

East Dunbartonshire HSCP Performance, Audit & Risk Committee Meeting
Wednesday 18th December 2019, 2pm
Meeting room S1, Kirkintilloch Health & Social Care Centre, Saramago Street,
Kirkintilloch, G66 1XQ

AGENDA

No.	Item	Lead	Document
1.	Welcome and Introductions	J Forbes	
2.	Minutes of Last Meeting – 24 th September 2019	J Forbes	
3.	Internal Audit Progress Update to September 2019	G McConnachie	
4.	HSCP Financial Position 2019/20 and Beyond	J Campbell	
5.	HSCP Transformation Plan 2019/20 – Update	J Campbell	
6.	Ferndale Residential Services (Childrens) Inspection	C Carthy	
7.	Homecare Inspection (September 2019)	D Pearce	
8.	Future Agenda Items	All	
9.	A.O.C.B	All	
10.	Date of next meeting – 17 th March 2020	J Forbes	

**Minutes of the East Dunbartonshire HSCP
Performance, Audit and Risk Committee
Kirkintilloch Health & Care Centre on 24th September 2019**

Present:

Jacquie Forbes (Chair) (JF)
Susan Murray (SM)
Gillian McConnachie (GMc)
Peter Lindsay (PL)
Kenny McFall (KMc)
Ian Ritchie (IR)
Derek Pearce (DP)
Jean Campbell (JC)
Mags McGuire (MM)
Fiona Mitchell Knight (FMK)
Susan Manion (SMa)

Minutes: Linda Ferrigno

1. WELCOME & INTRODUCTIONS

Non Executive Director Jacqueline Forbes welcomed those present.

2. PREVIOUS MINUTES

Two amendments were asked to be recorded on the previous minute, from 12th June 2019. The initials GM to be changed to GMC for clarification. (Page 1). EDC to EDC Management to be changed for clarification. (Page 3, bullet point 1). The minute was then noted and agreed as an accurate record of the previous discussion.

3. AUDIT SCOTLAND- DRAFT 2018/19 EAST DUNBARTONSHIRE IJB ANNUAL AUDIT REPORT

FMK gave an update on the audit findings from the 2018/19 annual audit of the partnership's financial position including the annual accounts, aspects relation to financial sustainability, financial management, best value and governance and transparency arrangements.

Discussion is needed on how to ensure any future expenditure will deliver the best value for the Partnership.

A recovery plan is in place to support long term financial planning. This can be challenging but enables working towards the 3 year strategic plan.

The accompanying financial statements give a true and fair representation of the financial position for year ending 2018/19, although the report has potential for change prior to sign off by the Committee.

P3 on the attached document shows that there were fewer issues identified than last year.

P4 of the Annual Report of the IJBs shows as follows:

The partnership performance indicators reflect that 18 issues have improved with only 2

deteriorating. This shows good progress is being made with last years actions and the situation appears positive.

Following sign off by the Committee, this report will then be sent to the Controller of Audit.

4. ED HSCP 2018/19 Final Audited Accounts

JC explained the accounts presented a deficit of £1.8 million for the Partnership. Adjusting for additional monies received for specific initiatives such as PCIP, ADP and MH monies then this provided an overall deficit of £3 million.

The initial planned use of reserves, as part of the budget agreement for 18/19, was £2 million requiring a further £1 million to deliver a balanced in year position. This uses all of the general reserves available to the Partnership placing it in a vulnerable position going forward.

JC explained that findings show a true and fair representation of the financial position of the Partnership for the year end, 31st March 2019.

JF made the point that reserve monies are reserved for unforeseen circumstances, so going forward this should be looked at more closely by all.

SM agreed but suggested we should aspire not to spend, but deliver services simultaneously. She felt that this should be highlighted to all parties in order to raise the profile of the situation.

JC pointed out that any future planning needed strategy in order not to expect partners to cover the deficit.

Planning for the future is important and a way forward collectively needs to be found. Strategy is needed since the public sector cannot be expected continue as it is presently.

SM advised that for next year and the following year, a collective agreement needs to be found in order to monitor what is required to move forward.

It was agreed by all to approve the Final Annual Audited Accounts for 2018/19 and authorise the Chair, Chief Officer and Chief Finance & Resources officer to accept and sign the Final Annual Accounts on behalf of the IJB.

5. Progress update – Audit Scotland 2017/18 East Dunbartonshire IJB Annual Audit Action Plan

JC advised that some actions were still ongoing and explained that this is an evolving process which is aligned to service performance.

It is hoped that the long term financial plan will be delivered in November 2019. In the short term, finalised actions can be signed off by the Committee, and any outstanding actions will be considered for next year.

It was asked that the Terms of Reference be amended. With reference to “Chair of the HSCP to sign off” it was requested that be changed to “Chair of the Committee will sign off”.

JC agreed to alter the wording.

Discussion took place around the subject of the Transformation Plan.

It was agreed that further information was needed taking into account cost increases and additional demand pressures, etc. Agreeing that the situation was urgent, details will be reviewed specifically at the next meeting.

The committee noted the update to the action plan for 2017/18.

6. East Dunbartonshire HSCP Care at Home Service – Inspection by Care Inspectorate (July 2019)

DP advised that following the HSCP internal care at home service inspection by the Care

Inspectorate in June 2019 and the report will be published in October 2020.

The inspection showed there had been an improvement in grades as set out below.

Quality of care and Support 3 – Adequate (retained 2018 grade)

Quality of staffing 3 – Adequate (increased from 2 in 2018)

Quality of Management and Leadership 3 – Adequate (increased from 2 in 2018)

DP explained that a number of ongoing improvements are still needed however, these are all being implemented through the new Leadership Structure and Staffing Model for Improvement. This will be introduced to the service on 27th January 2020.

The group then thanked DP and recognised the work completed.

7. ED HSCP Corporate Risk Register

JC explained that the HSCP Corporate Risk Register is updated twice yearly by the Senior Management Team.

Presently, there are a total of 11 risks included within the HSCP Corporate Risk register.

1 is considered as Very High risk (Priority 1)

7 are considered as High risk (Priority 2)

3 considered as medium risks (Priority 3).

These will have to be re assessed in relation to the financial position of the Partnership, as delivery for financial balance is a priority.

The risk after Brexit is unknown as yet albeit there is a range of contingency and scenario planning underway in the event of a no deal.

8. Internal Audit Progress Update to July 2019.

The GMC reported that 3 outputs have been completed in June and July which demonstrates good progress towards the delivery of the plan.

The outputs are:

- Budget Setting and Monitoring
- Payroll
- Self Approval
- The following 3 internal audits have been added to the internal audit schedule for 2019/20 as requested by management.
- HSCP Contract Awarding
- Review of the HSCP Unanticipated Month 12 Variance and Overspend
- Review of HSCP Financial Outcome and Key Controls
- Details can be found in paragraph 1.7 of the progress update.

9. Future Agenda Items

Transformation Plan

10. Next Meeting

DONM - Wednesday 18th December at 2.00 pm at KHCC.

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
PERFORMANCE, AUDIT & RISK COMMITTEE**

Date of Meeting	18 December 2019
Subject Title	Internal Audit Progress Update to September 2019
Report By	Jean Campbell, Chief Finance & Resources Officer
Contact Officer	Gillian McConnachie, Chief Internal Auditor, 0141 574 5642

Purpose of Report	<p>The purpose of this Report is to advise Committee of the internal work completed in year to date, as work on the 2019/20 plans continued.</p> <p>The format of this report has been revised to include a consolidated summary of the internal audit work completed by both East Dunbartonshire Council's in-house internal audit team and also the work performed by Scott-Moncrieff, the NHSGGC's internal audit providers. This means that the report now provides an overarching summary of internal audit work completed across the partner organisations.</p> <p>This is the third monitoring report of 2019/20. The report also summarises the risk classifications and provides detail on key internal audit findings.</p> <p>The information contained in this report has been presented to the Council's Audit & Risk Management Committee (A&RMC) and the NHSGGC Audit & Risk Committee, where it receives scrutiny. Once noted by these committees, this report provides details on the ongoing audit work, for information, to the H&SCP Performance, Audit & Risk Committee and to allow consideration from the perspective of the H&SCP.</p>
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Recommendations	<p>The Audit Committee is asked to:</p> <p>a) Note the Update on Internal Audit Progress.</p>
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Relevance to HSCP Board Strategic Plan	None directly.
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Implications for Health & Social Care Partnership

Human Resources:	Nil
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Equalities:	Nil	
Financial:	Nil	
Legal:	Nil	
Economic Impact:	Nil	
Sustainability:	Nil	
Risk Implications:	Risks are highlighted to management in audit reports. The risks are addressed through agreed action plans, appended to internal audit reports.	
Implications for East Dunbartonshire Council:	The risks highlighted in the internal audit reports have been highlighted to the Council's Audit & Risk Management Committee.	
Implications for NHS Greater Glasgow & Clyde:	The risks highlighted in the internal audit reports have been highlighted to the NHSGGC's Audit & Risk Committee.	
Direction Required to Council, Health Board or Both	Direction To:	
	1.1 No Direction Required	X
	1.2 East Dunbartonshire Council	
	1.3 NHS Greater Glasgow & Clyde	
	1.4 East Dunbartonshire Council and NHS Greater Glasgow and Clyde	

MAIN REPORT

1.0 EAST DUNBARTONSHIRE COUNCIL INTERNAL AUDIT PROGRESS

1.1 Table 1 below shows a summary of the work completed by East Dunbartonshire Council's Internal Audit team in the months of August and September 2019.

Table 1 – Extract of East Dunbartonshire Council Outputs Aug & Sept 2019

Internal Audit Area and Title		Issues Noted	High Risk	Medium Risk	Low Risk
Consultancy					
13	Council ALEO Arrangements in Relation to EDLCT	4	-	3	1
14	Leases	3	-	1	2
15	eInvoicing	-	-	-	-
System					
16	EDLCT Income Systems Audit	Reported directly to EDLCT Management			

1.2 Continued progress is being made against the Council's internal audit plan for 2019/20, with one output completed in August and September which may be of relevance to the HSCP – eInvoicing. A further three outputs were completed in August and September relevant to the Council and the Leisure Trust. Progress to date is slightly behind planned phasing, with the year to date position of 16 reports representing 47% completion of the 34 outputs planned for the year at 50% through the year. In delivering these outputs, 51% of the resources in the Plan for the year have been allocated. Furthermore, four reports are at the draft report stage and so nearing completion, with a further six audits ongoing - ten audits are in progress in total. The internal audit plan of 34 outputs is expected to be completed by year end to allow the annual audit opinion to be provided.

1.3 In relation to the period since the last monitoring report, Auditors highlight the following summary positions to members.

Consultancy Audits

1.4 *eInvoicing* – auditors have completed a consultancy review of eInvoicing. Internal Audit noted that this was a change in process to an important Council system and have reviewed the process in order to identify whether eInvoicing created any new risks for the Council. eInvoicing is an electronic process that facilitates the exchange of information between the Council as a buyer and its suppliers. It allows invoices and related documents to be issued, received and reconciled electronically through a secure channel as a replacement for paper-based, manual processes. It allows suppliers to invoice the Council electronically and for these invoices to be quickly processed into the procurement system iProc, without the need for manual data entry, bringing efficiency and related financial benefits. These benefits also extend to suppliers which are 'onboarded'.

1.5 eInvoicing is an important step forward, providing benefits to the service, the wider

Council and to suppliers. The key control of three way matching of a purchase order, receipt and an invoice is unchanged and occurs in the iProc Oracle Procurement module. It is intended to test the operation of this control separately in a forthcoming iProc audit. The use of eInvoicing increases reliance on background ICT processes. Auditors have concluded that these processes appear to be sound and adequately controlled. The implementation of a new control - an iProc audit trail for bank details - has provided additional assurances in the area of payment of invoices. Auditors did not identify any issues in the course of this work and so there was no action plan associated with this report.

Items referred to the Internal Audit Team by East Dunbartonshire Council

- 1.6 *Contract Award: Day Care Provision* - The Audit & Risk Manager was asked by Council to conduct an internal audit review into the circumstances surrounding the contract. The audit fieldwork is complete and the team expect to be able to issue a draft report for management response and comment in the near future.
- 1.7 *Contract Award: Care at Home Provision* - The circumstances of the contract and proposed contract was referred to Internal Audit for investigation and to report back to a future meeting of the Council. This audit has recently commenced and the work is progressing.

Other Audits Requested - Work In Progress

- 1.8 The following audits were requested by the partner organisations East Dunbartonshire Council and NHSGGC.
- 1.9 *Review of HSCP Financial Outturn and Key Controls* – completed by the Council's internal audit team. This involved review and testing of key controls which support HSCP financial reporting including integrity of data and budget monitoring information and processes. The report is nearing finalisation and an update will be presented to a future committee.
- 1.10 *Review of the HSCP Unexpected Month 12 Overspend Position* – this was a joint audit completed by the Council's internal auditors and by Scott-Moncrieff as auditors of the NHSGGC, reviewing the circumstances which lead to an apparent change in the HSCP year end outturn compared to budget from period 10 to period 12. The report has been finalised and following review by the Council's Audit & Risk Management Committee the HSCP's Performance, Audit & Risk Committee will be updated on the findings at its next meeting.

2.0 NHSGGC INTERNAL AUDIT PROGRESS

- 2.1 Consideration is now given to the internal audit work completed by Scott-Moncrieff for NHSGGC in 2019/20 year to date.

Table 2 – NHSGGC Internal Audits 2019/20

Audit Title	Report Classification	Number of Issues per Grading			
		4	3	2	1
Outpatient capacity planning	Minor improvement required	-	-	2	1
Performance Reporting	Substantial improvement required	-	2	2	-
Hospital standardised mortality ratios (HSMR)	Minor improvement required	-	-	3	-
Review of patient results	N/A	-	-	-	-
Nurse rostering	Minor improvement required	-	1	4	-
GDPR compliance	Minor improvement required	-	1	1	1
Information sharing	Minor improvement required	-	-	3	1
Waiting times audit	Effective	-	-	-	1

Grading Definition

4. Very high risk exposure - major concerns requiring immediate senior management attention.
3. High risk exposure - absence / failure of key controls.
2. Moderate risk exposure - controls not working effectively and efficiently.
1. Limited risk exposure - controls are working effectively, but could be strengthened

Further detail is provided below where risk rankings are 3 or 4 (High or very High) and where reports may be of relevance to the HSCP.

2.2 *Performance Reporting – substantial improvement required* - The high risk exposure recommendations relate to ensuring that a performance plan has been prepared and approved at the outset of each year that clearly demonstrates how performance against corporate objectives will be measured and reported, and developing a fully integrated performance report for the Board.

