For meeting on

27 JUNE 2019

Agenda *2019*

East Dunbartonshire Health & Social Care Partnership Board

East Dunbartonshire Health & Social Care Partnership

East Dunbartonshire
Health & Social Care
Partnership

A meeting of the East Dunbartonshire Health and Social Care Partnership Integration Joint Board will be held within the **Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT on Thursday 27 June 2019 at 9.30am** to consider the undernoted business.

Chair: Susan Murray
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; 28 May 2019

Item	Report by	Description	Pages
STANDING ITEMS			
1.	Chair	Declaration of interests	
2.	Martin Cunningham	Minute of HSCP Board held on 28 May 2019	**1-6**
3.	Susan Manion	Chief Officers Report	**Verbal**
STRATEGIC ITEMS			
4.	Lisa Johnston	Public Dental Service Review	**7-50**
5.	Caroline Sinclair	Learning Disability Services Strategic Review	**51-62**
6.	Derrick Pearce	Strategic Review of Care at Home Services – Outcome and Next Steps	**63-72**
7.	Caroline Sinclair	Self Directed Support Policy – May 2019 update	**73-96**

8.	Derrick Pearce	Re-Provisioning Older People Day Care Services – East Locality	**97-100**
9.	Caroline Sinclair	The Community Care (Personal Care and Nursing Care) (Scotland) Amendment (No. 2) Regulations 2018 (Frank's Law)Free Personal and Nursing Care Extension to Adults Aged Under 65 – 'Frank's Law'	**101-142**
10.	Derrick Pearce	East Dunbartonshire Primary Care Improvement Plan (PCIP) 2019/20	**143-200**
GOVERNANCE ITEMS			
11.	Jean Campbell	Unaudited Draft Annual Accounts 2018/19	**201-260**
12.	Caroline Sinclair	East Dunbartonshire HSCP Annual Performance Report 2018-19	**261-322**
13.	Lisa Williams	Clinical and Care Governance Sub Group Minutes of 3 April 2019	**323-334**
14.	Caroline Sinclair	Public, Service User & Carer (PSUC) Representative Support Group Report	**335-340**
15.	Tom Quinn	East Dunbartonshire HSCP Staff Partnership Forum minutes of meeting of 18 March 2019	**341-348**
16.	Susan Manion	HSCP Agenda Planner	**349-350**
	Chair	Any other competent business – previously agreed with Chair	
FUTURE HSCP BOARD DATES			
		Date (s) of next meeting (s) – 09.30am to 1pm if Seminar schedule start time will be 9am. **Thursday 5th September 2019** **Thursday 14th November 2019** **Thursday 23rd January 2020** **Thursday 26th March 2020** All held in the Council Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT	

East Dunbartonshire Health & Social Care Partnership

Minute of meeting of the Health & Social Care Partnership Board held within the Committee Room, 12 Strathkelvin Place, Kirkintilloch on **Tuesday, 28 May 2019.**

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

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

Non-Voting Members present:

S. **Manion**	Chief Officer - East Dunbartonshire HSCP
M. **Brickley**	Service Users Representative
J. **Campbell**	Chief Finance and Resource Officer
A. **McCready**	Trades Union Representative
A. **Meikle**	Third Sector Representative
J. **Proctor**	Carers Representative
V. **Tierney**	Chief Nurse

Jacqueline Forbes (Chair) presiding

Also Present:

D. **Aitken**	Joint Adult Services Manager / Depute CSWO
C. **Carthy**	Interim Head of Children, Families & Criminal Justice
M. **Cunningham**	EDC - Corporate Governance Manager
L. **Johnston**	Interim General Manager – Oral Health Directorate
G. **McConnachie**	Internal Auditor
D. **Pearce**	Head of Community Health & Care Services
L. **Tindall**	Organisational Development Lead

APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Margaret McGuire, Ian Ritchie, Lisa Williams, Adam Bowman, and Caroline Sinclair.

The Chair welcomed Annemarie Monaghan who was a substitute Non-Exec Director from NHSGG&C

ANY OTHER BUSINESS WHICH THE CHAIR DECIDES IS URGENT

The Chair advised that there was no urgent business.

DECLARATION OF INTEREST

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

SEMINAR – CHILDREN'S SERVICES

Claire Carthy and Val Tierney provided a presentation on Children's Services in East Dunbartonshire followed by questions from the Board. The Board thanked them for an informative presentation on the progress of Children's Services in the area.

1. MINUTE OF MEETING – 21 MARCH 2019

There was submitted minute of the meeting of the HSCP Board held on 21 March 2019.

The minute was approved subject to a correction to paragraph 5 where an update had been provided at the meeting in relation to an increased offer of NHS funding for 2019/20 which had been accepted by the HSCP.

2. CHIEF OFFICER'S REPORT

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

- Statutory Inspection of Adult Services – Feedback has been provided and officers were progressing towards agreement of the final position which would be reported to a future meeting.
- Safe Staffing Levels – Introduced in May 2019 – legal requirement national and local impacts on clinical and nursing services. There will be further feedback to the Board when the implications become clearer
- Visit by Scottish Government re Joint Children's Plan - updates will be provided to the DCYPP and Community Planning Board
- Accommodation Refurbishments – KHCC and Southbank House – the timescales were noted

Following consideration, the Board noted the information.

3. MINISTERIAL STEERING GROUP REVIEW OF INTEGRATION – SELF ASSESSMENT

A Report by the Interim Chief Social Work Officer, Head of Mental Health, Learning Disability, Addiction & Health Improvement Services, copies of which had previously been circulated, advised Members that the self-evaluation of progress under integration had been completed which had subsequently been submitted to the Scottish Government for consideration by the Ministerial Strategic Group for Health and Community Care, in line with required timescales.

Following discussion and questions regarding some of the terms and phraseology used the Board agreed as follows:-

a) To note the contents of the Report; and

b) To note that an action plan outlining how identified improvement areas would be taken forward would be reported to a future meeting of the HSCP Board.

4. TRANSFORMATIONAL BOARD BUSINESS PLAN 2019/20

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, updated the Board on the development of the Transformation Plan for the HSCP for 2019/20.

Officers were heard in response to members' questions particularly regarding the ongoing Homecare Review and in particular the new service delivery model and the increased level of demand for the service.

Following discussion the Board agreed as follows:-

a) To note and approve the HSCP Transformation Plan for 2019/20; and

b) To remit the performance, Audit and Risk Committee to oversee and monitor the delivery of the Plan with regular updates to the HSCP Board.

5. EAST DUNBARTONSHIRE – HSCP PRIMARY CARE IMPROVEMENT PLAN - IMPLEMENTATION

A Report by the Head of Community Health and Care Services, copies of which had previously been circulated, requested that the Board approve the second year of East Dunbartonshire's Primary Care Improvement Plan (PCIP) associated with the new General Medical Services Contract, pending approval from the Local Medical Committee (LMC) and within the context of financial allocation to the HSCP.

Councillor Murray sought clarification that the level of service delivery would equal the level of funding available (which differed from the level of demand) and that the recommendations if approved would not represent a commitment to budgetary over spending.

The Chief Officer confirmed that all services were provided against the backdrop of limited resources and that the recommendations intimated the "direction of travel" in relation to the progress through the 3 year plan. Furthermore she intimated that the Executive Group considered the competing demands across all services and these would be reflected in revisions to the Primary Care Improvement Plan which would be reported back to future Board meetings. In addition she confirmed that the report would be amended to reflect the direction given to the NHS.

Following further discussions the Board agreed as follows:-

a) That the Primary Care Improvement Plan (currently in draft) outlined the progress achieved in the first year (2018-2019) of the plan with the expected progress for the second year (2019-2020);

b) To note the attached PCIP was draft due to it being subject to further discussion with the HSCP's Local Medical Committee (LMC) representative. This, at the moment, was the position across all GGC Partnerships;

c) To note that there would be ongoing engagement with key stakeholders to support the transformational changes required to implement the contractual Memorandum of Understanding (MOU); and

d) To note that regular updates would be provided to the HSCP Board on implementation progress and funding usage.

6. REVIEW OF THE EAST DUNBARTONSHIRE WINTER PLAN 2018/19

A Report by the Head of Community Health and Care Services, copies of which had previously been circulated, allowed the Board to reflect on the East Dunbartonshire HSCP Winter Plan 2018/19 to determine areas of good practice and areas for improvement to inform the Winter Plan 2019/20. The Report included, at Appendix 1, the full NHS Greater Glasgow and Clyde Review of Winter 2018/19, which was submitted to the Scottish Government and reflected the whole system experience.

Following the Board agreed as follows:-

a) To note the HSCP's reflection on the 2018/19 Winter Plan; and

b) To note the outcome of the NHSGG&C Board-wide reflection on the 2018/19 winter.

7. OUT OF HOURS REVIEW

A Report by the Head of Community Health and Care Services, copies of which had previously been circulated, informed the Board on the progress to date of the Review of the Health and Social Care Out of Hours Services and sought HSCP Board approval on the proposals outlined. The Board noted that the review was inclusive of Emergency Social Work Services in addition to Social Care and Health Services.

Following discussion the Board agreed as follows:-

a) To note progress to date; and

b) To approve the agreed outcome and actions identified by the Programme Board and HSCP Chief Officers.

8. CHAIRING ARRANGEMENTS

The Chief Officer confirmed that as outlined by the Integration Scheme, the Chair of the HSCP Board would rotate back to the local authority and Councillor Murray would Chair the Board commencing 27 June 2019 for a period of 2 years. Jacqueline Forbes would continue as Depute Chair for this period.

9. HSCP AGENDA PLANNER

The Chief Officer provided an updated schedule of topics for HSCP Board meetings 2019/20 which was duly noted by the Board. The Chief Officer intimated that the

Transformation Plan and Financial Planning would be added to the schedule as intimated previously.

10. ANY OTHER COMPETENT BUSINESS

Alex Meikle updated the Board in relation to a pilot scheme involving volunteering opportunities at the new GP surgery in Lenzie. The Board noted the information.

11. DATES OF NEXT MEETINGS

The HSCP Board noted that the scheduled meetings for 2019/20 were as follows:

- Thursday 27 June 2019;
- Thursday 5 September 2019;
- Thursday 14 November 2019;
- Thursday 23 January 2020; and
- Thursday 26 March 2020.

Members noted meetings would be held within the Council Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT, starting at 9.30am, unless a seminar was scheduled, and as such, meetings would start at 9am.

Agenda Item Number: 4

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	27 June 2019
Subject Title	Public Dental Service Review
Report By	Lisa Johnston – Interim General Manager, Oral Health
Contact Officer	Lisa Johnston – Interim General Manager, Oral Health

Purpose of Report	In January 2018, Scottish Government launched the Oral Health Improvement Plan (OHIP) for Scotland[1]. It sets out the Scottish Government's direction of travel for NHS dental services and oral health improvement in Scotland. In the context set by this Oral Health Improvement Plan, the purpose of this Review is to begin the process of ensuring that the services currently provided by the Public Dental Service (PDS) in NHS Greater Glasgow & Clyde are fit for purpose and that our infrastructure is appropriate to support these services. The review sets out to identify the drivers for change, the challenges, risks and opportunities for the PDS in the future and to provide recommendations to be tested as part of the next steps. The Report gives the GGC wide perspective as well as an outline of the issues for East Dunbartonshire specifically.

Recommendations	Paper 1 - To note the Review for Greater Glasgow and Clyde and approve that this is be subject to wide consultation and engagement. This Report will be returned to the HSCP Board when this process is complete and in advance of moving to completion. Paper 2 – To note the Review outlined in the context of East Dunbartonshire and this will be subject to detail consultation and stakeholder engagement. This Report will also be returned to the HSCP Board in advance of implementation.

Relevance to HSCP Board Strategic Plan	The purpose of the review is to begin the process of ensuring that the services currently provided by the Public Dental Service are fit for the future in the context of the strategic direction set by the OHIP. This is in line with Priority 1 within the Strategic Plan.

[1] Oral Health Improvement Plan http://www.gov.scot/Resource/0053/00530479.pdf

Implications for Health & Social Care Partnership

Human Resources	None at this stage but this will be considered in terms of the final recommendations following consultation and engagement

Equalities:	There will be an Equality Impact Assessment carried out as part of this process

Financial:	None at this stage but this will be considered a part of the review process.

Legal:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	There is a risk that the service is able to meet future requirements so this review is essential in ensuring the appropriate future model for delivery.

Implications for East Dunbartonshire Council:	None

Implications for NHS Greater Glasgow & Clyde:	The specific implications will be considered through the review process and highlighted on completion.

Direction Required to Council, Health Board or Both	**Direction To:**	**Tick**
	1. No Direction Required	√
	2. East Dunbartonshire Council	
	3. NHS Greater Glasgow & Clyde	
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	

1.0 MAIN REPORT

1.1 The review (Paper 1) provides an overview of the current Public Dental Service provision across NHSGG&C. It details the case for change to allow for future development of our clinical offer.

1.2 The summary report (Paper 2) provides a breakdown of patient attendances at KHCC, including patient postcode and demographics.

Oral Health Directorate Paper 2

East Dunbartonshire Health & Social Care Partnership

NHS Greater Glasgow and Clyde

ORAL HEALTH DIRECTORATE

A REVIEW OF THE PUBLIC DENTAL SERVICE

IN NHS GREATER GLASGOW AND CLYDE

"Working with our partners to deliver the best possible oral health services"

Foreword

The purpose of this review is to begin the process of ensuring that the services currently provided by the Public Dental Service (PDS) in NHS Greater Glasgow & Clyde are fit for purpose and that our infrastructure is appropriate to support these services. As we deal with the challenges posed in the Scottish Oral Health Improvement Plan, this will enable us to maintain, train and secure the necessary workforce to take forward the Public Dental Service for the next 10 years. The review sets out to identify the drivers for change, the challenges, risks and opportunities for the PDS in the future and to provide recommendations to be tested as part of the next steps.

In January 2018, Scottish Government launched the Oral Health Improvement Plan (OHIP) for Scotland[2]. This document sets out the Scottish Government's direction of travel for NHS dental services and oral health improvement in Scotland. It is therefore important that throughout our review we are mindful of the 41 actions set out in the OHIP.

The OHIP focuses on the delivery of more services for the majority of the population through high street dentists. The focus will be on prevention, meeting the needs of an ageing population and reducing oral health inequalities.

The OHIP is committed to:

"providing a modernised NHS dental service fit for purpose in Scotland which will aim to improve the oral health of its population, focus on prevention, meet the needs of those in the most disadvantaged circumstances, with the PDS tasked to provide care to those most in need."

(Scottish Government 2018)

The PDS will remain the mainstay for the delivery of NHS dental services to priority groups. However, the PDS must look to modernise how these services are delivered, which is likely to see more development of shared care management arrangements with high street dentists to ensure, wherever possible, people in priority groups receive routine dental care close to home by their own dentists and the PDS would then provide more complex treatments under any shared care arrangements.

However it is important that in undertaking this review we look to better define the clinical offer provided by the Public Dental Service, the referral routes to the service and the role that the Public Dental Service plays in shared care arrangements taking into account its role in preventative care through national campaigns and programmes.

I would welcome your comments on this review.

Frances P McLinden
General Manager, Oral Health Directorate and
Lead Officer for Dentistry in NHS Greater Glasgow & Clyde

[2] Oral Health Improvement Plan http://www.gov.scot/Resource/0053/00530479.pdf

Table of Contents

1. Introduction

The concept of providing the right care at the right time, by the right clinician creates a system, which spans primary and secondary care. Primary care dental practitioners deliver the majority of patient care. More complex dentistry may require treatment by a specialist or consultant.

The OHIP for Scotland outlines actions shifting the balance of care for some services traditionally provided in a hospital setting to primary care, to be delivered by accredited, enhanced skilled primary dental care practitioners. The driver for this is to deliver efficient and cost-effective services closer to where patients live, avoiding travel to secondary care facilities. This concept is in line with a national vision to design future outpatient services for medical specialities in Scotland[3].

There is recognition of the need to modernise the PDS and seek innovative means of delivering safe, effective and patient centred care for patients by appropriately trained and qualified teams. The clinical offer available to patients needs to be clear and understood by staff, stakeholders and patients. The delivery of care needs to be from appropriate settings and ensure the best value for money from dedicated PDS resources in line with the Board's Moving Forward Together Programme.

2. The Case for Change

The drivers for the Public Dental Service Review are multifactorial and include:

- The health needs of our population are significant and changing. Scotland has an ageing population, with their own teeth which have complex restorations, in varying degrees of health, complicated by medical and physical co-morbidities, requiring greater levels and increased complexity of care.
- An ageing population will place increasing demands on all dental services. As this group of patients become less independent, their treatment needs are likely to extend beyond the skill set of General Dental Practitioners (GDPs), resulting in more referrals to the PDS.
- The current payment system for dentists, the Statement of Dental Remuneration (SDR) is confusing and unwieldy which due to its complexity may act as a driver for dentists to refer patients to PDS. The need to change the balance of these payments is reflected in the OHIP.
- Models of healthcare are changing and there is a need to keep pace with best practice maintaining or improving the current standards and to support our workforce to meet future changes and challenges.
- Historically there have been no formal referral pathways to the PDS. There is a need to ensure there are appropriate discharge criteria in place to return patients to their dentists once their care in the PDS has been completed.
- Patient's expectations are increasing; however we need to have conversations about realistic dental treatment provision.
- Clinical facilities need to be fit for purpose with the flexibility to adapt to future requirements.
- Effective use of all resources is necessary to ensure best quality of care and outcomes for patients.
- The Undergraduate training curriculum requires to be aligned to the changes described in the OHIP and how this will effect provision of dental services on the high street for newly qualified dentists.

[3]The Modern Outpatient: A Collaborative Approach 2017-2020 http://www.gov.scot/Resource/0051/00510930.pdf

3. Public Dental Service

A national review of the Primary Care Salaried Dental Services in Scotland was carried out in 2006[4] at the request of the Chief Dental Officer of Scotland. The key recommendations of that review led to the amalgamation of the Community and Salaried Services to create the Scottish Public Dental Service in January 2014 in order to make greater use of specialists and the wider dental team.

The PDS in NHS Greater Glasgow & Clyde operates on a board wide basis and provides care for patients who have clinical, functional or deprivation needs and are unable to attend high street dental services. This service is currently provided from 28 locations throughout Greater Glasgow & Clyde (GG&C). It provides services for children, special care patients including those who are medically comprised, domiciliary care, prison dentistry and services for anxiety including sedation.

The PDS also support the undergraduate education of both Bachelor of Dental Surgery (BDS) and BSc Oral Health Sciences (Hygiene Therapy) students through an outreach programme, as well as providing the dental public health function on behalf of the Board.

4. Our current Service Provision

4.1 Paediatric Dentistry

Paediatric Dentistry is defined as the practice, teaching, and research into the comprehensive and therapeutic oral health care for children from birth to adolescence, including care for children who demonstrate intellectual, medical, physical, psychological and/or emotional problems.

The majority of this service is provided by GDPs, with the remit of the PDS to provide care to children who cannot be managed by their own dentist due to:

- Moderate to severe dental anxiety/phobia
- Children deemed vulnerable or at risk by social services
- Children with physical and/or learning disabilities
- Looked After and Accommodated Children (LAAC)
- Children with high levels of dental disease

The PDS provides a General Anaesthetic (GA) extraction service at the Royal Hospital for Children (RHC) and at Inverclyde Royal Hospital (IRH). These services are delivered from hospital settings in response to recommendations in the report A Conscious Decision[5] published in July 2000 when general anaesthesia and treatment under general anaesthesia (GA) was removed from the scope of the general dental service (GDS) of the NHS.

Dental extractions under GA are the most common general anaesthetic procedure performed on children in the UK. This represents a considerable volume of activity and resource for the PDS and anaesthetic services. The reduction of numbers referred for GA and/or redirection of patients to alternative treatment pathways is seen as a challenge to ensure we provide treatment in the most appropriate setting by the

[4] Review of Primary Care Salaried Dental Services in Scotland. http://www.gov.scot/Resource/Doc/162544/0044149.pdf
[5] https://webarchive.nationalarchives.gov.uk/+/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4074702

most appropriate person.

The numbers of referrals of children for dental extractions under general anaesthetic is shown below.

	2013	2014	2015	2016	2017	2018	Total
Total GG&C	2339	2340	2413	2007	1900	2307	13,306

4.2 Paediatric Pain and High Caries Referral Pathway

The Paediatric Pain and High Caries Pathway has been an example of how the Oral Health Directorate (OHD) has explored transformational change within the PDS. Existing arrangements for GA assessment and GA extraction were becoming increasingly less efficient. Engagement between the OHD and GDPs led to a service transformation to provide a more effective and efficient service for children with high levels of tooth decay, pain, sepsis and a likely need for GA extraction.

The pathway of care is now to the PDS on a dedicated SCI Gateway referral to a service on Floor 1 of GDH and other PDS sites. This is a referral to a primary care dental service not a secondary care service and is a clear example of shifting the balance of care to the most appropriate area.

Patients are seen and assessed on Floor 1, RAH, Vale Centre for Health and Care, Greenock Health Centre and Govanhill prior to the relocation to New Gorbals. The rationale for this is to facilitate access to services and care closer to the patient's home, where possible, and to make more effective use of the resource and facilities in PDS sites therefore reducing the burden and releasing capacity at Floor 1. At the assessment clinics a treatment plan is agreed with the patient and their family and they are directed to the most appropriate pathway of care.

The treatment options are:

- Return to the GDP with a treatment plan or advice for the GDP to follow
- Treatment with the PDS team in the paediatric service
- Treatment by the PDS team by inhalation sedation
- Treatment by the secondary care Consultants with Intravenous sedation
- Referral / assessment for General Anaesthetic extraction and follow up by primary care (GDP)
- Referral/ assessment for General Anaesthetic by the secondary care Consultants for comprehensive care

4.3 Special Care Dentistry

The PDS special care team provides care for those patients who, for a variety of reasons require specialist management either exclusively or in conjunction with their general dental practitioner or for occasional care. Patient groups currently seen by the special care teams within PDS include:

Access issues

- Patients who require mechanical aids not available in general dental practice
- Domiciliary care where their current/ local GDP does not or is unable to provide this service

Physical disability

- Movement disorder, significant physical disability

Learning disability

- Significant communication difficulties
- Challenging behaviour
- Sedation or general anaesthesia required for examination or any intervention

Mental health problems

- Current admission requiring urgent/ emergency care
- Significant mental health problems impacting on daily living, which preclude attendance at a general dental practice

Significant medical compromise

- ASA III or greater
- Treatment required in a hospital setting for general dentistry
- Medical intervention that can only be provided in a hospital required before dental treatment
- Dental assessment required prior to medical intervention as per prior arrangements with the Special Care department for selected cardiac/ immunocompromised patients

Care of the frail older person

Those admitted to in patient Care of the Elderly units

- Routine care if admitted for > 6 weeks
- Routine care if this forms part of their rehabilitation

Anxiety/ behavioural management

- Patients other than ASA1
- Technique required beyond that available in general dental practice
- Failed sedation in GDS and failed specialist in primary care

4.4 Domiciliary Enhanced Care

The OHIP for Scotland provides some detail around future arrangements for domiciliary care for patients. The OHIP describes domiciliary care to be largely provided by high street dentists with enhanced skills. The PDS will continue to provide care for the most vulnerable patients, with shared care arrangements in place with GDS. This recommendation was a priority for the Chief Dental Officer for 2018/19. Clarity will be required as to the role the PDS will play in supporting high street dentists and also the workforce required in the PDS for the future delivery of domiciliary care to the most vulnerable patients.

4.5 Prison Dentistry

Scottish Government provided guidance for NHS Boards in July 2015. The Oral Health Improvement and Dental Services in Scottish Prisons[6] document sets out the provision of healthcare to prisoners. This guidance rationalises the type of treatment a prisoner could expect according to the nature of incarceration: remand, short-term or long-term sentence.

[6] www.scottishdental.org/.../OHI-Dental-Services-in-Scottish-Prisons

- Emergency dental care
- Ongoing care and treatment whilst detained
- Dental hygiene advice and treatment

The Oral Health Directorate has established the delivery of a directly managed dental service to the 3 prison in NHS GGC which is provided by the Public Dental Service. It is delivered by a number of dentists supported by a dental nurse and dental hygienist.

We currently provide 11 clinical sessions across prisons in GG&C as below:

- Barlinnie 5 sessions per week
- Greenock 2 sessions per week
- Low Moss 4 session per week

In general, prisoners tend to have high dental treatment need. This is often due to a chaotic lifestyle which can be as a result of social deprivation and associated with a history of prolonged substance misuse (drugs, tobacco and alcohol). Dental attendance outside of the prison is often infrequent. Therefore part of the rehabilitation process is to raise awareness of health issues and participation in detoxification programmes.

The Oral Health Improvement team play an active part in this process in delivering Mouth Matters[7] which is a training programme which outlines for staff working with people in Scottish prisons**.**

The high numbers of prisoners, with high treatment need has resulted in increased waiting times for dental appointments.

There are a number of challenges impacting upon dental service provision, the most obvious being the client group are in a prison environment with all the relevant safety and security measures in place.

There are additional complexities, some which are common to all prison sites and others related to individual facilities. Transfer of prisoners to the dental clinic involves complex logistical considerations on the part of Scottish Prison Service. This is to ensure the safe and effective running of the prison system. This impacts upon appointment times and clinic schedules and requires careful planning. These logistical difficulties can restrict access to care daily and often impact upon waiting times for inmates, with patients in pain or in urgent need of care prioritised in the first instance.

4.6 Public Health Function

The PDS supports the delivery of activities to meet national and local targets for Oral Health Improvement. This includes:

- Monitoring of population oral health
- Informing Oral Health Needs Assessments of school children by carrying out epidemiological surveys of the population's oral health status (NDIP)
- Implementation of strategies for Oral Health Improvement

[7] http://www.knowledge.scot.nhs.uk/mouthmatters.aspx

The Dental Public Health function provides representation at a local and national level within Public Health and Health Improvement and engages locally with key stakeholders within HSCPs, academia, general practice and public groups. The PDS involvement assists in the delivery of oral health improvement (OHI) programmes and involvement in the delivery of National Dental Inspection Programme (NDIP).

4.7 Student Outreach Teaching

Within NHS GGC Outreach experience is provided for undergraduate students at a number of sites in the PDS. This service is run jointly by the OHD in conjunction with Glasgow University. Students spend approximately 33 weeks attending a number of community based clinical placements in an extended programme of outreach activity.

Outreach teaching for students provides:

- Opportunities to enhance undergraduate's clinical skills in a primary care environment.
- An environment to fulfil GDC Intended learning outcomes as outlined in the Preparing for Practice document.
- The ability to comprehensively map outreach activities onto the University of Glasgow's Graduate Attributes documentation.
- A clinical environment to ease transition to Dental Vocational Training.
- Preparation for BDS students prior to entry into workforce as safe and independent practitioners.
- High quality patient care to children and adults in areas of need.

Patients are provided with routine dental care by undergraduate students supervised by Senior Dental Officers. The Outreach Centres at the Vale Health and Care Centre and Royal Alexandra Hospital hosts 5th year undergraduate students completing their final year of studies. This placement provides them with the opportunity to improve their clinical skills in a supported environment.

In addition, since its opening the Emergency Dental Treatment Centre Floor 1 GDH has played a vital role in teaching undergraduate dental students and assisting with identifying and referring patients for undergraduate teaching clinics such as oral surgery extraction clinics and endodontic clinics.

Final year students are given the opportunity of seeing urgent and emergency patients, carrying out assessments and providing basic treatment, including straightforward extractions. They can also observe more complex care.

The PDS also support outreach provision for student Hygiene/Therapists. The role of the Scottish Dental Hygiene Therapy (SDHT) School is to provide conventional and modern education, both clinical and theoretical for Student Dental Hygiene/Therapists.

The BSc Oral Health Science is awarded by Glasgow Caledonian University over three years training. Students are embedded in the Periodontal Department of the Dental Hospital and attend outreach facilities in our PDS sites where students undertake paediatric training.

4.8 Daytime Emergency Dental Treatment Centre - Floor 1, Glasgow Dental Hospital

The daytime service is designed to provide emergency cover for patients who are not registered with an

NHS dentist. This may also include those patients who are unable to attend their own dentist (e.g. out of area patients visiting Glasgow). The daytime service is staffed by the PDS.

Some outreach student supervision is provided in the department for undergraduate students and CT1 students to allow them to gain experience of urgent care.

4.9 Primary Care Oral Surgery

The drivers for the implementation of this service are common with other work streams within the OHD. The treatment needs of patients with greater complexity than a high street dentist skill set, but not at the level of a consultant or specialist is a growing cohort. This represents a core of referrals described as avoidable to secondary or specialist services.

Development of the PDS Oral Surgery pathway is already ensuring that patients are seen by an appropriate clinician. The waiting times for patients and the volume of referrals seen in secondary care has reduced. This service achieves the goal of shifting the balance of care into primary care.

The PDS Oral Surgery service also provides an opportunity to explore relationships between secondary care NHS Oral Surgery, PDS Specialist Oral Surgery, EDTC and the University. An aspect of student experience that is a concern is the reduction in the opportunities available for dental extractions. This fusion of services and education has enormous potential for the stakeholders involved, providing support and education; a specialist oral surgery service within PDS with close links to secondary care specialist oral surgery; and education and training for undergraduate dental students.

The referral and acceptance criteria for the PDS and secondary care oral surgery service have been reviewed and agreed for implementation. The respective pathways will provide a seamless and simple system for the referral of oral surgery patients according to treatment complexity. This will result in a more effective use of secondary care resource and is in line with the OHIP recommendation in relation to upskilling primary care clinicians.

Data collated to date suggests and supports further development of the PDS Oral Surgery service.

4.10 GDS within Secure Units

The Public Dental Service provides dental services to 4 secure sites:

The Kibble Education and Care Centre

This location is an independently funded junior and senior school for boys and girls in Paisley. It provides specialist services for children and young people affected by adversity or trauma. A dental team comprising of a dentist and dental nurse visit the centre on 2 occasions per month.

St Mary's Kenmure

This site is a secure residential facility providing care for young people in a controlled, safe and secure environment. Residents are referred from the Courts and Children's Hearing. This establishment is run by a voluntary board of managers and is a registered charity.

A dental team comprising of a dentist and dental nurse visit the site on a weekly basis.

The Good Shepherd Centre

This location provides a secure unit, a close support unit and a semi – independent living service for vulnerable young people aged 12-17 years. Young people are referred by the Criminal Justice and the Children's Hearing systems, each young person accommodated is in need of intensive and/ or secure care. This establishment is a registered charity. A dental team comprising of a dentist and dental nurse visit the site once every 3 weeks.

Rowanbank

In addition to the PDS providing services within these three units, currently patients from Rowanbank Clinic who require dental treatment attend the dental department at Stobhill ACH. This does involve considerable and complex planning with Police Scotland and staff within the unit and is very resource intensive. Rowanbank Clinic is a 74 bed medium secure care centre on the Stobhill site. This specialist mental health hospital aims to improve the care available for the small number of patients with mental illness who require to be treated in a more secure environment that general or low security mental health hospitals can't provide but who do not require to be cared for in a high security setting.

In the proposed new build for Rowanbank, a recommendation has been made and agreed to include a dental facility within the clinic and provision of care for this patient base should be considered as part of this review.

5. Our Population

NHS Greater Glasgow & Clyde is the largest Health Board in Scotland and is responsible for the health needs of the population who live in six Health & Social Care Partnership areas (Figure 1). The total population is approximately 1.2 million, which is almost a quarter of Scotland's population. The geographic area covered is very diverse and includes Glasgow City, towns and many rural areas. NHS GGC includes areas of great affluence neighbouring areas of severe deprivation and poor general health. This brings with it major challenges to ensure the health needs of all are met.

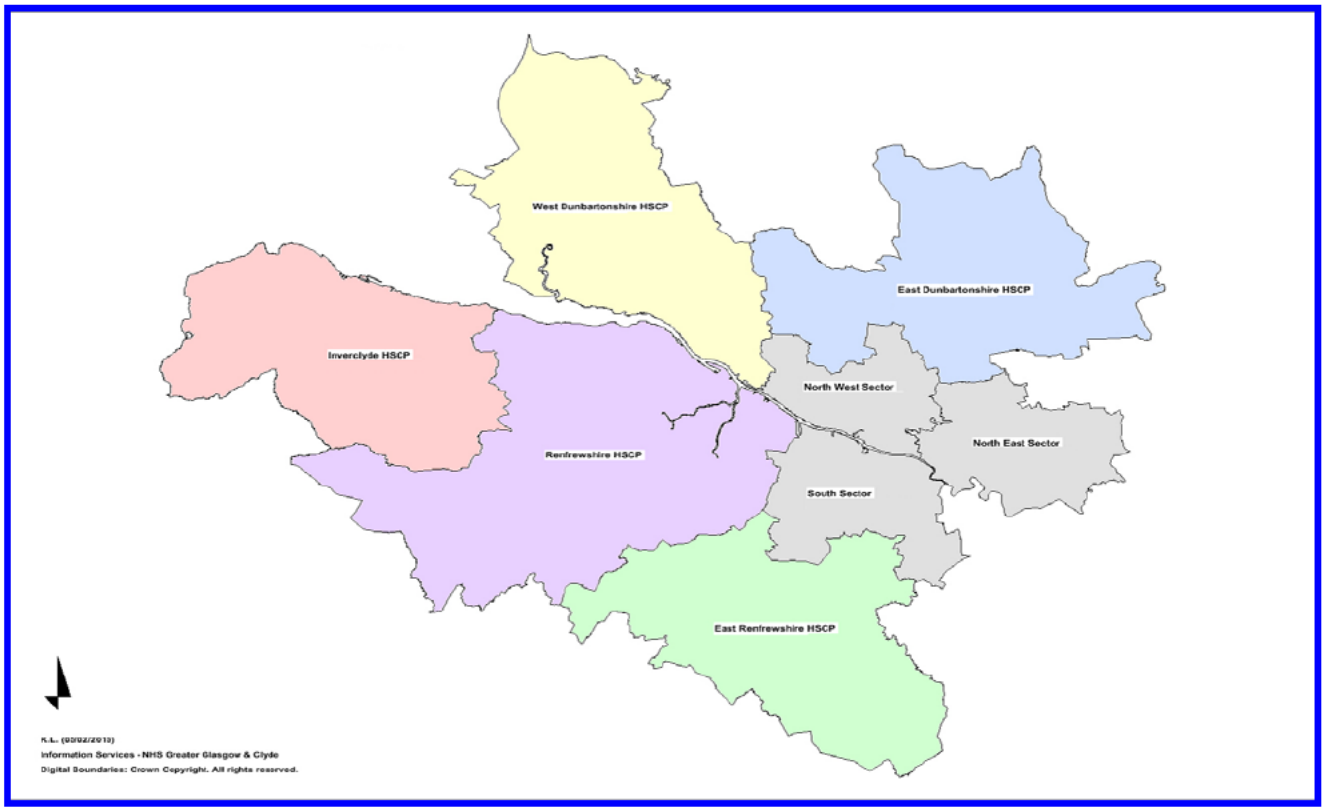


Figure 1- Map of NHS GG&C with HSCP Boundaries

National Records of Scotland data suggests the population estimates for 2014-2035[8] will see an increase in the overall population numbers and a change in the proportion of people in each age bracket in GG&C[9]. The data indicate by 2035 the Board area will experience a reduction in the child population and a significant increase in the number of older people (over 65 year olds). This cohort of citizens will live longer with long-term illnesses and self-reported ill health. Older people are more likely to suffer from co-morbidities and, in addition, age-related frailty. These factors will impact on the complexity of oral health treatment required, either from the nature of the treatment and/or patient modifying factors.

On reviewing the age groups between 2014 and 2035, it is noticeable how pronounced the changes will be for people aged 65 and older. This is illustrated in Figure 2. By 2035, there will have been a 40% increase in

[8] NRS Mid-Year Population Estimates: http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates
[9] NRS Population Projections (2012-2037): http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/sub-national-population-projections

the age group 65-74 compared to 2014.These individuals will require oral health care as well as maintenance of their dentition.

The level of treatment required in this age group is likely to be more challenging, due to significant medical conditions and multiple polypharmacy, which may also impact on the complexity of care. Whilst high street dentists may be able to accommodate a large proportion of the more elderly age groups, these complicating factors may inhibit them in providing holistic dental care. This may place greater demand on PDS services and secondary care specialist services.

Any redesign of dental services will need to reflect the ageing population and the changes in their dental need.

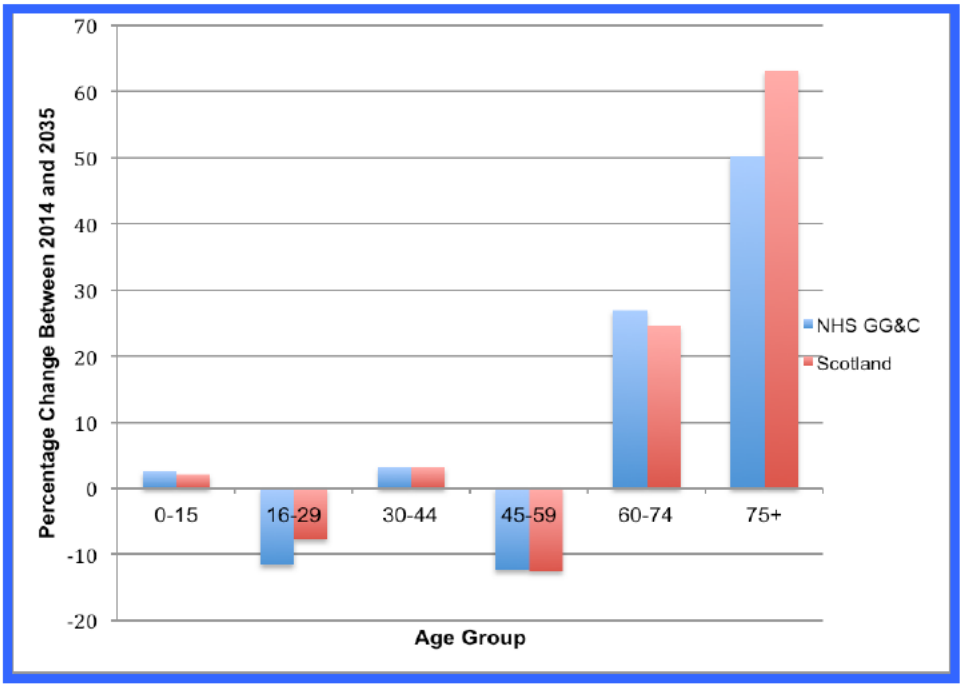


Figure 2 - Percentage Change in Population in NHS GG&C and Scotland, 2014-2035 (2014 based projections)

6. Our Oral Health

Oral disease is a widespread public health issue and is largely preventable. Historically the population of NHS Greater Glasgow and Clyde have a very poor record on oral health and has 46% of the most deprived households in Scotland. There is a strong association between oral disease and deprivation which has severe consequences, and is a burden financially to both the individual and the population.

NHSGGC incorporates many areas of high deprivation and research has demonstrated that this directly relates to high levels of oral health need, with a large disparity between affluent and deprived communities. This in turn places particular demands on services and the workforce which provides these. The burden of decay experience is unevenly distributed across the SIMD spectrum. Those children living in the most deprived communities experience approximately five times as much decay as their most affluent peers, even at the age of 3 years old.

There have been improvements in oral health within Scotland and the Board area over the past 15 years, but this has not been evenly spread across the population as disease experience varies by gender, age, social class and ethnic group.

The majority of dental decay is now polarised and it can be seen to be concentrated in particular population subgroups e.g. the vulnerable and socially disadvantaged.

Much work is required to overcome the oral health inequalities, particularly in the least affluent areas. The main challenges arising from the NHSGGC population and oral health profile are

- The increasing life expectancy with associated increasing complex medical histories including cognitive impairment and access issues in older age and the retention of natural teeth, often requiring complex dental treatment.
- The continuing oral health inequalities that are still experienced, despite the investment and efforts in oral health initiatives.
- The gap in social deprivation and how we manage to close this gap for oral health in residents of these areas.
- Continuing the improvement in child dental health thereby starting a child on a journey of good Oral Health.

7. Our Workforce

Workforce Planning is a statutory requirement in NHSScotland established in 2005 with the publication of the original guidance to all NHS Boards described in HDL (2005)52 "National Workforce Planning Framework 2005 Guidance"[10]. This guidance was replaced in 2011 with CEL (2011) 32[11], which provided a consistent framework to support evidenced based workforce planning with the key stated aim:

"to ensure the highest quality of care for patients by ensuring NHSScotland has the right workforce with the right skills and competences deployed in the right place at the right time".

NHSGGC publishes an annual workforce plan which highlights the key achievements and forthcoming expectations in relation to its future workforce. As a directorate, Oral Health is currently building on its 2014-18 workforce plan to ensure that it has the necessary workforce analytics to provide on-going safe, effective and efficient services across the continuum of directorate services.

Figure 3 below shows the current Public Dental Service workforce at 1 April 2018 by profession and occupational group. The overall headcount is 210, which is distributed across Dentist, Dental Nurses, Hygienist, and Administrators. This represents approximately 37% of the overall Oral Health Directorate workforce.

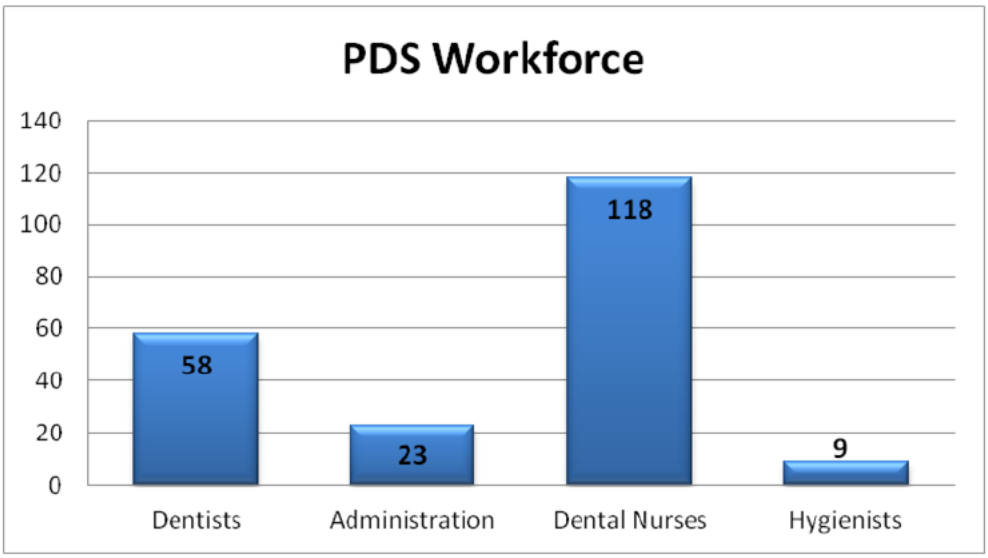


Figure 3: Overall PDS workforce

Figure 4, shows the Age distribution across the Public Dental Service, which is a key indicator in relation to maintaining services. The table shows that 45% of staff are aged over 50 years, with 12% of staff aged 60 years or over. In relation to the professional occupations, the length and access of training varies but is usually about 5 years for Dentist to 2 years for Dental Nurses, therefore you can see the importance of

[10] http://www.sehd.scot.nhs.uk/mels/HDL2005_52.pdf

[11] http://www.sehd.scot.nhs.uk/mels/CEL2011_32.pdf

reliable workforce data. Figure 5 and Figure 6 highlight the age distribution of Dentists and Dental Nurses respectively.

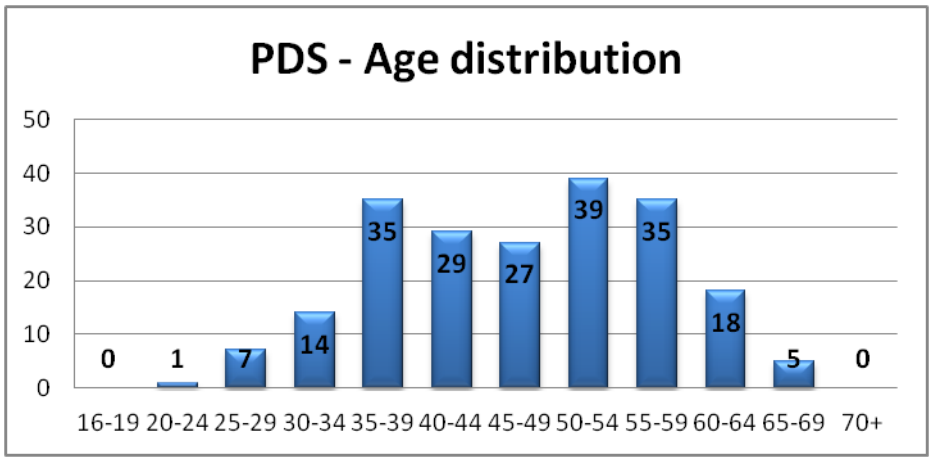


Figure 4: Age distribution across PDS

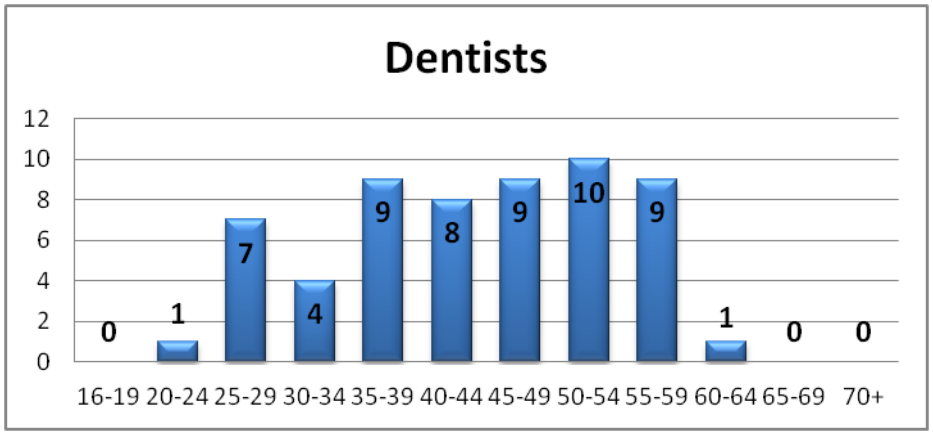


Figure 5: Age distribution PDS Dentist

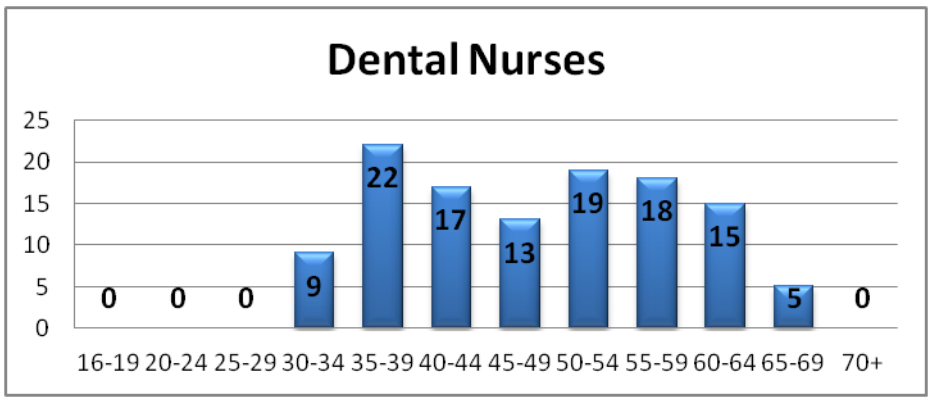


Figure 6: Age distribution PDS Dental Nurses

This age distribution is also critical in relation to ensuring that the Public Dental Service is able to respond

to the service challenges of an ever changing population demographic as highlighted in this review and also in the Oral Health Improvement Plan.

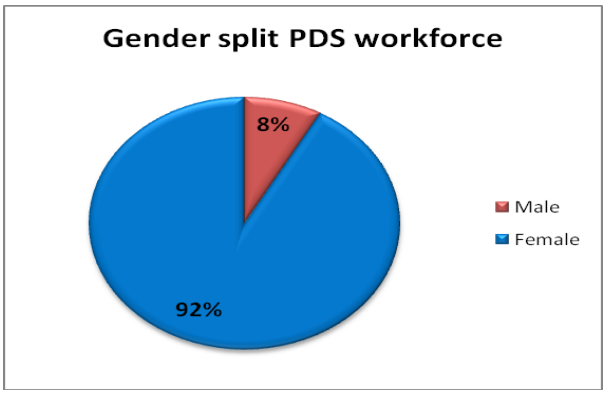


Figure 7: Gender Split PDS Workforce

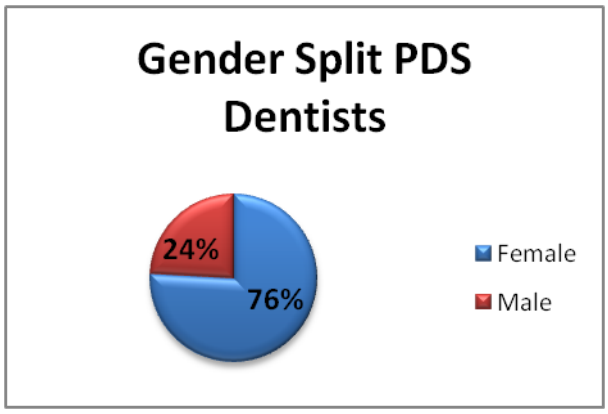


Figure 8: Gender Split PDS Dentists

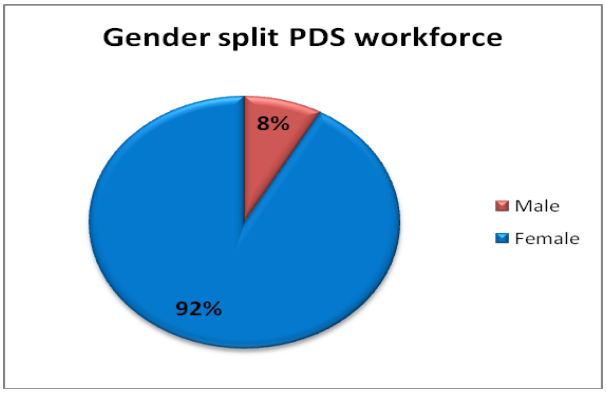


Figure 9: Employment Classification PDS

In Figure 7 which looks at the gender split of staff within the service, we see that 93% of our staff are female, which is not unexpected in this overall workforce, however in Figure 8, we see a more normal gender split with 24% of dentists being male. Therefore in real terms the gender split out with Dentists shows that almost 100% of all other staff are female.

This gender balance is mirrored in Figure 9 which shows the employment classification, highlighting that 55% of all posts are part time in nature (affectively less than 37.5hrs per week).

This proportionately high level of non full time staff is problematic in relation to maintaining registration requirements with the enhanced level of verifiable CPD required by the General Dental Council irrespective of the normal working pattern.

The Directorate in its commitment to staff governance has embarked on a series of awareness and development sessions for staff, to provide an effectively trained workforce which fully meets the requirements of the GDC and ensures that no member of staff are disadvantaged due to their work pattern. NHSGGC has a number of policies in place to support staff to have an appropriate work life balance to meet their and service needs.

It is important that in undertaking this review we make best use of the importance of these trends and patterns in our workforce to shape our future services. As a service we need to be able to offer the right experience, the right environment to enable safe, effective and efficient services for both patients and staff. Our current workforce trends show the number of staff who could retire within the next 5 -10 years, therefore we need to start thinking about the skills staff will require in the future given it takes 5 years to train a dentist, which will then influence our recruitment strategy.

In the wider discussion on staffing, we need to ensure that we see oral health as a continuum of care with various pathways for services users between General Dental Services, Public Dental Services and Secondary Care Dental Services as many of our staffing challenges will be mirrored in these services and likewise many staff will seek employment across the continuum.

In looking at future workforce trends and patterns, we need to look at a number of different but interlinked aspects of building a future workforce which is “fit for purpose”. Nationally we have the “Scottish – Oral Health Improvement Plan” and a new General Practice Medical Contract[12], which will see the development of Primary Care Improvement Plans and locally we have Regional Planning for the West of Scotland and the work on a new NHSGGC Clinical Strategy, “Moving forward Together”.

All of these key areas of work will offer opportunities as well as challenges for the Public Dental Services going forward in relation to the skills required. These new strategies look at the different types of roles being undertaken in future, but with an emphasis being on the aspiration to have health care delivered as locally as safely as possible.

The new General Medical Services contract and the development of Local Primary Care Improvement Plans, the Oral Health Improvement Plan and the investment in Health Scotland, all have prevention at their core. Does this offer an opportunity for early intervention at the Dental appointment, with awareness on blood pressures, weight management as well as the brief interventions already undertaken on smoking and alcohol.

In relation to people retaining their own teeth longer, do we need to invest in more hygienist/therapists thus enabling the dentist to deal with more complex dental cases. It is important that we look at the

[12] https://www.scot.nhs.uk/general-medical-services-contract/

trends in patient activity to ensure that we have the workforce of the future. This will allow us to provide the correct level of care by the most appropriate person.

In relation to our future workforce it is important that we have reliable data on future trends to enable us to better describe the opportunities available to school leavers, people looking to change job roles and work in partnership with higher and further education to ensure that we have adequate numbers of appropriately trained staff in future years.

8. eDentistry (IT Systems and Activity Data)

The Scottish Government announced their Programme for Government 2015-16. As part of a number of measures for NHS dental services, the Programme provides for "an eDental programme that will improve the assurance, governance, efficiency and information on quality of services".

This Strategic Vision for eDentistry[13] takes cognisance of the Scottish Government's 2020 eHealth vision which is defined by a set of specific objectives as detailed below:

- Manage the increased requirements for information sharing across the NHS, social care and their partners, and adoption of standards for inter-operability to ensure a smooth pathway of care for patients.
- Meet the clinical, governance and business support requirements of primary care dentists, who deliver over 4 million courses of NHS dental treatment in each year.
- Manage the increased demand for timely good quality data and analysis to target health care improvement.
- Meet the increased need for (i) mobile access to clinical information within a home or community-based setting, and (ii) additional self-management tools and information for patients.
- Determine the eDental requirements of secondary care dental services and how they interface with primary care services.
- Support national eHealth strategies.

It set out an ambitious programme of future work, grouped into three main phases of development. Phase 1 was completed by the end of 2018, and focused on 'business efficiency' measures which included.

- All NHS communication to and from practices by NHS email
- Clarity over the end date for paper GP17 forms
- Agreed standards for sending digital images
- Changes to the GDS Regulations to allow for e-signatures

Phase 2 will include a range of other initiatives across the headings of 'clinical support', 'improvement support', 'patient empowerment', 'information sharing', 'mobile working' and 'data to support planning'.

8.1 IT/eHealth

As part of the management of the growth in Digital Dentistry and Electronic Patient Record, the information held electronically in clinical records, and data security requirements, necessitates close working with eHealth teams to ensure appropriate governance and support is in place and the systems and

[13] Scottish Government CDO & Dentistry Division: Strategic Vision for eDentistry. http://www.scottishdental.org/wp-content/uploads/2015/10/DC20151022eDentistry.pdf

processes are fit for purpose.

8.2 SCI Gateway

SCI Gateway is a national system which aims to standardise referral processes between primary and secondary care. Although SCI Gateway is fully integrated within General Medical Practitioner's IT systems, this functionality is not wholly integrated within dental practice software systems, in as much as SCI Gateway will not link with the practice systems to pre-populate patient information.

As part of the Strategic Vision for e-Dentistry, a memorandum was issued under PCA(D)(2016)4[14] for all referrals by dentists to be sent electronically via SCI Gateway by 1st April 2017. This required a replacement of any paper based referrals and development of pathways on SCI Gateway, with appropriate referral criteria and guidance. Working in collaboration with eHealth colleagues, the PDS has the majority of referral pathways ready for use within SCI Gateway, and this will be completed and ready to implement by summer 2019. We then require to ensure that these are kept up to date and reactive enough to manage patient care.

8.3 Electronic Patient Records (EPR)

The PDS moved away from paper records to electronic patient records through an electronic system called R4 a number of years ago. A major requirement of a dental EPR system is tooth charting functionality and the capacity to upload radiographs and/or image files. The R4 system provides the opportunity to create clinical templates, customised menus and the ability to run standard and bespoke reports.

The PDS has recently moved to R4 Clinical Plus (R4 C+), an upgraded system with new functionality. A series of additional codes, known as 7000 codes has been derived nationally to address the complications associated with recording PDS activity. Examples of these relate to case mix models for special care patients and GA extraction activity. There have been difficulties in fully implementing and complying with the 7000 codes. Some issues are related to IT and are not unique to NHS GG&C with other Board areas experiencing similar problems. However, the PDS continue to engage with e-Health to address software issues and the system will be fully functional in due course. R4 C+ will, when fully integrated, provide the PDS with the ability to run consistent business object reports on service and chair utilisation across all sites. There remain some issues with this transfer and functionality and work is continuing with our eHealth colleagues to resolve.

8.4 Dental Activity

Dental activity under the Statement of Dental Remuneration is recorded on electronic forms known as GP17s. These forms record patient demographics and treatment carried out on a patient. Once treatment is completed these forms are submitted to Practitioner Services Division and are part of the mechanism for determining the level of financial reimbursement to NHS GDS dentists for treatment provided to patients. The PDS are also bound to the SDR for treatment provision and are expected to submit GP17 forms for the recording of dental activity. This is not linked to financial reimbursement for the PDS, but does act as a means of assisting Scottish Government to monitor PDS activity. However, the PDS also performs clinical activity outwith the SDR. The consistent use of 7000 codes will help support this. The recording of this activity is important in monitoring the service delivery of the PDS in relation to budget allocations.

[14]Memorandum to NHS: PCA(D)(2016)4. http://www.psd.scot.nhs.uk/documents/NHSPCAD20164.pdf

9. Facilities and Estates

There are currently 28 sites across NHS GG&C where the PDS have a presence. The PDS only provide clinical services from 21 of these sites and the remainder are admin or equipment bases.

NHS GG&C has developed larger dental centres providing a range of primary care, outreach and other activities. This was in line with the Kerr Report[15] and Scottish Government's infrastructure and investment plan[16]. The first of these sites was opened at the Royal Alexandra Hospital, in Paisley in 2011. There has been a move to disinvest from single surgery sites, except under exceptional circumstances.

Investment in PDS sites continues with capital programmes in place for new sites in Gorbals and Greenock. The new clinical site in Gorbals opened in Jan 2019 and involved the relocation of PDS services from the existing sites at Gorbals Health Centre and Govanhill Health Centre. The new facilities for Greenock have been approved and are due to open in 2020.

All 6 HSCPs in NHS GG&C have access to the services provided by the PDS. However, some services can only be supported on certain sites, such as GA extractions within hospitals, IV sedation for adults within ACHs and medically compromised special care patients who may require access to hospital services.

East Renfrewshire HSCP

There are no PDS sites operating within East Renfrewshire but the partnership has access to all PDS sites if required.

Glasgow City HSCP

There is a PDS presence on 22 sites – detailed at Appendix 3 providing the full range of PDS services. Future developments in Glasgow City may provide opportunities for us to work with the HSCP to ensure we are involved in planning decisions.

East Dunbartonshire HSCP

There is only 1 PDS clinic within East Dunbartonshire, located in Kirkintlloch Health and Care Centre. This site delivers limited paediatric dental activity in a locality with generally good child oral health and has access to several NHS dental practices and good transportation links to nearby PDS sites. The viability of this site for oral health services needs considered in line with East Dunbartonshire requirements and overall health needs.

Inverclyde HSCP

There are 2 PDS sites located within Inverclyde. Greenock Health Centre has 8 surgeries, 4 are not used since the transfer of student outreach activity to Vale Centre for Health and Care in 2013. The new Greenock Health Centre is due for completion in 2020 and this will see a consolidation of services with more effective and efficient service delivery from 3 new surgeries. Inverclyde Royal Hospital delivers GA extraction activity in day surgery.

[15] Better Health, Better Care: Action Plan. www.gov.scot/publications/2007/12/11103453/9
[16] Scottish Government 2008. *Infrastructure Implementation Plan.* www.scotland.gov.uk/Publications/2008/03/28122237/14

Renfrewshire HSCP

The Royal Alexandra Hospital contains the only PDS site in Renfrewshire HSCP. This facility is a major location for the delivery of outreach teaching to undergraduate students. There are a large number of surgeries within the RAH site. There is a self contained 4 surgery suite not currently in use. This site therefore will be able to consider expansion or relocation of other services within the Board to complement existing services on site and for the PDS.

West Dunbartonshire HSCP

There are currently 3 PDS sites within West Dunbartonshire. The Vale Centre for Health and Care provides special care and paediatric dentistry and is also another major centre for outreach teaching. The PDS dental department at the Golden Jubilee National Hospital is for management of patients with complex medical cardiac needs undergoing treatment. Dumbarton Health Centre services transferred to the new Vale Health and Care Centre when it opened and the site is no longer used for clinical care.
A full breakdown of the sites per HSCP is attached at Appendix 3.

As part of this review we will commission a feasibility study to review the fabric and standard of our current premises.

10. Finance

The funding for PDS comes from two main sources – Board funded historical community dental services and Scottish Government (SG) funded Salaried GDS. The SG Salaried GDS service was introduced in 2006 to address the issues of access to GDP services on the high street.

In common with all Boards across Scotland, NHS GG&C operates in a challenging financial environment. Significant savings targets have been placed on public services in order to achieve financial balance. This is likely to continue for the foreseeable future. The OHD contribute to a programme of efficiency savings to the Board and also face reductions in the allocations received from Scottish Government.

Due to increase in access to NHS dental services it is likely SG will seek to reduce the investment in the PDS, unless there clear demonstration of dental activity being provided through submission of GP17s and the appropriate use of 7000 codes as detailed in the section on eDentistry. The recording of this activity is important in monitoring the service delivery of the PDS in relation to budget allocations.

A number of years ago GDPs reduced their provision of NHS dental services in favour of private dental services and with high percentages of the population not registered with a dentist, boards were funded to provide access to NHS dental services to the whole population. This was a change for Boards, which traditionally under the community dental service had only provided care to special needs groups and children. Initially the SG funding was on a non-cash limited (NCL) basis whereby health boards were reimbursed for 100% of costs associated with the provision of Salaried GDS. As there is now only pockets of areas where access to NHS dental services is an issue SG capped the Salaried GDS allocation at a fixed level based on the years outturn in 2012/13. This change required Boards to submit bids for their Salaried GDS services for funding from 2013/14 onwards which ultimately resulted in the creation of the PDS in January 2014.

The current (and historic) funding levels for the PDS in NHS GG&C are as follows:

	2014/15	2015/16	2016/17	2017/18	2018/19
	£k	£k	£k	£k	£k
Community Dental Service (recurring budget)	2,377	2,291	2,248	2,240	2,221
Salaried GDS (annual allocation)	5,261	5,261	4,936	4,878	4,634
Total PDS	7,638	7,552	7,184	7,118	6,855

PDS funding levels 2014/15 – 2018/19

The OHD have identified and delivered against budgetary savings, whilst maintaining service delivery and improvements to the service. The reductions in NCL monies place additional cost pressures on mainstream PDS services. Effective use of resources and service development continue to meet the cost pressures the OHD face, at a time of increasing demands on the PDS services and rising costs.

It is in line with this financial challenge that the review of the PDS is also important to ensure we deliver our services within our allocated funding. Consideration also needs to be given to the Boards Financial Improvement Plan which takes into account LEAN principles, best use of facilities, requirement for

investment, areas of most need and access to services.

11. Patient Experience

The *NHS Quality Strategy* (2010) establishes our commitment to put people at the heart of everything the health service does in providing safe, effective and person centred care. The Patient Rights (Scotland) Act 2011 builds on this and deliberately raises the status and focus of patients' rights and aims to improve patients' experience of using NHS services in Scotland. The aim is to ensure that patients recognise their rights and work in partnership with NHS staff and health service providers to support their own health, where this is possible.

The concept of patient-centred care can only be realised if the views of the patient are considered throughout the patient journey and patient feedback is increasingly becoming a major component of quality improvement in medical service delivery. There needs to be involvement with patient representatives in the development of services and how services can be improved. There is a need to ensure patients in the PDS are aware of the clinical offer the PDS provides, that the care they receive in the PDS is still a primary care service and as such may be associated with patient charges. As the SDR evolves and becomes simplified, the PDS may have to adapt the offer it can provide to patients accordingly. This will need to be managed in partnership with GDS dentists and patients.

Within the OHIP it reminds us that the Scottish Governments 'Making it Easy' strategy[17] recognises that "modern health and social care can place daunting hurdles in our way – the language and processes of health and care services can be hard to understand". The public deserves to have access to information to help them improve their oral health, including the dental treatment they may require.

This is recognised as one of the national health and wellbeing outcomes for HSCPs, which states that 'People who use health and social care services have positive experiences of those services, and have their dignity respected'[18]. We therefore look to enable people to receive personalised care and take control supported by Self Directed Support options.

