Daycare East	Derrick	25	25	On Track - met through capacity in expenditure budgets
	Total		648	321	
	Un achieved Savings - Covid related			164	Included within LMP Return - assume funded through SG
	Total Savings 21/22		**1,324**	**1,161**	
	Shortfall			**163**	

Agenda Item Number: 9.

Appendix 7

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	200122-09 Agenda item number 9
2	Report Title	Financial Performance Budget 2021/22 – Month 8
3	Date direction issued by Integration Joint Board	20th January 2022
4	Date from which direction takes effect	20th January 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 181121-11
7	Functions covered by direction	Budget 2021/22 – all functions set out within Appendix 4.
8	Full text of direction	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2018-22, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.
9	Budget allocated by Integration Joint Board to carry out direction	The budget delegated to NHS Greater Glasgow and Clyde is £137.696m and East Dunbartonshire Council is £61.487m as per this report.
10	Details of prior engagement where appropriate	Engagement through chief finance officers within the respective partner agencies as part of ongoing budget monitoring for 2021/22.
11	Outcomes	Delivery of the strategic priorities for the IJB as set out within the Strategic Plan within the financial framework available to deliver on this as set out within the paper.
12	Performance monitoring arrangements	The budget will be monitored through standard budget monitoring and reporting arrangements to the IJB and in line with agreed performance management framework.
13	Date direction will be reviewed	Complete – Budget 2021/22 monitoring report will supersede this direction planned for March 2022.

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 10.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**20 JANUARY 2022**
REPORT REFERENCE:	**HSCP/200122/10**
CONTACT OFFICER:	**LINDA TINDALL, SENIOR ORGANISATIONAL DEVELOPMENT ADVISER** **TELEPHONE NUMBER: 07824623633**
SUBJECT TITLE:	**iMATTER – 2021 ANNUAL UPDATE FOR EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP AND THE ORAL HEALTH DIRECTORATE**

1.1 **PURPOSE**

1.2 The purpose of this report is to inform the Integration Joint Board of the progress made by East Dunbartonshire Health & Social Care Partnership and the Oral Health Directorate in relation to the 2021 iMatter exercise

2.1 **RECOMMENDATIONS**

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

2.2 Acknowledge the good work undertaken by staff across the HSCP and the Oral Health Directorate to achieve the current excellent response rates; and

2.3 Note the positive responses from staff despite challenging circumstances

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.1 **BACKGROUND/MAIN ISSUES**

3.2 iMatter is a national staff experience tool commissioned by the Scottish Government and initially rolled out in 2017 to all NHS employees and Health & Social Care Partnerships to replace the staff satisfaction survey. The tool allows teams to work together to improve experiences in the workplace and their day to day work with individual teams

3.3 In view of the challenging conditions in which staff were operating, a decision was taken not to run the 2020 iMatter questionnaire.

3.4 The iMatter national staff experience tool was reintroduced in 2021.

3.5 Copies of the Directorate report for the East Dunbartonshire Health & Social Care Partnership (HSCP) are attached in **Appendix 1** and the Oral Health Directorate (OHD) **Appendix 2.**

3.6 This report contains a summary of the 2021 results, examples of best practice and future focus

3.7 **Response Rates**

- The overall response rate for the HSCP for 2021 was 69% and is the same return rate as recorded in 2019 survey. The overall response rate for OHD is 76%, and comparison to the 2019 rate of 84% shows a reduction of 8%.
- A summary of the response rates and comparisons from 2018-2021 for the HSCP is attached in **Appendix 3** and the OHD in **Appendix 4**.
- These response rates demonstrate an overall positive picture in challenging circumstances. Both results are extremely favourable when comparing them to other HSCPs as demonstrated in 3.8 below.
- Apart from one question all HSCP responses demonstrated an increase in percentages on the 2019 survey. This is a positive result as staff indicate that they feel their line manager treats them with dignity and respect, listens to them and involves them in decisions.
- The OHD response rates demonstrated a marginal decrease in response rates with most responses reducing by 1%. Although this was a slight decrease in response rates it can be viewed positively as staff feel that their line manager is approachable, their team works well together, and they are treated with dignity and respect.

3.8 **Top and low scoring responses**

Top three responses for the HSCP and the OHD were the same. These questions are:

- I feel my direct line manager is sufficiently approachable - HSCP (89) OHD (88)
- I am clear about my duties and responsibilities - HSCP (87) OHD (86)
- I have confidence and trust in my line manager – HSCP (86) OHD (86)

As mentioned above these are positive response rates.

Two of the three lowest scoring areas were the same for the HSCP and the OHD. These results are widely reflected across GG&C. The two questions are:

- I feel senior managers who are responsible for the wider organisation are sufficiently visible – HSCP (57) OHD (62)
- I feel involved in decisions relating to my organisation – HSCP (57) OHD (58)

The impact on visibility may, in part, relate to the fact that a number of staff are currently working from home and the number of people working in our buildings is limited. Given the activity and pressures our staff are working under these results are positive. We have shared the good news with our staff and will work in conjunction with them to identify ways in which they feel the lowest scoring areas can be addressed.

3.9 Celebrating Success

- Seonaid McCorry, Team Manager, Alcohol and Drug Recovery service shared their iMatter story via a NHSGG&C Core Brief. Their story demonstrates how they used iMatter to evaluate and continuously improve their employee experience and celebrate success. The video can be watched using the following link. You can watch a video of the team here

- OHD continue to maintain good levels of staff engagement with iMatter. The senior team included in their action plan that a health and wellbeing discussion should form part of any appraisal review to support staff in these ongoing challenging times. In order to support visibility of leadership across the Directorate, a mixed model of face to face and virtual drop in and open-door sessions is being arranged.

3.10 iMatter KPI Report – 2021

- The table below provides information on the KPI iMatter performance rates for the Oral Health Directorate and all the Health & Social Care Partnerships across the Glasgow & Clyde area.

- From this table it can be noted that the performance of the HSCP and the Oral Health Directorate compare favourably to all the GG&C HSCPs.

Organisation	Response Rates	EEI*	Reports Achieved	Action Plans Agreed
East Dunbartonshire HSCP	69%	77	99%	74%
Glasgow City HSCP	53%	77	88%	6%
Oral Health Directorate	76%	76	100%	100%
East Renfrewshire HSCP	61%	78	92%	57%
West Dunbartonshire HSCP	62%	74	88%	37%
Inverclyde HSCP	54%	78	79%	6%
Renfrewshire HSCP	58%	77	92%	11%

*EEI – Employee Engagement Index

3.11 Wellbeing

The questions that relate directly to Staff Health and Wellbeing scored high in the East Dunbartonshire HSCP and OHD surveys, these included;

- Question: I feel my direct line manager cares about my health and wellbeing scored HSCP - (85) OHD (86).
- Question: I feel my organisation cares about my health and wellbeing scored - HSCP (74) OHD (73).
- Question: I am provided with a continuously improving and safe environment, Promoting the Health and Wellbeing of staff, patients and wider community scored - HSCP (78) OHD (78).

These figures demonstrate that staff see the benefits of the current initiatives in place that support their Health & Wellbeing

3.12 Future Actions

- The HSCP and OHD will work in conjunction with staff representatives to develop an action plan for both areas. This will include discussions and action relating to the lowest three responses
- For teams who have yet to upload action plans support will be provided to line managers to encourage them and their teams to complete their action plans

4.1 IMPLICATIONS

The implications for the Board are as undernote**d**

4.2 Relevance to HSCP Board Strategic Plan:

1. PRIORITY 9 – A national requirement

Key component of Workforce

4.3 Frontline Service to Customers – None.

4.4 Workforce (including any significant resource implications) – Compliance with the NHS Reform Act 2002

4.5 Legal Implications – None.

4.6 Financial Implications – None.

4.7 Procurement – None.

4.8 ICT – None.

4.9 Corporate Assets – None.

4.10 Equalities Implications – None

4.11 Sustainability – None.

4.12 Other – None.

5.1 MANAGEMENT OF RISK

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

5.2 None.

6.1 IMPACT

6.2 STATUTORY DUTY – None

6.3 EAST DUNBARTONSHIRE COUNCIL – None.

6.4 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 Health & Social Care Partnership Directorate Report 2021

8.3 **Appendix 2** – Oral Health Directorate Report 2021

8.4 **Appendix 3** – Results and Response Comparison 2018-2021 – East Dunbartonshire Health & Social Care Partnership

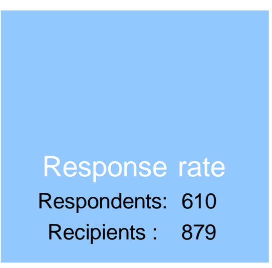
8.5 **Appendix 4** – Results and Response Comparison 2018-2021 – Oral Health Directorate