2.3 *GDPR Compliance - minor improvement required* - Scott-Moncrieff identified that NHS

Greater Glasgow and Clyde has undertaken significant work to prepare for GDPR requirements. Management, supported by the Information Governance team, have provided training to Information Asset Owners and staff as well as establishing effective processes for dealing with Subject Access Requests. Governance arrangements are also in place through which GDPR progress is monitored. Their audit highlighted two main areas where improvement could be made to the control environment. They identified that the Board would benefit from formally transitioning the original GDPR Readiness Checklist into an internal operational tasks document to track the progress of ongoing monitoring tasks. In addition, the Board should establish a framework through which monitoring of GDPR compliance can be achieved, particularly at Directorate level. This could include expansion of the role of the Information Champions to include GDPR compliance audits.

- 2.4 *Nurse Rostering - minor improvement required* - It was noted that internal auditors were satisfied that nurse rostering policies, procedures and systems in place at NHS Greater Glasgow and Clyde are well designed to ensure effective utilisation of the nursing and midwifery workforce through efficient and safe rostering. They did, however, identify a number of issues relating to the implementation of and compliance with these controls that impact on their efficiency and effectiveness. Their recommendations will improve the overall effectiveness of nurse rostering and mitigate associated risks. It was noted that this would be an area of focus and that cost improvements are expected to be realised by the autumn.

Appendix 1 – Summary of East Dunbartonshire Council Internal Audit Progress against Plan to 30 September 2019

Appendix & Audit Area	Audit Plan Monitoring						
	Year To Date Days			Outputs			
	Annual Plan Days Allocated	Actual Days at 30 Sep 19	Days Remaining / (Overspent)	Planned Annual Outputs	Actual Total Year To Date	Actual Work in Progress	Percentage Completion
1 - System	375	195	180	15	5	7	33%
2 - Regularity	180	72	108	10	6	-	60%
3 - Irregularity	60	32	28	2	-	-	0%
4 - Consultancy	130	106	24	5	5	2	100%
5 - ICT	60	14	46	2	-	1	0%
6 - Development	220	110	110	-	-	-	N/A
- Training, Management, Admin	178	92	86				
- Quality Review	15	6	10				
- Performance Monitoring	27	12	15				
Direct Audit Time	1,025	528	51%	34	16	10	47%

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PERFORMANCE, AUDIT & RISK
COMMITTEE**

Date of Meeting	18th December 2019
Subject Title	HSCP Financial Position 2019/20 and Beyond
Report By	Jean Campbell, Chief Finance & Resources Officer
Contact Officer	Jean Campbell, Chief Finance & Resources Officer, 0141 777 3000 Ext 3221

Purpose of Report	The purpose of this report is to update committee members on the financial position for the HSCP in 2019/20 and the implications for future financial planning.
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Recommendations	The Performance Audit & Risk Committee is asked to: a) Note the contents of the report.
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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 key priorities within the plan.
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Implications for Health & Social Care Partnership

Human Resources:	
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Equalities:	
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Financial:	The financial landscape for the partnership is challenging for 2019/20 and beyond due primarily to the settlements for both Local Authorities and Health Boards, demand and cost pressures in relation to social care services.
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Legal:	
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Economic Impact:	
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Sustainability:	The financial position of the partnership is dependent on the settlements from the Local Authority and the Health Board. The level of reserves has been significantly eroded during 2017/18 and as a measure to balance the budget for 2018/19. In order to achieve a level of sustainability in the short to medium term, the partnership is reliant on a programme of fundamental reform in the way services are delivered in order to meet the financial challenges.
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Risk Implications:	There are a number of financial risks moving into futures years given the rising demand in the context of reducing budgets which will require effective financial planning as we move forward
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Implications for East Dunbartonshire Council:	The impact and risks to the services delivered through the partnership will be significant in the event of a poor financial settlement to meet the ongoing statutory and demand pressures for health and social care services.
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Implications for NHS Greater Glasgow & Clyde:	The impact and risks to the services delivered through the partnership will be significant in the event of a poor financial settlement to meet the ongoing statutory and demand pressures for health and social care services.
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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

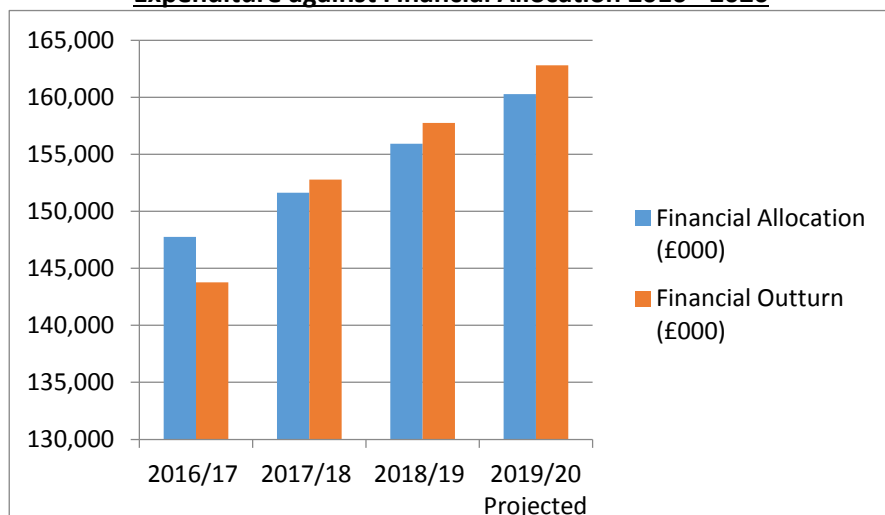
MAIN REPORT

1.1 Context

The HSCP has faced an extremely challenging financial position over the last 3 years. This is a culmination of significant demand pressures in relation to the rising population of older people over the age of 85 and the impact this is having on the provision of social care services; the rising demand for care packages to support young adults with a learning disability moving on from educational support to adult social work services; contractual cost pressures particularly in respect of the Scottish Living wage but more generally across the sector and challenging financial settlements both from and within our statutory partners.

The financial performance of the partnership over the last 4 years against available budget is set out below:

Expenditure against Financial Allocation 2016 - 2020

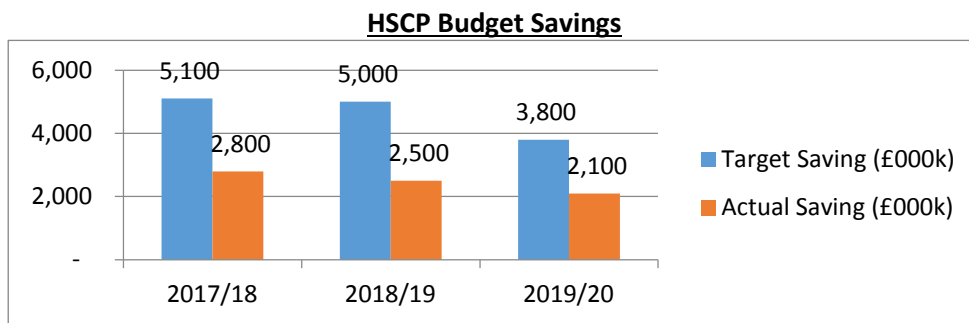


This shows that for the last 3 years (including the projection for 19/20) the HSCP has experienced cost and demand pressures beyond that which is available within the budgets allocated from our statutory partners.

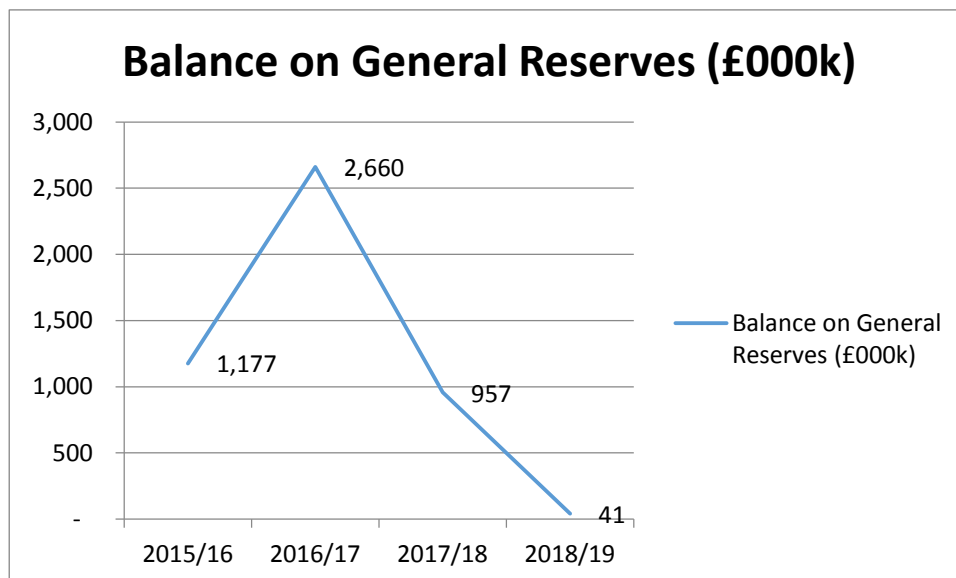
1.2 Mitigation of Financial Challenge

In order to mitigate the financial challenge, the HSCP has made significant savings over the last 3 years having achieved £7.4m through efficiencies and service redesign against a target over the same period of £13.9m in order to address the gap resulting from payroll, cost and demand pressures year on year.

The scale of transformation agreed as part of setting the budget for 2019/20 represented approx. 6% of the HSCP Controllable budget which is significant in terms of what is deemed reasonable in line the Scottish Government medium term financial strategy assumptions of 1.5% - 2%. The actual savings expected to be achieved for 2019/20 represent 2.8% of the HSCP controllable budget.



The shortfall in achieving the full extent of the level of savings required to address the financial gap each year has inevitably resulted in a reliance on the partnership's general reserves, with planned use of reserves of £2.04m to set a balanced budget for 18/19. Having initially accrued a healthy level of reserves in the initial years of the partnership, in line with the IJB Reserves policy, this has been eroded over the last few years in order to deliver a balanced budget position for the HSCP.



NB: An additional £2.1m of re-designated earmarked reserves were used in addition to the balance within general reserves for 18/19.

Reserves are a requirement of prudent financial management and provide a cushion to manage

unexpected in year demands or cost pressures – the HSCP is currently in breach of its reserves policy and this has been the subject of concern through the annual audit process by Audit Scotland who have highlighted this as an issue that requires to be addressed to ensure financial sustainability going forward.

1.3 Financial Performance 2019/20

The HSCP faced an extremely challenging financial settlement and budget process for 2019/20. The initial budget pressures were in the region of £8m comprising pay award, modest contractual increases, prescribing and in year service demand pressures. This did not include any consideration of future demand projections which were not known with certainty at the time of considering the 19/20 budget.

Through a process of robust budget challenge, an inflationary uplift from the NHS and additional monies allocated from the Scottish Government to deliver on specific initiatives this was mitigated to £3.8m representing the financial gap which remained to be closed through identification of options for efficiency and service redesign.

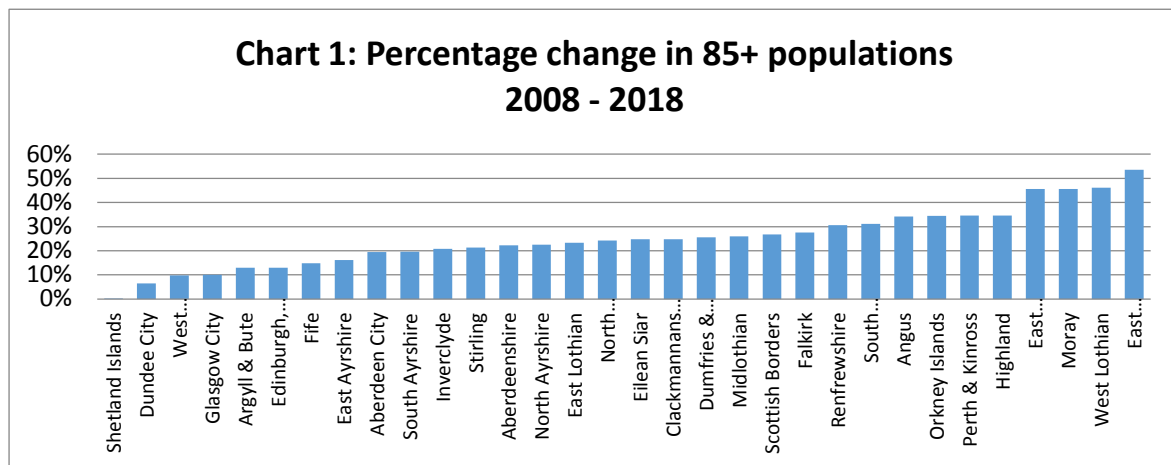
The financial position for the partnership at month 7 is significantly challenging and represents the worst case scenario based on the financial planning assumptions which were set out at the time of the IJB formally agreeing it's budget in March 2019.

The table below provides an analysis of the collective assumptions and risks understood and agreed when negotiating the financial settlement with our statutory partners, the reality of what has transpired in these areas and the financial impact this has had on the financial performance for 2019/20.

Budget Expenditure	Budget Assumption	Actual Position	Financial Implication
Care at Home Contract	5% increase in rate. Budget based on an average of £16.41 per hour	12 – 15% increase in rates. Actual position – average £17.48 per hour	£800k
NCHC	2.5% general inflation. Budget based on - nursing care rate £707 /wk, residential rate £609 /wk and FPNC £259/wk.	3.65% per COSLA agreement. Actual based on nursing care rate £714.90/wk, residential rate £614/wk and FPNC £257/wk.	£90k
Demographic Pressure	No increase built in for 'new' demand.	5% increase in older people services – care homes and care at home.	£2.2m
Homecare	Assumed activity levels – 342,022 hrs pa	Actual Activity levels – 381,203 hrs pa.	
Care Home	Assumed Activity levels – 721 care home placements	Actual Activity (Nov 19) – 775 care home placements	

These current year pressures relate to a number of contributory factors, namely:-

- Cost pressures – there was expected to be a number of significant contractual increases in relation to the Care at Home (CAH) Framework and the National Care Home Contract (NCHC) during 2019/20, however original assumptions were modest in this regard and fell short of the actual cost increases that materialised. These areas collectively represent a significant proportion of the Social Work element of the partnership’s budget (£24.9m or 33% of the Gross SW Budget) and have therefore had a significant impact on cost projections.
- Demand Pressures – the demographic profile for older people in East Dunbartonshire is significant for those aged over 85 who are the main users of older people’s social care services, having lived relatively healthy lives independent of statutory services until this point. Through analysis of demographic trends and activity levels over the last 5 years, we are seeing a year on year increase in demand levels of 5% for this care group on care home and care at home services. The budget levels for 19/20 do not reflect any provision for these demand increases which caused immediate pressure on available budgets for older people.



