For meeting on

24 JUNE 2021

Agenda 2021

East Dunbartonshire Health & Social Care Partnership Board

East Dunbartonshire Health & Social Care Partnership

East Dunbartonshire Health & Social Care Partnership

A meeting of the East Dunbartonshire Health and Social Care Partnership Integration Joint Board will be held within the **Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT on Thursday 24th June 2021 at 9.00am** or via remote access during COVID Pandemic restriction arrangements to consider the undernoted business.

Chair: Susan Murray
East Dunbartonshire Health and Social Care Partnership
Integration Joint Board

12 Strathkelvin Place
KIRKINTILLOCH
Glasgow
G66 1XT
Tel: 0141 232 8237

A G E N D A

Sederunt and apologies

Topic Specific Seminar – Corporate Parenting Update and Life Changes Trust Partnership Working, Claire Carthy

Any other business - Chair decides if urgent

Signature of minute of meeting for the HSCP Board held on; 25th March 2021

Item	Report by	Description		For Noting/ Approval
STANDING ITEMS				
1.	Chair	Declaration of interests	**verbal**	**Noting**
2.	Martin Cunningham	Minute of HSCP Board held on 25th March 2021	**1-6**	**Approval**
3.	Caroline Sinclair	Chief Officer's Report	**verbal**	**Noting**
STRATEGIC ITEMS				
4.	Alan Cairns	HSCP Strategic Plan 2022-25: progress update and consultative proposals	**7-26**	**Approval**
5.	Leanne Connell	School Nursing	**27-40**	**Approval**
6.	Leanne Connell	Adult Community Nursing Service Developments	**41-54**	**Approval**

7.	Derrick Pearce	Review of Social Support for Older People	**55-106**	**Approval**
8.	Claire Carthy	Children's Services Legislation Update: Age Of Criminal Responsibility (Scotland) Act 2019	**107-110**	**Noting**
9.	Claire Carthy	Children's Services Legislation Update: United Nations Convention on the Rights (UNCRC) of The Child (Incorporation) Scotland Bill.	**111-114**	**Noting**
10.	Derrick Pearce	Support for Care Homes	**115-126**	**Approval**
11.	David Aitken	Mental Health and Alcohol & Drugs Recovery - Needs Assessment	**127-242**	**Approval**
12.	David Aitken	Self-Directed Support Implementation Plan 2021 - 2024	**243-268**	**Approval**
13.	Derrick Pearce	Primary Care Improvement Plan Report	**269-290**	**Approval**
14.	Derrick Pearce	Woodhead Practice Proposed Closure of Branch Surgery	**291-352**	**Approval**
GOVERNANCE ITEMS				
15.	Jean Campbell	Financial Monitoring Report – Month 12 2020/2021	**353-368**	**Approval**
16.	Jean Campbell	HSCP Medium Term Financial Strategy 2022 - 2027	**369-416**	**Approval**
17.	Caroline Sinclair	Annual Delivery Plan 2021/22	**417-450**	**Approval**
18.	Alan Cairns	HSCP Quarter 4 (Full Year) Performance Report 2020-21 and Annual Performance Review update	**451-488**	**Noting**
19.	Jean Campbell	East Dunbartonshire HSCP Draft Performance Audit and Risk Minutes held on 30th March 2021	**489-494**	**Noting**
20.	Paul Treon	Clinical and Care Governance Minutes held on 24th February 2021	**495-506**	**Noting**
21.	Derrick Pearce	Strategic Planning Group Minutes held on 25th February 2021	**507-524**	**Noting**
22.	Tom Quinn	Staff Forum Minutes held on 25th January & 22nd February 2021	**525-530**	**Noting**
23.	Gordon Cox	Public Service User & Carer Group Minutes held on 10th May 2021	**531-534**	**Noting**
24.	Caroline Sinclair	East Dunbartonshire HSCP Board Agenda Planner	**535-538**	**Noting**
25.	Chair	Any other competent business – previously agreed with Chair	**verbal**	
FUTURE HSCP BOARD DATES				

Date of next meeting – 9.30am to 1pm if Seminar schedule start time will be 9am. **Thursday 16th September 2021** All held in the Council Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT or via remote access during COVID Pandemic restriction arrangements	

East Dunbartonshire Health & Social Care Partnership

Agenda Item Number: 2.

Minute of virtual meeting of the Health & Social Care Partnership Board held on **Thursday, 25 March 2021.**

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

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

Non-Voting Members present:

C. **Sinclair**	Interim Chief Officer and Chief Social Work Officer- East Dunbartonshire HSCP
J. **Campbell**	Chief Finance and Resource Officer
L. **Connell**	Chief Nurse
G. **Cox**	Service User Representative
A. **McCready**	Trades Union Representative
C. **Bell**	Union Representation
A. **Meikle**	Third Sector Representative

Councillor Susan Murray (Chair) presiding

Also Present:

A. **Cairns**	Planning, Performance & Quality Manager
M. **Cunningham**	Corporate Governance Manager
V. **McLean**	Corporate Business Manager – East Dunbartonshire HSCP
J. **Robertson**	Chief Finance Officer – East Dunbartonshire Council
L. **Tindall**	Organisational Development Lead

OPENING REMARKS

The Chair welcomed everyone to the meeting.

APOLOGY FOR ABSENCE

An apology for absence was submitted on behalf of Dr P.Treon, Clinical Director.

ANY OTHER URGENT BUSINESS

The Chair thanked everyone for their ongoing efforts and collaboration throughout the pandemic and the current lockdown and stated that due to extreme pressure on staff, only reports requiring decisions should come before the Board.

The Chair thanked C.Sinclair for the monthly updates which keep the Board informed.

The Chair also passed on thanks from everyone involved and talked about the efficiency of the Vaccination programmes.

The Chair, on behalf of the Board, thanked all HSCP staff who continue to deliver services to the residents of East Dunbartonshire.

1. DECLARATION OF INTEREST

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

2. MINUTE OF MEETING – 21 JANUARY 2021

There was submitted and approved a minute of the meeting of the Health & Social Care Partnership (HSCP) Board held on 21 January 2021.

3. INTERIM CHIEF OFFICER'S REPORT

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

- Mass Vaccinations – Care Homes, Housebound Programme, Targeted Clinic & mass Clinics;
- General business update – Mental Health and Dugs & Alcohol – increase in referral rates, increasing hospital referrals, increase in access to Home Care services;

There followed questions and discussion around vaccinations, testing and locations being used for mass vaccination programme. Thereafter the Board noted the information.

4. ALCOHOL AND DRUG PARTNERSHIP (ADP) STRATEGY & DELIVERY PLAN 2020/2023

A Report by the Interim Head of Adult Services, copies of which had previously been circulated, providing the Board with an update on the ADP Strategy and Delivery Plan 2020/2023. Full details were contained within the Report and attached Appendix.

Following discussion and having heard the Acting Head of Adult Services in response to members' questions which included the increased use of naloxone, the plans for prevention and future targets / funding, thereafter the Board noted and approved the ADP Strategy and Delivery Plan

5. OLDER PEOPLE'S AND ADULT MENTAL HEALTH STRATEGIES – PROGRAMME UPDATE

A Report by the Interim Chief Officer and Chief Social Work Officer, copies of which had previously been circulated, update the Board on the development of the NHS GG&C Board-wide Older People's Mental Health (OPMH) and Adult Mental Health (AMH) strategies, presented by the Acting Head of Adult Services. Similar reports were being considered by the other five IJBs in GG&C. Full details were contained within the Report and attached Appendix.

Following discussion and questions, the Board noted this report and noted the further Work being undertaken to develop the strategies which would be included in an updated report in June 2021.

6. INTEGRATED CHILDREN'S SERICES PLAN 2021/2023

A Report by the Interim Head of Children's Services & Criminal Justice, copies of which had previously been circulated, advising the Board of the statutory requirement to provide

an Integrated Children's Services Plan to Scottish Government by 31/03/21. Full details were contained within the Report and attached Appendix.

Members of the Board noted the Children and Young People (Scotland) Act 2014 conferred a statutory responsibility on the Community Planning Partnership to publish an Integrated Children's Services Plan on a 3 year cycle. The first Plan covered the period 2017-2020. A self-evaluation exercise was undertaken in December 2019 with a view to reviewing the previous plan and identifying key themes for the next plan which was due to be submitted to the Scottish Government in March 2020. This was delayed, however, due to the Covid 19 pandemic and an interim one year plan was agreed. The Integrated Children's Services Plan 2021-2023 is due to be submitted to the Scottish Government by the end of March 2021. Following consideration, the Board agreed the proposed Integrated Children's Services Plan and agreed that this should be submitted to the Scottish Government.

7. EAST DUNBARTONSHIRE RECORDS MANAGEMENT PLAN

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, updated the Board on the proposed ED HSCP Records Management Plan to meet the requirements of the Public Records (Scotland) Act 2011. Full details were contained within the Report and attached Appendices.

Following consideration, the Board approved the update of the East Dunbartonshire HSCP Records Management Plan, and agreed that this could be formally submitted to the Keeper of the Records of Scotland by 31st March 2021 subject to any further minor amendments.