Directorate Report 2021

NHSGGC (C. Sinclair) East Dunbartonshire HSCP

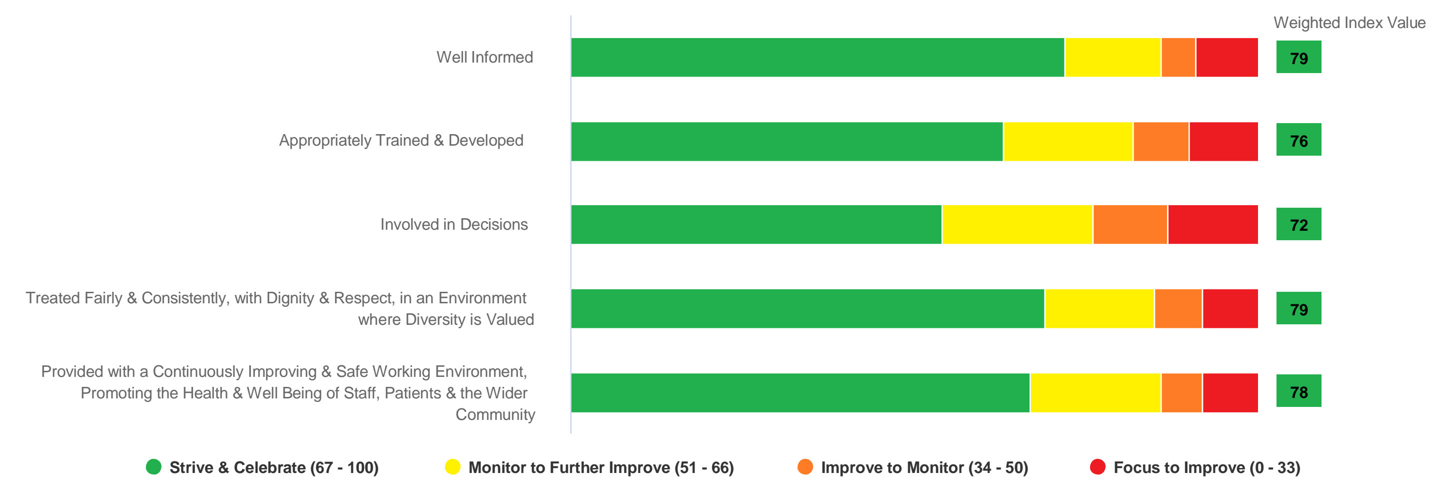
Total number of respondents: 610

Response rate



Employee Engagement Index

Staff Governance Standards - Strand Scores



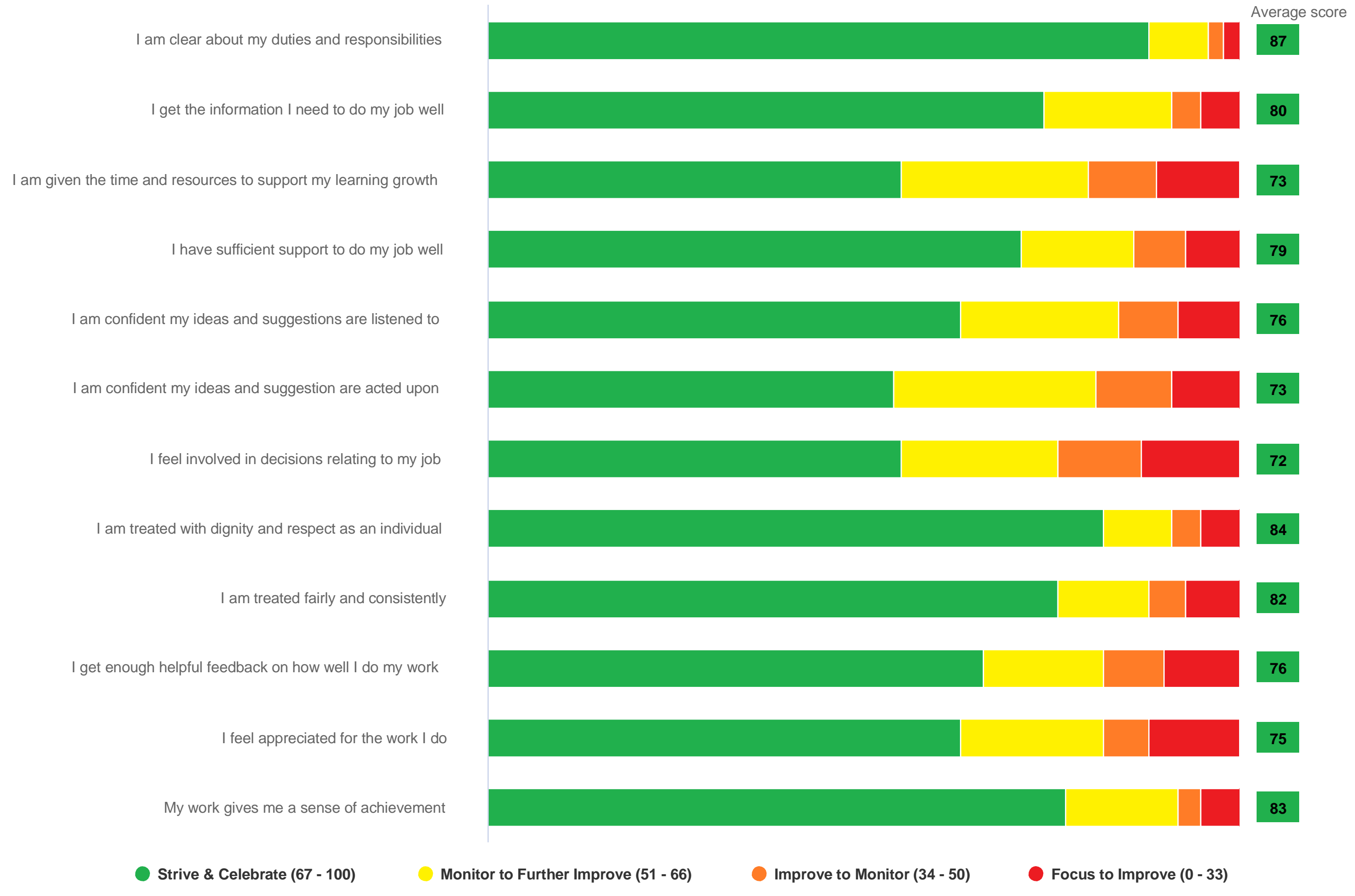
Calculating the Average Score

The number of responses for each point on the scale (Strongly Agree – Strongly Disagree) is multiplied by its number value (6-1) (see right). These scores are then added together and divided by the overall number of responses to the question.

6	Strongly Agree
5	Agree
4	Slightly Agree
3	Slightly Disagree
2	Disagree
1	Strongly Disagree

Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements:

Number of respondents: 610



Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements relating to your team and direct line manager:

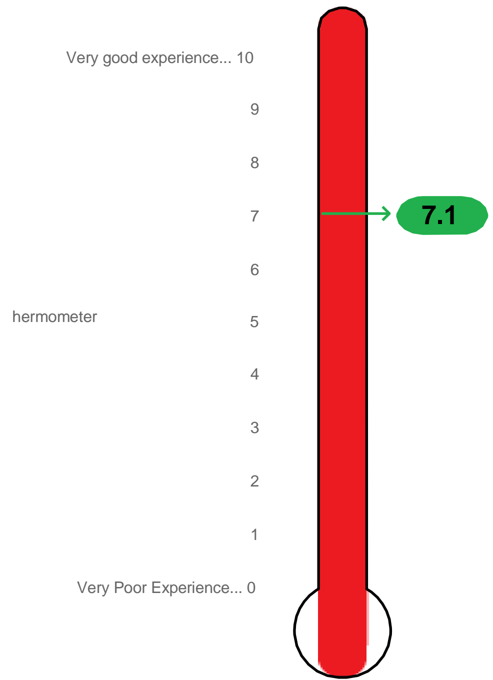
Number of respondents: 610

Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements relating to your Organisation:

Number of respondents: 610

Please tell us how you feel about your overall experience of working for your organisation from a scale of 0 to 10 (where 0 = very poor and 10 = very good):

Number of respondents: 610



EEI number for teams in the same directorate

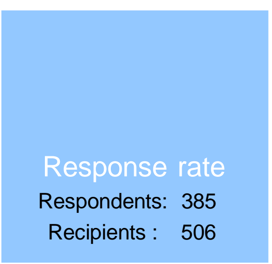
EEI Threshold	(66-100)	(50-66)	(33-50)	(0-33)	No report	Total
Number of Teams	65	5	1	0	1	72
Percentage of Teams	90.3%	6.9%	1.4%	0.0%	1%	100%

Directorate Report 2021

NHSGGC (L. Johnston) Oral Health Directorate

Total number of respondents: 385

Response rate



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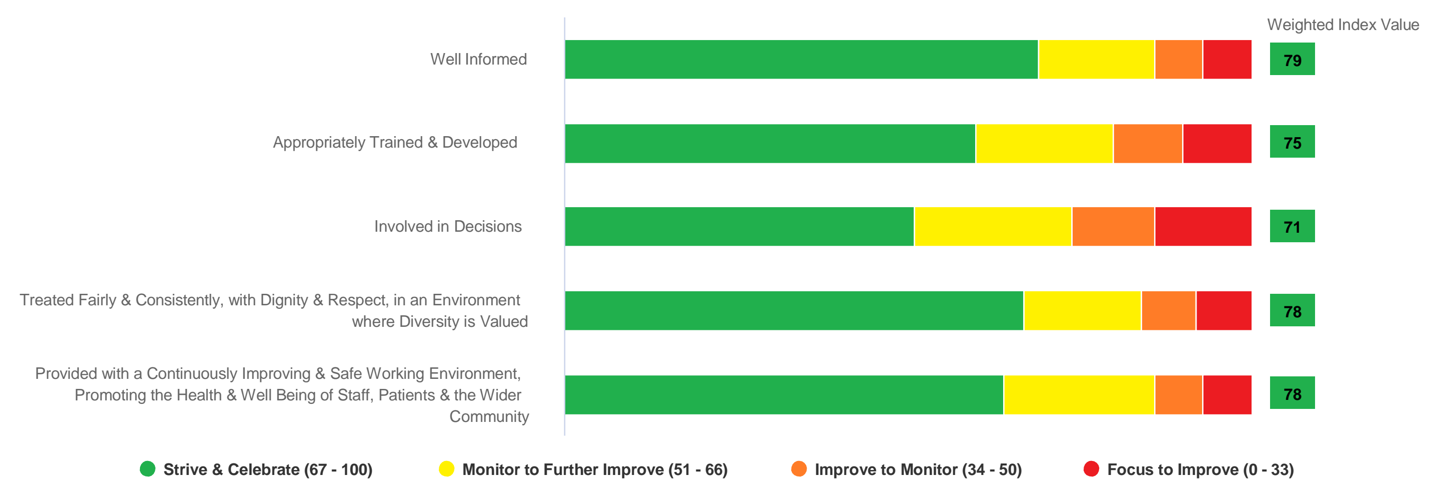
Employee Engagement Index