- Transformation Programme – in order to address the financial gap at the time of considering and agreeing the partnership budget for 19/20, an ambitious programme of transformation was approved. The complexity and nature of this transformation has resulted in an element of delay or re-consideration in progressing elements of the programme which has caused a shortfall on what can be achieved in year. The actual savings achieved for 2019/20 represent 2.8% of the HSCP controllable budget which is considered reasonable in terms of expectations on the levels of efficiency which can be secured year on year from frontline service delivery budgets.
- The shortfall on the transformation programme relates in the main to homecare and care home projects (£1.5m of a total £2m shortfall). This is a direct consequence of the demand and increased activity in these areas requiring a rethink of the expectations of savings in the context of continuing and future projected growth in the population accessing these services.

The current projected year end position based on month 6 reported financial data, for the partnership is that of an anticipated overspend of £2.5m. This represents a significant improvement on the financial position reported to the end of June 2019 of £3.6m. The reported pressures relate in the main to demand activity and cost pressures within older people’s services coupled with a shortfall on the HSCP transformation plan due to prolonged timescales for reviewing and implementing service reviews and priorities.

The application of projected under spends on community health budgets has provided some mitigation against the pressures on social work budgets, however we are continuing to see pressures on care homes

and care at homes services with period 7 indications that these pressures will increase further with an expected year end pressure of £3m.

1.4 Recovery Plan

A recovery plan was approved by the IJB in September 2019 which introduced a number of measures focussed on vacancy management, limits on expenditure to that of essential spending only, strict adherence to eligibility criteria for access to services and a control on care home placements to manage particular budget pressures in this area. This has produced significant savings on budget but not without an impact on service delivery, particularly in areas where vacancies remain unfilled or where a cap on placements is causing pressure on other areas of service delivery. A further analysis of activity on care home placements is indicating that these are continuing to increase despite a robust process of assessment, review and oversight through the resource screening group and application of eligibility criteria. It can also be counter-productive, in terms of financial savings; to limit care home admission as the impact on care at home budgets may be even greater.

A case study **is attached as Appendix 1** which demonstrates the impact of supporting an individual at home with complex needs who may otherwise be supported within a care home setting, albeit at a much earlier stage than would be acceptable in terms of limiting length of stay within a care home setting.

A review of earmarked reserves has identified some resilience to manage in year pressures in the areas of oral health and prescribing which are not without risk given the ongoing implementation of the PDS review and the impact of Brexit which may have a call on these respective reserves as the year progresses. The table below sets out the impact of the recovery plan to date on the HSCP projected position at year end.

Management Action	NHS	Social Work*	Total
<u>Initial recovery Plan (IJB Sept 2019)</u>			
Vacancy Managment	300,000	734,000	1,034,000
Scrutiny of Overtime			-
Mileage restrictions		48,500	48,500
Essential Expenditure only		67,523	67,523
Delivery of Fair Access to community care (cost avoidance)		18,500	18,500
Care Home Placements		-	-
<u>Additional Recovery Plan Measures (IJB Nov 2019)</u>			
Full implementation of all existing charging policies		6,500	6,500
Tighter, intergated control of equipment ordering		tbc	-
Review of daycare within supported accomodation		tbc	-
Review of prescribing management controls		tbc	-
Improved fleet management		tbc	-
<u>Application of Reserves:</u>			
Prescribing	146,000		146,000
OHD	200,000		200,000
PCIP	57,000		57,000
TOTAL	703,000	875,023	1,578,023
<i>* Already assumed within projections</i>			
Cost Avoidance			
- Implementation of Fairer Access Policy			-
- Enhanced In house day care service		318,000	318,000
		318,000	318,000

In addition to controls on expenditure, the partnership through its leadership teams has identified a range of further management actions which could have a positive impact on budget in this financial year and going forward. The intention is to present these options to the IJB in January for formal approval and these include:

- Potential restrictions on access to services through a process of prioritisation and risk assessment
- Extension of eligibility thresholds to all areas of HSCP service delivery
- Review of staffing levels across HSCP services incl. registered services and non essential agency cover.

1.5 Financial Planning / Future Modelling

There has been significant work undertaken to analyse historic and projected demographic data, particularly within older people's services being a key pressure area for the HSCP.

This provides that within East Dunbartonshire we are seeing a 5% year on year increase in the 85+ population (the fastest growing 85+ population within Scotland aside from West Lothian) and this is replicated in increasing activity levels across care home and care at home service delivered through the HSCP. This increase is projected to continue over the next 10 year period.

In addition, we are seeing continuing cost increases across the care home and care at home sector with the implementation of the Scottish Living Wage and cost pressures within the care sector resulting in year on year rate increases.

In terms of future planning, the impact of these continuing pressures on older people is set out in **Appendix 2**.

This sets out that for care homes we will see an increase of £11.4m in respect of continuing demographic increases over the next 10 years, akin to that experienced over the last 10 years and similarly an increase of £5.4m associated with continuing cost increases. It is expected that the latter will be mitigated to some extent through additional funding from the Scottish Government, if this continues within future financial settlements.

Similarly for care at home services we will see an increase of £5.9m in respect of continuing demographic increases over the next 10 years, akin to that experienced over the last 10 years and an increase of £4.9m associated with continuing cost increases.

In addition to demographic pressures on older people services, there are a range of other cost pressures for the HSCP which form part of the financial planning going forward. These include:

- Pay Award
- General contract inflation
- Transitional Pressures
- Prescribing

In terms of future financial planning, the HSCP is expecting a funding gap ranging from £0.6m to £7.1m for 2020/21 depending on the financial settlement from our statutory partners. The likely uplift for the NHS settlement is a minimum of 2.5% for 2020/21 and partnerships across GG&C have been advised that this is likely to be passed onto HSCP's.

In terms of the longer term, over the next 5 years the funding gap ranges from £3.4m to £21.4m depending on the settlement from statutory partners. The financial planning model below sets out the position for the HSCP across a range of funding scenarios ranging from poor to best case scenario:

HSCP Scenario Financial Planning	2020/21	2021/22	2022/23	2023/24	2024/25	Total
<u>Cost Pressures</u>						
Payroll	1.269	1.307	1.346	1.387	1.428	6.737
Contractual	1.708	0.645	0.663	0.681	0.700	4.397
Future Demand	1.448	1.496	1.366	1.550	1.547	7.407
Current Demand	2.696	-	-	-	-	2.696
Prescribing	0.779	0.810	0.842	0.876	0.911	4.218
Other Non Pay	0.512	0.527	0.543	0.559	0.576	2.718
	8.411	4.785	4.761	5.054	5.163	28.173
<u>Financial Settlement</u>						
Poor (EDC - flat cash + SG monies, NHS - 2.5% uplift)	1.300	1.326	1.353	1.380	1.407	6.765
Good (EDC - payroll + contractual uplift, NHS - 2.5% uplift)	3.671	2.654	2.719	2.785	2.853	14.682
Best (EDC - payroll + contractual + demographic, NHS - 2.5%)	7.814	4.149	4.085	4.335	4.401	24.785
<u>Financial Gap</u>						
Poor (EDC - flat cash + SG monies, NHS - 2.5% uplift)	7.111	3.459	3.408	3.674	3.756	21.408
Good (EDC - payroll + contractual uplift, NHS - 2.5% uplift)	4.740	2.131	2.042	2.268	2.309	13.491
Best (EDC - payroll + contractual + demographic, NHS - 2.5%)	0.597	0.635	0.676	0.718	0.762	3.388

The HSCP is developing a strategy 'Delivering Differently in East Dunbartonshire' which will fundamentally change the way services are delivered going forward, focussed on a number of key themes and priority area for progress:

- Localisation – conversation, empowerment, signposting and support closest to where people are via the Digital First approach and in community hubs.
- Operational and practice approaches – ensuring we approach our work in the right way to delivery maximum benefit for local people, focussed on 'what matters to you'.
- Culture and Workforce – developing an enabling and inclusion culture to maximise opportunities for self-care and community capacity
- Structure and Model – ensuring we have the right form to follow function.

This will be presented to the IJB in the New Year as part of a suite of financial and service planning reports to seek Board approval on the model of service required to deliver sustainable services into the future.

East Dunbartonshire HSCP

Case Study - Care Home vs Care at Home

Service	No. Of Visits per day	Duration (hrs)	No. Of Staff	Cost per Hr	Weekly Cost
Homecare (external)	4	1	2	17.5	980
Homecare (external)	4	0.5	2	17.5	490
Homecare (In house)	4	0.5	2	22	616
Average Care Home Rate (publicly funded)					527
Average Care Home Rate (private funded)					257

Agenda Item Number: 5

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP PERFORMANCE,
AUDIT & RISK COMMITTEE**

Date of Meeting	18th December 2019
Subject Title	HSCP Transformation Plan 2019/20 Update
Report By	Jean Campbell, Chief Finance & Resources Officer
Contact Officer	Jean Campbell, Chief Finance & Resources Officer (Tel: 601 3221)

Purpose of Report	To update the Committee on the delivery of the Transformation Plan for the HSCP for 2019/20.
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Recommendations	The Performance, Audit & Risk Committee is asked to: a) Note the update to the HSCP Transformation Plan for 2019/20
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Relevance to HSCP Board Strategic Plan	The Strategic Plan sets out the priorities and ambitions to be delivered over the next three years to further improve the opportunities for people to live a long and healthy life. The transformation or annual business plan sets out the priorities which will be delivered during 2019/20 in furtherance of the strategic priorities set out in the Strategic Plan.
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Implications for Health & Social Care Partnership

Human Resources	None
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Equalities:	None
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Financial:	None
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Legal:	None
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Economic Impact:	None.
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Sustainability:	None.
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Risk Implications:	None
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Implications for East Dunbartonshire Council:	None.
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Implications for NHS Greater Glasgow & Clyde:	None.
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Direction Required to Council, Health Board or Both	Direction To:	
	1. No Direction Required	<input type="checkbox"/>
	2. East Dunbartonshire Council	<input type="checkbox"/>
	3. NHS Greater Glasgow & Clyde	<input type="checkbox"/>
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	<input checked="" type="checkbox"/>

1.0 MAIN REPORT

- 1.1 This Transformation Plan sets out the priorities which will be taken forward during 2019/20 in achievement of the outcomes set out in the Strategic Plan 2018/2021 and the service redesign and efficiency measures to be progressed in delivery of financial balance for 19/20.
- 1.2 Each Annual Business Development Plan articulates the expected deliverables within each year of the three-year Strategic Plan to achieve service transformation. The priorities detailed within the business plan fall into the three categories:-
- transformative in nature,
 - aligned to delivery of financial efficiencies, or
 - Arising from the introduction of new national policy or legislation.
- 1.3 An update on the progress of the delivery of this plan is attached as **Appendix 1**.
- 1.4 The HSCP Transformation Board provides oversight of the transformation activity and the savings programme for the partnership in the delivery of a balanced budget for 2019/20. This is further supported by the establishment of an integrated finance & monitoring group in collaboration with Finance and Transformation leads within the partner organisation.
- 1.5 The successful delivery of transformation is dependent on working in partnership with our key partners and a number of work streams are aligned to the processes embedded within each constituent body and are supported by Council Transformation teams and

wider GG&C teams.

- 1.6 The Plan aligns to the level of financial investment within each area and where there is expected to be efficiencies delivered from the ongoing review work. An overview of the delivery of the HSCP financial plan for 2019/20 is attached as **Appendix 2**.
- 1.7 There are a total of 54 priorities to be delivered within the transformation plan for 2019/20:-
- 9 (9) are considered at Blue status - delivered
 - 27 (28) are considered at Green status – on track
 - 13 (16) are considered Amber status – work is underway with some risk or delay to delivery
 - 5 (1) is considered red status – more significant risks / delays to delivery
- 1.8 The delivery of the transformation plan for 2019/20 is indicating a shortfall of £2.0m (£1.4m) at this point in the year. Further work continues to identify alternative options for addressing the shortfall and the implementation of a financial recovery plan to manage expenditure within budget was approved by the IJB in September 2019.
- 1.9 This means that the HSCP has achieved £1.7m of efficiency and transformation savings during 19/20 which represents 3% of the controllable budget.

Transformation Plan: Progress Summary – November 19

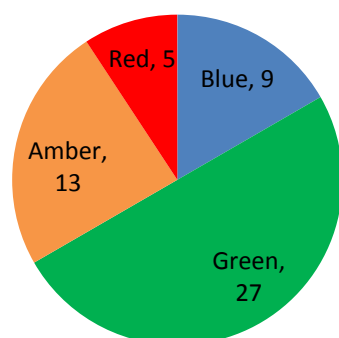
The Overall Numbers:

Area	Completed	In Progress
Children & Criminal Justice	2	9
Adults	2	11
Older People	5	15
Oral Health	0	3
HSCP Wide	0	7
Totals	9	45

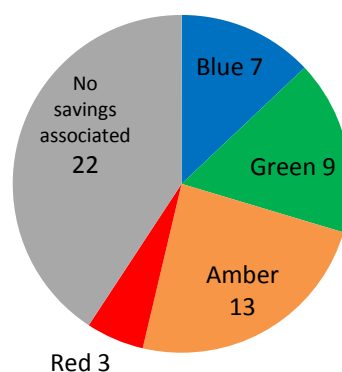
Savings Expected 2019-20 (at Nov 19):

Area	Expected	Shortfall
Children & Criminal Justice	£233,000	£179,500
Adults	£361,500	£218,500
Older People	£439,000	£1,613,000
Oral Health	0	0
HSCP Wide	£626,300	£61,700
Totals	£1,658,800	£2,072,700

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Blue: Project complete
Green: On track
Amber: Some delay
Red: Significant difficulty or delay



Blue: Full savings delivered
Green: Full savings expected
Amber: Partial savings expected
Red: No savings expected

High Risk Projects (by value):

Project	Planned Savings	Expected Savings
Review of Home Care Services	£825,000	£0
CM2000 for external care at home providers	£300,000	£0
Care Home Placements	£300,000	£0
Review of Children & Families	£150,000	£0
Review of day services (east)	£150,000	£54,000
Review of disability functions	£80,000	£0
Totals	£1,805,000	£54,000

Health & Social Care Partnership

ANNUAL BUSINESS DEVELOPMENT PLAN

(Transformation Plan)

2019/20

November 2019

INTRODUCTION

The Health & Social Care Partnership (HSCP) is operating within a period of complex and significant service change, spanning multiple specialties and across multiple organisations.