[17] https://www.gov.scot/publications/making-easier-health-literacy-action-plan-scotland-2017-2025/pages/8/

[18] https://www2.gov.scot/Topics/Health/Policy/Health-Social-Care-Integration/National-Health-WellbeingOutcomes

12. Development of our Clinical Offer

As the PDS evolves there is an expectation the workforce will continue to develop as a well-trained, flexible and responsive workforce. PDS staff should be able to work to the "top of their license", to enable better use of skill mix and smart working. This will involve a move away from silos of activity i.e. PDS sites with a single surgery delivering single specialty dentistry, where teams can be isolated and are unable to maximise opportunities for learning and development. There should be a move to more inclusive hubs delivering co-located child and adult activity on a scale and volume to best meet the needs of the population. This will facilitate a more effective use of our specialist and expert knowledge and create opportunities for shared learning a development.

As the OHIP is implemented, the PDS will need to evolve to meet changing service requirements, such as the shared care arrangements with GDPs. Shared care and specialist led shared care would require the use of the additional skills of the PDS workforce.

A pilot exercise was undertaken in NHS GG&C on the behalf of the West of Scotland NHS Boards to test the concept of a consultant-led MCN for specialist restorative services (endodontics and periodontics). The pilot successfully verified the ability for the MCN to deliver consultant-led restorative care by enhanced skills dental practitioners. In this case, the enhanced skills practitioners were dentists employed by the PDS. These PDS dentists with enhanced skills would be integral to shared care arrangements for more complex cases, outwith the skill set of a GDP.

The concepts of an MCN have been considered in NHS GG&C Restorative Services Review (RSR). The RSR considered a platform for primary care dentists to be directly involved in the delivery of shared care under the supervision of a consultant-led MCN i.e. the dentist attends with their patient. This could be at differing stages of the treatment process, for example:

- Diagnosis & treatment planning
- Delivery of Tier-2 complexity treatment
- Patient discharge and long-term maintenance

Such structures are in line with the OHIP and would deliver on the expectation the PDS would pursue shared care arrangements with GDS practices. This model can begin to inform the PDS clinical offer, the referral and acceptance criteria and the criteria for shared care and/or discharge back to a GDP.

12.1 NHS GGC PDS Acceptance Criteria for Referrals and Discharge

Historically, the referral routes into the PDS were not clear or consistent. Referrals could arrive by direct letter or telephone to a clinic with no means of collating patient flow across the PDS, or understanding of need or demands on the service. This could also result in inequalities within the PDS as waiting times for clinics could differ across geographical areas.

This has driven the need to have clear and comprehensive referral pathways in the PDS through SCI Gateway. This has resulted in the on-going and additional work with our colleagues in eHealth as referenced in eDentistry section and close liaison with our GDP colleagues.

To ensure the PDS is seeing the appropriate patients there need to be clear and transparent referral and acceptance criteria. This criteria needs to align with the clinical offer the PDS provides for patients.

Current work is looking at how we define our clinical services and how referral pathways will ensure appropriate patients are treated by the right person in the right setting in a timely manner and discharged back to the care of a high street dentist when the time right. The OHIP recommends development of patient pathways which will incorporate shared care arrangements with GDPs. Therefore we will need to set out clear referral and acceptance criteria, aligned with the clinical offer of the PDS.

12.2 Modernisation of Facilities

As noted earlier there is recognition for the need to modernise the PDS in alignment with the Moving Forward Together programme. Our clinical facilities need to be fit for purpose, allowing co-location of paediatric and adult services, with the flexibility to adapt to future requirements. We need to seek innovative ways of working with our stakeholders to ensure care is being delivered efficiently and in the most appropriate settings, closer to where the patients live, and avoiding travel to secondary care facilities.

13. Next Steps

The document will now be shared widely with stakeholders for comment. On receipt of comments it is proposed to establish a number working groups to agree work streams and take forward any recommendations taking account of the principles of Better Health, Better Care, Better Value and Better Workplace.

It is anticipated that the working groups will cover areas such as:

1. **Estates – Maximising the opportunities that our current and future estate can afford our service users and staff**

2. **Workforce – to develop a robust workforce plan that ensures the provision of a reliable, well trained, flexible and skilled workforce**

3. **Development of our Clinical Offer**

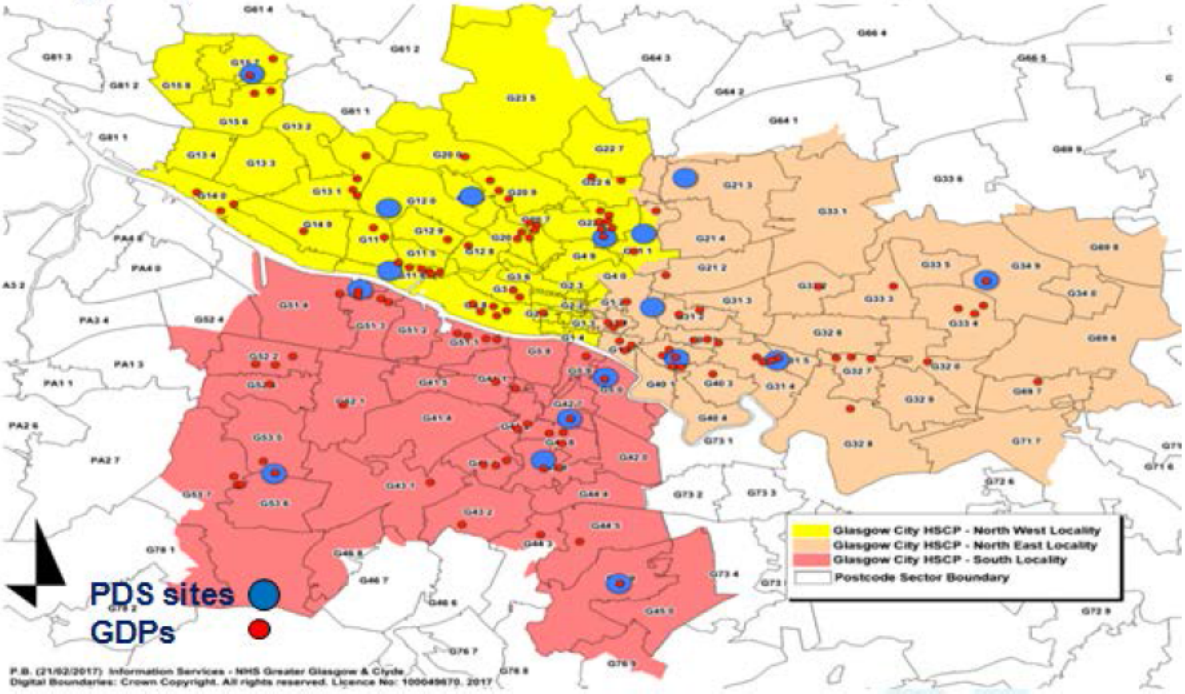
4. **eDentistry (IT Systems and Activity Data) – development of technology to benefit services**

Thank you for taking the time to read the review and I look forward to receiving your comments and working with you in the future to take forward any recommendations.

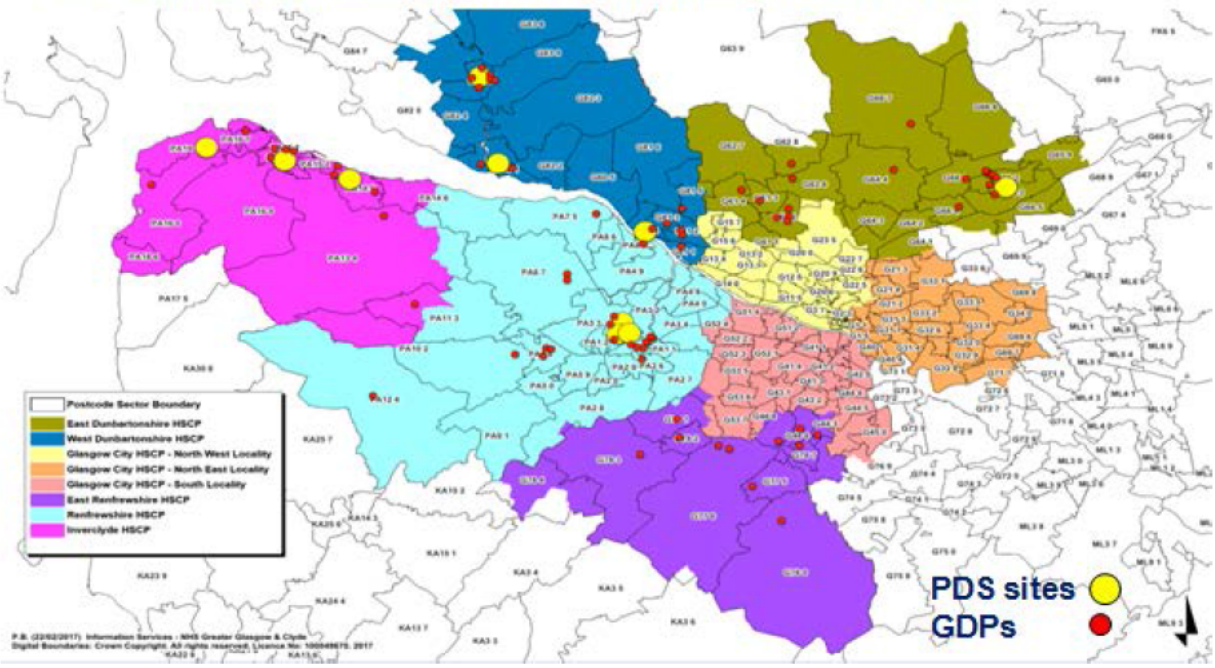
All comments should be submitted to OHD@ggc.scot.nhs.uk by 5th July 2019.

Appendix 1: Pictorial Overview of PDS sites in relation to GDPs by HSCPS

Glasgow City areas



East Dun, West Dun, East Ren, Renfrewshire, Inverclyde HSCP areas



Appendix 2: GDP practices within each HSCP

There are 258 independent contractor practices providing NHS dentistry in NHS GG&C. These practices provide General Dental Services (GDS) and in addition 68 practices provide sedation services. NHS GG&C has 11 practices that provide only orthodontic services meaning no patients are registered with them for GDS.

HSCP	No. Practices	No. Practices providing NHS sedation services	No. Ortho Practices
West Dunbartonshire	16	5	0
Renfrewshire	35	11	1
Inverclyde	12	3	1
Glasgow South	57	18	1
Glasgow North West	65	14	3
Glasgow North East	40	13	1
East Renfrewshire	22	2	2
East Dunbartonshire	26	2	2
TOTAL	**258**	**68**	**11**

As at 30 September 2018

Appendix 3: PDS sites within each HSCP

Locations/Services	Paediatric Dentistry	Paediatric Inhalation Sedation	Special Care Dentistry	Adult Special Care – General Anaesthetic Assessment	Adult Special Care – General Anaesthetic	Adult Special Care – Sedation Services	General Dental Services	Oral Hygiene Services	Domiciliary Care
East Dunbartonshire HSCP									
Kirkintilloch Health Centre	√							√	√
Low Moss Prison							√	√	
Inverclyde HSCP									
Greenock Health Centre	√	√	√			√	√	√	√
Inverclyde Royal Hospital	√**								
Greenock Prison							√	√	
Renfrewshire HSCP									
Royal Alexandra Hospital*	√	√	√	√	√	√	√	√	√
West Dunbartonshire HSCP									
Vale Centre for Health & Care*	√		√			√		√	√
Golden Jubilee National Hospital			√				√		√

*Including paediatric and adult outreach

** GA Extraction Service

Locations/Services	Paediatric Dentistry	Paediatric Inhalation Sedation	Special Care Dentistry	Adult Special Care – General Anaesthetic Assessment	Adult Special Care – General Anaesthetic	Adult Special Care – Sedation Services	General Dental Services	Oral Hygiene Services	Domiciliary Care
Glasgow City HSCP									
Stobhill ACH			√	√	√	√			
Springburn Health Centre*	√								√
Maryhill Health Centre	√	√	√						√
Drumchapel Health Centre	√	√							
Possilpark Health Centre	√	√							
Gartnavel General Hospital			√						
Easterhouse Health Centre			√					√	√
Townhead Health Centre	√		√					√	
Bridgeton Health Centre*	√								
Barlinnie Prison							√		
New Gorbals Health and Care Centre	√	√		√				√	
Pollock Health Centre*	√		√						
Govan Health Centre	√								
Victoria ACH			√			√			√
Castlemilk Health Centre	√	√							

Oral Health Directorate Paper 2

Summary Report of Patient Attendances for the Public Dental Service at Kirkintilloch Health & Care Centre

Background

The Oral Health Directorate is currently undertaking a review of the Public Dental Service (PDS) in NGS GG&C. As part of this process there is a review of the estates and the services provided at each of the sites. Data is being collated and analysed to inform discussions on forward planning for the PDS to ensure the most effective use of resources in delivery of safe, effective, patient-centred care.

The PDS currently operates out of one surgery at Kirkintilloch Health & Care Centre (KHCC). There are four sessions of paediatric dentistry provided each week (on a Tuesday and Wednesday) and one session of hygiene therapy (on a Friday afternoon). This represents the delivery of clinical services at KHCC of five sessions per week from a possible ten.

East Dunbartonshire is generally considered to be one of the more affluent areas of GG&C, although there are datazones within East Dunbartonshire catergorised as among the most deprived in Scotland. There are located in Lennoxtown and the Hillhead area of Kirkintilloch. Childhood dental health in East Dunbartonshire is consistently better than most other areas of GG&C and the average for Scotland. The most recent available data from the National Dental Inspection Programme (NDIP) demonstrated 75.7% of Primary 1 and 83.5% of Primary 7 children in East Dunbartonshire were free from obvious tooth decay. Nevertheless, there remain significant challenges in tackling health inequalities in pockets of East Dunbartonshire.

There are currently 24 NHS committed dental practices in East Dunbartonshire. Available data on patient registrations demonstrate high levels of patient registration, but child registrations are lower than desired. This is particularly the case for very young children and has been a target for improvement for the OHD and East Dunbartonshire HSCP.

Patient attendances at PDS clinics were explored during the PDS review process. However, more up to date information on the patient base at KHCC is required to inform discussions on possible future arrangements for PDS service delivery and meeting the needs for the population of East Dunbartonshire.

Methodology

Within the PDS, patient clinical records and appointment books are stored and accessed through a practice management software programme, R4 Cln+ (Carestream).

The functionality of the system permits interrogation of data and the production of reports to assist in the management of the service.

A bespoke report was performed to identify patients who have been, or are currently receiving dental care at KHCC. The parameters included:

- Patient data of birth
- Patient identifier (a unique number ascribed to a patient in the system)
- Residential postcode
- Date of last clinical examination (for patients 1st April 2017 -)
- Patients allocated to KHCC

The data search was performed under the umbrella of service evaluation and was compliant with the GDPR Regulations (2018).

The data from the search was exported into an Excel spreadsheet where any corrections were identified and addressed. The cleaned data was manipulated to create new variables for:

- Patient age at examination
- Age group
- Financial year of examination
- HSCP (through post code mapping)

The final data was interrogated to determine the attributes of the patient base attending KHCC.

Results

A breakdown of patient attendances at KHCC for the financial years 2017/18 and 2018/19 are listed in Appendix 1. In summary, there were 168 unique patient examinations performed at KHCC between April 2017 and April 2019 (46 in 2017/18 and 122 in 2018/19). The majority of attendances were for paediatric patients aged between 5 and 16, with fewer patients attending under the age of 5, although the number of patients under the age of 5 had increased during 2018/19. Despite there only being 5 clinical sessions offered at KHCC per week, these figures represent a very small patient population.

The postcode sectors G66 2, G66 3 and G66 4 demonstrated the highest numbers of patients attending KHCC, with lower numbers attending from other postcode sectors in East Dunbartonshire. These sectors are in the Kirkintilloch area, in close proximity to KHCC and a number of local NHS dental practices. **Figure 1** Illustrates how patients attending KHCC are clustered around Kirkintilloch, with no patient attendances from postcode sectors in the west of East Dunbartonshire. It is not possible to determine if the lack of attendance at

KHCC for patients residing in the west of the region is as function of a lack of treatment need, or if these patients already attend NHS dentists or PDS clinics in other HSCPs.

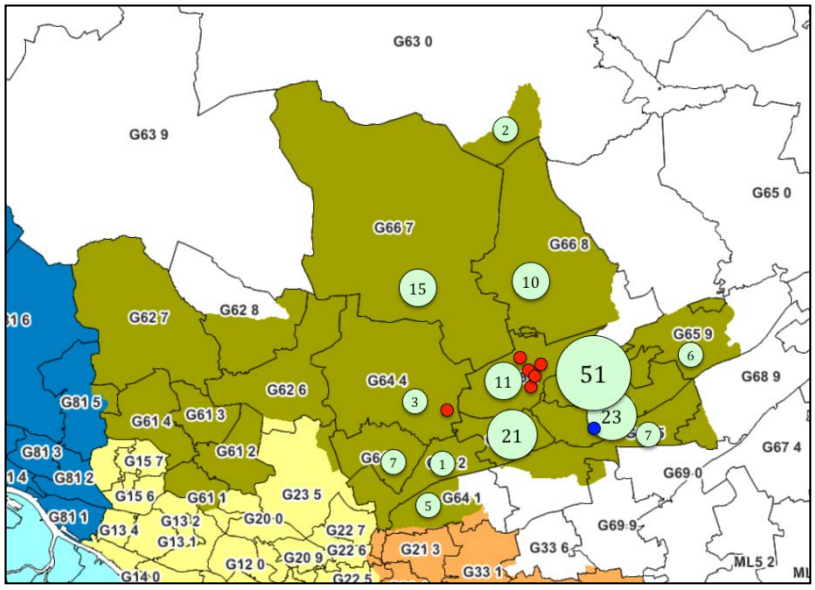


Figure 1. Clustering of patients attending KHCC in East Dun (KHCC show as blue dot, with nearby NHS dental practices as red dots).

During the PDS review process a similar exercise was undertaken to explore patient attendances at KHCC. This explored patient attendances between 2015 and 2017 and is summarised in **Table 1** below.

Patient Postcode	Number	%age
G66 3	24	21.4
G66 2	22	19.6
G66 7	11	9.8
G66 4	10	8.9
G66 1	9	8.0
G66 8	9	8.0
G65 9	6	5.4
G64 1	5	4.5
G33 6	3	2.7
G69 9	3	2.7
G64 3	2	1.8
G64 4	2	1.8
Other		
Total	**112**	

Table 1. Patient attendances by postcode sector at KHCC between 2015 and 2017.

Comparison of the earlier data with the most recent information suggests there have been no significant changes in patient attendance patterns at KHCC. Patient attendances have remained clustered around the same post code sectors, with only minor variation.

In summary a small population of patients attend KHCC centred on Kirkintilloch. There is access to a sufficient number of NHS dental practices in East Dunbartonshire. The facility at KHCC is under-utilised and there are no obvious dental needs or demands of the population of East Dunbartonshire, which would warrant expansion of current arrangements for the provision of PDS services.

The next steps should be to explore in more detail the dental needs and treatment modalities offered to patients attending the PDS at KHCC. This should be to establish the patients are being seen in the correct setting i.e. their needs are appropriately met by the PDS and they are beyond the scope of a high street dentist. This will be performed alongside additional exploration of patients and patient attendances at other PDS sites as part of a larger piece of work.

Appendix 1. Breakdown of patient attendances at KHCC by age group, postcode and financial year.

		HSCP Postcode Area														
Financial Yea	Age Group	G63 0	G64 1	G64 2	G64 3	G64 4	G65 9	G66 1	G66 2	G66 3	G66 4	G66 5	G66 7	G66 8	Out of Area	Total
2017/18	0 to 4	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
	5 to 9	0	0	1	2	1	0	2	5	5	3	2	1	1	0	23
	10 to 15	0	0	0	0	1	0	2	1	1	3	1	4	1	0	14
	16 to 29	0	0	0	0	0	1	0	2	0	0	0	4	1	0	8
	Total	**0**	**0**	**1**	**2**	**2**	**1**	**4**	**8**	**6**	**6**	**3**	**10**	**3**	**0**	**46**
2018/19	0 to 4	1	1	0	1	0	0	0	7	2	2	0	1	1	1	17
	5 to 9	1	3	0	3	1	4	4	19	5	5	0	0	3	1	49
	10 to 15	0	1	0	1	0	0	2	15	8	7	4	4	2	4	48
	16 to 29	0	0	0	0	0	1	1	2	2	1	0	0	1	0	8
	Total	**2**	**5**	**0**	**5**	**1**	**5**	**7**	**43**	**17**	**15**	**4**	**5**	**7**	**6**	**122**
	TOTAL	**2**	**5**	**1**	**7**	**3**	**6**	**11**	**51**	**23**	**21**	**7**	**15**	**10**	**6**	**168**
	%age	1.2%	3.0%	0.6%	4.2%	1.8%	3.6%	6.5%	30.4%	13.7%	12.5%	4.2%	9.0%	6.0%	3.6%	

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Susan Manion

Agenda Item Number: 5

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	27 June 2019
Subject Title	Learning Disability Services Strategic Review
Report By	Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions and Health Improvement Services, Interim Chief Social Work Officer
Contact Officer	Alan Cairns, Planning, Performance & Quality Manager Alan.cairns2@ggc.scot.nhs.uk

Purpose of Report	To purpose of this report is to advise the Board of the outcome of the consultation relating to proposed learning disability day service redesign principles, to seek approval for these; to agree to a further period of consultation on a proposed framework of service redesign principles for accommodation-based support services and to authorise a process of exploration of day care service site options.

Recommendations	It is recommended that the HSCP Board: • Note the progress of the overall Learning Disability Services Strategic Review as outlined at section 1.2 of this report; • Note the consultative feedback on the proposed day services redesign principles, as set out at Appendix 1; • Approve the day services redesign principles, as set out at section 1.4 of this report; • Note that the HSCP Chief Officer, in consultation with East Dunbartonshire Council, will commence exploration, option appraisal and planning for potential alternative day care service sites that align with the service redesign principles, as set out at section 1.4 of this report; • Agree to the HSCP engaging with the public and stakeholders on proposed accommodation-based support service redesign principles as set out in section 1.11 of this report; • Request a further report to the HSCP Board at the conclusion of the consultative process on proposed accommodation-based support service redesign principles, outlining responses and recommendations for further action; and • Request a further report to the HSCP Board on progress in identifying a suitable alternative day care service site.

Relevance to HSCP Board Strategic Plan	This report supports the achievement of the HSCP Boards following priorities: PRIORITY 2. Enhance the quality of life and supporting independence for people, particularly those with long term conditions PRIORITY 4. Address inequalities and support people to have more choice and control PRIORITY 5. People have a positive experience of health and social care services PRIORITY 8. Optimise efficiency, effectiveness and flexibility

Implications for Health & Social Care Partnership

Human Resources:	There are no HR implications arising from this report at this stage. As the Learning Disability Services Strategic Review continues to progress any HR implications that arise will be responded to in line with established policies and procedures.

Equalities:	A full Equality Impact Assessment (EQIA) of the overarching Learning Disability Strategy has been assessed and approved. Additional impact assessment may be necessary to support detailed service proposals once these have been developed.

Financial:	The implementation of the strategic review will operate within existing financial parameters.

Legal:	None at this stage in the strategic review process.

Economic Impact:	None at this stage in the strategic review process.

Sustainability:	Financial and service sustainability are key objectives within these redesign proposals.

Risk Implications:	There are no risks identified with this report at this stage.

Implications for East Dunbartonshire Council:	As a provider of a number of the social care services covered in this strategic review process and employer of staff delivering in-house social care services, the Council has significant interests in the policy framework and supporting associated Directions. Council officers are closely involved in the leadership of the Strategic Review process

Implications for NHS Greater Glasgow & Clyde:	There are no direct implications for NHS Greater Glasgow and Clyde. The consultative process will include engagement with key NHSGGC stakeholders.

Direction Required to Council, Health Board or Both	**Direction To:**	**Tick**
	1. No Direction Required *(at this stage)*	
	2. East Dunbartonshire Council	**X**
	3. NHS Greater Glasgow & Clyde	
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	

1.0 MAIN REPORT

Introduction

1.1 At its meeting of 10 May 2018, the HSCP Board approved an East Dunbartonshire Adult Learning Disability Strategy 2018-23, which set the context for a planned review and redesign project, and wider service development and modernisation. The vision established by the strategy "Working together to deliver better outcomes for people with learning disabilities, and their families and carers", is supported by a set of Improvement Themes as follows:

1. To improve the planning for young people with learning disabilities transitioning from childhood to adulthood, with early involvement of parents, carers and the young people themselves;
2. To review and redesign accommodation-based and day support services (including employability), to modernise them, provide them locally wherever possible, make them fit for purpose and of high quality for the people who need them and ensure they are sustainable for the future;
3. To work in partnership to ensure that specialist NHS services for people with learning disabilities are improved and developed in line with the Health Board's improvement programmes "A Strategy for the Future" and "Designing an Effective Assessment and Treatment Model";
4. To continue to embed the principles of personalisation and Self-Directed Support, to encourage choice and independence within a framework that ensures fairness and consistency;
5. To continue to follow the principles and recommendations set out in "Keys to Life", to ensure that the best possible outcomes are being met for people with learning disabilities, their families and carers, within the resources available, and;
6. To ensure that our resource allocation processes are fair and consistent, and that we maximise efficiencies to secure Best Value for the people we support and the wider community.

1.2 The strategy committed to the preparation of an associated implementation plan to be taken forward as part of the HSCP's business planning processes, as follows:

i. To develop of a Fair Access to Community Care (Adults) Policy and updated Eligibility Criteria – this has been developed and approved by the HSCP Board and is now in the implementation phase (Theme 4, 5 and 6);

ii. To improve transition arrangements for young people moving to adult services – this is a priority initiative in the HSCP Business Plan for 2019 – 2020 and work is underway on this area (Theme 1);

iii. To develop redesigned day services and accommodation-based support services for people with learning disabilities – this is a priority initiative in the HSCP Business Plan. Progress has been reported to the HSCP Board as the stages of the review have progressed (Themes 2 and 5);

iv. To work in partnership with other HSCPs across the Greater Glasgow and Clyde health board area to take forward Improvement Theme 3, led by East Renfrewshire as host HSCP. Staff from the East Dunbartonshire HSCP are actively engaged in this work.

Day Service Redesign Principles

1.3 At its meeting of 21 March 2019, in pursuance of action (iii) above, the HSCP Board considered a proposed vision and set of redesign principles for learning disability day services and agreed to these being the subject of partnership, stakeholder and public consultation. The overarching vision for learning disability day services is that they should as far as possible be local, modern, accessible and person-centred. Support should be therapeutic, enabling, meaningful and of high quality. Services should be designed to meet individual needs and personal outcomes, with a focus on encouraging health and wellbeing and independent living.

1.4 The proposed day service redesign principles reflect the over-arching vision and are as follows:

- Providing a wider range of day services in the local area, in line with the principles of the national Learning Disability Strategy *Keys to Life*;
- Placing in-house HSCP services at the heart of local provision with a strong third, independent and voluntary sector presence, together providing complementary and sustainable services;
- Replacing the current service delivered from Kelvinbank Resource Centre and moving to a new, modern location. The new service would provide a wider range of support than at present, including those for people with more complex and profound disabilities, supported by skilled staff;
- Delivering the new in-house service from a single main location, supplemented by shared spaces across the localities. We would favour the integration of the main service within a shared community resource rather than a standalone building, reflecting national strategies and examples of good practice;
- Delivering both centre-based and community-based services to meet individual needs and outcomes. People with mild and the lower end of moderate learning disabilities would be supported within community settings, as far as possible;
- Commissioning a wider range of informal community assets, social enterprise developments, supported and substantive employment opportunities and volunteering services. This would be an area of significant growth and improvement, in partnership with local organisations;
- Provision of choice and self-determination through Self-Directed Support, informed by fair and equitable mechanisms for determining personal budgets.

1.5 These were the subject of full consultation during April and May 2019.The proposed redesign principles were well received and validated by partners, stakeholders and the public. A report on the consultative responses is attached at **Appendix 1**. It is recommended that the HSCP Board approves these principles and that work is now taken forward to develop the detail of these services, in line with the principles.

1.6 A key aspect of taking the day service redesign work forward is the identification of an appropriate site for the development of a new build day care service that aligns with the principle '*Delivering the new in-house service from a single main location, supplemented by shared spaces across the localities. We would favour the integration of the main service within a shared community resource rather than a standalone building, reflecting national strategies and examples of good practice'*. In order to progress this area this report seeks delegated authority to the HSCP Chief Officer to

commence exploration, option appraisal and planning for potential alternative day care service sites and notes that this should be taken forward in consultation with East Dunbartonshire Council, with progress reported back to the HSCP Board.

Proposed Accommodation-based Support Service Redesign Principles

1.7 As outlined in the report of 21 March 2019, the process of strategic review and redesign of adult day and accommodation-based services is being undertaken by the HSCP facilitated by the Council's Executive Officer – Organisational Transformation and supported by Human Resource and Organisational Transformation teams.

1.8 The review was separated into two work streams: day services and accommodation based support services, due to the complexity of scope and the different considerations for each service area. In common with the approach to day services, the strategic review has now developed a number of key principles for redesigning accommodation-based support services and proposes to now consult on these, with the agreement of the HSCP Board.

1.9 The HSCP provides and arranges support to individuals with learning disabilities at home or in a homely setting, in many different ways. Support may be provided to people who live with family; or who live on their own in a single occupancy flat or house; or who live in a small-group tenancy along with other people who also need support; or who live in registered residential care.

1.10 The HSCP's approach to supporting people where they live is decided through an assessment of their individual needs and in consideration of Eligibility Criteria and the Fair Access to Community Care (Adults) Policy, both of which were approved by the HSCP Board at its meeting on 21 March 2019. Both of these new policies have significantly influenced the proposed redesign principles for accommodation-based support, together with in-depth analysis of existing and projected needs, service-model evaluations, market appraisal and benchmarking of practice examples in other areas.

1.11 Reflecting the findings of the above work by the Strategic Review Steering Group, a framework of redesign principles for accommodation-based support has been developed and is proposed as follows:

(i) In-house, third and independent sectors working together to provide complementary and sustainable services;

(ii) Service development and commissioning to optimise core and cluster approaches:

- To work with providers to ensure existing provision reflects these redesign principles;
- To develop extra-care core and cluster tenancies;

(iii) In-house provision to focus on providing services for people with:

- Severe learning disabilities;
- Profound and complex learning disabilities;
- Highly complex learning disabilities and severe challenging behaviour.

1.12 These proposed redesign principles are necessarily high-level due to the fact that specific solutions will be at an individual, person-centred level. However they provide important parameters for local provision, commissioning and collaborative working across all sectors and partners.

Consultation on Proposed Accommodation-based Service Redesign Principles

1.13 Having set out these proposed redesign principles for learning disability accommodation-based support services, we wish to engage in a period of consultation with partners and stakeholders on these. The consultation will be focused on the principles rather than the detail of redesign. If the consultative process validates the proposed direction of travel, then the detailed design of the new services will take place at an individual level in line with these principles.

1.14 It is proposed that the consultation period commences from 28 June 2019 with a report brought back to the HSCP Board at its next meeting after that date outlining the consultative findings and recommendations for further action.

1.15 The process of consultation will be informed by a Communication and Consultation Plan, and will be designed to be proportionate and meaningful, whilst respecting the individualised nature of the approach that the HSCP will take to meeting the needs of the people we support.

Appendix 1 – Consultation Responses to Proposed Day Service Redesign Principles

East Dunbartonshire Health & Social Care Partnership

APPENDIX 1

LEARNING DISABILITY DAY SERVICE REDESIGN PRINCIPLES - CONSULTATIVE RESPONSES

1 CONSULTATIVE APPROACH

1.1 The consultation approach taken to support the Learning Disability Day Service Redesign Principles was comprehensive and wide-ranging. The process was led by a detailed consultation plan and was channelled through the following mechanisms:

- Four public drop-in sessions at Kelvinbank and Bearsden Burgh Hall
- Strategic Planning Group
- Public, Service User and Carer Group
- East Dunbartonshire Voluntary Action
- 3rd Sector Health and Wellbeing Group
- Staff Partnership Forum membership distribution
- Extended Senior Management Team
- Web and social media
- Website presence and social media – various

1.2 A range of comments was gathered from staff, stakeholders and members of the public through each of these mechanisms. The consultative website attracted 158 visits. In addition, three emails were received with comments.

2 COMMENTS RECEIVED

2.1 The proposed day service redesign principles were overwhelmingly well supported. They appeared to strike the right note by committing to local services, supporting people with more complex needs and creating improved community-based support for people with more mild disabilities.

2.2 The comments received have been grouped into:

(i) **Feedback from the drop-in sessions**

(ii) **Feedback from discussion at the more structured meetings**

3 FEEDBACK FROM THE DROP-IN SESSIONS

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

Wednesday 24th April	Kelvinbank Resource Centre	1.30pm – 3.30pm
Thursday 25th April	Kelvinbank Resource Centre	5.30pm – 7.30pm
Wednesday 8th May	Lesser Hall Bearsden Hub	1.30pm – 3.30pm
Thursday 9th May	Lesser Hall Bearsden Hub	4.00pm – 6.30pm

3.2 In all, 34 people attended the consultations, with quite an even spread of attendance across the two venues; this included 28 carers of individuals who use either Kelvinbank, Outlook or Outreach services; two service users; two carers of individuals about to go through transition from children's to adult services; and two

social workers from the Joint Learning Disability Team. One of the carers attending did not have a relative receiving formal day services, but instead was receiving support from the HSCP Local Area Coordination service

3.3 Comments were invited on each of the main principles at the consultation events and a further period was allowed for additional comments via e-mail, phone or post; this meant that comments and suggestions could be contributed until Friday 17th May 2019. Not all participants at the consultation events provided comments for each individual principle, and in some cases stated that they would provide further information by phone or e-mail if they believed they needed to.

3.4 From the comments either written or communicated by those attending the event in relation to each of the principles the feedback was as follows:

Principle 1: Providing a wider range of day services in the local area, in line with the principles of the national Learning Disability Strategy *Keys to Life*

Views/Comments received: 29

Strongly agree: 11
Agree: 18
Disagree: 0
Strongly disagree: 0

Comments made included:

"*Services in the council are important"*

Principle 2: Placing in-house HSCP services at the heart of local provision with a strong third, independent and voluntary sector presence, together providing complementary and sustainable services

Views/Comments received: 26

Strongly agree: 10
Agree: 16
Disagree: 0
Strongly disagree 0

Comments made included:

"choice is very important"
"third sector management needs looked at"

Principle 3: Replacing the current service delivered from Kelvinbank Resource Centre and moving to a new, modern location. The new service would provide a wider range of support than at present, including those for people with more complex and profound disabilities, supported by skilled staff

Views/Comments received: 26

Strongly agree: 9
Agree: 17
Disagree: 0
Strongly disagree: 0

Comments made included:

"About time"
"Agree, but will people with a mild learning disability be accepted in the community?"
"As long as accessible and meets the needs of people with complex support needs"

"As long as mainstream services [meaning council services] *aren't taken over" x 2*
"As long as it's the same staff"

Principle 4: Delivering the new in-house service from a single main location, supplemented by shared spaces across the localities. We would favour the integration of the main service within a shared community resource rather than a standalone building, reflecting national strategies and examples of good practice

Views/Comments received: 30

Strongly agree: 5
Agree: 25
Disagree: 0
Strongly disagree: 0

Comments made included:

"Need central location"
"Concern would be if the new build was too far away – without proper transport"

Principle 5: Delivering both centre-based and community-based services to meet individual needs and outcomes. People with mild and the lower end of moderate learning disabilities would be supported within community settings, as far as possible

Views/Comments received: 22

Strongly agree: 19
Agree: 3
Disagree: 0
Strongly disagree 0

Comments made included:

"What does mild mean? this is disability as a criteria not a person"
"Transitions should be better and should link with schools one or two years before transition"
There should be an expansion of Local Area Coordination Services"
"How many days would be community based?"

Principle 6: Commissioning a wider range of informal community assets, social enterprise developments, supported and substantive employment opportunities and volunteering services. This would be an area of significant growth and improvement, in partnership with local organisations

Views/Comments received: 26

Strongly agree: 4
Agree: 22
Disagree: 0
Strongly disagree 0

Comments made included:

"An Autism specific team is needed in EDC"
"As long as people can still access Kelvinbank"
"We need better transitions"

Principle 7: Provision of choice and self-determination through Self-Directed Support, informed by fair and equitable mechanisms for determining personal budgets.

Views/Comments received: 26

Strongly agree:	1
Agree:	25
Disagree:	0
Strongly disagree:	0

Comments made included:

"As long as services in EDC are as good as services like Camphill"
"We should stop paying other councils and private agencies"
"SDS involves a great amount of work for carers"

3.5 Summary of views expressed at the drop-in sessions:

- With regard to the seven main principles, established through the transformation process thus far, there was uniformly positive feedback.
- There were some questions raised around how these principles would be developed and would look in practice, and there was discussion around what other Local Authorities had carried out as part of their learning disability reviews, with a number of carers seeking reassurance that East Dunbartonshire was not going down the same route.
- Transitions was raised as an area where some carers thought East Dunbartonshire was not performing well and they felt that improving this process should be part of any future development of service.
- The issue of the new charging policy was also raised by many carers, but it was explained that the consultation was solely on the transformation process and development of service provision – and that discussions around a proposed charging policy would be undertaken elsewhere.
- No resistance was expressed with regard to any of the proposed redesign principles.

4 FEEDBACK FROM DISCUSSION AT THE MORE STRUCTURED MEETINGS

4.1 A number of comments were expressed during discussions at the meetings listed at 1.1 above:

- "Statutory support will be needed to develop community-based opportunities and social enterprise"
- "Important to look at what has worked (and not worked) in this and other areas, when considering informal community-based support alternatives"
- It makes sense to maximise the flexible and accessible use of available space across the authority"
- "Important not to lose the social links and routines that day-centre based support provides for individuals with mild-moderate learning disabilities – it prevents social isolation"
- "Transport and communication links to services are so important"

Agenda Item Number: 6

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**27 June 2019**
Subject Title	**Strategic Review of Care at Home Services – Outcome and Next Steps**
Report By	**Derrick Pearce, Head of Community Health and Care Services**
Contact Officer	**Stephen McDonald, Joint Older People's Services Manager** **Tel: 0141 355 2200** **Email: Stephen.mcdonald@eastdunbarton.gov.uk**

Purpose of Report	To advise HSCP Board members on the outcome to date of the Care at Home Service Review and seek approval to implement to proposed revised model and structure.

Recommendations	It is recommended that the HSCP Board:- i) Note the outcome of the service review ii) Approve the proposed new service model and structure for care at home. iii) Note the intended next steps to continue the on-going development of the service. iv) Note the intention to bring back a report focussed on the demand and capacity based on current levels of activity and future projections.

Relevance to HSCP Board Strategic Plan	The Care at Home Service Review has relevance to the following HSCP Strategic Plan priorities: • Priority 3 – Keep people out of hospital when care can be delivered closer to home • 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 8 – Optimise efficiency, effectiveness and flexibility

Implications for Health & Social Care Partnership

Human Resources	There are HR implications for East Dunbartonshire Council employees which are discussed on an ongoing basis with the Trade Unions via the Joint Negotiating Group (JNG), as well as with the HSCP Staff Partnership Forum. The final aspects of staff shift patterns remain subject to negotiation, due to be concluded on 2nd July 2019. The proposals have been subject to 5 staff engagement sessions. The Council 'Principles of Change' Framework will inform how we go forward following the conclusion of Trades Union engagement.

Equalities:	None

Financial:	A financial framework has been developed to facilitate delivery of the agreed outcome of the review. Anticipated payroll savings of £160,000 and projected revenue savings in the region of £115,000 are expected to be delivered in Financial Year 2019/20 as a result of the review. A benefit realisation process will also retrospectively capture the associated benefit of the shift in private provider provision.

Legal:	Contract implications in respect of commissioned services will be delivered in line with the EDC policy and protocol.

Economic Impact:	There is potential impact on the local economy in relation to contracted provision from the local market. Specifically in the context of the intended tender for externally contracted care at home provision.

Sustainability:	None

Risk Implications:	A risk and contingency plan has been developed alongside the review outcomes. The implementation of a skills development plan, process redesign, technologies and contract management disciplines underpin the success of the model.

Implications for East Dunbartonshire Council:	A revised service model and staffing structure is part of the outcome of this review. Delivery of the charges to facilitate that new model fall to EDC as the employer.

Implications for NHS Greater Glasgow & Clyde:	None

Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	☐
	2. East Dunbartonshire Council	**X**
	3. NHS Greater Glasgow & Clyde	☐
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	☐

1.0 MAIN REPORT

1.1 Care at home is a cornerstone service in the delivery of health and social care services in the community. Care at Home can provide essential oversight for vulnerable people in the community and prevent the escalation of need resulting in increased service input.

1.2 There are on average 110 referrals for care at home each month. Around 60% of all referrals for care at home come from secondary care to facilitate hospital discharge. The levels of referrals are increasing in line with the well rehearsed demographic pressures. In the last 5 years the level of referrals has increased 5% year on year. There are currently approximately 1100 individual customers in receipt of care at home in East Dunbartonshire. The majority of these customers are over 65 but people under 65 with a physical or learning disability and/or mental health and substance misuse needs can also have care at home as part of their support package. In general 60% of homecare customers receive care overnight and at weekends, and 20% of customers have needs which require then to be visited by two carers.

1.3 Each quarter around 11,000 of care at home hours are delivered across in hours and externally contracted services. An agreed split of 60% external and 40% is the agreed balance for optimum service delivery. Currently the balance sits at 48% internal and 52% external. Recalibration to achieve the agreed balance is therefore intended.

1.4 A strategic review of Care at Home services was initiated in line with East Dunbartonshire Council's Service Review Model in September 2018. The scope of the review included in-house and externally contracted care at home services, telecare, response services and sheltered housing wardens.

1.5 HSCP Board was provided with a report at the 17th January 2019 meeting regarding the progress made in the service review, with a further verbal update on 28th May 2019.

1.6 Now, on completion, this report provides an illustration of the review process and the outcomes. It outlines action to be taken to implement the outcome of the review and continue to development of care at home services from a refreshed and strengthened position.

1.7 **Work of the Review**

1.7.1 Baseline Assessment

A baseline assessment, benchmarking with comparator partnerships and reflective overview of currently service delivery have been completed and considered by the review group. Actions required following the last internal audit of care at home, the May 2018 Care Inspectorate inspection and follow-up up Inspection in January 2019, as well as the critical financial position within which this service operates, have also been considered as part of the review.

Conclusions

It was agreed that Leadership capacity in the Care at Home Service required to be clarified and realigned to ensure the future sustainability and resilience of the service success going forward – including compliance with staff governance standards and Care Inspectorate registered service requirements.

The review concluded that structure and service model needed to better reflect the general and specific nature of service provision and ensure maximum alignment/integration with other teams and services in the HSCP with a focus on outcomes for people and safe, efficient and effective care. The review has also informed a redesigned process to accurately assess demand/capacity by establishing a routine, accurate, analysis of actual and planned service volume.

1.3.2 Delivery Framework

We have established new management models including a delivery framework (eligibility criteria and access standards); commissioning model (internal: external split); staffing model (structure and roles); delivery arrangements (rotas and working patterns of carers); assessment/ support planning.

Conclusions

The Care at Home Service Review Group concluded that the following principles be adopted for the Care at Home Service in relation to the service model to be adopted:

Overall Purpose:

- To care for people at home through an internal Home Care Service, aligned to other teams/functions in the HSCP, supplemented by an agreed level of external provision.

Principles of internal/ external provison –

- In house – assessment, care planning and review, complex care packages, end of life care, rehabilitation and enablement, admission avoidance/ discharge facilitation, Technology Enabled Care, service infrastructure
- External Provision – 'standard' mainstream care at home to an agreed level of 60% external and 40% internal

Delivery Principles

- Clear, effective and supportive/ supported leadership, right through the service supporting front line care delivery
- Dedicated and protected assessment, care planning and review function
- Focus on quality of care, care governance, and compliance with standards
- Focus on efficiency and maximised use of technological or equipment solutions
- CM2000 as an enabler to practice and key informer of demand (capacity monitoring 2 localities East and West over 7 patches)
- Maximising the use of data through the Performance function
- Maximising the use of digital technologies in the prevention and delivery of care
- Locality Working in Geographic 'patches' to facilitate
    - Ownership across the whole system caring for people in the locality
    - Devolved leadership closer to the frontline
    - Maximised opportunities for alignment/ integration in the locality
    - Alignment to assets in the locality (e.g. Sheltered Housing Complexes)
    - Maximised use of internal capacity
    - Maximised opportunity for continuity of care

1.7.2 Roles and Functions

The service review considered the roles and functions currently operating in the service and explored the strengths and weaknesses of these informed by the

inspections reports and analysis of our current delivery based on key objectives and standards in respect of roles and functions.

Conclusions

The Care at Home Service Review Group adopted on the following roles and functions, clarifying the discreet functions which ensure service efficiency, quality and sustainability:

- **Assessor** – working closely with the providers and customers, keeping a focus on ensuring we know what customers need, care planning to deliver on that need, and reviewing to check these needs have been met
- Internal/External **Provider** – ensuring care is provided in line with the care plan, and that carers are appropriately supported, working closely with assessor
- **Carer** – delivering the care, working with other professionals, families and community assets
- **Enablers** – range of functions supporting delivery i.e. scheduling, checking, projecting, developing, enabling digital and equipment solutions

In addition it was accepted that the model of **leadership and management** and relevant roles in this service at middle and junior level would benefit from clarification.

The revised structure being proposed for approval by the HSCP Board is appended to this paper at Appendix 1. A description of the each of the proposed roles and the numbers of staff proposed to undertake each role is included at Appendix 2.

1.7.3 Performance and Quality

The service review has considered how performance is currently managed/ reviewed and how quality assurance is built into every aspect of the service. This was also at the core of the requirements expected by Care Inspectorate in their inspections.

Conclusions

The Service review group has concluded there needs to be an increased and dedicated focus on performance and quality assurance in the service model with sufficient resource attached to this. This needs to be explicitly reflected in changes to the leadership arrangements. A Quality Assurance Framework is being developed by the service and the care plan review process has been revisited. There will also be an increased focus on the management and monitoring of externally contracted care at home jointly with colleagues in our Planning and Service Development (Contracts) team.

1.8 **Next Steps**

1.8.1 The strategic review of care at home services has resulted in an improved understanding of what the service needs to be able to thrive and perform. Successful implementation of the proposed new model will ensure a stronger foundation upon which to build on our good record of care delivery and maximise how we ensure robust management and leadership of the service to underpin this.

1.8.2 The service review has also, however, amplified a number of 'wicked' issues which need to be explored further to ensure an improved position. Our management of demand and capacity is one such example, our use of performance intelligence to understand the needs of the service going forward is another.

1.8.3 Work will now begin on the revised model and structure, to transform the operation of the service and bed in the quality assurance rigour that is required.

1.8.4 The next steps, following successful implementation of the new model, will enable the service to provide performance reports to the Board regarding current demand versus capacity. This will inform our financial planning arrangements and ensure future decisions on service levels and funding will be informed by a full analysis of projected demand and capacity across the system.

Appendix 1 – Proposed Revised Structure

East Dunbartonshire Health & Social Care Partnership

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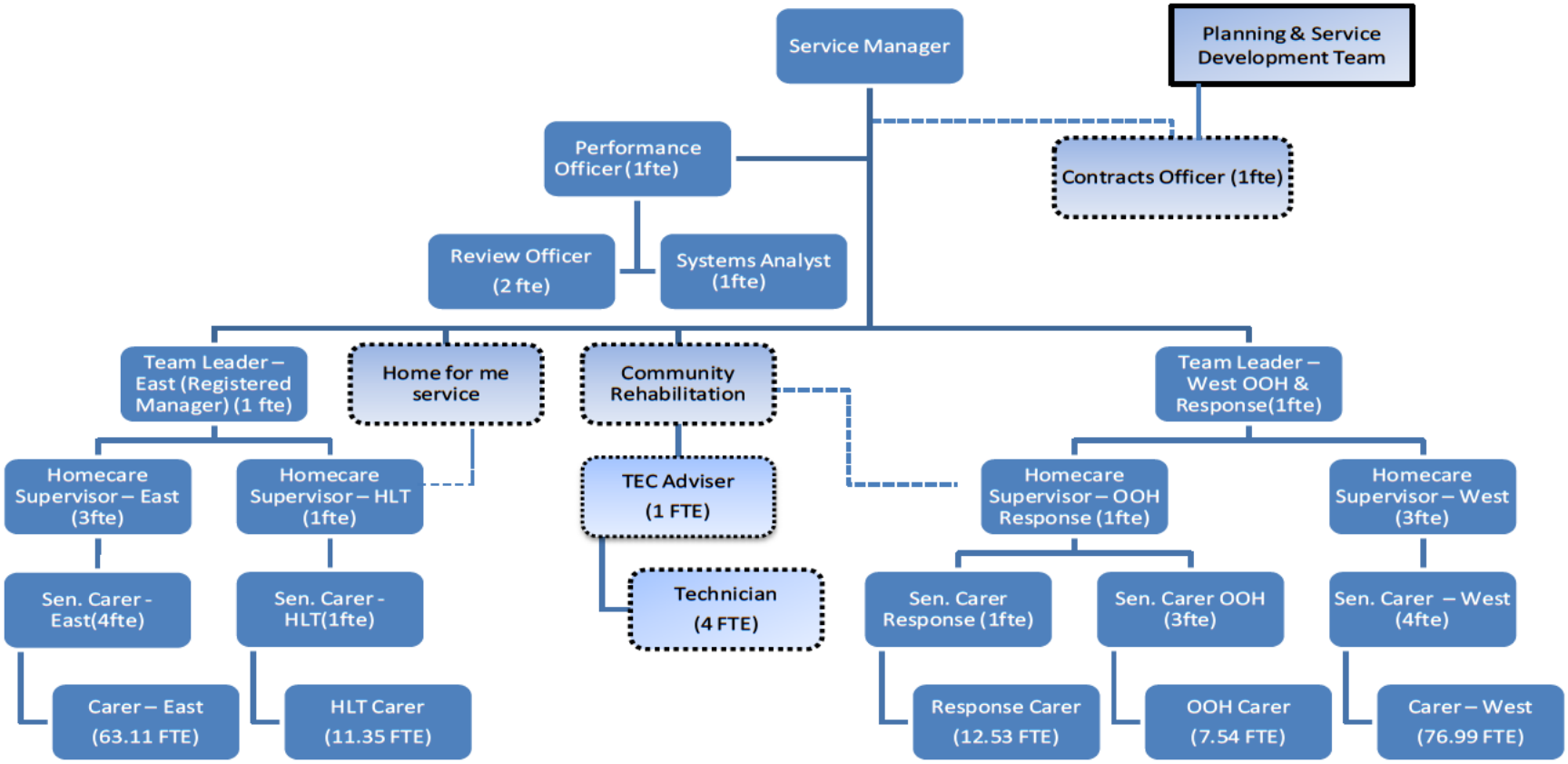
Proposed structure within Homecare



Appendix 2 – Proposed Roles within Homecare & HSCP

East Dunbartonshire Health & Social Care Partnership

Proposed roles within Homecare & HSCP

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ROLE – Indicative grade	POSTS IN ROLE (FTE)		DESCRIPTION
Team Leader x 2 Grade 9	-		Day to day operational management of the care at home service. Act as Registered Manager for the service. Focus on quality and performance to ensure an efficient/ effective service.
Homecare Supervisor Grade 8	Home Care Supervisor – Locality x 6 Home Care Supervisor – HLT x 1 Home Care Supervisor – OOH & Response x 1		Process all referrals for Home Care by Locality. Assess care needs, plan care packages, review care needs are being met, deal with complaints/ enquiries and engage with service users/families and other providers/ professionals. Focussed on ensuring we know what customers need, planning to deliver on that need in the best way, and reviewing to check people's needs have been met (working closely with provider). May be generic to locality home care or specific to a 'branch' of the service (e.g. admission avoidance, discharge facilitation, falls, crisis intervention)
TEC Adviser Grade 8	-		Sits with HSCP Community Rehabilitation Team with links to Homecare. Assist in Management and leadership of the Technology Enabled Care (TEC) Service. Provide preventative early intervention support and work closely with colleagues to support reablement of service users as well as provide long term TEC solutions and ensuring benefits realisation.
Senior Home Carer Grade 6 30 % Management 70 % Care delivery	Senior Home Care – Locality x 8 Senior Home Care – HLT x 1 Senior Home Care – Out of Hours x 3 Senior Home Care – Response x 1		Proving care through a patch team in line with the care plan. Ensuring care is provided in line with the plan, and that carers are competent, trained and supported to do that (working closely with assessor)
Carer Grade 5	EAST Bishopbriggs 1, Bishopbriggs 2 Kirkintilloch Reablement East	WEST Villages 1, Villages 2 Bearsden Milngavie Reablement West	Delivering the care, working with other professionals, families and community assets
	Response	OOH	
Technicians Grade 5			Installation and maintenance of technology enabled care solutions
Performance Officer Grade 8	-		Range of functions supporting delivery i.e. scheduling, checking, projecting, developing, enabling digital and equipment solutions (CM2000 internal provision analysis)
Contracts Officer Grade 7	-		Sits within HSCP Planning & Service Development Team with links to Homecare. Commissioning care from the market, ensuring compliance with contract and monitoring levels of delivery (CM2000 external providers analysis)
Review Officer x 2 Grade 6			Reviewing the provision of care in line with assessed need and care plans – external provision
System Analyst Grade 5	-		CM2000 interrogation and data gathering/ processing, highlighting anomalies, reporting on system integrity and maximisation.

Appendix 3: Current and Future Staff Model comparisons

Current (staff in post)

ROLE	GRADE	FTE	FTE Basis	No of posts
Team Manager	10	1	35	1
Homecare Organiser	8	16.34	35	19
Personal Carers	6	162.70	37	209
Review Officer	6	2.00	35	2
Service Delivery Improvement Officer	8	1.00	35	1
System Assistant	5	1.00	35	1
Technician Mobile	5	2.00	35	2
Total	**-**	**186.04**	**-**	**235***

**12 Carer Vacancies not included*

New Structure

ROLE	GRADE	FTE	FTE Basis	No of posts
Team Leader	9	2	35	2
Homecare Supervisor	8	8	35	8
TEC Adviser	8	1	37	1
Senior Carer	7	13	37	16 @ 30hrs
Carer	6	171.52	37	211.75
Review Officer	6	2	35	2
Performance Officer	8	1	35	1
System Analyst	5	1	35	1
Technician	5	4	35	4
Contracts Officer	8	1	35	1
Total	**-**	**204.52**	**-**	**247.75**

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Susan Manion

Agenda Item Number: 7

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	27 June 2019
Subject Title	Self Directed Support Policy – May 2019 update
Report By	Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions and Health Improvement Services, Interim Chief Social Work Officer
Contact Officer	Kelly Gainty, Adults and Community Care Support Worker

Purpose of Report	The purpose of the report is to request approval to publish and disseminate the updated Self Directed Support Policy (Appendix 1)

Recommendations	It is recommended that the HSCP Board: • Approved the Self Directed Support Strategy.

Relevance to HSCP Board Strategic Plan	Self Directed Support is the legal, mainstream process for the delivery of social care packages to all eligible service users and carers. Self directed support is required to be considered and feature in all activities associated with social care activities contained within the Strategic Plan. The Self Directed Support Policy supports the achievement of the HSCP Board's Strategic Priorities as follows: PRIORITY 2 Enhance the quality of life and supporting independence for people, particularly those with long term conditions PRIORITY 4 Address inequalities and support people to have more choice and control PRIORITY 6 Promote independent living through the provision of suitable housing accommodation and support. PRIORITY 8 Optimise efficiency, effectiveness and flexibility

Implications for Health & Social Care Partnership

Human Resources	East Dunbartonshire Council employs a member of staff within the HSCP who has responsibility for leading on the continued implementation of self directed support. However, self directed support activities involves legal responsibilities and associated actions that are required to be undertaken by all social work practitioners and staff within the Planning and Commissioning Team as well as other Council departments including Procurement, Legal and Shared Services.

Equalities:	The previous Self Directed Support Policy was subject to a full EQIA assessment. The changes in the updated policy relate specifically to the introduction of the Fair Access Policy (approved by the HSCP Board on 21st March 2019). The Fair Access Policy was subject to a full EQIA assessment.

Financial:	Self directed support packages are funded from mainstream budgets. The service users and carers' individual budgets are based on an equivalency model as outlined within the Fair Access Policy. However, there are impacts on financial budgets where service users and carers choose alternative supports where services provided or commissioned under Option 3 includes staffing, building costs or block contracts.

Legal:	The legislation 'The Social Care (Self Directed Support) (Scotland) Act 2013' was enacted on 1st April 2014. It contains legal duties, which determines that, any service user: child, adult or older person, irrespective of disability; is entitled to utilise self directed support option to arrange and manage their support package. The introduction of the Carers Act on 1st April 2018 also means that any eligible carer will be entitled to utilise the self directed support options.

Economic Impact:	Self directed support brings opportunities to expand the social care market. However, the management of this market is crucial to ensuring that social care services continue to develop and maintain the capacity to meet and respond to identified needs within East Dunbartonshire. It has already become evident both locally and nationally that social care providers, including the employment of private Personal Assistants, are struggling to meet the increasing demands within the social care market. This has been recognised by Social Work Scotland as an area that requires further development on a national level.

Sustainability:	The HSCP's impending commissioning and marketing strategy will need to take full consideration about how the HSCP can ensure sustainability of different types of support provisions. This will involve the review of current social care support services to explore how they may be required to change and develop to remain within the social care market.

Risk Implications:	The HSCP needs to ensure that it has clear plans within its commissioning and market strategy for how and when to review or stop spending on existing services if too few people choose this type of support. This would lessen the risk of over spending which could have the result of the HSCP not being able to provide social care support for everyone who needs it.

Implications for East Dunbartonshire Council:	All East Dunbartonshire Council staff who are involved in assessing service users and carers for social care support as per the Social Work and Children's Act legislation have to meet their legal duties under the self directed support legislation. The actions contained within the self directed support policy provides clear guidance and direction for social work practitioners in executing their legal duties and ensuring adherence to the Fair Access Policy.

Implications for NHS Greater Glasgow & Clyde:	All staff employed by Greater Glasgow and Clyde Health Board, who are involved in the assessment and arrangement of social care support for service users and carers are required to meet the duties contained within the self directed support legislation. This means that those staff are required to be involved in these same activities contained within the Self Directed Support Policy.

Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	**X**
	2. East Dunbartonshire Council	☐
	3. NHS Greater Glasgow & Clyde	☐
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	☐

MAIN REPORT

1.1 The Self Directed Support legislation was enacted on 1st April 2014. The legislation offers those customers assessed as eligible for social care support different options that proffer varying levels of flexibility, choice, control and responsibility for the delivery of their support package.

1.2 There are four self directed support options:

- Option 1 (Direct Payments) – the budget is provided directly to the service user/carer who takes responsibility for arranging and managing their own support package.
- Option 2 (Individual Service Fund) – the budget is paid directly to the service user/carer's chosen support provider organisation and the service user/carer liaises with the provider regarding the arranging and management of their support package.
- Option 3 (HSCP Arranged Service) – the service user/carer asks their social work practitioner to arrange and manage their support package.
- Option 4 (Mixture of Options) – the service user/carer can utilise Options 1, 2 and/or 3 to meet different needs and outcomes contained within their support plan.

1.3 The previous Self Directed Support Policy was developed and published in April 2014 to coincide with the enactment of the legislation.

1.4 The Self Directed Support Policy sets out the subject areas that all stakeholders need to be aware of when utilising self directed support options.

1.5 Only one subject area within the Policy has been subject to significant change: 'Section 8 – Constructing the Individual Budget', which adopts the principles, contained within the recently approved 'Fair Access to Community Care Services' Policy.

1.6 The combined policy framework represented by the overarching Fair Access to Community Care (Adults) Policy and the supporting Eligibility Criteria for Community Care (Adults) Policy for service-user and carers are designed to ensure that the HSCP Board:

- Meets its statutory duties in relation to care provision and the Equality Act 2010;
- Operates a fair, equitable and transparent allocation of resources to individuals with complex needs who require significant levels of community care support, and
- Meets increasing demand within the overall allocation of resources in a way that is financially sustainable and operates within agreed budgets.

1.7 The Fair Access to Community Care (Adults) Policy introduces new mechanisms to more consistently and fairly manage demand and maximise the use of available resources, now and in the future. These mechanisms may impact on some people we already support and may potentially result in adjustment to service type or associated personal budget. The Fair Access to Community Care (Adults) Policy does this in a way that preserves eligible service levels but delivers this service is a way that is fairer, more consistent and more sustainable in the long term.

1.8 The implementation plan for the Fair Access to Community Care (Adults) Policy, as reported to the Board on 21st May 2019 informed that "Identification and updating of other policy cross-dependencies and consequences" and "Development and updating

	of procedures, guidance and operational standards" would be required to be undertaken. The Self Directed Support Policy has been updated as part of the implementation plan and adopts the Fair Access to Community Care (Adults) Policy principles within Section 8 'Constructing the Individual Budget'.

East Dunbartonshire Health & Social Care Partnership

Self Directed Support Policy






Updated May 2019

CONTENTS

Section 1: Introduction

1.1 In November 2010 the Scottish Government published a 10-year Strategy to develop Self Directed Support with the aim of delivering a new vision for social care delivery, based around the person as a citizen and not the service.

1.2 On 1st April 2014, The Social Care (Self Directed Support) (Scotland) Act 2013 came into force and placed duties on all Local Authorities to ensure that individuals and families have real choice and control in social care support through the effective delivery of self directed support.

1.3 East Dunbartonshire Health and Social Care Partnership (HSCP) is committed to continuing to transform the way that social care support is provided within its communities, ensuring a personalised approach to supporting individuals and enabling the HSCP to meets the challenges that it faces in relation to changing demographics and increased demands for support.

Section 2: Principles and Values

2.1 Self directed support is the mainstream route for delivering social care and support to eligible service users, including carers. It involves working together and taking a joint approach to assessment and support planning. This ensures that the individuals are fully engaged in the process. This process helps to identify the service user's eligible needs and determines the outcomes that the individual wants to achieve.

2.2 Self directed support is a way of organising social care and support so that the service user can take control of their lives and fulfil their roles as citizens. It offers the service user the opportunity to choose from a number of options which will provide them with more control and choice over how, where, when and who delivers the support services that will meet their eligible assessed needs and outcomes.

2.3 The values that underpin self directed support are put into practice through the application of the principles:

Collaboration, Dignity, Informed Choice, Involvement, Innovation, Participation, Responsibility and Risk Enablement.

A service user must have as much involvement as they wish in relation to the identification of their needs and the provision of support.

A service user must be provided with any assistance that is reasonably required to enable them to express any views they may have about the options for self directed support and to make an informed choice when choosing an option.

The HSCP must collaborate with the service user in relation to their assessment/identification of needs and the provision of the support and services.

The HSCP must take reasonable steps to facilitate that the right to dignity of the service user is to be respected and that their right to participate in the life of the community in which they live is to be respected.

Service users should have control and choice over how they live their lives, including what support they receive and the management of their support.

Support plans and services must be personalised around the assessed eligible needs and outcomes of the service user.

Service users must be offered, and given where appropriate, more responsibility for planning and managing their support.

As far as possible, service users can use resources flexibly to allow them to tailor their support to best meet their eligible support needs.

It is recognised that not all service users have the desire, willingness or capacity to plan and meet their own support needs and outcomes using particular self directed support options. Where this is the case, the individual will be supported under self directed support option 3 and they will continue to be fully involved in the assessment and support planning process and will be supported to have as much choice as possible.

Section 3: Legal Context

3.1 The Social Care (Self Directed Support) (Scotland) Act 2013 places a duty on the HSCP to offer the service user four self directed support options based on their assessment/identification of eligible needs. The legal basis for assessment/identification remains within the following core legislation:

- Social Work (Scotland) Act 1968
- Children (Scotland) Act 1995
- Carers (Scotland) Act 2016

Self directed support legislation also contains links to other legislation:

- The Community Care and Health (Scotland) Act 2002
- The Mental Health (Care and Treatment) (Scotland) Act 2003
- Adult Support and Protection (Scotland) Act 2007
- Adults with Incapacity (Scotland) Act 2000

Section 4: Self Directed Support Options

4.1 The four options contained within the Self Directed Support legislation are:

Option 1	The making of a direct payment by the Council/HSCP to the service user for the purchase and provision of support.
Option 2	The selection of support by the service user, the making of arrangements and the provision of it by the HSCP on behalf of the service user and, where it is provided by someone other than HSCP services, the payment by the Council/HSCP of the relevant amount in respect of the cost of that provision.
Option 3	The selection of support for the service user by the HSCP, the making of arrangements for the provision of it by the HSCP, and where it is provided by someone else other than the HSCP, the payment by the Council/HSCP of the relevant amount in respect of the cost of that provision.
Option 4	The selection by the service user of Option 1, 2 and/or 3 for each type of support, and where it is provided by someone other than the HSCP, the payment by the Council/HSCP of the relevant amount in respect of the cost of the support.