8. FINANCIAL PERFORMANCE BUDGET 2020/21 – MONTH 10

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, updating the Board on the financial performance of the partnership as at month 10 of 2020/21. Full details were included within the Report and attached Appendices.

Following consideration, the Board agreed:

a) to note the projected outturn position was reporting an under spend of £4.1m as at month 10 of 2020/21 based on the level of Scottish Government funding confirmed to support Covid expenditure to date;

b) to note and approve the budget adjustments outlined within paragraph 1.2 (**Appendix 1**)

c) to note the HSCP financial performance as detailed in (**Appendix 2).**

d) to note the progress to date on the achievement of the current, approved savings plan for 2020/21 as detailed in **Appendix 4**; and

e) to note the impact of Covid related expenditure during 2020/21.

f) to note the summary of directions set out within **Appendix 6**.

9. FINANCIAL PLANNING & BUDGET SETTING 2021/2022

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, update the Board on the financial planning for the partnership and agree the

budget for 2021/22. Full details were contained within the Report and attached Appendices.

The Board noted the quarterly performance reports contributed to HSCP Board scrutiny of performance and progress against the Strategic Plan priorities.

Following discussion, the Board agreed:

a) to note the position within the financial planning assumptions and acknowledge that these have been formed following partnership collaboration;

b) to agree to accept the indicative budget settlement for 2021/22 from the NHS (Para 1.9) and Council (Para 1.11-12) while noting the caveats arising from the current situation as it relates to the health and social care partnership's necessary response to Covid-19 and the risks associated with the uncertain landscape of service delivery and associated costs;

c) to note and approve the proposed increase in the set aside budget outlined in paragraph 1.10;

d) to approve the savings programme for 2021/22 to support delivery of a balanced budget position for the partnership outlined in **Appendix 4;**

e) to approve the creation of a transformation reserve to underwrite the identification and delivery of further transformation and service redesign during 2021/22 to deliver recurring savings in support of a balanced budget into future years;

f) to approve the approach for reserves outlined in paragraph 2.6 and note this is dependent on the financial performance of the partnership delivering as projected through the Month 10 budget monitoring reports;

g) to note that the risks to the Partnership in meeting the service demands for health & social care functions and in the delivery of the strategic priorities set out in the Strategic Plan; and

h) to approve the Directions to East Dunbartonshire Council and NHS Greater Glasgow & Clyde for 2021/22 in respect of the delivery of the functions delegated to East Dunbartonshire Integration Joint Board as set out in **Appendix 6** of this report.

10. HSCP QUARTER 3 PERFORMANCE REPORT 2020-21

The Interim Chief Officer and Chief Social Work Officer, provided a Report to the Board, copies of which had previously been circulated, informing the Board of progress made against an agreed suite of performance targets and measures, relating to the delivery of the HSCP strategic priorities, for the period October to December (Quarter 3). Full details were contained within the Report and a copy of the Performance Report 2020-21 Quarter 3 was attached as Appendix 1.

Following consideration, the Board agreed to note the content of the Report, and considered the Quarter 3 Performance Report 2020-21 at **Appendix 1.**

11. EAST DUNBARTONSHIRE HSCP PERFORMANCE, AUDIT & RISK MANAGEMENT COMMITTEE MINUTE OF MEETING OF 5 JANUARY 2021

The Chief Finance and Resources Officer, provided a Report to the Board, copies of which had previously been circulated, sharing with the Board a copy of the minutes of the HSCP Performance, Audit & Risk Management Committee. A copy of the minutes were attached as Appendix 1.

Following questions and further discussion, the Board noted the contents of the HSCP Performance, Audit & Risk Committee minutes of 5 January 2021.

12. HSCP CLINICAL AND CARE GOVERNANCE GROUP MINUTE OF MEETING HELD ON 2 DECEMBER 2020

The Clinical Director, Dr P. Treon, provided a Report to the Board, copies of which had previously been circulated, sharing with the Board a copy of the minutes of the Clinical and Care Governance Group held on 2 December 2020. A copy of the minutes were attached as Appendix 1.

Following discussion, the Board noted the contents of the Clinical and Care Governance Group Minutes of 5 December 2020.

13. HSCP STRATEGIC PLANNING GROUP MINUTES HELD ON 17 DECEMBER 2020

A Report by the Head of Community Health and Care Services, copies of which had previously been circulated, sharing with the Board a copy of the minutes of the HSCP Strategic Planning Group held on 17 December 2020. A copy of the minutes were attached as Appendix 1.

Following discussion, the Board noted the contents of the HSCP Strategic Planning Group minutes of 17 December 2020.

14. STAFF FORUM MINUTES - 25 JANUARY 2021

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

Following consideration, the Board noted the contents of the Staff Forum meeting minute of 25 January 2021.

15. EAST DUNBARTONSHIRE HSCP BOARD AGENDA PLANNER

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

16. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

17. DATES OF NEXT MEETINGS

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

- Thursday, 24th June 2021 at 9.30am.

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

Agenda Item Number: 4.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Date of Meeting	**24th June 2021**
Subject Title	**HSCP Strategic Plan 2022-25: progress update and consultative proposals**
Report By	**Caroline Sinclair, Interim Chief Officer and Chief Social Work Officer**
Contact Officer	**Alan Cairns, Planning, Performance & Quality Manager** **Alan.cairns2@ggc.scot.nhs.uk**
Purpose of Report	The purpose of this report is to update the HSCP Board on progress towards the preparation of the HSCP Strategic Plan 2022-25. Approval is sought on the proposed approach to consultation as set out at **Appendix 1**, which also outlines the overall timeline for the development of the new Strategic Plan.
Recommendations	It is recommended that the Health & Social Care Partnership Board: a) Approves the Communication and Engagement Plan as introduced in this report and set out at **Appendix 1;** and b) Notes progress towards the preparation of the HSCP Strategic Plan 2022-25.
Relevance to HSCP Board Strategic Plan	This report relates directly to the preparation of the next Strategic Plan for the period 2022-25

Implications for Health & Social Care Partnership

Human Resources	None
Equalities:	None
Financial:	None
Legal:	None
Procurement:	None
Economic Impact:	None
Sustainability:	None

Risk Implications:	None	
Implications for East Dunbartonshire Council:	East Dunbartonshire Council is a partner of the HSCP and constituent body of the HSCP Board. The Council is also a prescribed consultee of the Strategic Plan, so will be directly engaged in the development of the plan. The approval of the Strategic Plan rests with the HSCP Board.	
Implications for NHS Greater Glasgow & Clyde:	Greater Glasgow and Clyde Health Board is a partner of the HSCP and constituent body of the HSCP Board. The Health Board is also a prescribed consultee of the Strategic Plan, so will be directly engaged in the development of the plan. The approval of the Strategic Plan rests with the HSCP Board.	
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	☐

Appendix 1: HSCP Strategic Plan 2022-25 Communication and Engagement Plan

MAIN REPORT

1 BACKGROUND

1.1 At its meeting on 21 January 2021, the HSCP Board approved the statutory review of the East Dunbartonshire Strategic Plan 2018-21 report and noted the process and terms of deferring the substantive replacement of the existing Strategic Plan for one year in line with Scottish Government advice, due to the impact of the pandemic on capacity and meaningful community engagement.

1.2 With the approval of this review report by the HSCP Board, the Chief Officer has now initiated the commencement of the preparatory work in support of the next substantive Strategic Plan 2022-25.

2 COMMUNICATION, ENGAGEMENT AND PARTICIPATION

2.1 HSCP Boards are collaborative at heart; they include membership from Local Authorities and Health Boards, plus representatives of service users, informal carers, professionals and clinicians, trade unions and third and independent sector service providers. When preparing its Strategic Plan, an HSCP Board must ensure that all of these stakeholders and partners are fully engaged in the process. This ensures that a collaborative and co-produced approach is taken to the planning of services to deliver the National Outcomes for Health and Wellbeing in line with the Health and Social Care Delivery Principles and achieve the core aims of integration:

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

2.2 In order to be effective, community engagement must be relevant, meaningful and have a clearly defined focus. NHS Boards, Local Authorities and Integration Joint Boards should engage with the communities they serve following the principles set out in the National Standards for Community Engagement.

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

2.4 For all these reasons, it is important to have a clear plan to support communication, engagement and participation in the preparation of the new Strategic Plan. A Communication, Engagement and Participation Plan is therefore attached at **Appendix 1**, which sets out the process of the

Strategic Plan's development and how the engagement process fits into this. A timeline accompanies the Communication, Engagement and Participation Plan, with detail on the nature of the engagement activity and the timescales attached to these. Further detail on the impact of Covid-19 social distancing constraints is also covered in the plan.

2.5 It is proposed that a HSCP Board development session will be organised in August to ensure members are closely and directly involved in the process of engagement and can ensure full contribution to the emerging themes and priorities.

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

2.7 Analysis of East Dunbartonshire's population profiles, its health and wellbeing and its particular needs will be undertaken to ensure that the Strategic Plan identifies and reflects these local needs in the development of themes and priorities.