This Business Development Plan aims to strengthen the planning processes that underpin the implementation of priorities outlined in the Strategic Plan (2018/21). The purpose is to ensure that:

- business planning processes are aligned with the strategic principles and operational priorities of quality, efficiency, integration and person centeredness;
- each business change proposal is led by the people who deliver the service to ensure ownership;
- sufficient time is factored in to engage with the wide range of stakeholders internally and externally; and
- each change proposal has a robust decision audit trail.

Each Annual Business Development Plan articulates the expected deliverables within each year of the three-year Strategic Plan to achieve service transformation. The priorities detailed within the business plan fall into the three categories:-

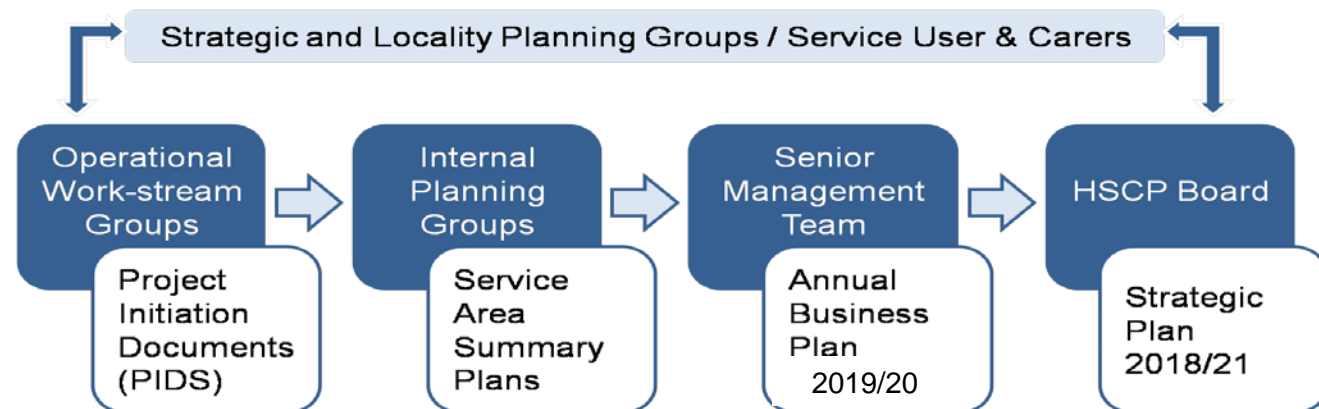
- transformative in nature,
- aligned to delivery of financial efficiencies, or
- Arising from the introduction of new national policy or legislation.

It also supports and/or is aligned with a number of other local and regional strategic plans, for example:

- EDC Business Improvement Plan
- East Dunbartonshire Local Outcome Improvement Plan (LOIP)
- NHSGGC Moving Forward Together Delivery Plan
- NHSGGC Operational Plan (previously LDP)
- Emerging West of Scotland Regional Plan

HSCP PLANNING PROCESSES

The HSCP has developed robust programme management mechanisms to oversee the business planning process and the associated implementation plans and service change delivery. Internal planning groups are being established led by a Head of Service who progresses service area priorities through PIDs developed by operational work-stream groups.



A suite of project management tools have been developed to support work-stream groups in the preparation of Project Initiation Documents. These tools outline the key steps to be considered including:

- making the case for change;
- developing and testing service models;
- undertaking engagement;
- evaluating impact;
- Resource implications;
- securing required decisions
- developing implementation plans; and
- Providing update on progress of priorities.

The priorities have been attributed a BRAG status which at the outset relates to the anticipated difficulty in delivering on these projects. This may be as a result of the timelines for effective engagement, the scales and nature of the proposals which may be the subject of an ongoing formal service review process and /or complexity to deliver.

Project Delivery Status

- BLUE = Project complete
- GREEN = On Track / Underway, expected to be delivered in timescale
- AMBER = Some delay to delivery timescale
- RED = Significant difficulty or delay with project delivery

Revenue Savings Status (19-20)

- BLUE = Full savings delivered
- GREEN = Full savings expected
- AMBER = Partial savings expected
- RED = No savings expected

SUMMARY OF PRIORITIES 2019/20

Project Initiative		Project type	Link to Strategic Plan	Description / Deliverables	Timescale for Full Project Delivery	Project Delivery Status	Project update November 2019	Savings update November 2019	Savings Status 19/20
Children's & Criminal Justice Services Project								£412.5k	
1	Develop sustainable services for school age children in line with national recommendations	National policy development	SP1	To ensure the School Nurse service delivers safe, effective and person-centred care based on the principles of Getting It Right for Every Child (GIRFEC) national practice model to the school age population (0-19yrs).	March 2020	Amber	Implementation of this programme is underway. ED HSCP is supporting one HV to undertake the course at University of the West Of Scotland. Workforce planning has commenced.	None planned	N/A
2	Implement the Health Visiting Universal Pathway	National policy development	SP1	Implementation of the universal health visiting programme to promote and safeguard the well being of pre-school children with a targeted needs-based service.	March 2020	Amber	Planning for and implementing the pathway is underway. The implementation model presents some challenges as it is based on deprivation indices, some risks have been identified. Discussions continue with the programme lead at GGC.	None planned	N/A
3	Review of Fostering	Management Action	SP8	Review of externally purchased foster placements and optimise opportunities for delivery in East Dunbartonshire.	September 2019	Green	Recruitment campaign is ongoing. Efforts to convert external providers have been exhausted this financial year. Savings have been achieved through the review of all externally purchased placements.	Planned 19/20: £60k Expected saving to be achieved as part of overall review of looked after and accommodated children (see below)	Green

Project Initiative		Project type	Link to Strategic Plan	Description / Deliverables	Timescale for Full Project Delivery	Project Delivery Status	Project update November 2019	Savings update November 2019	Savings Status 19/20
4	Review of all LAAC Placements	Management Action	SP8	Review of residential placements for looked after and accommodated children to ensure their needs are met and placements provide best value.	September 2019	Blue	Children's Plans are reviewed in accordance with LAAC procedures. A scrutiny panel has been established by the Service Managers to ensure best value. 1 child has transferred from an externally purchased placement to Ferndale.	Planned 19/20: £150k. Delivered 19/20:£208k.	Blue
5	Review of Transitions	Service Transformation	SP8 LOIP3	Review of procedures and support arrangements for children transitioning into adult services.	December 2019	Green	Staff consultation has been undertaken with both Adult and Children's Services. A Review group has been established and the membership extended to include key partners.	None planned in 19/20	N/A
6	Review of Children & Families	Service Transformation	SP8	Service Review – Children & Families	June 2019	Red	Stages 1-4 of the review have been undertaken. HR colleagues have joined for the next stage of the process. Further meetings are scheduled. Some saving have been achieved through the review process and a focus on vacancy management.	Planned 19/20: £150k Expected 19/20 : tbc at conclusion of review. Vacancy management covering expected saving in the short term.	Amber
7	Review of Transport Policy	Service Transformation	SP8	Review of eligibility to access support with transport arrangements through Social Work services.	September 2019	Red	The draft policy was approved for wider consultation at the Sept IJB. Consultation being planned for Sept / Oct with final policy to IJB in Nov 19 with implementation thereafter. There requires to be more time to facilitate wider consultation for Children with	Planned 19/20: £52.5k Expected 19/20: tbc following policy implementation. (£105k full year.)	Amber

Project Initiative	Project type	Link to Strategic Plan	Description / Deliverables	Timescale for Full Project Delivery	Project Delivery Status	Project update November 2019	Savings update November 2019	Savings Status 19/20
						disabilities, therefore timescales will slip with expectation to January IJB.		
8	Review of Out of School provision	Service Transformation	SP8 LOIP3	Review of after school provision for children with support needs to optimise opportunities for local provision.	March 2020	Green	This work has been started in discussion with education colleagues and is ongoing.	None planned in 19/20 N/A
9	Develop and implement a Corporate Parenting Strategy	National policy development	LOIP3	Develop and implement a Corporate Parenting Strategy and Plan to deliver duty to all LAC children. This includes the development of a Champions Board, young apprenticeships and advocacy services	March 2020	Green	The Strategy and Action Plan have been drafted. A governance, performance framework and reporting framework has also been drafted. A Communication Strategy is required.	None planned in 19/20 N/A
10	Purchase and implement Carefirst CJS Module	Management action	SP8	Purchase and implement Carefirst CJS Module to facilitate improved data interrogation and more efficient and effective targeting of resources to identified areas of need.	September 2019	Blue	The Carefirst module has been purchased.	None planned in 19/20 N/A
11	Implementation of Management of Offenders Act 2019 - Presumption Against Short Term Prison Sentences)	National policy development	SP4 LOIP4	Respond to the new legislation by increasing robust community based alternatives to create efficient and effective ways to manage increased demand.	March 2020	Green	The Service Manager and Team Managers are preparing for the impact of this legislation.	None planned in 19/20 N/A
Adult Services							£598.5k	
12	Review of Sleepovers	Management Action	SP8 MFT – Local Care	Review of current sleepover arrangements in order to ensure appropriate service delivery and to maximise opportunities for use of	March 2020	Green	Working group has been established. Representatives from all relevant service teams in place and review process has started.	Planned 19/20: £50k Actual to date 19/20: £45k Expected 19/20:£68.5 Green

Project Initiative	Project type	Link to Strategic Plan	Description / Deliverables	Timescale for Full Project Delivery	Project Delivery Status	Project update November 2019	Savings update November 2019	Savings Status 19/20	
			technological solutions.			Efficiency savings on track.	Full annual recurring cost avoidance >£100k tbc		
13	LD In-house Enhanced Day Services	Management Action	SP2 SP4 SP5 LOIP 6 MFT – Local Care	Review of arrangements for day services provision to support adults with learning disabilities and maximise opportunities for delivery through Kelvinbank.	Five additional day care places at Kelvinbank to be offered commencing 30 Sept 2019	Green	Staff nearly all in place. Five cases identified. 3 June transitions and 2 August. Cost avoidance is possible because additional staffing capacity was available within existing service budget.	Planned 19/20: 0 Expected 19/20: 0 <u>Cost avoidance</u> Planned 19/20: £100k Actual to date 19/20: £318,319 Full annual recurring cost avoidance £424k	Green
14	Fair Access to Community Care Policy	Management Action	SP4 LOIP 6 MFT – Local Care, Mental Health and Older People's Care	Implementation of Fair Access to Community Care policy to ensure resources are fairly distributed to those in need.	Implement from 1 June 2019 Complete 31 May 2022	Amber	Fair Access to Community Care and Eligibility Criteria Policies approved on 21 March 19. Implementation plan in train. Risks/dependencies and risk rating reflect risks to the delivery of the implementation plan due to challenges resourcing the required review processes. Proposal developed to support this.	Planned 19/20: £ Expected 19/20: £ (Combined efficiency and cost avoidance of £100k) <u>Efficiency</u> Planned 19/20: £ Actual to date 19/20: £7.8k <u>Cost avoidance</u> Planned 19/20: £ Actual to date 19/20: £17.5k Full annual recurring cost avoidance: £35k	Amber
15	Mental Health / Addictions Commissioning	Management Action	SP8 LOIP 6 MFT – Local Care	Review and streamlining of commissioning arrangements across mental health and addiction services based on updated needs assessment and new	1 Dec 2019 but dependant on receipt of updated needs	Green	The contract for the updated needs assessment has been awarded and the assessment will report in Jan 2020. Amber due to timescale making delivery of savings at	Planned 19/20: £30k Expected 19/20: This will be informed by outcome of needs assessment.	Amber

Project Initiative	Project type	Link to Strategic Plan	Description / Deliverables	Timescale for Full Project Delivery	Project Delivery Status	Project update November 2019	Savings update November 2019	Savings Status 19/20	
			national and NHS GGC MH Strategies.	assessment.		end of process, but still in current year, less likely.			
16	Mental Health Officer Agency Spend	Management Action	SP8	Develop a means of financially compensating qualified MHOs for undertaking this additional statutory role, to support recruitment / retention of MHOs and reduce spend on agency MHOs.	1 October 2019 but dependent on agreement with ED Council HR re changes to terms & conditions	Amber	A business case has been prepared and the position and options are currently being reviewed with support from EDC Transformational Change team. Next stage is finalising option appraisal and presenting to Trades Unions. Amber due to timescale.	Planned 19/20: £0 Expected 19/20: £0 <u>Cost avoidance</u> Planned 19/20: £0 Expected 19/20: £33.8k Full impact is expected to be delivered from 2020/2021	Green
17	Review of Ordinary Residence – Mental Health	Management Action	SP8	Review of support arrangements for individuals with a mental health condition to ensure costs are being met appropriately within ED.	1 October 19 - dependant on availability of EDC Legal Services and agreement to proceed	Green	All cases have been reviewed for applicability of Ordinary Residence. Transfer arrangements agreed for the 1 identified case. Progressing with support from Legal services. No further cases in MH service.	Planned 19/20: £100k Expected 19/20: £43k achieved to date Full annual recurring cost avoidance: £96k	Green
18	ASP Training	Management Action	SP8 LOIP 6 MFT – Local Care	Review of delivery mechanism for Adult Support & Protection training across the partnership and wider stakeholders.	1 October 19 - dependent on agreement with EDC HR regarding recruitment	Amber	Business Case with HR for consideration. Once approved next step is to develop role profile and recruit. Amber due to timescale.	None planned – cost neutral	N/A
19	Review of Rosebank Allotments	Management Action	SP8	Review of allotment provision to support individuals with mental health and addictions.	October 2019.	Blue	Three month notice period has been served as of 10 June 2019. Amber due to time slippage resulting in part year saving.	Planned 19/20: £88.5k Expected 19/20: £68k	Amber
20	Review of LD Resource Allocation Model	Management Action	SP8	Review of resource capacity to support LD community health function.	April 2019	Blue	Completed	Planned 19/20: £50k Delivered 19/20: £50k	Blue
21	Review of Disabilities	Service Transformation	SP8 MFT –	Review of disability functions across the	December 2019	Amber	Work has not yet commenced on this review	Planned 19/20: £80k Expected 19/20: £0k	Red