Staff Governance Standards - Strand Scores



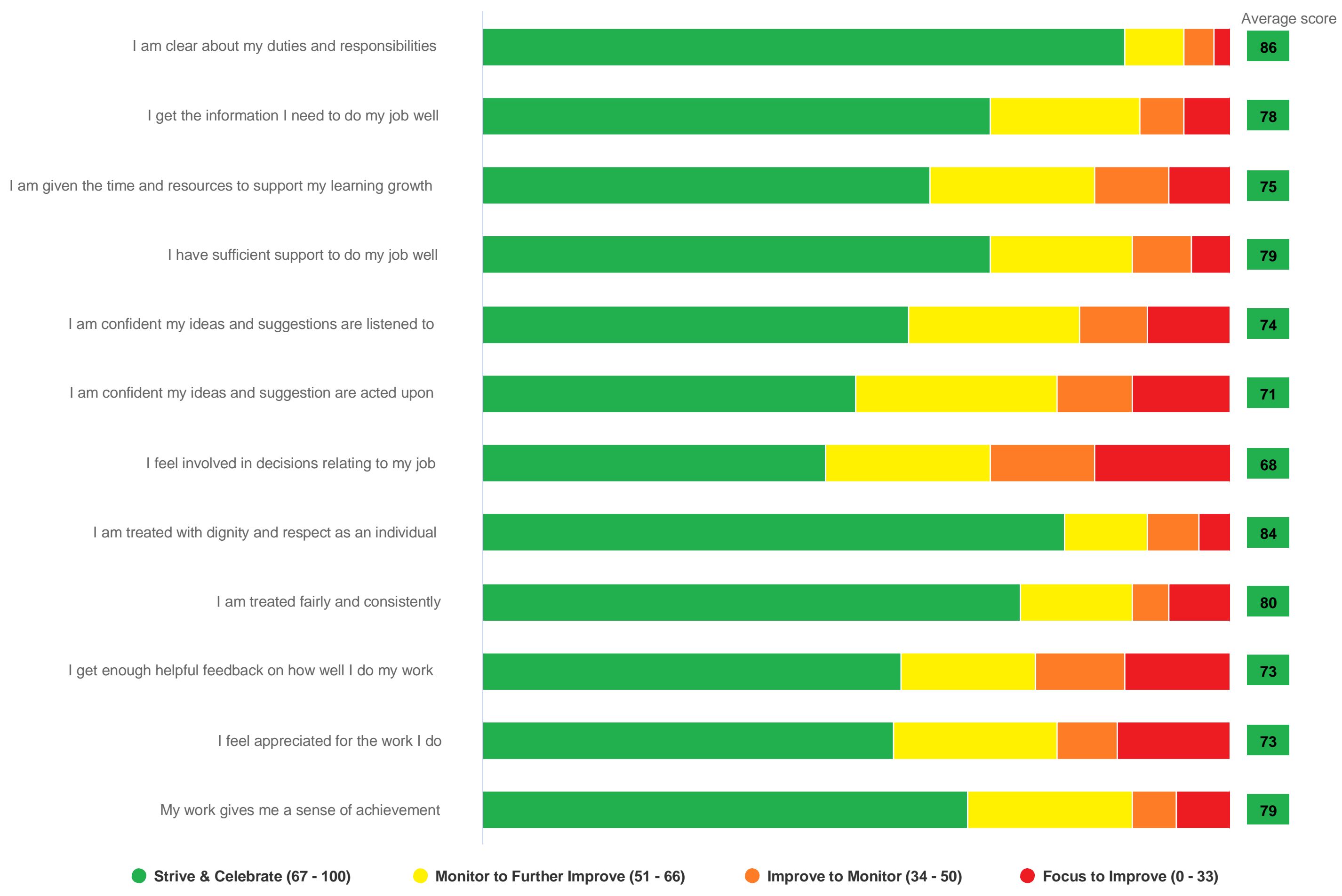
Calculating the Average Score

The number of responses for each point on the scale (Strongly Agree – Strongly Disagree) is multiplied by its number value (6-1) (see right). These scores are then added together and divided by the overall number of responses to the question.

6	Strongly Agree
5	Agree
4	Slightly Agree
3	Slightly Disagree
2	Disagree
1	Strongly Disagree

Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements:

Number of respondents: 385



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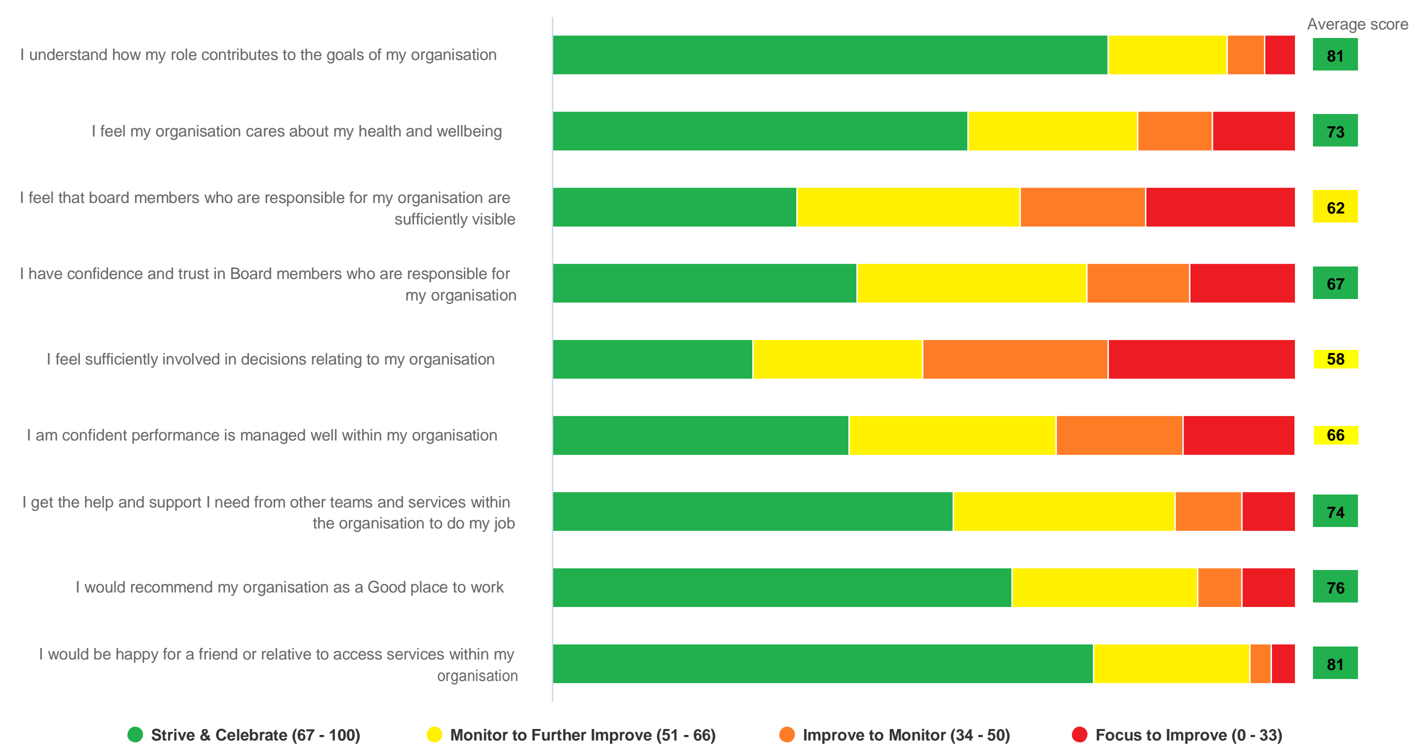
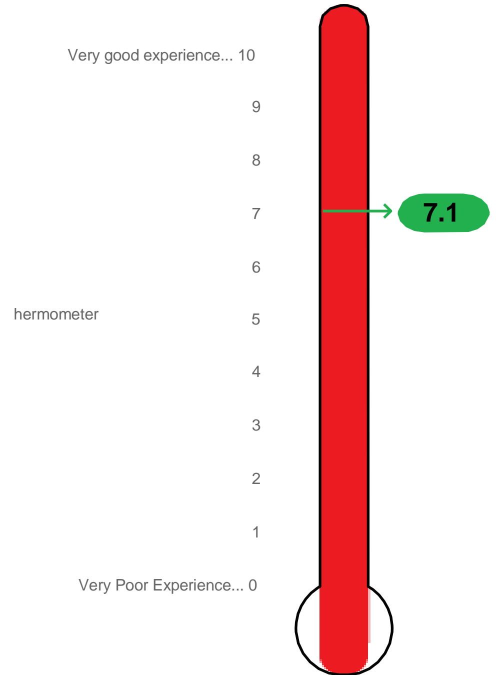


Please tell us how you feel about your overall experience of working for your organisation from a scale of 0 to 10 (where 0 = very poor and 10 = very good):

Number of respondents: 385



EEI number for teams in the same directorate

EEI Threshold	(66-100)	(50-66)	(33-50)	(0-33)	No report	Total
Number of Teams	34	4	0	0	0	38
Percentage of Teams	89.5%	10.5%	0.0%	0.0%	0%	100%

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
iMatter – Staff Experience
Results and Response Comparison 2018 - 2021

1. Overall Results

Results	2018	2019	2021
Most Recent EEI Score:	78	76	77
Most Recent Response Rate:	63%	69%	69%

2. Staff Governance Standards – Strand Scores

Staff Governance Standard	2019	2021
Well informed	80	79
Appropriately trained and developed	73	76
Involved in decisions	71	72
Treater fairly and Consistently, with dignity and respect, in an area where diversity is valued	77	79
Provided with a Continuously Improving & Safe Working environment, Promoting the Health & Wellbeing of staff, Patients & the Wider Community	78	77

3. Comparison responses

Comparison 2018 to 2021

Area – Biggest Positive Difference Between 2019 - 2021	2018	2019	2021	Difference
I get enough feedback to do my work properly	82	72	76	+4
I am confident my ideas and suggestions are acted on	73	69	73	+4
I feel involved in decisions relating to my job	72	68	72	+4

Area – Strive and Celebrate (67-100) – top six responses	2018	2019	2021	Difference
My direct line manager is sufficiently approachable	89	86	89	+3
I am clear about my duties and responsibilities	88	87	87	-
I have confidence and trust in my line manager	86	83	86	+3
I understand how my role contributes to the goals of my organisation	84	83	85	+2
I am treated with dignity and respect as an individual	85	83	84	+1
I feel my direct line manager cares about my health and well-being	87	84	84	-

Area - Monitor to Further Improve (51 - 66) – bottom three responses	2018	2019	2021	Difference
I have confidence and trust in senior managers /Board members who are responsible for the organisation	68	66	62	-4
I feel senior managers responsible for the wider organisation are sufficiently visible	66	64	57	-7
I feel involved in decisions relating to my organisation	59	59	57	-2