Section 5: Limits to Choice

5.1 There may be instances where the service user will not be able to choose a particular option or type of support.

In line with the Self Directed Support (Direct Payments) (Scotland) Regulations 2014, the HSCP is not required to give individuals the option of choosing Option 1 and so far as relating to that option, Option 4 in the following circumstances:

- The Council/HSCP previously terminated a Direct Payment made to the person;
- There is evidence that the provision of a Direct Payment is likely to put the safety of the person to whom the support is provided or others at risk.

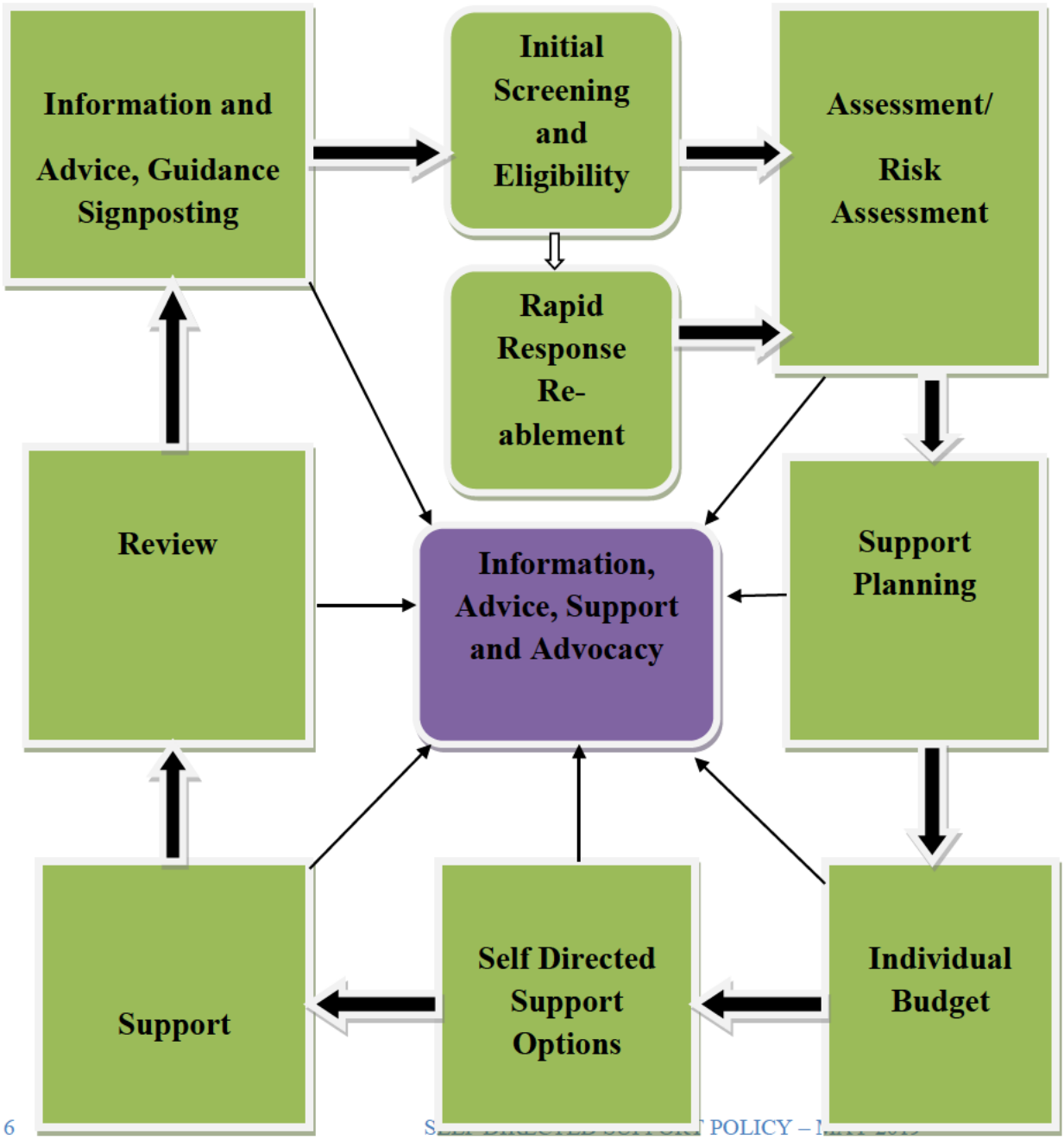
5.2 The Regulations also state that Option 1 (Direct Payments) cannot be offered to persons whose needs call for long-term residential/nursing care.

5.3 If a person is ineligible, in terms of the Self Directed Support Act, the HSCP cannot offer the option of a Direct Payment but must give the person the opportunity to choose one of the other options for self directed support.

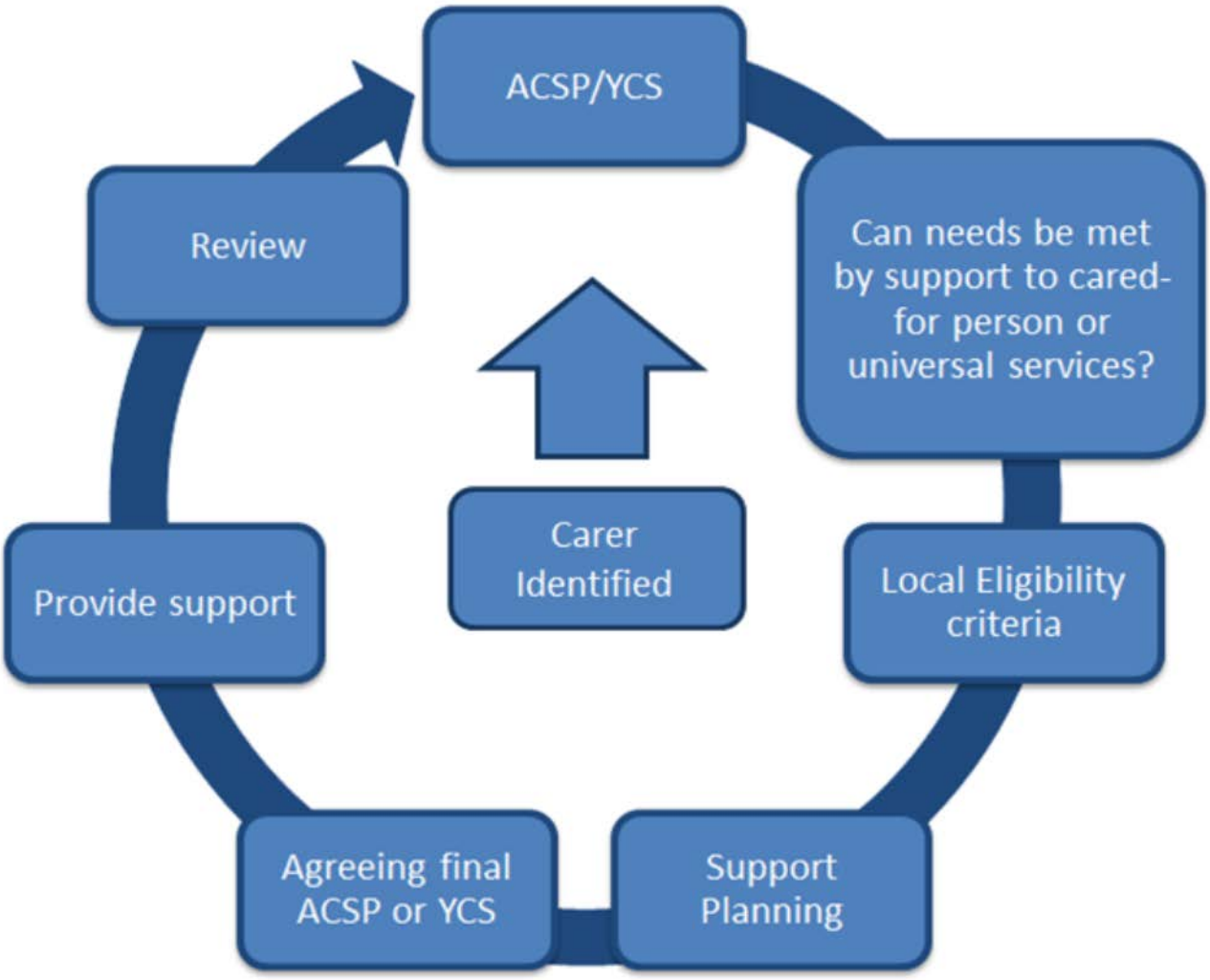
5.4 Certain care and support services where they are linked to multiple-occupancy or group-tenancy accommodation arrangements (often called Supported Accommodation) are not suitable for Self Directed Support Options 1 or 2 (and so far as relating to that option, Option 4). This is due to the potential impact upon the tenancy rights of other tenants and the overall coordination of care, support and safety within the accommodation.

Section 6: Service User and Carer Journey

6.1 The Service User Journey



6.2 The Carer Journey



6.3 Pathway Stages

Information, Advice, Guidance, Advocacy and Signposting: throughout the journey the service user will know where to get good information and advice from a range of HSCP and independent sources.

Initial Screening and Eligibility: the service user will be screened using the HSCP's eligibility criteria policies. Eligibility criteria recognises 'urgency' and 'risk' as factors in the determination of eligibility for social care support. The criteria ensures that service users who require support will not simply be placed in date order queue.

Rapid Response and Re-ablement: Where appropriate, the service user will be provided with emergency or short-term support, provided or commissioned by the HSCP, until a full assessment of the person's longer-term needs can be undertaken.
Adult Carer Support Plan/Young Carer Statement: an Adult Carer Support Plan/Young Carer Statement provides a way of identifying the unpaid carer's needs. It gives the carer an opportunity to express their feelings as a carer and ensures that their needs are taken into account.

Assessment: the assessment will be co-produced by the service user, the professional and any other relevant persons that the service user wishes to be involved. The assessment will involve the use of person centred and outcome focused tools and will involve discussions regarding risk enablement and prevention.

Support Planning: the support will be planned around the service user's needs, which will contribute towards achieving their outcomes. The HSCP will explore all potential assets available to the service user including personal, community and family assets:

'Personal' assets:	skills, experiences, finances etc.
'Community' assets:	clubs, churches, forums, peer support etc.
'Family' assets:	friends, family, circles of support etc.

The support plan will involve the use of person centred and outcome focused tools and will involve discussion regarding risk enablement and prevention.

Risk Assessment and Management: risk assessment and management ensure the delivery of safe, effective and innovative practice. There is a consistent approach to risk assessment, management, enablement and prevention. This approach enables the promotion of positive outcomes for service users. Risks will be monitored, reviewed and recorded throughout the assessment, support planning and review processes.

Assessing any risk will involve working together and balancing both positive and negative risks. Contingency planning is an important factor when support planning. It ensures that all parties are clear about their role in managing any potential risks. Risk cannot be eliminated therefore it is important that the HSCP takes a positive approach to assessing and managing any identified risks and, during this process, values the importance of professional judgement, risk assessment, partnership working, co-production and sharing of knowledge.

Individual Budget: the individual budget will be calculated by costing the supports in the service user's support plan that have been agreed as supporting the individual to meet their needs. The use of a 'Schedule of Rates' based on equivalency will be utilised by practitioners when calculating the cost of the support required in order to achieve a consistent and equitable allocation of limited resources. The service user will be advised of the total

amount of their individual budget and the cost of each component of their support plan.

Self Directed Support Options: the service user, if eligible, will be offered the choice of using one or more of the self directed support options. Those service users not eligible to receive one or more of the self directed support options will be offered written explanation for this decision, for example, concerns regarding adult support and protection.

Support: The support arranged by the HSCP, third party organisation or the service user will relate to meeting the identified needs and contribute to the progression of the personal outcomes identified within the individual's support plan.

Monitoring and Reviewing: it is important that we monitor the support plan to ensure that the support is being implemented as agreed and to make any changes where required. The level of monitoring will be determined on an individual basis and informed by the level of need and analysis of risk.

The review will be co-produced by the service user, the professional and any other relevant persons. The review will involve the use of person centred and outcome focused tools and will involve discussions regarding risk enablement and prevention. The purpose of the review is to ensure that the outcomes set out in the support plan are being achieved. At any time, the service user can request a re-assessment of their support plan particular where there has been notable change in their circumstances. During each review, the four self directed support options will be re-offered.

Section 7: Employing Family Members (Option 1)

7.1 As set out in the Self Directed Support (Direct Payments) (Scotland) Regulations 2014, the service user can request to employ a family member in the role of Personal Assistant. The family member can only be employed when the family member, direct payment user and the HSCP agree.

7.2 The employment of a family member using direct payment monies will be considered where:

- The family member, direct payment user and the HSCP agree to the family member providing the support;
- The family member is capable of meeting the direct payment user's needs;
- Any of the factors below apply:

  Factors:

- There is limited choice of service providers who could meet the needs of the direct payment user.

- The service user has specific communication needs, which mean it will be difficult for another provider to meet the needs.
- The family member will be available to provide support, which is required at times where other providers would not reasonably be available.
- The intimate nature of the support required by the direct payment user makes it preferable to the direct payment user that support is provided by a family member.
- The direct payment user has religious or cultural beliefs, which make the provision of support by a family member preferable to the direct payment user.
- The direct payment user requires palliative care.
- The direct payment user has an emergency or short-term necessity for care.
- There are any other factors in place, which make it appropriate, in the opinion of the HSCP, for that family member to provide the support.

7.3 A family member may not provide the support, which relates to the direct payment in the following circumstances:

- The HSCP determines that either the family member or the direct payment user is under undue pressure to agree to the family member providing support or;
- The family member is the legal guardian, continuing attorney or welfare attorney with the power to make decisions as regards the support to be provided through the direct payment.
- The HSCP considers that a family arrangement may impact adversely on a carer or young carer.
- The family member is unable to provide the level of care due to other reasons that are detailed in the assessment.

Section 8: Constructing the Individual Budget

8.1 The HSCP is required to calculate the overall cost of the assessed needs and support package in line with the Eligibility Criteria policy, for each individual service user, irrespective of their choice of self directed support options.

8.2 Once an assessment is complete the practitioner, service user, and anyone else that the service user wishes to participate in this part of the journey, will identify the needs arising from the assessment. Application of the Eligibility Criteria policy determines which of these needs are eligible for statutory support. The purpose of the statutory support is to deliver improved outcomes (results) for people, where identified risks are reduced to a moderate level. Work will be done to consider what these improved outcomes look like and what services might best deliver them.

8.3 The practitioner will work with the service user and all relevant others to establish how best to meet these eligible needs and achieve the associated outcomes via a co-produced Support Plan.

8.4 The practitioner and the service user, when undertaking support planning, will take into consideration other assets that can be utilised to achieve the agreed outcomes i.e. personal; community; family.

8.5 After considering other assets, the practitioner, the service user and all relevant others will consider the paid supports required to meet the service user's eligible needs and achieve the associated outcomes using creative and person centred thinking.

8.6 Once the support planning process has been concluded the practitioner will detail the costs of each 'paid' support. This will be recorded on the support plan and 'Individual Budget' form.

8.7 Legislation requires HSCPs to ensure that resources are made available to meet eligible needs to a standard that will satisfy the HSCP that the individual's needs are being met. A direct payment or personal budget provided to meet eligible needs should be equivalent standard to that which the HSCP would provide.

8.8 The allocation of resources is determined to be a "relevant amount", as defined in the Social Care (Self Directed Support) (Scotland) Act 2013 as "the amount that the local authority considers is a reasonable estimate of the cost of securing the provision of support for the supported person". In East Dunbartonshire, the HSCP have adopted an 'equivalency model' to determine this relevant amount for the allocation of resources under self directed support.

8.9 This means that an individual with eligible needs will be entitled to a personal budget, which is equivalent to the cost of arranging traditional services to meet eligible needs. The equivalency calculation is applied whichever one of the four self directed support options is chosen, meaning that no individuals will be placed at a disadvantage. Following completion of the joint assessment an individual will be made aware of the resources available to them. This will ensure that the individual is clear about resources as they begin the support planning process.

8.10 Any individual who is not satisfied with the level of resources they have been allocated should in the first instance discuss this with the practitioner and their manager. If agreement cannot be reached, the individual should be made aware of the HSCP's Complaints Policy.

8.11 Where supports require the purchase of hourly support from care at home services, support provider organisations, personal assistants or any other support service, the practitioner will refer to the 'Schedule of Rates' to determine the most appropriate 'standard rate' dependent upon the support required to meet the needs of the service user.

8.12 Where the service user chooses a more expensive support service with hourly rates exceeding the HSCP's standard rates it will be necessary for the service user to make adjustments within their individual budget either to:

- Reduce the total hours of support purchased; or
- Make alternative arrangements to meet any resulting unmet need arising from any reduction in support hours purchased e.g. support from family, service user 'topping up' support costs from their own financial resources.

8.13 The assessment, support plan and individual budget will be authorised by the appropriate officers who hold responsibility for budget management. The 'Schedule of Rates' will be reviewed annually by the Council and HSCP.

8.14 The process of 'Constructing the Individual Budget' should be applied at each review of the service user's support plan.

8.15 In exceptional circumstances, the standard rate may be insufficient to identify or purchase a suitable service for some people with very specific needs and/or circumstances, for the HSCP to purchase or as the basis for calculating an equivalent personal budget value.

8.16 In any such exceptional situation, consideration must be based on the whole circumstances of the service user including:

- His or her assessed needs e.g. level of complexity, unpredictability of behaviour;
- Reference to the HSCP's eligibility criteria in relation to critical or substantial priority/risk.
- Other relevant factors evidencing that assessed needs cannot be met by a support provider at the standard hourly rate e.g. difficulty recruiting or purchasing, need for support staff with specific additional skills who would be unavailable at the standard rates.

8.17 In the event of any departure from the standard rate being proposed, the Commissioning Team must be involved to identify a service to a standard that will satisfy the HSCP that the individual's needs are being met, at a rate as close to the standard rate as is available. This service will either be commissioned by the HSCP, or will be used to establish an equivalent amount for the purposes of an individual budget, in line with the Social Care (Self Directed Support) (Scotland) Act 2013.

8.18 Any decision to make payments outwith the standard rate must be authorised by the relevant Head of Service, who will also determine:

- The agreed rate;
- The period during which the agreed rate will apply and be reviewed.

8.19 Any services arranged or used as an equivalent rate for self directed support that cost more than the relevant standard rate should be considered temporary. At the time of review, the service user's needs should be reassessed and re-engagement with the Commissioning Team must take place to identify a service to a standard that will satisfy the HSCP that the individual's needs are being met, at a rate as close to the standard rate as is available, at that time.

8.20 The HSCP Fair Access to Community Care (Adults) Policy provides more detail on how services will be arranged for people to meet their eligible needs.

Section 9: Individual Budget Expenditure

9.1 The allocation of an 'Individual Budget' resource has to be used to meet the assessed needs and outcomes that will be detailed in the service user's Support Plan. The budget cannot be used in the following ways:

- Unreasonably endanger any person.
- For services or equipment that would be provided by another service or organisation.
- To fund support that can be provided by other means i.e. community assets.
- To pay for the legal costs associated with establishing a Power of Attorney or Guardian.
- To support an illegal activity.
- To fund gambling, alcohol or tobacco.
- To fund rewards or gifts for carers.
- For long-term residential/nursing care (SDS Option 1).
- To pay off debts.
- To pay for anything that other sources of income should normally cover i.e. general household expenditures, food and drink, clothes etc.
- To pay for the service user's contribution to care and support services (as per the Council's Non Residential Contribution Policy).
- To pay for supports or services that do not contribute towards your agreed assessed needs and outcomes that have been identified in your support plan.

Section 10: Financial Assessment and Service User Contributions

10.1 Individuals who have been assessed for social care support, irrespective of the self directed support option/s chosen, will be subject to financial assessment as per East Dunbartonshire Council's 'Non-Residential Customer Contribution' Policy. Individuals will be advised, after financial assessment and application of the Policy, if this will result in them having to make a financial contribution towards the cost of the social care support.

Section 11: Termination of Funding/Financial Monitoring – Option 1

11.1 East Dunbartonshire Council/HSCP has the power to terminate direct payments (Option 1) under the Self Directed Support (Direct Payment) (Scotland) Regulations 2014 in the following circumstances:

- Where the individual has become ineligible to receive direct payments;
- Where the payment has been used for purposes other than to meet the assessed needs and outcomes (i.e. misappropriate of funds);
- Where it has been used to secure the provision of support by a family member in circumstances where no agreement has been provided by the HSCP.
- Where an individual is unable to manage funds despite being provided with additional support and advice;
- Where the Council/HSCP consider on reasonable grounds that the individual has breached the criminal law or a civil law obligation in relation to the support to which the direct payment relates.

11.2 When an individual is no longer eligible to receive direct payments but continues to have eligible needs the Council/HSCP will provide the opportunity to choose one of the other options to receive self directed support.

11.3 East Dunbartonshire Council/HSCP is accountable for public funds and will monitor direct payments made to service users. The process of monitoring is based on the risk matrix outlined below:

Risk Level	Circumstances for Consideration	Frequency
High	New Service User; Sudden large increase in payment; Regularly requesting increases in level of funding;	Financial Audit: Every three months. Support Review: Three monthly for first six months, thereafter six monthly.

	Past history of administration difficulty i.e. bankruptcy, court judgements, lack of understanding, difficulties with numeracy and literacy.	
Medium	Previous high risk but no evidence of recent issues.	Financial Audit: Every six months. Support Review: Three months after support has commenced, thereafter annually.
Low	Long Term Direct Payment Service User. No previous difficulties with financial administration.	Financial Audit: Annually Support Review: Three months after support has commenced, thereafter annually.
Final	Service User's Direct Payment has ceased.	Financial Audit: Immediate

11.4 East Dunbartonshire Council/HSCP is under a duty to protect the public funds it administers, and to this end may use the information provided by direct payment users for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information, see the East Dunbartonshire Council NFI website (http://www.eastdunbarton.gov.uk).

Section 12: Support to Service Users and Carers

12.1 East Dunbartonshire Council/HSCP contracts with an independent support organisation. This organisation will provide information, advice, support and assistance associated with all the self directed support options including (but not limited to):

- Information and advice about the use of self directed support options;
- Assistance with all aspects of employing staff, including job descriptions, advertising, recruitment, training, health and safety advice, income tax, national insurance and pension responsibilities including PVG checks etc.;
- Support with making financial audit returns to the Council Finance Department.

12.2 Support and information is also available from a number of national organisations and there are Scottish Government produced guides for people who choose self directed support.

12.3 Service users may also choose to independently seek support from other organisations, in particular, where they have specialised needs or require an advocate. Advice will be given to individuals about alternative sources of information, guidance or advocacy services if required. Service users may find it helpful to have access to advocacy support, which can help to:

- Promote respect for the rights, freedom and dignity of people, both individually and collectively;
- Ensure people receive the care or services to which they are entitled, and which they wish to receive;
- Enhance people's autonomy;
- Assist people to live as independently as possible and in the least restrictive environment; and
- Protect people from harm and exploitation.

Section 13: Equality and Diversity

13.1 East Dunbartonshire HSCP's Equality and Diversity Statement confirms its commitment to the general principles of fairness, equality and human rights. Implementation of the SDS Policy has previously been assessed using an Equalities Impact Assessment. This assessment ensured that the Policy contributes to equality and diversity by giving people greater choice and control over the social care support they receive.

Section 14: Complaints

14.1 Service users, utilising self directed support options, who experience difficulties with the service that the HSCP is providing, should in the first instance, try to resolve matters with their social work practitioner and senior managers within the service. Local support organisations may have a role to play in supporting service users in clarifying the position and offering advocacy where this is possible.

14.2 In the event of informal discussions not resolving an issue, service users can make use of the HSCP's complaints policy and procedure.

14.3 Service users may make complaints about any action, decision or apparent failing of the Council and/or HSCP and he/she will have recourse through the Scottish Public Services Ombudsman once all other avenues have been exhausted. Service users will not be able to use this route for complaints about services which they have secured from independent providers (including people they employ directly) using Self Directed Support Option 1 (Direct Payments). However, they should address any complaints that they may have about the

services they purchase to the service providers themselves and take up complaints about their personal assistants with these employees.

14.4 Alternatively, a complaint can be made to the Care Inspectorate about any registered service.

Section 15: Related Policies

15.1 This policy is inter-dependent with the following local policies, strategies, procedures and guidelines:

- The Statutory Guidance accompanying the Social Care (Self Directed Support) (Scotland) Act 2014
- Fair Access to Community Care Services
- Eligibility Criteria Policy for Social Work Services
- Carers' Eligibility Criteria, Strategy and Short Breaks Statement
- Assessment and Support Management Procedures
- Self Directed Support Strategy
- Self Directed Support Operational Procedures
- Customer Contribution Policy for Non-Residential Services
- Adult Support and Protection Operational Procedures
- Child Protection Operational Procedures

Section 16: Further Information

16.1 The Self Directed Support Policy is available on the East Dunbartonshire Health and Social Care Partnership website pages at www.eastdunbarton.gov.uk.

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

Self Directed Support Lead Officer
East Dunbartonshire Health and Social Care Partnership
Kirkintilloch Health and Care Centre
10 Saramago Street
Kirkintilloch
G66 3BF

Tel: 0141 777 3000
Email: customerservices@eastdunbarton.gov.uk

16.3 Other Formats:
This document can be provided in large print;
Braille, or an audio cassette and can be
translated into other community languages.
Please contact the Council's
Corporate Communications Team at:

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

Agenda Item Number: 8

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	27 June 2019
Subject Title	Re-Provisioning Older People Day Care Services – East Locality
Report By	Derrick Pearce Head of Community Care and Health Services
Contact Officer	Gillian Healey, Team Leader, Planning & Service Development 0141 777 3074 gillian.healey@eastdunbarton.gov.uk

Purpose of Report	To update the HSCP Board on the completion of the re-provisioning of Day Care services in the East Locality

Recommendations	It is recommended that HSCP Board members note the contents of this report

Relevance to HSCP Board Strategic Plan	The Older People's Day Care Strategy specifically supports the delivery of the HSCP's Strategic Priority 2 "*Enhance the quality of life and supporting independence for people, particularly those with long term Conditions"*

Implications for Health & Social Care Partnership

Human Resources	N/A

Equalities:	Equalities Impact Assessment completed and approved in March 2019

Financial:	This programme forms part of the HSCP Annual Business Plan and ongoing efficiency transformation.

Legal:	N/A

Economic Impact:	Following the decision to re-provision Whitehill Day Care, Bield staff had several options available to them including re-deployment across the wider organisation, alternative employment, retirement and/or redundancy.

Sustainability:	Birdston Day Care offers a sustainable day care service within a modern, purpose built building.

Risk Implications:	N/A

Implications for East Dunbartonshire Council:	N/A

Implications for NHS Greater Glasgow & Clyde:	N/A

Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	☒
	2. East Dunbartonshire Council	☐
	3. NHS Greater Glasgow & Clyde	☐
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	☐

MAIN REPORT

1.0 Background

1.1 A Strategic review of Older People Day Care services commenced in 2016 – essentially to ensure services are "fit for purpose," flexible, responsive to local needs, deliver best value and, in the longer term, are socially and financially sustainable. The HSCP Board approved the report in March 2017, along with the following recommendations:

- Move to a two centre locality based day care model (East & West) and;
- Establish two Local Area Coordinator posts

1.1 The re-provisioning of day care services in the West locality concluded in June 2018.

1.2 The HSCP recruited two Local Area Co-ordinators (LAC's) in February 2019. The aim of the LACS's is to enhance the lives of older people by increasing community capacity, establishing and/or improving connections and developing pathways within the local communities.

2.0 Re-provisioning of "East" Locality Day Care Services

2.1 In January 2019, and following a change to programme, the HSCP Board approved the re-provisioning of day care services from Whitehill Court to Birdston Day Care Centre. At the time, Pacific Care Limited was commissioned to provide 130 spaces per week at Birdston Day Care – the planned changes required an increase in capacity to 175 per week to accommodate the transfer from Whitehill Court Day Care.

2.2 Following Board approval, the HSCP established a multi-agency project team to help support and facilitate the transfer of services. The project team focussed on the following key areas:

- Review of individual needs (Whitehill & Birdston) to ensure the model of care and support remains appropriate

- Exploration of alternative community supports via Self Directed Support (SDS)
- Fortnightly meetings between the HSCP, Bield and Pacific Care to co-ordinate, manage and support transitional arrangements
- Formal decommissioning of Bield Housing/Whitehill Day Care Service

2.3 The HSCP agreed a six-month timeframe to conclude the re-provisioning of services commencing January 2019 to 30th June 2019. The timeframe acknowledged, and allowed for, the impact of change for individuals and their Carers, the volume of reviews to be undertaken and the required contract notice period for Bield Housing in respect of Whitehill Day Care Service.

2.4 Despite initial concerns regarding a change of provider, individuals from Whitehill Day Care and their Carers, having explored all available options, opted to transfer to Birdston as quickly as possible. Of the 39 individuals originally involved:

- 30 – opted to move to and remain at Birdston Day Care
- 1 - opted to move to Oakburn Day Care (lives in Milngavie)
- 6 – moved into a care home (anticipated due to deteriorating health needs)
- 3 – deceased (prior to transfer to Birdston)

2.5 On the 12th April 2019, the re-provisioning of Whitehill Day Care service successfully concluded, two months ahead of schedule. Willingness from individuals and their carers to engage in the process along with an enthused and motivated willingness to transfer to Birdston prompted the early but welcome conclusion.

3.0 Financial Savings

3.1 The cost avoided through adopting the change in the new model are £1.6m revenue savings over 5 years (£325k annually) and circa. £1.5m capital costs.

3.2 The overall financial efficiency achieved for 2019/20 is £54k and £155k recurring in future years. The financial efficiency identified through the HSCP Transformation Plan for 2019/20 was £150k. The shortfall in 2019/20 relates to additional costs associated with the extension of the contract at Whitehill Court for a period of 3 months to support the transition of individuals to Birdston day care and additional places which needed to be purchased at Birdston to accommodate the particular needs of the individuals transferring.

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Susan Manion

Agenda Item Number: 9

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	27 June 2019
Subject Title	The Community Care (Personal Care and Nursing Care) (Scotland) Amendment (No. 2) Regulations 2018 (Frank's Law)Free Personal and Nursing Care Extension to Adults Aged Under 65 – 'Frank's Law'
Report By	Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions and Health Improvement Services, Interim Chief Social Work Officer
Contact Officer	David Aitken, Joint Adult Service Manager

Purpose of Report	To provide a summary briefing to HSCP Board on the implementation of the extension of free personal & nursing care in Scotland to adults aged under 65 as set out in the Community Care (Personal Care and Nursing Care) (Scotland) Amendment (No. 2) Regulations 2018, commonly referred to as 'Frank's Law'.

Recommendations	It is recommended that the Board notes the content of the report and considers strategic direction and implications.

Relevance to HSCP Board Strategic Plan	Implementation of Frank's Law is relevant across the eight priorities within the HSCP Strategic Plan and most directly relevant to: Strategic Priority 2 to Enhance the quality of life and supporting independence, particularly for those with long-term conditions; and Strategic Priority 4 to Address inequalities and support people to have more choice and control.

Implications for Health & Social Care Partnership

Human Resources	N/A

Equalities:	N/A

Financial:	Implications financially extend to the loss of charging income for

	services for personal care to adults aged under 65. Scottish Government settlement has been received to offset loss of income to the HSCP.

Legal:	In accordance with the Statutory Guidance on Free Personal Care in Scotland for Adults (December 2018) and implementation of The Community Care (Personal Care & Nursing Care) (Scotland) Amendment Number 2 on the 1st April 2019, the HSCP has a duty to extend free personal care to all adults under the age of 65.

Economic Impact:	N/A

Sustainability:	N/A

Risk Implications:	Potential risk relates to a possible demand increase most specifically for Home Care services. Under previous charging arrangements where charges were applied this has been known to influence the level of service taken up by the individual in line with what they could reasonably afford. Additional demand pressures and previously unmet need may be established as these services will now be provided without charge.

Implications for East Dunbartonshire Council:	Implications in respect of Strategic Priorities within HSCP Strategic Plan and in respect of LOIP 5 and 6. As charging for services is administered by East Dunbartonshire Council for services affected by this change in legislation a direction is required to East Dunbartonshire Council to implement the changes associated with this.

Implications for NHS Greater Glasgow & Clyde:	There are no direct implications for NHS GG&C

Direction Required to Council, Health Board or Both	**Direction To:**	**Tick**
	1. No Direction Required	
	2. East Dunbartonshire Council	√
	3. NHS Greater Glasgow & Clyde	
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	

1.0 MAIN REPORT

1. Following the implementation of 'Frank's Law' on the 1st April 2019 Free Personal and Nursing Care is available to all adults who are assessed by their HSCP as needing these services regardless of their age, income or assets. Prior to this Free Personal Care was only available to people over the age of 65.

2. The legislation, which is formally titled The Community Care (Personal Care and Nursing Care) (Scotland) Amendment (No. 2) Regulations 2018, has become known as 'Frank's Law' in memory of the former Dundee United and Scotland football player Frank Kopel who suffered from early onset dementia and whose family's successful campaign brought this issue to public and governmental action following his death in 2014.

3. The definition of Free Personal Care remains unchanged, but now applies to those aged both over and under 65 years old, for all personal care services whether provided at home or within care homes.

4. A detailed definition is contained within statutory guidance but in general terms relates to services which provide personal care and support for assistance with personal hygiene matters, assistance with washing and bathing, continence management, assistance with preparation of food and feeding, and simple medical assistance.

5. Scottish Government Statutory Guidance was made available from January 2019 (Appendix 1), and the HSCP has received additional funding from the Scottish Government to implement the new legislation and extension to those aged under 65.

6. Key aspects to the policy are that eligibility for free personal care remains subject to the completion of a formal social work assessment of need and that services not provided for personal care will continue to be subject to charges in line with current charging policies.

7. Free personal care applies to both care at home and for those within care homes

8. Within the HSCP an implementation group was established in January 2019 lead by the partnership's Joint Adult Services Manager with representatives from all care groups, finance, and corporate performance.

9. Local Guidance has been prepared in accordance with national statutory guidance and issued to all staff (Appendix 2).

10. A publicity campaign has been completed which has utilised both nationally provided resources and a local social media campaign.

11. Arrangements have been established to ensure that existing charges for personal care to adults aged under 65 are withdrawn in line with legislative requirements. For customers of our Homecare services this is a straightforward process, as all of these services are provided to meet personal care needs, however across other services there is a mix of services to meet personal care needs and other needs such as social support, carers support, or independent living services and these individual's will require personalised reviews to ensure that the appropriate element of personal care services is assessed, identified, and that charges are withdrawn for this specific component of the person's support plan.

12. A significant element of the preparatory work has been completion of a process to quantify the potential loss of charging income. Extensive work has been completed with each service, social work team and from colleagues within Council/HSCP finance sections. Reports have been prepared by finance staff analysing existing charging data, and potential losses to charging income from the date of implementation.

13. On the basis of this projection, the Scottish Government settlement of £562k will be sufficient to meet the projected loss of income and potential increased demand pressure, however, the actual impact of the increased demand pressure cannot be accurately projected and it may be the case that that, in time, and as awareness of the entitlement grows, the settlement amount will be exhausted.

14. An initial financial projection was completed at the end of April and estimated that there could be a potential maximum loss of income of £247,000. However, there are, and will be, a number of variables to take into consideration which we will review this through the implementation period.

15. In addition to the loss of charging income there is a potential demand pressure due to the withdrawal of charges for personal care for those aged under 65. This will be mainly confined to the HSCP Homecare Service where assessed needs may have indicated the need for more service than the individual has until now been prepared to pay for given previous charging policies. Additional demand pressure may develop through the course of this year and next within our Home Care service and it would be prudent to allow a significant contingency within our settlement from the Scottish Government to manager potential demand pressures.

16. In conclusion 'Frank's Law' is to be welcomed. The legislation establishes a positive position on equality of access to personal care regardless of age, income or assets. The HSCP has established an implementation group to ensure appropriate monitoring and review of the implementation and impact of 'Frank's Law'. At this stage sufficient financial resources do appear to have been allocated to East Dunbartonshire HSCP for the implementation of free personal care to adults aged under 65, both in terms of loss of income and increased demand pressure. Local guidance has been prepared in accordance with national statutory guidance, with a public awareness campaign completed, and staff briefed and aware of implementation responsibilities and expectations.

Appendix 1 – Scottish Government Free Personal Care Guidance

Appendix 2 – East Dunbartonshire HSCP Free Personal Care Guidance

Health and Social Care Integration Directorate
Care, Support and Rights Division

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Circular No. CCD3/2018

COSLA
Health and Social Care Partnership, Chief Officers
Health and Social Care Partnership, Chief Finance Officers
Local Authority Chief Finance Officers
Local Authority, Chief Executives
Local Authority Chief Social Work Offices
Social Work Scotland Self-directed Support Practice Forum
Social Work Scotland Adult Social Care Committee

21 December 2018

Dear Colleagues

Free Personal Care Guidance

Background

The Cabinet Secretary for Health and Sport, Ms Jeane Freeman, and the COSLA Health and Wellbeing Spokesman, Councillor Peter Johnston, wrote a joint letter to you in July 2018 regarding The Community Care (Personal Care and Nursing Care) (Scotland) Amendment (No. 2) Regulations 2018 which come into force on 1 April 2019 and which extends free personal care to those under the age of 65.

The Scottish Government has been working with an Implementation Advisory Group which consists of members from Scottish Government, COSLA, local authorities, Integration Authorities and service providers. The Group has helped to draft statutory guidance to local authorities that outlines the provision of free personal care to those both over and under the age of 65.

Additionally, in his Budget statement on 12 December, the Cabinet Secretary for Finance, Economy and Fair Work announced that the Scottish Government would provide £30 million in 2019-20 to implement our commitment to extend Free Personal Care to Under 65s.

Action

Local Authorities should replace existing Free Personal and Nursing Care in Scotland with the updated Guidance, which is attached.

Free Personal Care

Free Personal Care is available to all adults who are assessed by their local authority as needing this service by **1 April 2019.** Local Authorities will be required to continue to measure the eligibility of those applying for personal care and those who are assessed as needing this service who will receive this service free of charge regardless of their age, condition, socio-economic status or marital status.

Definition of Personal Care

Schedule 1 of the 2002 Act in conjunction with section 20 of Schedule 12 of the Public Service Reform (Scotland) Act 2010 provides the definition of personal care which is shown at Annexes B and C in the guidance.

Funding

There will be two elements of funding for social care in the year 2019/20:

- £120 million will be transferred from the health portfolio to the Local Authorities in-year for investment in integration, including delivery of the Living Wage and uprating free personal care, and school counselling services; and

- £40 million has been included directly in the Local Government settlement to support the continued implementation of the Carers (Scotland) Act 2016 and to extend free personal care for those under the age of 65.

Enquiries

All enquiries relating to this circular should be emailed to adultsocialcare@gov.scot or by telephone on 0131 244 5403.

This circular is also available on the SHOW website [hyperlink to SHOW website]

Yours faithfully

JAMIE MACDOUGALL
Deputy Director
Care, Support and Rights Division
Health and Social Care Integration

GUIDANCE ON FREE PERSONAL AND NURSING CARE IN SCOTLAND FOR ADULTS

GUIDANCE FOR LOCAL AUTHORITIES, THE NHS BOARDS AND HEALTH AND SOCIAL CARE PARTNERSHIPS (HSCPs) AND OTHER SERVICE PROVIDERS

December 2018
(Electronic version –)

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Annex C Extract: The Public Services Reform (Scotland) Act 2010

1. INTRODUCTION

1. This guidance is an update of the Free Personal and Nursing Care in Scotland guidance and details action required for the extension of Free Personal Care to all adults under the age of 65. This replaces the guidance in circular No. CCD5/2003. This policy is to be implemented nationally by 1 April 2019.

Background

2. Free Personal Care for those aged 65 or over was introduced in Scotland in 2002, following the passing of the Community Care and Health (Scotland) Act 2002 ("the 2002 Act"). The policy was reviewed by Lord Sutherland in 2008, and as a result, additional funding was provided to local authorities by the Scottish Government. The Free Personal and Nursing Care payment rates for people who are self-funders residing in care homes have been uprated periodically in line with inflation.

3. The Scottish Government conducted a feasibility study into extending free personal care to people under the age of 65 which was published in September 2017. The study showed that extending free personal care was an option which could have important benefits for many of those who are charged for this support, including increased uptake of services, and would ensure that charging arrangements for personal care apply equally regardless of age, condition or means. In addition, other people who may in the past have declined support due to concerns about the cost would be able to receive that care, if eligible.

4. The First Minister during her Programme for Government announcement on 5 September 2017 declared that the Scottish Government would over the next year begin work to fully implement what had now become known as Frank's Law, by extending free personal care to those aged under 65 who are assessed as needing this service, regardless of age, condition or means. The Programme for Government stated that the Scottish Government would work with the Convention of Scottish Local Authorities (COSLA) and a range of stakeholders to shape the implementation of this policy.

5. Scottish Government officials established an Implementation Advisory Group (IAG) to advise on the delivery of the extended policy.

6. A significant number of adults under the age of 65 already receive their personal care free of charge because of their income and assets in line with local charging policies, however the government's aim was to ensure that local authorities would be required to provide free personal care to all eligible adults by 1 April 2019.

7. This guidance has been prepared by the Scottish Government with input from the IAG which includes representatives from the Scottish Government, COSLA, HSCPs, local authorities, service providers and supported people.

Legislative Framework

8. The Social Work (Scotland) Act 1968 ("the 1968 Act") sets out the legislative framework stating *"It shall be the duty of every local authority to promote social welfare by making available advice, guidance and assistance as may be appropriate for their area."* The 2002 Act provides the legislative backing to provide personal care free of charge. However The Community Care (Personal Care and Nursing Care) (Scotland) Regulations 2002 ("the 2002 Regulations") qualifies this by providing that local authorities only require to not charge for personal care for those persons aged 65 years or over. The Community Care (Personal Care and Nursing Care) (Scotland) Amendment (No. 2) Regulations 2018 revokes regulation 3 of the 2002 Regulations, removing this qualification, thereby extending personal care entitlement to all adults who are assessed by the local authority as needing this service, free of charge.

9. Schedule 1 of the 2002 Act in conjunction with section 20 of Schedule 12 of the Public Service Reform (Scotland) Act 2010 ("the 2010 Act") provides the definition of personal care which is shown at Annex B and C. The Acts and explanatory notes are available through HMSO or on www.scotland-legislation.hmso.gov.uk

10. The Social Care (Self-directed Support) (Scotland) Act 2013 ("the 2013 Act") places a duty on local authorities to adhere to the general principles of the 2013 Act:

    a. A supported person must have as much involvement as they wish, in relation to their assessment of needs for support or services and the provision of support or services.

    b. A supported person must be provided with any assistance that is reasonably required to enable them to express any views they may have about their options for self-directed support and to make an informed choice when choosing an option for self-directed support.

    c. Local authorities must collaborate with a supported person in relation to the assessment of their needs for support or services and the provision of support or services for the supported person.

11. After the local authority has identified the supported person's needs in collaboration with the adult, the local authority must offer four options in relation to any relevant support identified at the assessment stage. The four options provided under the 2013 Act are:

    Option 1 The making of a direct payment by the local authority to the supported person for the provision of support.

    Option 2 The selection of support by the supported person, the making of arrangements for the provision of it by the local authority on behalf of the supported person and, where it is provided by someone other than the local authority, the payment by the local authority of the relevant amount in respect of the cost of that provision.

    Option 3 The selection of support for the supported person by the local authority, the making of arrangements for the provision of it by the authority and, where it is provided by someone other than the authority, the payment

by the authority of the relevant amount in respect of the cost of that provision.

Option 4 The selection by the supported person of Option 1, 2 or 3 for each type of support and, where it is provided by someone other than the authority, the payment by the local authority of the relevant amount in respect of the cost of the support.

Key Aspects of the Policy

Transition from Child to Adult Services

12. Currently children are not charged for any social care (either personal or non-personal) up to the point that they transition from children's social work services to adult social work services, which can be at any point between their 16th and 18th birthdays for children not looked after by local authorities, depending on the service provided by the local authority.

13. Young people who have been looked after until their 16th birthday are entitled to support in order to smooth the transition to adulthood, in terms of duties in the Children (Scotland) Act 1995, as extended by the Children and Young People (Scotland) Act 2014. This assists such young people to access appropriate support, including personal care. Specifically, "continuing care" is the right to the same accommodation and assistance that the young person was being provided with immediately before ceasing to be looked after. This applies until age 20 (though this age limit will from April 2019 be raised to age 21) unless the young person chooses to leave the accommodation before then.

14. If a young person is not being provided with "continuing care", then, up to age 19, the young person is entitled to "aftercare" which is advice, guidance and assistance. From age 19 until age 26, some elements of aftercare can be provided by a local authority on a discretionary basis.

15. The extension of Free Personal Care to under 65s will mean that all children and young adults between 16 and 18 years of age will, from 1st April 2019, be eligible to receive their personal care without charge.

Implementation

16. Implementation can be put into 2 broad categories:

    a. **Care at home** - arrangements for adjusting local authority systems to take into account the personal care for those receiving care in their home.

    b. **Care Home Provision** - arrangements for flat rate payments for personal care and/or nursing care for those in receipt of care home services who currently meet their own care costs.

17. The key aspects of the extended policy are:

    For those living in their own home

18. All eligibility for free personal care is subject to an assessment by the local authority. No local authority charge will be made for such personal care services after 1 April 2019. Eligibility for free personal care is made irrespective of income, capital assets, marital status or the care contribution currently provided by an unpaid carer. Non personal care services will continue to be subject to charges at the discretion of the local authority as set out in the current guidance for non-residential charges as issued by COSLA.

For those living in a care home

19. The provision of payments towards personal care will apply to those who pay their own care costs (self-funders). Arrangements for those already resident in care homes on 1 April 2019 are set out in paragraphs 22 and 23 of Section 2 of this guidance. For those assessed as eligible for personal care payments, these will be paid directly to the care home by the local authority.

20. For those people who are self-funders entering a care home after 1 April 2019, an assessment will be required to be carried out before they become eligible for personal and/or nursing care payments. People who are self-funders will continue to pay the remainder of their own costs, often described as living or accommodation costs.

Attendance Allowance, Disability Living Allowance and Universal Credit (care components) when residing in a care home

21. It is important to clarify that social security benefits legislation provides that where a supported person receives funding towards the cost of their place in a care home from a public source, payment of Attendance Allowance and the care components of Disability Living Allowance and Universal Credit must cease 4 weeks after the funding starts. It is the responsibility of the person or person's family who has moved to a care home to report receipt of personal care payments to the Department for Work and Pensions as soon as they start to receive free personal care. If they fail to do so, and continue to receive payments to which they are no longer entitled, they are likely to be required to repay them.

Action required by local authorities/HSCPs

22. This guidance sets out the key actions required by local authorities/HSCP's to ensure measured, consistent and effective implementation across Scotland. Local authorities will need to work closely with a number of agencies including the voluntary and independent sector as well as the NHS and housing providers so they can provide appropriate information and support to their clients.

2. ELIGIBILITY

Assessment

1. Eligibility for free personal and nursing care will be subject to an assessment arranged by the local authority except where the supported person is already in a care home on 1 April 2019 and has already been assessed by the local authority as requiring personal care. For these supported people, arrangements are set out at paragraphs 22 and 23 below.

2. This section focuses on the assessment arrangements local authorities have in place for assessing the care of supported people. This guidance should also be read in conjunction with the 1968 Act and the 2013 Act. Any reference to an assessment should be understood in the context of the implementation of multi-agency assessment, which aims to ensure the care requirements of the supported person are identified as quickly and effectively as possible and that they are focussed on personal outcomes. Supported people's assessments should be distinct from any financial assessment, which is addressed separately in section 3 of this guidance.

3. The underpinning principle for identifying the supported person's specified care needs is to put in place a personalised support plan. Authorities should therefore foster this approach when responding to referrals and applications for funding. In other words in order to receive a payment for personal care the supported person must have received an assessment in order to ascertain whether the care in place, including personal care, is the most appropriate. As determined by the 2013 Act, the person will be fully involved in this process and supported to make informed choices. Authorities will need to be clear in their local policies and protocols that funding for personal care will only be available for supported people whose needs have been assessed. Local authorities must take carers' views into account so far as it is reasonable and practicable to do so in assessing the needs of the supported person and in deciding whether and how to provide services for the supported person.

Care at Home

4. By 1 April 2019, local authorities will be responsible for making payments, or no longer charging for the personal care element of a support package. Local authorities will already have in place mechanisms for the assessment of need and provision of care services based on that need. The implementation of free personal care should build on these mechanisms.

5. Local authorities will already know the identified support in place for existing supported people over the age of 65 in their areas. There will be systems in place for monitoring and reviewing supported people's care requirements and there is no reason why the implementation of the extension of free personal care policy should require re-assessments for existing supported people over the age of 65, unless a supported person requires or requests a review. However action will be required to determine the personal care element of a supported person's needs under the age of 65, to ensure those who are eligible for free personal care do not pay for this component. Guidance on payment mechanisms is set out in section 5.

6. Local authorities should therefore provide clear guidance for staff relating to what constitutes personal and non-personal care. This guidance should also include

timescales for assessments as well as guidance on service provision and service payments.

7. HSCPs, local authorities and NHS Boards will have agreements in place on how personal care services are provided locally and by whom. The implementation of the extension of free personal care to those under the age of 65 may necessitate a review of existing provisions and strategic plans.

Definition of Personal Care

8. Section 1 and Schedule 1 of the 2002 Act provide that local authorities are not to charge for personal care provided by them.

9. In legal terms, the definition of personal care covers both personal care and personal support (as defined in the 2010 Act). The 2002 Act requires that neither personal care nor personal support shall be charged for. In addition, it specifies that no charge should be made for the specific types of care listed in Schedule 1 to the 2002 Act as shown in **Annex B**.

10. The following guidelines offer further explanation of the components of personal care and should be read in conjunction with the relevant legislative provisions.

Personal Hygiene

11. Assistance with washing as well as bathing and showering is included.

Continence Management

12. Help with the use of continence equipment is included.

Problems of Immobility

13. Only care provided to deal with the effects of immobility which directly meets a supported person's care needs as defined in the 2002 Act is included (ie personal hygiene, continence management, eating, simple treatments and personal assistance tasks).

Food and Diet

14. The 2002 Act provides that charges may not be applied to the preparation of, or the provision of any assistance with the preparation of, a person's food including (without prejudice to that generality) –
    - defrosting, washing, peeling, cutting, chopping, pureeing, mixing or combining, cooking, heating or re-heating, or otherwise preparing food or ingredients;
    - cooking, heating or re-heating pre-prepared fresh or frozen food;
    - portioning or serving food;
    - cutting up, pureeing or otherwise processing food to assist with eating it;
    - advising on food preparation; and
    - assisting in the fulfilment of special dietary needs, but not the supply of food (whether in the form of a pre-prepared meal or ingredients for a meal) to, or the obtaining of food for, the person, or the preparation of food prior to the point of supply to the person.

Simple Medical Treatments

15. The 2002 Act provides that charges may not be applied for assisting with simple medical treatment or medication, for example -.

    - applying creams or lotions;
    - administering eye drops;
    - applying dressings in cases where this can be done without the physical involvement of a registered nurse or of a medical practitioner;
    - assisting with the administration of oxygen as part of a course of therapy.

Equipment & Adaptations

16. This policy is related to the provision of social and nursing care not the provision of equipment and adaptations. For the purposes of this policy only memory and safety devices which help supported people to manage their own personal care are included[1] (eg the use of personal reminder systems to allow supported people to manage their medicines or the use of sound/movement alarms linked to light controls to guide people with dementia to the toilet and minimise the risks related to wandering at night). Community alarms and other associated devices are not included in this policy.

Personal Support

17. Personal support, is defined at paragraph 20 of schedule 12 of the 2010 Act as shown at **Annex C** and means counselling, or other help, provided as part of a planned programme of care.

Housing Support Services

18. Housing Support Services help people to manage their home and can include help with issues such as claiming welfare benefits, completing forms, managing a household budget, keeping safe and secure and getting help from other specialist services. This support is non-personal care.

19. In practice housing support is often provided as part of a package of care which may include some services which are personal care. From a local authority perspective, housing support services which focus on helping a supported person to manage their home, should be clearly distinguishable from personal care services. In those situations where a single provider is delivering both housing support and personal care it may be harder to distinguish between personal and non-personal elements. Care should be taken to avoid additional administration which could become burdensome for the local authority or support provider.

20. Some local authorities may already separately record details of personal and non-personal care and may be able to use existing arrangements to manage and adjust charges. All local authorities should ensure that they can differentiate the various elements within a care package in terms of chargeable and non-chargeable items. Local authorities can then calculate the revised charge using their charging regime. It

[1] Guidance on the Provision of Equipment and Adaptations (CCD5/2009)

is recognised that this process will vary from authority to authority and local authorities will need to decide how best to undertake this task.

Care Home Care

21. From 1 April 2002, supported people who apply for payment towards their care home provision, are required to have a comprehensive needs assessment carried out, to ascertain how best their care needs may be met, and whether a care home is the most appropriate setting. In some cases the outcome of the assessment may determine that the supported person's needs could be met in their own home. To ensure supported people and their families have complete clarity, local authorities should ensure there are clear protocols and guidance for staff as well as encouraging care home owners and managers to ensure prospective self-funding residents are aware of the parameters for public funding.

Arrangements for those already in a care home

22. Those aged 65 and over who pay their own care home provision (self-funders) may wish to have their support plan assessed by the local authority to potentially access free personal care. From 1 April 2019 those under the age of 65 will be required to be assessed by their local authority in order to potentially access free personal care. Supported people who wish to seek the flat rate payments towards their care costs will have to notify the local authority in which they are resident. The rates for these payments are identified in The Community Care (Personal Care and Nursing Care) (Scotland) Regulations 2002, as amended from time to time.

23. The extension of free personal care will not change the existing charging arrangements for care home provision under the National Assistance Act 1948 and the National Assistance (Assessment of Resources) Regulations 1992 (as amended for Scotland). These are set out in more detail in Section 3.

Local eligibility criteria and priorities

24. Local authorities will need to have in place agreed eligibility criteria for assessments of need and priorities for the provision of and access to services based on need, which adhere to the National Standard Eligibility Criteria and Waiting Times for the Personal and Nursing Care of Older People Guidance from 2009, which now applies to supported adults of any age. Many authorities will have these in place already and there is no requirement on authorities to change these arrangements. Local authorities are expected to ensure that their available resources are used in the most effective way to meet supported people's personal outcomes. Where local authorities have problems providing appropriate support they should have arrangements ready to meet, manage, or review personal care needs.

Supported People currently receiving care at home services via their local authority

25. In preparation for the implementation of the extension of this policy, local authorities will need to inform supported people currently receiving care at home services about the level of personal care and non-personal care they receive. While a reassessment of care may be necessary in some cases, according to individual circumstances, it is envisaged that a review of the person's financial contribution using existing mechanisms may be sufficient. Local authorities will then have to calculate whether

there needs to be an adjustment to any charges the supported person is currently paying for their care package. Guidance on charging is set out in Section 3.

Supported People currently arranging their own care home provision

26. Supported people who currently arrange their own services and who wish to access free personal care will only be able to do so following a care assessment arranged by the local authority. Delivery of care must be based on local protocols and when the local authority is in a position to provide for the required services. Access to assessment for supported people should also be prioritised in line with local criteria.

27. In some cases an assessment arranged by the local authority may find the supported person receives services over and above their level of need according to the assessment. (The supported person may have made private arrangements for these services). The local authority will provide a contribution towards the cost of care up to the level of assessed need only and in line with local criteria for range, level and frequency of service provision.

28. Guidance on payment mechanisms for those who are currently arranging their own care and who are subsequently assessed as needing personal care services and wish to continue with the same providers is set out in Section 5.

Monitoring and Reviewing Care Needs

29. Local Authorities will have formal monitoring and review systems and time-scales in place to respond to the changing care needs of supported people. These systems should reflect the Health and Social Care Standards and the Quality Framework for Care Homes for Older People, the latter of which the Care Inspectorate introduced on 30 July 2018. Protocols should be clear to staff who are responsible for responding to individual circumstances where a supported person's care requirements may have suddenly changed due to a crisis in their situation, for example because of the onset of an acute illness, or the death of a main carer.

Training

30. Local authorities and other organisations should ensure that staff training and development is given a high priority on joint training agendas for those staff involved in the assessment and planning process.

Clarity of information

31. Local authorities will need to be clear in their local policies and priorities. As part of their on-going public information strategies, local authorities should make explicit that a contribution towards a supported person's care costs will be set according to the requirements that are identified at the time of the practitioner's assessment and will be in line with local protocols.

32. Local authorities will also need to provide clear information on what constitutes personal care, on criteria for eligibility for services and on the range, level and frequency of service provision.

33. Local authorities should also consider how a supported person who currently privately arranges their care can be provided with information about how to request an assessment which may act as a passport to receiving free personal care.

3. CHARGING AND INCOME MAXIMISATION

This section of the guidance covers all non-residential care and support services where personal care is offered

Care at Home Services

1. Under the provisions of the 2002 Act, and the 2002 Regulations local authorities will no longer be able to charge adults for the personal care element of care at home services.

2. Other, non-personal care such as personal alarms, remains chargeable and local authorities will need to provide clear information to supported people and their carers on their charges for care at home services.

3. Although the 2002 Act provides powers for the Scottish Government to regulate charging for non-residential care services, the Scottish Government has not exercised this power. This enables local authorities to set charges taking into account local circumstances, and supporting local accountability. COSLA's National Strategy & Guidance, Charges Applying to Non-residential Social Care Services, is published on its website at www.cosla.gov.uk.

Financial Assessment for those receiving Care at Home

4. Prior to the implementation of the extension of free personal care, local authorities will put in place a process which identifies personal and non-personal care.

5. Local authorities must ensure they do not take for granted the care contribution currently being made by an unpaid carer, and that any reassessment takes account of the amount of care an unpaid carer is willing and able to provide.[2]

6. Once the level of non-personal care has been identified, local authorities should calculate the revised charge by applying this to their charging regime. It is recognised that the scale of this process will vary between local authorities and decisions may need to be taken by each local authority on how best to undertake this task. However, it must be stressed that all charges for personal care will cease from 1 April 2019.

Providing Information on Charging Policies

7. All local authorities must provide clear information on their charging policies. This will help supported people, their carers and their families understand how their charges are calculated and how the local authority will collect the charges.

[2] http://www.legislation.gov.uk/asp/2016/9/contents

8. Information on their policies for waiving and abating charges, how to apply for these and the method used to consider such requests and review the decisions of the local authority should also be included in the material. Information on the local authority complaints process should also be provided and details of how to contact the Scottish Public Services Ombudsman (SPSO) if unsatisfied with a decision made by the local authority.

Income Maximisation

9. Local authorities are recommended to continue to operate income maximisation services and to continue investing in staffing resources, publicity material, IT systems and training.

This section of the guidance covers care home services where personal care is offered.

Financial Assessment for those in Care Homes

10. The existing care home charging and financial assessment arrangements under the National Assistance Act 1948 and the National Assistance (Assessment of Resources) Regulations 1992 (as amended for Scotland) will remain in place with the exception of free personal and nursing care. Guidance on charges for those residing in Care Homes can be found at Charging for Residential Accommodation Guidance.

11. The local authority contribution to the supported person's total care home costs will continue to take account of the provisions of the 2002 Act and the regulations made under that Act. In practice there will be 3 main cases as follows:

    a) *People who currently receive care funded by the local authority and contribute only their state pension and benefit income;*

    b) *People who currently receive care supported by the local authority but who contribute a greater amount, from sources in excess and out with their income which may include their state pension, tariff income, income from capital between the lower and upper capital limits or other income such as occupational pension;*

    c) *People who currently fund their care home fees in full because they have capital over the upper capital limit.*

12. Where following the financial assessment, the local authority contribution to the total care home costs of people **without** nursing care is less than the sum specified in the 2002 Regulations, as amended from time to time , it will need to be increased to the amount provided for in the regulations.

13. Similarly, where the local authority contribution to the total care home costs of those needing personal **and** nursing care is less than the sum specified in the 2002 Regulations, it will need to be increased to the sum specified in the 2002 Regulations.

14. Those who fund their care home fees in full may receive free personal and nursing care payments however they will need to request an assessment to be carried out. If the assessment finds the person eligible for personal care and/or nursing care, this will be provided directly to the care home.

4. CONTRACTS

1. This Guidance cannot cover all the potential issues that may arise around contractual arrangements or provide information on the ongoing work around contracts. In practice, there will be a number of contractual matters that will require clarity. As a general rule, these issues should be resolved locally.

Care at Home

2. The 2013 Act puts a duty on the local authority to provide 4 options to all adults eligible for support or provided with services at home.

3. The options are intended to provide a framework in which a local authority can meet its social welfare and wellbeing duties relating to adults in a flexible and creative way.

4. The 2013 Act provides 4 options for contractual arrangements for supported people, local authorities and provider agencies in relation to payments for personal care at home. Supported people must be able to choose which option they wish to take. This will require flexibility in approach from local authorities and voluntary and independent care providers.

5. These options should also be open to the supported person for their personal care requirements. For more detail on these options please refer to the Statutory guidance which accompanies the 2013 Act.

Care Homes

6. The extension of free personal and nursing care to adults under age 65 will require local authorities to put in place contractual arrangements for those who under current financial assessment arrangements would not qualify for public sector support towards their care home services. Supported people under the age of 65 would not have previously been included in the existing arrangements between local authorities and the voluntary and independent care sectors. People who are self-funders may also decide at any time to apply to local authorities for an assessment of eligibility for free personal care.

7. Current contractual arrangements between local authorities and provider agencies are complex and varied, particularly those providing care home services. For further information relating to contracts please refer to Competition and Marketing Authority's (CMA) Guidance on unfair contract terms at Unfair contract terms: CMA37. Other information on the CMA's consumer protection powers can be found in Consumer protection enforcement guidance: CMA58.

8. The CMA carried out a market study into care homes for the elderly, to review how well the market works and if people are treated fairly. The CMA has published consumer law advice for care home providers which has been produced with the

involvement of the care sector, COSLA and the Scottish Government to help care homes to meet their obligations under consumer law.

Routes for contractual arrangements

9. Supported people must be able to choose how their care home services are arranged, whether by arranging directly themselves, or with the assistance of their local authority. This will require flexibility in approach from local authorities and voluntary and independent care providers. Please refer to the current Guidance on Charging for Residential Accommodation issued by the Scottish Government as an annual circular.

Information for supported people

10. Section 9 of the Social Care (Self-directed Support) (Scotland) Act 2013 provides that, where a local authority has given a supported person an opportunity to choose one of the options for self-directed support it must give the supported person an explanation of the different options along with information about how to manage support. In addition, the local authority must provide information about organisations who can help the supported person understand what care and support is available, help them make decisions about the options and provide information on how to manage support. Such organisations include those providing voluntary sector independent support.

11. Local independent support organisations can be found through the "Get help" button on Self Directed Support Scotland's website: https://www.sdsscotland.org.uk/. Scottish Government has funded 30 independent support services until 2021, and others are funded by local authorities or run on a voluntary basis by supported people.

12. Many voluntary sector organisations for disabled people and older people can also offer advice through websites or phone lines. The following websites provide this information and further signposts:

    - Care Information Scotland
    - Age Scotland
    - Alzheimer Scotland
    - Scottish Government

5. PAYMENT MECHANISMS

1. All local authorities have in place payment mechanisms for both care at home and care home care and these should be indicative of self-directed support payment mechanisms, which can be found in the 2013 Act guidance.

2. Each payment mechanism will involve a range of systems including:

    • a contract or agreement with the supported person, or private and volun
    • billing systems/invoices; and
    • payment of the money into relevant bank accounts, either personal or ag

Ordinary Residence

3. Where a supported person has been assessed as needing personal and/or nursing care by a local authority under section 12A of the 1968 Act, and the care is provided under this Act, the supported person cannot be charged for the care covered by section 1 of the 2002 Act.

4. The costs of providing free personal and nursing care services to a supported person who is ordinarily resident in another local authority area can be recovered from that other local authority.

Cross-border placements

5. Scottish local authorities will occasionally make arrangements for supported people who are ordinarily resident in their area to be placed in care homes in England, Wales or Northern Ireland. In such circumstances the supported person will be eligible for personal and nursing care payments from the Scottish placing local authority. Placements in Scotland of people ordinarily resident in local authority areas in England, Wales and Northern Ireland will not be eligible for personal and nursing care payments. Funding responsibility for such placements rests with the English, Welsh or Northern Ireland placing local authority. It is important to note that there are established UK wide principles determining "ordinary residence" and these continue to apply in respect of funding responsibility for personal and nursing care payments. Further information on this is provided in the published guidance CCD3/2015.