2.8 The HSCP will also look at work that has been done elsewhere that has worked well, to help to inform our early thoughts. Some of these examples of good practice have been brought together into a report by the Scottish Government called "**A Framework for Community Health and Social Care Integrated Services**" which we will use to help inform our approach.

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

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

2.10 Phase 2 is where the first part of our Engagement and Participation Plan commences. At this point we will carry out a **conversation** with partners, stakeholders and the general public to share these findings and we aim to do the following:

The Conversation:

We will share from our early work what we think are the key challenges for the HSCP and the changes and improvements that need to be made to meet those challenges. We will also share what we think will make these changes possible.

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

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

2.11 By the end of Phase 2, we would aim to identify the key challenges, the areas for priority action and the key enablers for change and seek approval for these from the HSCP Board.

2.12 A second stage of consultation is outline in the plan, which would commence with the circulation of a draft Strategic Plan based on these agreements, later in the year.

3 SUMMARY OF PROGRESS TOWARDS THE NEW STRATEGIC PLAN

3.1 An update on progress towards the development of the new Strategic Plan 2022-25 is set out below:

- Review of 2018-21 Strategic Plan completed and approved
- Approval for 1 year bridging arrangement in place for 2021-22, with shift to annual Delivery Plan approach (subject of a separate report to HSCP Board on 24 June 2021);
- Outline development process and timeline in place for the new Strategic Plan 2022-25
- Summary of statute and guidance requirements prepared for Senior Management team (SMT) and Strategic Planning Group (SPG);
- Joint Strategic Needs Assessment in preparation, draft expected during first week in June, with updated locality profiles to follow;
- Work well underway on analysis of policy drivers, change agenda, priorities and enablers;
- Benchmarking of Strategic Plan models and strategic priorities complete for consideration by SMT and SPG;
- Initial workshop by SMT undertaken;
- Established as a standing item on SPG agenda

Agenda Item Number: 4a

Appendix 1

East Dunbartonshire Health & Social Care Partnership
Strategic Plan 2022-25
Communication, Engagement & Participation Plan

1 PURPOSE

1.1 This Communication, Engagement & Participation Plan is designed to set out how the East Dunbartonshire HSCP will communicate, engage and consult with partners, stakeholders and the general public on the preparation and content of its new Strategic Plan 2022-25.

2 THE HSCP STRATEGIC PLAN

2.1 Health and Social Care Partnerships (HSCPs) were introduced in 2015 to bring together a range of community health and social care services. The responsibility for organising these services previously lay with Local Authorities and Health Boards, but now sit with HSCP Boards (sometimes called Integration Joint Boards). The idea behind creating these HSCPs was to integrate health and social care services much more closely under a single manager, with a single combined budget, delivering a single plan that sets out how to meet a single set of national outcomes in a way that best meets local needs. The "single plan" is called the HSCP Strategic Plan, which HSCP Boards develop to describe out how they will plan and deliver services for their area over the medium term, using the integrated budgets under their control.

2.2 East Dunbartonshire HSCP has produced two previous Strategic Plans. The new Strategic Plan must be produced by 31 March 2022 and will cover the three year period 2022 to 2025.

3 ENGAGEMENT AND PARTICIPATION

3.1 HSCP Boards are collaborative at heart; they include membership from Local Authorities and Health Boards, plus representatives of service users, informal carers, professionals and clinicians, trade unions and third and independent sector service providers. When preparing its Strategic Plan, an HSCP Board must ensure that all of these stakeholders and partners are fully engaged in the process. This ensures that a collaborative and co-produced approach is taken to the planning of services to deliver the National Outcomes for Health and Wellbeing (see **Appendix 1**), and achieve the core aims of integration:

- To improve the quality and consistency of services for patients, carers, service users and their families;
- To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and

- To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.

3.2 Strategic Plans also need to have regard to the national Health and Social Care Delivery Principles (see **Appendix 2**)

3.3 In order to be effective, community engagement must be relevant, meaningful and have a clearly defined focus. NHS Boards, Local Authorities and Integration Joint Boards should engage with the communities they serve following the principles set out in the National Standards for Community Engagement. This defines community engagement as:

'A purposeful process which develops a working relationship between communities, community organisations and public and private bodies to help them to identify and act on community needs and ambitions. It involves respectful dialogue between everyone involved, aimed at improving understanding between them and taking joint action to achieve positive change.'

3.4 The Covid-19 pandemic poses significant challenges regarding participation, engagement and consultation. Whilst wishing to ensure that our engagement to develop and shape the new Strategic Plan is as robust and effective as possible, we must prioritise people's health, safety and welfare. In order to do this, the HSCP is adopting a virtual approach to communication, engagement and consultation during this time, as set out at **Appendix 3**.

4 APPROACH

Phase 1

4.1 The preparation of the Strategic Plan 2022-25 is designed to follow 5 distinct phases, which reflect the legal requirements as well as supporting guidance. These are set out in more detail at **Appendix 4**.

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

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

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

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

4.4 The HSCP will also look at work that has been done elsewhere that has worked well, to help to inform our early thoughts. Some of these examples of good practice have been brought together into a report by the Scottish Government called "**A Framework for Community Health and Social Care Integrated Services**" which we will use to help inform our approach.

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

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

Phase 2

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

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

4.7 By the end of Phase 2, we would aim to agree the key challenges, the areas for priority action and the key enablers for change.

4.8 **Phase 3**

4.9 Phase 3 will involve putting together a draft Strategic Plan, based on these agreements.

4.10 **Phase 4**

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

> **Consultation on the draft HSCP Strategic Plan 2022-25:**
>
> We will provide people with a copy of the **draft Strategic Plan 2022-25**, which will show the agreed priorities for change and improvement built into a full planning document.
>
> We will invite comments and suggestions on this draft plan. All comments received will be taken into account before we finalise the plan.

4.12 **Phase 5**

4.13 By the end of Phase 5, we will have a final Strategic Plan for approval by the HSCP Board.

5 PARTNERS AND STAKEHOLDERS

5.1 There are a number of representative consultees that either live or operate in East Dunbartonshire who must be included in the Strategic Plan participation and engagement process, by statute. These are called the "prescribed consultees":

- The local authority and Health Board
- Social care and health professionals
- Users of health and/or social care services
- Carers of users of health and/or social care services
- Commercial providers of health and/or social care
- Non-commercial providers of health and/or social care
- Staff of the Health Board and local authority who are not health professionals or social care professionals
- Non-commercial providers of social housing
- Third sector bodies carrying out activities related to health or social care
- Neighbouring HSCPs

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

6 CHANNELS

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

Action Area	Communication and Engagement Channels						Timescale (estimated)
	HSCP stakeholder representative communication	Stakeholder direct communication	Wider public direct communication	HSCP Website	Social Media	Media releases	
Phase 1: Preparation	✓			✓			March - May 21
Phase 2: Conversation	✓	✓	✓	✓	✓	✓	June – Aug 21

Phase 4: Draft plan	✓	✓	✓	✓	✓	✓	Nov 21 – Jan 22
Phase 5: Final plan for approval	✓			✓	✓	✓	Feb – March 22

7 COMMUNICATIONS PLAN TIMELINE

7.1 The Communications Plan timeline will be ongoing from May 2021 and may be updated periodically.

Date	Trigger	Communications Action	Key Message	Audience	Completed
March – May 2021	Phase 1: Preparation	• Approval of Review of Strategic Plan 2018-21 By HSCPB • HSCP Board discussion on SP development outline at development session • Communication with HB and Council on Strategic Plan development process and timescales • Strategic Planning Group standing item: progress updates and discussions on approach • Establishment of SMT sub-group discussion forum • SMT development of Delivery Plan for 21-22 interim year • Presentation to HSCP Leadership Forum • Sharing of draft Comms and Engagement Plan with SPG membership for comment. • SMT development workshop • Communication with EDC Housing on need for Housing Contribution Statement	• Commitment to collaborative approach • Outlining high level nature of the Strategic Plan with more detailed annual Delivery Plan • Providing confidence in the process and engagement commitment.	All HSCP partners and stakeholder representative groups	completed
June – Aug 2021	Phase 2: Conversation	• Main focus on launch and delivery of initial consultative exercise, called the *Conversation about Health and Social Care in East Dunbartonshire*	• All partners, stakeholder and the general public are invited to become involved in a conversation about health and social care	• All HSCP partners and stakeholder representative groups. • All prescribed consultees • The general public	

Date	Trigger	Communications Action	Key Message	Audience	Completed
			• We want to find out what people think are the priorities for improving and developing health and social care services over the next 3 years that reflect local needs and are sustainable. • In developing this conversation, we want to know what people think success would look like.		
Sept – Oct 2021	Phase 3: Draft stage. No active consultation and engagement during this phase.	• Nil	• Draft Strategic Plan being prepared based on consultative outcomes	• Nil	
Nov 21 – Jan 22	Phase 4: Carry out second statutory engagement and consultation: draft Strategic Plan	• Launch of draft HSCP Strategic Plan 2022-25 • Widespread invitation for comment	• Opportunity to comment on the draft HSCP Strategic Plan 2022-25 that has been developed following the *conversation*. All comments received will be taken account of in the preparation of the final Plan	• All HSCP partners and stakeholder representative groups. • All prescribed consultees • The general public • Neighbouring HSCPs • Scottish Government MSG	
Feb – Mar 2022	Phase 5: Launch of published HSCP Strategic Plan 2022-25	• Launch of published HSCP Strategic Plan 2022-25	• New Strategic Plan setting our HSCP's strategic priorities and commitments. • Annual Delivery Plans will follow that will implement the Plan over 3 years.	• All HSCP partners and stakeholder representative groups. • All prescribed consultees • The general public • Neighbouring HSCPs • Scottish Government MSG	

National Health and Wellbeing Outcomes

There are nine national health and wellbeing outcomes which apply to integrated health and social care. Health Boards, Local Authorities and the new Integration Authorities will work together to ensure that these outcomes are meaningful to people in their area.