The three responses above were the only areas to recorded percentages in the Monitor to Further Improve category

4. Number of Completed Action Plans

Year	2018	2019	2021
Number of completed action plans	54/64 (10 outstanding)	59/67 (8 outstanding)	64/72 (8 outstanding)

5. Summary

- Apart from 4 questions all response percentage were an improvement on the 2019 exercise
- Given the current challenging circumstances this is a positive result

ORAL HEALTH DIRECTORATE
iMatter – Staff Experience
Results and Response Comparison 2018 – 2021

Results	2018	2019	2021
Most Recent EEI Score:	75	78	76
Most Recent Response Rate:	81%	84%	76%

Staff Governance Standards – Strand Scores

Staff Governance Standard	2019	2021
Well informed	82	79
Appropriately trained and developed	76	75
Involved in decisions	72	71
Treater fairly and Consistently, with dignity and respect, in an area where diversity is valued	80	78
Provided with a Continuously Improving & Safe Working environment, Promoting the Health & Wellbeing of staff, Patients & the Wider Community	79	78

Comparison 2018 to 2021

Area – Biggest Difference Between Years	2018	2019	2021	Difference
I am confident my ideas and suggestions are acted upon	67	72	71	-1
I get the information I need to do my job well	79	83	78	-5
I am confident performance is managed well within my team	75	79	78	-1
I am involved in decisions relating to my team	72	76	75	-1
I am given the time and resources to support my learning growth	71	75	75	-

I am confident my ideas and suggestions are listened to	71	75	74	-1
I feel appreciated for the work I do	71	75	73	-2
I feel involved in decisions relating to my job	67	76	75	-1

The responses for all the majority of questions in the 2021 survey demonstrated a marginal decrease in the response rate with the majority of responses reducing by 1%. The above table identifies the top six response rates in the Strive and Celebrate category.

Area – Strive and Celebrate (67-100)	2018	2019	2021	Difference
I feel my direct line manager is sufficiently approachable	84	87	88	+1
I am clear about my duties and responsibilities	86	89	86	-3
I feel my direct line manager cares about my health and well-being	83	86	86	-
I have confidence and trust in my direct line manager	82	85	86	+1
My team works well together	82	85	84	-1
I am treated with dignity and respect as an individual	81	84	84	-

Apart from three questions the average responses for the questions scored in the Strive and Celebrate category. The table above identifies the top seven responses.

Area - Monitor to Further Improve (51 - 66)	2018	2019	2021	Difference
I feel involved in decisions relating to my organisation	59	60	58	-2
I feel that board members who are responsible for my organisation are sufficiently visible	66	68	62	-6
I am confident that performance is managed well within my organisation	66	69	66	-3

In the 2019 report there were two areas in the Monitor to Further Improve. In the 2021 report these have moved to the Monitor to Further resulting in three areas in this category

Number of Completed Action Plans

Year	**2018**	**2019**	**2021**
Number of completed action plans	28/28	35/35	38/38

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 11.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**20 JANUARY 2021**
REPORT REFERENCE:	**HSCP/200122/11**
CONTACT OFFICER:	**DR PAUL TREON, CLINICAL DIRECTOR** **TELEPHONE 0141 232 8237**
SUBJECT TITLE:	**CLINICAL & CARE GOVERNANCE GROUP MEETING HELD ON 6 OCTOBER 2021.**

1.1 PURPOSE

1.2 The purpose of this report is to share the minutes of the Clinical and Care Governance Group meeting held on 6th October 2021.

2.1 RECOMMENDATIONS

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

2.2 Note the content of the Clinical and Care Governance Group Meeting held on 6 October 2021.

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.1 BACKGROUND/MAIN ISSUES

3.2 Clinical and Care Governance Group minutes highlight:

a) The group received a presentation relating to Drugs and Alcohol Deaths in East Dunbartonshire; noting the increase nationally and locally. An insight into broad themes at this stage including local profiles. The service will review cases on an individual basis to support the creation of a local action plan that can be further reviewed by the group.

b) The group discussed the maximum dosing for midazolam within General Dental Services, noting that guidance had been updated to increase maximum dose available to practitioners. The guidance would be reviewed at subsequent meeting.

c) Specialist Children's Services highlighted concerns and risks in relation to CAMH service provision – in particular around urgency and demand within wait ties; and the eating disorders service. A range of actions have been put forward to support mitigating risk. The issue has been escalated via Primary Care Clinical Governance Forum; with NHS GG&C Medical Director aware of the situation.

d) The group were advised of the Care Inspectorate initiative relating to the Child Death Review – setting out guidance for case review of any death up until age 18 (or age 26 if looked after).

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 6 October 2021.

Interim Chief Officer
Caroline Sinclair

Agenda Item Number: 11a.

Minutes of
East Dunbartonshire Health & Social Care Partnership
Clinical & Care Governance Sub Group
Wednesday 6th October 2021, 9.30am
Microsoft Teams Meeting

Members Present

Name	Designation
Paul Treon	Clinical Director, Chair
Carolyn Fitzpatrick	Lead for Clinical Pharmacy and Prescribing, Vice Chair
Caroline Sinclair	Interim Chief Officer and CSWO
Tara Dunseith	Clinical Director, PDS
Leanne Connell	Interim Chief Nurse for HSCP
Fiona Munro	Lead AHP for HSCP (and deputising for Derrick Pearce)
David Aitken	Interim Head of Adult Services
Karen Lamb	Head of Specialist Children's Services
Susan Frew	Operational Service Manager Oral Health
Vandrew McLean	Business Manager
Claire Carthy	Interim Head of Children and Families and Criminal Justice
Lorraine Currie	Manager, Mental Health

In Attendance

Name	Designation
Lorraine Arnott	PA/Business Support
Seonaid McCorry	Joint ADRS Team Manager

Apologies

Name	Designation
Derrick Pearce	Head of Community Health and Care Services

No.	Topic	Action by
1.	**Welcome and Apologies**	
	PT welcomed all and announced members present Apologies noted on page 1.	
2.	**Minutes of Previous Meeting**	
	Minute of previous meeting agreed and approved.	
3.	**Matters Arising**	
	•	
4.	**Actions / Outcomes Log**	
	CF reviewed the Actions & Outcomes Log • **Core Audits** – CF informed that an action was taken by LC to request core audits start again at the Board Director of Nursing meeting. LC advised that this has happened for Adult Community Nursing, started in September. HV have asked for a delay to be considered for what they capture in their audit. • **Use of intravenous midazolam for dental admissions** – SLWG has met. SF has advised that the group has met and finalised its work. TD will bring update from this to the next meeting for ratification. To be added to agenda for next meeting. • **Datix Reporting Information Officer** – VMcL advised that not much has progressed on this at present so still ongoing. Update for next meeting. • **Clinical & Care Governance Annual Report** – Completed. • **Clinical & Care Governance Structure** – Completed. • **Midazolam for emergency dental kits** – Issue has been resolved. SF informed that there is an issue with the defibrillator pads; some concerns around this issue. • **Information Governance Training Dates** – VMcL training has been undertaken by admin staff. Training has still to be arranged for SCS staff. • **Corporate Risk Register** – Comments to be returned, however CS advised that it did not go to the last Board meeting therefore would appreciate any feedback to herself and Jean Campbell prior to this. • **SCR Review** – Delayed. CC advised that there is no update at present however meeting taking place of the Significant Case Review Sub Group, and will have update after this has taken place. • **Datix Reports** – Ongoing action. Still cleansing inbox. In a better position that previously, and is improving. • **Governance items** – Ongoing action to ensure reports are submitted for meeting. • **Issues and impacts of COVID** – PT advised that discussions had taken place on opinions and issues of long COVID, continue to keep this as an ongoing action to remember to discuss different cohorts of patients. • **Mental Health Welfare Reports –** To be added to agenda planner for May. LA will add to planner.	
5.	**Incident Theme**	
	• **Drugs and Alcohol Deaths In East Dunbartonshire** DA provided a presentation in relation to Drugs and Alcohol Deaths in East Dunbartonshire. Seonaid McCorry, Joint ADRS Team Manager also attended to work through presentation with DA and to provide practice based reflection. Drug related death figures were published late summer, and have generated a lot of reflection from various people. Numbers rose from 7 drug related deaths in 2019 to 14 in 2020, highest number that has been recorded in the East Dunbartonshire area. The presentation analyses local drug related deaths. In Scotland	

last year 1339 drug related deaths, increase of 4.6% slightly down on the increase from last year, and looks to be slowing down. W9ithin GGC there were 444 drug related deaths, and within ED 14 drug related deaths.

In relation to mortality rates, DA stated the figures used take the prevalence of problematic drugs use in Scotland. This is deemed to be a more accurate figure, in terms of where East Dunbartonshire sits. Within East Dunbartonshire, estimated to have 710 with problematic substance misuse. Annual average death is between 16 and 20. SMcC advised that in terms of problematic drug users in Scotland, East Dunbartonshire currently have 220 in treatment within the service, highlighting potentially a gap of 500 people in the community who are not yet engaged in treatment, which in turn could see a potential growth in the requirement of the service which would be significant. The numbers are estimated based on Scottish Government information around predicated numbers of people in Scotland with problem drugs use.

With regard to the age range DA advised that sadly due to the higher numbers recorded this year, there is a more detailed breakdown to analyse and to identify further learning. He informed that 39 is the average estimated age within East Dunbartonshire for drug related deaths. SMcC highlighted that the two young males that DA referred to were also known to Criminal Justice services and Children and Families services also, so shows the spread across services, and the need for services to work closely together. CC advised that both circumstances were reported through this group earlier this year. Further detail in regard to the geographical spread of drug related deaths was thereafter highlighted.

In terms of areas of deprivation DA highlighted that compared to other parts of GG&C, those living in the second most deprived area of East Dunbartonshire are most likely to have died of a drug related death, although numbers are still quite small, however demonstrates the profile of the area.

The past 5 years opiate toxicology listed on presentation. 89% of deaths across Scotland show opiate based toxicology, same for East Dunbartonshire with 86% of deaths shown opiate based substances. SMcC stated one of the significant changes over the past 5 years across GGC is the number of drugs involved in drug related deaths with an average of four drugs identified.