Hospital admission

6. When a supported person is admitted to hospital from a care home, the local authority will continue to make personal and nursing care payments at full rate for 2 weeks after admission. When a supported person is admitted to hospital from their own home and is receiving direct payments for their personal care, the local authority will continue to make payments for personal care for 2 weeks after admission.

Supported people who have privately contracted to pay for more service than they have been assessed as needing

7. Staff in local authorities, particularly those involved in care and finance assessments, should understand clearly that payments for nursing care and/or personal care can only be made on the basis of the assessment which sets out the services that the supported person needs.

8. If the supported person has already agreed or in future agrees to a more comprehensive or a greater package of care than the assessor decides is required, either in their own home or in a care home, the supported person can pay for that service from their own resources, in a separate financial arrangement with the independent sector provider. This applies both to care home and care at home arrangements.

9. Supported people living in their own homes in the community are not eligible for nursing care payments**.**

Start date of payments and retrospective payments

10. Payments will commence once the personal and/or nursing care service is being provided or when the supported person moves into a care home and is provided with personal and/or nursing care. It does not start before and will not be backdated for example, to the date of referral or assessment.

11. People who fully fund their own personal care services will be required to contact their local authority to arrange an assessment to confirm whether they are eligible for free personal care, if they wish to receive the benefit of free personal care.

Free home care for up to 4 weeks after discharge from hospital

12. Under existing arrangements, supported people are entitled to up to 4 weeks free home care (covering personal and non-personal care) after discharge from hospital. The extension of free personal and/or nursing care will make no difference to these arrangements.

Opting in/out of the payment system for personal care and/or nursing care

13. It is the supported person's responsibility to approach the local authority if they want to seek public sector support for their care costs. If a supported person is resident in a care home and is in receipt of Attendance Allowance or receives the care components of Disability Living Allowance, Universal Credit or Personal Independence Payment, they must notify the Department for Work and Pensions accordingly so these can be stopped in accordance with the rules.

14. It is the responsibility of the local authority to make payments to provider agencies and supported people. Service providers can notify the local authority on behalf of existing people who are self-funders provided the person agrees. With new applications for payments, it is the responsibility of the supported person or someone acting on their behalf and with their consent to ask for an assessment. This can be a carer, advocate or provider.

Payments for short-term nursing care and personal care

15. There may be occasions where a supported person needs to have personal and/or nursing care on a short-term basis:

    • for respite care;
    • in an emergency or crisis, for instance if a carer or relative is suddenly taken
    • for a trial period - to explore whether they would prefer to move into a care

16. For these short-term requirements, local authorities should satisfy themselves that the supported person's care is being properly met. Payments for personal and/or nursing care should be paid on the basis of the records kept either by the local authority or the care home which should indicate the level of need. A guiding principle here should be that the supported person should not be treated any less generously under these arrangements than they would otherwise have been.

Temporary absence from free personal and/or nursing care

17. There may be occasions when a supported person requires to be hospitalised or is placed in another form of care and therefore receives care financed from other public funds.

18. On these occasions the care provider has a duty, as soon as reasonably practicable (but in any event no later than the next working day) inform the local authority.

19. The local authority will continue to pay the contract of care for a period of 14 days from the commencement of the supported person's absence, with day 1 being counted as the day the supported person is moved to another form of care.

6. Monitoring and Analysis

1. Monitoring and analysis of the extension of free personal care will be carried out by the Scottish Government. Monitoring of the extended policy of free personal care to adults will commence from 1 April 2019. Arrangements by local authorities will

require to be put into place to carry out this monitoring and analysis. The monitoring and analysis will not cover issues such as contract compliance as this should continue to be undertaken according to locally agreed practice.

2. This monitoring and analysis will help to identify the impact of the extension of free personal care, which will inform future budgets and development of the policy.

Community Care and Health (Scotland) Act 2002

[ANNOTATED EXTRACT]

Part 1 Community Care

1 Regulations as respects charging and not charging for social care

(1) Subject to subsection (2)(a) below, a local authority are not to charge for social care provide

(a) personal care as defined in schedule 12 paragraph 20 of the Public Services Reform (Scotla
eating and washing) and to mental processes related to those tasks and needs (as for example, but w

(b) personal support as also defined in Schedule 12 paragraph 20 of the 2010 Act *["personal su*

(c) whether or not such personal care or personal support, care of a kind for the time be

(d) whether or not from a registered nurse, nursing care.

2 Accommodation provided under 1968 Act etc.

For the purposes of the definition of "social care" in section 22(1) and (2) of the 2002 Act, of sec
of the 1948 Act and of sections 86 and 87(2) and (3) (charges that may be made for accommodation)
2003 Act (provision of care and support services etc for persons who are or have been suffering fr

Part 4 General

22. Interpretation

(1) In this Act

(A) "the 1948 Act" means the National Assistance Act 1948 (c.29); "the 1968 Act" means the So

(B) "social care" means, subject to subsection (2) below, a service provided
(a) under the 1968 Act; or
(b) under section 25 (care and support services for persons who have or have had a mental dis

to an individual by a local authority or a service the provision of which to an individual,
under the 1968 Act or any of those sections, is secured by a local authority.

(2) In this Act, "social care" does not include a service which (or so much of a service as) co
assistance (including, without prejudice to that generality, the provision of advice, guidance or a mater

THE COMMUNITY CARE AND HEALTH (SCOTLAND) ACT 2002

Schedule 1

Social Care Not Ordinarily Charged For

[Whether or not personal care (see section 1(1)(a) or personal support (see 1(1)(b)]

1 As regards the personal hygiene of the person cared for -
(a) shaving;
(b) cleaning teeth (whether or not they are artificial) by means of a brush or dental floss and (in
(c) providing assistance in rinsing the mouth;
(d) keeping finger nails and toe nails trimmed;
(e) assisting the person with going to the toilet or with using a bedpan or other receptacle;
(f) where the person is fitted with a catheter or stoma, providing such assistance as is requisite
(g) where the person is incontinent -
(i) the consequential making of the person's bed and consequential and changi
(ii) caring for the person's skin to ensure that it is not adversely affected.

2 As regards eating requirements, the preparation of, or the provision of any assistance with the
(a) defrosting, washing, peeling, cutting, chopping, pureeing, mixing or combining, cookin
(b) cooking, heating or re-heating pre-prepared fresh or frozen food;
(c) portioning or serving food;
(d) cutting up, pureeing or otherwise processing food to assist with eating it;
(e) advising on food preparation; and
(f) assisting in the fulfilment of special dietary needs.

But not the supply of food (whether in the form of a pre-prepared meal or ingredients for a meal) to, or the obtaining of food for, the person, or the preparation of food prior to the point of supply to the person.

3 If the person is immobile or substantially immobile, dealing with the problems of that immobility.

4 If the person requires medical treatment, assisting with medication, as for example by
(a) applying creams or lotions;
(b) administering eye drops;
(c) applying dressings in cases where this can be done without the physical involvement of a re
(d) assisting with the administration of oxygen as part of a course of therapy.

5 With regard to the person's general well-being -
(a) assisting with getting dressed;
(b) assisting with surgical appliances, prosthesis and mechanical and manual equipment;
(c) assisting with getting up and with going to bed;
(d) the provision of devices to help memory and of safety devices;
(e) behaviour management and psychological support.

[Counselling, or other help, provided as part of a planned programme of care is explicitly included within the definition of personal support (see 1(1)(b)]

THE PUBLIC SERVICES REFORM (SCOTLAND) ACT 2010

Schedule 12, Section 20

Care Services: Definitions

In this schedule, unless the context otherwise requires –

"someone who cares for" (or "a person who cares for") a person, means someone who, being an individual, provides on a regular basis a substantial amount of care for that person, not having contracted to do so and not doing so for payment or in the course of providing a care service;

"vulnerability or need", in relation to a person, means vulnerability or need arising by reason of that person –

(a) being affected by infirmity or ageing;
(b) being, or having been, affected by disability, illness or mental disorder;
(c) being, or having been, dependent on alcohol or drugs; or
(d) being of a young age;

"personal care" means care which relates to the day to day physical tasks and needs of the person cared for (as for example, but without prejudice to that generality, to eating and washing) and to mental processes related to those tasks and needs (as for example, but without prejudice to that generality, to remembering to eat and wash); and

"personal support" means counselling, or other help, provided as part of a planned programme of care.

East Dunbartonshire Health & Social Care Partnership

Free Personal Care Guidance






Adults Under 65

April 2019

1. Introduction

From the 1st April 2019 Free Personal Care is available to all adults who are assessed by their local authority / Health & Social Care Partnership as needing this service regardless of their age, income or assets. Prior to this date Free Personal Care was only available to people over the age of 65.

The definition of personal care remains the same as set out within previous guidance within the Public Service Reform (Scotland) Act 2010.

From the 1st April 2019 in East Dunbartonshire we will be responsible for making payments for or no longer charging for the personal care element of a support package.

This local guidance provides a framework for practitioners within East Dunbartonshire and an overview of the updated statutory guidance for Free Personal and Nursing Care in Scotland (Circular CCD3/2018); links to which are provided within the appendix within this document.

The local guidance shall set out eligibility, updated policies on charging and income maximisation and more detailed guidance as to how free personal care should be calculated.

It should also be recognised that a significant number of adults under the age of 65 in East Dunbartonshire already receive their personal care free of charge in line with our local charging policies in accordance with their income and assets.

2. Legislative Framework

Free Personal Care for adults aged over 65 was introduced in Scotland in 2002 following the introduction of the Community Care and Health (Scotland) Act 2002. The Scottish Government announced in 2017 that they would introduce legislation to extend free personal care to adults under the age of 65 following the completion of a feasibility study published in September 2017. The legislation has become known as 'Frank's Law' in memory of the former Dundee United Scottish football player Frank Kopel who suffered from early onset dementia and whose family's successful campaign brought this issue to public and Scottish Government attention and action following his death in 2014.

3. Key Aspects of the Policy

Key aspects of the extended policy are that;

- All eligibility for free personal care is subject to the completion of a formal social work assessment of need.
- Services not for personal care will continue to be subject to charges in line with current charging policies.
- Free personal care applies to both care at home and for those within care homes.
- For those already living in a care home who self-fund their care, arrangements must be made to extend free personal / and or nursing payments for adults in line with the provisions for those aged over 65.
- For adults who enter a care home after 1st April 2019 an assessment of need must be completed before they may become eligible for personal/and or nursing care payments, and existing arrangements for the assessment of self-funding adults/older people will be maintained; up to a six month waiting period.
- For supported people under 65 who currently arrange their own personal care services and who may wish to access free personal care it remains their responsibility to approach the local authority to request that an assessment is completed by East Dunbartonshire, if they wish to seek free personal care costs.
- Existing East Dunbartonshire Eligibility Criteria, Case Management Standards, and risk based assessment thresholds continue to apply, as do the provisions for Self Directed Support, and we will provide contributions to personal care costs up to the level of assessed need in line with existing policies.
- Where an adult receives funding towards a care home placement it is the responsibility of the person or person's family to report receipt of personal care payments to the DWP (payment of Disability Living Allowance / Personal Independence Payments should stop four weeks after free personal care funding starts).
- The extension of free personal care will also extend to young adults between 16 and 18 years of age.

4. Definition of Personal Care

The definition for personal care remains unchanged from the Community Care and Health (Scotland) Act 2002 Schedule 1 contained within the attached statutory guidance. Personal care services are those which provide for assistance with personal hygiene (assistance with washing and bathing), continence management, problems of immobility when directly meeting personal care needs, assistance with feeding and diet, assistance with medication and medical treatments (including administering medication, applying creams, dressings and assistance with administration of oxygen). There is also provision for personal supports such as counselling to form part of a programme of personal care however, this will require to be looked at on an individual basis and would not routinely constitute personal care.

Under statutory guidance and for the purposes of this policy, equipment and adaptations are not regarded as personal care, including Community Alarms and other technological support.

Housing support is non-personal care as are services that promote independent living or social activities.

5. How is Personal Care to be calculated?

The extension of free personal care does not change existing charging arrangements for care home provision under the National Assistance (Assessment of Resources) Regulations 1992. For care home based free personal care as of the 1st April 2019 this is to be applied at £177 weekly for Personal Care and where applicable £80 weekly for Nursing Care (£257 weekly).

With regard to personal care provided at home. All care provided by East Dunbartonshire Home Care Service is provided to meet personal care needs as defined in the Community Care and Health (Scotland) Act 2002 Schedule 1, and all Homecare charges for adults under 65 will be withdrawn from the 1st April 2019.

Care services provided at home and within supported living as part of a larger service package will be subject to a process of personalised review to determine the individual elements of personal care and those which are non-personal care based to ensure that where applied, charges for personal care will be removed. Once the level of non-personal care has been identified, revised charges will be applied.

In terms of equity and the fair allocation of resources we would determine that personal care at home would be provided up to that of East Dunbartonshire's Homecare Service up to a maximum of 14 hours weekly, based against the provision of 4 x daily 30 minute provision.

Where support is provided on a 24 hour basis or where very much larger packages of care are in place we would acknowledge that personal care provision may extend beyond 14 hours each week. From analysis across Council Finance, NHS Greater Glasgow and Clyde operational management and the Independent Living Fund we will extend this threshold (subject to review and reassessment) for personal care services up to a maximum of 25% of a total care package provided at home or within a supported living setting where this is found to be appropriate.

In line with statutory guidance supported people living in their own homes or in supported living are not eligible for nursing care payments.

Existing financial processes and recording are fit for purpose, and Finance and Shared Service arrangements are in place to implement successfully from the 1st April 2019, as are arrangements for monitoring and analysis required by the Scottish Government. Income maximisation for customers will continue as a priority for statutory and partnership agencies.

6. Ordinary Residence, Cross Border Placements and Hospital Admission

The costs of providing free personal and nursing care services to a supported person who is ordinarily resident in another local authority can be recovered from that other local authority. Technical and legal guidance from Legal Services may be required when such a course of action is being proposed.

If East Dunbartonshire make arrangements for a supported person to be placed in a care home outside Scotland personal and nursing care payments remain the responsibility of East Dunbartonshire. Placements made in East Dunbartonshire for supported people whose ordinary residence is in England, Wales or Northern Ireland will not be eligible for free personal care payments and funding responsibility remains with the placing local authority.

When a supported person is admitted to hospital from a care home East Dunbartonshire will continue to make personal and nursing care payments in accordance with statutory guidance at the full rate for up to a minimum of two weeks after admission, with a similar timescale applied to those admitted to hospital from their own home where in receipt of Self Directed Support payments to meet their personal care needs in line with local SDS procedures.

7. Appendices

- Free Personal Care Statutory Guidance Circular No CCD 3/2018.

Free Personal Care
Scottish Governmen

April 2019

GLASGOW LOCAL MEDICAL
COMMITTEE LIMITED.

Medical Directors
Dr John Ip
Dr Patricia Moultrie

Chair
Dr Alan McDevitt

Business Coordinator
Mrs Mary Fingland

AMcD/ MF

7th June 2019

Susan Manion, Chief Officer
East Dunbartonshire HSCP
Kirkintilloch Health and Care Centre
10 Saramago Street
Kirkintilloch, G66 3BF

Dear Susan,

East Dunbartonshire Primary Care Implementation Plan - Response of the Glasgow LMC.

We request that this forms part of the PCIP as we are allowing these plans to be submitted to SG without LMC/GP Subcommittee approval of the plan and it is essential that the LMC/GP Subcommittee thinking behind this remains attached to the PCIP as otherwise there is a risk that these plans are regarded as agreed.

Glasgow LMC/GP Subcommittee would wish to commend the staff of the Health Social Care Partnership for working so hard on this plan. In addition, we would praise the collaborative approach to working with the GP Subcommittee representatives. We recognise that the decision-making processes have made it difficult, at times, to deal with the need to consult and adapt the plans to try to reach agreement. The GP Subcommittee/LMC have also had to adapt significantly to engage in the process of developing these plans.

The PCIPs are describing the implementation of the GP Contract agreed in 2018. The MOU, which was signed with it, shows the agreement with IJBs, Scottish Government and the BMA on how it would be delivered as a "*statement of intent*".

It is necessary that the PCIPs can demonstrate significant progress in implementation and a clear progression to delivery by April 2021. If the plans do not show a clear pathway to delivery, then it is essential that all necessary steps are taken by Scottish Government to ensure delivery of the Contract commitments while there is still time to take action. There are now 24 months to deliver the contract. It is clear that all HSCPs have identified difficulty in describing a plan which confidently delivers the Contract agreement mainly around funding, staff availability and recruitment.

The LMC cannot agree to a plan which does not yet show the clear path to delivery but do agree that the plan, as it is at present, can be sent to Scottish Government without LMC full agreement.

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We wish to allow continuing progress in implementation of the new contract and, for the reasons given above, it is necessary for Scottish Government to have sight of the essential information contained in the PCIPs. We are content therefore for the plans to be submitted without LMC agreement on the understanding that the PCIF is not spent on activities where this is not supported by the LMC.

Some of the plans helpfully attempt to outline some of the problems which would need to be addressed before delivery on the contract can be assured. The LMC will take this knowledge and understanding to SGPC for discussion with the Government. We will continue to work with our HSCPs to get to the point where we are all confident of delivery of the contract.

We have outlined below specific aspects of the EDPCIP where we do not agree spend of the PCIF.

Areas not part of the GP Contract/MOU

This refers to;

"*The role will also include the roll out the e-frailty toolkit which will support a proactive self-management approach within primary care*.'

Also

- "*The HSCPs portfolio of unscheduled care programmes is developing a range of services which will assist in reducing emergency admissions and moving towards a service which is responsive and not reactive for example Home for Me which will commence summer 2019.*

  Some of these transformational workstreams have the potential to increase GP workload."

Pharmacy First Funding

We are clear that the Pharmacy First funding has been frozen at £1.1m nationally for 2019/20 and that it has been defined as not 'in direct of general practice'. It would not be acceptable for any additional costs to fall onto the PCIF that is over and above the nationally agreed funding.

The 6% Employers Superannuation Rate Increase

We are clear that the increase in staff cost pressure due to change in the employers' contribution should not fall onto the PCIF. The PCIP funding plans should reflect the previous contribution rate and the additional 6% cost must be met by other funding streams.

Lateral Cost Shift

The funding of existing services that were being delivered by HSCP prior to the Contract implementation must not be withdrawn by the HSCP and the ongoing costs of the service to

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fall onto the PCIF. We will not accept PCIF to be used to fund these existing services such as childhood vaccinations and wellbeing workers.

This refers to the following paragraph "*Although this was not originally funded via PCIP it had always been planned to be part of year two developments, subject to evaluation. Initial findings showed that 72 wellbeing reviews were conducted, with a 65% success rate in achieving these goals within a 3 month period.*"

Premises and IT

There is national agreement and guidance that the costs of IT infrastructure and equipment necessary to deliver on the Contract should not fall onto the PCIF. This applies also to improvements or developments to premises to enable MOU services to be delivered.

Evaluation

The Primary Care Programme Board has agreed an evaluation programme that will be lead by NHS GGC Public Health department. PCIPs should not deviate from this overarching Board wide agreement nor should PCIF funding be allocated for additional local evaluation.

Yours sincerely,

[redacted]

Dr Alan McDevitt
Chair

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East Dunbartonshire Health & Social Care Partnership

Chief Officer
Susan Manion

Agenda Item Number: 10

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	27 June 2019
Subject Title	East Dunbartonshire Primary Care Improvement Plan (PCIP) 2019/20
Report By	Derrick Pearce, Head of Community Health and Care Services
Contact Officer	Gillian Notman, Change and Redesign Manager Gillian.notman@ggc.scot.nhs.uk Tel: 07799342363

Purpose of Report	The purpose of this report is to present, for approval by the HSCP Board, the final draft of the East Dunbartonshire Primary Care Improvement Plan (PCIP) 2019/20. The latest draft PCIP is reflective of; • A reworked financial plan to reflect commitments to deliver the Memorandum of Understanding (MOU) for services within the allocated Primary Care Improvement Fund budget • A reworked financial plan to demonstrate full delivery of the Memorandum of Understanding (MOU), detailing required funding Appended to the final draft PCIP is also a letter from the Glasgow Local Medical Council (LMC) stating their concerns around the HSCP's difficulty in describing the full delivery of the MOU within agreed timescales, reflective of the budget allocation. The HSCP's formal response to the LMC letter is also appended.

Recommendations	It is recommended that HSCP Board members; • Note the reported progress in delivering the new GP Contract via the Primary Care Improvement Plan in 2018/19 • Approve the revised draft of the East Dunbartonshire Primary Care Improvement Plan, reflecting delivery of the MOU to the extent of the available budget in 2019/20 • Note the revised financial framework for full delivery of the MOU by April 2021, reflecting the funding shortfall and workforce challenges recognised nationally • Note that the East Dunbartonshire PCIP has been subject to discussion and negotiation with the HSCPs Local

	Medical Committee (LMC) representative but that formal sign off has not been agreed • Note the contents of the letter to the HSCP Chief Officer from the LMC rep and our response • Note that ongoing communication and engagement with key stakeholders will support the cultural transformational changes required to implement the Memorandum of Understanding (MOU) • Note that regular updates will continue to be provided to the HSCP Board on implementation progress and funding usage

Relevance to HSCP Board Strategic Plan	Implementation of the new GP contract, and the transformation of primary care as part of the whole health and social care system, is broadly consistent with the aims of the HSCP Strategic Plan. The significant workforce challenges of implementing the new contract are reflective of the wider workforce considerations in the Strategic Plan.

Implications for Health & Social Care Partnership

Human Resources	The new Contract supports the development of new roles and extended multidisciplinary teams working both in GP practices and within Clusters. The new General Medical Service (nGMS) Contract also facilitates the transition of the GP role into that of an Expert Medical Generalist. New members of the extended multidisciplinary team have been, and will continue to be, recruited to align with each MOU commitment. Some of these healthcare professionals sit within NHS GG&C and are part of board-wide allocation.

Equalities:	There has been an inequality of implementation of the services derived from the MOU as there is a phased roll out. Patients will not currently receive all services, but the plan describes the HSCP's aims for putting extended multi disciplinary teams in to all practices and clusters, benefitting all patients across East Dunbartonshire.

Financial:	The Scottish Government has provided an allocation of £999,000 funding for 2019/20 from the Primary Care Fund. Our projections in this plan to deliver the MOUs are in excess of the available budget.

Legal:	There are no legal issues within this report

Economic Impact:	There are no economic issues within this report

Sustainability:	Refocusing of the primary care model will require the HSCP to support and deliver through service redesign.

Risk Implications:	There are nationally recognised risks of failure to deliver the new GP contract. There requires a national debate on what can or cannot be achieved realistically within tight timescales, and the available financial envelope. There are risks to delivery in East Dunbartonshire related to the availability of accommodation. This is especially the case in relation to the development of the Community Core and Treatment Service. Workforce availability across all the required extended roles has been recognised as a challenge nationally. Emerging risks will be managed through the HSCPs Primary Care Implementation Planning group.

Implications for East Dunbartonshire Council:	None

Implications for NHS Greater Glasgow & Clyde:	The new GMS contract will impact how community services are delivered throughout the Health Board and the HSCP. Consistent messages on redesign of primary and community services should ensure patient population of NHS GG&C drive consistent benefit from the change.

Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	☐
	2. East Dunbartonshire Council	☐
	3. NHS Greater Glasgow & Clyde	☒
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	☐

MAIN REPORT

1.0 Background information

1.1 The new GMS contract, agreed between Scottish Government and the British Medical Association, was adopted in Scotland on 1st April 2018. This covers an initial period from 1st April 2018 – 31st March 2021. The contract proposed a refocusing of the GP role as Expert Medical Generalist. In doing so it aimed to build on the core strengths and values of General Practice whilst also seeking to deliver transformational change to enable sustainability in the face of rising demand, falling primary care workforce numbers and sub-optimal patient experience.

1.2 A Memorandum of Understanding (MOU) has been agreed between the Scottish Government and the British Medical Association (BMA) and has been adopted by Integration Authorities. This MOU sets out the key aspects relevant to facilitating the commissioning of Primary Care Services and service redesign to support the role of the GP as the Expert Medical Generalist.

1.3 Key MOU priorities to be executed are:

- **The Vaccination Transformation Programme (VTP) -** High level deliverable: All services to be Board run by 2021.
- **Pharmacotherapy Services -** High level deliverable: services to be delivered to the patients of every practice by 2021.
- **Community Treatment and Care Services -** High level deliverable: services to be delivered in every area by 2021, starting with Phlebotomy.
- **Urgent Care (Advanced Practitioners) -** High level deliverable: sustainable roles such as Advanced Nurse Practitioner (ANP) services used for urgent unscheduled care as part of the practice or cluster-based team.
- **Additional Professional Roles (MSK Physiotherapy & Mental Health) -** High level deliverable: create a dynamic multidiscipline team consisting of physiotherapists or mental health workers who can act as the first point of contact.

1.4 An initial Primary Care Improvement Plan was submitted to the Scottish Government in April 2018 which laid out our commitments for 2018/2019. A Primary Care Improvement Plan Working Group has been set up by the HSCP which meets bi monthly. This group consists of the Clinical Director, the Head of Community Health and Care services, service leads within the HSCP and representation for the Local Medical Committee (LMC) who provides input from the GP subcommittee. We have worked collaboratively with these partners to progress delivery of the MOU, highlight risks and work in a solution focused way to support service redesign.

1.5 The Scottish Government has requested a second iteration of the PCIP and a local implementation tracker covering the period July 2018 to March 2019 inclusive. These plans are required to include information on workforce, patient engagement, infrastructure, funding and evaluation. The tracker form provides a visual marker on where the HSCP is in relation to delivering the MOUs. There is also an opportunity to describe risks and barriers.

1.6 This plan requires to be completed collaboratively with our local GP LMC representative. This has not been achieved. Through extensive dialogue there are several issues which have not be resolved, are challenging or require further discussion. These include:-

- Formal reporting and accountability of the PCIP and the HSCP links to the LMC/GP subcommittee.
- Incongruence around the principle on utilising PCIP funding for remodelling of premises. This could cause a delay in the roll out of our services or an inability to transfer services away from practices.
- Reporting workforce projection from either a realistic or an aspirational viewpoint.
- Inclusion of the additional 6% employers superannuation rate increase.

1.7 We will continue to work with our local GP LMC representation, the GG NHS&C Primary Care Board and other stakeholders to actively work towards shared solutions to support the delivery of the new GMS contract..

1.8 The report highlights some success for 2018/2019 including

- All practices have received an additional pharmacotherapy service.
- All relevant patients have received housebound flu vaccinations.
- All practices will have a pre five immunisation service by the end of June.
- All practices have been offered training on signposting and workflow optimisation
- There are good and productive relationships between the HSCP, GPs and practice staff.

1.9 The Primary Care Improvement plan (2019/2020) is provided below and requires to be formally signed off by the HSCP Board.

East Dunbartonshire Health & Social Care Partnership

F I N A L D R A F T

Primary Care Improvement Plan (PCIP) 2019-2020 Update

NHS Greater Glasgow and Clyde

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

VERSION CONTROL LOG		
Version 1	23rd March	Draft PCIP update
Version 2	11th April	Sent to LMC / GP Sub Committee
Version 2	11th April	Sent to, Clinical Director & Associate Clinical Director
Version 3	24th April	Amendments from Head of Community & Care Services Clinical Director & Associate Clinical Director
Version 3	26th April	Sent to CQLs for comment
Version 4	30th April	Sent to LMC / GP Sub Committee Rep
Version 4	1st May	Update of plan with Head of Community Health & Care Services, Clinical Director & Associate Clinical Director
Version 5	3rd May	Draft PCIP sent to LMC / GP Sub Committee Rep
Version 5	7th May	LMC confirmation of non approval
Version 6	8th May	Update of Plan with LMC / GP Sub Committee Rep
Version 6	20th May	Latest draft of plan sent to LMC / GP Sub Committee Rep
Version 6	23rd May	HSCP Presentation seeking approval of draft plan
Version 7	27th June	Submission of Final Draft to HSCP Board for approval

1. Introduction

1.1 Background

The new GP contract has been in place since April 2018. East Dunbartonshire Health & Social Care Partnership (HSCP) submitted our Primary Care Improvement Plan to the Scottish Government in July 2018. Our overall commitment was that:

East Dunbartonshire's Primary Care Improvement Plan (PCIP) will enable the development of the Expert Medical Generalist role through a reduction in current GP and practice workload. By the end of the three year plans, every practice in East Dunbartonshire HSCP should be supported by expanded teams of health board employed health professionals providing care and support to patients.

This report provides an overview of progress against the 2018/19 Primary Care Improvement Plan and articulates plans for 2019/2020.

- In the development of our 2019/20 plan we have collaborated with a wide range of stakeholders including managers and practice staff. In addition we have worked in partnership with and sought advice from our Local Medical Council (LMC) representative. Our plan has not resulted in LMC/GP Subcommittee approval for the reasons highlighted below:

- Formal reporting and accountability of the PCIP and the HSCP links to the LMC/GP subcommittee.
- Incongruence around the principles on utilising PCIP funding for remodelling of premises. This could cause a delay in the roll out of our services or an inability to transfer services away from practices.
- Reporting workforce projection from either a realistic or an aspirational viewpoint.
- Inclusion of the additional 6% employers superannuation rate increase.

The HSCP were written to by the LMC to outline their issues. This and the response from the HSCP are included at Appendix 1 to this report. Some of these outstanding issues require a national debate between the Scottish Government, the LMC and other partners.

This plan provides two financial frameworks to illustrate actual and desired delivery of the MOU based on available funding. At Appendix 3, we have included tables illustrating workforce and infrastructure to the level of our allocated budget, and the requirements for the full implementation of the MOU.

1.2 Progress to date

Below are a few examples of success so far in delivering our Memorandum of Understanding (MOU) commitments.

- On 24th October 2019 East Dunbartonshire HSCP held an engagement event for practice and community staff to support the implementation of our Primary Care Implementation Plan and to begin to engage with colleagues in the development of the new multidisciplinary teams.
- Recruitment is underway to support the MOU deliverables. To date we have recruited Pharmacists, Advanced Nurse Practitioners (ANP), Phlebotomists and an Advanced Practice Physiotherapist (APP).
- There has been a move towards the creation of extended multi disciplinary teams in every practice within East Dunbartonshire.
- We undertook an accommodation survey of space currently available within our GP Practices. The outcome of the audit showed that 15 out of 16 practices are privately owned with space already at a premium.
- A feasibility study is underway within HSCP premises covering both localities to explore treatment room options. This study will show how the HSCP will accommodate the Community Treat ment and Care service. This includes remodeling our current premises.
- A governance structure has been established to report on agreed objectives and milestones.

Table 1 below summarises our progress and delivery.

Table 1: Summary of position as at 31st March 2019

What we said we would do	What we have done	Comments
Vaccination Transformation programme – Phase in the pre-5 VTP in geographical areas. Focus on influenza immunisation for GP housebound patients.	Fully implemented within two clusters. Awaiting final roll out in last cluster. All housebound influenza vaccinations flu's were completed by DNs winter 2018.	Obtaining suitable accommodation has been challenging and has delayed this service from being fully implemented. However suitable premises have now been identified and the final service will be implemented as soon as possible.

Pharmacotherapy services - We will mainstream 3.2wte Primary Care Pharmacists (PCP) currently funded from the primary care investment fund. We would increase pharmacy resource and skill mix.	A total 4.7wte Pharmacy & technician resource are employed within East Dunbartonshire HSCP. Currently 1wte Technician & 0.5 Pharmacist are in induction training phase & not specifically allocated to specific Practices as at end of March 2019. Therefore current allocation at 1st April 2019 was 0.1wte pharmacy support per 2000-3000 per patients per Practice.	Target aspiration for yr 2 will be to achieve 0.1wte per 1,000 patients per practice. This will increase with immediate effect once pharmacy and technician have completed induction phase and allocated into Practices. Target aspiration for yr 3 will be to achieve 0.2wte per 1,000 patients per practice.
Pharmacy First	Boardwide programme. Continue to deliver service with same costs from year 1.	Further modeling up Boardwide will inform delivery in year 3.
Community Treatment and Care - We will scope the funding for the required Nursing/Health Care Support Worker capacity, accommodation and supply costs to deliver a community treatment and care service. Once scoping is completed, phase 1 will commence in the Bishopbriggs / Auchinairn cluster. Embed community phlebotomy service by providing 56 hours per week to undertake all GP domiciliary bloods.	Year 2-Using the Boardwide model we aim to recruit and commence a CT&C within the next 6 months in the Bishopbriggs / Auchinairn cluster. A feasibility study on treatment rooms is underway in two localities to ascertain options for the roll out of the service. Domiciliary phlebotomy service which includes simple observations and specimen collections was fully implemented for all surgeries.	This will be developed at the pace of available accommodation. Yr 2 will continue to deliver the current level of domiciliary phlebotomy and implement a clinic based phlebotomy service within Bishopbriggs & Auchinairn. Yr 3 Roll out of Community Treatment & Care Service to all clusters. .
ANP Provision - Implement a model of an additional 1.0wte ANPs within the Kirkintilloch/Lennoxtown cluster	Two ANPs recently appointed. One fully trained and ready to provide full service, second staff member requiring further training, including in-house is being provided within local practices.	Yr 2 Establish ANP within Kirkintilloch & Lennoxtown Cluster. Y3 Roll out ANP service to remaining Clusters

APP Provision - Implement a model of 2.0wte APP within the Bearsden/Milngavie cluster	APP - 1.0wte across 4 practices. Unable to recruit additional APP due to board wide concerns regarding recruitment/destablising of service across the board	Aim for further recruitment in coming year. However, this is dependent on Boardwide position being clarified around recruitment and agreement of model to small Practices.
Infrastructure Commit funding towards • programme management, • clinical leadership for nursing, pharmacy and APP • culture change • QI Cluster Funding	Project manager recruited and commenced in post December 2018 until March 2020. Additional HSCP leadership resource is allocated to the delivery of the PCIP. We have committed £5,000 for Quality Improvement activity for each cluster in year 2 (see appendix 2 finance section) Leadership in place for Pharmacy (0.4wte) Physiotherapy (0.1wte) Large engagement event for primary care (24/10/18) Continue to deliver appropriate funding to cluster groups CQLs now part of our tripartite arrangement.	The infrastructure focus in year 2 will be on culture change. Leadership focus for yrs 2 & 3 is on planning, implementation and evaluation. We aim to commit to support quality improvement funding for each cluster as an ongoing commitment e.g. training, PLT events, signposting, posters etc.

More detail our use of year 1 (2018/19) funding is articulated in Appendix 2 of this report.

1.3 Emerging Findings

Whilst the new GMS contract commenced in April 2018, there has been a delay in implementing our planned commitments in year one. This has largely been due to delays in recruitment within the MDT professions. It is too early to have meaningful data on the true impact of change, however within the last six months there has been some progress and feedback including;

Pharmacotherapy - PCIP Pharmacist Procedures Audit

Within the Bearsden and Milngavie cluster the CQL, Practice Quality Leads (PQL) & the Pharmacists attached to these practices completed a questionnaire to gather ideas on how to standardise processes and communications. Both perspectives were similar in their comments. In the longer term we are hoping this information will be useful to support backfill / flexibility of pharmacists covering other bases during periods of leave.

Additional Professional Roles

Advanced Physiotherapy Practitioner

The APP has been in post for 4 months. The initial audit completed begins to show the shift from GP appointments to APP from point of referral/first contact.

- In this audit, 80-100% of available capacity was being utilised and 2 of the 3 practices are already reporting patients being directed to the APP by reception rather than being offered a GP appointment first.

Community Link Workers

Locally we refer to Community Links Workers as “Wellbeing Workers”. The Wellbeing Workers have the same remit and pivotal role as Community Links Workers. A wellbeing project took place within East Dunbartonshire in 2017/18. Although this was not originally funded via PCIP it had always been planned to be part of year two developments, subject to evaluation. Initial findings showed that 72 wellbeing reviews were conducted, with a 65% success rate in achieving these goals within a 3 month period.

2. Strategic Transformation & Culture Change

2.1 Transformation

Primary care will be part of a whole system approach in which services are and will be delivered by a network of integrated teams across primary, community, specialist and hospital based care. In doing so East Dunbartonshire will be committed to engaging with the principles of Moving Forward Together and are involved in dialogue with our local primary and secondary care interface groups.

Following the development of the HSCPs Strategic Plan, there are a number of transformational programmes underway. Examples of these projects include:-

- The HSCPs portfolio of unscheduled care programmes is developing a range of services which will assist in reducing emergency admissions and moving towards a service which is responsive and not reactive for example Home for Me which commenced in Spring 2019.
- There is an opportunity to work with Mental Health in relation to the Action 15 Plan. One of the goals of Action 15 is to increase the number of mental health workers to give access to dedicated mental health professionals to all GP practices / Clusters. This should enhance capacity to support people with mental ill health in the community.
- Our self management and social prescribing projects have been designed to support people with a wide range of social, emotional or practical needs, and many of our schemes have been focused on improving mental health and physical well-being.
- Local work on technology enabled care is still in the relatively early stages but it has the potential to transform how people engage and manage their own care.

Primary Care is intrinsic to the successful delivery of whole system transformation, and there are necessary impacts on how primary care works to support this. It is therefore essential that the Primary Care Implementation Planning Group have the opportunity to engage and work collaboratively to get the best outcomes and values within current and new resources.

2.2 Culture Change

We recognise that in order to deliver on the outcomes of the new GP contract, a culture change in how primary care services are used is required. Crucial to this is investing time in training staff, particularly within General Practice, to provide appropriate signposting and equip them with the confidence and tools to do so both appropriately and safely. Most East Dunbartonshire practices now have flyers detailing local services available within their reception areas and are actively using signposting to redirect patients to the most appropriate support and/or treatment.

A further element of support to administration and business processes within practices is workflow optimisation. Where practices have implemented this, practice admin, where appropriate, will now read, scan and code all correspondence received within the practice therefore releasing some GP capacity. There are however challenges around implementing this fully in order to release GP time. This requires a strong change management approach within GP reception / admin staff. Initially this will also require a significant amount of direction and leadership from GPs to support these changes in a safe and timely manner.

2.3 Communication, Signposting & Engagement

We have developed a communications and engagement plan, which is included at Appendix 4 of this report. We aim to engage with a wide range of stakeholders and professional groups to inform them of the changes to primary care and in particular to the developments happening locally within East Dunbartonshire.
Specific and focused engagement has and will continue to be through:-

- Clinical Director
- LMC GP-Subgroup representative
- Strategic Planning group
- Primary Care Implement Group
- Profession and care group specific management and leadership groups
- GP forum
- Cluster group meetings
- Practice Managers forum
- NHSGG&C Primary Care Programme Board

We held an engagement event for primary care and HSCP staff on the 24th October 2018 to engage with stakeholders on the implementation of the primary care implementation plan. We have continued to engage in the plan and the new contract at a range of community events including the Bearsden Mental Health week in May 2019

3. Transforming Leadership

Significant leadership is required to support the delivery of the MOU commitments. Our approach has been to focus on collective leadership with key stakeholders and representatives.

3.1 General Practice

The Local Medical Council (LMC) / General Practitioner Sub Committee (GP Sub) has an integral advisory role in providing support on the implementation of services and approving the Primary Care Improvement Plan. We are starting the process of building a collaborative structure between the Clinical Director, Cluster Quality Leads (CQLs) and the LMC/GP Sub to look at pathways and quality of care. In addition we are sharing views on the progression of the plan including funding allocation and engagement with other professionals, services and with the CQLs. We will invite the CQLs to our local Primary Care Implementation Planning group. The CQLs role initially focused on 'intrinsic functions' around quality improvement within their clusters. There is now an opportunity for them to become involved in a developing role on the implementation of a core multidisciplinary team within general practice as well as linking in with wider teams built around GP surgeries, clusters and localities.

3.2 HSCP

Programme Management

We have appointed a Primary Care Development Officer to lead on implementing our plan via programme management model, to have an overview of all work streams, to ensure there is sufficient capacity to deliver the scale of change involved, to assist with transitions and transformation required and facilitate community engagement and publicity. Key to the success of these changes is the relationship building and cultural adjustments required by all those who access and deliver care. Active involvement in GP related and practice manager fora and other wider networking opportunities within the HSCP and the community are an essential element of this position.

Nursing

We have increased our Band 7 Adult Community Nursing leadership capacity to co-ordinate and support the delivery of phlebotomy, the transformation vaccination programme locally, supervision of the ANP's and to develop and set up the Community Treatment and Care services (CTaCs). This post is crucial to lead the interface between community and primary care nursing, and take for the transformation of nursing roles in the community across the whole nursing family.

Pharmacy

Additional sessional Band 8A Pharmacy Team Leader capacity has lead on the recruitment and development of a sustainable pharmacy service to support the implement of the core elements identified within the GMS contract 2018. This has included the introduction of pharmacy technician support to clusters and interface between the Prescribing Support Pharmacists and Primary Care Invest core tasks.

4. Continuity of care and the Multidisciplinary teams

Continuity of care is a key value within the contract. To allow GPs to function as Expert Medical Generalists there requires the development of our primary care multi disciplinary teams. We have employed additional Pharmacists and Phlebotomists, created a new role for Advanced Practice Physiotherpist (APP) and Advanced Nurse Practitioner (ANP) and also shifted some of the children's immunisation activity directly away from practices. GPs will be the leaders of the new Extended Multi-Disciplinary Teams (eMDTs), however, a Boardwide position is required in relation to payment or backfill for GP time for mentoring eMDT. HSCP managers and service leads will be responsible for making sure that staff are competent to deliver an effective person centered service and to work in collaboration with members of the primary care team.

<u>Framework to support mentorship of eMDTs</u>

There are local arrangements within practices for mentorship and clinical supervision is available as per NHSGG&C policies. Whilst clinical leadership and mentoring has been positively embraced so far, as the sizes and complexities of these teams increase, the demands on GPs and others could challenge these current arrangements. A model of peer supervision will be piloted for ANPs in year 2 to ascertain whether other sustainable options will be productive and efficient. One of our concerns is that the additional leadership functions which we have committed to the delivery of the agreed MOU are temporary positions (e.g. Pharmacy, Project Management). If these posts are lost the ethos of the contract and the momentum for cultural change may not develop within the stated timelines.

5. Our Priorities for 2019/2020

The table below sets out what East Dunbartonshire PCIP seeks to deliver in year 2 (2019/20). We have included narrative on where there are already known potential constrains to delivery and/or risks.

Table 2: Year 2 Commitments

Aims	Constraints / Risks
MOU 1 – Vaccination Transformation Programme	
We will continue with the board wide re-design, planning and implementation/migration of all practice-led immunisation services to alternative models for completion by March 2021.This includes flu vaccination for pre-school, adults under 65 who are deemed 'At Risk' due to a health condition(s), those over 65, all pre-school vaccinations, pregnant women vaccinations . East Dunbartonshire has expressed an interest in taking part in a board pilot considering how to institute this service within a community setting, but further updates are awaited.	Reliance on Boardwide implementation & costs of certain services e.g. VTP, physiotherapy Accommodation in all Clusters will continue to be challenging.
MOU 2 – Pharmacotherapy	
We will introduce more skill mix to the pharmacotherapy services. Continue to monitor and test the role of technicians and support workers doing some of the less complex medication reconciliation activities in practices. We will take part in and provide support to board wide tests for change to explore innovative solutions for a sustainable service model.	To fulfill the contract commitment in its entirety a scoping exercise took place and revealed that East Dunbartonshire would be required to employ a total of 42 Pharmacists. In discussion with both Boardwide and Local Pharmacy Leads there has been a decision not to go recruit to this level for following reasons: • Workforce scoping suggests there is not practicably this amount of Pharmacists available within the system. Early indications have shown there is not enough PSPs/PST to fill the posts without destablising the rest of the NHS.
MOU 2 – Pharmacotherapy	
	• The above point also impacts on a potential model for part of VTP - Community Pharmacy delivering influenza vaccinations for adults. • We would not have the infrastructure, finance, training support to accommodate for this amount of staff

MOU 3 - Community Treatment and Care Services	
Bishopbriggs/Auchinairn cluster will be a pilot site for the introduction of a community treatment and care/phlebotomy service. Scope alternative ways in which the HSCP can deliver this service given the limited / no accommodation within our local Practices & Health & Care Centers.	It is essential that we receive clarity from the Board on funding in relation to the creation of Treatment Rooms. Moving forward and for sustainability reasons we must have a permanent solution for treatment room space.
MOU 4 - Urgent Care	
We will implement an ANP model within the Kirkintilloch/Lennoxtown cluster. We will map ANP clinical interventions to ascertain whether there is a shift of clinical work within practices. We will roll out ANP model to other clusters.	Practices and HSCPs must work together to redefine the role of urgent care and the management of long term conditions within primary care so that all nursing skills within the eMDT and Practices can be maximised.
MOU 5 - Additional Professional Roles	
We will undertake a pilot for Community Links Worker service within one cluster to ascertain its effectiveness in providing person centered care and reducing GP workload. With the commitment of an additional APP, we will support the Physiotherapy professional lead to implement an alternative model of delivery so that those practices which have limited treatment room space can have equal access to service. We will work with Mental Health in relation to the Action 15 plan to determine need and appetite for Mental Health Practitioners to be based within Practices.	Current APP model does not incorporate for creativity of flexibility in relation to small practices or those who have a small practice list size. This has halted our progression of services. It is essential that there is a solution focused approach. No agreement has been reached on allocation of Mental Health Practitioners directly working within Practices or Cluster model.

6. Evaluation

6.1 Boardwide Evaluation

There has been an agreement between all HSCPs in the NHS GG&C area that there will be a Boardwide evaluation which will commence in year 2 and will be led by Public Health. This evaluation will explore the following questions:

1. *Have we shifted non-complex work to the wider MDT and concentrated complexity on the GP resource?*
2. *Are the new ways of working improving professional satisfaction and sustainability in primary care?*
3. *Are patients confident and satisfied in their use of the new primary care system?*
4. *Are patient outcomes and safety sustained and improved under the new system?*
5. *Have we improved equity across primary care?*
6. *What are the impacts of the Scottish GP contract on the wider health and care system?*

6.2 Local Evaluation - 2019/2020

East Dunbartonshire HSCP will develop and implement an evaluation work plan to evidence the impact of the implementation of the MOU, supporting the Boardwide evaluation model agreed.

MOU	Evaluation of Impact
MOU 1 Pre-school Immunisation	Board wide review of current model. Locally we will assess the impact of this community based model within practices and service users.
MOU 2 Pharmacotherapy	Evaluate shift in GP pressure by Pharmacists doing Medicines reconciliation, IDL's etc Board wide tests for change • Review of practice level repeat prescribing processes • Implementation of serial prescribing • Development of evidence around pharmacy technician competencies, including work on medicine reconciliation, acute prescribing and high risk medicine monitoring.
MOU 3 Community Treatment and Care Services (CTaCs)	Scoping current activity against Boardwide specifications and interventions list for community treatment and care services. This will inform our accommodation needs and staffing quota for the East Dunbartonshire CT&C service in the longer term. In year 2 we will start to implement the CTaCs model based on best available indicators of demand and capacity in Bishopbriggs. This will aid in the implementation of the CT&CS model in the other clusters in year 3 (if accommodation is secured) We will be required to work alongside the MFT programme to scope both what potential work will transfer to CT&Cs in the future and the funding this will require from Secondary Care. This is being overseen by the Boardwide Community Treatment & Care Group.
MOU 4	Develop role of ANPs working across the HSCPs Community Nursing Team

Urgent Care	and Practices to inform the most appropriate future model for ANPs as part of the wider emerging continuum in line with the "Changing Nursing Roles" agenda. The initial focus of our ANP development in year 2 is using ANPs to respond to Home Visit demand in the identified practices.
MOU 5 Additional Professional Roles	Undertake a pilot for a Community Link Worker service within one cluster to ascertain its effectiveness in providing person centered care and reducing GP workload. Analyse the current model of APP and support the testing of a cluster based model for practices where accommodation is challenging. Assess numbers of patients seen and assessed by the APPs and outcomes.
Communication	Introduce 'Trello' as a means of testing out a virtual model of communication.

8. Premises & Accommodation

8.1 Boardwide position

The NHSGGC Property and Asset Management Strategy includes independent contractor owned and leased premises. Oversight of GP premises developments is provided through the Board's GMS Premises Group which reports to the overarching Primary Care Programme Board.

In year 1 of the PCIPs, existing mechanisms such as improvement grant funding have been used explicitly to support the requirement for additional space as part of PCIPs and this will continue.

There is a comprehensive programme of back scanning underway to free up space within practices to enable more clinical and administrative space to be provided, as well as supporting digital infrastructure through the removal of paper records. HSCPs will fund this through PC funding.

The national survey of GP premises will report shortly and will be used to inform future planning and investment including prioritisation for premises improvement grants and planning for capital developments, and will also support the due diligence and impact assessment process where there is a request for the Board to consider taking on an existing lease or an option to purchase.

Specific challenges have been noted in ensuring sufficient accommodation for services within small practices, and also for services being provided in one location for several practices in a locality. Supporting new developments to create additional space and accommodate Board employed staff is also challenging within independent contractor owned/ leased premises in line with the existing Premises Directions.

During years 2 and 3 of the Primary Care Improvement Plans, there will be a further focus on strategic planning for primary care premises in the medium and long term, in the light of the new GP contract, Primary Care Improvement Plans and the wider

context of Moving Forward Together (the Board's long term strategy for clinical services) which sets out ambitions for the development of an extended range of community services based around virtual or actual community hubs. The strategy for GP premises will be developed in conjunction with the wider property strategy for community services and included within the capital plan associated with the Moving Forward Together programme.

8.2 Local Position

The HSCP does not have any existing treatment rooms available for use to deliver the MOU commitments. In year one, our aim was to scope out how we could deliver the agreed commitments around Community Treatment and Care services (CTaCs) across both localities. The result of this is that there are serious limitations in transferring treatment room services from Practices over to the HSCP. Our status in developing clinical services has been limited somewhat due to these constraints e.g. Physiotherapy service roll out was prioritised to those Practices that had suitable accommodation. This has demonstrated an inequality in service for smaller practices where need may be more significant.

15 out of 16 GP premises are privately owned premises, with the majority of these not being purpose built. Following our accommodation survey it highlighted that there are pressures for Practices to have sufficient space for current delivery. Further expansion of the eMDT will create a significant stress on an already strained position. Sustainability Loans are available for all applications subject to finalisation of loan agreement; however, with limited space or capacity to develop existing premises, new premises may be required. This will require a significant amount of funding. This has been discussed locally and suggested that HSCP/PCIP funding should possibly not be used for the creation of new premises and feel this should be the responsibility of Board capital or Scottish Government funding. To date we have not received any significant investment in Health premises compared to other HSCPs within NHSGG&C. We are aware that some HSCPs have access to treatment rooms and adaptable buildings to provide community treatment services.

With the Moving Forward Together programme commencing in years 2 and 3, there is significant local concern around of competing priorities in relation to the already limited availability of accommodation and financial implications. Clarity is required on scope, demand, accommodation and finance for MFT programme requirements within the community and how this is implemented within Primary Care.

We have significant concerns around delivering MOU 3 (Community Care and Treatment Services) due to the following reasons:

- Under developed accommodation / space locally;
- No clarity around financial source for development of accommodation / space;
- Timing around developing accommodation / space within the timescale set out in the contract.

In year 2 (2019/20) East Dunbartonshire is committed to progress in:

- Once clarity has been provided in regards to financial source, the options detailed within the HSCPs feasibility study undertaken within both East & West localities should progress to the next stage of development.
- We will support a programme on back scanning to release space capacity within practices (majority non clinical space)
- Pilot a Practice model of service delivery (community treatment and care) to identify and work through the challenges and issues which will arise, so that we can promote a cluster model for future developments where appropriate.

9. Digital Infrastructure

Within NHSGGC, the eHealth team works in conjunction with HSCPs in the introduction of new services and processes within practices. This ensures, where possible, the standardisation of approach, fit to the Digital Strategy, use of core enterprise systems and minimal cost overhead. Costs have been supplied by EHealth to HSCPs to enable this to be incorporated into overall costs for new MDT members. GP Sub/LMC representatives have, however, recommended that EHealth for the new MDT should not be included within PCIP costs. In the interests of pragmatism and reflecting the agreed Boards wide position costs are included in the East Dunbartonshire PCIP.

eHealth maintain an inventory of IT assets and software deployed to practices and for wider HSCP and Board operations. Development staff and eHealth joint working will ensure that as new services are deployed to support the MOU, and as significant estate changes occur (i.e. GP Practice Back scanning of records, New Premises) that these are reflected in the introduction of new technology solutions and amendments to operational processes and Business As Usual working.

10. Data Sharing Agreements

The new GP contract introduced a joint data controller arrangement between Health Boards and GP Contractors relating to personal data contained within GP NHS patient records. Sharing of information between the people who are involved in the care of patients is increasingly important to the safe and effective delivery of health and social care, and to the delivery of services by the new Multi Disciplinary Teams working within and with practices. The PCIP plans for development of MDTs need to be supported by robust information sharing agreements with all practices for the delivery of clinical care, for audit and review purposes and for service, workforce and public health planning.

An information sharing agreement which outlines the rules to be applied by a Health Board and a GP Contractor when sharing information with each other is being developed. This is a key enabler and is required as a matter of urgency to support the implementation of the PCIPs.

11. Workforce Planning

11.1 Boardwide Position

Workforce planning is one of the most significant challenges highlighted in the development and implementation of the Primary Care Improvement Plans. This is both in terms of availability of workforce at a sufficient scale to support all practices across NHSGG&C and in terms of the change process required to support effective working for new teams. In order to meet all requirements of the new contract and develop the eMDT across all practices in Greater Glasgow and Clyde, an estimated additional workforce of between 800-1000 posts may be required.

Within the NHSGG&C areas HSCPs are committed to the following principles:

- Approaches across NHSGG&C should share consistent principles and pathways, role descriptors and grading, scale (numbers of staff per practice/ patient population)
- Recruitment should be co-ordinated across NHSGG&C where appropriate taking account of existing professional lead and hosting arrangements.

Across NHSGG&C, workforce planning for the Primary Care Improvement Plans is being considered in conjunction with the Board's wider Moving Forward Together strategy which sets a vision and direction for clinical services in the future. Staff Partnership representatives are involved at all levels. Specifically for the PCIPs, the key aspects of the approach include:

- Modeling to identify the work, tasks and skills required for the new roles
- Assessment of the numbers of staff required to fill those roles
- Modeling of the existing workforce including turnover
- Consideration of changes in other services and competing demands
- Reviewing different skill mix models and creative approaches to deliver both within and across professions.
- Developing approaches to supporting eMDT working within practices and between practices and wider community services

This approach is being tested initially within Pharmacy as one of the early priority areas, but will be adapted to other professional groups as part of year 2 and 3 implementation.

The availability of key staff groups continues to require action at national level, particularly to ensure sufficient training places and development of skills for primary care.

11.2 Local Position

All partners are committed to support the development of multi disciplinary teams to deliver on the MOU commitments. Scoping of our current workforce is crucial to understand what staffing and models should be implemented. From April 2019, the HSCP will begin the work to review our current workforce plan (2018-21) in line with the expected guidance from Scottish Government. In our revised workforce plan

which will take us through to 2021, we will include more statistical data on our wider Primary Care Contractor services, our 3rd and Independent Care partners as well as those directly employed by either East Dunbartonshire Council or NHSGG&C. In this way we will be better able to identify potential recruitment issues and labour market demands. The local engagement for this activity will begin in late April 2019.

The data we are currently aware of reflects a national picture of:-

- A high proportion of GPs approaching retirement.
- More GPs choosing to work part time.
- An ageing nursing workforce.
- Difficulty with recruitment into General Practice at Junior Doctor level.

The anticipated required workforce to deliver the extent of the contract has been informed by the Inverclyde “New Ways of Working” programme. Our tracker / workforce template reflects our thinking on our projected workforce need; however, this will be refined and reviewed once our workforce plan is updated as described above. Early indications shows that by year 3 we would require to employ significant additional staff in order to fully implement the GP contract (figures include projections from April 2019-March 2021): This is illustrated in table 3 below.

Table 3: Workforce Projections

Financial Year	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and Care Services			Service 4: Urgent Care (advanced practitioners)		Service 5: Additional professional roles			Service 6: Community link workers	Other / comment
	Pharmacist	Pharmacy Technician	Nursing	Healthcare Assistants	Other	ANPs	Advanced Paramedics	Mental Health workers	MSK Physios	Other [1]		
2018-19**	3.9	1	2	2	1	2	0	0	1	0	0	1
2019-20	4	1	9.2	7.2	1	1	0	0	1	1.5	2	0
2020-21	4	1	12.5	4.3	1	2	0	2	2	0	2	0
2021-22	4.1	1	20.5	7	1	1	0	2	2	0	2	0
TOTAL	16	4	21.1	20.5	1	5	0	4	6	1.5	6	1

***(1.1 inc for sessional / part time)**

We will work with the Scottish Government, National Education for Scotland (NES) and the NHS board to develop a work force which can be stable and sustainable in both the short and longer term. In doing so there is a need to have better links with universities, facilitate career progression, understand the future demand and scope out the skills required.

The HSCP are committed to implement the MOUs, however, there is concern around the following:

- The availability of appropriately trained and experienced staff.
- Recruiting without destabilising other services (Acute / Community).
- With the development of cluster model there are specific risk on roles e.g. within the wider nursing team. Clarity and a solution focused approach is required at both a local & Boardwide level
- Challenges around Boardwide recruitment in terms of pace, allocation & flexibility for required need and the national challenges around university recruitment, throughput and retention. There is an opportunity to challenge current working practices by introducing skill mix, explore new ways of working, get better understanding of professional skills and develop new and clearer pathways between primary and community care services.

Below are two examples where we are beginning to explore workforce resources in new ways:-

Pharmacotherapy Services

Integral to the delivery of primary care transformation is the establishment of a sustainable pharmacotherapy service in every practice to support the reduction of GP work load and to improve outcomes in medicines management.

The introduction of the Pharmacy Technician into the team has supported the shift of skill mix within Pharmacy. This will be further consolidated with appointments in year two.

East Dunbartonshire will be involved in board wide innovations/tests for change to inform how to best utilise the skills and the workforce available to support the contract delivery and better outcomes for patients. These include:-

- *Review of practice level repeat prescribing processes*
- *Development of evidence around pharmacy technician competencies, including work on medicine reconciliation, acute prescribing and high risk medicine monitoring*

Advanced Nurse Practitioners

Within East Dunbartonshire, this role is in its infancy due to challenges in recruitment. Whilst their role is still evolving and being shaped by active dialogue with the Kirkintilloch / Lennoxtown cluster, initial thoughts are around developing a service to support urgent care needs by offering home visits, triage calls and/or minor ailments clinics within practices.

We will work with Nursing Professional Leads, Practice Development Department, GPs and practice staff to support the national work on refreshing the General Practice nursing role and the wider aligned Excellence in Care programme to ensure consistency and quality across the nursing workforce in primary care settings

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Appendices List

Appendix 1: LMC Letter and EDHSCP Response
Appendix 2: Year 1 Delivery Summary 2
Appendix 3: Year 2 Delivery Summary (a) in budget and (b) in total
Appendix 4: Year 3 Delivery Projections and Cost Implications
Appendix 5: Communications Plan

Appendix 1: Letter from LMC and Response from HSCP (when agreed)

The following able illustrates what was put in place in year 1 and what both the planned and actual costs were. Most posts commenced mid-year so did not incur full year costs.

PCI Year 1 Update

Key	
Complete	
In progress	
Not started	

MOU 1 - Vaccination Transformation Programme			
Requirement / Staffing	**Yr 1 Planned Cost**	**Yr 1 Actual Cost**	**Status**
Pre-School Immunisation 4.0WTE Band 5 (2.0wte from existing funding) 1.5wte Band 3 = Share of Band 3, 6 and 7 Leadership & admin = Pharmaceutical fridges =	£92,000	£60,137	
School Based Immunisation Team (From existing funding)	£0	£0	
Housebound Influenza Vaccination 2 months of Band 5 (Nurse) 4 months of Band 3 (admin) Sundries . Vax porters , Vax and carriage	£18,297	£8,586	
Total	**£110,297**	**£68,723**	
Comments / Narrative Housebound Influenza Vaccinations - All Housebound Influenza vaccinations were carried out by District Nursing Service in Year 1			

MOU 2 - Pharmacotherapy			
Requirement / Staffing	**Yr 1 Planned Cost**	**Yr 1 Actual Cost**	**Status**
Pilot PCI Pharmacy support 3.2wte Band 7 3.9wte Band 7 1.0wte Band 5 0.4wte Band 8B (leadership) (Fixed term to be reviewed in year 2)	£364,000	£146,520	
Boardwide Pharmacy First strategy Redirection of minor ailments to pharmacies instead of using GP appointments	£13,000	£25,199	
Total	**£377,000**	**£171,719**	
Comments / Narrative Pharmacy First currently provide medication for UTI's & Impetigo. Scottish Government looking to increase conditions treated by service. Costs for service may also increase.			
MOU 3 - Community Treatment & Care Services			
Requirement / Staffing	**Yr 1 Planned Cost**	**Yr 1 Actual Cost**	**Status**
Establish a centralised phlebotomy service for all housebound patients, including Chronic Disease Monitoring through Adult Community Nursing service. Band 3 = 20hrs pilot from HSCP Budget 36 additional hours from PCIP funding	£48,000	£22,885	
Total	**£48,000**	**£22,885**	

MOU 4 - Urgent Care (ANP)			
Requirement / Staffing	**Yr 1 Planned Cost**	**Yr 1 Actual Cost**	**Status**
Explore potential for ANP to respond to urgent care issue and link in more closely with Primary Care. With reference to new ways of working, implement a test for change pilot covering Kirkintilloch / Lennoxtown cluster 2 wte Band 7 ANP	£67,000	£4,300	
Total	**£67,000**	**£4,300**	
MOU 5 - Additional Professional Roles (APP)			
Requirement / Staffing	**Yr 1 Planned Cost**	**Yr 1 Actual Cost**	**Status**
APP 1wte Band 7 APP 1 session Band 8A Clinical Leadership	£43,000	£16,768	
Programme Management / Communication Band 7 Clinical Leadership (Leadership is for ANP, Phlebotomy & Influenza vaccine work and community care & treatment service). (0.4wte Band 7 commencing 15th April 2019, increasing to 0.8wte July 2019)	£32,000	£0	
MOU 5 - Additional Professional Roles (APP) contd.			
Requirement / Staffing	**Yr 1 Planned Cost**	**Yr 1 Actual Cost**	**Status**
Programme management support will help to facilitate a change in culture around service delivery and new ways of working 1wte Project Manager Band 6 3 (yrs 1-2)	£25,000	£11,525	
Engagement	£5,000	£1,489	

Cluster funding (CQL)		£16,600	
Public Information	£10,000	£0	
Test of Change		£1,660	
Total	**£115,000**	**£48,042**	

	Total	**Carry forward 2019-20**	**Total**
Total Year 1 Allocation	**£831,000**	**HSCP Reserves**	**£527,242**
Carry forward from 2017-18	**£159,302**	**SG Balance**	**£147,391**
Total planned cost for Year 1	**£717,297**	**TOTAL**	**£674,633**
Total Actual cost for Year 1	**£315,669**		
Carry forward to 2019-20	**£674,633**		

Appendix 3: Summary of Year 2 Projected Delivery and Commitments (in Budget)

The following table provides a breakdown of staffing and costs in relation to our second year commitments. This table, what the HSCP could delivery.

Table A Year 2 MOU Commitments (in Budget)

MOU 1 - Vaccination Transformation Programme	
Requirement / Staffing	**Total Yr 2 (Mid Point / Year)**
Pre school Immunisation 2.0wte Band 5	£89,582
1.5 Band 3 HCSW	£53,513
Share of Band 3 (admin),6 & 7	£25,810
Pharmaceutical fridges	£5,000
Equipment & sundries	£2,000
School Based Immunisation Team Continue to delivery School Based Immunisation Team (from existing funding)	£0
Housebound Influenza Vaccination	
2 months of Band 5 Nurse	£5,799
4 months of Band 3 (admin)	£8,558
Sundries	£30
Vax porters	£120
Vax and carriage	£2,000
Travel	£2,500
Pregnant Women Vaccination Service Transformation	£13,317
Pre school Flu vaccinations	£8,745

Adult Vaccinations - Flu, Pneumococcal, Shingles & Travel - Those 65 and over - Those adults aged 18 - under 65 in an 'At Risk' category	£32,605
HSCP VTP Planning & Coordination Costs	£20,432
Total	**£270,010**

Comments / Narrative:
We will continue with the board wide re-design, planning and implementation/migration of all practice-led immunisation services to alternative models for completion by March 2021.This includes flu vaccination for pre-school, adults under 65 who are deemed 'At Risk' due to a health condition(s), those over 65, all pre-school vaccinations, pregnant women vaccinations. Costings have been set Boardwide some of our sessional / part time allocations reflects a sharing of resources across HSCPs.
Housebound Influenza Vaccinations - Staffing costs reflect seasonal delivery of service (Autumn - Winter).