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

National Integration Planning and Delivery principles

The national integration planning and delivery principles are:

(a) that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service-users,

(b) that, in so far as consistent with the main purpose, those services should be provided in a way which,

- so far as possible is integrated from the point of view of service-users,
- takes account of the particular needs of different service-users,
- takes account of the particular needs of service-users in different parts of the area in which the service is being provided,
- takes account of the particular characteristics and circumstances of different service-users,
- respects the rights of service-users,
- takes account of the dignity of service-users,
- takes account of the participation by service-users in the community in which service-users live,
- protects and improves the safety of service-users,
- improves the quality of the service,
- is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care),
- best anticipates needs and prevents them arising, and
- makes the best use of the available facilities, people and other resources

HSCP Strategic Plan 2022-25
COVID-19: Communication, Participation and Engagement

1 INTRODUCTION

1.1 The Covid-19 pandemic means that there are constraints on the holding of public events or other 'in person' means of consultation. In order to ensure the safety and wellbeing of all stakeholders, the Health and Social Care Partnership (the Partnership) is therefore looking to undertake a largely virtual approach to participation, engagement and consultation to support the development of the HSCP Strategic Plan 2022-25.

1.2 This document is intended to provide guidance on virtual engagement and consultation during the period of the pandemic. It is not intended to replace existing national and local participation, engagement and consultation formal or statutory guidance.

2 AIMS

2.1 The aim of this paper is to set out how the Partnership can undertake effective stakeholder engagement and participation for the Strategic Plan 2022-25 development by taking a predominantly virtual approach in a Covid-19 environment. It does so by:

- Identifying the potential risks of undertaking an engagement and consultation process that is predominantly virtual and looking to see how these might be effectively mitigated
- Providing a framework for virtual engagement and consultation that is standardised and consistent
- Highlighting some of the options that exist within a range of virtual methodologies and approaches available for engagement and consultation

3 RISK

3.1 Adopting a predominantly virtual approach to communication, engagement and consultation during the pandemic is anticipated to present a number of risks. This guidance aims to identify and support as far as possible the mitigation of these.

Potential risk	Action(s) to address the potential risk
Failure to reach all stakeholders. For example, people who do not use social media.	Identifies any stakeholder groups that could potentially be unintentionally left out from virtual engagement and consider other ways in which they may be engaged with safely (telephone, written, community notice boards, radio)
Virtual engagement could be perceived as less robust than traditional methods.	Ensure sufficient time is given to engagement and consultation. (The Consultation Institute recommends that due to Covid-19 partnerships should consider longer than

Potential risk	Action(s) to address the potential risk
	the statutory 12 weeks consultation period). Ensure the methodology is well documented and the outcomes appropriately recorded and reported.
Reduced stakeholder confidence that they will be appropriately and adequately involved in developing plans, strategies and service changes	Provide reassurance that the IJB and the Partnership remain committed to engaging with and involving people
Adapting to a new way of engaging and consulting. Information may be communicated in a written or video form as well as by presentation to a group or in a focus group environment. This may result in less opportunity for clarification or discussion.	Ensure that there is as much clarity in messaging as possible within all communications, engagement and consultation with little or no ambiguity. Ensure mechanisms are in place for obtaining clarification or discussion. For example: • details of where to get more information or who to contact if you have questions • enabling people to provide their contact information if they would like to discuss further or receive updates on the work being undertaken • ensuring that people are provided with updates or have their questions or requests responded to in a timely manner.
Inadvertently spreading Covid-19 using hard copies of written information, e.g. documents, leaflets, etc. The World Health Organisation (WHO) advises that the virus can survive for up to 72 hours on most hard surfaces and 24 hours on cardboard and paper.	Using virtual methods to communicate wherever possible (i.e. avoiding direct person to person contact), for example: web-based, email, social media, text messaging and video solutions to promote engagement activities. Only provide hard copies of documents as a last resort. If these are requested, highlight the risk to people and remind them of infection control advice and best practice

4 METHODS OF COMMUNICATION

4.1 A range of methods to communicate, engage and consult with people virtually about the Strategic Plan will be considered, including:

- Use of existing HSCP representative networks
- Online surveys and questionnaires
- Cascading of information through organisations and online groups
- Media and social media, blogs and webcasts
- Formal and informal briefings at meetings, groups and forums
- E-leaflet and e-poster distribution
- Online presentations, audio and video clips, infographics, pictures and quotes
- Webinars

- Telephone
- Email
- Postal

5 ACCESSIBILITY

5.1 All efforts will be made to ensure that people who may be hard to reach or require communication support are provided with every possible opportunity to share their views and experience and with due regard to the Equality Act.

Strategic Plan 2022-25: Outline Development Process

Phase 1: March – May 21 (Preparation: phase 1)
• Prepare new JSNA
• Prepare new locality profiles
• Analyse and set out national and local policy drivers
• Develop public and stakeholder consultation and engagement strategy
• Develop organisational and staff consultation and engagement strategy
• Review Strategic Plan models elsewhere and consider potential format options
• Initial profile raising across the HSCP governance groups
• Link with Scottish Government on expectations
• National networking on methodologies and approaches
• Initial SMT workshop discussion on approach and format preferences and consider resourcing logistics
• Identify/develop potential linked work e.g. housing contribution statement, reviewed principles and values etc.
Phase 2: June – Aug 21 (Preparation: phase 2)
• Analysis of JSNA and identification of local strengths and challenges
• Set out non-negotiable strategic and service level improvement and development priorities and obligations: our core strategic priorities
• Prepare summary of JSNA key findings, national and organisational policy drivers, core strategic priorities and proposed approach
• Carry out stage 1 statutory engagement and consultation: stakeholder and public priorities
• Develop initial set of Strategic Priorities and consult with governance groups
• Engage with HSCP Board members via development session
• Finalise Strategic Priorities and seek approval of HSCP Board.
• Develop locality plans for inclusion
Phase 3: Sept – Oct 21 (Draft 1: core components of plan)
• SMT development session on development agenda in support of Strategic Priorities and disinvestment options
• Develop measures of success in support of Strategic Priorities
• Finalise investment and disinvestment proposals and success measures attached to Strategic Priorities and seek approval of SPG and HSCP Board.
Phase 4: Nov 21 – Jan 22 (Draft 2: full plan)
• Agree outline format of Strategic Plan
• Assemble draft Strategic Plan
• Carry out stage 2 statutory engagement and consultation: draft Strategic Plan
• Engage with HSCP Board members via development session
Phase 5: Feb – March 22 (Final plan)
• Finalise Strategic Plan and seek approval of HSCP Board
• Publish Strategic Plan

Agenda Item Number: 5

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Date of Meeting	**24th June 2021**
Subject Title	**Transforming School Nursing Roles**
Report By	**Caroline Sinclair, Interim Chief Officer**
Contact Officer	**Leanne Connell, Interim Chief Nurse** **Leanne.connell@ggc.scot.nhs.uk**
Purpose of Report	This report provides an update regarding Scottish Government investment to School Nursing, aligned to the Health and Social Care Workforce Plan recommendations published in December 2019. It outlines the plan for the investment across Greater Glasgow and Clyde, and more specifically planning intentions for East Dunbartonshire HSCP. The report refers to **Appendix 1** Transforming School Nursing
Recommendations	It is recommended that members : a) Note the content of the paper; and b) Approve the proposal to recruit to the staffing model included within the paper in line with financial investment from Scottish Government
Relevance to HSCP Board Strategic Plan	This paper has relevance specifically to key strategic priority: 1) Promote positive health and wellbeing, preventing ill-health, and building strong communities

Implications for Health & Social Care Partnership

Human Resources	Discussion and agreement have taken place both across NHSGGC and locally regarding new posts. There could be displaced staff who require support with redeployment.
Equalities:	The recommendations contained within the report have been assessed in relation to their impact on equalities and human rights. No negative impact on equality groups or potential for infringement have been identified arising from the recommendations contained in the report
Financial:	Funding received in tranches from the Scottish Government in line with the recruitment plans locally
Legal:	None
Procurement:	None
Economic Impact:	None

Sustainability:	None	
Risk Implications:	None	
Implications for East Dunbartonshire Council:	None	
Implications for NHS Greater Glasgow & Clyde:	There are implications for NHSGGC in respect of statutory responsibilities delegated to the Board Director of Nursing and Human Resources.	
Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	☐
	2. East Dunbartonshire Council	☐
	3. NHS Greater Glasgow & Clyde	☒
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	☐

MAIN REPORT

1 Background

1.1. The Scottish Government CEL-13 (2013) refocused the role of School Nursing. A National School Nursing Steering group was established in 2014-15 with responsibility for considering the future health needs of the school aged population in Scotland, public health priorities, epidemiology research and evaluations outlining Adverse Childhood Experiences (ACE).