The role of alcohol present in drug related deaths was also highlighted. SMcC pointed out the significant rise in cocaine use in East Dunbartonshire, significant number of people using in this area; cocktail of alcohol and cocaine use has spiraled out of control during the pandemic.

Medication Assisted Treatment; DA advised this was generally in terms of opiate based treatment. Two of fourteen currently receiving treatment for methadone. Tracking service pathways and journeys. SMcC advised that because only 2 of the 14 were currently in treatment indication that people are safer in treatment, and ensuring the message is clear that it is safer to maintain treatment in terms of preventing drug related deaths in the future.

DA concluded that there has been a rise in number of cases in the past year, and reflected on the above. Looking at the learning from this and to put together an action plan and initiative to try and make sure services are as accessible as possible and to keep people in treatment as much as is practical to keep people safe and through a recovery journey.

PT then thanked both DA and SMcC on their interesting and helpful update and presentation. He asked where prescriptions played a part, where deaths were surprising or predictable,

	and whether they were known to services, and tying in where and how we direct patients into services or GPs and how can it be tailored to fit individual people. Also ensuring that referrals processes are as accessible to all, which appears to already be in progress. SMcC advised that she will do some work on how the drug use number is identified. In terms of referral process, she informed that work has been done over the past few years to make the service more accessible to the public. There is also a self-referral process. GPs can also refer into the service. Very open service and there various ways to get in contact; can also accept referrals from various different areas. Very person centred. Several other questions were then asked in relation to public health and initiatives to address stigma around drug related deaths. DA will bring this back to the meeting for fuller view and more discussion into the new year.	
6.	**Incident Trends**	
	a. Health b. Social Care c. Oral Health Directorate (Primary Care) d. Specialist Children's Services Non Clinical Incidents 09.08.21 – 04.10.21 • 13 incidents reported • 4 violence and aggression, 3 COVID related and 3 infection control, 2 slip trip or fall. • 4 in holding area awaiting review, 1 being reviewed and recoded, 5 awaiting final approval, and 3 finally approved. Incidents are being well managed. • 1 Addiction services, 3 CMHT, 1 School Nursing sitting under Children's Services, 1 Rehab, 2 Community Nursing, 1 CTAC, 1 District Nursing 2 for Older Adults and Community Mental Health and 1 OPMH. Clinical incidents 09.08.21 – 04.10.21 • 39 incidents reported • 24 pressure ulcer care • 2 provisional wrong information • 2 incorrect patient identity • 1 record misplaced • 1 witness incident, 1 ambulance delay, 1 wrong dose of medication • 16 awaiting review, 8 recoded and reviewed, 6 awaiting final approval and 9 finally approved.	
6.	**Complaints & Whistleblowing**	
	a. Health b. Social Care c. Oral Health Directorate (Primary Care) d. Specialist Children's Services (see Item 16) e. GP Complaints Survey Report f. Optometrist Complaints Report Quarter 4. Social Care: 9 complaints on report for period above. Made up as follows; 4 received during this period, 3 reported through previous period abut closed during this period, and 2 received during a previous period but still open. 4 Stage 1 complaints, 3 relating to service and standards and 1 disagreement with council decision. 4 Stage 2 complaints, 3 related to service and standards, and 1 to staff behaviour and attitude, and one escalated complaint. Through Datix reporting, one complaint received for OPMH in relation to lack of communication. Complaint was fully investigated and upheld. VMcL asked if the report coming through from Council can continue to be broken down into care group, helpful when	

	reporting on themes. Will continue to liaise with council staff. No whistleblowing incidents during this period of note. **ACTION**: PT asked if VMcL could bring a social care related complaint for discussion to the next meeting. VMcL also brought to the attention of the group the papers circulated from the SPSO attached with the agenda, to highlight the process as SPSO have reported an increase of aggressive and abusive complaints. Also asked to triage complaints and review escalation groups and local processes. VMcL advised that East Dunbartonshire are generally complaint with the SPSO processes and complaints process is robust.	
	GOVERNANCE LEADS UPDATES / REPORTS	
7.	**Children & Families/Criminal Justice**	
	Report contained within agenda. CC updated in relation to Children and Families service, nothing further of significance to report other than already reported within attached report. Significant Case Review is outstanding but will feedback on at next meeting. One Datix showing as outstanding however checking with VMcL.	
8.	**Criminal Justice Services**	
	Report contained within agenda. In relation to Criminal Justice CC advised that there was nothing exceptional to report since the last meeting.	
9.	**Community Health & Care Services**	
	Report contained within agenda. FM updated on the above report. She advised that Community nursing had recommenced their audits with high compliance rates. Pressures across all services. Challenges across the system in terms of trying to get patient flow across the system. Prescribing support initiatives detailed within the report also for information.	
10.	**Commissioned Services**	
	Report contained within agenda. GH gave brief update. Across Care at Home and Care Home sector, she advised that there are significant pressures currently. Letter received circulated from CS, a Scottish Government letter outlining the measures of investment to winter planning for Health and Social Care. Will come back with comment on. Despite pressure the commissioned landscape is holding up currently. Highlighted recently agreed to two new sector leads, one for Care at Home and one for Care Home market. Will help with the pressures discussed across each sector. Inspections nothing really to report on; Care Inspectorate still focusing on Care Homes and their priorities just now, will continue for the foreseeable. Has caused initial problems and continuing to escalate with the Care Inspectorate.	
11.	**Joint Adult Services**	
	Report contained within agenda. DA nothing by exception to report beyond the Governance report, other than Kirsty Kennedy, Adult Protection Co-Coordinator is currently working on the annual multi-agency self-evaluation exercise. Focusing very intensively on a small number of cases and dissect the practice on a multi-agency basis and appears to be going well. The findings of this will be brought back to a future CCG meeting.	
12.	**Oral Health – Primary Care**	
	Report contained within agenda. SF updated that have experienced disruption to available GA theatre list, have had adequate availability but due to test of change work. Working with partners in HSCPs. Quite a substantial report that could come to CCG in relation to the evaluation of the work done so far. Initial results look encouraging, random selection of children included in the test of	

	change, however it seems the vulnerability of children referred for GA is high. Encouraging results around attending for appointments, and various other things, hopeful of working with all HSCPs to replicate what has happened through test of change and scale up if possible. The strategy on working with homeless service users is ongoing. Guidance for IV midazolam is complete and will bring to the next meeting for ratification. Continue to monitor on behalf of Scottish Government General Dental Service Practice regarding low activity rates across the board. Will be visiting a number of them. Signals from Scottish Government that there will be financial penalties coming for failing to meet the minimum targets. Keeping a close eye on and will provide update next time round. Expecting visit re radiation protection, Board visit has been planned, though postponed until January. Will continue to monitor closely. Also have defibrillator pads that have expired, appears there is an international problem at the moment with availability. Again will update on at the next meeting after carrying out further work on. **ACTION**: All to consider the defibrillators throughout the HSCP and how these are being checked and sourced. PT also asked for feedback regarding the radiation	
13.	**Specialist Children's Services**	
	Report contained within agenda. KL focused on current waiting times, continuing to have significant numbers waiting as of last week. Significant focus at board level in terms of reducing waiting times in CAMHS. Key area of concern with CAMHS continues to be eating disorder presentations and the significant increase in children experiencing eating disorders. There is a newly signed of CAMHS to AMHS transition protocol that should be utilised for all transitions. The Mental Health Recovery and Renewal funding will be utilised to embed the use of the transition care planning protocol and to increase capacity in CAMHS to extend transition timescales up to the age of 25yrs.	
14.	**Mental Health**	
	Report contained within agenda. No further update at time of meeting.	
15.	**Business Support**	
	Report contained within agenda. VMcL updated to say currently progressing the number of vacancies at present, interviews to start this week, to commence recruitment. In the next 6-8 weeks will have people appointed and hopefully have staff in posts.	
16.	**Primary Care & Community Partnerships Governance Group update**	
	CF gave an update from the last meeting. Not a well-attended meeting, main themes were around ongoing pressure in Primary Care and Community Health and Care Services, and also discussion around some of the work ongoing relating to delays and incidents raised from Primary Care in relation to the Scottish Ambulance Service. In addition to this, she advised that there were a number of clinical summary's which were discussed. Definite Oral Health theme, 6 out of 7 were Oral Health related. Different incidents around wrong teeth extracted and one escalated to Gail Caldwell regarding issue with expired local anesthetic being used. Work ongoing to ensure proper checks and processes are in place. SF advised that they are currently completing and SEA following the incidents to try and prevent this issue happening again. Finalised report will be discussed at future CCG meeting.	
17.	**Board Clinical Governance Forum update**	
	No update at this time. Still awaiting minutes to be approved.	
	RISK MANAGEMENT	
18.	**Clinical Risk Update**	
	No report due at this time.	