Project Initiative	Project type	Link to Strategic Plan	Description / Deliverables	Timescale for Full Project Delivery	Project Delivery Status	Project update November 2019	Savings update November 2019	Savings Status 19/20	
function		Local Care	partnership from childcare through adult services to older people to promote effective joined up working.			due to the need to wait for the outcome of other review processes prior to starting. Red risk rating due to time slippage resulting in inability to achieve saving in remainder of current year. Efficiency will slip to 20/21. Review will not be rolled forward into next year. Will be reframed around whole structure review.			
22	Implement Carers (Scotland) Act 2016	National policy development	SP7 LOIP 6 MFT – Local Care	Comply with requirements of new legislation. Required implementation date is 1 April 2019. Performance against requirements to be monitored 2019 - 2020	April 2019	Green	Statutory requirements all completed; Eligibility Criteria, Short Breaks Statement and Carers Strategy. Performance monitoring in place across Adult services. Further developing use of Young Carer Statements and more staff training sessions.	None planned in 19/20 SG funded. Returns required demonstrating delivery.	N/A
23	Implement The Community Care (Personal Care and Nursing Care) (Scotland) Amendment (No. 2) Regulations 2018 (Frank's Law)	National policy development	SP4 LOIP 6 MFT – Local Care	Compliance with new legislation waiving charges for Free Personal Care for people under 65 years of age. Implementation from 1 April 19.	April 2019	Green	Implementation Group in place. Financial preparation completed and withdrawal of charging undertaken. Particular focus on Learning Disability and Physical Disability teams.	None planned in 19/20 Funding provided from SG for implementation. Expected to be achieved within the SG funding levels.	N/A
24	Develop a sustainable approach to services for people with Learning Disabilities	Service Transformation	SP2 SP6 LOIP 6 MFT – Local Care, Mental Health	Complete review of Learning Disability Services commenced during 2018 – 2019 progressing through the Council 10 stage process. 2 workstreams: <ul style="list-style-type: none"> Day care services Accommodation 	June 2019	Amber	The service review process is proceeding with principles agreed for all aspects. Capital stage of programme re day service redesign progressing with Allander identified as best site option and Council progressing	See savings for enhanced day care at Kelvinbank. No additional savings planned for 19/20 Further savings for	N/A

Project Initiative	Project type	Link to Strategic Plan	Description / Deliverables	Timescale for Full Project Delivery	Project Delivery Status	Project update November 2019	Savings update November 2019	Savings Status 19/20	
			with support			capital aspects. Work to establish preferred supported accommodation model now progressing. Amber due to timescale slippage.	2020/2021 to be scoped.		
Older People's Services							£2.090m		
25	Maximising use of Technology Enabled Care	Management Action	SP2 & 5 LOIP6 MFT – Local Care, Planned Care, Unscheduled Care	Review of alternatives for the demonstration of SMART technology. Review of options for the use of technology in the delivery of care and support to individuals within the community.	The Technology Enabled Care Strategy is being reviewed and is currently in draft format	Green	Set up meetings with Local Group. Carried out Phase one funding Test of change with ARMED response technology with frailty and fallers. Enrolled in GGC working groups on Attend Anywhere and Florence TEC systems in Home and Mobile Health Monitoring (HMHM). Written up Test of change in Mental Health Team in SWD on first use of SOL Connect. SMART Flat Options appraisal taken place. EDHSCP TEC Strategy refreshed and going to short consultation	Planned 19/20: £15k Expected 19/20: £10k Smart Flat will be used to bring in moving and handling in house, so no savings expected.	Amber
55	Maximising use of equipment	Management Action	SP2 & 5 LOIP6 MFT – Local Care, Planned Care, Unscheduled Care	Review efficiency options to support reduction of overall cost of equipment. Analysis HSCP spend and trends to support practitioners to provide a consistent approach in line with other areas.	Completed by Dec 2019	Green	Joint visits for Equipu have been analysed and will be reduced significantly. Further work required to getting a figure against the equipment work stream but again that's more about costs avoidance.	Planned 19/20: none expected Expected 19/20: This should save around £500 per month with immediate effect.	Green

Project Initiative	Project type	Link to Strategic Plan	Description / Deliverables	Timescale for Full Project Delivery	Project Delivery Status	Project update November 2019	Savings update November 2019	Savings Status 19/20	
26	Review of Day Services East	Management Action	SP 1,2 & 4 LOIP6 MFT – Local Care	Continued implementation of Older People Day-care Strategy across East locality to include ethnic day-care provision.	Review to conclude Sept 2019 with part year savings	Green	Options for future of ethnic minority day-care being pursued collaboratively with service users and families.	Planned 19/20: £150k Expected 19/20: £54k	Amber
27	Review of Respite	Management Action	SP 7 & 1	Review of entitlement to respite provision to ensure parity across older people's services.	Financial efficiencies delivered from Dec 2019	Blue	Completed for new customers. Revised allocation levels being considered at points of review.	Planned 19/20: £10k Expected 19/20: £10k	Blue
28	Review of assessment for Blue Badge	Management Action	SP 8	Review of delivery mechanism for assessment for blue badges with a view to bringing this in house.	Reviewed by September 2019. Financial efficiencies delivered from Dec 19.	Red	Reduced by 50% the number of people being sent for independent mobility assessment. This has been done through ensuring more standardised use of the Desk Based Assessment.	Planned 19/20: £36 Expected 19/20: £5K (avoided costs) The saving for this will take effect from Dec or Jan and should save around £500 per month.	Amber
29	HAT / Community Care Agency Spend	Management Action	SP 5	Review of agency spend for older people social work teams with a view to identifying a recurring solution within OP structural arrangements.	Financial savings from July 2019 dependant on agreement with EDC HR re recruitment	Blue	Completed. Agency staff on notice and new staff in post by end of September.	Planned 19/20: £0 Expected 19/20: £0 <u>Cost avoidance</u> Planned 19/20: Expected 19/20:	Blue
30	Review of Day Services West	Management Action	SP 1,2 & 4 LOIP6 MFT – Local Care	Continued implementation of Older People Day Care Strategy across West locality.	Review completed by December 2019.	Amber	Agreed review of service delivery model / occupancy levels. Consider / explore alternative service delivery model(s). Benchmark other similar services / models Draft Options Paper for building based / outreach day	Planned 19/20: £26k Expected 19/20: £0k £26k not achievable in year. Scope to reduce costs dependent on outcome of review, requirement to tender,	Red

Project Initiative	Project type	Link to Strategic Plan	Description / Deliverables	Timescale for Full Project Delivery	Project Delivery Status	Project update November 2019	Savings update November 2019	Savings Status 19/20	
						care model	associated timescales		
31	Review of Ordinary Residence – Older People	Management Action	SP 1 & 4 MFT – Local Care	Review of support arrangements for older people to ensure costs are being met appropriately within ED.	Terms of reference & process of review developed by Sept. Financial savings in 2021 dependant on capacity from EDC Legal.	Blue	As part of scoping exercise, it was highlighted that additional expenditure would be required for legal support. The cost of legal support would out way any potential savings. Decision not to progress	None planned for 2019-20	Green
32	Review of Care Home Placements	Management Action	SP 3 & 8	Review and prioritisation of care home referrals from hospital and the community within a set limit.	To be reviewed by Dec 2019. Part year efficiencies savings	Amber	Work completed at looking at baseline figures. Meeting to be arranged to develop an action plan to look progressing this.	Planned 19/20: £300k Meeting will inform amount of financial savings.	Amber
33	Review of Staffing Complement in Older People's Mental Health Team	Management Action	SP 2,3 & 5 MFT – Older People	Review of resource capacity to support delivery of older people's mental health services	Linked to wider review of disabilities (OT). 1 December 2019	Amber	Review of OPMH OT resource remains part of HR process.	Planned 19/20: £50k None expected for 2019/20 (NW Glasgow has indicated no RT).	Amber
34	Review of Continuing Care Financial Modelling	Management Action	SP 1,4 & 8 MFT – Older People	Review of resource capacity to support individuals moving on from continuing care settings to supports within their local communities.	Tied to closure of Mearnskirik hospital. NRAC formula used. Finance to be allocated in June 2019.	Green	Recharging of usage of bed occupancy for Greenfield Park and Fourhills which will provide additional capacity within year.	Planned 19/20: £260k (one off) Expected 19/20: £260k	Blue

Project Initiative	Project type	Link to Strategic Plan	Description / Deliverables	Timescale for Full Project Delivery	Project Delivery Status	Project update November 2019	Savings update November 2019	Savings Status 19/20	
35	Review of Integrated Care Funding	BP35 Management Action	SP 1 & 8	Review of priorities funded through integrated care funding and mainlining of recurring projects.	Review to be completed by September 2019.	Blue	£100K offered up. Ongoing task to monitor those projects which benefited from funding. This will be done via the Older Peoples Planning group.	Planned 19/20: £100k Expected 19/20: £100k	Blue
36	Implementation of CM2000 for externally provided homecare	Service Transformation	SP 2 LOIP6 MFT – Older People	Implementation of time scheduling for purchased homecare which moves from payment on planned hours to actual service delivery.	Financial efficiencies delivered from Sept 2019.	Red	Explored Pilot with current providers. Benchmarked with other authorities re approach / bandings/lessons learnt. Compared delivery models/costs: landline / mobile / app. Scoping capital / revenue costs. Engaged with Procurement re contract clause / obligations. Procurement exploring waiver for CM2000 contract. Awaiting agreement on agreed approach for CAH contract – this will help to determine action / timescales for CM2000 implementation	Planned 19/20: £300k Expected 19/20:£0 CAH tender timescales delayed – co dependency re. CM2000 contract waiver / tender – if tender need to consider impact to overall timescales / possible change of provider. No savings anticipated in year due to above	Red
37	Review of Homecare Services	Service Transformation	SP 2 & 8 LOIP6 MFT – Older People	Review of care at home services to identify efficiencies in current service delivery model, review balance of internal / external provision, maximise review function and comply with care inspectorate recommendations.	Financial efficiencies delivered from Sept 2019.	Green	Implementation plan developed and actions. Completion date for June 2020.	Planned 19/20: £825k Expected 19/20: £150k Staffing figures to be confirmed.	Amber
38	Review of Charging for Community	Service Transformation	SP 8	Review of charging levels for community alarms in line with benchmarked average.	Financial efficiencies delivered	Blue	Completed. Delivered and bills issued to customers.	Planned 19/20: £38k Delivered 19/20: £38k	Blue

Project Initiative	Project type	Link to Strategic Plan	Description / Deliverables	Timescale for Full Project Delivery	Project Delivery Status	Project update November 2019	Savings update November 2019	Savings Status 19/20
Alarms				from June 2019.				
39 Enhance support to primary care by implementing the new GP Contract	National policy development	SP1,2,3 &8 LOIP6 MFT – Local Care	Implement year two of the primary care improvement plan	Completed project time scales is 2021 with financial spend up to end of 2022	Green	<p>Still trying to consolidate learning from the treatment service pilot site as this will impact on whether PCIP funding is used to support the development/rental of additional premises.</p> <p>Continue to scope out premises - their challenges and solutions so that the eMDT can be placed within primary care</p> <p>Whilst the project shows some under spend, projections for the full year demonstrate a break even position. Challenges around recruitment and premises will affect this financial position.</p>	(Allocated funding £999k – national funding). This project stands out with the transformational business plan as finance in ring fenced. It is essential to spend carry forward monies to access Scottish Government funding for 2019/2020. Completed project time scales is 2021 with financial spend up to end of 2022.	N/A
40 Achieve prescribing financial balance and improve prescribing efficiency	Service Transformation	SP 8	The Prescribing Team to support each GP practice in the HSCP to make prescribing efficiencies.	Ongoing review of financial efficiencies	Amber	There is no sharing of risk across the HSCPs. The risks the HSCP have are significant and although through the implementation of prescribing initiatives, efficiencies can be achieved, there are other elements which can affect prescribing spend which the HSCP has limited control or influence over such the costs of medicines and problems with	None planned for 19-20 – amber due to unknown impact of EU exit which may have an adverse impact in this area.	Amber

Project Initiative	Project type	Link to Strategic Plan	Description / Deliverables	Timescale for Full Project Delivery	Project Delivery Status	Project update November 2019	Savings update November 2019	Savings Status 19/20	
						short supply.			
41	Further develop supports for those with dementia, and their carers	Service Transformation	SP1,2,3 & 7 LOIP6 MFT – Local Care, Older People	Work in partnership with a range of older peoples mental health services to support the delivery of the strategy	March 2020	Amber	<p>The dementia agenda remains a priority for East Dunbartonshire and successful re-establishment of the EDDSIG will ensure it remains front and centre strategically.</p> <p>There has been excellent progress with the group re-established and mapping activity underway that will drive QI work.</p>	None planned for 19-20	N/A
42	Contribute to the national review of Prison Health and Social Care need.	National policy development	SP1 & 2 LOIP6 MFT – Local Care	Review provision and improve accessibility to health and social care services for older people in custody through a test for change to be submitted to SG as a model of health and social care within prisons	March 2020	Green	On track - working in line with emerging Scottish government direction, Participating in GG&C prison healthcare test of change.	None planned for 19-20	N/A
43	Achieve the Ministerial Strategic Group targets for unscheduled care by delivering the 2019-20 East Dunbartonshire Unscheduled care Plan	Management Action	SP3 & 8 MFT – Unscheduled Care	Deliver Unscheduled Care Plan key objectives for 2019 – 2020 focussing on frailty, anticipatory care and intermediate care at home	March 2020	Green	On track – wide range of activities in place to deliver refreshed local Unscheduled Care Plan. Being overseen by reconvened East Dun Unscheduled Care Group. New MSG targets for East Dun signed off by HSCP Board in March 2019.	None planned for 19-20	N/A
	Oral Health Services								
44	Further improve	Management	LOIP3	Following ED HSCP	March 2020	Green	Ongoing collaboration with	None planned for 19-20	N/A

Project Initiative		Project type	Link to Strategic Plan	Description / Deliverables	Timescale for Full Project Delivery	Project Delivery Status	Project update November 2019	Savings update November 2019	Savings Status 19/20
	dental services for priority groups	Action	LOIP6 SP1	performance report for dental services, key results areas and recommendations were made which support this project. This links to the national Oral Health Improvement Plan launched in Jan 2018.			education, health improvement and care home liaison team to ensure any recommendations from performance reports are being acted on and followed through		
45	Review the balance and proportionality of oral health improvement programmes across adult and child services	Management Action	SP1	Ensure resources are targeted to the most appropriate areas in East Dunbartonshire HSCP, addressing health inequalities and ensuring best use of resources available.	March 2020	Green	Additional resources now secured and team in place to move forward with additional FV	None planned for 19-20	N/A
46	Develop a Health Board wide premises strategy in relation to PDS services.	Service Transformation	SP1	Development of a Health Board wide premises strategy in relation to PDS services, including consolidation and possible reduction and relocation of oral health services in relation to the PDS.	March 2020	Green	PDS review is due to go to the NHSGGC CMT meeting in July. Comments are due back from the stakeholder engagement on 5.7.19. Following Board approval the review will be progressed	None planned for 19-20 Any savings from budget require to be returned to SG in this year's allocation to GGC.	N/A
HSCP Wide								£650k	
47	Review of Charging for Day Services / Transport	Service Transformation	SP8	Review of charging levels for day Services and transport in line with benchmarked average.	June 2019	Green	Delay in sending out letters to customers – outstanding issue re financial assessment function to support implementation now resolved, charging booklet is being updated.	Planned 19/20: £65k Expected 19/20: Delay in implementing may have an impact, attrition rate to be quantified following implementation.	Amber
48	Review of 3 rd Sector Grants	Service Transformation	SP8	Review of payments to 3 rd sector organisations to maximise efficiencies from	June 2019	Green	Finalised savings proposals developed, liaise/update local TSI, issue letters to	Planned 19/20: £185k Expected 19/20: £185k	Green