1.2. Through the Transforming Nursing Roles Programme a process of enhancing the School Nursing Service across NHS Greater Glasgow and Clyde (NHSGGC) is underway in line with commitments made in the Programme for Government to increase the number of qualified School Nurses across Scotland by an additional 250 by the end of 2022.

1.3. NHS Scotland Resource Allocation Committee (NRAC) formula funds NHSGGC for an overall increase of 56.07 wte band 6 school nurse posts between 2019 the end 2022. The first intake for the Specialist Community Public Health Nursing School Nursing (SCPHN-SN) using Scottish Government funding has a delayed completion date due to COVID-19 however the end point of the investment remains end of 2022.

1.4. The board allocation across NHSGGC is £2,624,000. East Dunbartonshire's allocation is £218,054 equating to an additional 4.66 wte. posts. This will provide a recurring School Health Service budget of £362,000 at end of 2022. Appendix 1 details an overview of NHSGGC funding proposal for School Nursing.

1.5. Whilst NRAC formula is routinely used to distribute funding, to and within Health Boards, it is a model that presents challenges as it can result in a mismatch between actual local need and funding distribution. School Nursing is an area where East Dunbartonshire is adversely affected by an NRAC distribution as a result of having a disproportionately high number of school children, through both high school rolls and a high number of local school attenders who reside outside the local authority. Other funding distribution models have been used in other scenarios, which have aimed to link more closely to local levels of identified need. However, at a pan NHSGGC level there was no appetite to make alterations to the NRAC distribution approach for School Nursing, recognising that while it is not ideal in all subject areas, it is the established method, and is likely to result in balancing gains and losses per area when considered as a whole system. As a result, the allocation to East Dunbartonshire will fall short of what is fully required.

1.6. Further to the local funding challenge, there is broad agreement that the level of funding across all NHSGGC may not be sufficient to fully transform School Health services in line with the national transformational priorities. The outcomes of the investment and

the development of the School Health Service will be governed through NHSGGC Transforming Nursing Roles group with regular feedback to the Scottish Government.

2 East Dunbartonshire Plan

2.1 The current East Dunbartonshire School Health service model is illustrated in table 1. The proposed model using Scottish Governemnt funding by end point 2022 is illustrated in table 2. All costs are calculated at top of scale to minimise financial risk.

Current School Nursing Service	**WTE**	**Band**	**Costs**
Nurse Team Leader	0.2	7	£12,160
SCPHN School Nurse	0.8	6	£41,200
Staff Nurse	2.8*	5	£33,134
Health Care Support Worker	0.6	3	£17,520
TOTAL			**£95,948**

Table 1 * 2.0 wte Staff Nurses undertaking SCPHN (SN) centrally funded

Proposed School Nursing Service	**WTE**	**Band**	**Costs**
Clinical Nurse Team Leader	1.0	7	£60,800
SCPHN School Nurse	6.0	6	£247,200
Health Care Support Worker	1.6	3	£46,720
TOTAL			**£354,720**

Table 2

2.2 The proposed model takes cognisance of the school population, the service delivery requirements and the allocated funding. The transformed school nursing role will be cluster/locality-focused and aligned and integrated with general practice and partner agencies, across the 5–19 years age range, moving away from a ‘one nurse per school or learning community’ model. It envisages a continuing focus on prevention, early intervention and support for the most vulnerable children over five years, following on from the role and focus of health visiting.

2.3 The introduction of a targeted and integrated locality approach will better allow the

management of risk associated with any potential shortfall in budget by enabling a greater degree of flexibility to respond to identified and emerging need. The proposed model invests the majority of the allocated funding in highly skilled SCPHN-SN. This assures the ability of the workforce to effectively undertake specialist assessment to identify and respond to need with an appropriate plan of care.

2.4 Following a review of the local health needs analysis data, East Dunbartonshire school health service will work within the SG framework ten priority areas but will have a focus on the specific pathways:

- Emotional & Psychological Wellbeing
- Child Protection
- Transitions

3. Next Steps - Recruitment

3.1 Critical to the transformation of the School Health Service, in line with national and local priroties, is clinical leadership. The HSCP are curently recruiting a School Nurse Clinical Team Lead to support;

- supervision of SCPHN-SN students
- clinical supervision of the qualified workforce
- the Senior Nurse with School Health Service development

3.2 The additional funding for school nursing investment has been allocated on the basis that the model be fully implemented by December 2022. In recognition that this time frame will be difficult to achieve due to the size and qualification of the current workforce a recruitment plan has been developed. This will support the expansion of the service in line with the allocation of funding and the training requirements associated with undertaking the SCPHN-SN course.

3.3 Staff Nurses within the service are being supported to undertake the SCPHN-SN course however if any existing staff nurse does not undertake the course it will be necessary to explore redeployment opportunities as the new model requires nurses to have this qualification.

3.4 In addition to SCPHN-SN qualified staff the benefit of skill mix model is recognised and necessary to support the continuation of the National School Health Screening Programme and for the delivery of parenting and other community based interventions under the direction of the caseload holder School Nurse. The new model increases this Health Care Support Worker resource from 0.6 WTE to 1.6 WTE.

Appendix 1 - Overview of NHSGGC funding proposal for School Nursing.

Agenda Item Number: 5a

Appendix 1

Transforming School Nursing Roles

SCHOOL NURSING SERVICE - ALLOCATION ADDITIONAL POSTS FOR STUDENT TRAINING

Chief Officers V3

Report To: **Chief Officers**
Paper From: **Val Tierney - Chief Nurse**
Subject: **School Nursing Service Resource Allocation NHSGGC**
Date: **26.04.21 V3**

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1. Introduction

1.1 . The Transforming Nursing Roles Program provides strategic oversight, direction and governance to develop and transform roles to meet the current and future needs of Scotland's health and care system and ensure nationally consistent, sustainable and progressive roles, education and career pathways.

1.2 Transforming School Nursing defines the school nurse contribution within integrated community nursing teams to support early identification and intervention, and promote health, wellbeing and attainment for the most vulnerable children and families at risk of significant harm.

1.3 Through the Transforming Nursing Roles Programme we are in the process of enhancing the School Nursing Service across NHS Greater Glasgow and Clyde (NHSGGC) in line with commitments made in the Programme for Government to increase the number of qualified School Nurses across Scotland by an additional 250 by the end of 2022.

1.4 NHS Scotland Resource Allocation Committee (NRAC) formula funds NHSGGC for an overall increase of 56.07 wte band 6 school nurse posts between 2019 the end 2022.

1.5 HSCP Senior Management Teams have been supported by Chief Nurses and Chief Financial Officers to review local implications of this investment and confirm sufficient capacity exists to discharge professional governance leadership and supervisory responsibilities for the expanded band 6 workforce as per request (November 2020) from Chief Officers.

1.6 Agreement in principal to the recruitment of the additional 56.07 band 6 school has been secured from the six HSCP's. However HOCS have been unable to reach agreement on the RAM to allocate this resource across the six HSCP's within NHSGGC to most accurately reflect current need, and take future requirements into consideration.

1.7 The purpose of this paper is to

- **Seek agreement and recommendation from Chief Officers with respect to the RAM to be adopted within NHSGGC to support allocation of funds across the six partnerships.**

- **To agree on this basis the recruitment of students in line with required workforce projections and within the financial framework offered by Scottish Government.**

2. Background

National Context

2.1 The Scottish Government CEL-13 (2013) refocused the role of School Nursing. A National School Nursing Steering group was established in 2014/15 with responsibility for considering the future health needs of the school aged population in Scotland, public health priorities, epidemiology research and evaluations outlining Adverse Childhood Experiences (ACE).

2.2 Previous papers have rehearsed the work undertaken nationally to review, develop, test and evaluate the school nurse contribution to care of school-aged children and their families within the context of integrated community nursing teams and a wider interagency setting in order to deliver safe, effective and person centred care, based on the Getting It Right For Every Child National Practice Model. The role of school nurses, was re refocused to reflect this evidence and the evidence base and learning from early adopted sites.

NHSGGC Context

2.3 In 2017 NHSGGC conducted a local review to identify current services provided by the school nursing service within the respective HSCPs and the range of resources within the partnerships, including partner agencies, to support and contribute to the delivery of the nationally agreed care pathways.