19.	**SAE Actions**	
	No update at this time.	
20..	**Corporate Risk Register**	
	No update and nothing further to add at this time. Updates to CS and JC prior to next HSCP Board meeting.	
	CLINICAL EFFECTIVENESS / QUALITY IMPROVEMENT	
21.	**Quality Improvement Projects within HSCP**	
	Nothing to report at present, however PT asked members to feedback on any improvement works currently being undertaken.	
	PUBLIC PROTECTION	
22.	**Child Protection**	
	CC informed that despite an increase in child protection activity and the number of referrals, child protection numbers have decreased, with 22 names on the register at time of meeting. Lowest this number has been throughout the pandemic. Child Protection processes and care planning processes appear to be having the desired outcomes in order to improve children's circumstances. Continuing to report activity to Scottish Government on a fortnightly basis.	
23.	**Adult Protection**	
	DA advised that there was nothing by exception to report at this time. Multi-Agency audit being undertaken at present. Will update more fully at next meeting.	
24.	**PREVENT** **Counter-terrorism**	
	CS advised nothing new to report at the moment. COP26 and related activities may generate additional case work in this area. Will review.	
25.	**MAPPA / Management of high risk offenders**	
	CC highlighted an increase in numbers through these MAPPA arrangements, largely due to the courts restarting business, large backlog to be worked through. Most being managed at Level 1, large increase in numbers since last meeting of CCG.	
26.	**MARAC** **Domestic Violence**	
	Numbers have been stable, reports to SG on average one MARAC case referred on a weekly basis. During the summer there were a number of spikes to the numbers, throughout August and September numbers have remained consistently low. Continuing to attend the MARAC conferences hosted by Police Scotland.	
	INFECTION CONTROL	
27.	**Infection Control Minutes**	
	Meetings rescheduled for Friday 8th October. Will look to attach copy for next meeting.	
	ESCALATIONS	
28.	**Items to be escalated to HSCP Board**	
	No items to be escalated	

29.	**Items to be escalated to NHS G&C C&CGG**	
	No items to be escalated	
	GENERAL BUSINESS	
30.	**CSWO Report**	
	Attached to agenda for information. CS advised that the report is for the group's attention and noting and the large scale or work reported through this. Was presented formally to the Council at a recent meeting. Joint leaders wished to pass back thanks for the work undertaken.	
31.	**SBAR CAMHS Psychiatry Workload Concerns**	
	KL for information of this group. Division of Child and Psychiatry wrote to Julie Metcalfe and KL to escalate concerns formally in terms of work load and risk within CAMHS particularly focusing on eating disorders, and the community and urgency of demand on CAMHS. Concerns have been escalated to Martin Culshaw and Jennifer Armstrong. Range of actions have been taken in terms of attempting to enhance and augment across the system staffing resource in terms of support in relation to eating disorders. Review underway in terms of CAMHS unscheduled and CRISIS board wide services. CS thanked KL for the work going to alleviate the concerns, however asked if this was identified within service level risk register or board level risk register. KL would expect Jennifer Armstrong would make the decision to make this board level. Will feedback the outcome of the meeting with Jennifer Armstrong and Clinical Directors at next meeting.	
32.	**Mental Welfare Commission – ARBD Report**	
	CS advised report for information. Report makes 4 recommendations. 3 broadly a description of how practices should work already in terms of person centred care planning, commissioning of services that are appropriate, and provision of advocacy throughout the pathway for people who require support with decision making or who lack capacity. 1 recommendation around specific case allocation where guardianship is held for people. Date for submission of action plan to Mental Welfare Commission of 16th December 2021. Action plan to be added to the agenda for this meeting to ensure that all actions have been closed off as per Mental Welfare Commissions request. **ACTION**: To be added to agenda planner.	
33.	**The Child Death Review**	
	CC advised this is an initiative set up by the Care Inspectorate, Public Health Scotland and Scottish Government, to allow any live born child who dies up until the age of 18 or 26 if looked after, within that age band will automatically have a case review. Each HSCP has to have a point of contact, CC is the contact until demand is evaluated. Review hub went live from 1st October. Will feedback on any updates or cases/reviews at next meeting if necessary.	
34.	**AOCB**	
	Nothing further to be discussed at this time.	**All**
	Date and time of next meeting	
	1st December 2021, 9.30am via MS Teams	

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 12.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**20 JANUARY 2022**
REPORT REFERENCE:	**HSCP/200122/12**
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 21 OCTOBER 2021**

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 21 October 2021.

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 21 October 2021.

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.1 BACKGROUND/MAIN ISSUES

3.2 Appended is the draft minute of the Strategic Planning Group held on 21 October 2021.

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 21 October 2021.

EAST DUNBARTONSHIRE HSCP

Minute of the Strategic Planning Group held On 21st October 2021 via MS Teams

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Present

Derrick Pearce	CHAIR – Head of Community Health & Care Services
Claire Carthy	Interim Head of Children's Services & Criminal Justice
Fiona McManus	Carers Representative
Alison Willacy	Planning, Performance & Quality Manager
Linda Tindall	Senior Organisational Development Adviser
Gillian Healey	Team Manager – Planning and Service Development
Joni Mitchell	Partnership Development Officer, EDVA
Dr Laura Coia	GP – East Locality Planning Group rep
David Radford	Health Improvement & Inequalities Manager
Leanne Connell	Chief Nurse
Lisa Johnston	General Manager – Oral Health/ Lead Officer, Dentistry NHSGG&C
Dianne Rice	Primary Care ----
Susan Frew	Oral Health Directorate
Fiona Munro	Team Manager – Rehab/OPMH and Lead for AHPs
Alan Cairns	Planning, Performance and Quality Manager
Karen Albrow	Carers Representative
Iain Marshall	Independent Sector Rep (Director of Care – Pacific Care)
Dr Alison Blair	GP – West Locality Planning Group rep

Minutes:

Catriona Burns	Minute Taker

		Action
1.	**Introductions & Apologies**	
	Caroline Sinclair, David Radford, Alison Willacy, Sara Abbott, Fiona Robertson, Dianne Rice. Short round of introductions thereafter were provided.	
2.	**Notes of Previous Meeting**	
	Minutes of the last meeting were agreed and there were no matters arising.	
3.	**Matters Arising**	
	There were no matters arising.	
4.	**Updates**	
4.1	**East & West LPG**	
	These groups are still held in abeyance, however work is being done with Practitioner collaboratives. Clinical discussions have progressed on bringing practice led teams	

together to discuss more complex patients to ensure best service and this has been well received. Bearsden & Milngavie, Bishopbriggs are up and running well and Kirkintilloch is next. It is hoped that the Locality Planning Groups will be restarted before the end of the year. DP confirmed that there is no specific age range for locality case discussion just where the challenges are, although the main focus and pressure has been on Elderly and Frailty. DP advised that more information will be available at the next SPG.

4.2 3rd Sector Update

JM advised work has been ongoing on the Third Sector response for the National Care Service consultation. Funding is available from the Mental Health & Community Funding stream for distribution by end of March 2022. The criteria for application is awaited and work will begin on this very shortly. There is a new Young Peoples Volunteer Co-ordinator in post. A Community Transport survey to review the needs of people who are requiring transport. The results of a Third Sector Build Back Better survey are being compiled and will be shared with the group.

ACTION- DP asked that JM & D Aitken liaise to bring the item on Mental Health Community Funding to a future SPG

4.3 Independent Sector Update

GH introduced 2 representatives, Iain Marshall from the Care Home Sector and Sara Abbott from the Care at Home Sector. IM joined the meeting today, SA was unable to attend. GH advised that plans are in place to work collaboratively along with the Third Sector to look at pressures across the wider system, funding, winter planning investment, overall resilience. Similar challenges being experienced as in other areas, however GH advised services are already on the brink and will be monitored closely. A series of provider forums will be arranged, 2 bi-annual large scale providers' forums but with a series of smaller forums to deal with local issues and feedback into reviews. The Planning & Commissioning Team has contacted all providers in relation to any potential impact from COP26 and this is not expected to be an issue other than for those services based in Glasgow. Those services have contingency arrangements in place and will be managed on a daily basis.

DP advised that the SPG will want to take an active interest in how social care is strengthened as we move into the new Strategic Plan and the National Care Service.

DP welcomed IM to the group. IM advised that he had recently joined the Care Home Sector following a career within the NHS. IM will be linking in with all of the independent Care Homes within East Dunbartonshire and also the East & West Branch of Scottish Care. IM advised that he prefers to focus on the successes rather than the challenges faced by Care Homes over the last 18 months. Good and high quality care has continued to be delivered despite the disruptions. Referrals have reduced across the sector. IM recognised the pressures on Primary, Secondary & Acute care and hoped that going forward working collaboratively will assist.

4.4 Communications & Engagement

FMcM advised that the last meeting of the PSUC in October was blended, some in person and some attending virtually. The main topic was the National Care Service consultation. There was a development session in September; attendance by senior managers was appreciated. Power of Attorney leaflets are printed and in GP's practices and libraries etc. The SPG are requested to raise awareness of PoA with appropriate groups etc. and this will remain on the PSUC Agenda. The Covid

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Information Sheet has been issued, with thanks to Anthony Craig. 2 new members have joined as a result of the recent video campaign and the SPG are requested to raise awareness.
DP welcomes Karen Albrow to the meeting as our new Carer Rep and thanked the PSUC group for the work on the Power of Attorney.

Housing Update

4.5 CMcN advised there had been a recent meeting with AC to discuss the Housing Contribution Statement as part of the Strategic Plan. Work is also beginning to create a similar plan within Housing, with AC's guidance. Work on the Local Housing Strategy continues with an audit of the last strategic document and have an options appraisal before the end of the year. An early engagement survey with all residents of East Dunbartonshire has commenced and is promoted on social media. CMcC asked if any of the SPG would be interested in joining Stakeholder events to contact Cat.

Primary Care Update

4.6 The Primary Care Improvement Plan continues to progress. Additional funding has been provided to partnership who do not hold reserves for enhancement of the teams. Work is currently ongoing to ensure that our reserves are committed in order to ensure we can access this. There are pressures right across Primary Care for the practices and there is a huge media interest in access.

Dr Coia agreed there has been a lot of negative press which is making a challenging situation harder. The workload has doubled and staff morale is low. The increased requests for face to face appointments along with staffing pressures experienced is the biggest challenge. Winter viral illnesses amongst children has increased and also the rise in the number of elderly people who are frail and deconditioned. Almost a third of people are being seen face to face. Chronic disease management which was on hold is now being addressed. There is still an increase of patients with mental health issues relating to the pandemic and more drug and alcohol problems.

Dr Blair agreed with the summary by Dr Coia. Changes have been made to the booking system to show the amount of work being carried out. The pattern of consultations is being looked at to adapt face to face consultations. Patients do not understand the requirement to triage calls because of the volume. Challenges experienced in recruiting backfill resulted in 2 partners last week running a 7 partner practice. Dr Blair advised that the reduction in secondary care clinics is impacting as patients cannot be referred and GP's are being asked to manage these patients. Dr Coia agreed that the impact of additional workload from secondary care is becoming unmanageable.

Oral Health

LJ reported that there is also an unrealistic patient expectation of delivery within general dental practices. There is still a significant backlog to be cleared, although services are trying to deliver a normal service. There is also an increase in patients presenting with complex conditions due to the length of time services have been unavailable. Funding has been made available to enhance ventilation as the majority of the work carried out generates in aerosols. LJ advised that monitoring on behalf of Scottish Government is also being undertaken. The majority of practices are at 50% of pre pandemic activity and support is provided to those who are not at this level yet. Staffing issues are similar to elsewhere, staff burnout, recruitment issues and lack of newly qualified staff. Engagement with the Local Dental Committee regarding health

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and wellbeing support for practices. Practices are recording an increase in complaints and also violence and aggression. Permission has been granted to pilot a Dental Bank to help support the unmet need.