Project Initiative	Project type	Link to Strategic Plan	Description / Deliverables	Timescale for Full Project Delivery	Project Delivery Status	Project update November 2019	Savings update November 2019	Savings Status 19/20	
			this sector.			providers, implement savings in year.			
49	Review of Integrated Structures	Service Transformation	SP8	Review and maximise opportunities for integrated management structures across the HSCP.	Ongoing	Green	This is being considered through action planning for SMT development sessions.	None planned for 19-20	N/A
50	Vacancy Resourcing	Management Action	SP8	Review of vacancies across the partnership.	June 2019	Green	Vacancy management processes in place across the partnership. Ongoing monitoring of payroll budgets to ensure continued delivery.	Planned 19/20: £400k Expected 19/20: £400k	Green
51	Develop a Health & Care Centre within the west locality	Service Transformation	SP8 MFT – Local Care	Develop a business case for a new building in the West Locality	March 2020	Amber	Identification of capacity to take project forward underway. Role profile for Service Redesign Officer to be adapted to reflect wider partnership priorities.	None planned for 19-20	N/A
52	Remodelling of KHCC/Southbank	Service Transformation	SP8	Remodel accommodation to support smart working	March 2020	Green	Project underway with half of the hot desking area now refurbished. Car park protocol currently being drafted.	None planned for 19-20	N/A
54	Development of ICT Strategy	Service Transformation	SP8	Development of a strategy which support integrated working and supports modern, fit for purpose service delivery models.	September 2019	Red	Workshop progressed to identify local partnership priorities, review of partner agency strategies underway which will impact on HSCP. Links to be established to wider Digital Agenda – original timescales not met.	None planned for 19/20	

Business Plan Ref	Action / Status	Item	2019/20 Saving Identified £(k)	Responsible Officer	2019/20 Saving Expected Nov 2019 £(k)	2019/20 Shortfall	Reason for Shortfall	Carry Forward to next financial year
19_20 BP5	Business Case	CM2000 External Inv	300.0	Derrick/Stephen	-	300.0	Timing - linkages to re tendering of the care at home framework - expected July 2020.	Yes
19_20 BP11	Business Case	Day Care /Transport Charging	65.0	Jean	43.3	21.7	Timing - delays in progressing in year due to further benchmarking work, engagement with key stakeholders.	complete
19_20 BP12	Business Case	Transport Policy	52.5	Claire/David	25.0	27.5	Timing - delays in progressing consultation and implementation of policy.	Yes - ongoing implementation into 20/21
19_20 BP20	Business Case	Review of Out of School provision for children with disabilities	0.0	Claire	-	0.0		
19_20 BP22	Business Case	3rd Sector Grants	185.0	Jean	145.0	40.0	Timing - delays in progressing service reviews / tenders for Advocacy, Take Control, Carers Link, Alzheimers.	Potential for further efficiency savings from the 3rd sector
19_20 BP25	Business Case	Charging Policies	38.0	Jean	38.0	0.0		complete
19_20 BP1	Mgt Action	Sleepovers	50.0	Caroline/David	68.5	(18.5)	Over delivered	Yes - potential for further review of sleepovers in discussion with care providers
19_20 BP4	Mgt Action	LD in house Enhanced Day Care	100.0	Caroline/ Alan C	100.0	(18.5)		complete
19_20 BP7	Mgt Action	Review of Fostering	60.0	Claire	-	60.0	Reviewed and not achievable	complete
19_20 BP9	Mgt Action	Smart Flat /TEC	15.0	Derrick/Stephen	10.0	5.0	Timing - other options emerging to be scoped in year	complete
19_20 BP10	Mgt Action	Review of Day Care East	150.0	Derrick/Stephen	54.0	96.0	Double running costs linked to transition of placements to new provider.	Yes - for Milan Day Care Centre
19_20 BP13	Mgt Action	Fair Access to CC	100.0	Caroline/Alan C	25.0	75.0	Timing - delays in establishing review function to progress implementation of policy.	Yes - review team expected to be in place and undertaking review in line with assumptions
19_20 BP14	Mgt Action	Review of Respite	10.0	Derrick/Stephen	10.0	0.0		complete
19_20 BP15	Mgt Action	Blue Badges In House	36.0	Derrick	5.0	31.0	Reviewed and not achievable	complete
19_20 BP17	Mgt Action	MHO Agency Spend	0.0	Caroline	-	0.0		complete
19_20 BP18	Mgt Action	HAT / Community Care Agency Spend	0.0	Derrick	-	0.0		complete
19_20 BP19	Mgt Action	West Day Care Rationalisation	26.0	Derrick	-	26.0	Reviewed and not achievable under current scope - to be revised and considered for 2020.	Yes - new programme of options for consideration of inhouse / external
19_20 BP21	Mgt Action	Maximising Use of Equipment	0.0	Derrick	-	0.0		Yes
19_20 BP23	Mgt Action	Ordinary Residence MH	100.0	Caroline	50.0	50.0	Timing - dependancy on legal advice	completed
19_20 BP24	Mgt Action	Ordinary Residence OP	0.0	Derrick	-	0.0		complete - no further scope
19_20 BP26	Mgt Action	Care Home Placements	300.0	Derrick	-	300.0	Reviewed and considerable risk in context of current demand pressures and cost implications elsewhere in the system - not achievable.	Yes
19_20 BP28	Mgt Action	Review of All LAAC Residential Placements	150.0	Claire	208.0	(58.0)	Over delivered	complete
19_20 BP29	Mgt Action	ASP Training	0.0	Caroline	-	0.0		complete
19_20 BP31	Mgt Action	Allotments	88.5	Caroline	68.0	20.5	Timing - engagement with care provider and service users	complete
	Mgt Action	OT Post Rehab Team / vacancy mgt	30.0	Derrick	-	30.0	Reviewed and not achievable within current scope - to be revised and considered for 2020	no further scope - review wider service
	Mgt Action	Review of LD RAM	50.0	Caroline	50.0	0.0		complete
	Mgt Action	MH / Addictions health commissioning	30.0	Caroline	-	30.0	Timing - dependant on outcome of needs assessment currently underway.	Yes
	Mgt Action	Vacancy Resourcing	400.0	Jean	400.0	0.0		complete
	Mgt Action	Continuing Care (one off)	260.0	Derrick	260.0	0.0		complete
	Mgt Action	Mainline ICF	100.0	Derrick	100.0	0.0		complete - review wider programme
19_20 BP2	Service Review	Disabilities Function (Transitions)	80.0	Claire /Caroline	-	80.0	Timing - awaiting outcome of Transitions Review	Yes - as a different project
19_20 BP3	Service Review	Review of Transitions	0.0	Claire	-	0.0		completed
19_20 BP6	Service Review	Homecare Review	825.0	Derrick/Stephen	-	825.0	Reviewed and outcome did not match intial assumptions driving financial target. Implementation of new model from mid January, however costs of displaced staff will require to be met in year.	completed - implementation of model, delivery of improvement internal case mgt, robust scrutiny / review of external packages
19_20 BP8	Service review	Review of Children & Families Staffing Structure	150.0	Claire	-	150.0	Timing - delay in progressing review	Yes
19_20 BP27	Service Review	Integrated Structure Review	0.0	Susan	-	0.0		Yes - implementation of single point of access and Disabilities Review
		TOTAL Ek	3751.0		1,659.8	2,072.7		
		%age of programme achieved					44%	
		%age of efficiencies achieved in year (against controllable budget)					2.8%	

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PERFORMANCE, AUDIT & RISK
COMMITTEE**

Date of Meeting	18th December 2019
Subject Title	Ferndale Residential Services (Children) Inspection
Report By	Claire Carthy
Contact Officer	Claire Carthy

Purpose of Report	The purpose of this report is to inform the Committee about the outcome of the recent inspection of Ferndale Residential Services.
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Recommendations	The Performance Audit & Risk Committee is asked to: a) Note the content of The Care Inspectorate Report on Ferndale Residential Service.
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Relevance to HSCP Board Strategic Plan	Local Outcome 3: Our Children Are Safe, Healthy and Ready To Learn. HSCP Strategic Plan: Outcome 1 and Outcome 5
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Implications for Health & Social Care Partnership

Human Resources:	N/A
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Equalities:	N/A
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Financial:	N/A
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Legal:	N/A
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Economic Impact:	N/A
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Sustainability:	N/A
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Risk Implications:	There are no risks associated with this report.
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Implications for East Dunbartonshire Council:	Positive implications in regards outcomes for children who require to be Looked After and Accommodated. Evidence of ED fulfilling the role of the Corporate Parent.
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Implications for NHS Greater Glasgow & Clyde:	Positive: ED HSCP fulfilling the role of the Corporate Parent.
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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

Detailed evaluations

How well do we support children and young people's wellbeing? 5 - Very Good

1.1 Children and young people experience compassion, dignity and respect 5 - Very Good

1.2 Children and young people get the most out of life 5 - Very Good

1.3 Children and young people's health benefits from their care and support they experience 5 - Very Good

How well is our care and support planned? 6 – Excellent

5.1 Assessment and care planning reflects children and young people's needs and wishes 6 - Excellent.

Please refer to the full Care Inspectorate Report attached.

Ferndale Care Home Service

1 Donald MacKinnon Avenue
Kirkintilloch
Glasgow
G66 3ES

Telephone: 0141 777 3080

Type of inspection:

Unannounced

Completed on:

8 November 2019

Service provided by:

East Dunbartonshire Council

Service provider number:

SP2003003380

Service no:

CS2006124929

About the service

Ferndale is a residential children's house owned and managed by East Dunbartonshire Council which operates from a purpose-built house in a residential area of Kirkintilloch.

The service has been registered with the Care Inspectorate since 2011.

Ferndale provides care for ten children and young people. At the time of inspection, ten young people were residing at the service.

All young people have their own bedrooms with en-suite shower and toilet facilities. There are a number of communal areas with lounges, dining room, large and small kitchens. One bedroom has kitchen facilities which can promote independent living skills. There is also a playroom and ample outside space to encourage children and young people to enjoy the outdoors.

The aim of the service includes, providing children and young people with a safe and nurturing environment in which they can thrive and feel supported to achieve positive outcomes.

Ferndale also operates a support service called Ferndale Outreach Service from the same premises. These services share a management structure, staffing, policies, systems, and procedures. For the purpose of regulation, we carried out one inspection but report under each separate service.

What people told us

We received three completed care standards questionnaires from young people. Feedback from these were overwhelmingly positive with no concerns raised. Whilst most young people declined the offer to meet with us individually, we met with four young people during meal times and throughout our visit we also observed a number of other young people interacting with staff. We also viewed the service's own feedback completed by young people. These told us that young people consistently said they felt happy, safe and listened to.

Some of the feedback included:

"staff make sure I am doing alright."

"they are making me a better person."

"things are much better since you visited last time."

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support children and young people's wellbeing?	5 - Very Good
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	6 - Excellent

Further details on the particular areas inspected are provided at the end of this report.

How well do we support children and young people's wellbeing?

5 - Very Good

We found that young people living in Ferndale were benefitting from trusting, nurturing, warm and respectful relationships. Strong relationships were enabling young people to feel safe and loved. When we spoke with staff they demonstrated that they knew the young people extremely well. This helped develop secure relationships and enable young people to express their views, share anxieties and accept comfort and reassurance.

Young people told us that they got on well with staff. We saw very good evidence of these relationships with young people feeling relaxed in the house and able to participate in daily routines, meal choices and what activities they would like to do.

We observed natural affection and it was apparent that there was a high level of trust and mutual respect between staff and young people.

Participation was embedded in the ethos and practice. Feedback from young people was highly valued and regular young people meetings evidenced that suggestions had been acted on. There was strong collaboration with the Care Experienced Young Person's worker who was a regular visitor to the house. Young people were being supported to participate in the Champions Board and their views were being strongly respected in a number of ways.

Young people had access to advocacy services and we were told by one young person that the Who Care's worker is a regular visitor to the house and that she is approachable and helpful. In addition to this, the service evidenced a high level of multi-disciplinary working with social workers, health, education and police all working very closely with young people to support their individual care plans. This was improving outcomes for young people with examples such as a significant reduction in risk taking behaviours for one young person.

Daily logs were written respectfully and evidenced high levels of participation in activities and 1:1 reports further evidenced the individualised nature of these activities.

Staff had a very good understanding of how to protect young people from harm and were aware of best practice in relation to child protection, including exploitation. Young people were encouraged to develop the skills and knowledge to understand risk and make informed decisions to make their lives as safe as possible. Risk assessments were in place for all young people and there was evidence of monthly review. Young people were aware of the consequences to avoid getting into anti-social behaviour or offending. Positive relationships supported these discussions.

Young people were registered with appropriate healthcare professionals. Young people were experiencing nurturing, therapeutic care evidenced through discussions at team meetings and a high level of staff training.

We noted that there were very good outcomes for many of the young people accommodated by the service. These included improved educational engagement and attainment and supporting young people to access appropriate training placements or college courses.

Medication was managed well by staff and an accurate account recorded when administered. Medication was stored in a safe place and there was a robust system of management of medication in line with legislation and good practice.

Whilst we saw well recorded daily logs and 1:1 reports, we discussed with the service ways of improving these further through the use of a relational writing approach to the young person.

We found improved communication between staff, however, we felt that the changeover meeting was very short and not all staff attended this which had the potential to impact on information sharing and outcomes for young people.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

6 - Excellent

We found that there was an excellent quality of assessments, care planning and record keeping in place for each young person. Care plans were developed after a detailed multi-agency assessment of need and risk was carried out. Care plans were based on the SHANARRI (safe, healthy, achieving, nurtured, active, responsible, respected and included) wellbeing indicators from Getting it Right For Every Child (GIRFEC).

The services range of core records gave a superb account of the needs of the young people and how the service would set out to meet these needs. They were a model of young people centred planning. The comprehensive range of assessments gave an overview of the therapeutic work which was carried out and detailed plans on how outcomes could be improved.

We found that each young person had individual documents very well linked to risk assessment and management of challenging behaviour, for example risk assessments and Personal Behaviour Plans.

There was consistent and innovative use of wellbeing webs, an assessment tool aimed at assessing progress in relation to the wellbeing indicators, and information gathered in these informed the development of care plans and GIRFEC plans. Our sampling of the wellbeing webs indicated that young people had made extremely good progress during their time with the service.