2.4 NHSGGC has prioritised pathways of care with respect to Emotional Health and Wellbeing, Transitions and Vulnerability

2.5 This recognised role of the School Nursing Service in each Health and Social Care Partnership requires to be effectively aligned to the aims of existing service design across Children and Families Services within each HSCP

2.6 The New monies from Scottish Government will enable us to extend this work and support the implementation of the nationally agreed revised school nursing role and implementation of the evidence based care pathways

Financial Position

2.7 In October 2019 the Scottish government wrote to the NHS Board Executive Director of Nursing and Director of Finance advising of the allocation of posts for student training through commitments made in the Programme for Government to increase the number of school nurses

2.8 NHS GGC undertook a survey in 2019 to establish the current School Nursing workforce position. NHSGGC advised the number of students we could support in education during the first year of funding being available, would be five

2.9 NHSGGC supported five student placements commencing in nursing education in January 2020 and received a financial allocation for the quarter year of £57 000. However this was paused in March 2020 due to Covid 19.

2.10 Scottish government have committed to providing full share of NRAC funding for future years.

2.11 Scottish Government confirmed details of school nurse funding for 2020/21 by letter on 03.09.20. This advised the 2020/21 funding would be based on actual student numbers. Funding for 20/21 came out in two tranches

2.12 This first tranche of funding of additional School Nursing posts was calculated based on the number of students we confirmed would begin training 2019-20. (£ 230 000 = 5 band 6 posts calculated at mid-point £46000).This was received as part of August 2020 allocation and reflects full costs for the 2019/20 previously notified cohort of students

2.13 A second tranche of funding (£69 000) 2020-21 was received. Further funding will be released later this financial year and this will be based on actual numbers commencing training.

2.14 We require to confirm detail about School Nursing, specifically the number of students we intend to recruit/release in each academic year for the School Nursing

programmes as funding provision is contingent on the number of students entering education each year. It is therefore imperative that recruitment commences by the end of May 2021.

2.15 Heads of Children's Services (HOCS) have not reached consensus on use of the NRAC formula to allocate resource across NHSGGC. Consideration of a revised model more aligned to the Scottish Government approach to allocating School Counselling funding was advocated by some. Such a model exists informed by work previously undertaken by the Department of Public Health NHSGG to estimate workforce requirements required across the three agreed priority areas for school nursing: preventing and assessing emotional health and wellbeing needs, supporting health needs transition points, and supporting the named person in health related aspects of supporting vulnerable children and young people.

2.16 **Option 1 NRAC The original allocation** of Additional School Nurses across NHS GGC HSCP's pending final advice from Scottish Government on NRAC formula.

Glasgow City	53.93%	30.24	£1,415,123
East Dunbartonshire	8.31%	4.66	£218,054
East Renfrewshire	7.02%	3.94	£184,205
Renfrewshire	15.23%	8.54	£399,635
Inverclyde	7.39%	4.14	£193,914
West Dunbartonshire	8.12%	4.55	£213,069
Totals	100.00%	56.07	£2,624,000

Allocation - Average per WTE **£46,799**

2.17 Option 2: Revised Model (As defined by borderline/abnormal SDQ scores. Most recent (14/15) Scottish Health Survey results show 14% of all 4-12 year olds across Scotland had a borderline abnormal score)

The revised allocation of Additional School Nurses across NHS GGC HSCP's pending final advice from Scottish Government on NRAC formula.

Glasgow City	46%	25.7	£1,207,040
East Dunbartonshire	11%	6.23	£288 640
East Renfrewshire	11%	6.23	£288640
Renfrewshire	16%	9.07	£419 840
Inverclyde	7%	4.14	£193,914
West Dunbartonshire	8%	4.55	£213,069

Totals	£2,624,000
Allocation - Average per WTE	**£46,799**

Workforce and Continuing Professional Development

2.17 Five SCPHNSNs commenced training in January 2020, however this training was paused due to Covid-19. The course recommenced in October 2020, the five current trainees should complete training in May 2021

2.18 The University of West of Scotland confirmed further courses will commence in, September 2021 and January 2022.

2.19 Distribution of assessors and supervisors across NHSGGC as at July 2020

	Supervisors	Assessors
Glasgow City HSCP	5	1
East Renfrewshire HSCP	1	1
Inverclyde HSCP	2	0
East Dunbarton HSCP	1	0
West Dunbarton HSCP	2	0
Renfrewshire HSCP	0	0
Total	**11**	**2**

- Head count not wte.
- Five supervisors have a students allocated currently

2.20 Based on the remaining 51 WTE as per NHS GGC allocation the proposal for 2020-21/22 is as follows

Number of Students	Student Intake
0	September 2020
9	January 2021
21	September 2021
21	January 2022

2.21 All current Band 6 SCPHN qualified School Nurses will support training as supervisors. In addition the new NMC standards enable us to expand our supervisor base and explore alternative non-traditional practice placement opportunities to meet the learning outcomes associated with the transformation in the role of the school nurse

2.22 The Nursing and Midwifery Council (NMC) Standards for Supervision and Assessment require that assessors are on the same part of the register as the trainee

2.23 Efforts to build sustainable assessor capacity across NHSGGC are underway. We currently have two assessors, and a further two supervisors who have experience of supporting students over two years who are eligible to complete the NES modules to become assessors. Each assessor can support several students simultaneously

2.25 Ongoing review of assessor capacity within each HSCP will be required to ensure this is sufficient to discharge professional governance, leadership and supervisory responsibilities for the expanded band 6 school nursing workforce.

2.26 In order to undertake the programme existing members of staff must be "ready, willing and able". Those staff in a position to apply for the programme will be supported to do so. Band 5 candidates will be able to apply for the course providing they meet eligibility criteria. Existing band 6 staff within school nurse teams who do not possess the SCPHN qualification will be given priority.

Governance

2.27 Scottish Government have established internal governance structures to oversee this work via the Transforming Roles Integrated Children's Group established by Scottish Executive Nurse Directors who will oversee this work and assess progress

2.28 Within NHSGG the work will be implemented by the Children and Young Peoples Transforming Nursing roles group which reports to Heads of Children's Services and Chief Officers and the Board Nurse Director who chairs the NHSGGC Transforming Nursing Roles Programme Board. A key objective will be to ensure data is collated on school nursing activity to assist in role evaluation and develop key quality performance indicators.

Assessment

2.29 Increasing the capacity and competency of school nurses to maximise their contribution as part of multiagency/multidisciplinary teams to supporting health and wellbeing and raising attainment of the school-age population will contribute significantly to preventing adverse childhood experiences, reducing the effects of inequalities and ensuring a focused and targeted approach to promoting the health and wellbeing for children and young people.

2.30 The nationally led refocus of the school nursing role is locality focused, aligned and integrated with General Practice and partner agencies. This enables the development locally of integrated plans requiring a multiagency and multi professional response to improving outcomes for our children, young people and their families.

2.31 The new monies from Scottish Government will support implementation of the nationally agreed revised school nursing role and implementation of the evidence based care pathways. This provides an opportunity to build resilience in our local school nursing team and further capitalise on our existing resource tailoring this to best meet the needs of children and young people, with a continuing focus on prevention, early intervention and support for the most vulnerable.

2.32 The majority of NHSGGC Chief Finance Officers endorse the use of the NRAC model (Option 1) in this instance, consistent with the model used by Scottish Government. However, Chief Finance Officers within a number of partnerships (East Dunbartonshire and East Renfrewshire notably) have some concerns on the use of NRAC for allocating this funding given the experience from health visiting allocations which had a significant impact on the ability of these partnerships to deliver the HV pathway in full within the funding / staffing allocations available through an NRAC model. There is general agreement to NRAC by default, however where this presents a negative impact on delivery for one or more HSCPs then alternate options could be explored for consideration of funding allocations locally and thereafter wider representation to Scottish Government on the sufficiency of the allocation for GG&C as a whole.

2.33 HOCS have been unable to reach consensus. NRAC (option1) favours areas of multiple deprivation. Option 2 is predicated on the level of identified need with respect to emotional health and wellbeing of pupils in respective local authority schools as determined by school roll, the and the proportion of pupils with reported abnormal strengths and difficulties scores. This is an objective measure that requires to be given its place alongside concerns about underreported need linked to deprivation. To note Option 2 more closely aligns to allocation model adopted by Scottish Government to allocate School Counselling funding across local authority education departments.

4. **Recommendations**

- To agree RAM to be adopted to deploy this resource across the HSCP within NHSGGC

- To support this opportunity to secure Scottish Government funding to increase School Nurse capacity across NHSGGC.

- To note the refocussed school nurse role and the opportunity to further enhance the contribution school nurses make on prevention, early intervention and support for the most vulnerable.

- To support the proposed time table for recruitment of SCPHN students in line with the requirement to comply with Scottish Government timeframe of completion by 2022.