AC advised that work has started with the LIST Analyst to look at impact of the pandemic on organisation and service user/patients. AC asked if engaging via PCIP would be of value to obtain numbers to allow the pressures to be articulated in facts. DP advised this can be discussed with PT.

Flu & Covid Vaccinations

LC advised that the Health Board are delivering 3rd dose and boosters to priority groups. The first priority groups Care Home residents and staff, Health & Social Care Workers and people over age 70. Covid and Flu vaccines have been delivered to all eligible Care home residents and staff who made themselves available, the Health Board have invited over 70's to attend a clinic. Over 1200 patients require vaccination at home with a timescale for completion for 1st week in December 2021. This is very challenging for a number of reasons. Progress is going well and are in a good position to conclude on time. Due to the escalating numbers of frailty, the numbers requiring vaccination at home may increase.

4.7 Improving the Cancer Journey in East Dunbartonshire

DP shared the following update from D Radford who was unable to attend.

- The staff for the programme have been recruited – 3 x 0.5 (wte) Development Workers and a 0.6 (wte) administrator
- Full team is presently undertaking a comprehensive induction programme, in partnership with Macmillan which finishes at the end of this week
- The operational programme commences on 25 Oct, albeit the team have already received their first referrals from local GP Practices
- The ICJ has developed a Service User Group which has met twice and has 5 members, with 2 of the members attending the next full ICJ Board meeting

5. Annual Performance Report

AC advised that this is a report was approved by HSCP in September 21 and is provided for information purposes. AC highlighted the section which shows the excellent work carried out during the pandemic. Performance has been impacted in some areas, however there are good examples of areas of work that continued and at a high level. Any comments or questions can be directed to AC or AW
DP commended the report as being reflective of how we were able to continue delivering throughout the pandemic.

6. Strategic Plan

Papers were issued prior to the meeting and AC gave the detail. The deadline for production of the plan is end of March 2021 which is challenging with all of the other large pieces of work ongoing for everyone. A draft Strategic Plan needs to be completed by Christmas to begin a second round of consultation if required before submitting a final plan to the IJB in March. A report will be submitted to the Board in November providing more details on moving the priorities forward. AC presented "A Plan on a Page" presentation which gave the main details.

AC asked the SPG to review and offer any comments or highlight anything that has been missed, prior to going to the Board for approval in November 2021. AC advised

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that a Housing Contribution Statement needs to be part of the plan and work is ongoing on this.

DP stated that the next SPG meeting is 16th December and asked if this could be discussed at this meeting. AC advised that this may not be completely finalised by this date but will be ready for discussion. DP asked for comments to be shared via email to create dialogue. FMcM commented that the Plan on a Page was very clear.

7. AOB

Nothing further of note to be discussed at this time.

8. Date of Next Meeting

The next meeting is **16th December 2021 at 10am** via MS Teams

East Dunbartonshire
Health & Social Care
Partnership

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**20 JANUARY 2022**
REPORT REFERENCE:	**HSCP/200121/13**
CONTACT OFFICER:	**TOM QUINN, HEAD OF HUMAN RESOURCES, TELEPHONE NUMBER: 07801302947**
SUBJECT TITLE:	**STAFF PARTNERSHIP FORUM MINUTES OF 25 OCTOBER 2021**

1.1 PURPOSE

1.2 The purpose of this report is to provide re-assurance to the Board that Staff Governance is an integral part of the governance activity within the HSCP.

2.1 RECOMMENDATIONS

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

2.2 Note the content of the minute of the Staff Partnership Forum of 25 October 2021.

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.1 BACKGROUND/MAIN ISSUES

3.2 The full minute is attached at **Appendix 1**. Key items discussed included:

a) Consultation on Review of Adult Care Services
David Aitken took the forum through the consultation document highlighting the key areas that directly impacted on staff and staffing. Advising that individuals, or groups could make comment by 2 November 2021. Simon McFarlane then provided a Trade Union perspective and highlighted that a number of individual trade unions were or have made representation on the consultation.

b) Linda Tindall update the forum on the number and diversity of nominations that had been received for the 2021 Staff Awards. Linda highlighted that the panel had been extremely impressed by the standard of activity highlighted in the applications. The forum congratulated all who had been nominated.

c) Derrick Pearce updated the forum on the routes to receive either or both Seasonal Flu and Covid Booster vaccinations within East Dunbartonshire. Derrick highlighted the work being done to ensure that all care home residents and staff had been vaccinated, that patients at home were also being vaccinated and that we had had a high uptake by staff at the various vaccination centres. Derrick advised that we continue to promote the vaccination dates to staff.

d) Tom Quinn took the forum through the work which had started on the 2022-2025 Workforce Plan, using the September 2021 staffing profile as the benchmark. Further updates on the workforce plan would be taken through the forum early in 2022.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan;-

1. PRIORITY 9 - Statutory Duty

Key component of Workforce

4.3 Frontline Service to Customers – None.

4.4 Workforce (including any significant resource implications) – Compliance with the NHS Reform act 2002.

4.5 Legal Implications – None.

4.6 Financial Implications – None.

4.7 Procurement – None.

4.8 ICT – None.

4.9 Corporate Assets – None.

4.10 Equalities Implications – None

4.11 Sustainability – None.

4.12 Other – None.

5.1 **MANAGEMENT OF RISK**

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

5.2 None.

6.1 **IMPACT**

6.2 **STATUTORY DUTY** – None

6.3 **EAST DUNBARTONSHIRE COUNCIL** – None.

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

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

7.1 **POLICY CHECKLIST**

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

8.1 **APPENDICES**

8.2 **Appendix 1** - Draft Minute of the Staff Partnership Forum of 25 October 2021

Interim Chief Officer
Caroline Sinclair

Agenda Item Number: 13a.

Minutes of Staff Forum on Monday 25 October 2021

Item	Subject	Actions
1.	Welcome & Apologies Craig Bell welcomed all to the meeting and advised that Staff Side colleagues had raised a number of points at their earlier meeting that he would raise prior to moving on with the agenda item 3.	
2.	Minutes of 13 September 2021 Minutes of the 13 September were approved as accurate	
3A	Points Raised in Staff Side Pre-Meeting Craig raised a number of points including – The lack of involvement of the Joint Chairs in agreeing the agenda in advance of the meeting The lack of a weekly update at present due to the on-going covid situation Lack of administrative support for the forum Tom Quinn advised that HR and Staff side chairs meet weekly to discuss the updated position and any pressures on service delivery Tom Quinn agreed to send out pre-agenda meeting invites	
3	Consultation on Review of Adult Social Care David Aitken gave an overview of the Scottish Government consultation on "National Care Service" (NCS). David's presentation took us through many of the areas of the consultation but with a focus on those areas with direct link or potential impact on staff and staffing. Simon McFarlane, gave a Trade Union perspective on the current consultation, stating that whilst the trade unions were in agreement with most of the recommendations of the Feely report, this consultation went much further and that individual trade unions would be identifying that in their response to the consultation. It was clarified that the HSCP Board would be making a response as would the HSCP SMT, both of which had held a session to work through the questions with the consultation. It was also advised that specific service might also make their own response and individual staff are also free to participate in the consultation. Simon also advised that no decision had yet been taken the Unison Charter	
4	Current Situation on COVID-19 Derrick advised that in general hospital admissions had	

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	stabilized, but that more monies was likely to be made available for winter pressures. In general Derrick's services are doing well Both David Aitken and Claire Carthy advised of a similar situation. Claire further advised that there had been an increase in Child Protection activity and that in Community Justice services, work was increasing as the courts had been back and working slowly.	
5	Refresh of BCPs Tom Quinn, updated on the work being done to refresh and update both individual service BCPs and the overarching HSCP BCP, which was likely to see the LRMT meeting being reconvened early in November 2021. Tom further advised that all services had completed COP26 checklists and we were in a good position to known risks.	TQ – Update to come back
6	2021 Staff Award Linda had advised that we had received 40 nominations across the various categories, which were of a very high standard. The awards themselves are a "virtual event" due to the on-going covid restrictions. Claire Carthy advised that the overall process had been a good morale booster to staff. Andrew McCready wished to congratulate all winners and nominees. Craig asked that the Forums congratulations be raised with all winners and nominees.	LT- Our News
7	iMatter 2021 (update) Linda Tindall advised that we had now received all the reports and that we are working through the action planning process and all was going well, OHD had only 7 Action plans outstanding which would hopefully be completed this week.	LT- Future report
8	Seasonal Flu Vaccination arrangements Derrick advised that we had 3 services operating at present - Community Clinics, which were providing both the booster and seasonal flu vaccinations; busier than expected due to some overbooking but staff are working through the pressures - Care Homes, All our local Care Homes have received and undertaken vaccinations of everyone who was able to receive their vaccination including staff. - House confined, Process was underway and going well, some initial tweaks on using the vaccination.	
9	COP 26 update As raised earlier – all service checklists have been completed and we are confident that we can cope with all known risks.	
10	Workforce Plan 2022 -25 (Workforce Demographics) Tom Quinn spoke to the previously distributed Workforce Demographics paper at 30 September 2021, advising that this would be the benchmark figures on which the 2022-25 Workforce Plan would be set against. Tom also advised that the Workforce Planning group had been meeting and was now looking to try and extrapolate on-going work across 2022-25 as aligned and identified within the Strategic Plan for that period.	TQ – Forum to be kept updated

11	AOCB Simon McFarlane, raised the current investigation and asked if there was any update David Aitken advised that he hoped the revised Allander Sports and Care Centre should open in November 2022.	
12	Next Meeting – Monday 13 December 2021-MS Teams	

East Dunbartonshire
Health & Social Care
Partnership

Interim Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 14.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**20 JANUARY 2022**
REPORT REFERENCE:	**HSCP/200121/14**
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 Note the progress of the Public, Service User & Carer Representatives Support Group.

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.1 BACKGROUND/MAIN ISSUES

3.2 The full minute is included in **Appendix 1** and details the actions and progress of the PSUC representative support group (RSG), highlighting their progress.

3.3 The PSUC have held five meetings in 2021, the latest meeting took place on the 08 December 2021 and was held in a 'virtual' capacity on Microsoft Teams.