All documents were seen to be expertly reviewed and updated monthly and the intrinsic participation of young people was evident throughout all care plan documents. Young people we spoke with were aware that there was a care plan in place. Staff at Ferndale encouraged and supported young people to attend reviews and actively participate in their care planning.

Young people's interests and ambitions were proactively and consistently enabled and achievements in these areas encouraged and promoted. GIRFEC plans and 1:1 records reflected that young people were being very well supported to improve their health and well being. All young people had regular and significant opportunities to spend time with their key team. This involved them having tailored activities based on their interests.

The staff team were recently awarded the Our Culture award at the NHS staff awards for the work they have undertaken in implementing a new training programme on challenging behaviour. This has been an innovative piece of working and the learning has been shared with the fostering team and there are plans to roll this out further.

We can be confident from the record of care that this excellent care planning is sustainable and that it will be maintained.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support children and young people's wellbeing?	5 - Very Good
1.1 Children and young people experience compassion, dignity and respect	5 - Very Good
1.2 Children and young people get the most out of life	5 - Very Good
1.3 Children and young people's health benefits from their care and support they experience	5 - Very Good
How well is our care and support planned?	6 - Excellent
5.1 Assessment and care planning reflects children and young people's needs and wishes	6 - Excellent

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**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PERFORMANCE, AUDIT & RISK
COMMITTEE**

Date of Meeting	18th December 2019
Subject Title	Homecare inspection (September 2019)
Report By	Derrick Pearce, Head of Community Health and Care Services, 0141 232 8233
Contact Officer	Derrick Pearce, Head of Community Health and Care Services, 0141 232 8233

Purpose of Report	The purpose of this report is to advise Members of the recent inspection of internal homecare services, by the Care Inspectorate (September 2019), and provide the resultant action plan.
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Recommendations	The Performance Audit & Risk Committee is asked to: <ul style="list-style-type: none"> a) Note the Inspection Report for internal Homecare Services published in September 2019; and b) Note the resulting Inspection Action Plan, submitted in October 2019.
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Relevance to HSCP Board Strategic Plan	The delivery of effective, sustainable homecare services is critical to supporting older people to remain at home and within their communities for as long as possible.
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Implications for Health & Social Care Partnership

Human Resources:	None
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Equalities:	None
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Financial:	None
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Legal:	None
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Economic Impact:	None
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Sustainability:	None
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Risk Implications:	None
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Implications for East Dunbartonshire Council:	The staffing employed within homecare are Council employees and subject to the terms and conditions of the Council including requirements for up skilling and training to ensure safe practice.
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Implications for NHS	Effective homecare services are critical in supporting individuals
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Greater Glasgow & Clyde:	discharged from hospital to safely return to their own homes within the community.
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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	

MAIN REPORT

1.0 .BACKGROUND/MAIN ISSUES

1.1 The Care Inspectorate undertook an unannounced inspection of East Dunbartonshire Council/HSCP Homecare Services from the 15th until the 18th July 2019. The inspection was carried out by two Inspectors who looked at three quality themes and finalised the report on 17th September 2019. The published grades are as follows

Quality of Care and Support Grade 3 (Adequate)

Quality of Staffing Grade 3 (Adequate)

Quality of Management and Leadership 3 (Adequate)

1.2 The Quality of Care and Support Grade has remained as Adequate since the service was last inspected in July 2018, whilst Quality of Staffing and Quality of Management and Leadership have been upgraded to Grade 3 from Grade 2. In total there are 3 Requirements and 2 Recommendations. The full published report is included at **Appendix 1**.

1.3 The service aspires to higher grades and is encouraged to note that the Care Inspectorate recognised that progress had been made since their last inspection, recognising that; an increased number of support plans were in place, there was better communication with and, training, supervision and support for staff; and systems to monitor the quality of the service had been introduced. The Care Inspectorate found that people overall were happy with the support they received and experienced positive outcomes.

1.4 The service sees the inspection as an opportunity for development and improvement and is focussed on learning and quality improvement to ensure sustained change.

1.5 Actions taken as a result of inspection are described in the Inspection Action Plan included with this paper at **Appendix 2**. Key headline include:

- Person centred assessment, support planning and review – Current Support Plans and Risk Assessments are being updated and introduced to every new person receiving the service and incrementally updated for existing service users. Outstanding assessments and reviews are planned to be completed in a

time frame of 8 – 12 weeks. This is being monitored monthly and good progress is being made.

- Staff Induction, Training, Supervision and Appraisal - The Induction Programme for new staff has been completed and a training needs analysis for all staff is currently underway. This will inform the Home Care Training and Development Plan. Supervision and Direct Observation Tools will be audited in line with the Quality Assurance, Monitoring and Audit System.
- Quality Assurance – A Quality Assurance, Monitoring and Audit Framework is being implemented. This incorporates all the current routinely gathered monitoring, audit, and consultation information in the service in a more coherent way.
- Customer/Carer involvement – A consultation to gather the views of all service users on the quality of the service and suggestions for improvement is taking place in November and December prior to the implementation of the Home Care Review. Evidence of how consultations and feedback is analysed and used to improve and develop the service will be gathered and customers/service users informed of the outcomes.

- 1.6** A number of actions were taken following the June 2018, including interim changes to management and leadership in the service and progress against these was recognised - but with more to be done. A formal Strategic Service Review of homecare services had already been initiated jointly between the HSCP and Organisational Transformation prior to the inspection. The Strategic Service Review has been completed and the implementation stage concludes in January 2020 with a 'go live' date confirmed as the 27th January 2020.
- 1.7** The redesigned service model is intended to ensure service sustainability, efficiency and value for money, alongside aspirations towards service improvement and better outcomes for people.

Home Care Services - Mainstream Team Housing Support Service

Kirkintilloch Health Care Centre
10 Saramago Street
Kirkintilloch
G66 3BF

Telephone: 0141 578 2101

Type of inspection:

Unannounced

Completed on:

18 July 2019

Service provided by:

East Dunbartonshire Council

Service provider number:

SP2003003380

Service no:

CS2004082079

About the service

Home Care Services - Mainstream Team is registered as a care at home and housing support service. The provider of the service is East Dunbartonshire Council, and the office base is in Kirkintilloch. The service has been operating since 2004 and registered with the Care Inspectorate on 1 April 2011.

The service is provided to people living in the East Dunbartonshire area including older people, people with physical and sensory impairment, people with learning disabilities and people experiencing mental health problems. Over 1,200 people use the service. Five staff teams cover the area. The service provides support for, reablement, complex care, out of hours care, telecare and non complex care. The service provides short and long-term support.

The overall aims of the service are,

- to improve the lives of customers and the people who care for them
- to ensure the welfare and safety of vulnerable people in their own home
- to provide a quality local authority home care service to vulnerable people in their own home.

What people told us

We spoke with 23 people using the service and seven relatives. We visited people in Kirkintilloch, Bearsden, Milngavie and Bishopbriggs. Forty two people completed our questionnaire.

People overall were happy with the care and support they received from the staff, and most staff were very much valued. People felt the service could be improved with better organisation.

Comments included,

"The service I have received has been wonderful. I find my carers very helpful and considerate."

"Service was very good. Staff caring and friendly and always meet my husbands needs. Some staff go above and beyond and give exceptional care."

"I don't know what I would do without them." (the staff)

"Give family peace of mind, all excellent."

"Can't praise them enough."

"Some staff are excellent and considerate of what my needs are."

"On occasion staff appear very busy."

"Agreed time inconsistent and not always notified of changes."

"Staff variable depending on what staff come in."

"Staff under pressure but do their best."

"I would like more continuity with staff coming in as this would make me feel more comfortable."

"Management are very disorganised and download runs constantly. I feel carers are overworked and take a lot on their shoulders to organise their work where management should be taking responsibility."

Self assessment

We did not request a self assessment for this inspection. We discussed with the manager a service development plan to record what and how improvements were made and monitored.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

People overall were happy with the support they received. The positive outcomes people experienced promoted their independence and motivated people which improved their well-being. Staff ensured people who received personal care were clean and comfortable. The support people received enabled them to live in their own home with their relatives which was important to them.

The majority of people experienced the same staff which offered some consistency with their care. This helped people feel safe and familiar with staff who cared for them.

People were fond of the staff and had developed positive relationships which promoted people's well being. One person told us "staff are like my family". A relative told us "staff are there for me too" and "couldn't hope for anything better". People enjoyed staff coming into their home and enjoyed the 'banter' and the 'company'. One person commented "some (staff) spend time talking".

People overall experienced staff who were kind and caring. We observed staff to be respectful and compassionate and responsive to people's needs. People were offered choices such as, what to eat and what to wear. This ensured people had control of their lives.

Staff knew about people's preferences because they knew the people well. Most staff were aware of what people's likes and dislikes were and ensured these were respected. However, not everyone had good experiences with staff. Similar issues were still apparent. For example, no consistency with staff, staff being late, people not knowing who was coming to support them. The service structure was undergoing change which should ensure better continuity for people.

Some improvements were noted in that some people had a support plan in place which had some detail. However, these had not been fully completed. For example, information was missing or misleading, such as how to communicate with the person, how to manage people's distress, how to support people with their medication. There was a lack of outcomes identified. Staff relied on information by word of mouth or from mobile devices. Risk assessments were in place however, these were generic and were not specific to people's individual needs. The manager informed us that the support plans were under review.

People we spoke to had not had a review of their care and support. People should have the opportunity to review their care and support at least every six months. People told us that they would contact the home care organiser if they had any problems. The service needs to improve the support documentation so that staff will be fully informed about people's individual needs.

The service must improve how people's care and support is documented and involve people in reviewing their care and support to ensure people are fully informed (see requirement 1).

Requirements

Number of requirements: 1

1. To ensure that people's needs are met the provider must put in place the following action by the 1st December 2019.

Every person using the service must have a detailed personal plan and appropriate assessments, including risk assessments which are dated, signed, regularly reviewed and informative to staff.

The support plan must be person centred and outcome focussed.

People and/or their representative must be fully involved and informed about their support plan.

Reviews must take place at least every six months with each person using the service.

This ensures care and support is consistent with the Health and Social Care Standards which state "my personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15). "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change" (HSCS 1.12). It also complies with Regulation 5(1) and 5(2)(b) Personal Plans of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

We found slight improvements under staffing and increased the evaluation from weak to adequate. More work requires to be completed to improve staffing.

People felt overall that staff were supportive and friendly. People said staff were "angels" and that they were "100%". Staff demonstrated good values and people thought highly of the majority of staff.

We saw that some staff had good leadership skills and took the initiative to organise people's care and support that was person led.

Staff we spoke to "loved their work" and some felt improvements had occurred since the last inspection that had a positive impact. For example, better communication through team meetings, more training, staff supervision and appraisal. This meant staff had better support.

Training had taken place for some staff to update and increase their knowledge for example, moving and assisting, adult support and protection, personal care. However, there were still gaps in training for some staff. For example, some staff had not had an update on moving and handling since 2010. Staff need specialist training so they can better support people's needs, such as, palliative and end of life care and caring for people with dementia. The manager was sourcing training in these areas.

Supervision had taken place for some staff. The level of detail varied. Some entries were meaningful to staff, others lacked detail to support staff in their practice. More reflection on practice would benefit staff's learning and development and improve people's experiences.

Direct observation of staff practice had commenced. There were variations to the number undertaken and the detail of comments. The outcome of observation should be to support and improve staff competence. This area needs further improvement.

Induction for staff had been recorded which was an improvement from the last inspection. However, the detail of the induction and the support for staff during the probationary period could be improved. There was no evidence of any staff training or staff learning and development, or how this was followed up. All new staff must have a meaningful and supportive induction programme that supports staff in their role, and ensures regular monitoring and assessment of competency.

The requirement and recommendation made at the last inspection are repeated for the areas that need further improvement.

Requirements

Number of requirements: 1

1. To ensure that people receive high quality care from a skilled and competent workforce the provider must put in place the following actions by the 1st December 2019:

All new staff must have a meaningful and supportive induction programme that supports staff in their role, and ensures regular monitoring and assessment of competency.

A training needs analysis for all staff.

Evidence of specialist training in place for staff to support people with dementia, such as the Promoting Excellence training, and specialist training in end of life and palliative care.

This ensures care and support is consistent with the Health and Social Care Standards which state "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27). It also complies with Regulation 15 (b) Staffing of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Recommendations

Number of recommendations: 1

1. The provider should improve the support staff receive by putting in place the following actions:

All staff should have regular supervision to discuss and reflect on their practice in line with best practice.

All staff should have an appraisal to support them in and to develop in their role. All staff should have their competency assessed for the work they undertake on a regular basis which should form part of the supervision and appraisal system.

Direct observation of staff practice should be undertaken to ensure staff are competent in their practice.

This ensures care and support is consistent with the Health and Social Care Standards which state "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

We found a number of improvements under this theme that improved the evaluation for management and leadership from weak to adequate. The requirement and one recommendation have been repeated. One of the recommendations had been achieved.

Staff felt that management and leadership had improved. For example, more training and supervision had taken place along with monthly meetings. The home care organisers commented they felt less isolated and communication was described as "better". However, there was still more work to be done within staff teams as the level of supervision and team meetings varied considerably.

There were good systems in place to monitor complaints. We saw that these had been dealt with to the complainant's satisfaction. Learning outcomes and action taken were noted. This will support the service to improve.

We discussed with the manager the need to have a development plan in place so that areas to develop/improve the service can be identified and actioned. Feedback from people, carers, staff and other stakeholders should be included as part of the quality assurance system to improve. (See Requirement 1)

Systems had been introduced to monitor the quality of the service to some extent which was an improvement. For example, the manager had in place 'flash reports' that now monitored each team. This covered areas such as training, assessment and review, overtime and sickness absence. Quality systems could be improved to include, supervision, team meetings, accidents and incidents, complaints and SSSC registration. There needs to be a system in place to ensure that the information is monitored effectively so improvement can be measured. (See Requirement 2)

How people were consulted was on-going. We will review this at the next inspection (see recommendation).

Requirements

Number of requirements: 1

1. To ensure people receive high quality care the provider must put in place an effective quality assurance system by 1 December 2019. This ensures care and support is consistent with the Health and Social Care Standards which state "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

It also complies with Regulation 4 (1)(a) Welfare of users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Recommendations

Number of recommendations: 1

1. The provider should improve the way it consults with people who use the service. All people using the service should have the opportunity to be involved. Regular feedback should be used to improve and develop the service.

This ensures care and support is consistent with the Health and Social Care Standards which state "I am actively encouraged to be involved in improving the service I use, in spirit of genuine partnership" (HSCS 4.7).