- To endorse the proposed governance and reporting arrangements for progressing this programme of recruitment

DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	24th June 2021 Agenda Item Number 240621_05
2	Report Title	Transforming School Nursing Roles
3	Date direction issued by Integration Joint Board	24th June 2021
4	Date from which direction takes effect	24th June 2021
5	Direction to:	NHS Greater Glasgow and Clyde
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	Children and Families Health Teams.
8	Full text of direction	NHSGGC are directed to progress the recruitment and training of staff for the School Health Team utilising financial investment from the Scottish Government.
9	Budget allocated by Integration Joint Board to carry out direction	The total financial investment at end point will be £218,054 with a recurring budget of £362,000.
10	Details of prior engagement where appropriate	Ongoing engagement with existing school health team and with HR via NHSGGC Transforming Nursing roles group.
11	Outcomes	Improved Emotional & Psychological Wellbeing of children receiving targeted support from the service. Increased support for children at risk and early identification of child protection issues. Increased support to children during transitions. Strategic Priority 1) Promote positive health and wellbeing, preventing ill-health, and building strong communities
12	Performance monitoring arrangements	Staff in post and delivery of outcomes identified above
13	Date direction will be reviewed	To be reviewed in September 2021 in line with next release of funding.

Agenda Item Number: 6.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Date of Meeting	**24th June 2021**
Subject Title	**Adult Community Nursing Service Developments**
Report By	**Derrick Pearce, Head of Community Health and Care Services**
Contact Officer	**Leanne Connell, Interim Chief Nurse** **Leanne.connell@ggc.scot.nhs.uk**
Purpose of Report	This report provides an update to the Integration Joint Board (IJB) regarding Scottish Government investment to District Nursing, aligned to the Health and Social Care Workforce Plan recommendations published in December 2019. It outlines the plan for the investment across Greater Glasgow and Clyde, and more specifically planning intentions for East Dunbartonshire HSCP in the context of wider leadership changes in Adult Community Nursing.
Recommendations	It is recommended that members : a) Note the content of the paper b) Approve the proposals to recruit to the Adult Community Nursing service using Scottish Government investment.
Relevance to HSCP Board Strategic Plan	This paper has relevance specifically to key strategic priorities: 2) Enhance the quality of life and supporting independence for people, particularly those with long-term conditions. 3) Keep people out of hospital when care can be delivered closer to home 5) People have a positive experience of health and social care services

Implications for Health & Social Care Partnership

Human Resources	Discussion and agreement have taken place both board wide and locally regarding new posts.
Equalities:	The recommendations contained within the report have been assessed in relation to their impact on equalities and human rights. No negative impact on equality groups or potential for

	infringement have been identified arising from the recommendations contained in the report.	
Financial:	Funding received in tranches from the Scottish Government in line with the recruitment plans locally.	
Legal:	None	
Procurement:	None	
Economic Impact:	None	
Sustainability:	None	
Risk Implications:	None	
Implications for East Dunbartonshire Council:	None	
Implications for NHS Greater Glasgow & Clyde:	Discussion and agreement in NHSGGC for the introduction of a new professional nursing post.	
Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	☐
	2. East Dunbartonshire Council	☐
	3. NHS Greater Glasgow & Clyde	☒
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	☐

MAIN REPORT

1. Background

1.1. In 2018 a national modelling exercise was undertaken which identified a 12% investment was required to the District Nursing workforce in order to address the gap between demand and supply, and in consideration of demographic change, including a growing older population.

1.2. The Health and Social Care Integrated Workforce Plan subsequently committed to an additional 375 nurses across Scotland.

1.3. In consideration of District Nursing services being central to the delivery of essential and urgent care during Covid 19, and to recovery, targeted investment to grow the workforce will support services across Scotland. An enhanced workforce is key to ensuring people can be cared for at home or in a homely setting, reducing avoidable admissions to hospital and enhancing provision in primary care.

1.4. In late 2020, the Scottish Government wrote to Health Boards with regard to the allocation of funding for Nov 2020 - April 2021, and recurring funding until 2024-25.

1.5. The board allocation across NHSGGC is £10,081,786 equating to 47.8 skill mixed posts, East Dunbartonshire's allocation to end point is £782,916. This will result in a recurirng budget for East Dunbartonshire of £251,571.

1.6. Appendix 1 details an overview of funding and justification for posts to be created.

2. East Dunbartonshire Plan

Post	**Band**	**Final WTE**
District Nurse Advanced Nurse Practitioner (DN ANP)	B7	2.8 wte

2.1 Justification for specific posts is provided in Appendix A, however in East Dunbartonshire the proposal to develop new District Nurse Advanced Nurse Practitioner (DNANP) roles is anticipated to have multiple benefits for patients and for the sustainability of services. A 'test of change' DNANP post was introduced in February 202, improved patient outcomes and wider benefits for

services has already been realised as documented in Appendix 2.

2.2 Creation of more senior decision making roles as an element of the District Nursing service will enhance assessment and treatment planning for patients and families and streamline the patient pathway. This will include an evolving Out of Hours component which has already demonstrated a number of benefits in relation to admission avoidance and diverting of referrals to GP OOH at weekends.

2.3 The development of the DNANP role aligns with the ambitions of Transforming Nursing Roles, in that these posts intend to maximise the contribution to nursing by enhancing senior clinical decision making, provide a clear career pathway for District Nursing, enhance leadership to teams, and impact upon avoidable admission to hospital. Given Health Board wide issues in relation to recruitment and retention of Band 6 District Nurses it is anticipated that offering an alternative promoted opportunity which maintains a clinical focus will address this challenge and begin to stabilise the District Nursing service and enhance resilience. These roles will link with the wider Primary Care ANP team, funded by the Primary Care Improvement Fund, and provide the potential to form the building blocks of future Hospital At Home models.

2.4 Significant investment in local workforce planning over the last three years has resulted in East Dunbartonshire currently having a sustainable Specialist Practitioner Band 6 workforce that aligns closely with the NHSGGC model.

2.5 District Nursing services sit within the wider Adult Community Nursing (ACN) service managed by a Senior Nurse Manager who is directly accountable to the Head of Community Health and Care Services. The Senior Nurse has professional and operational management responsibility for the following services; District Nursing, Diabetes Specialist Nursing (DSN), Care Home Liaison Nursing (CHLN), Community Treatment and Care Services (CTACs) and Primary Care ANPs.

2.6 The professional leadership and operational management requirements of the service have expanded over recent years due to the emergence of the CTAC services and Primary Care ANPs as a result of the new General Medical Services contract and the Primary Care Improvement Plan (PCIP). Additionally Covid response and recovery priorities has required significant nursing leadership from the ACN service, particularly around care home assurance and vaccination programs. In recognition of the additional nursing leadership requirements, and of the need to transform nursing roles, the Senior Management Team have recently committed to an increase in the nurse team lead hours using core funding. There is also an additional

	investment being sought in relation to nursing leadership for care homes which has been addressed in a separate paper to the Board – Support for Care Homes.
3.	**Next Steps**
3.1	Given the success of the test of change DNANP, plans are in place to recruit 2.0 WTE to substantiate the test of change post and to commence recruitment of the second post in line with the next release of Scottish Government Funding in October 2021.

Appendix 1 Additional Funding; Proposed Workforce Expansion

Appendix 2 DNANP SBAR

NHSGGC District Nursing- Additional Funding

1. Summary

1.1 Scottish Government (SG) committed in the integrated health and social care workforce plan for Scotland to increase District Nursing (DN) posts by an additional 375 nurses over the next 5 years, based on the current national skill mix.

1.2 In December 2020 SG allocated funding to Health Boards, and latterly provided indicative levels of funding up to financial year (FY) 2024/25. That funding allocated is summarised in the table below, along with the intended distribution for each of NHSGGC's HSCPs:

Table 1: DN Funding by year and HSCP allocation

Year	East Dun	East Ren	Glasgow	Renfrewshire	Inverclyde	West Dun	TOTAL
20/21*	38,583	34,767	275,755	68,826	34,767	44,150	496,848
21/22	120,768	108,822	863,125	215,430	108,822	138,191	1,555,157
22/23	164,369	148,110	1,174,740	293,207	148,110	188,082	2,116,618
23/24	207,624	187,086	1,483,883	370,367	187,086	237,577	2,673,623
24/25	251,571	226,686	1,797,971	448,761	226,686	287,865	3,239,540
TOTAL	**782,916**	**705,470**	**5,595,474**	**1,396,592**	**705,470**	**895,864**	**10,081,786**
% SPLIT	**8%**	**7%**	**56%**	**14%**	**7%**	**9%**	

**6 months allocation*

1.3 Funding is being allocated by SG on an earmarked basis, and will be formally approved each year by Parliament as part of the SG budget process. Allocations will be confirmed for the coming financial years following approval of the budget, usually by the end of January, and allocation will be 70% in May and 30% in November.

2. Current Position

2.1 Funded Establishments for DNs within NHSGGC's 6 Health and Social Care Partnerships (HSCP) are based on the 2012 model; one band 6 per 9,000 PP, two point two band 5 for each band 6, 0.5 WTE band 3 for each band 6, and one band 7 per 10 band 6 posts. Adjustments have been made based on local context and the needs of individual services.

2.2 The table below shows the current funded establishment and vacancy position for DN in hours service for March and November 2020. The funded establishment position describes District Nursing (day service) including non-clinical Nurse Team Leader band 7 posts, but excluding PCIP and temporary Practice Teacher band 7 roles.