Costs reflect delivery within budget and not necessarily full delivery of MoU requirements.

MOU 2 - Pharmacotherapy

Requirement / Staffing	Total Yr 2 (Mid Point / Year)
4wte Band 7 Pharmacist (Plus 3.9 wte existing) + travel (2 Sep 19 & 2 March 20)	£342,507
1wte Band 5 Technician (Plus 1.0 wte existing) + travel	£48,524
0.4wte Band 8B (leadership)	£37,575
Boardwide Pharmacy First strategy Redirection of minor ailments to pharmacies instead of using GP appointments	£25,199
Total	**£453,805**

Comments / Narrative:
Pharmacotherapy - Staffing costs reflect the Guidance from Boardwide Professional Lead providing realistic and achivevable projections for the development of Pharmacotherapy skill mix in relation to relieving GP Workload.
Pharmacy First - currently provides medication for UTI's & Impetigo. Scottish Government looking to increase conditions treated by service. Costs for service may also increase, but there is no indication of additional funding to the HSCP.

Costs reflect delivery within budget and not necessarily full delivery of MoU requirements.

MOU 3 - Community Treatment & Care	
Requirement / Staffing	**Total Yr 2 (Mid Point / Year)**
Phlebotomy	
Band 3 1.5 wte	£58,513
Community Care & Treatment	
Band 3 4.5wte (Health Care Support workers to work across both services)	£102,769
Band 5 3wte	£82,187
1wte Band 6	£31,724
Treatment room refurbishment in 1 cluster where CTAC being pilotted in year 2	£35,000
Total	**£310,193**

Comments / Narrative:
Delivery of the full CTAC service, over and above the year 2 pilot in one cluster, will require East Dunbartonshire to develop significant additional accommodation which is not currently in place. Estimates to deliver this are in the region of £563,000. If this essential infrastructure investment was to come from the PCIP the projected year end total would be in the region of -£540,.000. This work will continue to scope alternative options for accommodation and funding streams. Failure to secure accommodation would result in the non delivery of the CTAC component of this plan given that current funding does not provide sufficient budget.
Costs reflect delivery within budget and not necessarily full delivery of MoU requirements.

MOU 4 - Urgent Care	
Requirement / Staffing	**Total Yr 2 (Mid Point / Year)**
Advanced Nursed Practitioner (ANP) Band 7 3wte + travel (2 wte existing + 1wte new)	£160,020
Total	**£160,020**
Comments / Narrative: Reduction of ANP allocation to 3 from 4 to deliver a service within budget. ***Costs reflect delivery within budget and not necessarily full delivery of MoU requirements.***	
MOU 5 - Additional Professional Roles	
Requirement / Staffing	**Total Yr 2 (Mid Point / Year)**
Advanced Practice Physiotherapist (APP)	
1wte Band 7 (Plus 1 wte existing)	£124,016
1 session clinical leadership 8a	£13,000
Wellbeing Workers	
2wte Band 5	£79,582
Programme Management / Communication	
Leadership for Nursing Services	£57,008
1wte Band 6 (years 1-2)	£48,447
Engagement and Public Information	£5,000
Total	**£327,053**
Comments / Narrative Clinical leadership band 7 = Leadership is for ANP, Phlebotomy and influenza vaccine work and community care and treatment service. Programme management support will help to facilitate a change in culture around service delivery and new ways of working. ***Costs reflect delivery within budget and not necessarily full delivery of MoU requirements.***	

Miscellaneous Year 2 spend	
Requirement / Staffing	**Total Yr 2 (Mid Point / Year)**
Evaluation of Primary Care Improvement Plans (% of Boardwide Cost)	£6,017
Backscanning	£130,030
Cluster Quality Improvement	£15,000
Total	**£151,047**
Comments / Narrative: Agreement at Primary Care Programme Board re evaluation of Primary Care Imporvement Plans. Evaluation will be led by Public Health. Each HSCP has been allocated a propotion of the funding.	
Total- mid point / mid year	
Total Year 2 Allocation	**£999,000**
Carry forward from 18.19 to 19.20	**£674,633**
Total Available Budget for Year 2	**£1,673,633**
Total planned cost for Year 2	**£1,672,128**
Variance	**£1505.00**
Treatment Room creation / upgrade (Milngavie / Woodlands)	*£563,000*
Variance	***-£561,495***

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Table B: Year 2 MOU Commitments – (Full Delivery - In respect of current budget

(based on anticipated workforce availability)

This table reflects the spend required to fulfill the anticipated year 2 deliver in its entirety, reflecting the level of overspend/ additional funding that would take. This is heavily caveated by our accommodation pressures which would further limit the delivery, even with sufficient staffing budget.

MOU 1 - Vaccination Transformation Programme	
Requirement / Staffing	**Total Yr 2 (Mid Point / Year)**
Pre school Immunisation	
2.0wte Band 5	£89,582
1.5 Band 3 HCSW (GGC total 20.8wte)	£53,513
Share of Band 7, 6 and 1wte Admin Band 3	£25,810
Pharmaceutical fridges	£5,000
Equipment & sundries	£2,000
School Based Immunisation Team	
Continue to delivery School Based Immunisation Team (from existing funding)	£0
Housebound Influenza Vaccination	
2 months of Band 5 Nurse	£5,799
4 months of Band 3 (admin)	£8,558
Sundries	£30
Vax porters	£120
Vax and carriage	£2,000
Travel	£2,500
Pregnant Women Vaccination Service Transformation	£13,317
Pre school Flu vaccinations	£8,745

Adult Vaccinations - Flu, Pneumococcal, Shingles & Travel - Those 65 and over - Those adults aged 18 - under 65 in an 'At Risk' category	£32,605
HSCP VTP Planning & Coordination Costs	£20,432
Total	**£270,010**

MOU 2 - Pharmacotherapy	
Requirement / Staffing	**Total Yr 2 (Mid Point / Year)**
12.7 wte Band 7 Pharmacist (Plus 3.9 wte existing) + travel	£511,891
1wte Band 5 Technician (Plus 1.0 wte existing) + travel	£44,607
0.4wte Band 8B (leadership)	£37,575
Boardwide Pharmacy First strategy Redirection of minor ailments to pharmacies instead of using GP appointments	£25,199
Total	**£619,271**

MOU 3 - Community Treatment & Care	
Requirement / Staffing	**Total Yr 2 (Mid Point / Year)**
Phlebotomy Band 3 1.5 wte	£58,513
Community Care & Treatment Band 3 4.5wte (Health Care Support workers to work across both services)	£102,769
Band 5 3wte	£82,187
1wte Band 6	£31,724
Treatment room refurbishment in 1 cluster where CTAC being piloted in year 2	£40,000
Total	**£315,191**

Comments / Narrative:
Delivery of the full CTAC service, over and above the year 2 pilot in one cluster, will require East Dunbartornshire to develop significant additional accomodation which is not currently in place. Estimates to deliver this are in the region of £563,000. If this essential infrastructure investment was to come from the PCIP the projected year end total would be in the region of -£540,.000. This work will continue to scope alternative options for accomodation and funding streams. Failure to secure accomodation would result in the non delivery of the CTAC component of this plan given that current funding does not provide sufficient budget.
Costs reflect delivery within budget and not necessarily full delivery of MoU requirements.

MOU 4 - Urgent Care	
Requirement / Staffing	**Total Yr 2 (Mid Point / Year)**
4wte Band 7 + travel (2 wte existing + 2 wte new)	£196,024
Total	**£196,024**

MOU 5 - Additional Professional Roles	
Requirement / Staffing	**Total Yr 2 (Mid Point / Year)**
Advanced Practice Physiotherapy (APP)	
1.1wte Band 7 (Plus 1 wte existing)	£124,016
1 session clinical leadership 8a	£13,000
Wellbeing Workers	
2wte Band 5	£79,582
Programme Management / Communication	
Leadership for Nursing Services	£57,008
1wte Band 6 (years 1-2)	£48,447
Engagement	£5,000
Public Information	£10,000
Total	**£337,053**

Miscellaneous Year 2 spend	
Requirement / Staffing	**Total Yr 2 (Mid Point / Year)**
Evaluation of Primary Care Improvement Plans (% of Boardwide Cost)	£6,017
Backscanning	£130,030
Cluster Quality Improvement	£15,000
Total	**£151,047**
Total - Mid Point / Mid Year	
Total Year 2 Allocation	**£999,000**
Carry forward from 18.19 to 19.20	**£674,633**
Total planned cost for Year 2	**£1,888,597**
Variance	**-£214,964**

PCIP Communication Plan

Outcome	Action	Method	Stakeholders	Progress / Comments	Lead Officer/Provider
Engage with our communities to raise awareness and understanding of the campaign	Develop a range of information, engagement events, leaflets & resources to raise awareness of campaign.	Short life working group to be established including PSUC & Primary Care Representation.	PSUC, Primary Care, Locality Planning Reps, HSCP Scope language options and easy read versions of publications.	Not started	Change & Redesign Manager / PCDO
	Develop generic information / resources for GP, HSCP websites / solus screens in line with Know who to Turn to campaign	Short life working group to be established including PSUC & Primary Care Representation.	PSUC, Primary Care, Locality Planning Reps, HSCP	Not started	Change & Redesign Manager / PCDO
	Make information / resources available to our communities	• HSCP website	HSCP, EDC, GP Practice Managers, Royal Mail, Community Resources, PSUC	Not started	Change & Redesign Manger / PCDO
		• GP Practice Websites		Initial discussion has taken place with some Practice Managers re displays on websites.	Change & Redesign Manger / PCDO
		• Scope Royal Mail drop		Not started	Change & Redesign Manger / PCDO

Outcome	Action	Method	Stakeholders	Progress / Comments	Lead Officer/Provider
		• Display in community sites / solus screens		Not started	Change & Redesign Manger / PCDO
		• Display in community resources		Not started	Change & Redesign Manger / PCDO
		• Social Media		Not started	Change & Redesign Manger / PCDO
	Supporting public to understanding reception role & promote campaign	• Develop resources to display in GP practices & community venues • Solus Screens • Recorded telephone message	GPs, Practice Managers, Change & Redesign Manager, PCDO	In progress	
Engage with our children & young people community to raise awareness & understanding of the campaign	Support parents to access right service for them and their children	• Display in community resources • Oral Health Premises • Pharmacy service • Opticians	Senor Nurse C&F, OHD, Lead Pharmacist, Lead Optometrist,	In progress – Childsmile / dental registration	
	Interactive sessions with children & young people (P5>)	Scope possibility of mirroring Inverclyde model	Inverclyde HSCP, HSCP, ED Primary & Secondary Schools, Health Improvement Team, Wellbeing Workers		Health Improvement Team
Engage with our staff to raise awareness and understanding of the campaign	Provide appropriate training for reception teams and HSCP staff to implement a standard approach in	• Regular Briefing reports to HSCP staff • Regular Briefing to Primary Care staff • Project Manager &	PSUC, Primary Care, Locality Planning Reps, HSCP	In progress	Change & Redesign Manager, PCDO, Practice Managers

Outcome	Action	Method	Stakeholders	Progress / Comments	Lead Officer/Provider
	East Dunbartonshire to care navigation	PCDO to attend Team meetings • Signposting training			
		• Workflow Optimisation		In progress	Change & Redesign Manager, PCDO, Practice Managers
		• Customer Care / Dealing with Difficult situations		In progress	Change & Redesign Manager, PCDO, Practice Managers
		• Scope e-learning module for all staff		In progress	ED PCDO / Inv PCDO

Services received by Practice
2018/19 – 2019/20

Practice No.	Practice	APP		ANP		Phlebotomy (Housebound)		Pharmacy		Housebound Influenza		Pre 5 Vaccinations		Wellbeing Workers	
		2018/19	2019/20	2018/19	2019/20	2018/19	2019/20	2018/19	2019/20	2018/19	2019/20	2018/19	2019/20	2018/19	2019/20
40027	Terrace Medical Practice													**	
40101	Kessington Medical Practice		*												
40239	Denbridge Surgery														
40402	Denbridge Surgery														
40385	Kersland House Surgery														
40173	Ashfield Medical Practice														
43030	Regent Gardens Surgery														
43114	Peel View Medical Centre														
43581	Woodhead Medical Practice														
43044	Turret Medical Centre														
43100	Southbank Surgery														
43261	Lennoxtown Medical Practice														
43059	Springfield Medical Practice														
43171	Kenmure Medical Practice														
43222	Auchinairn Medical Practice														
43557	Brackenbrae Surgery														

* Clarification of allocation required prior to placement in clusters

** Wellbeing service in pilot phase

The table below (Table 6A) reflects the challenges and considerations for each aspect of the MOU in relation to the ful delivery by the end of year 3.

Table 6A – Aims and Challenges

Aims	Challenges / Comments
MOU 1 – Vaccination Transformation Programme **In addition to VTP services implemented in 2018/19 & 2019/20.*	
Adult Immunisations Out of Schedule Travel Advice & Vaccinations	Model and costs to be confirmed. Since this is a Boardwide led project the HSCP has no influence over timing of roll out, resource & accommodation requirements.
MOU2 - Pharmacotherapy	
Continue to build skill mix with the introduction of further Pharmacy Technicians and Pharmacy Support Workers	With this introduction of a relatively new skill mix the Pharmacotherapy Leads are devising a competency and skill framework to ensure safe and appropriate practice. The Pharmacy leadership will undertake a careful and measured pilot to provide assurance to GPs that the new skill mix will be effective in delivering some of the acquired tasks related to the Pharmacotherapy service.
Boardwide Pharmacy First	We will continue to contribute to the Boardwide Pharmacy First Strategy.
MOU3 – Community Treatment & Care	
Phlebotomy	Expansions on the foundations delivered in year 1 will continue to enable every practice to have access to phlebotomy service with the capacity to manage all bloods requested by primary care.
Community Treatment & Care service	Learn from Year 2 Practice pilot and roll out preferred model to a second cluster. We aim to know the demand / workload requirements which will also inform our knowledge of how many treatment rooms will be required in each locality.

MOU4 – Urgent Care	
ANP	Consolidate the ANP service to all Practices within East Dunbartonshire. The HSCP will continue to support Practices to understand new and changing roles identified in the new contract and how practices can evolve, maximise, shape and develop their current Practice Nursing Staff.
MOU 5 – Additional Practice Physiotherapist	
APP	Concern around previous experience in relation to Boardwide blocking of recruitment, allocation & placement of staff. It is essential that we receive adequate activity data & numbers of staff to review evidence that this service has made potential impact on GP workload. In year 3 we aim to expand an additional 2wte.
Mental Health Professionals	In partnership with Mental Health and scoping of demand and appetite in year 2 we aim to pilot a cluster model of Mental Health Professionals.
Community Links Workers (Wellbeing Workers)	Following year 2 pilot we aim to implement Community Links Workers across East Dunbartonshire and expand their role to include working with mental health professionals and third sector.

The caveat for the above services is dependent on adequate accommodation / funding.

Aims	Challenges / Comments
Other	
Project Management	Delivery of the MOU commitments outlined in the PCIP requires funded project management support throughout the 3 year implementation period. This resource is fully in place to ensure robust governance and financial arrangements, continuous engagement with key stakeholders and pace of change are embedded and maintained.
Engagement & Public Information	By year 3 we will have confidence in the methods we have utilsed in reaching

	a wide range of stakeholders and can begin to see the change culture and public awareness.
Quality Improvement	Boardwide and local evaluations and small pilots should inform what does or does not add value to the delivery of the MOUs. If there is little evidence to support this shift in GP workload our Primary Care Improvement Group will scruitinise future direction of travel to meet the commitments.

This table (table 6B) reflects the funding that would be needed in each year to ensure full delivery of the contract by the end of year 3.

Table 6B – Financial Framework for Full Roll Out

Financial Year	Service 1: Vaccinations Transfer Programme (£s)		Service 2: Pharmacotherapy (£s)		Service 3: Community Treatment and Care Services (£s)		Service 4: Urgent care (£s)		Service 5: Additional Professional roles (£s)		Service 6: Community link workers (£s)	
	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, 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, infrastructure etc.)
2018-19 actual spend	£62,073	£6,650	£146,520	£25,199	£22,885	£0	£4,300	£0	£28,293	£19,749	£0	£0
2019-20 planned spend	£244,409	£84,249	£428,606	£25,199	£216,679	£40,000	£248,032	£0	£242,471	£166,047	£79,582	£0
2020-21 planned spend	Boardwide to confirm. Will include £284,296	Boardwide to confirm. Will include £284,296	£1,389,425	£500	£682,893	£71,016	£372,048	£0	£608,958	£0	£170,872	£0
2021-22 planned spend	Boardwide to confirm. Will include 2020/21 cost	Boardwide to confirm. Will include 2020/21 cost	£2,350,243	£500	£1,183,461	£133,048	£434,056	£0	£851,429	£0	£256,308	£0
Total planned spend	£306,482	£90,899	£4,314,794	£51,398	£2,105,918	£244,064	£1,058,436	£0	£1,731,151	£185,796	£506,762	£0

This table (6C) reflects the workforce that would be needed to ensure full delivery of the contract by the end of year 3.

Table 6C – Full Workforce Implications

	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and Care Services			Service 4: Urgent Care (advanced practitioners)		Service 5: Additional professional roles			Service 6: Community link workers
Financial Year	Pharmacist	Pharmacy Technician	Nursing	Healthcare Assistants	Other [a]	ANPs	Other [a]	Mental Health workers	MSK Physios	Other [a]	
TOTAL WTE staff in post as at 31 March 2018	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
INCREASE in staff WTE (1 April 2018 - 31 March 2019)	3.9	1.0	2.0	1.5	0.0	0.0	0.0	0.0	1.0	0	0.0
PLANNED INCREASE in staff WTE (1 April 2019 - 31 March 2020) [b]	12.7	1.0	7.2	4.5	0.0	2.0	0.0	0.0	1.0	2.5	2.0
PLANNED INCREASE in staff WTE (1 April 2020 - 31 March 2021) [b]	12.7	1.0	5.3	5.0	1.0	2.0	0.0	2.0	2.0	0	2.0
PLANNED INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]	12.7	1.0	7.0	5.0	0.0	1.0	0.0	0.0	2.0	0	2.0
TOTAL WTE staff in post by 31 March 2022	42.0	4.0	21.5	16.0	1.0	5.0	0.0	2.0	6.0	2.5	6.0

GLASGOW LOCAL MEDICAL
COMMITTEE LIMITED.

Medical Directors
Dr John Ip
Dr Patricia Moultrie

Chair
Dr Alan McDevitt

Business Coordinator
Mrs Mary Fingland

AMcD/ MF

7th June 2019

Susan Manion, Chief Officer
East Dunbartonshire HSCP
Kirkintilloch Health and Care Centre
10 Saramago Street
Kirkintilloch, G66 3BF

Dear Susan,

East Dunbartonshire Primary Care Implementation Plan - Response of the Glasgow LMC.

We request that this forms part of the PCIP as we are allowing these plans to be submitted to SG without LMC/GP Subcommittee approval of the plan and it is essential that the LMC/GP Subcommittee thinking behind this remains attached to the PCIP as otherwise there is a risk that these plans are regarded as agreed.

Glasgow LMC/GP Subcommittee would wish to commend the staff of the Health Social Care Partnership for working so hard on this plan. In addition, we would praise the collaborative approach to working with the GP Subcommittee representatives. We recognise that the decision-making processes have made it difficult, at times, to deal with the need to consult and adapt the plans to try to reach agreement. The GP Subcommittee/LMC have also had to adapt significantly to engage in the process of developing these plans.

The PCIPs are describing the implementation of the GP Contract agreed in 2018. The MOU, which was signed with it, shows the agreement with IJBs, Scottish Government and the BMA on how it would be delivered as a "*statement of intent*".

It is necessary that the PCIPs can demonstrate significant progress in implementation and a clear progression to delivery by April 2021. If the plans do not show a clear pathway to delivery, then it is essential that all necessary steps are taken by Scottish Government to ensure delivery of the Contract commitments while there is still time to take action. There are now 24 months to deliver the contract. It is clear that all HSCPs have identified difficulty in describing a plan which confidently delivers the Contract agreement mainly around funding, staff availability and recruitment.

The LMC cannot agree to a plan which does not yet show the clear path to delivery but do agree that the plan, as it is at present, can be sent to Scottish Government without LMC full agreement.

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We wish to allow continuing progress in implementation of the new contract and, for the reasons given above, it is necessary for Scottish Government to have sight of the essential information contained in the PCIPs. We are content therefore for the plans to be submitted without LMC agreement on the understanding that the PCIF is not spent on activities where this is not supported by the LMC.

Some of the plans helpfully attempt to outline some of the problems which would need to be addressed before delivery on the contract can be assured. The LMC will take this knowledge and understanding to SGPC for discussion with the Government. We will continue to work with our HSCPs to get to the point where we are all confident of delivery of the contract.

We have outlined below specific aspects of the EDPCIP where we do not agree spend of the PCIF.

Areas not part of the GP Contract/MOU

This refers to;

"*The role will also include the roll out the e-frailty toolkit which will support a proactive self-management approach within primary care*.'

Also

- "*The HSCPs portfolio of unscheduled care programmes is developing a range of services which will assist in reducing emergency admissions and moving towards a service which is responsive and not reactive for example Home for Me which will commence summer 2019.*

  Some of these transformational workstreams have the potential to increase GP workload."

Pharmacy First Funding

We are clear that the Pharmacy First funding has been frozen at £1.1m nationally for 2019/20 and that it has been defined as not 'in direct of general practice'. It would not be acceptable for any additional costs to fall onto the PCIF that is over and above the nationally agreed funding.

The 6% Employers Superannuation Rate Increase

We are clear that the increase in staff cost pressure due to change in the employers' contribution should not fall onto the PCIF. The PCIP funding plans should reflect the previous contribution rate and the additional 6% cost must be met by other funding streams.

Lateral Cost Shift

The funding of existing services that were being delivered by HSCP prior to the Contract implementation must not be withdrawn by the HSCP and the ongoing costs of the service to

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fall onto the PCIF. We will not accept PCIF to be used to fund these existing services such as childhood vaccinations and wellbeing workers.

This refers to the following paragraph "*Although this was not originally funded via PCIP it had always been planned to be part of year two developments, subject to evaluation. Initial findings showed that 72 wellbeing reviews were conducted, with a 65% success rate in achieving these goals within a 3 month period.*"

Premises and IT

There is national agreement and guidance that the costs of IT infrastructure and equipment necessary to deliver on the Contract should not fall onto the PCIF. This applies also to improvements or developments to premises to enable MOU services to be delivered.

Evaluation

The Primary Care Programme Board has agreed an evaluation programme that will be lead by NHS GGC Public Health department. PCIPs should not deviate from this overarching Board wide agreement nor should PCIF funding be allocated for additional local evaluation.

Yours sincerely,

[redacted]

Dr Alan McDevitt
Chair

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SCOTTISH COMPANY REGISTER NO: 410734

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Susan Manion

East Dunbartonshire HSCP
HSCP HQ Office
Kirkintilloch Health & Care Centre
10 Saramago Street
Kirkintilloch
G66 3BF
Telephone: 0141 232 8266
Our Ref: SM/CB

Dr Alan McDevitt
Glasgow Local Medical Committee Limited
40 New City Road
Glasgow
G4 9JT

DATE: 13 June 2019

Dear Dr McDevitt

East Dunbartonshire Primary Care Improvement Plan – Reply to Response of the Glasgow LMC

I am in receipt of your letter dated 7 June 2019 in relation to our PCIP. Your letter and our reply will form part of the Appendices to our final draft PCIP being submitted to the HSCP Board on Thursday, 27 June 2019.

Our plan for 2019/20 and the narrative about the period beyond demonstrates commitment to achieving the sustainability of Primary Care in East Dunbartonshire in the interests of local people and the wider health and social care system. Our plan also reflects significant work to date to deliver the aspirations of the new GP contract, in line with the ED HSCP Strategic Plan. Delivery of the contract is very challenging for a wide range of reasons, of which finance is a part.

The East Dunbartonshire PCIP 2019/20 demonstrates our commitment to deliver the aspirations of the contract in the context of challenging circumstances and reflects the available finance for this year. We have also calculated the costs and workforce requirement to deliver the contract in full by 2021.

In relation to the specific aspects of our plan you highlight I can offer the following updates and clarification:-

i Areas not part of the GP Contract/MOU

- the first sentence you pull out re e-frailty has been removed
- we recognise and have reflected that further dialogue and liaison is required to mitigate the impact of GP workload off the wider transformation of health and social care, balanced against the need for this transformation to deliver safe, effective, efficient and person centred care generally.

ii Pharmacy First finding

- This remains included in our PCIP in line with the NHSGG&C agreed position.

iii **6% Superannuation Rate Increase**

- This remains included in our PCIP in line with the NHSGG&C agreed position and is subject to ongoing negotiation with Scottish Government.

iv **"Lateral Cost Shift"**

- Funding for the VTP remains committed in our PCIP in line with the agreed NHSGG&C position.
- We have included the costs of our Wellbeing Workers in recognition these roles, specific to East Dunbartonshire, deliver on the outcomes intended by Community Link Workers as defined in the Contract.

v **Premises and IT**

- reasonable costs related to these overheads are included in our PCIP. This is in recognition that additional staffing to deliver the MOU have associated wider infrastructure costs which must be included as part of having these new staff in post. We have been reasonable in our use of funding to deliver change/infrastructure only directly related to delivery of the MOU.

vi **Evaluation**

- There is no deviation in the East Dunbartonshire PCIP from the position agreed across GG&C in relation to the costs of evaluation by our Public Health Directorate.

Yours sincerely

[redacted]

Susan Manion
Chief Officer
East Dunbartonshire Health & Social Care Partnership

Agenda Item Number: 11

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**27 June 2019**
Subject Title	**Unaudited Draft Annual Accounts 2018/19**
Report By	**Jean Campbell, Chief Finance & Resources Officer** **Tel: 0300 1234510 Ext 3221**
Contact Officer	**Jean Campbell, Chief Finance & Resources Officer** **Tel: 0300 1234510 Ext 3221**

Purpose of Report	To update the Board on the financial out turn for 2018/19 and present the draft Annual Accounts.

Recommendations	The Integration Joint Board is asked to: a. Agree the unaudited Annual Report and Accounts for 2018/19. b. Note the annual report and unaudited accounts are subject to audit review c. Approve the reserves allocation outlined at paragraph 1.8. d. Approve the local code of governance against which the IJB will measure itself in the Annual Governance Statement for 2018/19.

Relevance to HSCP Board Strategic Plan	The Strategic Plan is dependent on effective management of the partnership resources and directing monies in line with delivery of the plan.

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	The performance during the year has generated a deficit on budget to the extent that the partnership will utilise the majority of its general reserves to deliver a balanced position for 2018/19. The partnership continues to hold a level of earmarked reserves through Scottish Government funding to meet specific priorities which align to the delivery of the Strategic Plan.

Legal:	None.

Economic Impact:	None

Sustainability:	The financial position of the partnership provides no resilience in the short term to meet the ongoing financial challenges in relation to demand and cost increases throughout the year and any delay in delivering the level of transformation agreed to deliver a balanced position for 2019/20.

Risk Implications:	There are a number of financial risks moving into futures years giving the rising demand and cost pressures in the context of reducing budgets which will require effective financial planning as we move forward.

Implications for East Dunbartonshire Council:	The lack of partnership reserves to meet unexpected in year financial pressures will increase the likelihood that the partnership will have to rely on additional contributions from the statutory partners in line with the terms within the Integration Scheme.

Implications for NHS Greater Glasgow & Clyde:	The lack of partnership reserves to meet unexpected in year financial pressures will increase the likelihood that the partnership will have to rely on additional contributions from the statutory partners in line with the terms within the Integration Scheme.

Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	
	2. East Dunbartonshire Council	
	3. NHS Greater Glasgow & Clyde	
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	**x**

MAIN REPORT

1.0 2018/19 Annual Accounts

1.1 The IJB is specified in legislation as a “section 106” body under the terms of the Local Government Scotland Act 1973 and as such is expected to prepare annual accounts in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom.

1.2 This will be the fourth set of Annual Report and Accounts produced for the HSCP Board.

1.3 LASAAC [The Local Authority (Scotland) Accounts Advisory Committee] has produced additional guidance on accounting for the integration of health and social care. The annual accounts for the IJB will be prepared in accordance with appropriate legislation and guidance.

1.4 Audit Scotland have also produced a good practice note on improving IJB Accounts and this has been reviewed in preparing the annual report and accounts.

1.5 The regulations state that the unaudited accounts are submitted to the External Auditor no later than 30th June immediately following the financial year to which they relate. The IJB or committee whose remit includes audit and governance must meet to consider the unaudited annual accounts as submitted to the external auditor no later than the 31st August immediately following the financial year to which the annual accounts relate.

1.6 The regulations require a number of key documents (within the annual accounts) to be signed by the Chair of the IJB, the Chief Officer and the Chief Financial Officer, namely:

Management Commentary / Foreword	Chair of the IJB Chief Officer
Statement of Responsibilities	Chair of the IJB Chief Financial & Resources Officer
Annual Governance Statement	Chair of the IJB Chief Officer
Remuneration Report	Chair of the IJB Chief Officer
Balance Sheet	Chief Financial & Resources Officer

1.7 The IJB is responsible for ensuring that its business is conducted in accordance with the law appropriate to standing, safeguarding public funds and assets and making arrangements to ensure best value. In order to demonstrate this, an annual governance statement is produced each year and included with the Annual Accounts. The IJB is required to review the effectiveness of the control environment annually and these feature in the annual governance statement.

1.8 The main messages from the Annual Report and Accounts are:

- The Partnership incurred a deficit during 2018/19 of £1.8m. This includes the impact of additional Scottish Government funding throughout the year which will be taken to ear marked reserves and allocated for the purpose the funding was provided. The actual over spend on services is nearer £3.03m, after adjusting for the impact of this specific funding.
- As part of the approval of the 2018/19 budget in June 2018, there was planned use of Partnership reserves of £2.04m, however the additional pressures materialising during the year have required the use of further reserves.
- The available Partnership general reserves to cover the extent of this overspend is £3.07m and are therefore largely utilised to deliver a balanced position for 2018/19. There remains a small balance of £41k to provide a contingency for unexpected cost and demand pressures and delays in delivering the partnership transformation programme into future years.
- The main areas of overspend were in the areas of:
    - learning disability and the impact of children moving from children's social work services into adult learning disability services and increasing costs of care packages to support adults with a complex learning disability within the community;

- older people, particularly within care at home services due to challenging turnover savings and the use of overtime and agency staff to cover vacancies;
- children's social work services in respect of un budgeted costs associated with a number of services to support vulnerable children to remain at home, and ;
- The impact of delays or inability to deliver on aspects of the savings programme for 2018/19 and the provisioning for bad debts for those individuals who are not expected to make payment for the receipt of social work services.

- The level of earmarked reserves is £1.85m and covers:-

Ear-marked Reserve	Amount £m
Primary Care improvement Plan	0.632
Primary Care Cluster Funding (prior year)	0.039
Action 15 Mental Health Strategy	0.121
Alcohol & Drugs Partnership	0.073
Technology Enabled Care	0.011
Oral Health Directorate	0.200
Prescribing Contingency	0.176
Transformation / Service redesign (prior year)	0.523
Self Directed Support Implementation (prior year)	0.078
TOTAL	**1.853**

1.9 A copy of the Draft Annual Accounts, including the Annual Governance Statement is attached as **Appendix 1.**

1.10 In conclusion the preparation of the annual report and accounts for the HSCP Board will meet all legislative requirements. There has been no material movement to the projected Outturn last reported to the HSCP Board and there are no significant governance issues identified within the Governance Statement.

1.11 The Chief Finance & Resources Officer would like to extend thanks to colleagues across the HSCP and partner organisations acknowledging the detailed work required in the year end closure process.

1.12 In April 2016, CIPFA / SOLACE published a report entitled 'Delivering Good Governance in Local Government: Framework'. The objective of this framework is to help local government in taking responsibility for developing and shaping an informed approach to governance, aimed at achieving the highest standards in a measured and proportionate way. This document is written in a local authority context, however most of the principles are applicable to the IJB, particularly as the legislation recognises the partnership (IJB) body as a local government body under Part V11 of the Local Government (Scotland) Act 1973.

1.13 A review has been undertaken and is included as **Appendix 2**. Many of the assurances are reliant on documents which belong to NHS GG&C and East Dunbartonshire Council which is appropriate given decisions taken by the IJB require being taken in collaboration with partner organisations.

East Dunbartonshire
Health & Social Care
Partnership

EAST DUNBARTONSHIRE
INTEGRATION JOINT BOARD

Commonly known as the

EAST DUNBARTONSHIRE
HEALTH & SOCIAL CARE PARTNERSHIP BOARD

ANNUAL ACCOUNTS

2018/19

CONTENTS

MANAGEMENT COMMENTARY

Introduction

This document contains the financial statements for the 2018/19 operational year for East Dunbartonshire Health & Social Care Partnership (HSCP).

The management narrative outlines the key issues in relation to the HSCP financial planning and performance and how this has provided the foundation for the delivery of the priorities described within the Strategic Plan. The document also outlines future financial plans and the challenges and risks that the HSCP will face in meeting the continuing needs of the East Dunbartonshire population.

East Dunbartonshire

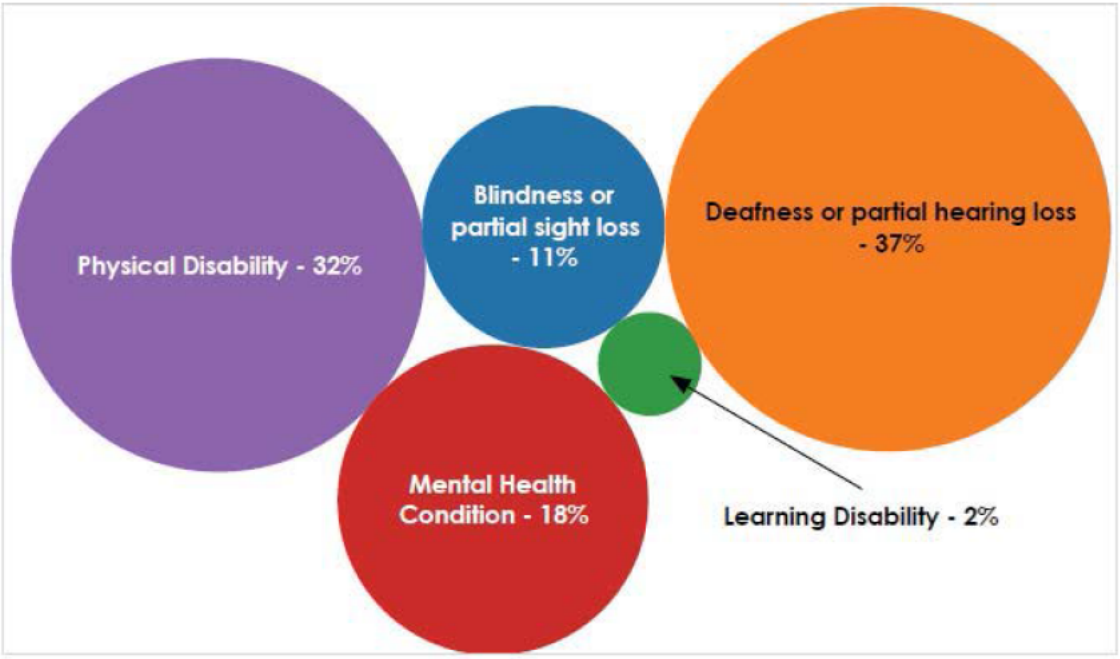
East Dunbartonshire has a population of approximately 108,000 and is a mix of urban and rural communities. It has frequently been reported in quality of life surveys as one of the best areas to live in Scotland based on people's health, life expectancy, employment and school performance. Economic activity and employment rates are high and the level of crime is significantly below the Scottish average. Despite this, inequalities exist across the authority and there are pockets of deprivation where the quality of life falls well below the national average.

East Dunbartonshire has eight datazones which fall into the top 25% most deprived in Scotland; these datazones are located in Hillhead, Lennoxtown, Auchinairn and Milngavie (Keystone / Dougalston). The most deprived area in East Dunbartonshire is Hillhead, certain parts of which are among the 5% most deprived areas in Scotland according to the Scottish Index of Multiple Deprivation 2012 (SIMD). Overall, 8.2% of working age population in East Dunbartonshire is Employment Deprived which is below the Scottish average, but with significant local variation showing 14.2% in Auchinairn, 14.7% in Twechar & Harestanes East, 15.8% in Harestanes and 22.1% in Hillhead. (SIMD, Scottish Government 2014)

Compared with the rest of Scotland, people living in East Dunbartonshire are relatively healthy. More people take part in sports, fewer smoke and breast feeding rates are higher than the Scottish average. Although East Dunbartonshire is in the highest decile for life expectancy in Scotland for both men and women, there is a 10 year gap of life expectancy in favour of the Westerton area, compared to Hillhead. We also know from Census and population health analysis that the prevalence of disability and long term conditions in considerably higher for people in the areas of relative deprivation. The rate of hospital emergency admissions is also significantly greater amongst East Dunbartonshire's more deprived populations.

In the 2011 Census, 5.6% of the adult population in East Dunbartonshire reported a disability, with hearing impairments and/or physical disability being the main disabilities reported.

Reported Disability by Percentage in East Dunbartonshire



The number of long term conditions rises with age and we need to support those with complex needs so that they may manage their conditions and lead an active, healthy life. The most diagnosed long term condition in East Dunbartonshire is hypertension. The prevalence for this condition, cancer and atria fibrillation, are all notably higher than the rate for Scotland.

The estimated population of East Dunbartonshire in 2018 predicts a higher proportion of older people than the Scottish average.

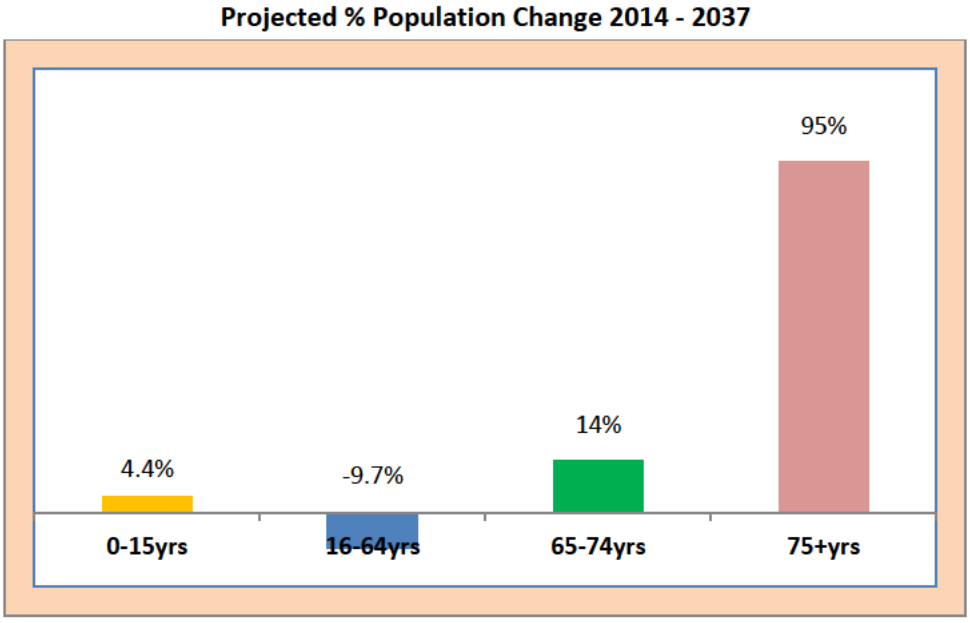
Figure 1 Estimated Population in 2018

All People
107,431

Age	No.	Percent	*Scotland*
0-15	18,361	17.1%	*16.9%*
16-44	32,748	30.5%	*36.3%*
45-64	31,871	29.6%	*27.7%*
65-74	12,646	11.8%	*10.6%*
75-84	8,360	7.8%	*6.2%*
85+	3,445	3.2%	*2.3%*

Source NRS

East Dunbartonshire has seen a 40% increase in people over the age of 75 since 2002, which is a positive reflection of advances in health and social care, but has placed considerable pressure on services during a period characterised by public sector reform and diminishing resources. With an increase in the frail older population, service pressure has been experienced in both the community and secondary healthcare settings.



Between 2015 -17 there was a reported 11% rise in the number of people with diagnosed dementia and this trend has also been experienced with other age-related conditions.

There has been a significant increase in the number of children being referred to Social Work Services, with 40% increases in referrals reported in the Integrated Children's Services Plan. Non-engaging families was the most common area of concern alongside neglect, domestic violence and parental alcohol misuse. There has also been a sharp rise in parental mental health being identified as a significant concern. This is an area of cross-cutting focus between children and adult services.

Demand on services for other adult care groups and for children's disability services has also increased. The number of young people with disabilities transitioning to adult services is experiencing a notable increase, both numerically and in terms of complexity. This can be demonstrated by an anticipated increase in the Adult Joint Learning Disability Team over the next three years' as children move on into adult services equivalent to over 7% of its total caseload.

The Health & Social Care Partnership

East Dunbartonshire Health and Social Care Partnership (HSCP) is the common name of East Dunbartonshire Integration Joint Board. It was formally established in September 2015 in accordance with the provisions of the Public Bodies (Joint Working) (Scotland) Act (2014) and corresponding Regulations in relation to a range of adult health and social care services. The

partnership's remit was expanded from an initial focus on services for adults and older people to include services for children and families, and criminal justice services in August 2016.

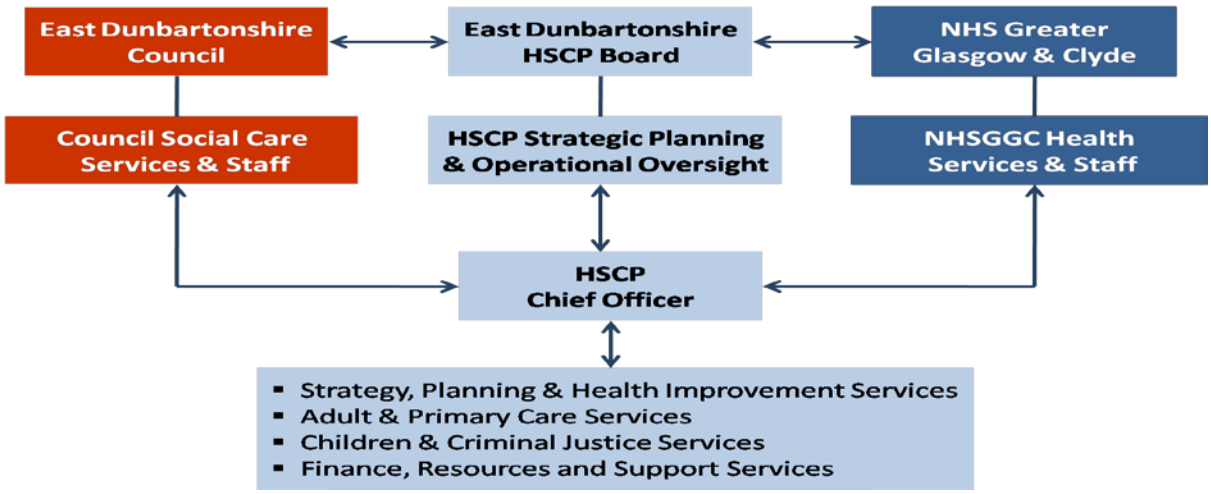
The HSCP Board, East Dunbartonshire Council (EDC) and NHS Greater Glasgow & Clyde (NHS GG&C) aim to work together to strategically plan for and provide high quality health and social care services that protect children and adults from harm, promote independence and deliver positive outcomes for East Dunbartonshire residents.

East Dunbartonshire HSCP Board has responsibility for the strategic planning and operational oversight of a range of health and social care services whilst EDC and NHS GG&C retains responsibility for direct service delivery of social work and health services respectively, as well as remaining the employer of health and social care staff.

The HSCP Board's specific responsibility comprises of:

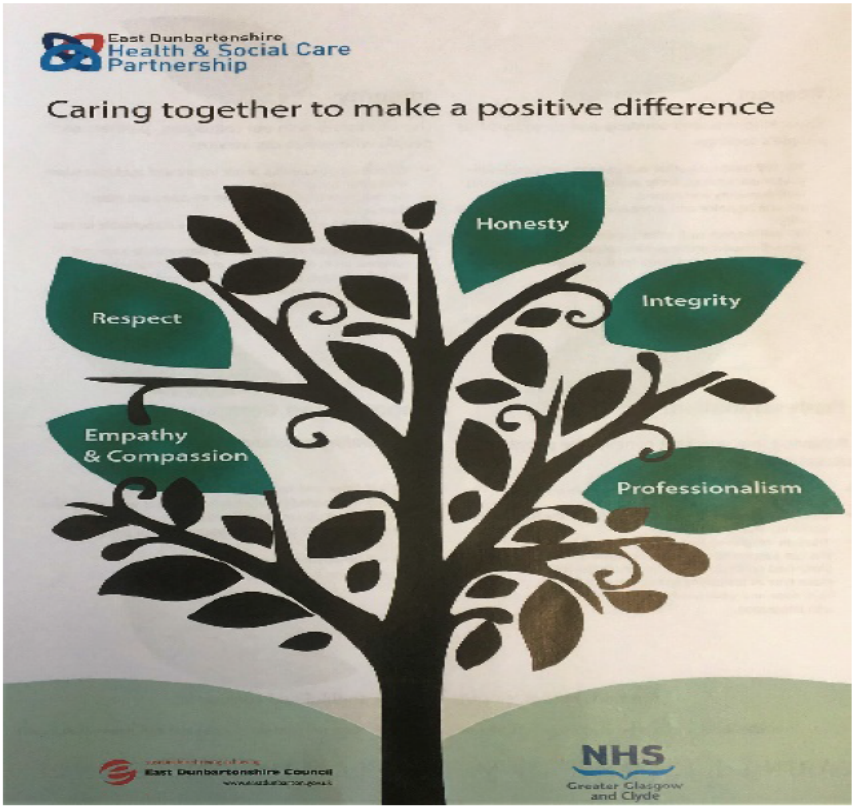
- Directions;
- Accounts;
- Strategic Plans;
- Strategic documents & governance papers.

Exhibit 1 (below) represents accountability arrangements for the planning and delivery of community health and social care services.



Our partnership vision is "Caring Together to make a Positive Difference" and is underpinned by 5 core values as set out below.

Exhibit 2



Our current Strategic Plan covers the period 2018 – 2021 and sets out eight strategic priorities which describe our ambitions to build on the significant improvements already achieved and to further improve the opportunities for people to live a long and healthy life, provide early support to families and young children and focus service on those most vulnerable in our communities. These priorities are:-

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 Plan is underpinned by a detailed Strategic Needs Assessment that informs decisions regarding the type and distribution of services required to achieve maximum population benefit and effective and efficient use of resources. It has been designed to meet the outcomes and performance measures for integration within the Scottish Government's National Performance Framework, focussed on achieving the nine national health and wellbeing outcomes.

This is further supported by an Annual Business Plan outlining the key priorities for service redesign and transformation in delivery of the Strategic Plan and is supported by a range of operational plans, work-streams and financial plans to support delivery.

The Strategic Plan also links to the Community Planning Partnership's Local Outcome Improvement Plan whereby the HSCP has the lead for, or co-leads:

- Outcome 3 – "Our children and young people are safe, healthy and ready to learn",
- Outcome 5 – "Our people experience good physical and mental health and well being with access to a quality built and natural environment in which to lead healthier and more active lifestyles" and
- Outcome 6 – "Our older population and more vulnerable citizens are supported to maintain their independence and enjoy a high quality of life, and they, their families and carers benefit from effective care and support services"..

Performance is monitored using a range of performance indicators outlined in a performance management framework with quarterly performance reports to the HSCP Board, Community Planning Board and other committees. Service uptake, waiting times and other pressures are closely reviewed and any negative variation from the planned strategic direction is reported to the HSCP Board through exception reporting arrangements which includes reasons for variation and planned remedial action to bring performance back on track.

HSCP BOARD OPERATIONAL PERFROMANCE FOR THE YEAR 2018/19

A full report on performance is contained within the East Dunbartonshire HSCP Annual Performance Report 2018-19. Headline performance is summarised below under the following headings:

- *National Core Indicators (most recent published data)*
- *Local Transformational Change and Best Value Improvement Activity*
- *Progress against the "Features Supporting Integration" improvement proposals by Audit Scotland and the Ministerial Strategic Group*

National Core Indicators (collected Bi-annually)

National Outcome Indicators	2015/16	2017/18	National Rank
Percentage of adults able to look after their health very well or quite well	96%	96%	1st
Percentage of adults supported at home who agree that they are supported to live as independently as possible	86%	84%	8th
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	84%	86%	1st
Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	73%	84%	3rd
Total percentage of adults receiving any care or support who rated it as excellent or good	86%	84%	6th
Percentage of people with positive experience of the care provided by their GP practice	89%	90%	2nd
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	85%	83%	7th
Total combined % carers who feel supported to continue in their caring role	43%	41%	3rd
Percentage of adults supported at home who agreed they felt safe	84%	87%	4th
National Data Indicators	**2016/17**	**2017/18**	**National Rank**
Premature mortality rate for people aged under 75yrs per 100,000 persons	345	312.5	2nd
Emergency admission rate (per 100,000 population)	12,330	10,787	13th
Emergency bed day rate (per 100,000 population)	125,189	109,384	14th
Readmission to hospital within 28 days (per 1,000 population)	82	73	3rd
Proportion of last 6 months of life spent at home or in a community setting	87%	89%	15th
Falls rate per 1,000 population aged 65+	21	22	23rd
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	86%	82%	28th
Percentage of adults with intensive care needs receiving care at home	67%	67%	9th
Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	186	231	4th
Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23%	21%	7th

Local Transformational Change and Best Value improvement activity DURING 2018-19

Initiative	National Outcome
Implementation of new model of childhood immunisation	1, 9
Implementation of the Health Visiting Universal Pathway	9
Improved pathways to support individuals, families and communities experiencing alcohol related harm	1, 3, 7, 9
Implementation of a new local smoking cessation service	1, 5
Developed and approved a Fair Access to Community Care Policy and new Eligibility Criteria for service-users	5, 9
Developed a Carers' Strategy and Short Breaks Statement	6
Implementation of Home For Me virtual service to support effective, timeous hospital discharge	2, 3, 4, 9
Implementation of Caring Together to support Care Home residents	2, 3, 9
Appointment of Local Area Coordinators to support community-based alternatives to day-care for older people	2, 4, 9
Improved anticipatory care planning arrangements	2, 3, 4, 9
Local housing needs research to inform future planning	2, 4, 5, 9
Continued local implementation of the new GP contract	9
Establishment of GP clusters to enhance primary care collaboration	9
Improved community prescribing practices	7, 9
Community Justice Outcomes Improvement Plan developed	
Improved dental services for priority groups	1, 5, 7, 9
HSCP Property & Accommodation Strategy developed	8, 9

Progress during 2018-19 in support of "Features Supporting Integration" improvement proposals by Audit Scotland and the Ministerial Strategic Group

Collaborative leadership and building relationships
• Collaborative Leadership in Practice (CLiP) being rolled out across the Partnership; • Workforce and Organisational Development Plan developed; • Regular HSCP Board development sessions; • Improved collaborative leadership with constituency bodies; • Improved Third Sector Interface representation at HSCP Board, Strategic Planning Group, Community Planning Partnership, Locality Planning Groups and on Service Planning Groups; • Strong consultative approaches with service and policy reviews; • Better preparatory engagement around efficiencies and financial planning.
Integrated finances and financial planning
• Improved financial planning between HSCP and constituency bodies; • 2019-20 delegated budgets were agreed by end March 2019; • HSCP Board reserves policy in place; • Regular in-year reporting and forecasting provided to the HSCP Board; • Pooled revenue budgeting has permitted flexible use of overall resources;
Effective strategic planning for improvement
• HSCP Strategic Plan 2018-21 published; • New Performance Management & Reporting Policy developed; • Learning Disability and Carers Strategies published; • Improved transformational and service planning arrangements established; • Improved partnership representation across the strategic and service planning arrangements.
Governance and accountability arrangements
• Established and improved reference and consultative arrangements to support the HSCP Board; • Regular development sessions to support the HSCP Board members; • Support to public, service user and carers on maximising and sustaining the representative role; • Revised processes to support Directions to constituent bodies; • Well established Clinical & Care Governance arrangements that span the totality of integrated functions;
Ability and willingness to share information
• Annual Performance Report format developed and extended for 2018-19.
Meaningful and Sustained Engagement
• Improved stakeholder involvement in strategic and service planning; • Strong communication and engagement practice to support strategy and policy development, and service redesign.

HSCP BOARD'S FINANCIAL POSITION AT 31 MARCH 2019

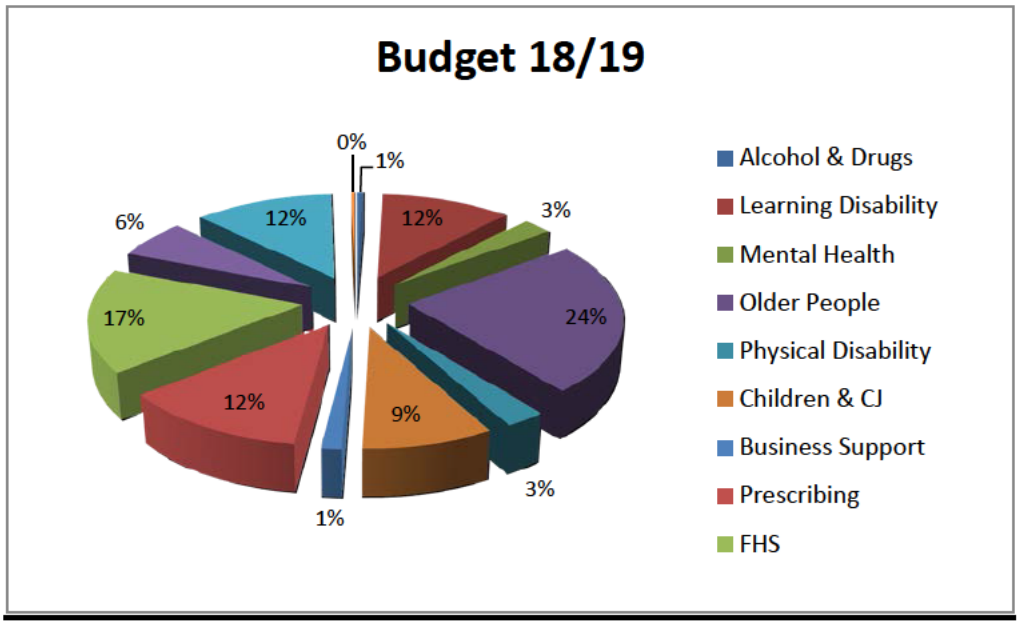
The activities of the HSCP are funded by EDC and NHS GG&C who agree their respective contributions which the partnership uses to deliver on the priorities set out in the Strategic Plan. The scope of budgets agreed for inclusion within the HSCP for 2018/19 from each of the partnership bodies were:-

HSCP Board Budgets 2018/19 (from the 1st April 2018 to the 31st March 2019)

Functions Delegated by East Dunbartonshire Council	£52.7m
Functions Delegated by NHS GG&C	£84.1m
Set Aside – Share of Prescribed Acute functions	£19.1m
TOTAL	**£155.9m**

This includes an element of funding provided by the Scottish Government to deliver on the key outcomes for the Partnership in the form of delayed discharge (£0.5m), integrated care funding (£0.7m) and Social Care funding (£6.1m).

The budget is split across a range of services and care groups as depicted below:-



HOSTED SERVICES

The Health Budget includes an element relating to Oral Health Services (£9.7m) which is a service hosted by East Dunbartonshire HSCP and delivered across the other five partnership areas within NHS GG&C's boundaries.

The full extent of this budget is reflected in these accounts as prescribed within the Integration Scheme. There are services hosted within other NHS GG&C partnerships which have similar arrangements and which support the population of East Dunbartonshire such as Musculoskeletal Physiotherapy, Podiatry, and Continence Care.

The extent to which these services are consumed by the population of East Dunbartonshire is reflected below:-

2017/18 £000	Service Area	2018/19 £000
356	MSK Physio	518
66	Retinal Screening	62
535	Podiatry	563
317	Primary Care Support	333
342	Continence	357
631	Sexual Health	633
1,135	Mental Health Services	793
831	Oral Health	800
939	Addiction	907
161	Prison Healthcare	155
189	Healthcare in Police Custody	193
2,339	General Psychiatry	2,361
1,927	Old Age Psychiatry	1,389
9,768	**Total Cost of Services consumed within East Dunbartonshire**	**9,064**

SET ASIDE BUDGET

The set aside budget relates to certain prescribed acute services including Accident & Emergency, General Medicine, Respiratory care, Geriatric long stay care etc. where the redesign and development of preventative, community based services may have an impact and reduce the overall unplanned admissions to the acute sector, offering better outcomes for patients and service users.

Work continues to be progressed in relation to the sum set aside for hospital services; however, arrangements under the control of Integration Authorities are not yet operating as required by the legislation and statutory guidance. Each Health Board, in partnership with the Local Authority and Integration Authority, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published in June 2015. These arrangements must be in place in time for Integration Authorities to plan their

use of their budgets in 2019/20. To date work has focused on the collation of data in relation to costs and activity. Moving forward work has now commenced on the development of commissioning plans to support the implementation of set aside arrangements.

An allocation has been determined by NHS GG&C for East Dunbartonshire of £19.1m for 2018/19 in relation to these prescribed acute services.

KEY RISKS AND UNCERTAINTIES

The period of public sector austerity and reduction in the overall level of UK public sector expenditure is anticipated to extend over the medium term horizon.

Future Scottish Government grant settlements remain uncertain with further reductions in government funding predicted to 2020/21. The EU referendum result on the 23rd June 2016 created some further uncertainty and risk for the future for all public sector organisations and this continues with negotiations ongoing.

The Partnership, through the development of an updated strategic plan, has prepared a financial plan aligned to its strategic priorities. The aim is to plan ahead to meet the challenges of demographic growth and policy pressures, taking appropriate action to maintain budgets within expected levels of funding and to maximise opportunities for delivery of the Strategic Plan through the use of earmarked reserves.

Additional funding of £160m has been provided to HSCPs for 2019/20 to support continued implementation of the Carers Act, extension of Free Personal Care (FPC) to those aged under 65, delivery of health and social care integration in respect of increases to the Scottish living wage to care providers and increases to the FPC allowances and delivery of school counselling.

The most significant risks faced by the HSCP over the medium to longer term are:-

- The increased demand for services alongside reducing resources. In particular, the demographic increases predicted within East Dunbartonshire is significant with the numbers of older people aged 75+ set to increase by 82.5% over the period 2016-2041 (source: NRS). Even more significantly given the age profiles of people receiving the greatest proportion of services, numbers of older people aged 85+ are set to increase by 153% over the same period.
- East Dunbartonshire has a higher than national average proportion of older people aged 75+, therefore these projected increases will have a significant, disproportionate and sustained impact on service and cost pressures.
- The cost and demand volatility across the prescribing budget which has been significant during 17/18 and 18/19 continuing into 19/20 as a result of a number of drugs continuing to be on short supply resulting in significant increase in prices as well as demand increases in medicines within East Dunbartonshire. The previous risk sharing arrangement across NHS GG&C ceased in 2018/19, therefore the risks and costs pressures associated with prescribing have to be managed within the partnership.

- The achievement of challenging savings targets from both partner agencies that face significant financial pressure and tight funding settlements, expected to continue in the medium to long term.
- The capacity of the private and independent care sector who are struggling to recruit adequate numbers of care staff to support service users which is being felt more acutely south of the border but remains a concern locally.

Financial governance arrangements have been developed to support the HSCP Board in the discharge of its business. This includes financial scoping, budget preparation, standing orders, financial regulations and the establishment and development of a Performance, Audit & Risk Committee to ensure the adequacy of the arrangements for risk management, governance and the control of the delegated resources.

We continue to maintain a corporate risk register for the HSCP which identified the key areas of risk that may impact the HSCP and have implemented a range of mitigating actions to minimise any associated impact.

The areas identified (as at March 2019) are:

- Inability to achieve financial balance
- Failure to deliver adequate levels of Adult Support and Protection training to ensure in-house and commissioned local services have received appropriate support to meet their statutory duties
- Failure to comply with General Data Protection Regulations - loss of sensitive personal data (this risk and mitigation relates to personal data held which is the data controller responsibility of NHS GG&C or EDC)
- Failure to comply with General Data Protection Regulations - failure to destroy records in line with schedule of destruction dates
- Failure in service delivery through failure of Business Continuity arrangements in the event of a civil contingency level event
- Failure to secure effective and sufficient support from NHS GG&C and EDC to plan, monitor, commission, oversee and review services as required. Functions delivered by business support services.
- Inability to recruit and retain the appropriate numbers of trained staff to meet requirements resulting in reduction in service or failure to meet statutory duties. Specific workforce pressure areas are Community Nursing and Mental Health Officer roles
- Failure of external care provider to maintain delivery of services
- Failure to effectively manage health and safety needs of staff when lone working

- Risk of failure to achieving transformational change and service redesign plans within necessary timescales

- Brexit risk - may negatively impact service delivery as a result of staff, equipment, medication or food shortages

FINANCIAL PERFORMANCE 2018/19

The partnership's financial performance is presented in these Annual Accounts. The table, on page 35, shows a deficit on budget of £1.8m against the partnership funding available for 2018/19. This includes unspent investment (to be carried forward to future years) during the year in relation to Primary Care Improvements, delivery of the Mental Health Strategy, and Alcohol and Drugs monies from the Scottish Government. This masks the full extent of in year pressures. Adjusting this position for in year movements in reserves provides the true extent of these pressures, totalling nearer £3.0m for 2018/19.

As part of the approval of the 2018/19 Budget in June 2018, there was planned use of partnership reserves of £2.04m in order to set a balanced budget. There have been significant additional pressures, during the year, in the areas of older people, learning disability and delays in delivering planned budget efficiencies which have required the use of further reserves.

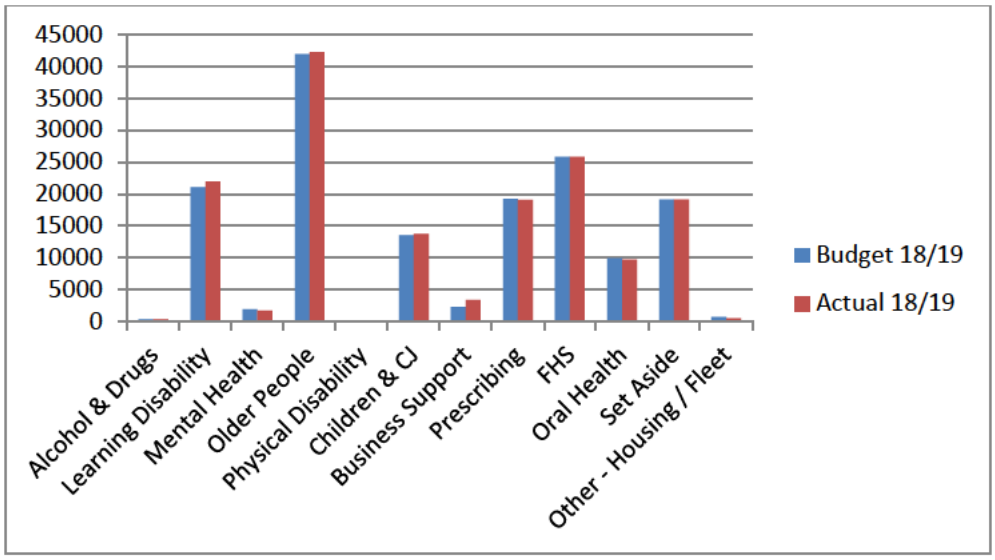
The pressures on the partnership budget relate in the main to social work services of £3.5m which were mitigated in part through under spends on community health budgets of £0.5m, however the extent of these pressure were such that partnership general reserves of £3m were applied in total to deliver a balanced budget at the year end.

The HSCP Board approved a financial recovery plan when approving the partnership budget for 2018/19 at its meeting in May 2018 which provided robust vacancy management and budgetary control measures to seek to mitigate the pressures anticipated through the financial year. A review of partnership reserves was undertaken in March 2019, which re-designated elements of ear marked reserves to supplement the general reserves available to the partnership to provide some resilience to address the in year pressures on partnership budgets.

This has had a significant impact on the available reserves of the partnership moving into future years with the retention of a small general reserve of £0.041m and ear marked reserves of £1.85m for specific Scottish Government initiatives and to support transformational activity to deliver sustainable services for the future.

The movement in reserves can be seen within the Reserves Statement detailed on page 36.