3.4 At the latest PSUC meeting, the members received a presentation from Dr Paul Treon (HSCP Clinical Director). Paul updated the group on current and future pressure(s) on East Dunbartonshire GP Practice lists.

3.5 The PSUC group have also warmly welcomed three new members to the PSUC group, with two (Linda Hill and Michael O'Donnell) being in attendance at the meeting (08 December 2021).

3.6 The PSUC group have created a December edition of the Covid-19 information sheet (2021). This provided information on local Covid-19 infection data and signposts local residents to important Covid-19 information. This item has a readership of approximately 500+ (per month) to individuals and organisations across East Dunbartonshire. This has been issued twelve (12) times in 2021 and number nineteen (19) since the start of the pandemic. See **Appendix 2.**

3.7 The PSUC group also entered discussions with Stephen McDonald (HSCP Joint Service Manager, Older People), and received approval for the PSUC group to provide 'Power of Attorney' (PoA) leaflets for the Care at Home Team. These have been distributed to all Care at Home staff and will be presented on home visits to service users and their families/carers on the benefits of having a PoA in place.

3.8 The PSUC group also wish to extend their thanks on their recent award (volunteering) at the 'Staff Awards' virtual event. The award was shared with the group at their recent meeting (08/12/2021).

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 Economic Impact – None.

4.9 Sustainability – None.

4.10 Equalities Implications – None.

4.11 Other – None.

5.1 **MANAGEMENT OF RISK**

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

5.2 None.

6.1 **IMPACT**

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

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

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

7.1 **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 8th December 2021.

8.3 **Appendix 2:** PSUC (Coronavirus) Covid-19 Info sheet December 2021.

Agenda Item Number: 16a Appendix 1

Public Service User and Carer Support Group – 08 December 2021

Attending; Martin Brickley, Gordon Cox, Linda Hill, Linda Jolly, Fiona McManus, Michael O'Donnell and Michael Rankin
Apologies; Karen Albrow, David Bain, Suzanne McGlennan Briggs, Sandra Docherty, Susan Griffiths, Avril Jamieson, Mary Kennedy, Jenny Proctor and Frances Slorance
HSCP Staff in attendance; Dr Paul Treon, David Radford and Anthony Craig
Action points agreed at meeting:

Action	By who	When	G	A	R
PSUC carers rep to liaise with 'coalition of carers' to identify national and regional examples of carers unmet need	F McManus A Craig	By next meeting (07/02/2022)			
PSUC group have asked that an invitation be extended to interim Chief Officer to attend a meeting in 2021/22.	D Radford	Ongoing			
PSUC group to continue conversation with professional bodies re registration and costs (PoA)	AC and Carers Rep	Ongoing			
PSUC to scope possible funding opportunities to assist East Dun residents with PoA applications	A Craig	Completed by next meeting (07/02/2022)			
HSCP officer to include information on Community Assessment Centres (CACs), local to East Dun in next issue of the PSUC Covid info sheet	A Craig	15/12/2021			
HSCP officer to gain insight on training and support resources to enable effective front line communications with service users	A Craig	By next meeting (07/02/2022)			
PSUC officer to clarify meeting dates for 2022	A Craig	By next meeting (07/02/2022)			

DECEMBER. 2021

EDITION NO. 19

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 Covid-19 statistics (5 December 2021 to 11 December 2021)

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 11 December 2021 show 656* positive cases, which is a rate of 603.2 per 100,000 population, with a 7 day positive rate of **10.4%**.
The positive cases show an increase compared to the same period last month (November 2021) and overall the figures for Scotland are showing an increase in the spread of the virus, which is a step in the wrong direction.

We must remain vigilant and follow the FACTS guidance, though social distancing, good hand and respiratory hygiene and by using appropriate face coverings and by adhering to current Scottish Government guidance.

Please continue to follow Scottish Government and NHS advice.

*Public Health Scotland (15/12/2021)

(Covid-19) Staying Safe

Household isolation will help to control the spread of the virus to friends, the wider community and the most vulnerable. Everyone who develops symptoms of COVID-19 – should isolate straight away and arrange a test via www.nhsinform.scot or, if you can't get online, by calling 0800 028 2816.

- If you are a close contact who lives with someone who has tested positive you should isolate for 10 days even if:
- you have had a negative PCR result.
- you're fully vaccinated - this means you've received 2 doses of an approved vaccine and have had your second dose more than 14 days ago.
- household contacts must always complete the 10-day self-isolation. This includes those under 18 years old.
- use the apps listed below:

1. COVID status (vaccine passport)
2. Protect Scotland, and;
3. Check-in Scotland

(Covid-19) Who does not need to self-isolate

If identified as a close contact (non-household), by Test and Protect, you can end self-isolation if all of the following apply:

- provided you return a negative PCR test result and remain asymptomatic, you may end self-isolation as a close contact.
- you do not have, or develop, symptoms
- you're fully vaccinated - this means you've received 2 doses of an approved vaccine and have had your second dose more than 14 days ago,
- even if you're fully vaccinated, you can still get coronavirus and pass it on to others.
- Please click HERE for further information.

Coronavirus (COVID-19): Get a test if you do not have symptoms

Free, fast and regular testing for people who do not have symptoms of coronavirus (COVID-19) is available to everyone in Scotland.

Regular testing helps us to find positive cases in people who have no symptoms, but who are still infectious. If people who test positive self-isolate, we can break chain of transmission and help limit the spread of coronavirus.

A negative lateral flow device (LFD) test does not guarantee that you do not have coronavirus. You must continue to follow protective measures.

Order rapid LFD tests to your home:
You can order LFD tests to be sent to your home. If you cannot place an order online, phone 119.

Collect rapid LFD tests from your nearest pharmacy:

- Find your nearest participating pharmacy

Do not enter a pharmacy if you have coronavirus symptoms. Self-isolate immediately and book a PCR test instead.

A negative lateral flow device (LFD) test does not guarantee that you do not have coronavirus. You must continue to follow protective measures.

Covid Vaccination Programme
East Dunbartonshire Update (15 December 2021)

The vaccination programme in East Dunbartonshire is progressing well. We have seen a very high uptake of the vaccines in East Dunbartonshire with 100% of all over 60s receiving their 1st and 2nd doses and over 97% of the over 65s having received their booster (dose 3) by 15 December 2021.

% of East Dunbartonshire residents 18+ received Dose 2, **97.3%**

% of East Dunbartonshire residents 50+ received booster or Dose 3, **85.6%**

% of East Dunbartonshire residents 40-49 received booster or Dose 3, **48.7%**

% of East Dunbartonshire residents 30-39 received booster or Dose 3, **23.7%**

CARERS PPE INFORMATION

If you require PPE equipment over the Christmas period. Please remember to order and collect your #PPE orders in advance of the hub closing at 3pm on the 24th and 31st of December.

PPE Hub no 07976927306

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

Interim Chief Officer
Caroline Sinclair

Agenda Item Number: 15.

East Dunbartonshire HSCP Board Agenda Planner Meetings January 2021 – March 2022

Update: 21.12.2021

Standing items (every meeting)
Declaration of Interests
Minutes of last meeting (CS)
Chief Officers Report (CS)
Board Agenda Planner (CS)
HSCP Board Agenda Items – 21 January 2021
Topic Specific Seminar – Staff Governance
East Dunbartonshire HSCPs Primary Care Improvement Plan for year 3
HSCP Strategic Plan 2021 – 2023 Draft
Directions Report
Performance Reports
Corporate Risk Register
Financial Reports
Transition/Recovery Planning
HSCP Board development Session – Tuesday 2nd February 2021 2pm – 4pm via MS Teams
Directions Process Financial Budget for 2021-22
HSCP Board Agenda Items – 25th March 2021
Q3 Performance Report
Financial Reports (JC)

Transition/Recovery Planning
Records Management Plan (JC) – For approval
ADP Strategy and Annual Action Plan – (Strategic Item – For approval) (DA)
Integrated Children's service plan 21/23 Plan – For Approval (CC)
HSCP Board Development Session – 25th March – 2.00pm – 4.00pm (via teams)
Strategic Plan – Outline process for new 3 year plan including timescales
Workforce Plan – TQ
HSCP Board Agenda Items – 24th June 2021
Topic Specific Seminar – Update on Life Changes Trust Partnership Work
Performance Reports
Financial Reports
Transition/Recovery Planning
Woodhead Practice Proposed Closure of Branch Surgery (DP)
Annual Report (AC)
SDS Updated report (Scottish Government SDS Transformation Annual Report) (Kelly Gainty)
HSCP Board Development Session – 24th June 2021 – 2.00pm - 4.00pm (via teams)
Debrief on impact of Covid and lessons learnt: Effect on service delivery Community Justice
Response to the Covid Vaccination process
HSCP Board Development Session 19th August 2021 (time to be confirmed)
Mental Health Update: The impact Covid has had on people's mental health Mental Health for Young People Mental Health Assessment Units / Update on Out of Hours Update on action 15

HSCP Board Agenda Items – 16th September 2021
Performance Reports
Financial Reports
Annual Performance Report
Clinical and Care Governance Group Annual Report
Transition/Recovery Planning
Unscheduled Care
Community Transport (A Meikle) tbc
HSCP Board Development Seminar – 5th October 2021 – 1.00pm – 3.00pm
The National Care Service for Scotland
HSCP iMatter update
HSCP Board Agenda Items – 18th November 2021
Topic Specific Seminar – Strategic Plan (Alan Cairns)
Performance Reports
Financial Reports
Transition/Recovery Planning
3rd Sector update (A Meikle) tbc
HSCP Board Development Seminar – 23rd November 2021
An update on the Falls & Frailty agenda
HSCP Board Agenda Items – 20th January 2022
Performance Reports
Financial Reports
Business Continuity Planning
Primary Care Improvement Plan
Alcohol and Drugs Partnership Annual Report
iMatter Report

HSCP Board Development Session – 25th February 2022
Financial Planning 2022/23
HSCP Board Agenda Items – 24th March 2022
Topic Specific Seminar - tba
Performance Reports
Financial Reports
Transition/Recovery Planning
Unscheduled Care Delivery Plan
HSCP Strategic Plan 2022 - 2025
Formal Committees / Sub Group updates