Grade: 3 - adequate

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

To ensure that people's needs are met the provider must put in place the following action by the 1st December 2018.

Every person using the service must have a detailed personal plan and appropriate assessments, including risk assessments which are dated, signed, regularly reviewed and informative to staff.

The support plan must be person centred and outcome focussed.

People and/or their representative must be fully involved and informed about their support plan.

Reviews must take place at least every six months with each person using the service.

This ensures care and support is consistent with the Health and Social Care Standards which state "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15). "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change" (HSCS 1.12). It also complies with Regulation 5(1) and 5(2)(b) Personal Plans of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 25 June 2018.

Action taken on previous requirement

Some progress had been made on support plans but more work was needed to ensure the support plans were person centred and had outcomes clearly identified. The manager was looking to develop a new support plan. Reviews were not taking place regularly and people were not involved. Reviews should be a priority for the service.

Not met

Requirement 2

To ensure that people receive high quality care from a skilled and competent workforce the provider must put in place the following actions by the 1st December 2018.

All new staff must have a meaningful and supportive induction programme that supports staff in their role, and ensures regular monitoring and assessment of competency:

A training needs analysis for all staff.

A training programme to evidence all mandatory staff training is up to date.

Evidence of specialist training in place for staff to support people with dementia, such as the Promoting Excellence training, and specialist training in end of life and palliative care.

This ensures care and support is consistent with the Health and Social Care Standards which state "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27). It also complies with Regulation 15 (b) Staffing of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 25 June 2018.

Action taken on previous requirement

Some progress had been made. Induction was being documented but required more detail. Training had taken place for some staff, however, some staff training was still out of date. A training needs analysis will support the service to deliver training that supports staff to meet people's needs. Specialist training is being sourced.

Not met

Requirement 3

To ensure people receive high quality care the provider must put in place an effective quality assurance system by 1 December 2018. This ensures care and support is consistent with the Health and Social Care Standards which state "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

It also complies with Regulation 4 (1)(a) Welfare of users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 25 June 2018.

Action taken on previous requirement

This requirement had not been met. Managers told us the intention was to have a quality framework in place through Quality Scotland. A meeting had taken place. There were some systems in place to monitor the quality of the service, however, further improvement is required to ensure all aspects of quality are being monitored.

Not met

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

The provider should improve the support staff receive by putting in place the following actions:

All staff should have regular supervision to discuss and reflect on their practice in line with best practice.

All staff should have an appraisal to support them in and to develop in their role.

All staff should have their competency assessed for the work they undertake on a regular basis which should form part of the supervision and appraisal system.

Direct observation of staff practice should be undertaken to ensure staff are competent in their practice.

This ensures care and support is consistent with the Health and Social Care Standards which state "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

This recommendation was made on 25 June 2018.

Action taken on previous recommendation

This recommendation had not been met but some improvements were noted. For example; some staff had regular supervision and appraisals with their line manager, however, this was not the same for all staff. Some of the supervision notes we sampled were very brief and did not give staff time to reflect on practice. Direct observation of practice had begun, however, more work was needed to improve the quality of the recording of observation and the quantity. Staff we spoke to felt supported and could speak to their line manager if they needed to. Work is still required to make improvements. We will review this recommendation at the next inspection.

Recommendation 2

The provider should ensure there are enough staff to meet the needs of people using the service. To ensure that people receive high quality care the provider should put in place the following actions:

Effective and efficient systems to ensure a consistent staff group are employed.

Improved and effective methods to monitor and manage staff sickness and absenteeism.

Monitoring of staff vacancies to ensure enough staff are recruited timeously to fill vacant posts.

This ensures care and support is consistent with the Health and Social Care Standards which state "I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation" (HSCS 4.15). "I am supported and cared for by people I know so that I experience consistency and continuity" (HSCS 4.17).

This recommendation was made on 25 June 2018.

Action taken on previous recommendation

There had been improvement in staffing although there were times when staff were rushed however, this was due to the nature of the service. Staff absence was being monitored more effectively. A new structure was planned which should improve how staff were delegated. Recommendation met.

Recommendation 3

The provider should improve the way it consults with people who use the service. All people using the service should have the opportunity to be involved. Regular feedback should be used to improve and develop the service.

This ensures care and support is consistent with the Health and Social Care Standards which state "I am actively encouraged to be involved in improving the service I use, in spirit of genuine partnership" (HSCS 4.7).

This recommendation was made on 25 June 2018.

Action taken on previous recommendation

Work had commenced but more work was required so that people's views were taken on board. The manager was progressing this.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
29 Jan 2019	Unannounced	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed Not assessed Not assessed
25 May 2018	Unannounced	Care and support Environment Staffing Management and leadership
		3 - Adequate Not assessed 2 - Weak 2 - Weak
12 Apr 2017	Announced (short notice)	Care and support Environment Staffing Management and leadership
		5 - Very good Not assessed Not assessed 5 - Very good
29 Apr 2016	Unannounced	Care and support Environment Staffing Management and leadership
		6 - Excellent Not assessed 5 - Very good Not assessed
24 Apr 2015	Unannounced	Care and support Environment Staffing Management and leadership
		5 - Very good Not assessed 5 - Very good 5 - Very good
30 Apr 2014	Unannounced	Care and support Environment Staffing Management and leadership
		5 - Very good Not assessed 4 - Good 4 - Good
29 Apr 2013	Announced (short notice)	Care and support Environment Staffing Management and leadership
		4 - Good Not assessed 4 - Good 2 - Weak

Date	Type	Gradings	
31 May 2012	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
13 Dec 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good Not assessed
16 Feb 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 4 - Good 4 - Good
25 Aug 2008	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 3 - Adequate

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This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Appendix 2:

EAST DUNBARTONSHIRE COUNCIL HOME CARE MAINSTREAM TEAM

Care Inspectorate Requirements and Recommendations Inspection Date: 18th July 2019.

Requirement/Recommendation	Planned Actions/Outcomes	Update	Resp. person & Timeframe	Supporting Information As at 10 October 2019
<p>Theme: Quality of Care and Support</p> <p>Statement 1</p> <p>Requirement 1</p> <p>To ensure that people's needs are met the provider must put in place the following action by the 1st December 2019.</p> <p>Every person using the service must have a detailed personal plan and appropriate assessments, including risk assessments which are dated, signed, regularly reviewed and informative to staff.</p> <p>The support plan must be person centred and outcome focussed.</p> <p>People and/or their representative must be fully involved and informed about their support plan. Reviews must take place at least every six months with each person using the service. This ensures care and support is consistent with the Health and Social Care Standards which state "my personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15). "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change" (HSCS 1.12). It also complies with Regulation 5(1) and 5(2)(b) Personal Plans of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.</p>	<p>Each customer/service user will have a Personal Plan in their home.</p>	<p>Current Support plans are being updated to ensure they are person centred and outcome focussed. Updated support plans will be introduced to every new person receiving the service and incrementally updated for existing service users.</p>	<p>JSMOP, HSM, HCO's Implementation from w/c 21/10/2019</p>	<p>All customers/service users have a Diary Book in their home containing a support plan with core information. Total number is 388 which is 100%.</p> <p>117 Assessments (37%) and 156 Reviews (47%) are outstanding and require to be completed.</p> <p>Plan is for 40 completed Assessments and Support Plan updates per week from 10 Home Care Organisers carrying out 4 per week.</p> <p>Outstanding Assessments and Reviews to be completed in a time frame of 8 – 12 weeks</p> <p>Number of outstanding Moving and Handling Risk Assessments to be completed – 18 (4%)</p> <p>Number of outstanding Private Provision Assessments to be completed – 64 (10%).</p> <p>Completing 10 per week</p>
	<p>Home Care Organisers will be responsible for involving customers/service users and their representatives in the assessment and review process.</p>	<p>Home Care Organisers to complete 4 Assessments and Support Plan updates per week including Risk Assessments and Reviews</p>		
	<p>Each customer/service user will have personalised risk assessments where required with the involvement of customers/service users and/or their representatives</p>	<p>Risk Assessment format is being updated to include customer/service user and/or their representative involvement</p> <p>Risk Assessment Awareness session planned for Home Care Organisers for 05/11/2019. Service users who require risk assessments have been identified and assessments are planned to be carried out with the involvement of service users and their carers</p> <p>One Home Care Organiser allocated specifically to the task of completion of Moving and Handling Risk assessments and Private Provision assessments.</p>		

			<p>prioritised by risk. To be completed in a time frame of 8 – 10 weeks</p> <p>Information is gathered monthly on all Home Care Activity – Assessments, Reviews, Training, Sickness Absence and Overtime</p>
	<p>Reviews will be carried out 6 monthly.</p>	<p>Reviews are planned to be carried out 6 monthly. The Review monitoring database for in house and private reviews informs the numbers completed and outstanding. (See Supporting Information)</p>	

Requirement/Recommendation	Planned Actions/Outcomes	Update	Resp.person(s) & Timeframe	Supporting Information
<p>Theme: Quality of Staffing</p> <p>Statement 3</p> <p>Requirement 1</p> <p>To ensure that people receive high quality care from a skilled and competent workforce the provider must put in place the following actions by the 1st December 2019:</p> <p>All new staff must have a meaningful and supportive induction programme that supports staff in their role, and ensures regular monitoring and assessment of competency.</p> <p>A training needs analysis for all staff.</p> <p>Evidence of specialist training in place for staff to support people with dementia, such as the Promoting Excellence training, and specialist training in end of life and palliative care.</p> <p>This ensures care and support is consistent with the Health and Social Care Standards which state "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I</p>	<p>All new staff have a meaningful Induction programme.</p> <p>A training needs analysis will be completed for all staff to inform the Home Care Training and Development Plan.</p> <p>All staff will have the opportunity to complete Dementia Skilled training</p>	<p>The Induction Programme for new staff has been completed. This includes regular monitoring and assessment of competency</p> <p>A training needs analysis for all staff is currently underway to be completed by 1st December 2019. This will inform the Home Care Training and Development Plan.</p> <p>A plan to provide Dementia Skilled training for all staff has been developed.</p>	<p>HSM, SDIO</p> <p>1st December 2019</p>	<p>Last recruitment was in October 2018</p> <p>Total no. of staff 202 as at Oct 2019</p> <p>Dementia Skilled Training 1 x 2 Day Training session per month from November 2019. 15 staff per 2 day session. Aim for 100% of staff to be Dementia Skilled by December 2020.</p> <p>The Stress and Distress module makes up 1 of the 2 days.</p>

experience high quality care and support because people have the necessary information and resources" (HSCS 4.27). It also complies with Regulation 15 (b) Staffing of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.	All staff will have the opportunity to complete End of Life/Palliative Care training.	The Chair of the Palliative Care Steering Group is in negotiation to access resources to provide End of Life/Palliative care training.		P/EOL training will be 1 day course – staff will be released 15 per day when arranged.
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Requirement/Recommendation	Planned Actions/Outcomes	Update	Resp. person(s) & Timeframe	Supporting Information
<p>Theme: Quality of Management and Leadership</p> <p>Statement 4</p> <p>Requirement 1</p> <p>To ensure people receive high quality care the provider must put in place an effective quality assurance system by 1 December 2019. This ensures care and support is consistent with the Health and Social Care Standards which state "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).</p> <p>It also complies with Regulation 4 (1)(a) Welfare of users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.</p>	An effective Quality Assurance, Monitoring and Audit system is in place	A Quality Assurance, Monitoring and Audit Framework is currently being agreed and implementation is due to commence from 1st November 2019 (See attached draft)	JSMOP, HSM, PPQ Manager, SDIO 1st November 2019	This will incorporate all the current routinely gathered monitoring, audit, and consultation information.

Requirement/Recommendation	Planned Actions/Outcomes	Update	Resp. person(s) & Timeframe	Supporting Information
<p>Theme: Quality of Staffing Statement 3 Recommendation 1</p> <p>The provider should improve the support staff receive by putting in place the following actions:</p> <p>All staff should have regular supervision to discuss and reflect on their practice in line with best practice.</p> <p>All staff should have an appraisal to support them in and to develop in their role. All staff should have their competency assessed for the work they undertake on a regular basis which</p>	<p>All staff have regular supervision including Direct Observation</p>	<p>A Supervision and Direct Observation Tool is in place and an awareness session for HCO's has been arranged for 7th November 2019</p> <p>Supervision and Direct Observation Tools will be audited in line with the Quality Assurance, Monitoring and Audit System to ensure quality and numbers completed.</p>	<p>HSM, SDIO</p> <p>Commencing November 2019</p>	<p>Current number of staff is 202</p> <p>Supervision takes place 3 monthly.</p>

<p>should form part of the supervision and appraisal system.</p> <p>Direct observation of staff practice should be undertaken to ensure staff are competent in their practice.</p> <p>This ensures care and support is consistent with the Health and Social Care Standards which state "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).</p>	<p>All staff are regularly appraised to support and develop them in their role.</p>	<p>PDR's are completed 3 times per year in March, September and January</p>		<p>80.2% return for completed January 2019 PDR's. Awaiting confirmation of the September 2019 return.</p>
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Requirement/Recommendation	Planned Actions/Outcomes	Update	Resp. person(s) & Timeframe	Supporting Information
<p>Theme: Quality of Management and Leadership Statement 4 Recommendation 1</p> <p>The provider should improve the way it consults with people who use the service. All people using the service should have the opportunity to be involved. Regular feedback should be used</p>	<p>All customers/service users have the opportunity to be involved.</p>	<p>A consultation to gather the views of all service users on the quality of the service and suggestions for improvement is planned for November and December prior to the implementation of the Home Care Review. A follow up consultation is planned for July/August 2020.</p>	<p>HSM, SDIO, HCO's</p> <p>Consultations completed by September 2020.</p> <p>Feedback is ongoing</p>	<p>Current no. of customers as at 09/10/2019 is 664 Private and 388 In House</p>

<p>to improve and develop the service.</p> <p>This ensures care and support is consistent with the Health and Social Care Standards which state "I am actively encouraged to be involved in improving the service I use, in spirit of genuine partnership" (HSCS 4.7).</p>	<p>To gather feedback from all customers/service users</p>	<p>Feedback using questionnaires is gathered for Reablement, HLT (Home for Me), Complex Care and Private Providers. HCO's and Review Officers reminded to use the questionnaires at the Team Meeting on 09/10/2019 and via e-mail</p>	<p>SDIO</p> <p>Ongoing</p>	
	<p>Service Development and Improvement is informed by consultation and feedback from customers/service users.</p>	<p>Evidence of how the above consultations and feedback is analysed and used to improve and develop the service will be gathered and customers/service users informed in line with the Quality Assurance, Monitoring and Audit System.</p> <p>Consultation and Feedback Reports to be completed for each consultation and 3 monthly for Questionnaires.</p>		