The partnership's financial performance across care groups is represented below:



The main areas of pressure during the year related to:-

- Older People's Services (-£0.3m) – this overspend relates to a combination of adverse payroll variations due to challenging turnover savings, use of overtime and agency staff to cover vacancies within homecare services and the continued use of agency social workers within the hospital assessment team (HAT). The former is offset to some extent through a positive variation in homecare private provision, however is exacerbated by pressure in relation to care home placements which have seen an increase throughout 2018/19. Work is underway to review in house homecare services to ensure a model of service that is sustainable and efficient moving forward and the creation of posts within the HAT to mitigate the need to rely on agency staff.
- Learning Disability Services (-£0.8m) – the overspend in this area relates primarily to the impact of children moving from children's social work services into adult learning disability services, often with complex needs, which require a package of care to support living independently in the community as young adults, or to support families in their ongoing caring role. This is compounded by increasing costs associated with a number of care packages where needs have increased or a breakdown in carer support has required significant care packages to be provided. This has been offset to some extent through vacancies within community health services. Work is underway through a review of learning disability services to ensure sustainability of services moving forward in relation to the provision of local day care services and residential accommodation which is modern and fit for purpose to support adults with learning disabilities.
- Children's Services (-£0.2m) – this overspend relates to un budgeted costs associated with a number of services to support vulnerable children in relation to a Functional Family Therapy service, Parenting Capacity Assessment service and support to vulnerable families to sustain children safely in the community and avoid them becoming accommodated away from the family home. There was also pressure in relation to an increasing need for residential placements which was offset to some extent through

efficiencies in the delivery of fostering services during the year and positive variations on payroll budgets.

- Strategic & Resources (-£1.1m) – this overspend relates to the impact of outstanding social care pressures where the planned use of reserves was approved as part of the budget setting process for 2018/19 (-£2.04m), the impact of the non delivery of savings programmes identified as part of the budget setting process for 2018/19 (-£0.3m) and provision for bad debts relating to the funding of care home placements for individuals who lack capacity and issues arising from the recovery of these monies (-£0.12m). These have been offset to some extent through additional funding identified through the social care fund and the impact of additional Scottish Government funding for Primary Care Improvement, Mental Health Strategy, Alcohol and Drug Partnership funding and Technology Enabled Care (+£1.3m).
- Other Services (+£0.6m) – there have been a number of smaller under spends across the Oral Health Directorate (+£0.2m), Prescribing (+£0.2m) and Private Sector Housing Grants (+£0.2m) which are offsetting partnership pressures. The former two areas have been taken to earmarked reserves.

Partnership Reserves

As detailed above, there was additional funding allocated during the year from the Scottish Government to support the development and implementation of a number of key initiatives which have been earmarked within reserves with planned expenditure during 2019/20. In addition there were some under spends in respect of oral health and prescribing which will be taken to earmarked reserves to support service redesign in public dental services and a contingency for cost and demand pressures relating to prescribing. These are set out below:

- Primary Care Improvement Plan £0.632m
- Action 15 Mental Health Strategy £0.121m
- Alcohol and Drugs Partnerships £0.073m
- Technology Enabled Care £0.011m
- Oral Health Directorate £0.200m
- Prescribing Contingency £0.176m
- **TOTAL** **£1.213m**

This will further the Partnership's earmarked reserves for specific initiatives, service re-design and transformation in furtherance of the priorities set out in the Strategic Plan and the need to maximise efficiencies across the partnership and deliver transformational change to manage pressures going forward.

The general reserves position, which has previously provided some resilience for managing in year financial pressures and any slippage in savings targets, has largely been utilised to mitigate pressures on social work services during 2018/19.

The total level of partnership reserves is now £1.89m as set out in the table on page 36.

Financial Planning

The HSCP continues to face significant financial pressures from demographic growth particularly amongst the elderly population placing demand on care at home and residential services, pressures in relation to increasing numbers of children moving on into adult services generating demand, and increased cost pressures across a range of adult social care services. This will be compounded during 2019/20 due to anticipated costs associated with the re-tendering of the Care at Home Framework, increased costs associated with the national care home contract, pressures in the delivery of the Scottish Living wage, continued prescribing demand and cost pressures and extremely challenging savings plans associated with service redesign, income generation, fairer access and eligibility to services.

A number of new Scottish Government initiatives are also expected to place pressures on partnership budgets in relation to anticipated demand from carers in line with their new entitlements with the continued implementation of the Carers Act and the extension in entitlement to free personal care for those aged under 65 years old (Frank's Law). Although Scottish Government funding has been provided to offset these impacts it is not known at this time whether the additional pressures can be contained within the funding provided.

Both partner organisations continue to face significant financial challenge and this impacts on the consideration of the financial settlement to the partnership in the delivery of its key strategic priorities and the delivery of the services delegated to it.

The NHS settlement to the HSCP provided an uplift of 2.54%.on pays and general expenditure which provides a real terms increase on 2018/19 baseline funding.

The EDC settlement to the HSCP provided a flat cash position for pays and general expenditure and passed through specific funding from the Scottish Government including specific provision in relation to funding for health and social care totalling £160m across Scotland representing an additional £3.1m for the HSCP.

The total level of savings on Partnership budgets to be delivered is £3.9m for 2019/20 and it is expected that this position will continue for future years given the challenging financial settlements expected to both EDC and NHS GG&C.

The partnership is therefore planning for the period 2018/19 to 2021/22 for a potential funding gap of £11.4m to £18.8m (being best and worst case scenarios) in the context of reducing resources set against increasing cost and demand pressures.

The partnership will focus on a number of areas to meet these financial challenges:-

Efficiency Savings

- Implementing a range of initiatives which will ensure services are delivered in the most efficient manner.

Demand Management

- Implementing a programme focussed on managing demand and eligibility for services which enable demographic pressures to be delivered without increasing capacity.

Transformation and Service Redesign

- Identifying and implementing opportunities to redesign services using alternative models of care in line with the ambitions of the HSCP Strategic Plan.

Shifting the Balance of Care

- Progressing work around the set aside to address a shift in the balance of care away from hospital based service to services delivered within the community and focus on prevention and early intervention initiatives.

Mrs S Murray

HSCP Board Chair — 24th September 2019

Mrs S Manion

HSCP Chief Officer — 24th September 2019

Ms J Campbell

Chief Finance & Resources Officer — 24th September 2019

STATEMENT OF RESPONSIBILITIES

Responsibilities of the HSCP Board

The HSCP Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the Chief Finance & Resources Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature at a meeting of the Performance, Audit & Risk Committee on the 24th September 2019.

Signed on behalf of the East Dunbartonshire HSCP Board.

Mrs S Murray
IJB Chair 24th September 2019

Responsibilities of the Chief Finance & Resources Officer

The Chief Finance & Resources Officer is responsible for the preparation of the HSCP Board's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Finance & Resources Officer has:

- selected suitable accounting policies and then applied them consistently
- made judgements and estimates that were reasonable and prudent
- complied with legislation
- complied with the local authority Code (in so far as it is compatible with legislation)

The Chief Finance & Resources Officer has also:

- kept proper accounting records which were up to date
- taken reasonable steps for the prevention and detection of fraud and other irregularities

I certify that the financial statements give a true and fair view of the financial position of the East Dunbartonshire HSCP Board as at 31 March 2019 and the transactions for the year then ended.

Ms J Campbell
Chief Finance &
Resources Officer

24th September 2019

REMUNERATION REPORT

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified HSCP Board members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

Remuneration: HSCP BOARD Chair and Vice Chair

The voting members of the HSCP Board are appointed through nomination by EDC and NHS GG&C in equal numbers being three nominations from each partner agency. Nomination of the HSCP Board Chair and Vice Chair post holders alternates between a Councillor and a Health Board Non-Executive Director.

The remuneration of Senior Councillors is regulated by the Local Governance (Scotland) Act 2004 (Remuneration) Regulations 2007. A Senior Councillor is a Councillor who holds a significant position of responsibility in the Council's political management structure, such as the Chair or Vice Chair of a committee, sub-committee or board (such as the HSCP Board).

The remuneration of Non-Executive Directors is regulated by the Remuneration Sub-committee which is a sub-committee of the Staff Governance Committee within the NHS Board. Its main role is to ensure the application and implementation of fair and equitable systems for pay and for performance management on behalf of the Board as determined by Scottish Ministers and the Scottish Government Health and Social Care Directorates.

The HSCP Board does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the HSCP Board. The HSCP Board does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. The details of the Chair and Vice Chair appointments and any taxable expenses paid by the HSCP Board are shown below.

Taxable Expenses 2017/18 £	Name	Post(s) Held	Nominated by	Taxable Expenses 2018/19 £
Nil	I Fraser	Chair (IJB) and Non- Executive Director June 2017 to June 2018 Vice Chair April 2017 to June 2017	NHS Greater Glasgow & Clyde	Nil
Nil	J Forbes	Chair (IJB) and Non- Executive Director June 2018 to March 2019	NHS Greater Glasgow & Clyde	Nil
Nil	S Murray	Vice Chair (IJB) and Councillor June 2017 to March 2019	East Dunbartonshire Council	Nil
Nil	**Total**			**Nil**

The HSCP Board does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting HSCP Board members. Therefore no pension rights disclosures are provided for the Chair or Vice Chair.

Remuneration: Officers of the HSCP Board

The HSCP Board does not directly employ any staff in its own right; however specific post-holding officers are non-voting members of the Board. All staff working within the partnership are employed through either NHS GG&C or EDC and remuneration for senior staff is reported through those bodies. This report contains information on the HSCP Board Chief Officer and the Chief Finance & Resources Officer's remuneration together with details of any taxable expenses relating to HSCP Board voting members claimed in the year.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the HSCP Board has to be appointed and the employing partner has to formally second the officer to the HSCP Board. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the HSCP Board. The Chief Officer, Mrs Susan Manion, was appointed on the 12th December 2016 and is employed by NHS GG&C and seconded to the HSCP Board.

Other Officers

No other staff are appointed by the HSCP Board under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

The HSCP Board Chief Finance & Resources Officer is employed by NHS GG&C. The Council and Health Board share the costs of all senior officer remunerations.

Total 2017/18 £	Senior Employees	Salary, Fees & Allowances £	Compensation for Loss of Office £	Total 2018/19 £
94,150	**S Manion** Chief Officer 12th December 2016 to present	98,071	0	98,071
70,350	**J. Campbell** Chief Finance & Resources Officer 9th May 2016 to present	75,387	0	75,387
164,500	**Total**	**173,458**	**0**	**173,458**

FYE = Full Year Equivalent

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the HSCP Board balance sheet for the Chief Officer or any other officers.

The HSCP Board however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the HSCP Board. The following table shows the HSCP Board's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Senior Employee	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/18	For Year to 31/03/19		Difference from 31/03/18	As at 31/03/19
	£	£		£000	£000
S. Manion	14,000	15,000	Pension	0 – 2.5	15 - 20
Chief Officer December 2016 to March 2017			Lump sum	5 – 7.5	50 - 55
J. Campbell	10,500	11,000	Pension	0 – 2.5	0 - 5
Chief Finance & Resources Officer May 2016-March 2017			Lump sum	0	0
Total	**24,500**	**26,000**	**Pension**	**0 - 5**	**15 - 25**
			Lump Sum	**5 – 7.5**	**50 - 55**

The officers detailed above are all members of the NHS Superannuation Scheme (Scotland). The pension figures shown relate to the benefits that the person has accrued as a consequence of their current appointment and role within the HSCP Board. The contractual liability for employer's pension contribution rests with NHS GG&C. On this basis there is no pension liability reflected on the HSCP Board balance sheet.

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees in Band 2017/18	Remuneration Band	Number of Employees in Band 2018/19
2	£50,000 - £54,999	4
	£55,000 - £59,999	1
2	£60,000 - £64,999	1
	£65,000 - £69,999	
2	£70,000 - £74,999	1
	£75,000 - £79,999	1
	£80,000 - £84,999	3
2	>£85,000	1

Mrs S Murray 24th September 2019
IJB Chair

Mrs S Manion 24th September 2019
Chief Officer

ANNUAL GOVERNANCE STATEMENT

Scope of Responsibility

The HSCP Board is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money and assets are safeguarded and that arrangements are made to secure best value in their use.

In discharging this responsibility, the Chief Officer has put in place arrangements for governance, which includes the system of internal control. The system is intended to manage risk to support the achievement of the HSCP Board's policies, aims and objectives. Reliance is placed on the NHS GG&C and EDC systems of internal control that support compliance with both organisations' polices and promotes achievement of each organisation's aims and objectives, as well as those of the HSCP Board.

The system of internal control is designed to manage risk to a reasonable level, but cannot eliminate the risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable but not absolute assurance of effectiveness.

The Governance Framework and Internal Control System

The system of internal control is based on a framework designed to identify and prioritise the risks to the achievement of the Partnership's key outcomes, aims and objectives and comprises the structures, processes, cultures and values through which the partnership is directed and controlled.

The system of internal control includes an ongoing process designed to identify and prioritise those risks that may impact the ability of the Partnership to deliver its aims and objectives. In doing so, it evaluates the likelihood and impact of those risks and seeks to manage them efficiently, effectively and economically.

Governance arrangements have been in place throughout the year and up to the date of approval of the statement of accounts.

Key features of the governance framework in 2018/19 are:

- The HSCP Board comprises six voting members – three non-executive Directors of NHS GG&C and three local Councillors from EDC. The Board are charged with responsibility for the planning of Integrated Services through directing EDC and the NHS GG&C to deliver on the strategic priorities set out in the Strategic Plan. In order to effectively discharge their responsibilities, board

members are supported with a development programme. This programme aims to provide opportunities to explore individual member and Board collective responsibilities and values that facilitate decision making, develop understanding of service provision within the HSCP and engage with staff delivering these services and specific sessions on the conduct of the business of the HSCP Board.

- HSCP Boards are 'devolved public bodies' for the purposes of the Ethical Standards in Public Life (Scotland) Act 2000, which requires them to produce a code of conduct for members. The members of the HSCP Board have adopted and signed up to the Code of Conduct for Members of Devolved Public Bodies and have committed to comply with the rules and regularly review their personal circumstances on an annual basis.

- The HSCP Board has produced and adopted a Scheme of Administration that defines the powers, relationships and organisational aspects for the HSCP Board. This includes the Integration Scheme, Standing Orders for meetings, Terms of reference and membership of HSCP Board committees, the Scheme of Delegation to Officers and the Financial Regulations (updated March 2019).

- The Strategic Plan for 2018-2021 outlines eight key priorities to be delivered over the three year period and describes for each priority what success will look like and the outcome measures to be used to monitor delivery. It sets out the identified strategic priorities for the HSCP and links the HSCP's priorities to National Health and Wellbeing Outcomes. There is an established Strategic Planning Group (SPG) which oversees the delivery of the Strategic Plan comprising legislatively determined membership. This is supported by a range of planning groups to take forward particular priorities which reports through the SPG and to the HSCP Board.

- Financial regulations have been developed for the HSCP in accordance with the Integrated Resources Advisory Group (IRAG) guidance and in consultation with EDC and NHS GG&C. They set out the respective responsibilities of the Chief Officer and the Chief Finance & Resources Officer in the financial management of the monies delegated to the partnership. These regulations were reviewed and updated in the year following an Audit Scotland recommendation to refer to the most recent regulations.

- The Risk Management Policy sets out the process and responsibilities for managing risk in the HSCP. The Corporate Risk Register was revised and approved in March 2019 and is reviewed by the Senior Management Team twice each year. Individual Service Risk Registers are reviewed and updated on a quarterly basis by the Operational Leads within the HSCP.

- Performance Reporting – Regular performance reports are presented to the HSCP Board to monitor progress on an agreed suite of measures and targets against the priorities set out in the strategic plan. This includes the provision of exception reports for targets not being achieved identifying corrective action and steps to be taken to address performance not on target. This scrutiny is now supplemented through the Performance, Audit and Risk Committee. The role of the Audit Committee was expanded and strengthened in the year, changing its name to the Performance, Audit and Risk Committee. This change in remit had the aim of delivering a focus on partnership and service performance at a more detailed level, providing oversight of the delivery of the Strategic Plan, to provide a more focussed scrutiny and to help ensure adherence to service redesign priorities.

- The Performance, Audit & Risk Committee advises the Partnership Board and its Chief Finance & Resources Officer on the effectiveness of the overall internal control environment.

- Clinical and Care Governance arrangements have been developed and led locally by the Clinical Director for the HSCP and through the involvement of the Chief Social Work Officer for EDC.

- Information Governance – the Public Records (Scotland) Act 2011 (Section1 (1)) requires the HSCP Board to prepare a Records Management Plan setting out the proper arrangements for the authority's public records. This was approved by the HSCP Board in March 2019 prior to submission to the Keeper of the Records of Scotland. In addition, under the Freedom of Information (Scotland) Act, the HSCP Board is required to develop a Freedom of Information Publication Scheme – this was published in March 2017.

- The HSCP Board is a formal full partner of the East Dunbartonshire Community Planning Partnership Board (CPPB) and provides regular relevant updates to the CPPB on the work of the HSCP.

Roles and Responsibilities of the Audit Committee and Chief Internal Auditor

Board members and officers of the HSCP Board are committed to the concept of sound internal control and the effective delivery of HSCP Board services. The HSCP Board's Performance, Audit & Risk Committee operates in accordance with CIPFA's Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities.

The Performance, Audit & Risk Committee performs a scrutiny role in relation to the application of CIPFA's Public Sector Internal Audit Standards 2017 (PSIAS) and regularly monitors the performance of the Partnership's internal audit service. The appointed Chief Internal Auditor has responsibility to review independently and report to the Performance, Audit & Risk Committee annually, to provide assurance on the adequacy and effectiveness of conformance with PSIAS.

The internal audit service undertakes an annual programme of work, approved by the Performance, Audit and Risk Committee, based on a strategic risk assessment. The appointed Chief Internal Auditor provides an independent opinion on the adequacy and effectiveness of internal control. East Dunbartonshire Council's Audit & Risk Manager is the Chief Internal Auditor for the Partnership. In this role, their assurance is based on the EDC internal audit reports relating to the Partnership for which they have direct responsibility. Assurance is always from a variety of sources, and one of those sources is the summary of reports of the internal auditors of NHS GG&C that relate to the partnership.

The Chief Internal Auditor has conducted a review of all EDC produced Internal Audit reports issued in the financial year and Certificates of Assurance from the EDC and partnership Senior Management Team. Although no system of internal control can provide absolute assurance nor can Internal Audit give that assurance, based on the audit work undertaken during the reporting period, the Chief Internal Auditor is able to conclude that a reasonable level of assurance can be given that the system of internal control is operating effectively within the organisation. A number of recommendations have been made by the internal audit team in order to further improve controls, with action plans developed with management to address the risks identified.

Review of Effectiveness

East Dunbartonshire HSCP Board has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control. This review is informed by the work of the Chief Officer and the Senior Management Team who have responsibility for the development and maintenance of the governance environment, the Annual Governance Report, the work of internal audit functions for the respective partner organisations and by comments made by external auditors and other review agencies and inspectorates.

The partnership has put in place appropriate management and reporting arrangements to enable it to be satisfied that its approach to corporate governance is both appropriate and effective in practice.

On the basis of internal audit work, a range of audit assignments have been completed that are relevant to the operation of internal controls of relevance to the

HSCP Board. These were generally found to operate as intended with reasonable assurance provided on the integrity of controls. A number of recommendations have been made for areas for further improvement and action plans developed to address the risks identified. Of particular relevance to the HSCP is the Carefirst (Social Work Payments) audit completed by the Council's Internal Audit service, which raised an issue relating to clarity of responsibilities. This issue will be addressed through the ongoing service review, with responsibilities being defined and assigned. Executive Officers have provided assurances that the issues raised by Internal Audit have been or will be addressed and testing will be conducted by Auditors as part of the 2019/20 audit programme.

There has been specific work undertaken by each partner's audit functions and the HSCP Board places reliance on the individual annual governance statements of the NHS GG&C and EDC where appropriate. The Council's internal auditors were able to provide reasonable assurance over the areas reviewed. Key areas for improvement identified by NHSGCC internal auditors included a payroll audit, where immediate, major improvement was advised as required and in relation to the next phase of implementing Strategic Planning Alignment, including developing monitoring and reporting mechanisms to identify and mitigate deviations from plan.

The reports issued by external reviewers are also considered in the review of effectiveness. In May 2018, the Care Inspectorate carried out a review and identified episodes of failure to register within agreed timescales with the Scottish Social Services Council (SSSC) in the care at home service. These breaches were addressed promptly and robustly by the service. A revised and strengthened process to mitigate against this risk is now in place.

The HSCP Board has various meetings, which have received a wide range of reports to enable effective scrutiny of the partnership's performance including regular Chief Officer Updates, financial reports, quarterly performance reports and service development reports, which contribute to the delivery of the Strategic Plan. There been a number of development sessions and service visits for members covering topics such as Children & Families & Criminal Justice, Workforce Plan, and Fair Allocation to care & Strategic Commissioning.

Governance Improvement Plans

There are a number of areas of improvement identified for 2019/20, which will seek to enhance governance arrangements within the partnership:

- Health and Safety Review – a review of the management of health and safety procedures is being undertaken in line with each of the employer policies, in order to enhance clarity of responsibilities and ensure full compliance.

- External Reports – the HSCP will take cognisance of external reports and develop action plans that seek to improve governance arrangements in line with best practice.

- EDC Internal Audit Reports – There have been a number of areas subject to scrutiny through organisation internal audit processes including Social Work Commissioning, Homecare and Kinship Care, which are of interest to the HSCP. These highlighted areas were identified through follow up processes as requiring further improvement and formal action plans have been developed to mitigate the risks identified. All outstanding audit actions will continue to be monitored for compliance in 2019/20.

- Further HSCP Board Development Sessions are planned. Anticipated topics include Unscheduled Care and Review of the Business Plan and Future Priorities.

Assurance

The system of governance (including the system of internal control) operating in 2018/19 provides reasonable assurance that transactions are authorised and properly recorded; that material errors or irregularities are either prevented or detected within a timely period; and that significant risks impacting on the achievement of the strategic priorities and outcomes have been mitigated.

Systems are in place to continually review and improve the governance and internal control environment and action plans are in place to address identified areas for improvement.

Certification

It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the East Dunbartonshire HSCP Board's systems of governance and control.

Mrs S Murray

IJB Chair 24th September 2019

Mrs S Manion

Chief Officer 24th September 2019

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the cost of providing services for the year according to accepted accounting practices.

2017/18 Restated				2018/19		
Gross Expenditure *Restated* £000	Gross Income £000	Net Expenditure *Restated* £000		Gross Expenditure £000	Gross Income £000	Net Expenditure £000
3,867	(219)	3,648	Strategic / Resources	3,509	(305)	3,205
1,253	0	1,253	Addictions	1,360	0	1,360
36,374	(1,843)	34,531	Older People	37,940	(1,194)	36,746
18,512	(444)	18,068	Learning Disability	19,169	(610)	18,559
4,047	(44)	4,003	Physical Disability	4,089	(47)	4,042
5,793	(444)	5,349	Mental Health	5,519	(415)	5,104
13,066	(11)	13,055	Children & Families	13,528	(14)	13,514
1,289	(1,063)	226	Criminal Justice	1,366	(1,108)	258
1,198	0	1,198	Other Council Services	946	0	946
10,420	(788)	9,632	Hosted – Oral Dental Health Services	10,509	(790)	9,719
26,009	(1,285)	24,724	Family Health Services	27,258	(1,410)	25,848
19,473	0	19,473	Prescribing	19,072	0	19,072
17,381	0	17,381	Set Aside for Delegated Services provided in Acute Services	19,116	0	19,116
234	0	234	HSCP Board Operational Costs *(note 6)*	246	0	246
158,916	**(6,141)**	**152,775**	**Cost of Services Directly Managed by ED HSCP**	**163,627**	**(5,892)**	**157,735**
	(151,631)	(151,631)	Taxation and Non-Specific Grant Income *(note 8)*		(155,918)	(155,918)
158,916	**(157,772)**	**1,144**	**(Surplus) or Deficit on Provision of Services**	**163,627**	**(161,810)**	**1,817**
		1,144	**Total Comprehensive Income and Expenditure**			**1,817**

The HSCP Board was established on the 27th July 2015. Integrated delivery of health and care services did not commence until the 3rd September 2016 for all Adult health and Social Care services. There was as amendment to the Scheme of Establishment in August 2016 which brought all Children's Health, Social Work and Criminal Justice services within the responsibility of the HSCP Board. Consequently the 2017/18 financial year is the first fully operational financial year for the HSCP Board in the delivery of both Adult health and Social Care Services and Children's Health, Social Work & Criminal Justice services. The figures above reflect this position.

The 2017/18 expenditure has been re-stated to reflect a consolidated, split of expenditure across care group areas where previously this was reflected across health and local authority service groupings.

Movement in Reserves Statement

This statement shows the movement in the year on the HSCP Board's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movements in Reserves During 2018/19	General Fund Balance	Ear-Marked Reserves	Total Reserves
	£000	£000	£000
Opening Balance at 31 March 2018	**(957)**	**(3,130)**	**(4,087)**
In Year drawdown of Reserves	0	376	376
Re-designation of earmarked to general	(2,114)	2,114	0
Total Comprehensive Income and Expenditure	3,030	(1,213)	1,817
Increase or Decrease in 2018/19	**916**	**1,277**	**2,193**
Closing Balance at 31 March 2019	**(41)**	**(1,853)**	**(1,894)**

Movements in Reserves During 2017/18	General Fund Balance	Ear-Marked Reserves	Total Reserves
	£000	£000	£000
Opening Balance at 31 March 2017	**(2,661)**	**(2,570)**	**(5,231)**
In Year drawdown of Reserves	0	0	0
Total Comprehensive Income and Expenditure	1,704	(560)	1,144
Increase or Decrease in 2017/18	**1,704**	**(560)**	**1,144**
Closing Balance at 31 March 2018	**(957)**	**(3,130)**	**(4,087)**

BALANCE SHEET

The Balance Sheet shows the value as at the 31st March 2019 of the HSCP Board's assets and liabilities. The net assets of the HSCP Board (assets less liabilities) are matched by the reserves held by the HSCP Board.

31 March 2018 £000		Notes	31 March 2019 £000
4,087	Short term Debtors	9	1,894
	Current Assets		
0	Short-term Creditors	10	0
	Current Liabilities		
4,087	**Net Assets**		**1,894**
(957)	Usable Reserve: General Fund	11	(41)
(3,130)	Unusable Reserve: Earmarked	11	(1,853)
(4,087)	**Total Reserves**		**(1,894)**

The unaudited accounts were issued on 27th June 2019 and the audited accounts were authorised for issue on 24th September 2019.

Ms J Campbell
Chief Finance &
Resources Officer

24th September 2019

NOTES TO THE FINANCIAL STATEMENTS

1. Significant Accounting Policies

General Principles

The Financial Statements summarises the authority's transactions for the 2018/19 financial year and its position at the year-end of 31 March 2019.

The HSCP Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2018/19, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the HSCP Board will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the HSCP Board.
- Income is recognised when the HSCP Board has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

Funding

The HSCP Board is primarily funded through funding contributions from the statutory funding partners, East Dunbartonshire Council and NHS Greater Glasgow & Clyde. Expenditure is incurred as the HSCP Board commissions specified health and social care services from the funding partners for the benefit of service recipients in East Dunbartonshire.

Cash and Cash Equivalents

The HSCP Board does not operate a bank account or hold cash. Transactions are settled on behalf of the HSCP Board by the funding partners. Consequently the HSCP Board does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the HSCP Board's Balance Sheet.

Employee Benefits

The HSCP Board does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The HSCP Board therefore does not present a Pensions Liability on its Balance Sheet.

The HSCP Board has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31 March is accrued, for example in relation to annual leave earned but not yet taken.

Charges from funding partners for other staff are treated as administration costs.

Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the HSCP Board's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the HSCP Board's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

Reserves

The HSCP Board's reserves are classified as either Usable or Usable Ear-marked Reserves.

The balance of the General Fund as at 31 March 2019 shows the extent of resources which the HSCP Board can use in later years to support service provision and complies with the Reserves Strategy for the partnership.

The ear marked reserve shows the extent of resource available to support service re-design in achievement of the priorities set out in the Strategic Plan including monies which have been allocated for specific purposes but not spent in year.

Indemnity Insurance

The HSCP Board has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. The NHS GG&C and EDC have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the HSCP Board does not have any 'shared risk' exposure from participation in CNORIS. The HSCP Board participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration is provided for in the HSCP Board's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

2. Prior Year Restatement – Hosted Services

In 2018-19 the HSCP Board changed its segment reporting to reflect the HSCP's internal management arrangements and is the basis on which financial performance has been reported to the HSCP Board throughout the year. The annual accounts have also been produced using this segmental reporting providing a consistent basis of reporting for all financial information. The 2017-18 figures have also been restated on this basis. This has had no impact on the total expenditure and income reported for 2017-18.

3. Critical Judgements and Estimation Uncertainty

In applying the accounting policies set out above, the HSCP Board has had to make a critical judgement relating to the values included for set aside services. The set-aside figure included in the HSCP Board accounts is based on acute hospital activity data provided in September 2018 and is based on 3 year average activity and cost data to 2016/17. As such, the sum set aside included in the accounts will not reflect actual hospital usage in 2018-19.

The HSCP Board also has to make critical judgement relating to services hosted within East Dunbartonshire HSCP for other HSCPs within the NHS GG&C area. In preparing the 2018-19 financial statements the HSCP Board is considered to be acting as 'principal', and the full costs of hosted services are reflected within the financial statements.

4. Events After the Reporting Period

The Annual Accounts were authorised for issue by the Chief Finance & Resources Officer on 24th September 2019. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2019, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

5. Expenditure and Income Analysis by Nature

2017/18 *Re-stated* £000		2018/19 £000
37,685	Employee Costs	38,859
630	Property Costs	475
3,997	Supplies and Services	4,822
50,931	Contractors	52,682
1,135	Transport and Plant	1,015
1,095	Administrative Costs	194
24,724	Family Health Service	27,342
19,473	Prescribing	19,072
17,381	Set Aside	19,116
234	HSCP Board Operational Costs	246
(4,510)	Income	(6,088)
152,775	Net Expenditure	157,735
(151,631)	Partners Funding Contributions and Non-Specific	(155,918)
1,144	**(Surplus) or Deficit on the Provision of Services**	**1,817**

The expenditure for 2017/18 has been combined for health and social care where previously this was shown separately for each partner agency.

6. HSCP Board Operational Costs

2017/18 £000		2018/19 £000
210	Staff Costs	221
24	Audit Fees	25
234	**Total Operational Costs**	**246**

External Audit Costs

The appointed Auditors to ED HSCP were Audit Scotland. Fees payable to Audit Scotland in respect of external audit service undertaken in accordance with the Code of Audit Practice in financial year 2018/19 were £25k. Given the HSCP Board cannot physically pay for invoices, this will be paid through EDC or NHS GG&C and charged as a cost in the HSCP Board Accounts.

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7. Support Services

Support services were not delegated to the HSCP Board through the Integration Scheme and are instead provided by the Health Board and Council free of charge as a 'service in kind'. The support services provided is mainly comprised of: financial management and accountancy support, human resources, legal, committee administration services, ICT, payroll, internal audit and the provision of the Chief Internal Auditor.

All support services provided to the HSCP Board were considered not material to these accounts.

8. Taxation and Non-Specific Grant Income

2017/18 £000		2018/19 £000
51,910	Funding Contribution from East Dunbartonshire Council	52,690
99,721	Funding Contribution from NHS Greater Glasgow & Clyde	103,228
151,631	**Taxation and Non-specific Grant Income**	**155,918**

The funding contribution from the NHS GG&C shown above includes £19.1m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by NHS GG&C which retains responsibility for managing the costs of providing the services. The HSCP Board however has responsibility for the consumption of, and level of demand placed on, these resources.

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services. Such ring-fenced funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

9. Debtors

31 March 2018 £000		31 March 2019 £000
2,267	NHS Greater Glasgow & Clyde	1,775
1,820	East Dunbartonshire Council	119
	Non-public sector	
4,087	**Debtors**	**1,894**

The short term debtor relates to the reported surplus on the respective health and social care expenditure and is money held by the parent bodies as reserves available to the partnership.

10. Creditors

31 March 2018 £000		31 March 2019 £000
0	NHS Greater Glasgow & Clyde	0
0	East Dunbartonshire Council	0
0	**Creditors**	**0**

There are no short term creditors for 2018/19.

11. Usable Reserve: General Fund

The HSCP Board holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the HSCP Board's risk management framework.

The table below shows the movements on the General Fund balance, analysed between those elements earmarked for specific planned future expenditure, and the amount held as a general contingency.

2017/18					2018/19		
Balance at 1 April 2017	Transfers Out 2017/18	Transfers In 2017/18	Balance at 31 March 2018		Transfers Out 2018/19	Transfers In 2018/19	Balance at 31 March 2019
£000	£000	£000	£000		£000	£000	£000
(106)	4		(102)	Scottish Govt. Funding - SDS	24		(78)
(36)			(36)	Mental Health project	36		-
(29)	29		-	Delayed Discharge – HAT Funding			-
(1,704)	73	(34)	(1,665)	Social Care Fund	1,665		-
(11)	5		(6)	Keys to Life Funding	6		-
(19)	19		-	Autism Funding			-
(5)	5		-	Police Scotland – CPC Funding			-
(523)			(523)	SG - Integrated Care / Delayed Discharge Funding			(523)
-		(198)	(198)	SG - Primary Care Cluster funding	159		(39)
(138)		(462)	(600)	Oral Health Funding	600	(200)	(200)
				SG - Primary Care Improvement		(632)	(632)
				SG – Action 15 Mental Health		(121)	(121)
				SG – Alcohol & Drugs Partnership		(73)	(73)
				SG – Technology Enabled Care		(11)	(11)
				Prescribing		(176)	(176)
(2,571)	135	(694)	(3,130)	Total Earmarked	2,490	(1,213)	(1,853)
(2,660)	1,955	(252)	(957)	Contingency	3,513	(2,597)	(41)
(5,231)	**2,090**	**(946)**	**(4,087)**	**General Fund**	**6,003**	**(3,810)**	**(1,894)**

12. Related Party Transactions

The HSCP Board has related party relationships with the NHS GG&C and EDC. In particular the nature of the partnership means that the HSCP Board may influence, and be influenced by, its partners. The following transactions and balances included in the HSCP Board's accounts are presented to provide additional information on the relationships.

Transactions with NHS Greater Glasgow & Clyde

2017/18 £000		2018/19 £000
(99,721)	Funding Contributions received from the NHS Board	(103,228)
81,795	Expenditure on Services Provided by the NHS Board	84,819
105	Key Management Personnel: Non-Voting Board Members	110
0	Support Services	0
(17,821)	**Net Transactions with the NHS Board**	**(18,299)**

Key Management Personnel: The non-voting Board members employed by the NHS Board and recharged to the HSCP Board include the Chief Officer and the Chief Finance & Resources Officer. These costs are met in equal share by the NHS GG&C and East Dunbartonshire Council. The details of the

remuneration for some specific post-holders are provided in the Remuneration Report.

Balances with NHS Greater Glasgow & Clyde

31 March 2018 £000		31 March 2019 £000
2,267	Debtor balances: Amounts due from the NHS Board	1,775
0	Creditor balances: Amounts due to the NHS Board	0
2,267	**Net Balance with the NHS Board**	**1,775**

Transactions with East Dunbartonshire Council

2017/18 £000		2018/19 £000
(51,910)	Funding Contributions received from the Council	(52,690)
70,746	Expenditure on Services Provided by the Council	72,670
105	Key Management Personnel: Non-Voting Board Members	111
24	Support Services	25
18,965	**Net Transactions with the Council**	**20,116**

Key Management Personnel: The non-voting Board members employed by the NHS Board and recharged to the HSCP Board include the Chief Officer and the Chief Finance & Resources Officer. These costs are met in equal share by the NHS GG&C and East Dunbartonshire Council. The details of the remuneration for some specific post-holders are provided in the Remuneration Report.

Balances with East Dunbartonshire Council

31 March 2018 £000		31 March 2019 £000
1,820	Debtor balances: Amounts due from the Council	119
0	Creditor balances: Amounts due to the Council	0
1,820	**Net Balance with the Council**	**119**

13. Contingent Assets & Liabilities

A contingent asset or liability arises where an event has taken place that gives the HSCP Board a possible obligation or benefit whose existence will only be confirmed by the occurrence or otherwise of uncertain future events not wholly within the control of the HSCP Board. Contingent liabilities or assets also arise in circumstances where a provision would otherwise be made but,

either it is not probable that an outflow of resources will be required or the amount of the obligation cannot be measured reliably.

Contingent assets and liabilities are not recognised in the Balance Sheet but disclosed in a note to the Accounts where they are deemed material.

The HSCP Board is not aware of any material contingent asset or liability as at the 31st March 2019.

14. VAT

The HSCP Board is not a taxable person and does not charge or recover VAT on its functions.

The VAT treatment of expenditure in the HSCP Board's accounts depends on which of the partner organisations is providing the service as these agencies are treated differently for VAT purposes.

The services provided to the HSCP Board by the Chief Officer are outside the scope of VAT as they are undertaken under a special legal regime.

APPENDIX 2

East Dunbartonshire Health & Social Care Partnership

East Dunbartonshire Health & Social Care Partnership Board
Local Code of Good Governance – Assurance Review & Assessment
Owner: Chief Finance & Resources Officer Status: Draft Approval Date: Review Date: 07/06/19

Governance Principle	Level of Compliance (Fully; Partial; or Not)
Behaving with integrity, demonstrating strong commitment to ethical values and representing the rule of the law.	Fully Compliant

Sources of Assurance		
Partnership Board	**EDC**	**NHSGGC**
• Integration Scheme • Governance Arrangements, Structures and Terms of Reference (Partnership Board and Audit & Performance Committee) • Standing Orders • Code of Conduct • Local Code of Good Governance • Declaration of Interests • Minutes of meetings of Partnership Board and Performance, Audit & Risk Committee • Strategic Plan 2018-2021 • Workforce & Organisational Development Strategy - Health & Social Care Partnership Board Development • Participation & Engagement Strategy • Strategic Partnership Agreements • Financial Regulations • Annual Accounts (including Governance Statement, Statement of Income and Expenditure and Balance Sheet) • Annual Audit Report 2017/18 by Audit Scotland as external (third party) auditors	• Standing Orders • Scheme of Delegation • Governance Arrangements and Reporting (including Management Structures, Groups and Forums) • Statutory Officers and Statutory Appointments • Financial Regulations/Procedures • Financial Reporting and Scrutiny across Management Structures (e.g., budget monitoring) • Social Work Professional Governance and Integrated Clinical and Professional Governance arrangements and reporting • Chief Social Work Officer Annual Report • Information Governance (including Freedom of Information, Records Management, Information Sharing and Information and Physical Security) • Employee Code of Conduct • HR Policies and Procedures (including Whistleblowing Policy) • Declaration of Interests (required staff) • Gifts and Hospitality Declaration	• Standing Orders • Schedule of Reserved Decisions • Scheme of Delegation and Standing Financial Instructions • Governance Arrangements and Reporting (including Management Structures, Groups and Forums) • Financial Procedures • Financial Reporting and Scrutiny across Management Structures • Clinical Governance and Integrated Clinical and Professional Governance Arrangements and Reporting • Information Governance (Freedom of Information, Records Management, Information Sharing and Information Security) • Staff Survey (iMatters) • Employee Conduct Policy • NHSGGC Board Members Code of Conduct • TURAS Processes/Objective Setting • HR Policies and Procedures (including Whistleblowing Policy)

Governance Principle	Level of Compliance (Fully; Partial; or Not)
Behaving with integrity, demonstrating strong commitment to ethical values and representing the rule of the law.	Fully Compliant

Sources of Assurance		
Partnership Board	**EDC**	**NHSGGC**
and associated action plan for improvements. • Audit Plans (Internal and Third Party) • Information Governance (including Freedom of Information, Information Sharing and Publication Scheme) • Complaints Handling Procedure • Equalities Mainstream Report • Integrated Clinical and Care Governance Arrangements and Reporting • Internal Audit Report of the Partnership Board's Governance, Performance and Financial Management Arrangements • Vision, values and behaviours framework	• Anti-Bribery/Fraud Policy • Complaints Handling Procedure • Equalities Arrangements (including EQIAs) • Health and Safety Arrangements (including policies and procedures and audits) • Workforce Plan (including Organisational Development Strategy) • Supervision and Personal Development Plan Framework • Staff Induction • Staff Survey • Communications Strategy • Staff Engagement Opportunities	• Complaints Handling Procedure • Equalities Arrangements (including EQIAs) • Health and Safety Arrangements (including policies and procedures and audits) • Workforce Plan (including Organisational Development Strategy) • Supervision and Personal Development Plan Framework • Staff Induction • Staff Survey • Communications Strategy • Staff Engagement Opportunities

Governance Principle	Level of Compliance (Fully; Partial; or Not)
Ensuring openness and comprehensive stakeholder engagement.	Fully Compliant

Sources of Assurance		
Partnership Board	**EDC**	**NHSGGC**
• Governance Arrangements and Structure (Partnership Board and Audit Committee) • Partnership Board Membership (incl. Stakeholder Members for patients/service users, carers, third sector and Trade Unions) • Publication of Partnership Board and Performance, Audit & Risk Committee papers and minutes of public meetings • Strategic Plan 2018-21 • Annual and Quarterly Public Performance Report • On-going Development of Other Strategies/Plans (e.g. Unscheduled Care Commissioning) • Strategic and locality planning groups • Strategic Partnership Agreements • Locality Group Work Plans • Participation and Engagement Strategy • Equalities Mainstreaming Report • Locality Engagement Networks • Information Governance (including Freedom of Information, Information Sharing and Publication Scheme) • Complaints Handling Procedure • HSCP website • Public, Service User and Carer Support Group • HSCP Staff Partnership Forum	• Governance Arrangements and Reporting (including Management Structures, Groups and Forums) • Strategic Planning arrangements • Performance Management Framework and Reporting (HGIOS) • Information Governance (Freedom of Information, Records Management and Information Sharing) • Publication of Committee papers • Workforce Plan (including Organisational Development Strategy) • Supervision Framework • Staff Survey • Practice Governance (social care) arrangements • Communications Strategy • Equalities Arrangements (including EQIAs) • Trade Union liaison and engagement (JNG)	• NHSGGC Feedback Service • NHSGGC Local Delivery Plan • Governance Arrangements and Reporting (including Management Structures, Groups and Forums) • Performance Management Framework and Reporting • Information Governance (including Freedom of Information, Records Management, Information Sharing and Information Security) • Publication of Board papers • Workforce Plan (including Organisational Development Strategy) • Supervision Framework • Staff Governance Framework • Staff Survey (iMatters) • Communications Strategy • Staff Engagement Opportunities • Equalities Arrangements (including EQIAs) • Trade Union liaison and engagement

Governance Principle	Level of Compliance (Fully; Partial; or Not)
Defining outcomes in terms of sustainable economic, social and environmental benefits.	Fully Compliant

Sources of Assurance		
Partnership Board	**EDC**	**NHSGGC**
• Strategic Plan 2018-21 • Annual and Quarterly Performance Reporting • On-going Development of Other Strategies/Plans (e.g. Unscheduled Care Commissioning) • Locality Group Work Plans • Participation and Engagement Strategy • Equalities Mainstreaming Report • Locality Engagement Networks • Performance Management Framework and Reporting • Annual and Quarterly Public Performance Report • HSCP report considerations of the respective elements	• Strategic Planning arrangements • Governance Arrangements and Reporting (including Management Structures, Groups and Forums) • Performance Management Framework and Reporting • Annual Performance Report	• NHSGGC Local Delivery Plan • Governance Arrangements and Reporting (including Management Structures, Groups and Forums) • Performance Management Framework and Reporting • Annual Performance Report

Governance Principle	Level of Compliance (Fully; Partial; or Not)
Determining the interventions necessary to optimise the achievement of intended outcomes.	Fully Compliant

Sources of Assurance		
Partnership Board	**EDC**	**NHSGGC**
• Strategic Plan 2018-21 (including financial plan) • Risk Management Strategy and Procedure and Reporting • Integrated Corporate Risk Register • HSCP Business Continuity Plan • Preparation of Budgets in accordance with Strategic Plan • Budget Monitoring and Reporting • Approved Savings and Recovery Plans • Annual and Quarterly Public Performance Reports • Management Framework and Reporting • Audit Plans and Assurance (Internal and Third Party) • On-going Development of Other Strategies/Plans (e.g. Unscheduled Care Commissioning) • Clinical and Care Governance Arrangements and Reporting • Information Governance (including Freedom of Information, Information Sharing and Publication Scheme • Transformation Board to provide oversight of delivery of key priorities to deliver on outcomes • HSCP Performance Management framework	• Strategic Planning arrangements • Risk Management Strategy and Procedure and Reporting • Resilience Plans and Arrangements (Business Continuity and Emergency Plans) • Preparation of Budgets in accordance with organisational objectives, strategies and the medium term financial plan • Budget Monitoring and Reporting • Medium Term Financial Strategy • Performance Management Framework and Reporting • Audit Plans and Assurance (Internal and Third Party) • Social Work Professional Governance and Integrated Clinical and Professional Governance arrangements and reporting • Information Governance Assurance (including Freedom of Information, Records Management, Information Sharing and Information and Physical Security) • Health and Safety Arrangements (including policies and procedures and audits)	• NHSGGC Local Delivery Plan • Risk Management Strategy and Procedure and Reporting • Resilience Plans and Arrangements (Business Continuity and Emergency Plans) • Budget Monitoring and Reporting • Preparation of Budgets in accordance with organisational objectives and strategies • Performance Management Framework and Reporting • Audit Plans and Assurance (Internal and Third Party) • Clinical Governance and Integrated Clinical and Professional Governance Arrangements and Reporting • Information Governance Assurance (including Freedom of Information, Records Management, Information Sharing and Information Security) • Health and Safety Arrangements (including policies and procedures and audits)

Governance Principle	Level of Compliance (Fully; Partial; or Not)
Developing the entity's capacity, including the capability of its leadership and individuals within it.	Fully Compliant

Sources of Assurance		
Partnership Board	**EDC**	**NHSGGC**
• Standing Orders • Code of Conduct • Scheme of Delegation • Local Code of Good Governance • Workforce & Organisational Development Strategy - Health & Social Care Partnership Board Development • Complaints Handling Procedure • Equalities Mainstream Report • Integrated Clinical and Care Governance Arrangements and Reporting • Joint Management Teams • Extended Senior Management Teams • Leadership development programme • SMT development programme • Development Programme for IJB members. • I Matters improvement planning • Internal Audit Report of the Partnership Board's Governance, Performance and Financial Management Arrangements • HSCP Leadership Events	• Workforce Plan (including Organisational Development Strategy) • Governance Arrangements and Reporting (including Management Structures, Groups and Forums) • Scheme of Delegation • Elected Member Induction • Staff Induction • Leadership and Staff Development and Training Opportunities • Supervision and Personal Development Plan Framework • Staff Groups for Equalities and Diversity • Trade Union liaison and engagement (JNG) • Quarterly leadership forums including HSCP colleagues	• Workforce Plan (including Organisational Development Strategy) • Governance Arrangements and Reporting (including Management Structures, Groups and Forums) • Clinical and Care Governance Arrangements and Reporting • Board Members Induction • Staff Induction • Leadership, First Line Management and Staff Development and Training Opportunities • Supervision and Personal Development Plan Framework • Staff Groups for Equalities and Diversity • Trade Union liaison and engagement

Governance Principle	Level of Compliance (Fully; Partial; or Not)
Managing risk and performance through robust internal control and strong public financial management.	Fully Compliant

Sources of Assurance		
Partnership Board	**EDC**	**NHSGGC**
• Integration Scheme • Financial Regulations & Standing Orders • Performance, Audit & Risk Committee – Terms of Reference • Annual Accounts (including Governance Statement, Statement of Income and Expenditure and Balance Sheet) • Annual Audit Report • Annual Governance Statement • Strategic Plan (including financial strategy) • Risk Management Strategy and Procedure and Reporting • Integrated Corporate Risk Register • Business Continuity Plan • Preparation of budgets in accordance with Strategic Plan • Budget Monitoring and Reporting • Approved Savings and Recovery Plans • Annual and Quarterly Public Performance Reports • Performance Management Framework • Management Framework and Reporting • Audit Plans and Assurance (Internal and Third Party) • Clinical and Care Governance Arrangements and Reporting • Information Governance (including Freedom of Information, Information Sharing and Publication Scheme)	• Financial Regulations • Standing Orders • Annual Accounts (including Governance Statement, Statement of Income and Expenditure and Balance Sheet) • Audit Committee – Terms of Reference • Risk Management Strategy and Procedures and Reporting • Anti-Bribery/Fraud Policy • Audit Plans and Assurance (Internal and Third Party) • Annual Governance Statement • Medium Term Financial Strategy • Budget Monitoring and Reporting • Social Work Professional Governance and Integrated Clinical and Professional Governance arrangements and reporting • Information Governance Assurance (including Freedom of Information, Records Management, Information Sharing and Information and Physical Security) • Procurement regulations, training and development • Contract Management Framework • Project Management Framework (Transformation Board)	• Schedule of Reserved Decisions • Scheme of Delegation and Standing Financial Instructions • Governance Arrangements and Reporting (including Management Structures, Groups and Forums) • Financial Procedures • Annual Governance Statement • Budget Monitoring and Reporting • Financial Reporting and Scrutiny across Management Structures • Risk Management Strategy and Procedures and Reporting • Fraud Policy • Audit Plans and Assurance (Internal and Third Party) • Clinical and Care Governance Arrangements and Reporting • Information Governance (including Freedom of Information, Records Management, Information Sharing and Information Security)

Governance Principle	Level of Compliance (Fully; Partial; or Not)
Implementing good practices in transparency, reporting and audit to deliver effective accountability.	Fully Compliant

Sources of Assurance		
Partnership Board	**EDC**	**NHSGGC**
• Integration Scheme • Financial Regulations • Governance Arrangements and Structure (Partnership Board and Performance, Audit & Risk Committee) • Transformation Board • Publication of Partnership Board and Audit Committee papers and minutes of public meetings • Strategic Plan 2018-21(including financial plan) • Annual and Quarterly Public Performance Report • Annual Accounts (including Governance Statement, Statement of Income and Expenditure and Balance Sheet) • Annual Audit Report • Risk Management Strategy and Procedure and Reporting • Integrated Strategic Risk Register • Business Continuity Plan • Preparation of budgets in accordance with Strategic Plan • Budget Monitoring and Reporting • Approved Savings and Recovery Plans • Annual and Quarterly Public	• Committee Reporting Framework and Schedule • Publication of Committee papers • Financial Regulations/Procedures • Financial Reporting and Scrutiny across Management Structures (e.g., Budget Monitoring) • Annual Accounts (including Governance Statement, Statement of Income and Expenditure and Balance Sheet) • Risk Management Strategy and Procedure and Reporting • Performance Management Framework and Reporting • Annual Performance Report • Audit Plans and Assurance (Internal and Third Party) • Social Work Professional Governance and Integrated Clinical and Professional Governance arrangements and reporting • Information Governance (including Freedom of Information, Information Sharing and Publication Scheme) • Council Website	• Committee Reporting Framework and Schedule • Publication of Board papers • Financial Regulations/Procedures • Financial Reporting and Scrutiny across Management Structures (e.g., Budget Monitoring) • Annual Accounts (including Governance Statement, Statement of Income and Expenditure and Balance Sheet) • Risk Management Strategy and Procedure and Reporting • Performance Management Framework and Reporting • Audit Plans and Assurance (Internal and Third Party) • Clinical and Care Governance Arrangements and Reporting • Information Governance (including Freedom of Information, Information Sharing and Publication Scheme) • Board Website

Governance Principle	Level of Compliance (Fully; Partial; or Not)
Implementing good practices in transparency, reporting and audit to deliver effective accountability.	Fully Compliant

Sources of Assurance		
Partnership Board	**EDC**	**NHSGGC**
Performance Reports • Management Framework and Reporting • Audit Plans and Assurance (Internal and Third Party) • Clinical and Care Governance Arrangements and Reporting • Information Governance (including Freedom of Information, Information Sharing and Publication Scheme) • HSCP website		

Signature
Name: Jean Campbell
Title: Chief Finance & Resources Officer –
East Dunbartonshire Health & Social Care
Partnership Board

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Susan Manion

Agenda Item Number: 12

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	27 June 2019
Subject Title	East Dunbartonshire HSCP Annual Performance Report 2018-19
Report By	Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions and Health Improvement, Interim Chief Social Work Officer
Contact Officer	Alan Cairns, Planning, Performance & Quality Manager Alan.cairns2@ggc.scot.nhs.uk

Purpose of Report	To present and seek approval for a draft Annual Performance Report for the year 2018-19 that details progress in line with the Strategic Plan and National Health and Wellbeing Outcomes,

Recommendations	It is recommended that the HSCP Board: • Considers and approves the draft provisional Annual Performance report 2018-19, as set out at **Appendix 1;** • Notes the reasons for the provisional nature of the publication and the intention to update and reissue the report when NHS data completeness issues are rectified.

Relevance to HSCP Board Strategic Plan	The Annual Performance Report measures and reports on progress in support of the Strategic Plan's Strategic Priorities. It achieves this by providing qualitative evidence in line with the relevant success measures and through the use of quantitative performance data, both national and local.

Implications for Health & Social Care Partnership

Human Resources:	None

Equalities:	None

Financial:	The Annual Performance Report includes analysis on financial performance during 2018-19.

Legal:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	The Council has significant interests in the performance of the Partnership in pursuit of agreed objectives and priorities and in the quality of the delivery of agreed delegated functions and services.

Implications for NHS Greater Glasgow & Clyde:	The NHS Board has significant interests in the performance of the Partnership in pursuit of agreed objectives and priorities and in the quality of the delivery of agreed delegated functions and services.

Direction Required to Council, Health Board or Both	**Direction To:**	**Tick**
	1. No Direction Required	**X**
	2. East Dunbartonshire Council	
	3. NHS Greater Glasgow & Clyde	
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	

1.0 MAIN REPORT

1.1 Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 places an obligation on Integration Joint Boards to publish a performance report annually. The minimum contents of annual performance reports are prescribed by regulation and guidance and include:

- An assessment of performance in relation to the national health and wellbeing outcomes
- A description of the extent to which the arrangements set out in the strategic plan and the expenditure allocated in the financial statement have achieved, or contributed to achieving, the national health and wellbeing outcomes;
- Information about the integration authority's performance against key indicators or measures in relation to the national health and wellbeing outcomes over the reporting year and 5 preceding years (where complete);
- Financial planning and performance;
- Best value in planning and carrying out integration functions;
- Performance in respect of localities;
- Inspection and regulation of services;
- Any such other information related to assessing performance during the reporting year in planning and carrying out integration functions as the integration authority thinks fit.

1.2 A (draft) provisional Annual Performance Report for 2018-19 is set out at **Appendix 1** for consideration and approval.

1.3 This report is a development on the 2017-18 report, but follows broadly the same format. The 2018-19 report includes new and revised content in the following areas:

- Visual presentation of performance changes over time;
- The inclusion of local performance data;
- Inspection and regulation information;
- Financial performance;
- Transformational change;
- Best value;
- Higher profile to Children and Justice statutory and partnership functions;
- Mechanisms to improve integrated working.

1.4 The updated structure and content of the draft Annual Performance Report this year has also been influenced by recent reports and recommendations by Audit Scotland and the Scottish Government's Ministerial Strategic Group. Further national work is expected over the course of the next 12 months to seek greater consistency between HSCP areas on the content of performance reports, so next year's document may show further evolution.

1.5 In addition to hard data and evidence in line with the HSCP Strategic Priorities and national outcomes, the document contains important content that highlights examples of the excellent work that is developed and delivered locally to improve personal outcomes for the people we support.

1.6 HSCPs are required by statute to publish Annual Performance Report by the end of July each year. Unfortunately, some performance data for 2018-19 has not been fully processed by NHS hospitals within this timescale. This affects the completeness of some data in Part 3 of this report. Therefore to allow us to publish a provisional report within required timescales, we have used 2018 calendar year data to measure local performance instead of April 18 to March 19 data. This gives us strong proxy performance indications while we await the data becoming available for the precise reporting period. For these indicators, national Scotland data results for 2017-18 have been used in some instances, due to more significant completeness limitations. A final version of this report with complete data for the reporting period will be prepared and circulated in the late summer of 2019.

East Dunbartonshire
Health & Social Care
Partnership

ANNUAL PERFORMANCE REPORT

2018- 2019

PROVISIONAL VERSION – JUNE 2019

(FINAL VERSION TO FOLLOW)

CONTENTS

Note on Provisional Status:

The HSCP is required to publish its Annual Performance Report by the end of July each year. Unfortunately, some performance data for 2018-19 has not been fully processed by NHS hospitals within this timescale. This affects the completeness of some data in Part 3 of this report.

To allow us to publish a provisional report, we have used 2018 calendar year data to measure local performance instead of April-March data. This gives us strong performance information while we await the full data becoming available. For some indicators, national Scotland data results for 2017-18 have been used, due to more significant completeness limitations.

A final version of this report with complete data for the reporting period will be prepared and circulated in the late summer of 2019.

Introduction

Since 2016, work has been underway across Scotland to integrate health and social care services. By integrating the planning and provision of care, partners in the public, third and independent sectors are improving people's experience of care along with its quality and sustainability.

In East Dunbartonshire we have integrated health and social care so that we can ensure people have access to the services and support they need, so that their care feels seamless to them, and so that they experience good outcomes and high standards of support. We are also looking to the future: integration requires services to be redesigned and improved, with a strong focus on prevention, quality and sustainability, so that we can continue to maintain our focus on reforming and improving people's experience of care.

In East Dunbartonshire we have integrated a wide range of health, social care and social work services for adults and children.

All Health and Social Care Partnerships (HSCPs) are required to publish an Annual Performance Report on:

- the nine National Health & Wellbeing Outcomes;
- the development of locality planning and improvement
- financial performance and Best Value

In addition, we have included information on:

- Our progress in implementing our Health and Social Care Strategic Plan
- Our progress in making integration work
- Our performance as assessed through external inspection and regulation

The report also highlights good practice examples throughout the document.

We believe that we are making good progress. With the continued pressure on public finances, it is essential that we continue with the positive changes that we are making.

We are most grateful to all the partners and individuals within the HSCP, and in the community more widely, that have contributed to the progress we are making together.

	Chair East Dunbartonshire HSCP Board		[redacted] Chief Officer East Dunbartonshire HSCP

Part 1. The Health and Wellbeing Outcomes - Our Overall Performance

Each of the National Outcomes below has been assigned a "RAG" status to indicate the HSCP's assessment of overall performance during 2018/19. This is based on national and local indicators, and the achievements described within the Report.

RAG KEY

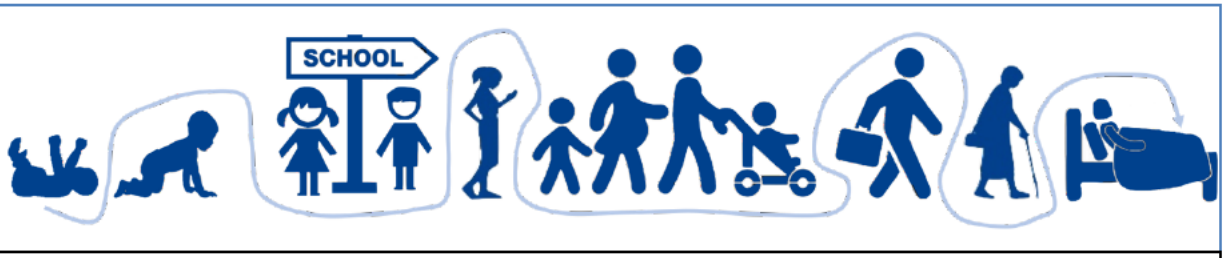
- Positive performance
- Steady performance
- Performance below target

NATIONAL HEALTH & WELLBEING OUTCOMES	STATUS
People are able to look after and improve their own health and wellbeing and live in good health for longer.	
People 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 wellbeing.	
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.	

Part 2. The HSCP Strategic Plan: Our Progress

The East Dunbartonshire Health and Social Care Strategic Plan 2018-21 emphasises the need to plan and deliver services that contribute to better outcomes throughout people's lives. This approach targets the needs of people at critical periods throughout their lifetime. It promotes timely effective interventions that address the causes, not just the consequences, of ill health, deprivation and personal and social challenges.



Starting Well | Living Well | Ageing Well | Dying well

The Strategic Plan outlines 8 key priorities to be delivered over the life of the Plan, in pursuit of the National Health and Wellbeing Outcomes. This part of the Annual Performance Report will describe our progress towards achieving these priorities. 2018-19 was the first year of the Plan, so some initiatives are still at an early stage.

The priorities are as follows:

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

Service and partnership planning in areas of children and justice services are reported through the Integrated Children's Service Plan and Community Justice Outcome Improvement Plan, but key progress is also reported here and in Parts 4 and 5.

The relationship between the Strategic Plan's eight priorities and the National Health and Wellbeing Outcomes is set out at **Annex 1**.

Strategic Priority 1

Promote positive health and wellbeing, preventing ill-health, and building strong communities (National Outcomes 1 & 5)

Our Measures of Success	Our Achievements in 2018-19	Status
Reduce smoking prevalence.	The smoking cessation delivery programme is now managed centrally from Greater Glasgow & Clyde NHS. The national target for successful quits (12 weeks) in the 40% most deprived communities equates to 42 quits in East Dun. This was not achieved during 2018-19. NHS GGC is reviewing its programme, to improve performance next year. The HSCP leads the local Tobacco Alliance which has achieved the following in 2018-19: smoke-free Canal Festival; smoke free play parks; tobacco curricular work within schools; and increased compliance on all tobacco-related legislation.	In progress Good progress
Increase the number of people meeting the national recommendation for physical activity, healthy eating and safer consumption of alcohol.	<u>Physical Activity Targets:</u> The national target for adults is *to achieve 150 minutes or more of physical activity per week*. The 2018 Health and Wellbeing Survey reported that only 53% of respondents were meeting the target. This compares to 71% as reported in the 2015 survey. The survey runs every three years. <u>Healthy Eating Targets:</u> The national target for adults is *to consume 5 portions of Fruit and Vegetables per day.* Self reported data from the 2018 HWB Survey indicated that 52% of respondents were meeting the target. This compares to 51% in the 2015 survey. Activity in 2018-19 to support these improvements was limited by resource capacity, but included: • Lifestyle programmes, for children; • ACES /Active Choices • Waist Winners • Live Active • Vitality and WALK	In progress In progress

Our Measures of Success	Our Achievements in 2018-19	Status
	• Preparation for Fluid, Food & Nutrition and Malnutrition Awareness programme (for staff). <u>Safer Consumption of Alcohol – National target for Delivery of Alcohol Brief Interventions (ABI's)</u> The HSCP is on target to achieve the target of 487 ABI delivered. The HSCP has already delivered 80% of the target with data for the last quarter still to be added.	On target
Increase levels of Breastfeeding rates.	One in two babies (51%) are either exclusively or mixed breastfed at 6-8 weeks post birth, in East Dunbartonshire. This is broadly unchanged compared with rates last year. The HSCP has maintained its status as a UNICEF Baby Friendly accreditation organisation, ensuring the best practice standards are provided by the HSCP staff when engaging and supporting mothers to breast feed.	In progress
Improve dental health and increase Child Smile registrations.	The oral health of children in East Dunbartonshire is better than the average for GG&C and Scotland as a whole. However, the most recent dental health data (Oct 2018) indicates a decline in oral health since the previous survey results in 2016. Action taken: • Two Dental Health Support Workers appointed to increase capacity; • Improved targeted interventions to support families with dental registration; • Agreement for General Dental Practices (GDPs) to stamp the childs Red Book when registering; • Continued support for the Tooth Brush Monitoring Programme within Nurseries throughout East Dunbartonshire. 100% of nurseries and Additional Support Needs schools are participating in the Childsmile Core Toothbrushing Programme together with 33 out of 35 primary schools. This has remained stable since the previous survey.	In progress

Our Measures of Success	Our Achievements in 2018-19	Status
Maintain percentage of childhood immunisation uptake.	2019 statistics for childhood vaccinations uptake in East Dunbartonshire released at March 2019 show very good performance for 2018-19: • Primary immunisation uptakes at 12mths - the 3rd highest in Scotland at 97.8%. • Primary and booster update rates at 24mths - 2nd highest in Scotland at 97%. • Primary and booster rates at 5 yrs - 6th highest in Scotland at 94.6%. • Primary and booster rates at 6yrs - 3rd highest in Scotland at 96.2%.	On target
Increase community payback orders (CPOs) with alcohol, drug and mental health requirements to promote healthy living and risk reduction.	2017/18 baseline data: In East Dunbartonshire there were 189 CPOs. Of these, none involved alcohol, drug or mental health requirements. Of the 17,834 CPOs in Scotland. There were 193 alcohol; 148 drug and 45 mental health treatment requirements. With the exception of the residence requirement these are the 3 least utilised requirements of the 9 requirements across Scotland. Data reporting lag prevents analysis of 18-19 performance in time for the publication of this report, but will be reflected next year against this baseline data. <u>Activity:</u> • Agreement via Alcohol & Drug Partnership to have drug/alcohol practitioner co-located in Justice Office. • Review of the referral pathway to increase efficiency and enable direct referral to the Foundry. • Workforce training for all criminal justice staff for promotion of healthy living • In line with national guidance, work underway to establish a local protocol for Mental Health requirement.	Good progress

Strategic Priority 2

Enhance the quality of life and supporting independence for people, particularly those with long-term conditions (National Outcomes 2 & 3)

Our Measures of Success	Our Achievements in 2018-19	Status
Increase uptake of a variety of telecare/telehealth care solutions.	In 2018-19, we installed 587 new community alarms. This increased the number of people with a community alarm by over 6% compared to 2017-18. In addition we have commissioned a highly successful pilot with Sol Connect to provide intensive technology assisted care, which safely increases levels of independence. This is now being extended to 3 new customers.	Good progress
Improve drug and alcohol referral to treatment waiting times.	The percentage of service users seen within 3 weeks, who started treatment in March 2019, was 83%. This compared with a Scotland average of 94%. 5 weeks performance was better with 97%, which was the same as the Scotland average. The performance issue remains to be a combination of recording delays and staff capacity issues in the EDADS team. These are currently being addressed.	In progress
Improve psychological therapies referral to treatment waiting times.	Despite pressure with staffing resources within both Primary Care and Community Mental Health Team the target of individuals seen within 18 weeks of referral for psychological intervention has consistently performed above target of 92%. This has also increased referrals into mental health teams. Service redesign tools have been utilised to ensure processes are as efficient and effective as possible.	On target
Improve percentage of people newly diagnosed with dementia accessing post diagnostic support.	Uptake of post diagnostic support remains consistently high around 95%. Service users who have engaged with the service are able to self-manage longer within the community. In the past year, post diagnostic service has been introduced to care homes for residents who receive a diagnosis within the care home or those engaged with the service moving from the community into a care home. The Team have been implementing a nationally recognised tool measuring quality performance, supported by iHUB. The team has scored well against all dimensions of this tool.	Good progress

Strategic Priority 3

Keep people out of hospital when care can be delivered closer to home (National Outcomes 2, 3 & 4)

Our Measures of Success	Our Achievements in 2018-19	Status
Reduce unplanned hospital admissions.	The HSCP has achieved a 10.2% reduction against a 2015/16 baseline. Improvement activity has included the further development of community based rehabilitation, providing rapid assessment to assist in the prevention of admission.	Good progress
Reduce occupied bed days for unscheduled care.	The HSCP has achieved a 5% reduction against a 2015/16 baseline. Improvement activity has included daily scrutiny of emergency admissions and proactive work with identified wards to facilitate discharge. There has been a reduction in hospital admissions and occupied bed days against a backdrop of increasing attendances at Emergency departments, which demonstrates more efficient joint working.	Good progress
Reduce A&E attendances.	The HSCP has seen a 7.9% increase in A&E attendances against a 2015/16 baseline. Attendances at the emergency departments (ED) continue to increase year on year. This is a national trend and ongoing pressure. Despite this, the number of hospital admissions and occupied bed days has reduced, which is a positive counter-trend. Work continues to better understand the circumstances of those who frequently attend the ED, to try and establish more proactive care planning. This is a priority area of activity for the HSCP	In progress

Our Measures of Success	Our Achievements in 2018-19	Status
Reduce bed days lost to discharges delayed.	The HSCP has seen a 17.6% increase in bed days lost to discharges delayed against a 2015/16 baseline. This is primarily as a result of an increased number of adults with incapacity ready for discharge. Of all referrals made to the Hospital Assessment Social Work Team, 80% are discharged within 72 hours. The intermediate care facility at Westerton Care Home enables a longer period of assessment and rehab within a homely setting as an alternative to long term care. Over the past year 33% of those admitted have been supported to return home. This is a priority area of activity for the HSCP	In progress
Increase the percentage of last 6 months of life spent in the community.	The HSCP has achieved a 3% increase against a 2015/16 baseline. This positive performance has been achieved through a co-ordinated and planned approach to early identification of people with palliative and end of life care needs.	Good progress

Strategic Priority 4

Keep people out of hospital when care can be delivered closer to home (National Outcomes 1, 3, 4, 5 & 7)

Our Measures of Success	Our Achievements in 2018-19	Status
Increase the number of service users utilising self directed support options.	Through dedicated awareness raising and individual assessment and reviews, the number of service users being supported to make a decision about the right level of choice and control for them has increased throughout 2018-19. The majority of service users continue to utilise SDS option 3.	Good progress
Increase the uptake of the income maximisation service.	The Income Maximisation Service delivered 250 referrals. While this was on a par with the previous year, 2018-19 realised a financial gain to the residents of East Dunbartonshire of £786k; this is a 49% increase on 2017-18.	Good progress

Our Measures of Success	Our Achievements in 2018-19	Status
Monitor the uptake of Healthy Start programme.	The number of households and individuals taking up the Health Start vitamin programme, as a percentage of those eligible in 2018-19 was 42% and 43% respectively. This remains markedly lower than both the Greater Glasgow & Clyde and Scotland uptake rates. Work will continue to better understand and address the reasons for this disparity.	In progress
Increase the breastfeeding rates in deprived communities.	One in ten babies (10%) are are either exclusively or mixed breastfed at 6-8 weeks post birth. To help address low uptake within the most deprived areas of East Dunbartonshire, the HSCP was successful in applying for Scottish Government funding to commence a targeted Breast Feeding Pilot Programme in 2019.	In progress
Increase % of people released from a custodial sentence: • registered with a GP • have suitable accommodation • have had a benefits eligibility check	Data recording and reporting is not yet in place to demonstrate progress against this measure. <u>Activity:</u> The pathway development is progressing via the community justice strategic partnership with a view to a central point of contact and new protocol and liberation pathway for short term prisoners being liberated from HMP Low Moss.	In progress

Strategic Priority 5

People have a positive experience of health and social care services (National Outcomes 1, 3 & 7)

Our Measures of Success	Our Achievements in 2018-19	Status
Monitor the number of complaints and comments.	The HSCP services handled a total of 44 complaints to conclusion between 1st April 2018 and 31th March 2019. 77% of these were handled within the procedural timescales, which is below the level of performance we would wish to see. Action is being taken to improve on this next year.	In progress

Our Measures of Success	Our Achievements in 2018-19	Status
Increase the percentage of service users satisfied with the quality of care provided.	In the 2018 Health and Social Care Experience Survey, 84% of respondents in East Dunbartonshire rated the quality of quality of help, care or support services as either excellent or good. This showed a decrease from 86% in 2016, but still compares favourably with 81% nationally. During reviews of social care support in 2018-19, 98% of service users expressed satisfaction with the quality of care provided, which is just off target.	In progress
Increase the percentage of service users satisfied with their involvement in the design of their care provided.	During reviews of social care support in 2018-19, 95% of service users expressed satisfaction with their involvement in the design of their care, which is on target.	On target
Increase the percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided.	In the 2018 Health and Social Care Experience Survey, 86% of respondents in East Dunbartonshire were satisfied that they had a say in how their help, care or support was provided. This demonstrated an increase from 84% in 2016 and compares very favourably with 76% nationally.	On target

Strategic Priority 6

Promote independent living through the provision of suitable housing accommodation and support (National Outcomes 1 & 2)

Our Measures of Success	Our Achievements in 2018-19	Status
Increase the number of people receiving the 'Care of Gardens' Scheme.	The number of people signed up to the scheme declined between Oct 2017 to Oct 2018, from 512 users to 469 users. This represents a continued decline in uptake, which may be due to successive above-inflation increases in charges.	In progress
Increase the number of people accessing the Care and Repair Service.	Referrals for Care and Repair in 2018-19 were 16% lower than in 2017-19, although higher than the internal targets set by the Care and Repair service. There has been substantial organisational change and interruptions to normal service during 2018-19, with remedial systems to be established over the next 6 months.	In progress

Our Measures of Success	Our Achievements in 2018-19	Status
Increase the percentage of our housing for Specialist Needs with Community Alarm or Telecare systems to 65% by 2021.	In addition to the progress made to increase uptake of telecare /telehealth care solutions outlines at Priority 2 (above), the HSCP approved an East Dunbartonshire Assistive Technology Strategy 2018-23, in May 2018. In addition, a new Fair Access to Care policy maximises the use of assistive technologies in meeting eligible needs. A mechanism to quantify uptake is not yet in place.	Good progress

Strategic Priority 7

Improve support for Carers enabling them to continue in their caring role (National Outcomes 1, 3, 4, 5 & 6)

Our Measures of Success	Our Achievements in 2018-19	Status
Increase number of adult carers identified and completing an Adult Carers Support Plan.	2018-19 was the first year of Adult Carer Support Plans (ACSP) being in use. There are 821 adult carers known to the HSCP and over the year 108 Adult Carer Support Plans have been commenced, with 73 completed. ACSPs may also be carried out by 3rd sector services. Numbers completed by these services are not included in this report.	Good progress
Increase number of young carers identified and completing a Young Persons Statement.	2018-19 was the first year of Young Persons Statement (YCS) being in use. To date there have been no YCSs being completed by the HSCP, with the approach generally to pass these to Carerslink which is a 3rd sector partner in the process. Numbers of YCSs completed by Carerslink or Education services are not included this year, but will be included in future reports for a whole-system perspective.	In progress
Increase number of carers who feel supported to continue in their caring role.	In the 2018 Health and Social Care Experience Survey, 41% of carers felt supported to continue caring. This showed a decrease from 43% in 2016, but compares marginally more favourably with 38% nationally. During reviews of social care support in 2018-19, 96% of carers indicated that they felt supported to continue in their caring role, which was an increase from 94% the previous year.	In progress

Strategic Priority 8

Optimise efficiency, effectiveness and flexibility (National Outcomes 7, 8 & 9)

Our Measures of Success	Our Achievements in 2018-19	Status
Monitor Adult and Child protection measures.	Multi agency audits have been carried out across both the Adult Protection and Child Protection committees over the course of the year 2018-2019. Common actions relating to completion of chronologies were identified. This reflected the Care Inspectorate findings in relation to Adult Support and Protection and work is ongoing in this area. Minor amendments to practice in relation to supervision of staff and SMART care planning were also identified. Both Child and Adult Protection Committees' respective Self-Improvement subgroups have considered the actions and are implementing change through working groups. As a result, new Child Protection referral and Child's Plan forms are being piloted and consultation documents during the child protection process have been introduced. A supervision tool to assist Adult Protection practitioners and their managers to achieve best practice is under development.	Good progress
Reduction of re-offending.	Both the reconviction rate and average number of reconvictions per offender have decreased over the past decade. Over the past 10 years between 2006-07 and 2015-16, the reconviction rate for, East and West Dunbartonshire, decreased by 8.6 percentage points from 36.8% to 28.2%. In the same period, the average number of reconvictions per offender decreased by 29% from 0.66 to 0.47. New Experimental statistics in the latest Reconviction bulletin based on local authority of residence indicates the reconviction rate for East Dunbartonshire is 17.2% with an average number of reconvictions per offender as 0.23. Data on convictions and reconvictions are a subset offending and reoffending and are a proxy measure of reoffending rates. Data reporting lag prevents analysis of 18-19 performance in time for the publication of this report, but will be reflected next year against this baseline data.	Good progress

Analyse and measure the impact and outcomes associated with the review and redesign of learning disability and mental health services.	Adult Learning Disability Review: • Development and publication of an Adult Learning Disability Strategy with 6 Improvement Themes; • Development and approval of new Fair Access to Community Care Policy and updated Eligibility Criteria; • Development of learning disability day service and accommodation-based support redesign principles, to support detailed specifications; • Comprehensive consultation and engagement at all stages; • Implementation phased continues into 2019-20. Mental Health: • Local development of the NHSGG&C Mental Health 5 Year Strategy within both programme board and themed sub group / working groups; • Establishment of a volunteer Peer Support Network supported by the Community Mental Health Team & Third Sector; • Commissioning a full needs assessment with a view to establishing a model of third sector delivery across both Mental Health and Addictions; • Development of a Suicide Prevention Group; • Better recording and provision of enhanced supervision to guardians to enhance our safeguarding of adults subject to welfare guardianship.	Good progress In progress Good progress
Monitor providers' compliance with contract monitoring framework.	Increased HSCP contract management resource established to help monitor and support compliance. Providers subject to regular monitoring requirements and annual audit checks.	Good progress

Part 3. National and Local Performance Data

This section provides HSCP's performance against national core indicators.

Notes:

1. For indicators marked * provisional data has been used due to delays with some NHS hospitals data. This will be updated and the document reissued when full data is available.

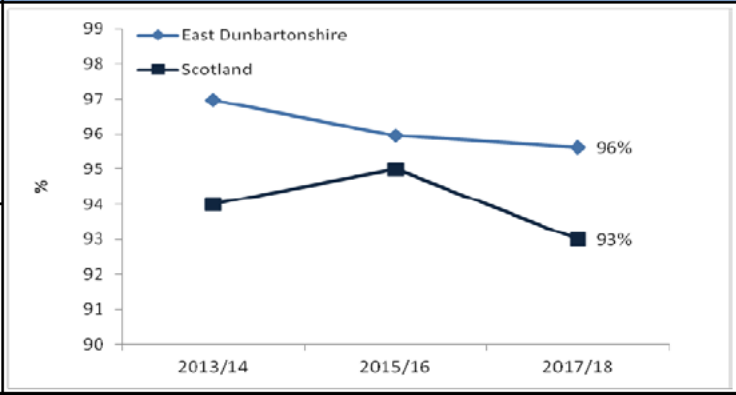
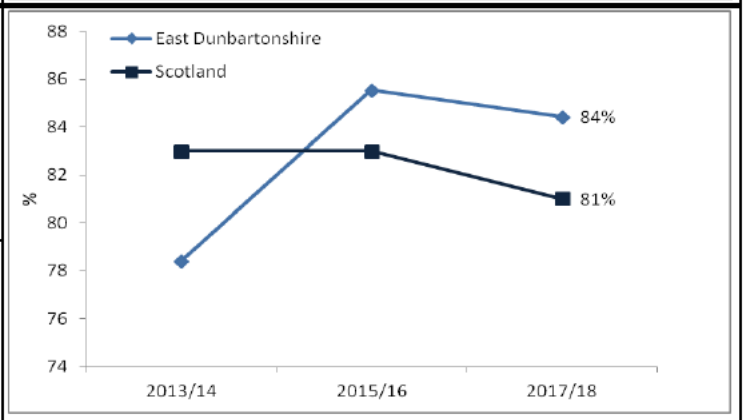
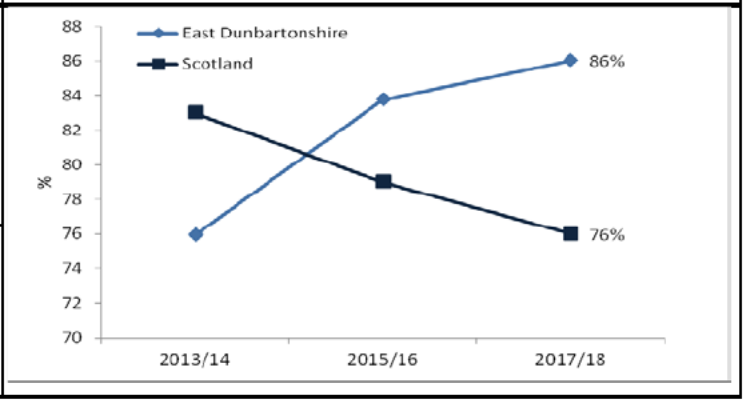
2. Indicators 1-9 are reported by a national biennial Health and Social Care Experience Survey that reports every two year. The most recent data for this is 2017-18.

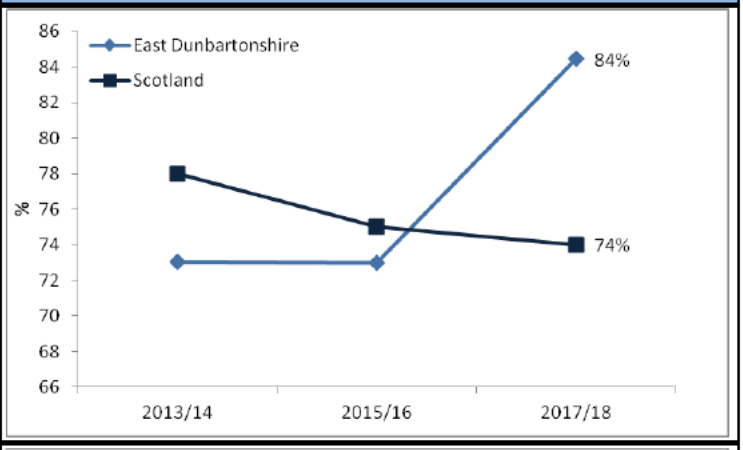
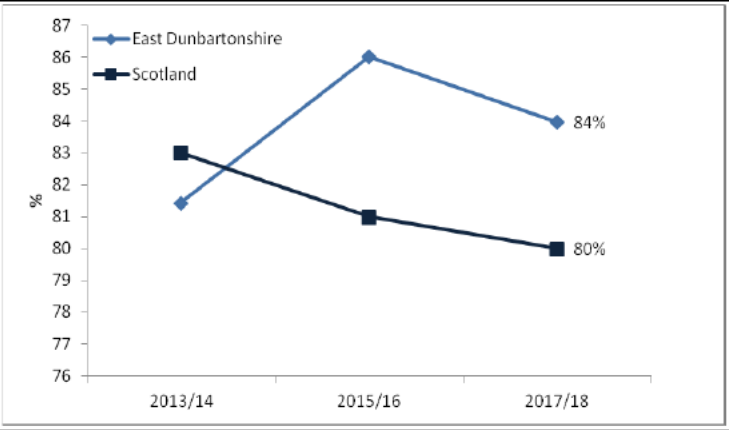
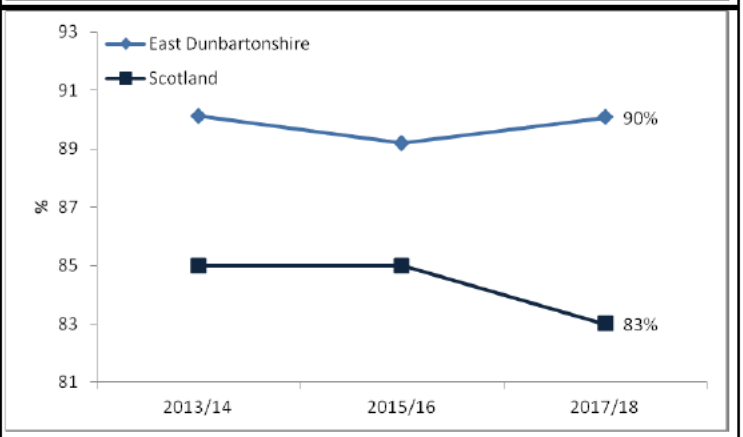
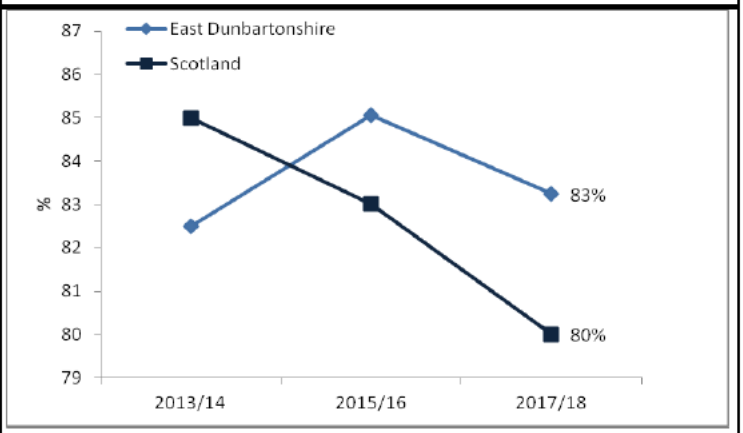
RAG KEY

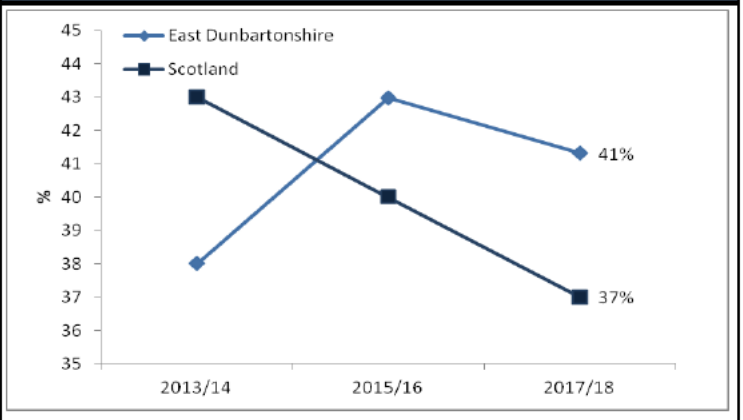
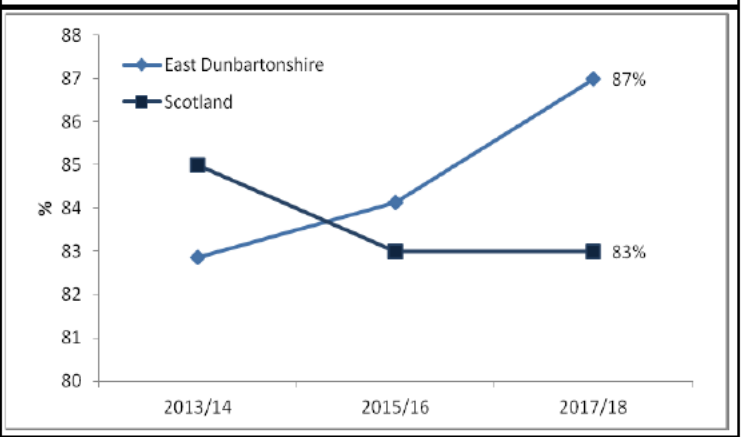
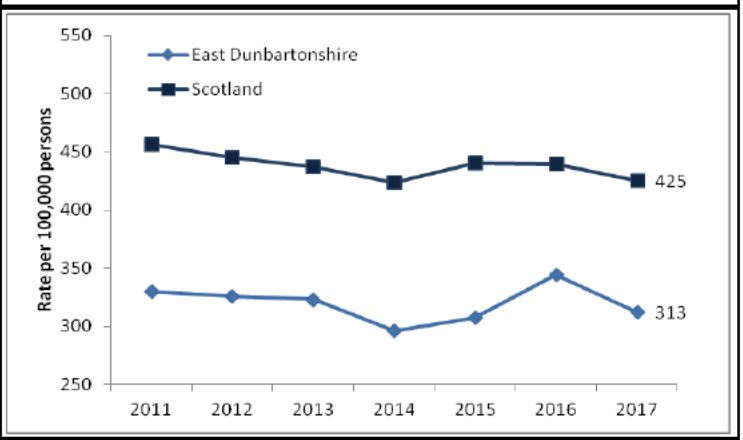
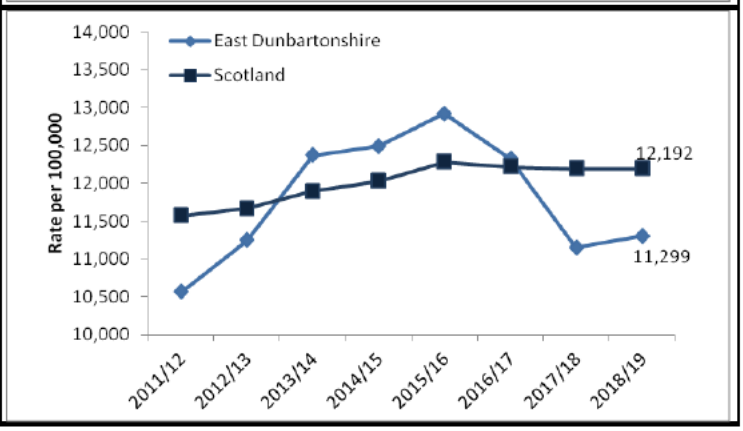
Positive performance improved

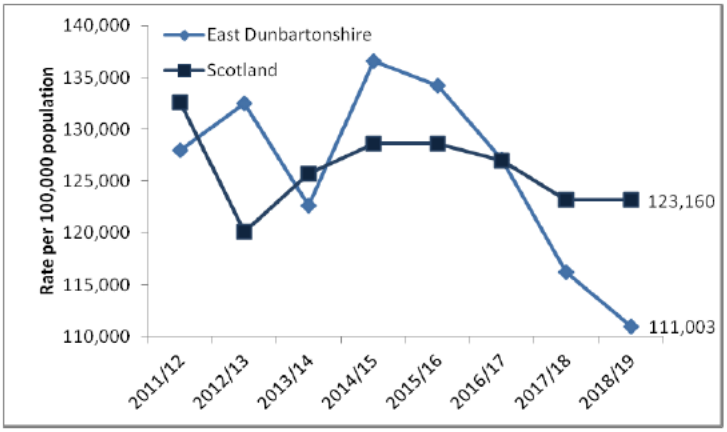
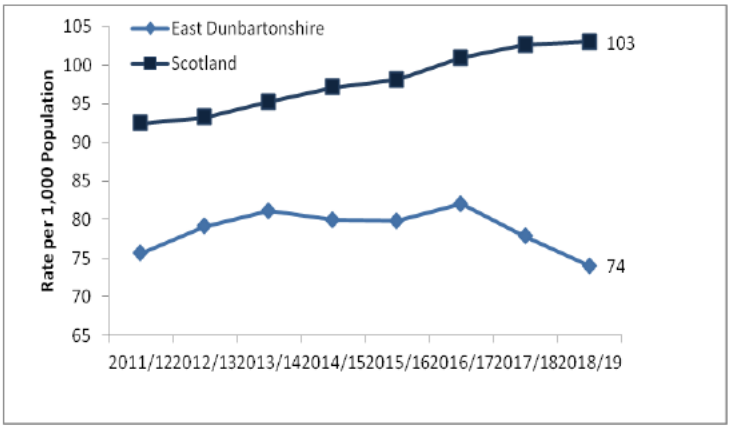
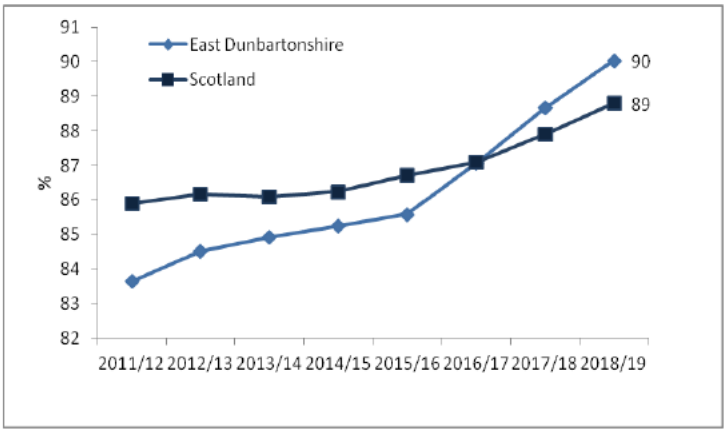
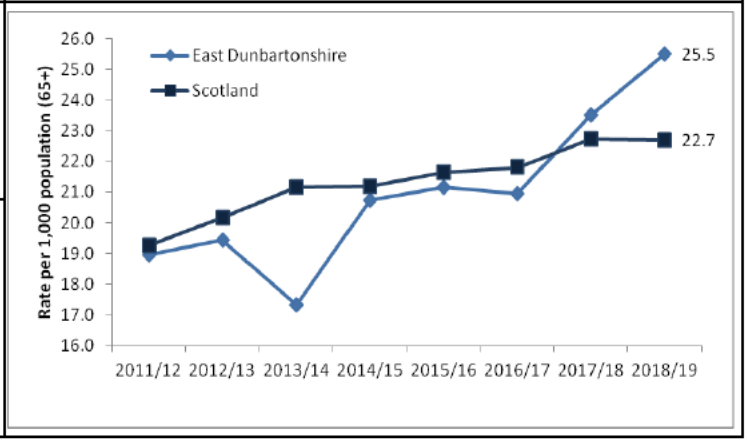
Performance steady (within 2% change). Arrow direction denotes improving/declining performance

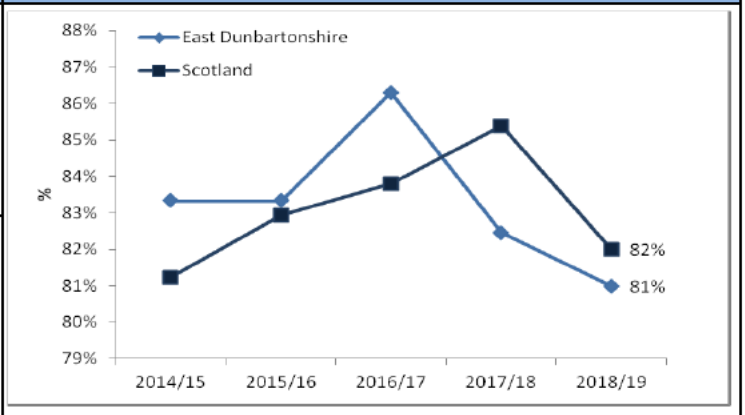
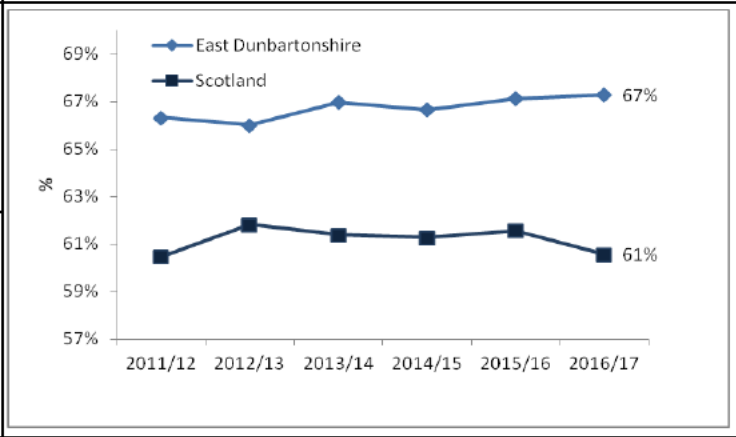
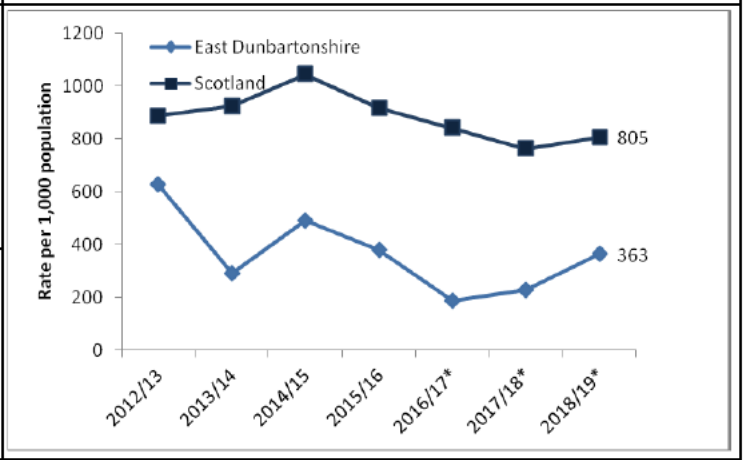
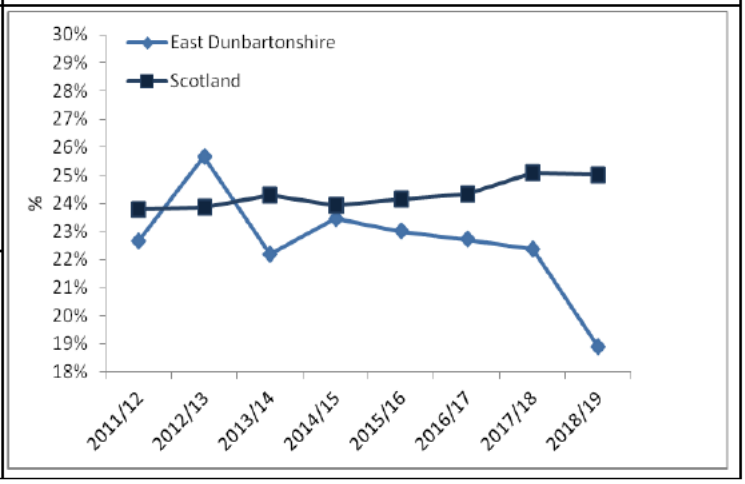
Negative performance

Indicator, Rating and Rank		Performance Trend
1) Percentage of adults able to look after their health very well or quite well (National Outcome 1) (Objective: increase)		
National ranking: 1	Amber	
2) Percentage of adults supported at home who agree that they are supported to live as independently as possible (National Outcome 2) (Objective: increase)		
National ranking: 8	Amber	
3) 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) (Objective: increase)		
National ranking: 1	Amber	

Indicator, Rating and Rank		Performance Trend
4) 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) (Objective: increase)		
National ranking: 3	Green	
5) Total percentage of adults receiving any care or support who rated it as excellent or good (National Outcome 3) (Objective: increase)		
National ranking: 6	Amber	
6) Percentage of people with positive experience of the care provided by their GP Practice (National Outcome 3) (Objective: increase)		
National ranking: 2	Amber	
7) 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) (Objective: increase)		
National ranking: 7	Amber	

Indicator, Rating and Rank		Performance Trend
8) Total combined percentage of carers who feel supported to continue in their caring role (National Outcome 6) (Objective: increase)		
National ranking: 3	Amber	
9) Percentage of adults supported at home who agreed they felt safe (National Outcome 7) (Objective: increase)		
National ranking: 4	Green	
10) N/A		
*11) Premature mortality rate for people aged under 75yrs per 100,000 persons (National Outcome 1,5) (Objective: decrease)		
National ranking: 2	Green	
*12) Emergency admission rate (per 100,000 population) (National Outcome 1,2,4,5) (Objective: decrease)		
National ranking: (to follow)	Amber	

Indicator, Rating and Rank		Performance Trend
*13) Emergency bed day rate (per 100,000 population) (National Outcome 2,4,7) (Objective: decrease)		
National ranking: (to follow)	Green	
*14) Readmission to hospital within 28 days (per 1,000 population) (National Outcome 2,4,7,9) (Objective: decrease)		
National ranking: (to follow)	Green	
15) Proportion of last 6 months of life spent at home or in a community setting (National Outcome 2,3,9) (Objective: increase)		
National ranking: 8	Amber	
*16) Falls rate per 1,000 population aged 65+ (National Outcome 2,4,7,9) (Objective: decrease)		
National ranking: (to follow)	Red	

Indicator, Rating and Rank		Performance Trend
17) Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (National Outcome 3,4,7) (Objective: increase)		
National ranking: 26	Amber	
18) Percentage of adults with intensive care needs receiving care at home (National Outcome 2) (Objective: increase)		
National ranking: 9	Amber	
19) 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) (Objective: decrease)		
National ranking: 7	Red	
*20) Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency (National Outcome 2,4,7,9) (Objective: decrease)		
National ranking: (to follow)	Green	

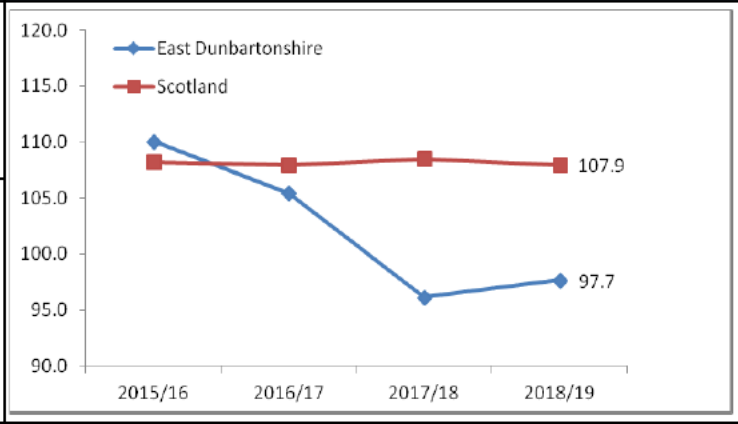
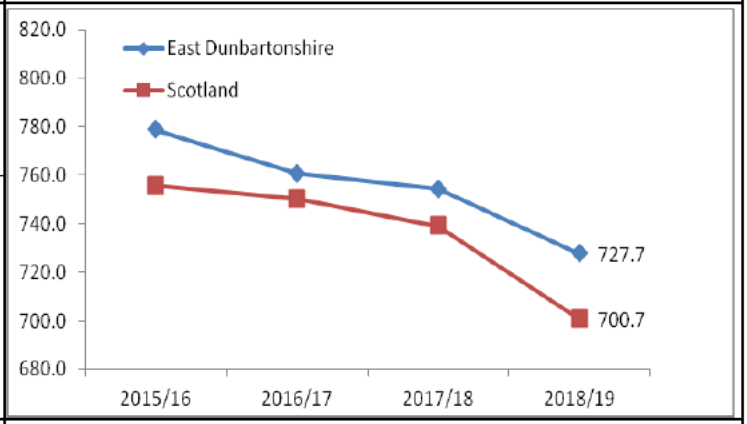
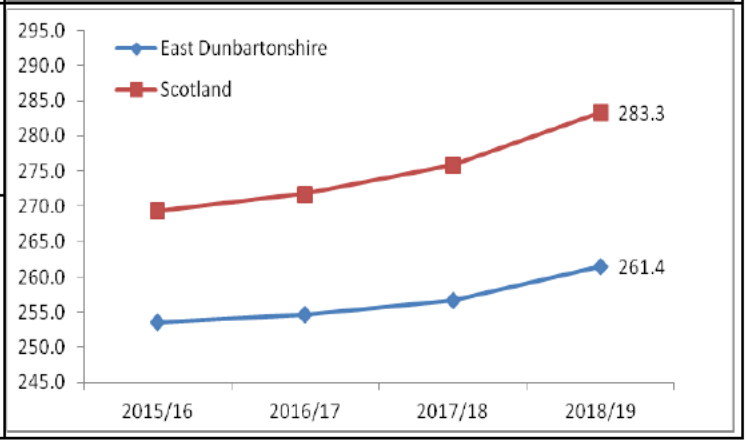
Ministerial Strategic Group – Performance Measures

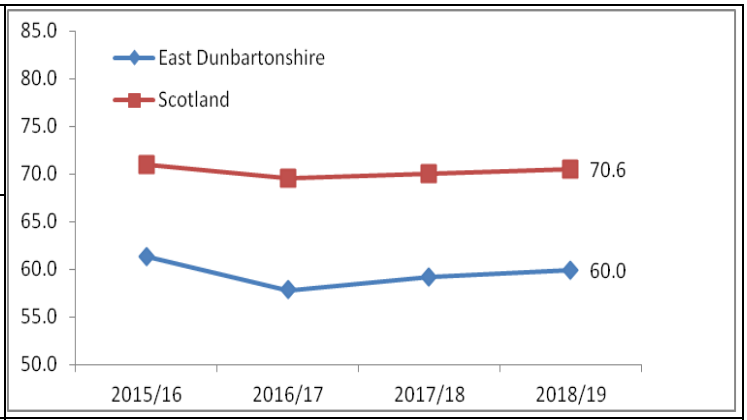
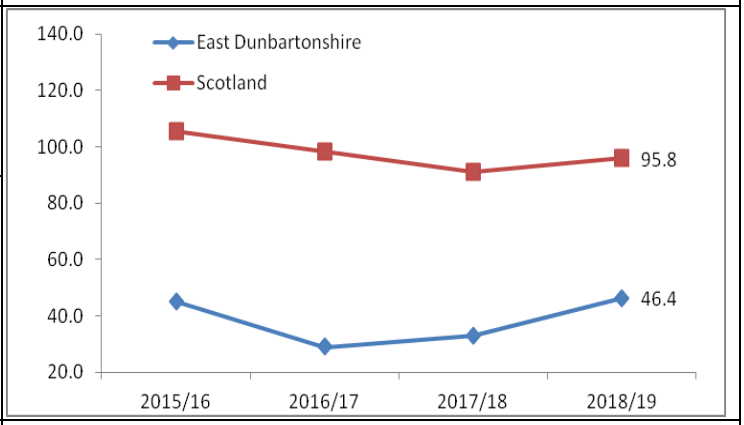
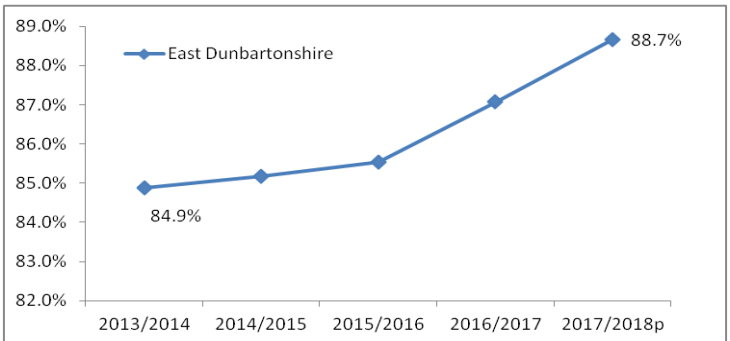
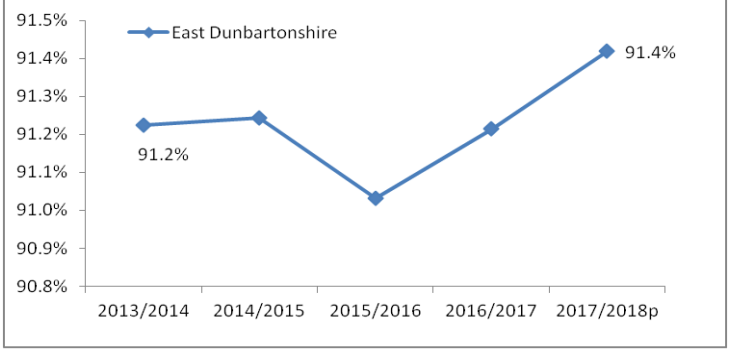
This section provides the data and RAG status of HSCP's performance against the Scottish Government's Ministerial Strategic Group's performance measures.

*For indicators marked * provisional data has been used due to delays with some NHS hospitals data. This will be updated and the document reissued when full data is available.*

RAG KEY

- Positive performance improved
- Performance steady (within 2% change) Arrow direction denotes improving/declining performance
- Negative performance

Indicator	Performance Trend
1. **Unplanned admissions** – rate per 1000 population (National Outcomes 1,2,3,4) (Objective: decrease)	
Amber	
2. **Unplanned bed days** - rate per 1000 population (National Outcomes 2,4,7) (Objective: decrease)	
Green	
3. **A&E attendances** - rate per 1000 population (National Outcomes 1,2,9) (Objective: decrease)	
Red	

4. Admissions from A&E – rate per 1000 population (National Outcomes 1,2,3,4) (Objective: decrease)	
Amber	
4. **Delayed discharge bed days** - rate per 1000 population (National Outcomes 2,3,4,9) (Objective: decrease)	
Green	
5. **Last 6 months of life spent at home or in a community setting** - rate per 1000 population (National Outcomes 2,3,9) (Objective: increase)	 Scotland data not available.
Amber	
6. **Balance of Care** (% of population in community or institutional settings) - rate per 1000 population (National Outcomes 2,4,9) (Objective: increase)	Scotland data not available. 
Amber	

Detailed data and charts regarding the HSCP performance during 2018/19 can be found in the Quarter Performance Reports published with the HSCP Board papers on our website: https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care

Local Performance Indicators and Targets: Statutory Functions and Outcomes

RAG KEY

- On or above target
- Within agreed variance of target
- Below target

	Actual 2017-18	Actual 2018-19	Target 2018-19	Status	Comment
% of child care Integrated Comprehensive Assessments (ICA) for Scottish Children's Reporter Administration (SCRA) completed within target timescales (20 days), as per national target	88%	64%	75%		Performance under target in quarter 4 due to an unusually high number of referrals and the impact of seasonal holidays. Performance was on target for quarters 1-3.

	Actual 2017-18	Actual 2018-19	Target 2018-19	Status	Comment
% of first Child Protection review case conferences taking place within 3 months of registration	100%	96%	95%		*On target*

	Actual 2017-18	Actual 2018-19	Target 2018-19	Status	Comment
% of first Looked After & Accommodated reviews taking place within 4 weeks of the child being accommodated	100%	94%	100%		Performance under target in quarter 3 due to pressures in the service. The team achieved 100% of reviews within timescale in quarter 4

	Actual 2017-18	Actual 2018-19	Target 2018-19	Status	Comment
% of Adult Protection cases where the required timescales have been met	88%	86%	95%		The service did not achieve target for any of the quarterly reporting periods during 2018-19. This is the subject of review and improvement activity.

(Some variances can be due to small number changes)

% of customers (65+) meeting the target of 6 weeks from completion of community care assessment to service delivery	Actual 2017-18	Actual 2018-19	Target 2018-19	Status	Comment
	99.8%	99%	99%		*On target*

% of CJSW Reports submitted to court by due date	Actual 2017-18	Actual 2018-19	Target 2018-19	Status	Comment
	99%	100%	95%		*On target*

The % of individuals beginning a work placement within 7 working days of receiving a Community Payback Order	Actual 2017-18	Actual 2018-19	Target 2018-19	Status	Comment
	66%	80%	80%		*On target*

Percentage of people 65+ indicating satisfaction with their social interaction opportunities	Actual 2017-18	Actual 2018-19	Target 2018-19	Status	Comment
	95%	95%	95%		*On target*

Percentage of service users satisfied with their involvement in the design of their care packages	Actual 2017-18	Actual 2018-19	Target 2018-19	Status	Comment
	98%	98%	95%		*On target*

% of initial Child Protection Case Conferences taking place within 21 days from receipt of referral	Actual 2017-18	Actual 2018-19	Target 2018-19	Status	Comment
	76%	87%	90%		Below target due to parent not being available so case conference postponed. Improve performance over past 12 months.

% of Social Work Reports Submitted to Child Protection Case Conference	Actual 2017-18	Actual 2018-19	Target 2018-19	Status	Comment
	100%	100%	100%		*On target*

(Some variances can be due to small number changes)

	Actual 2017-18	Actual 2018-19	Target 2018-19	Status	Comment
% of Court report requests allocated to a Social Worker within 2 Working Days of Receipt	99%	97%	100%		Below target due to pressure in Q1, which has since been addressed and reflected in improved performance in Q2-4

	Actual 2017-18	Actual 2018-19	Target 2018-19	Status	Comment
Balance of Care for looked after children: % of children being looked after in the Community	83%	85%	89%		Performance being monitored. Improved over past 12 months

(Some variances can be due to small number changes)

Part 4. Children's Services

The integrated planning of children's services is led overall by the Delivering for Children and Young People's Partnership (DCYPP), which involves all the individuals, agencies and services that work together to improve outcomes for children and young people in East Dunbartonshire. This is part of the work of the Community Planning Partnership (CPP) and is reported through the Council's annual Public Performance Report, as the CPP's lead body. The HSCP is a significant partner in the work of the DCYPP.

In addition to the DCYPP, a number of other planning arrangements are established and operated by (or involving) the HSCP, to support specific statutory duties, including the Child Protection Committee.

The East Dunbartonshire Integrated Children's Services Plan 2017-20 sets out how we will work together to plan, develop and provide services that will:

- best safeguard, support and promote wellbeing;
- make sure that children, young people and families get the right support at the right time;
- take action to prevent and meet need;
- be integrated from the point of view of service users;
- constitute the best use of available resources.

HSCP contributions to the Integrated Children's Services Plan and in pursuit of its own strategic improvement activities in 2018-19 have included:

- ✓ All parents who completed the Triple P Positive Parenting Programme reported that their parenting skills improved resulting in a positive impact on family life and improved confidence;
- ✓ The 27-30 Month Review by Health Visitors assesses eight areas of children's development during the 27-30 month reviews. There was an above target uptake of this initiative in the last reporting year;
- ✓ The Daycare Childminding Service continues to provide valuable, nurture based services to support the most vulnerable children experiencing a crisis in their life, including care experienced children;
- ✓ "Very good" evaluations by the Care Inspectorate were achieved for Ferndale Residential Services, Ferndale Outreach Services, the Community Support Team, Adoption and Fostering Services;
- ✓ Continued successful implementation and delivery of the Multi-agency Child Protection Training Strategy;
- ✓ Increased young person participation in throughcare and aftercare;
- ✓ Tailored and focused summer care plans for small groupings of children;
- ✓ Implementation of the Carer's (Scotland) Act 2016 for Young Carers;
- ✓ Children and Families Health and Social Work Services received an HSCP award for the high quality of Child Protection Services delivered jointly during the adverse weather conditions.

Part 5. Justice Services

Community Justice Scotland (CJS) was launched in 2016 by the Scottish Government supported by a national strategy, national outcomes and a performance and improvement framework. Locally, the East Dunbartonshire Community Justice Partnership (CJP) has a wide representation from the full range of statutory, independent and third sector partners. The CJP goes from strength to strength to deliver innovative approaches to reduce crime and its negative impact to build safer communities. An overarching focus of the CJP is how early intervention and prevention can help to reduce the cycle of re-offending and build safer communities. Justice social work services have contributed significantly to the Community Justice Outcome Improvement Plan 2018-19 along with all key partners in under local outcome 4: "East Dunbartonshire is a safe place in which to live, work and visit".

Justice Social Work

The three national outcomes for justice social work services inform the practices and interventions in East Dunbartonshire. To meet the public's needs for safety, justice and social inclusion all three should be addressed in unison. They also reflect the HSCP Strategic Priorities 1, 2 and 4.

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

Some key achievements in Justice in 2018/19:

- ✓ Training of all justice Social Work staff in the community in the latest nationally accredited interventions to target the risk men who perpetrate domestic abuse or sexual harm, to address risk and create safer communities;
- ✓ Unpaid work service delivered a wide range of community projects including: clearing the championships cycling time trial route and creating sensory gardens for children with disabilities. Throughout the year this **totalled 21,669** hours of unpaid work invested in our communities. This equates to the value of around **£154,000** (based on National Living Wage at that time);
- ✓ Designed an in-house trauma training package and trained all justice social workers in prison and community to address risk and promote desistance;
- ✓ Provided **309** criminal justice reports to Court providing sentencing recommendations on public safety and community interventions;
- ✓ Hosted the inaugural Community Justice East Dunbartonshire Conference;
- ✓ Created new third sector working partnerships to improve the range of community alternatives to short term sentences, including a women's service provided by Turning Point Scotland and parent group by Parent Network Scotland to support social inclusion and desistance.
- ✓ Justice Service managed 201 offenders on community payback orders with full assessment of health needs and risks.
- ✓ Justice provided **110 reports** to the Parole Board Scotland to aid the successful reintegration into the community of people with convictions.

Part 6. Locality Planning

The HSCP established two Locality Planning groups during 2015/16 to support the understanding, planning and delivery of services around communities within these localities. These locality areas related to natural communities. They consisted of:-

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

The Locality Groups have brought together a range of stakeholders including GPs, acute clinicians, social workers, carers and service users to facilitate an active role in, and to provide leadership for local planning of service provision.

Locality Planning Groups: Priorities

Each group agreed a number of priorities for 2018-19. Progress in support of these priorities is set out below:

East Locality Priorities	Our Achievements in 2018-19	Status
Cancer screening and support	• Two smear test "amnesties" were organised in Auchinairn for people not attending screening or hard to reach. This resulted in 106 additional people being tested. This is now being rolled out to Lennoxtown Medical Practice which has the lowest upate of screening in East Dunbartonshire. • A social media Facebook page has been established in the locality for cancer awareness. • Awareness raising on prostrate cancer resulted in 29 men being tested. • Awareness sessions on skin care in 14 nurseries. • Targeted cancer screening for adults with learning disabilites has been carried out at several events.	In progress

East Locality Priorities	Our Achievements in 2018-19	Status
Support to people at risk of isolation and loneliness	Wellbeing Workers have been established in 5 practices to help service users navigate and engage with wider services. The evaluation used a standardised tool to positively evidence:- • Increase in self-esteem, confidence, sense of control and empowerment. • Improvements in physical health and a healthier lifestyle • Reduction in social isolation and loneliness • Acquisition of new learning, interests and skills The plan is to roll this service out to all practices.	Good progress
Improving the acute/primary care interface	We continue to a have dialogue with acute colleagues at primary/secondary care interface meetings where developments on the new GP contract are discussed.	In progress

West Locality Priorities	Our Achievements in 2018-19	Status
Dementia support	• Locality-based dementia-friendly services have been mapped out as a baseline exercise; • A range of intergenerational initiatives have been established between schools and care homes; • Dementia training across a range of services; • There are dementia-friendly walking initiatives established in both localities; • The Dementia Cafe is well established; • The Health Improvement Team has delivered training on food fluid and nutrition regularly.	In progress
Informal Day Services	Two Local Area Coordinators are now in post to develop and signpost alternatives to formal day service support.	In progress
Influencing supported housing and care home options	A research project is underway to consider the housing needs of older people and people with disabilities.	In progress

The Localities have now both developed Locality Plans. Progress against these plans will be reported in future Annual Performance Reports.

Part 7. Examples of Good Practice

An important aspect of performance reporting is to highlight examples of the excellent work that is developed and delivered to improve outcomes for people who need support. This section of the report reflects some of this good work, particularly in areas where success has been delivered through the integration of health, social care and wider public services working together.

Hospital Discharge Leaflet

The HSCP Public, Service User and Carer (PSUC) Group undertook a survey to better understand how to improve the hospital discharge experience. This led them to develop a discharge leaflet for patients and carers that covered key issues such as; patient transport, valuables and belongings, medication and any follow up appointments and/or home care requirements, combining as an aid to a more seamless and cohesive discharge.

This initiative had positive impact on the experience and quality of life outcomes for patients on discharge from hospital. It also helped establish a vibrant and constructive engagement role for the PSUC group.

Self Directed Support (SDS) – Homelessness

The HSCP agreed to allocate some funding from the SDS implementation fund to work on a project with the Council's Homelessness Service. £5000 was allocated to support individuals who may be experiencing or who were at risk of homelessness, who would not be eligible for support through the Homeless Team's funding criteria.

Ten individuals were supported through this scheme, which resulted in significantly reduced or entirely avoided homeless, improving outcomes for the individuals as well as substantial financial savings for the Council.

Care Home Support Team (CHST)

A Large Scale Investigation (LSI) of a local Care Home was initiated in August 2018. During the process, a team of health and social care professionals worked together and developed a greater collective understanding of the unmet needs of residents in care homes. The team identified key areas for improvement, an appreciation of each others' roles and the opportunities to work collaborative to support quality improvements for residents within all Care Homes in East Dunbartonshire.

From this learning, a multi-disciplinary Care Home Support Team (CHST) was established to improve the health and social care outcomes for care home residents through collaborative working with a view to:

- reducing unscheduled hospital admissions and length of stay;
- reducing care acquired harm;
- earlier and improved identification of safeguarding concerns.

East Dunbartonshire Alcohol and Drugs Service (EDADS) - Family Inclusive Practice

Surveys with Alcohol and Drugs Service users identified demand for them to have family or significant other(s) involved in their support, at a level right for them.

In response to this, family inclusive practice was thereafter discussed routinely at the ADP treatment and recovery sub group. Improvements were made to practice to reflect this more inclusive approach. Subsequent follow-up surveys reflect that service users and their families are pleased with the more inclusive approach taken. Family inclusive practice makes best use of people's natural support systems to enhance recovery. Carers are offered a carers assessment as part of the initial alcohol and drugs assessment.

Men's Shed - Bearsden

Men's Sheds are community workshops where men can go to work on their own projects, socialise or work together with other men on communal projects.

With the support of the HSCP lead officer, a dilapidated pagoda building within King George V Park in Bearsden was leased and renovated.

The Project was formally opened in May 2019 by Hazel Irvine, TV Presenter, and now has over 60 members.

Already, it has begun to deliver on its objectives:

- Providing an asset to older men at a time when they are experiencing change;
- Offering a vital support mechanism for older men at risk of social isolation or emotional breakdown;
- Contributing to the mental wellbeing of older men through social contact and meaningful activity;
- Providing important access to social support for men experiencing loneliness and isolation or depression following challenging life events.

Autistic Spectrum Disorder – Festival of Celebration

This year's Festival of Celebration took place from 21st March to 23rd March in the run-up to World Autism Awareness Week. This is the second annual festival celebrating the artistic and creative work of people with autism spectrum conditions, learning disability and mental health issues.

The festival began with a powerful performance by the Sounds of the Gallery Band in the Lillie Art Gallery in Milngavie. The Festival was formally opened by David Aitken. The main events of the festival began with a programme of events including a report from a major University of Edinburgh research project called “Music as Social Innovation”, and inputs on good autism practice. The first day concluded with a Samba Drumming workshop.

There was a full day of performances in Kirkintilloch Town Hall on Saturday 23rd March 2019, including performances from the Kelvinbank Drama Group, and performances and workshops from Indepen-Dance, and Creative Spark Theatre Arts. The day concluded with live gigs from Rookie Rockstars, Sounds of the Gallery and the Limelight Band. Throughout the day there were DJ sets from DJ Python and animations by the LAC Digital Skills Group.

Pre 5 Immunisation Programme - Geographical Clinic Model

The Children and Families Team transferred the delivery of the Pre 5 Immunisation programme to a geographical clinic model during 2018-19. The feedback from the new service delivery model has been very positive from both parents and staff. Initial non-attendance rates were high, especially in families with complex needs and a history of non-engagement. The situation was reviewed and the team agreed to receive direct appointment requests from the Health Visitors, for families identified as requiring additional support. The appointments can be arranged at very short notice. Families are informed of the appointment by the Health Visitor, either at a home visit or via a telephone call. This has significantly reduced the non-attendance rates, which is reflected in the most recent immunisation figures of 97% across the HSCP, 3% above national average. This level of flexibility would not have been possible in the previous model of delivery.

Community Justice East Dunbartonshire Annual Conference

The inaugural Community Justice East Dunbartonshire Conference entitled, 'Community Justice through a trauma informed lens' was held on the 15th November 2018. The aim of the conference was to:

Provide a number of high quality presentations reflecting the diversity of community justice that will inspire and connect people throughout the sector with the understanding that everyone has a part to play in community justice within East Dunbartonshire.

This event was attended by 130 colleagues from the Council, HSCP and third sector as well as wider stakeholders who discussed how trauma and adverse childhood experiences affect people and how this can lead to offending and victimisation, which in turn can lead to stigma.

There was a range of keynotes, workshops and research presentations along with networking opportunities. Speakers included Dr Lisa Williams, Clinical Director for East Dunbartonshire HSCP; Karyn McCluskey Chief Executive Community Justice Scotland and Councillor Susan Murray.

Special Care Dentistry Suite

Public Dental Service has been working on the development of a purpose built Special Care Dentistry Suite at Townhead Health Centre. Special Care Dentistry provides oral healthcare for people who are unable to accept routine dental care due to some physical, intellectual, medical, emotional, sensory, mental or social impairment, or a combination of these factors.

This addition to our department will allow us to increase the number and complexity of patients we can provide dental care for at this site. We anticipate using this facility to treat a variety of patients including those with severe allergies, cardiac patients and blood disorders that are referred to us from Glasgow Dental Hospital and General Dental Practitioners throughout the whole of NHS Greater Glasgow & Clyde.

In particular, our special care team will be able to facilitate care for patients whose weight exceeds the safe working loads of traditional dental surgery equipment. Staff are currently undertaking specialist training to allow them to undertake dental procedures using the adapted dental unit and the overhead hoist. We expect this facility to ready to receive its first patients in June, 2019.

Part 8. Financial Performance

HSCP BOARD'S FINANCIAL POSITION AT 31 MARCH 2019

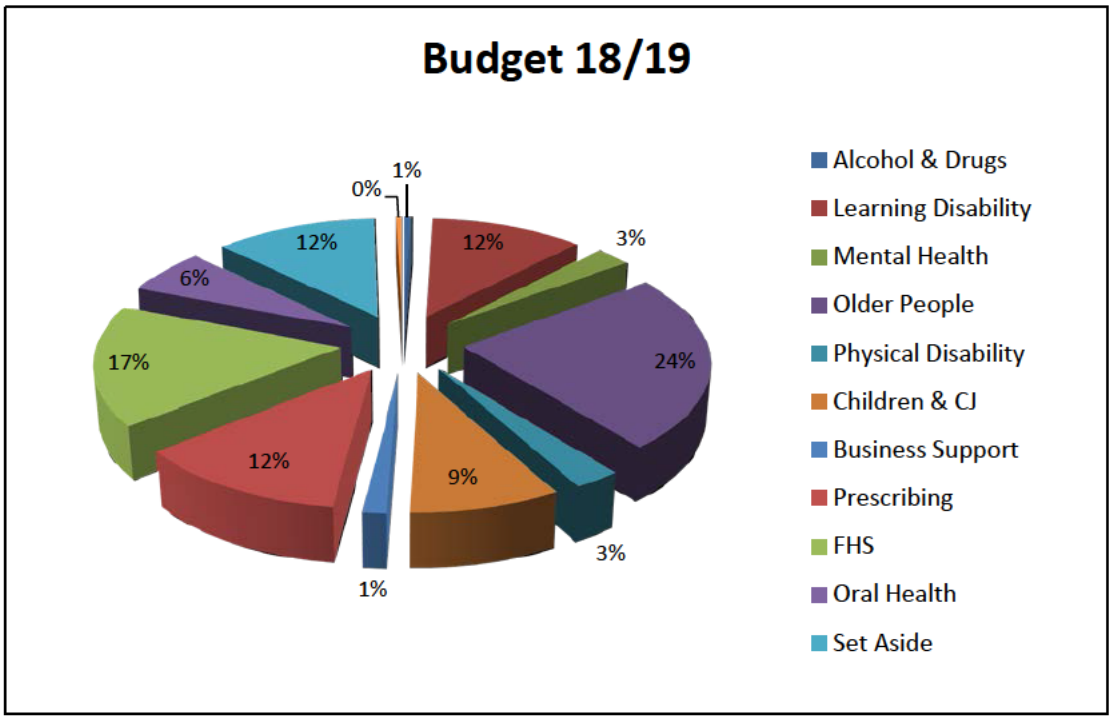
The activities of the Health and Social Care Partnership are funded through an arrangement whereby the Council and Health Board agree their respective contributions and it is for the partnership thereafter to deliver on the priorities set out in the Strategic Plan. The scope of budgets agreed for inclusion within the HSCP for 2018/19 from each of the partnership bodies were:-

HSCP Board Budgets 2018/19 (from the 1st April 2018 to the 31st March 2019)

Functions Delegated by East Dunbartonshire Council	£52.7m
Functions Delegated by NHS GG&C	£84.1m
Set Aside – Share of Prescribed Acute functions	£19.1m
TOTAL	**£155.9m**

This includes an element of funding provided by the Scottish Government to deliver on the key outcomes for the Partnership in the form of delayed discharge (£0.5m), integrated care funding (£0.7m) and Social Care funding (£6.1m).

The budget is split across a range of services and care groups as depicted below:-



HOSTED SERVICES

The Health Budget includes an element relating to Oral Health Services (£9.9m) which is a service hosted by East Dunbartonshire HSCP and delivered across the other five partnership areas within GG&C.

The full extent of this budget is reflected in these accounts as prescribed within the Integration Scheme. There are services hosted within other GG&C partnerships which have similar arrangements and which support the population of East Dunbartonshire such as MSK Physio, Podiatry, and Continence Care etc.

The extent to which these services (incl Oral Health) are consumed by the population of East Dunbartonshire is reflected below:-

2017/18 £000	Service Area	2018/19 £000
356	MSK Physio	518
66	Retinal Screening	62
535	Podiatry	563
317	Primary Care Support	333
342	Continence	357
631	Sexual Health	633
1,135	Mental Health Services	793
831	Oral Health	800
939	Addiction	907
161	Prison Healthcare	155
189	Healthcare in Police Custody	193
2,339	General Psychiatry	2,361
1,927	Old Age Psychiatry	1,389
9,768	**Total Cost of Services consumed within East Dunbartonshire**	**9,064**

SET ASIDE BUDGET

The set aside budget relates to certain prescribed acute services including A&E, General Medicine, Respiratory care, Geriatric long stay etc. where the redesign and development of preventative, community based services may have an impact and reduce the overall unplanned admissions to the acute sector, offering better outcomes for patients and service users.

Work continues to be progressed in relation to the sum set aside for hospital services; however, arrangements under the control of Integration Authorities are not yet operating as required by the legislation and statutory guidance. Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and

set aside budget requirements of the legislation, in line with the statutory guidance published in June 2015. These arrangements must be in place in time for Integration Authorities to plan their use of their budgets in 2019/20. To date work has focused on the collation of data in relation to costs and activity. Moving forward work has now commenced on the development of commissioning plans to support the implementation of set aside arrangements.

An allocation has been determined by NHS GG&C for East Dunbartonshire of £19.1m for 2018/19 in relation to these prescribed acute services.

Locality Budgets

A small budget has been devolved to each locality (£5k each) to start to deliver on local priorities identified through the locality planning groups. A financial framework for each locality is under development which will seek to map the entirety of the partnership budget across each locality.

FINANCIAL PERFORMANCE 2018/19

The partnership's financial performance is presented in the Annual Accounts for 2018/19. This shows a deficit on budget of £1.8m against the partnership funding available for 2018/19. This includes unspent investment (to be carried forward to future years) during the year in relation to Primary Care Improvements, delivery of the Mental Health Strategy, and Alcohol and Drugs monies from the Scottish Government. This masks the full extent of in year pressures. Adjusting this position for in year movements in reserves provides the true extent of these pressures, totalling nearer £3.0m for 2018/19.

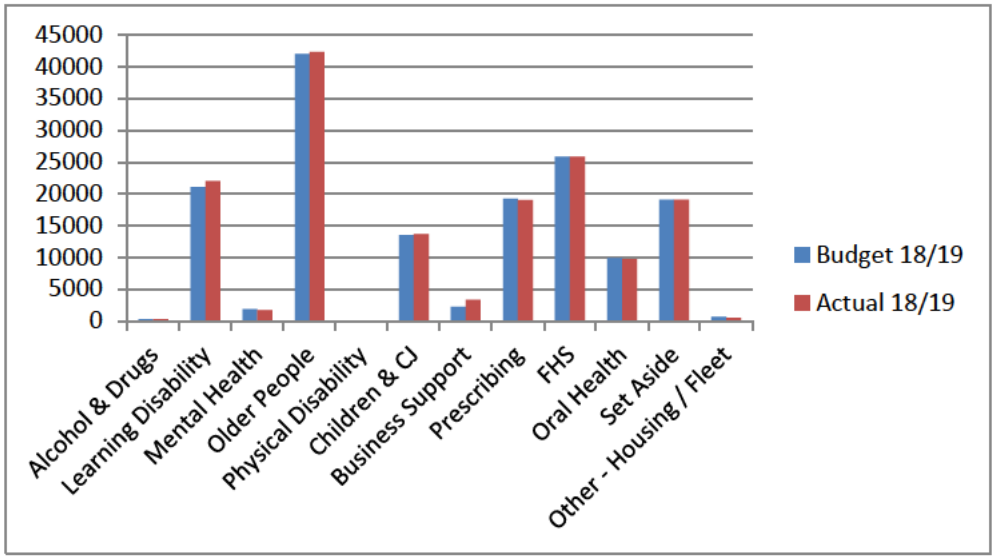
As part of the approval of the 2018/19 Budget in June 2018, there was planned use of partnership reserves of £2.04m in order to set a balanced budget. There have been significant additional pressures, during the year, in the areas of older people, learning disability and delays in delivering planned budget efficiencies which have required the use of further reserves.

The pressures on the partnership budget relate in the main to social work services of £3.5m which were mitigated in part through under spends on community health budgets of £0.5m, however the extent of these pressure were such that partnership general reserves of £3m were applied in total to deliver a balanced budget at the year end.

The HSCP Board approved a financial recovery plan when approving the partnership budget for 2018/19 at its meeting in May 2018 which provided robust vacancy management and budgetary control measures to seek to mitigate the pressures anticipated through the financial year. A review of partnership reserves was undertaken in March 2019, which re-designated elements of ear marked reserves to supplement the general reserves available to the partnership to provide some resilience to address the in year pressures on partnership budgets.

This has had a significant impact on the available reserves of the partnership moving into future years with the retention of a small general reserve of £0.041m and ear marked reserves of £1.85m for specific Scottish Government initiatives and to support transformational activity to deliver sustainable services for the future.

The partnership's financial performance across care groups is represented below:



The main areas of pressure during the year related to:-

- Older People's Services (-£0.3m) – this overspend relates to a combination of adverse payroll variations due to challenging turnover savings, use of overtime and agency staff to cover vacancies within homecare services and the continued use of agency social workers within the hospital assessment team (HAT). The former is offset to some extent through a positive variation in homecare private provision, however is exacerbated by pressure in relation to care home placements which have seen an increase throughout 2018/19. Work is underway to review in house homecare services to ensure a model of service that is sustainable and efficient moving forward and the creation of posts within the HAT to mitigate the need to rely on agency staff.
- Learning Disability Services (-£0.8m) – this overspend in this area relates primarily to the impact of children moving from children's social work services into adult learning disability services, often with complex needs, which require a package of care to support living independently in the community as young adults, or to support families in their ongoing caring role. This is compounded by increasing costs associated with a number of care packages where needs have increased or a breakdown in carer support has required significant care packages to be provided. This has been offset to some extent through vacancies within community health services. Work is underway through a review of learning disability services to ensure sustainability of services moving forward in relation to the provision of local

day care services and residential accommodation which is modern and fit for purpose to support adults with learning disabilities.

- Children's Services (-£0.2m) – this overspend relates to un budgeted costs associated with a number of services to support vulnerable children in relation to a Functional Family Therapy service, Parenting Capacity Assessment service and support to vulnerable families to sustain children safely in the community and avoid them becoming accommodated away from the family home. There was also pressure in relation to an increasing need for residential placements which was offset to some extent through efficiencies in the delivery of fostering services during the year and positive variations on payroll budgets.
- Strategic & Resources (-£1.1m) – this overspend relates to the impact of outstanding social care pressures where the planned use of reserves was approved as part of the budget setting process for 2018/19 (-£2.04m), the impact of the non delivery of savings programmes identified as part of the budget setting process for 2018/19 (-£0.3m) and provision for bad debts relating to the funding of care home placements for individuals who lack capacity and issues arising from the recovery of these monies (-£0.12m). These has been offset to some extent through additional funding identified through the social care fund and the impact of additional Scottish Government funding for Primary Care Improvement, Mental Health Strategy, Alcohol and Drug Partnership funding and Technology Enabled Care (+£1.3m).
- Other Services (+£0.6m) – there have been a number of smaller under spends across the Oral Health Directorate (+£0.2m), Prescribing (+£0.2m) and Private Sector Housing Grants (+£0.2m) which are offsetting partnership pressures. The former two areas have been taken to earmarked reserves to support plans for service redesign during 2019/20 and act as a contingency for anticipated cost and demand pressures on prescribing during 2019/20.

The financial performance for the partnership over the four years since it has been in existence is included in **Annex 3.**

Partnership Reserves

As detailed above, there was additional funding allocated during the year from the Scottish Government to support the development and implementation of a number of key initiatives which have been earmarked within reserves with planned expenditure during 2019/20. In addition there were some under spends in respect of oral health and prescribing which will be taken to earmarked reserves to support service redesign in public dental services and a contingency for cost and demand pressures relating to prescribing. These are set out below:

- Primary Care Improvement Plan £0.632m
- Action 15 Mental Health Strategy £0.121m
- Alcohol and Drugs Partnerships £0.073m

- Technology Enabled Care £0.011m
- Oral Health Directorate £0.2m
- Prescribing Contingency £0.176m
- **TOTAL** **£1.213m**

This will further the Partnership's earmarked reserves for specific initiatives, service re-design and transformation in furtherance of the priorities set out in the Strategic Plan and the need to maximise efficiencies across the partnership and deliver transformational change to manage pressures going forward.

The general reserves position, which has previously provided some resilience for managing in year financial pressures and any slippage in savings targets, has largely been utilised to mitigate pressures on social work services during 2018/19.

The total level of partnership reserves is now £1.89m as set out in the table on page 35.

Financial Planning

The HSCP continues to face significant financial pressures from demographic growth particularly amongst the elderly population placing demand on care at home and residential services, pressures in relation to increasing numbers of children moving on into adult services generating demand, and increased cost pressures across a range of adult social care services. This will be compounded during 2019/20 due to anticipated costs associated with the re-tendering of the Care at Home Framework, increased costs associated with the national care home contract, pressures in the delivery of the Scottish Living wage, continued prescribing demand and cost pressures and extremely challenging savings plans associated with service redesign, income generation, fairer access and eligibility to services.

A number of new Scottish Government initiatives are also expected to place pressures on partnership budgets in relation to anticipated demand from carers in line with their new entitlements with the continued implementation of the Carers Act and the extension in entitlement to free personal care for those aged under 65 years old. Although Scottish Government funding has been provided to offset these impacts it is not known at this time whether the additional pressures can be contained within the funding provided.

Both partner organisations continue to face significant financial challenge and this impacts on the consideration of the financial settlement to the partnership in the delivery of its key strategic priorities and the delivery of the services delegated to it.

The NHS settlement to the HSCP provided an uplift of 2.54%.on pays and general expenditure which provides a real terms increase on 2018/19 baseline funding.

The EDC settlement to the HSCP provided a flat cash position for pays and general expenditure and passed through specific funding from the Scottish Government including

specific provision in relation to funding for health and social care totalling £160m representing an additional £3.1m for the HSCP.

The total the level of savings on Partnership budgets to be delivered is £3.9m for 2019/20 and it is expected that this position will continue for future years given the challenging financial settlements expected to both EDC and NHS GG&C.

The partnership is therefore planning for the period 2018/19 to 2021/22 for a potential funding gap of £11.4m to £18.8m (being best and worst case scenarios) in the context of reducing resources set against increasing cost and demand pressures.

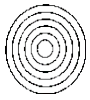
The partnership will focus on a number of areas to meet these financial challenges:-

Efficiency Savings

- Implementing a range of initiatives which will ensure services are delivered in the most efficient manner.

Demand Management

- Implementing a programme focussed on managing demand and eligibility for services which enable demographic pressures to be delivered without increasing capacity.



Transformation and Service Redesign

- Identifying and implementing opportunities to redesign services using alternative models of care in line with the ambitions of the IJB

Shifting the Balance of Care

- Progressing the work around the set aside to address a shift in the balance of care away from hospital based service to services delivered within the community.

Best Value

In terms of best value, it is the duty of the IJB to secure best value as prescribed in Part 1 of the Local Government in Scotland Act 2003. The Scottish Government have developed a best value framework to support public bodies in considering their responsibilities to secure best value, the partnership has assessed itself against this framework and this is set out in **Annex 4.**

Part 9. Inspection and Regulation

1. Joint Strategic Inspection

East Dunbartonshire HSCP was the subject of a joint strategic inspection by the Care Inspectorate and Healthcare Improvement Scotland between November 2018 and February 2019. The purpose of the inspection was to evaluate how well we plan and commission services to achieve better outcomes for people.

The inspection looked not just at the work of the HSCP Board, but at the partnership working across agencies and services in East Dunbartonshire.

The aim was to ensure that we have the building blocks in place to plan, commission and deliver high quality services in a co-ordinated and sustainable way, namely:

- a shared vision
- leadership of strategy and direction
- a culture of collaboration and partnership
- effective governance structures
- a needs analysis on which to plan and jointly commission services
- robust mechanisms to engage with communities
- a plan for effective use of financial resources, and
- a coherent integrated workforce plan which includes a strategy for continuous professional development and shared learning

To do this, the inspection assessed the vision, values and culture across the partnership, including leadership of strategy and direction, the operational and strategic planning arrangements (including progress towards effective joint commissioning), and improvements the partnership is making in both health and social care, in respect of the services that are provided for all adults.

The focus of the inspection is on quality indicators 1, 6 and 9:

1.0 Key performance outcomes

6.0 Strategic planning and commissioning arrangements

9.0 Leadership and direction that promotes partnership

The final report is awaited from the joint inspection team. When this is received, an Action Plan will be put in place to take forward any recommendations.

2. Service Inspections

Detail on Care Inspectorate evaluation grades relating to provided and arranged services is set out at **Annex 2**.

Part 10. Transformational Change

The HSCP Board and Strategic Planning Group are supported by a Transformation Board, which coordinates activity relating to the Transformation Plan, which allows the Strategic Planning Group and the HSCP Board to oversee how well these aspects of the Strategic Plan are being implemented. The Transformation Plan contains improvement initiatives that are:

- Aligned to delivery of financial efficiencies and Best Value;
- Arising from the introduction of new national policy or legislation with cross-cutting implications;
- Associated with public sector reform;

The Transformation Plan is separately reported, but key initiatives successfully delivered through this mechanism during 2018-19 include:

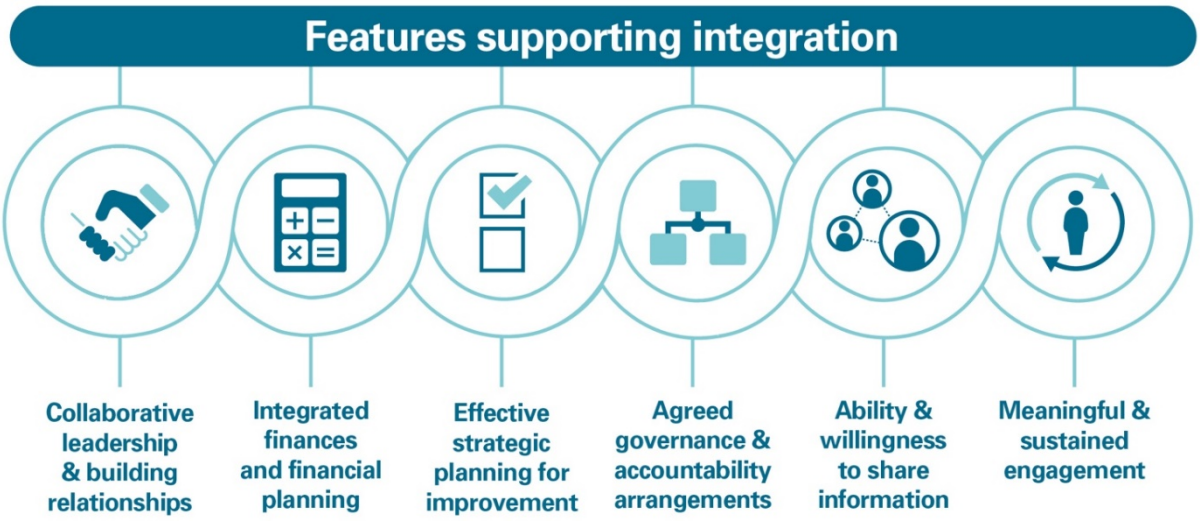
Initiative	Strategic Plan Priority	National Outcome
Implementation of new model of childhood immunisation	1	1, 9
Implementation of the Health Visiting Universal Pathway	1, 5, 8	9
Improved pathways to support individuals, families and communities experiencing alcohol related harm	1, 2, 3, 8	1, 3, 7, 9
Implementation of a new local smoking cessation service	1, 2	1, 5
Developed and approved a Fair Access to Community Care Policy and new Eligibility Criteria for service-users	4, 8	5, 9
Developed a Carers' Strategy and Short Breaks Statement	7	6
Implementation of Home For Me virtual service to support effective, timeous hospital discharge	2, 3, 8	2, 3, 4, 9
Implementation of Caring Together to support Care Home residents	2, 3, 6, 8	2, 3, 9
Appointment of Local Area Coordinators to support community-based alternatives to day-care for older people	1, 2, 8	2, 4, 9
Improved anticipatory care planning arrangements	2, 3, 5, 8	2, 3, 4, 9
Local housing needs research to inform future planning	1, 2, 4, 6	2, 4, 5, 9
Continued local implementation of the new GP contract	3, 5, 8	9
Establishment of GP clusters to enhance primary care collaboration	1, 3, 5, 8	9
Improved community prescribing practices	2, 3, 8	7, 9
Community Justice Outcomes Improvement Plan developed	1, 4	
Improved dental services for priority groups	1, 4, 8	1, 5, 7, 9
HSCP Property & Accommodation Strategy developed	8	8, 9

Part 11. Making Integration Work

Audit Scotland produced a report into the progress of Health and Social Care Partnerships in November 2018. The report demonstrated that good progress is being made in many aspects, but that there is still a significant programme of work ahead:

> *"Integration Authorities (IAs) have started to introduce more collaborative ways of delivering services and have made improvements in several areas, including reducing unplanned hospital activity and delays in discharging people from hospital. People at the end of their lives are also spending more time at home or in a homely setting, rather than in hospital. These improvements are welcome and show that integration can work within the current legislative framework, but Integration Authorities are operating in an extremely challenging environment and there is much more to be done."*
>
> *Audit Scotland, Health and Social Care Integration – Update on Progress, November 2018*

The Scottish Government's Strategic Leadership Group has proposed 25 areas for improvement, of which 22 apply to local Partnerships. These areas for improvement are arranged under a framework of six heading, as illustrated below:



A programme of work will be undertaken and reported separately to the HSCP Board on our progress against this improvement framework. A summary of some of the improvements we have made across these themes in 2018-19 is set out on the next page.

Features Supporting Integration: Progress in 2018-19

Collaborative leadership and building relationships
• Collaborative Leadership in Practice (CLiP) being rolled out across the Partnership; • Workforce and Organisational Development Plan developed; • Regular HSCP Board development sessions; • Improved collaborative leadership with constituency bodies; • Improved Third Sector Interface representation at HSCP Board, Strategic Planning Group, Community Planning Partnership, Locality Planning Groups and on Service Planning Groups; • Strong consultative approaches with service and policy reviews; • Better preparatory engagement around efficiencies and financial planning.
Integrated finances and financial planning
• Improved financial planning between HSCP and constituency bodies; • 2019-20 delegated budgets were agreed by end March 2019; • HSCP Board reserves policy in place; • Regular in-year reporting and forecasting provided to the HSCP Board; • Pooled revenue budgeting has permitted flexible use of overall resources;
Effective strategic planning for improvement
• HSCP Strategic Plan 2018-21 published; • New Performance Management & Reporting Policy developed; • Learning Disability and Carers Strategies published; • Improved transformational and service planning arrangements established; • Improved partnership representation across the strategic and service planning arrangements.
Governance and accountability arrangements
• Established and improved reference and consultative arrangements to support the HSCP Board; • Regular development sessions to support the HSCP Board members; • Support to public, service user and carers on maximising and sustaining the representative role; • Revised processes to support Directions to constituent bodies; • Well established Clinical & Care Governance arrangements that span the totality of integrated functions;
Ability and willingness to share information
• Annual Performance Report format developed and extended for 2018-19.
Meaningful and Sustained Engagement
• Improved stakeholder involvement in strategic and service planning; • Strong communication and engagement practice to support strategy and policy development, and service redesign.

ANNEX 1: National Outcomes and Local Priorities

The National Health and Wellbeing Outcomes are high-level statements of what the HSCP aims to achieve through improving quality across integrated health and social care services. The table below cross-references these with HSCP's Strategic Priorities.

Outcome		Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Priority 6	Priority 7	Priority 8
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	
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		
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	
5	Health and social care services contribute to reducing health inequalities.	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	
7	People who use health and social care services are safe from harm.				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
9	Resources are used effectively and efficiently in the provision of health and social care services.								X

ANNEX 2: Care Inspectorate Evaluations – Local Services

The Care Inspectorate is the national regulator for care services in Scotland. The Care Inspectorate inspects services and evaluates the quality of care they deliver in pursuance of the National Care Standards. They support improvement in individual services and across the care sector nationally.

The Care Inspectorate will award grades for certain 'quality themes' that they have assessed. These 'quality themes' cover the main areas of a service's work. How well the service performs in these areas will indicate how good the service is. One or more themes will be assessed, depending on the type of service and its performance history. A grade is given to each of the quality themes assessed using a six point grading scale, which works in this way:

Grade 6 – Excellent	Grade 3 – Adequate
Grade 5 – Very good	Grade 2 – Weak
Grade 4 – Good	Grade 1 – Unsatisfactory

The functions delegated to the HSCP Board include a statutory obligation to provide or arrange services to meet assessed care needs. The HSCP Board "directs" the Council to provide or arrange these services on its behalf. Some of these services are delivered directly by the Council and others are purchased from the third and independent sectors. It is important that the quality of the services we directly provide and those purchased are both of the highest quality. The Partnership works to improve its own services through direct management and operational oversight. Purchased services are subject to detailed specification and contract monitoring by the Partnership's Commissioning Team. The grades of the services delivered by the Council and those purchased by the Partnership are set out below. The grades below are the most recent assessed by the Care Inspectorate for services based in East Dunbartonshire, which covers the last two years:

Care Provider	Care and Support	Environment	Staffing	Management and Leadership
HSCP / Council In-house Services				
Milan Day Service	5	4	4	4
Kelvinbank Day Service	5	5	5	5
Homecare Service	3	Not Applicable	2	2

Care Provider	Care and Support	Environment	Staffing	Management and Leadership
John Street House	5	5	5	5
Meiklehill	5	Not Applicable	5	4
Fostering Service	5	Not applicable	5	4
Ferndale Care Home for Children & Young People	5	5	4	5
Adoption Service	4	Not applicable	5	4
Community Support Team for Children and Families	5	Not applicable	5	6
Ferndale Outreach for Children & Young People	5	Not applicable	4	5
Supported Accommodation				
Cornerstone Community Care	5	Not applicable	5	5
Key Housing Association (Group registration covers Milngavie, Kirkintilloch, Clydebank, Alexandria & Dalmuir)	5	Not applicable	4	5
Quarriers (Phase 3)	4	Not applicable	4	5
Quarriers (Phase 2)	4	Not applicable	4	4
Quarriers (Phase 1)	5	Not applicable	4	4
Real Life Options	5	Not applicable	5	5
Living Ambitions (Group registration covers Glasgow North & West Services)	3	Not applicable	3	3

CARE HOME	WELLBEING (previously Care & Support)	LEADERSHIP (previously Management & Leadership)	STAFFING	SETTING (previously Environment)	Care Planning (new Category)
Nursing Care Homes*					
Abbotsford House	4	6	4	6	Not assessed
Milngavie Manor	5	4	4	5	5
Antonine House	4	3	5	5	Not assessed
Birdston Care Home	5	5	5	5	Not assessed
Buchanan House	3	3	3	3	4
Buchanan Lodge	5	5	5	4	Not assessed
Campsie View	1	2	2	3	2
Canniesburn	3	3	3	3	Not assessed
Lillyburn	6	6	5	5	5
Mavisbank	3	3	3	3	3
Mugdock	6	6	Not assessed	Not assessed	Not assessed
Springvale	Not assessed	Not assessed	Not assessed	Not assessed	Not assessed
Westerton	4	4	4	4	4
Whitefield Lodge	3	Not assessed	Not assessed	Not assessed	3

* Revised National Care Standards have introduced new quality themes, beginning with Care Homes

ANNEX 3: Comparative Income & Expenditure 2015/16 - 2018/19

Objective Analysis****	2018/19	2017/18	2016/17**	2015/16*
STRATEGIC / RESOURCES	3,533	3,648		
ADDICTIONS	1,362	1,253		
OLDER PEOPLE	37,240	34,531		
LEARNING DISABILITY	18,775	18,068		
PHYSICAL DISABILITY	4,079	4,003		
MENTAL HEALTH	5,130	5,349		
ADULT SERVICES			55,546	24,064
CHILDREN & FAMILIES	13,515	13,056	6,906	-
CRIMINAL JUSTICE	258	226		
OTHER - NON SW	946	1,198	959	597
COMMUNITY HEALTH SERVICES			9,123	7,222
ORAL HEALTH	9,699	9,632	10,217	5,913
FAMILY HEALTH SERVICES***	25,848	24,724	43,431	25,355
PRESCRIBING	19,072	19,473		
OPERATIONAL COSTS	246	234	201	17
Cost of Services Managed By East Dunbartonshire HSCP	139,703	135,394	126,383	63,168
Set Aside for Delegated Services provided to Acute Services	19,116	17,381	17,381	9,570
Total Cost of Services to East Dunbartonshire HSCP	158,819	152,775	143,764	72,738
NHS Greater Glasgow & Clyde	(103,228)	(99,721)	(96,797)	(48,067)
East Dunbartonshire Council	(52,690)	(51,910)	(50,963)	(26,059)
Taxation & Non Specific grant Income	(155,918)	(151,631)	(147,760)	(74,126)
(Surplus) or deficit on Provision of Services	2,901	1,145	(3,996)	(1,388)

** Relates to part year from 3rd September 2015 to the 31st March 2016 for adult social work and community health services only.*

*** Relates to full year for adult social work and community health services and part year for inclusion of childrens social work and criminal justice services from August 2016.*

*** Family health services includes prescribing for the years 2015/16 and 2016/17.

**** Objective analysis reflects care group split from 2017/18 onwards.

ANNEX 4: Achievement of Best Value

Best Value Audit February 2019 – HSCP Evaluation		
1.	Who do you consider to be accountable for securing Best Value in the IJB	• Integration Joint Board • Integration Joint Board Performance, Audit & Risk Committee • HSCP Chief Officer • HSCP Chief Finance & Resources Officer • Senior Management Team • Constituent bodies: support services, assets and staff who are involved in commissioning and procurement.
2	How do you receive assurance that the services supporting the delivery of strategic plans are securing Best Value	• Performance reporting on a quarterly basis to IJB. • Explicit links between financial and service planning through Transformation Board updates. • Annual Performance Report • Audit and Inspection Reports • Integration Joint Board Meetings – consideration of wide range of reports in furtherance of strategic planning priorities. • Transformation Board scrutiny • Finance and Planning Group (across partner organisations) • Performance, Audit & Risk Committee scrutiny • Clinical & Care Governance Group • Strategic Planning Group • Senior Management Team scrutiny (HSCP) • Corporate Management Teams of the Health Board and Council • The IJB also places reliance on the controls and procedures of our partner organisations in terms of Best Value delivery.
3	Do you consider there to be a sufficient by-in to the IJB's longer term vision from partner officers and members	Yes, the IJB has approved the 3 year Financial Plan aligned to its Strategic Plan which clearly sets out the direction of travel. There are challenges planning for the longer term because of annual budget settlements. The IJB has good joint working arrangements in place and has benefited from ongoing support, particularly in support of service redesign and transformation, from members and officers within our partner organisations over the past 12 months in order to deliver the IJBs longer term vision. Finance and Planning Group with partner organisation involvement to focus on budget performance, financial planning in support of delivery of strategic priorities.

Best Value Audit February 2019 – HSCP Evaluation		
4	How is value for money demonstrated in the decisions made by the IJB	Monthly budget reports at service level IJB development sessions Chief Finance & Resources Officer Budget Monitoring Reports to the IJB Strict compliance with Procurement rules through Parent Organisation processes in support of service commissioning. All IJB papers carry a section that clearly outlines the financial implications of each proposal as well as other implications in terms of legal, HR, equality and diversity and linkage to the IJBs strategic objectives. The IJB engages in healthy debate and discussions around any proposed investment decisions and savings proposals, many of which are supported by additional IJB development sessions. In addition IJB directions to the Health Board and Council require them to deliver our services in line with our strategic priorities and Best Value principles – 'Optimise efficiency, effectiveness and flexibility'.
5	Do you consider here to be a culture of continuous improvement?	The HSCP Clinical & Care Governance Group provides strategic leadership in developing a culture of continuous improvement with representation across all professional disciplines with a focus on improving the quality of services delivered throughout the partnership. There is a range of activity in this area: • A number of HSCP service areas now have service improvement plans in place and a focused approach to quality/continuous improvement (QI). Examples of these improvements are captured and reported through the Clinical & Care Governance Group and reported to the IJB. • The Public Service User and Carers group has been involved developing improvement activity on areas highlighted through engagement events. • In addition, a number of service review and redesign work strands are underway/or planned to maximise effectiveness, resources and improve the patient/service users journey across East Dunbartonshire. • The HSCP Transformation Plan is focussed on proactively developing our health and social care services in line with national direction and statutory requirements; optimising the opportunities joint and integrated working offers; and ensuring any service redesign is informed by a strategic planning and

		commissioning approach (subject to regular IJB reports). • HSCP Organisational Development and Training, Learning and Education resources support services in undertaking improvement activity. • There are opportunities for teams to be involved in Quality Improvement development, which includes ongoing support and coaching for their improvement activity through our organisational development lead.. • Workforce planning and OD/service improvement (SI) activity is planned, monitored and evaluated through our Workforce People and Change leads.
6	Have there been any service reviews undertaken since establishment – have improvements in services and/or reductions in pressures as a result of joint working?	A robust process for progressing service reviews is in place with support from the Council's transformation team. A number of reviews have been undertaken including: • Review of Integrated senior management structures – re focus of capacity within older people and adult services to progress work to deliver on strategic priorities. • Homecare Review - to undertake an objective and focused review of care at home services to identify improvements in service delivery, data gathering and benchmarking to inform analysis, preferred service delivery model and sustainability of service into the longer term. Initial service improvements made to support more effective discharge from and prevention of admission to hospital in line with strategic priorities, move to locality model, informed care at home framework requirements, roll out of CM2000 for externally purchased homecare to ensure best value on investment. • Review of Learning Disability Services - Whole System Review of services to support individuals with a learning disability including daycare provision and supported accommodation. Scoping work completed, data gathering and benchmarking undertaken, development of preferred service delivery model for provision of daycare. Initial improvements in enhanced local daycare provision to negate need for expensive out of authority placements, review of alternative to sleepover arrangements through the use of technology, development of Fair Access to Community Care Policy. • Review of Fostering Placements – review of balance of externally purchased fostering placements resulted in an increase in ED foster carers and efficiencies on budget for this area.

Best Value Audit February 2019 – HSCP Evaluation		

		• System wide review of Smoking Cessation
		• The HSCP is also participating in a number of reviews in collaboration with NHS GGC such as
		  • Unscheduled Care Review
		  • Mental Health Review and 5 year Strategy
		• There are a number of planned service reviews about to commence in relation to Children's Services, Transitions, Disability Services, Integrated Management structures to support service redesign and efficiencies as part of the transformation plan for 2019/20.

7	Have identified improvement actions been prioritised in terms of those likely to have the greatest impact.	The oversight for any improvement activity identified through service review, inspection reports, incident reporting or complaints learning is through the Clinical and Care Governance Group. This is reported through the SMT, the Performance, Audit & Risk Committee and the IJB to ensure priority is afforded to progress areas of high risk with scope for most improvement. The Transformation Board has a role to consider and oversee service redesign and transformation which will deliver service improvement including robust business cases and progress reporting to ensure effective delivery in line with strategic planning priorities and quality care governance and professional standards.
8	What steps are taken to ensure that quality of care and service provided is not compromised as a result of cost saving measures.	All savings proposals are subject to a full assessment which includes: • Alignment to Strategic Plan • Alignment to quality care governance and professional standards including risk assessment by Professional Lead • Equalities impact assessed • Risk assessment by responsible Heads of Service and mitigating actions introduced • Stakeholder engagement as appropriate Where possible, the HSCP look to take evidence based approaches or tests of change to ensure anticipated benefits are realised and there is no compromise to care.
9	Is performance information reported to the board of sufficient detail to enable value of money to be assessed	Regular budget and performance monitoring reports to the IJB give oversight of performance against agreed targets with narrative and improvement actions for areas where performance is off target. These reports are presented quarterly as well as the detailed Annual Performance Report. Financial performance reported every cycle to IJB. Plans to revise format of performance report to include finance narrative to provide linkages of impact of performance on the partnership financial position.

Best Value Audit February 2019 – HSCP Evaluation		
		The Transformation Plan aligns key priorities for service redesign and transformation to the delivery of efficiency savings which are regularly reported through the Financial monitoring reports to the IJB and regular scrutiny of the transformation plan through the Performance, Audit and risk committee.
10	How does the IJB ensure that management of resources (finances, workforce etc.) is effective and sustainable	Workforce and Organisational Development plan linked to strategic plan. Oversight through Staff Partnership Forum and reporting through the IJB. Service review process involves staff partnership representation for consideration of workforce issues. Regular budget and performance monitoring reports to the IJB give oversight of this performance. Financial planning updates to the IJB on budget setting for the partnership highlighting areas for service redesign, impact and key risks. Regular review and update on reserves positions as a means of providing contingency to manage any in year unplanned events. All IJB reports contain a section outlining the financial implications of each paper for consideration.

East Dunbartonshire Health & Social Care Partnership

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East Dunbartonshire Health & Social Care Partnership

Chief Officer
Susan Manion

Agenda Item Number: 13

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	27 June 2019
Subject Title	Clinical & Care Governance Sub Group Minutes of 3 April 2019
Report By	Lisa Williams, Clinical Director, Tel: 0141 304 7425
Contact Officer	Lisa Williams, Clinical Director, Tel: 0141 304 7425

Purpose of Report	To provide the Board with an update of the work of the Clinical & Care Governance Sub Group.

Recommendations	The health and Social Care Partnership Board is asked to: a. Note the contents of the minute of the Clinical & Care Governance Sub Group held on the 3rd April 2019.

Relevance to HSCP Board Strategic Plan	This group support the clinical & care delivery aspects of the Strategic Plan.

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	To oversee clinical & care services provided to service users and carers of East Dunbartonshire and ensure all are treated fairly and equally.

Financial:	None

Legal:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	Group has a responsibility to review complaints received and manage any appropriate outcomes, review all incidents to ensure learning and change is taken forward to manage risk and maintain proper governance arrangements.

Implications for East Dunbartonshire Council:	N/A

Implications for NHS Greater Glasgow & Clyde:	N/A

Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	**x**
	2. East Dunbartonshire Council	
	3. NHS Greater Glasgow & Clyde	
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	

East Dunbartonshire
Health and Social Care Partnership

Chief Officer: Susan Manion

Clinical & Care Governance Sub Group
3rd April 2019, 2pm
Room F33A/B, KHCC

Members Present

Name	Designation
Lisa Williams	Clinical Director
Caroline Sinclair	Head of Community Mental Health, LD & Addictions
Susan Manion	Chief Officer
Derrick Pearce	Head of Community Health and Care Services
Paul Treon	Associate Clinical Director
Gillian Notman	Change & Redesign Manager
Michael McGrady	Consultant in Dental Public Health
David Aitken	Joint Adult Services Manager
Lorraine Currie	Operations Manager, Mental Health
Lorna Hood	Senior Nurse, Children & Families

In Attendance

Name	Designation
Raymond Walsh	Resources Services Manager, C&F
Billy Henderson	Team Manager, JLDT
Grant Watson	Social Worker, JLDT
Norma Choat	Co-Lead for Prescribing & Clinical Pharmacy
Dianne Rice	Clinical Governance Support Officer

Apologies

Name	Designation
Leanne Connell	Senior Nurse, Adult Nursing
Claire Carthy	Interim Head of Children & Families
Raymond Carruthers	Operational Service Manager, Oral Health
Suzanne Greig	Interim Fieldwork Manager
Fiona Munro	Manager, Rehab & Older Peoples Services
Carolyn Fitzpatrick	Lead for Clinical Pharmacy and Prescribing
Alex O'Donnell	Criminal Justice Service Manager
Stephen McLeod	Head of Specialist Children's Services
Fraser Sloan	Clinical Risk Analyst

No.	Topic	Action
1	**Apologies and attendance**	
	Apologies and attendance are detailed on page 1 Lisa Williams welcomed all attendees to the group and a round of introductions took place.	
2	**Minutes of Previous Meeting – 30th January 2019**	
	The minutes of the previous meeting were agreed as an accurate reflection. It was noted that the HSCP Board members had requested that where there was an existing recognised policy or process within NHS/EDC in place should be recorded in the minutes.	**DR**
3	**Rolling Action List**	
	The group viewed the outstanding actions from the previous meeting. Dianne will update the document to reflect updates.	**DR**
4	**Matters Arising**	
	<u>HSE Audit – Building User Group progress</u> Derrick Pearce advised that a Building Group is established and all repairs / upgrades in relation to Health & Safety have commenced. Derrick Pearce will provide a verbal update at the next meeting. <u>Homecare Inspection Update</u> Derrick Pearce advised that an initial graded inspection took place in May 2018 where 3 requirements were identified. Another inspection followed in January 2019 where it was noted that all requirements had been met. Derrick informed that a further graded inspection will take place in Summer 2019 and advised the group that he expects all requirements will be met. A further issue has been identified in relation to staff training. The service is currently looking at alternative models to meet this need and has also added to the risk register. Dianne to add this to the next agenda.	**DP/DR** **DR**
5	**Governance Leads Update / Reports**	
a.	<u>Core Audit Reports</u> No issues were noted in relation to the core audits.	

b.	**Adult Services** LD David advised that there was consideration to look at contract, operational and clinical process monitoring within the LD service • Contract monitoring • Operational and clinical process monitoring David will bring the findings to the next meeting. A paper from Learning Disability Clinical Governance Group was circulated previously with the agenda for information. The purpose of this paper was to update the group on the work of the Learning Disability Clinical Governance Group over the last year. Mental Health In line with NHSGG&C Policy Lorraine Currie informed the group of current 4/5 Review / SCI's. Within the report it was noted that there were 3 "unexpected deaths". One which was investigated locally and found not to require a full SCI investigation, one which is in progress and one who was not known to service so will be investigate by an independent Investigation within Crisis. The local 4/5 review which took place in relation to the incident investigated locally found that there was no evidence there was any clinical issues that would change the outcome. Within the review it was noted that the GP Practice involved had completed a GP SEA which was very detailed with a good assessment of risk and a plan was documented It was discussed that in the event of a completed suicide the GP Practice should carry out a Significant Event Analysis. Lisa Williams and Lorraine Currie agreed to discuss this case with the GP Practice involved offer support in this process. Nursing Derrick Pearce advised that the Nursing services in still under capacity with posts being held for approval. To date there have been no breaches in waits. In line with the new GP contract, two ANPs have commenced employment within East Dunbartonshire HSCP and are currently going through the induction process. EDADS David Aitken noted that there are both vacancies and other staffing issues within the team (Health and Social Work). This has the potential to increase waiting times.	**DA/DR**
c.	**Older People's Services** Older People's Mental Health Fiona Munro advised the group that the service has staffing shortages linked to vacancies which is an ongoing in Psychology.	

	Older People's Social Work There was no relevant update to provide. CRT There was no relevant update to provide.	
d.	**Children's Services** Children & Families SW Raymond Walsh advised that they staffing issues related to vacancies. Interviews had recently taken place for 6x Social Worker posts; however, no appointments were made. Children & Families Health Lorna Hood advised that the team were about to embark on the universal pathway. An SBAR has been completed due to the existing caseload within the team being high. Lorna informed that Renfrewshire were in a similar position and had carried out a short life working group on skill mix. The pathway is a priority to implement; however, this may need to be undertaken using a clinic model which the pathway does not recommend. School Health – this service is starting to develop but it will be gradual. Lorna informed that Boardwide there is currently only 4 trainer / teachers. 1 individual is in the process of training and 2 further individuals will be trained by 2020. Specialist Children's Service Stephen McLeod was unable to attend the meeting today, however, provided an update which was circulated previously with the agenda.	

e.	**Oral Health** Michael McGrady explained that in 2014 the Scottish Government had issued free AED'S (Automated External Defibrillators) to some Dental Practices meaning that they would be a first response. An informal sharing agreement was in place, however, there are issues around finance, differing opening hours and that all practices do not own and AED. Michael advised that there is currently a risk assessment being carried out. Michael will keep the group informed. An increase in 4c antibiotics had been noted. There was also a significant increase noted in prescribed high fluoride toothpaste and the amounts being attached to prescriptions. Michael advised that there is currently no rationale or guidance in relation to this prescribing. The OHD are currently looking at devising a rationale and Michael will bring this to the next meeting. Due to lack of NES Quality Improvement training and resources being available, the OHD have devised a project for local Dentists to complete. Nitrus Oxide Exposure - Monitors are currently in place monitoring saturations and validating data collected, however, it was noted that the devices do not currently have timings of exposure available. Current SEA's are nearing completion. These are in relation to: • Needlestick Injuries • OH • Obtaining Bloods (BBV) – May need to link with local GPs and HSCPs. It was noted that there is a clear process for staff but not for patients in Primary Care.	**McM** **McM/DR**
f.	**Criminal Justice update** Alex O'Donnell submitted apologies for the meeting today. Unfortunately there was no update available for Criminal Justice.	
g.	**Primary Care & Community Partnership Governance Group update** Lisa Williams noted that there were no outstanding SCI actions for East Dunbartonshire. There was discussion around Child Protection SCR's, Outcomes and Learning and which group are responsible. The original Child Protection Governance Group had been disbanded. Susan Manion responded to state that each local Clinical & Care Governance Group are responsible for their own SCIs but a Child Protection Oversight Group for Partnerships has been established. Lisa also advised that Scottish Ambulance Service (SAS) have been invited to the partnership meeting. Clinical Risk had emailed all HSCPs to ask for a contact to be indentified for ensuring all SCI actions are implemented. Lisa and Dianne will discuss this. It was noted that there is learning to be taken from an SCI completed by Inverclyde HSCP "New Ways of Working" in relation to a death. All need	**LW/DR**

	to be aware of new interfaces and new ways of working where it has been noted that it is imperative to have safe training and processes in place, and effective communications.	
h.	**Board Clinical & Care Governance Forum update** There was no relevant update to provide.	
i.	**Service Inspections** Raymond advised that Ferndale Outreach Service and Ferndale Care Home Service had both been inspected on the 1st March 2019. Both services where graded on "Quality of Care & Support" & "Quality of Management". Each category for each service received a grade of 5 "Very Good".	
j.	**Recruitment & Retention of Staff** To implement the new GP contract a range of recruitment is and will be taking place. In order not to destabilise other services, some posts are being recruited on a Boardwide basis. Locally we have currently recruited Pharmacists, Pharmacy Technicians, 2 x ANPs and 1 Advanced Practice Physiotherapist.	
	Risk Management	
6a.	**Care Home Update** Care Homes are being supported by MDT. Monitoring is in place and improved quality of care has been noted.	
b.	**Clinical Risk update** There was no relevant update to provide as the meeting fell outwith reporting timeframe.	
c.	**HSCP Incident Report – 17/01/19 – 20/03/19** The group reviewed the incident report. • 2 incidents in relation to disruptive / aggressive behaviour were noted. • 2 incidents in relation to insulin errors were highlighted and the group were advised that the Senior Nurse had investigated both incidents. • There was an incident in relation to an individual approaching staff in the car park at KHCC. Discussion took place that this should be communicated to staff. Derrick Pearce will send a communication to staff highlighting the incident. It was agreed that if an incident like this should happen again, it would be reported to the SMT in order for them to advise staff.	
d.	**OHD Incident report – 17/01/19 – 20/03/19** The group reviewed the incident report. Michael highlighted that there had been an increase in violence and aggression incidents reported.	

e.	**SCS Incident Report – 21/11/18 – 24/02/19** The group reviewed the incident report. There were no issues to note.	
f.	**Datix Update – February 2019** The Datix Update was circulated previously with the agenda for information. All should note changes in relation to Datix Category. All of the following categories have been amalgamated under "Verbal Abuse" 'Verbal Abuse—Disability', 'Verbal Abuse—Homophobia', 'Verbal Abuse—Race', 'Verbal Abuse-Religion' and 'Verbal Abuse—Transgender Identity'	**All**
	Reducing Harm from Medicines	
7.	Trachea Training Billy Henderson, Team Manager JLDT and Grant Watson, Social Worker, JLDT attended the meeting today to highlight a significant risk of no Trachea training being available. This issue causes a significant risk and transitional delays to service users who have a trachea fitted. Grant advised that he has escalated this on many occasions, however, no solution has yet been offered and attended the group today to progress the escalation. Lengthy discussion took place around the risks involved by not having appropriately trained staff and carers in the community and also in an acute setting. Susan Manion asked that all efforts up to this point be noted and sent onto Lisa Williams and herself to escalate at board level. Grant agreed to send timeline of risks, issues and efforts to date.	**GW**
8.	Public Health Reports / Prescribing updates Norma Choat advised that there has been an increase in requests from secondary care and addictions services for GP's to prescribe disulfiram. This is in the formulary as specialist use only. This was highlighted to Jennifer Torrens (alcohol addictions pharmacist). Jennifer informed this is due to lack of capacity within secondary care. Additional wording has been added to the formulary *Consult with your local Alcohol and Drug Recovery Service (ADRS) for details of local arrangements relating to ongoing supply of disulfiram. ADRS will retain responsibility for ongoing clinical review.* Supply of Disulfiram is supervised by the community pharmacist and a breath test is done prior to dose being taken. Concerns around robust reporting links were highlighted, any concerns regarding a patient presenting under the influence or missed doses should be reported to the local Alcohol and Drug recovery service by the community pharmacist.	

	Clinical Effectiveness / Quality Improvement	
9.	**Quality Improvement Monitoring** Dianne Rice to devise a quality improvement summary template. This will be reviewed every 6 months.	**DR**
	Scottish Patient Safety Programme	
10a.	**SPSP** Lisa highlighted that there is a "Fair Warning" policy in place. This policy monitors any inappropriate access made to information within NHSGG&C. A number of incidents have already been reported. All members should make their staff aware of the policy.	
b.	**SPSO update – March 2019** The SPSO report was circulated previously with the agenda for information.	
	Enabled to Deliver Person Centred Care	
11.	**Complaints Report- 17/01/19 – 20/03/19** The group reviewed the reports. i) Health – Two complaints were received during this period and were being treated at stage 2. Both complaints were not upheld and responded to in timescales set. ii) Social Work – The group reviewed the report. There were no concerns or issues to note. All complaints received and responded to in line with NHSGG&C & East Dunbartonshire Complaints policies.	
	Vulnerable Children & Adults	
12a.	**Child Protection** Suzanne advised that there are currently 54 children / young people on the Child Protection Register. It was noted that this has reduced from previous report of 65. The Child Protection Committee scrutinise the register in relation to length of time registered, de-registration etc. It was noted that there was an increase in attendance at Child Protection Case Conferences.	
b.	**Child Protection Case Conference Attendance** The Children & Families Single Point of Access inbox is now active. Shared Services now send invites to conferences to the inbox instead of sending to individuals. This is hoped to improve attendance at conferences and improve reporting.	

c.	**Looked After & Accommodated** Looked After & Accommodated Children – there are currently 112 looked after & accommodated children & young people across various areas. There has been a noted increase in referrals to the Reporter from Police. This has been reviewed and appears to be in relation to updated training.	
d.	**Child Protection Forum Minutes –** The minutes from the Child Protection Forum were unavailable at the time of this meeting.	
	Infection Control	
14.	**Partnership Infection Control minutes** The minutes were circulated previously for information.	
	General Business	
15	**Any other business** Public Partner Representation This document was circulated to all HSCPs. Discussion took place around having a public partnership rep on the C&CG group. Caroline Sinclair advised that Scottish Government were in the process of devising a framework. The group decided that this document should be sent to the Public, Service User & Carer Forum for them to provide comment after receiving the Scottish Government Framework.	**LW/DR**
	Terms of Reference It was noted that the terms of reference and membership required updating. Lisa and Dianne will update this and circulate to the group for comment and agreement. Clinical & Care Governance Annual Report All were reminded to submit service updates to Dianne for inclusion in the Clinical & Care Governance Annual Report 2018. Dianne will send a reminder email to all members / teams.	**LW/DR** **All/DR**
20	**Schedule of meetings 2019** The schedule 2019 was circulated previously with the agenda for information.	
21	**Date and time of next meeting** **Wednesday 29th May 2019, 2pm, OHD HQ, Corporate Meeting Room, Stobhill**	

Agenda Item Number: 14

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	27 June 2019
Subject Title	Public, Service User & Carer (PSUC) Representative Support Group Report
Contact Officer	Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions and Health Improvement Services, Interim Chief Social Work Officer
Report By	Martin Brickley (Service User Representative) / Jenny Proctor (Carers Representative)

Purpose of Report	The report describes the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUC)

Recommendations	It is recommended that the HSCP Board note the progress of the Public, Service User & Carer Representatives Support Group.

Relevance to HSCP Board Strategic Plan	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.

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	None

Legal:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	**x**
	2. East Dunbartonshire Council	☐
	3. NHS Greater Glasgow & Clyde	☐
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	☐

1.0	**Main Report**
1.1	The attached report details the actions and progress of the PSUCRSG, highlighting their progress as detailed in **Appendices 1 and 2**.
2.0	**SUMMARY**
2.1	The PSUC have held three meetings in 2019, the most recent two being the 11 March and the 13 May 2019.
2.2	The PSUC members received and discussed the draft 'PSUC Annual Review & Evaluation' Report detailing feedback from the member's including a Training Needs Assessment. The report was submitted to the SMT for noting
2.3	The recommendations from the 'PSUC Annual Review & Evaluation' report will be taken forward into the 2019/2020 PSUC group action plan.
2.4	The members agreed to amend the structure of their meetings, with alternating business and development meetings this will enable meaningful time to fully discuss and digest the key points that arise from their representation at the HSCP Board, Strategic and Locality planning group meetings.
2.5	The PSUC group discussed the opportunities to influence the EDC draft Local Development Plans and the opportunities to influence the proportionate increase in health service provision in line with increased housing developments
2.6	The members discussed the responses they had received from local MSP's in relation to the ongoing budget resourcing challenges of the HSCP.
2.7	Members agreed to keep the HSCP budget as a key agenda item
2.8	The PSUC group attended a 'Development Day' on the 18 March 2019, receiving training on SDS, the Caring Together programme, Health Behaviour Change training and a presentation from Caroline Sinclair.
2.9	The PSUC memberships has been actively promoting the ongoing recruitment for the group and are pleased to announce that four new members have joined. (Mary Kennedy, Indira Pole, Michael Rankin and Frances Slorance) The new members have all received their 'Induction Training' and 'Pack' and will be allocated a role in the coming weeks.
2.10	Members discussed and seek clarification to the timings and advance notification of 'Partnership' meetings and the circulation of minutes and agendas.
3.1	It is recommended that the HSCP Board: ▪ Note the progress of the Public, Service User & Carer Representatives Support Group.

East Dunbartonshire Health & Social Care Partnership

Appendix 1

Public Service User and Carer Support Group – 11 March 2019 – The KHCC, Saramago Street, Kirkintilloch, G66 3BF.

Attending; David Bain, Martin Brickley, Suzanne McGlennan Briggs, Gordon Cox, Sandra Docherty, Avril Jamieson, Linda Jolly, Fiona McManus, Indira Pole

Apologies; Karen Albrow, Jenny Proctor and Susan Manion

HSCP Staff in attendance; Anthony Craig

Action points agreed at meeting:

Action	By who	When	G	A	R
HSCP officer to source and share detail on 'Franks Law' / Free personal care for under 65s and share with the PSUC group.	AC	By next meeting (11/05/19)			
HSCP officer to share PSUC public draft survey with members for comment and create agenda slot for discussion at next meeting.	AC	By next meeting (11/05/19)			
HSCP officer to invite Childrens Services manager to a future meeting/development session.	AC	By next meeting (11/05/19)			
The members agreed to draft a missive and communicate their concerns to East Dunbartonshire Council specifically around the current strain on East Dun GP practices. This will be prepared by the Chair and forwarded to Susan Manion for comment.	AC	By next meeting (11/05/19)			
The members requested that the HSCP officer share the Scot Gov's Health and Social Care integration: progress review document 2019.	AC	By next meeting (11/05/19)			
HSCP officer to invite Connie Williamson to present on the Social Prescribing project at a future meeting/development event.	AC	By next meeting (11/05/19)			
PSUC group have requested the HSCP officer investigate the opportunity that the group revisit and again view and consider service users / carers discharge experiences.	AC	By next meeting (11/05/19)			

Appendix 2

Public Service User and Carer Support Group – 13 May 2019 – The KHCC, Saramago Street, Kirkintilloch, G66 3BF.

Attending; David Bain, Martin Brickley, Suzanne McGlennan Briggs, Sandra Docherty, Avril Jamieson, Linda Jolly, Mary Kennedy, Fiona McManus, Indira Pole, Jenny Proctor, Michael Rankin and Frances Slorance

Apologies; Karen Albrow and Gordon Cox

HSCP Staff in attendance; Susan Manion, David Radford, Stephen McDonald, Margaret McCracken, Alan Cairns and Anthony Craig

Action points agreed at meeting:

Action	By who	When	G	A	R
HSCP officer to arrange a update of the wellbeing pilot project, following the trial period	AC	By next meeting (01/07/19)			
HSCP officer to invite Childrens Services manager to a future meeting/development session	AC	By next meeting (01/07/19)			
HSCP officer to scope what planning arrangements are in place for children's services and how they gain service user and carers views	AC	By next meeting (01/07/19)			
HSCP officer to liaise with Richard Murphy and investigate the opportunity to visit Kelvinbank resource centre for a walk around	AC	By next meeting (01/07/19)			
HSCP officer to scope and share information on the recent OOH work plan and share with the members, for future discussion	AC	By next meeting (01/07/19)			
PSUC group to review and make recommendations on the future HSCP community engagement arrangements, to better engage with the ED public	AC	Agenda item for next meeting (01/07/19)			
HSCP officer to liaise with PSUC member to establish process to timeously review ongoing HSCP service re-design/engagement policy / frameworks	AC	By next meeting (01/07/19)			
PSUG to extend an invite to the new in post Chief Nurse (Val Tierney) to attend a future meeting	AC	By next meeting			
Public Health Improvement Manager invited to present on the latest Adult health and wellbeing survey data	AC	By next meeting (01/07/19)			

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Susan Manion

Agenda Item Number: 15

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	27 June 2019
Subject Title	East Dunbartonshire HSCP Staff Partnership Forum Minutes of Meeting – 18 March 2019
Report By	Tom Quinn, Head of People and Change
Contact Officer	Tom Quinn, Head of People and Change

Purpose of Report	To provide the re-assurance that Staff Governance is monitored and reviewed within the HSCP. Key topics covered within the minute include: 1) Strategic Inspection – Caroline Sinclair updated the forum on the first draft of the Inspectorates report and thanked everyone for their contribution during the onsite visits and in the pre-visit work undertaken 2) Staff Governance Committee – Susan Manion updated the forum on well received presentation made to the NHSGGC Staff Governance Committee on the activity underway in East Dunbartonshire and in particular on the uptake of TURAS and Statutory Training. 3) Combining Survey results –. Linda Tindall updated the forum on the work being undertaken to look at the common and key themes that have emerged from the various formal staff surveys undertaken during 2018 – iMatter / Health & Well-being / care Inspectorate.

Recommendations	Note for information

Relevance to HSCP Board Strategic Plan	

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Susan Manion

Implications for Health & Social Care Partnership

Human Resources	Information is cascaded to staff through the partnership via Our News

Equalities:	N/A

Financial:	N/A

Legal:	Meets the requirements set out in the 2004 NHS Reform legislation with regard to Staff Governance

Economic Impact:	N/A

Sustainability:	N/A

Risk Implications:	N/A

Implications for East Dunbartonshire Council:	N/A

Implications for NHS Greater Glasgow & Clyde:	Included within the overall Staff Governance Framework

Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	**X**
	2. East Dunbartonshire Council	☐
	3. NHS Greater Glasgow & Clyde	☐
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	☐

1.0	**MAIN REPORT**
1.1	**Minute of meeting of 18 March 2019 attached**

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Mrs Susan Manion

Minutes of East Dunbartonshire Staff Forum Meeting
Monday 18th March 2019 at 2pm in F33A&B, Kirkintilloch Health & Care Centre

PRESENT

Andrew McCready (AMcC)	**Unite Senior Representative (Chair)**
Lyndsay Ovenstone (LO)	**British Dental Association Accredited Representative**
Simon McFarlane (SMcF)	**Unison Regional Organiser**
Claire Carthy (CC)	**Interim Head of Children & Criminal Justice Services**
Caroline Sinclair (CS)	**Head of Community Mental Health, Learning Disability & Addictions**
Caroline Smith (CSm)	**HR Business Partner**
Nikki Edger (NE)	**HR Case Adviser**
Jean Campbell (JCa)	**Chief Finance and Resource Officer**
Linda Tindall (LT)	**Senior Organisational Development Advisor**
Marie Lowe (ML)	**RCN Representative**
Anne McDaid (AMc)	**RCN Representative, SPF Joint Secretary**
Margaret Hopkirk (MH)	**People and Change Manager**
Jenny Russell (JR)	**Unison Representative**
Karen Gillespie (KG)	**Minute Taker**
Sarah Hogg (SH)	**Clerical Officer (Shadowing KG)**

ITEM	SUBJECT	ACTION
1.	**Welcome & Apologies** AMcC opened the meeting by welcoming everyone present and requested roundtable introductions for the benefit of those attending for the first time. Apologies were submitted on behalf of Susan Manion, Stephen McLeod, Tom Quinn, Janice Campbell, Derrick Pearce, Brian McGinty, Lorna Hood, David Radford and Frances McLinden.	
2.	**Minutes of previous meeting** Minutes of meeting held on 21st January 2019 were agreed as an accurate reflection of discussions with the following amendments; • Claire Carthy - title should read Interim Head of Children and Criminal Justice Services • Lindsay Ovenstone - title should read British Dental Association Accredited Representative	

3.	Matters Arising Nil.	
4.	Strategic Inspection of Adult Services CS advised the Inspection has concluded and a draft report is due for comment mid April with full publication in May 2019. AMcC asked about feedback regarding the inspection. CS advised initial verbal feedback was positive and we await the draft report in April.	
5.	Finance Update JC spoke to the paper providing an update on the financial performance of the board as at period 10, she advised the reports have not been noted or approved by the IJB and were due to be tabled at the meeting on the 21st March 2019. SMcF asked if the reserves sat within the constituents bodies, JC confirmed although they sit separately they are ring fenced specifically for the delivery of HSCP Services. The papers reported on the projected overspend of £0.87m for this period and also the progress to date on the achievement of the approved savings plan for 2018/19. JC gave an update on the financial planning for 2019/2020, JC advised EDC have not yet set budgets for the forthcoming financial year; NHS budgets have been set and assurance has been given to both the NHS and EDC that these budgets will be effectively managed and reported on throughout the year.	
6.	Home Care Review CS advised a draft paper will be going to the Joint Negotiating Group with proposals and will also be brought to future SPF.	
7.	Update on Ministerial Strategic Group for Mental Health and Community Care Report. CS advised on behalf of Susan Manion that the two reports will be looked at collaboratively with EDC and GGC and further updates will be brought though SPF.	

8.	HR Update MH spoke to the paper that was circulated with the agenda and advised the report focussed on the January 2019 period. MH referred to the Scott Moncrieff report and advised there may be changes to NHS GG&C Absence Management Policy but this would mainly be terminology and will focus more on supporting individuals. AMcC advised the APF are querying why the 4% absence level has not been reviewed over the last 12 years as NHS GG&C are not the only board failing to meet this target. CS advised East Dunbartonshire Council has new Occupational Health provider. Learning and Development Oral Health are meeting current targets and work is underway to support EDC and NHS staff within the HSCP to complete their statutory and Mandatory training Modules.	
9.	Absence Review MH gave a brief overview of the attached paper. LO enquired regarding the use of annual leave when returning to work on phased return. MH advised the policy will cover phased return, but annual leave should be used to facilitate this arrangement. CSm advised that EDC have an agreement in place if phased return is recommended by Occupational Health or GP then 4 weeks paid phased return can be put in place. MH advised that GG&C policy is applied to all Health Boards across Scotland.	
10.	Staff Governance Tom Quinn and Susan Manion attended this Committee to represent the HSCP. LT advised on positive feedback and highlighted the good response to the HSCP visions and values. AMcC also commented the Committee were pleased with the results.	
11.	Staff Experience Report LT gave a brief summary of the paper published in 2018. LT advised the 2019 run for iMatter has started today 18th March 2019, LT encouraged Managers to ensure staffing lists were accurate and completion of action plans was undertaken. SMcF asked if organisational charts are published on intranets for staff to access. LT this could be taken onboard through the Staff Governance framework.	

12.	Stress Survey MH advised the results have been collated, and the Healthy Working Lives Group are proposing open days with staff where results can be explained and discussed, updates will be brought to the SPF. Healthy Working Lives Group are currently looking for two staff side representatives, AMcC will take forward.	
13.	Moving Forward Together LT advised two public sessions are due to take place on Friday 5th April 2019 at Bishopbriggs Memorial Hall and Bearsden Community Hub. AMcD enquired about localised meetings for staff, LT advised these had not been well attended in other areas and an information video as a good alternative to publicise Moving Forward Together.	
14.	Workforce Plan Update MH advised the papers were circulated for Information and comment.	
15.	Information Exchange - APF. AMcC advised the information exchange is for all HSCPs. Three key themes are to be taken to the meeting. AMcC asked the Staff Partnership Forum for themes from East Dunbartonshire HSCP. Key themes agreed: 1) Strategic Inspection – Caroline Sinclair 2) Staff Governance Committee – Susan Manion 3) Combining Survey results – Linda Tindall KG will collate brief summaries and pass to AMcC.	
16.	Health and Safety Consultation. MH advised consultation period has now closed and revised policy will be brought to future SPF. It was agreed minutes of both HSCP and Oral Health, Health and Safety groups should be standing items on the SPF agenda.	
17.	Chief of Dentistry. MH advised on Francis McLinden behalf the advert has gone out internally and Interviews are scheduled for week beginning 25th March 2019.	
18.	SCS - Redesign Group Minute The minutes have been circulated for information purposes only.	

19.	**Date and Time of Next Meeting** 13th May 2019, F33 A&B, Kirkintilloch Health Care Centre. *This date is subject to change as there is a clash with the Joint Negotiating Group, Tom Quinn will advise.*	

East Dunbartonshire Health & Social Care Partnership

Agenda Item Number: 16

East Dunbartonshire HSCP Schedule of Topics / HSCP Board Development and Seminars Agenda Items HSCP Board meetings September 2019 to March 2020

Updated 11/06/2019

Standing items (every meeting)
Expressions of Interest
Minutes of last meeting (SM)
Chief Officers Report (SM)
Half Day Development Session – August 2019
Financial Planning and service priorities
HSCP Board Agenda items - 5 September 2019
Topic Specific Seminar - To be agreed
Workforce Plan
Financial Planning 2019/20 Update
Board Development
Clinical and Care Governance Annual Report
Climate Change report update
Quarterly Performance Report Q3 and Q4
Autism Strategy 2014 – 2024 Refresh
Strategic Review of Learning Disability Services
Strategic Inspection of Adult Services
Strategic Review of Children & Families service
Alcohol and Drugs Partnership Work plan
Oral Health Performance report
Chief Social Work Officer's Annual Report 2018 – 2019

East Dunbartonshire Health & Social Care Partnership

Half Day Development Session - Thursday 3 October 2019
Review of Business plan and future priorities
HSCP Board Agenda items - 14 November 2019
Quarterly Performance Report
Winter Plan
Home for Me and Caring Together
HSCP Board Agenda items - 23 January 2020
Topic Specific Seminar – Public Health Reform
Quarterly Performance report Q2 (JC)
Half Day Development Session – February 2020
To be agreed
HSCP Board Agenda items - 26 March 2020
Topic Specific Seminar - To be agreed

ED HSCP Board distribution list at May 2019

ED HSCP BOARD MEMBERS - VOTING		
Name	**Designation**	
Jacqueline Forbes	Chair - NHS non-executive Board Member	1
Margaret McGuire	NHS non-executive Board Member	1
Susan Murray	Vice Chair -EDC Elected member	1
Sheila Mechan	EDC Elected member	1
Alan Moir	EDC Elected member	1
Ian Ritchie	NHS non-executive Board Member	1
ED HSCP BOARD MEMBERS - NON VOTING		
Susan Manion	Chief Officer	1
Jean Campbell	Chief Finance & Resources Officer	1
Gordon Thomson	Voluntary Sector Representative	1
Martin Brickley	Service User Representative	1
Jenny Proctor	Carers Representative	1
Andrew McCready	Trades Union Representative	1
Thomas Robertson	Trades Union Representative	1
Lisa Williams	Clinical Director for HSCP	1
Adam Bowman	Acute Services Representative	1
Val Tierney	Chief Nurse	1
ED HSCP SUPPORT OFFICERS - FOR INFORMATION		
Linda Tindall	Organisational Development Lead	**e-copy only**
Caroline Sinclair	Head of Mental Health, LD, Addictions and HI	1
Derrick Pearce	Head of Adult and Primary Care Services	1
Gillian McConnachie	Chief Internal Auditor HSCP	**e-copy only**
Karen Donnelly	EDC Chief Solicitor and Monitoring Officer	**e-copy only**
Martin Cunnigham	EDC Corporate Governance Manager	3
Jennifer Haynes	Interim Corporate Services Manager	**e-copy only**
Louise Martin	Head of Administration, ED HSCP	**e-copy only**
L. Johnston	Interim General Manager – Oral Health Directorate	**Paper copy / e-copy**
Tom Quinn	Head of Human Resources	**e-copy only**
Caroline Smith	Human Recources	**e-copy only**
Elaine Van Hagen	Head of NHS Board Administration	**e-copy only**
For information only (Substitutes)		
Councillor Mohrag Fischer	EDC Elected member	**e-copy only**
Councillor Graeme McGinnigle	EDC Elected member	**e-copy only**
Councillor Rosie O'Neil	EDC Elected member	**e-copy only**
A. Jamieson	Carers Representative	**1 copy**