Table 2: Current DN funded establishment and vacancy position

	NHSGGC District Nursing		
	Funded Est (WTE) Mar 2020	Funded Est (WTE) Nov 2020	Vacancy (WTE) Nov 2020
Band 7	10.1	10.1	1.0
Band 6	142.9	142.9	30.4
Band 5	314.1	315.1	8.1
Total	467.1	468.1	39.5

2.3 Some of the band 6 vacancies are expected to be filled in Sept 21 by band 5 staff currently progressing through the SPQ course. There are currently 32 students due to graduate in September 2021.

3. Proposed utilisation of additional funding

3.1 An indicative workforce planning exercise has been conducted to establish a road-map for each HSCP expanding its DN workforce within the expected financial framework to 2023/24. The first few years' implementation of this planned expansion and completion of the associated tests of change will inform further planning, with the current forecasted expansion being 47.8 WTE (approx.10%). Future planning exercises will extend to 2024/25 and seek to maximize utilisation of the planned investment by Scottish Government.

Table 3: DN recruitment forecast

Current End Point Forecast	**24/25**	**Cost (£)**
Band 7	13.8	2,847,413
Band 6	15.0	3,090,000
Band 5	13.0	2,121,750
Band 4	0.0	0
Band 3	6.0	687,660
Total Additional WTE & Cost	**47.8**	**8,746,823**

Total Current Funding Allocation (£)	10,081,786
Still To Be Committed (£)	1,334,963

3.2 This is a workforce planning exercise based on indicative funding from SG and is subject to review. It should be noted that this exercise has been conducted with the intention of reviewing post viability and carrying out tests of change during the workforce expansion, so the current end-point of 47.8 WTE additional workforce is expected to vary.

3.3 Further consideration will be given to this framework, particularly for FYs 23/24 and 24/25, following analysis of the success of ANP recruitment and the impact on workforce stability and turnover rates following expansion of the workforce. Consideration of additional posts will combine a variety of inputs depending on the bands concerned, with examples of these inputs below:

Band 7: A number of HSCPs intend to appoint to Band 7 DN ANP (or tANP) posts. This aligns with the ambitions of Transforming Roles, in that these posts intend to maximise the contribution to nursing by enhancing senior clinical decision making, provide a clear career pathway for District Nursing, enhance leadership to teams, and impact upon avoidable admission to hospital. Given board wide issues in relation to recruitment and retention of Band 6 District Nurses it is anticipated that offering an alternative promoted opportunity which maintains a clinical focus will address this challenge and begin to stabilise the District Nursing service and enhance resilience. Some of these roles are intended to be an element of Hospital at Home Tests of Change. New posts will be evaluated in order to establish impact and decide on further investment. There are clear indications of the impact of these posts related to avoidance of unnecessary hospital admission even at this early stage.

Band 6: A number of additional posts are planned, however there is concern about a lack of available candidates for recruitment. HSCP's are currently supporting 32 students in order to attain local succession planning aligned to the 2012 model, in addition HSCPs plan to recruit to additional Band 5 posts to develop via the HSCP SpQ programme, so over time the Band 6 qualified DN workforce will grow. This growth will be additional to the current model and will address vacancies in the qualified Band 6 DN workforce. As there will be advanced clinical opportunities available as this workforce grows, it is anticipated that this will subsequently enhance retention rates, as opposed to staff seeking development opportunities in other areas of service.

Band 5: Additional Band 5 recruitment has commenced across the board, a number of these employees are likely to progress to undertaking DN SpQ in September 2021, therefore maintaining succession planning in relation to the Band 6 role. Additional Band 5 posts will also enhance resilience in the support of enhanced numbers of staff undertaking the SpQ programme, particularly as backfill has been a pressure in previous years.

Band 3: The addition of Band 3 posts will enhance support to services, to ensure that the registered workforce focus on more complex clinical interventions, so shifting the balance of care, and creating further opportunities which align with the ambitions of Transforming Roles.

4. Recommendation

4.1 This paper sets out a proposed road-map for the expansion of the DN workforce and is based on a collaborative workforce planning process between nursing leadership, service management, and management accountants.

4.2 The paper has been submitted to the Chief Officer Tactical Group and Board Nurse Director to advise on progress. GG&C IJB's will also be advised of funding and local plans.

4.3 Further updates on the progress of recruitment campaigns, and the finalisation of annual funding will be provided, along with progress updates required by SG.

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer
Caroline Sinclair

Agenda Item Number: 6b.

Appendix 2

District Nurse Advanced Nurse Practitioner (DN ANP) March 2021

SITUATION

Following consultation with the remaining 3 practices (Kessington, Terrace and Denbridge), the DN ANP was aligned to all 5 GP practices from Monday 1st March '21 with access to all EMIS medical records arranged.

In the OOH's period, the DN ANP was available for 3 weekend out of 4 after swapping a weekend due to family commitments.

The DN ANP continued to attend 1 CPD day per week with the PCIP ANP and worked towards her final OSCE exam on the 6th April.

The DN ANP continues to support a DN student undertaking her independent prescribing module.

	Feb	Mar	April	May	June
Total number of clinical interventions for month	47	56			
Days ANP available (in hours)	**7**	**11**			
ANP remote encounters (in hours)	10	14			
ANP face to face reviews (in hours)	16	18			
OOH days available	**4**	**6**			
OOH remote clinical encounters	17	8			
OOH Face to face reviews	8	16			
Number of GEMS requests prevented	16	17			
ACP's completed by ANP		*			
% of interventions palliative support	50%	55%			
Days spent mentoring prescribing student	1	4			
Clinical supervision sessions delivered to staff	2	1			

Table 1: ANP Activity

Numbers of interventions under 5 redacted for reasons of confidentiality *

BACKGROUND

The continued development of the role throughout February and March has allowed support to be provided to all DN teams within the Bearsden and Milngavie cluster; subsequently shifting more work from GP/ANP and GEMS. This has also supported the DN ANP to build relationships with the whole team and to influence transformation by supporting and encouraging more timely palliative care interventions, anticipatory care planning and prescribing.

ASSESSMENT

The visibility of the role within Bearsden and Milngavie has a clear impact on the volume of work in the OOH period. On reflection, a large number of visits in March were to support very complex palliative care. On all accounts the patients were able to remain at home with optimum symptom control achieved, reduced OOH GP requests and DN staff fully supported with complex prescribing decisions. For the month of March 19 ACP's were completed by Bearsden/Milngavie DN's (an increase of 14 from the previous month).

The DN ANP will continue to contact all teams on duty at the weekend by text to remind them that the service is available.

The DN ANP was able to spend more time with the prescribing student in March; supporting education of a broad range of prescribing requirements including: prescribing for patients at end of life (JIC and syringe drivers), acute prescriptions and DTA's. This has allowed sign off of a number of competencies within the students' portfolio.

A monthly meeting with the DN's commenced March 31st which gave an opportunity for the DN's to give feedback on the DN ANP role and to discuss/consult on wider involvement in test of change proposals; welcoming input to feedback to SLWG's. The DN ANP has recognised an increase in more appropriate referrals from community nursing staff with staff completing a more holistic assessment (including checking observations) and providing more quality information during referral. As a result, the DN ANP will include a column in the data collection tool to highlight inappropriate referrals with actions taken to support staff development provided in reflection column.

Non clinical commitments include:

1. Weekly catch up with lead nurse next (Wednesdays 10:00)
2. Unscheduled care group meeting every 6 weeks next 21st April (Wednesdays 15:00-17:00)
3. New locality frailty meetings, weekly (Mondays 14:00)
4. Monthly meeting with Milngavie DN's re DN ANP role development-
5. ACP Joint commissioning plan
6. ACP- Design and implementation group
7. S/C Frusemide SLWG
8. Heart failure team collaborative working
9. DN prescribing student- Portfolio sign off
10. Shadow opportunities for DN staff city wide who are considering DN ANP opportunities

RECOMMENDATIONS for April

1. Ensure remaining SCI gateways logins Denbridge and Kessington are set up.
2. SOP shared with DN's in Bishopbriggs and Kirkintilloch- await feedback
3. Arrange April meeting with DN's.

4. Attend Unscheduled care meeting
5. Arrange regular East Dun ACP champion meetings.
6. Base in Bishopbriggs Wednesday mornings- Arrange with DN's

DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	24th June 2021 Agenda item number 240621_06
2	Report Title	Adult Community Nursing Service Development
3	Date direction issued by Integration Joint Board	24th June 2021
4	Date from which direction takes effect	24th June 2021
5	Direction to:	NHS Greater Glasgow and Clyde
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	Adult Community Nursing Team
8	Full text of direction	NHSGGC are directed to progress the recruitment and training of District Nurse Advance Nurse Practitioners.
9	Budget allocated by Integration Joint Board to carry out direction	The total financial investment at end point will be £782,916 with a recurring budget of £251,571.
10	Details of prior engagement where appropriate	Ongoing engagement with Nurse Consultant for Advanced Nursing Practice. Board Director of Nursing and HR approved introduction of the new role.
11	Outcomes	Increase in number of Anticipatory Care Plans for people with frailty and long term conditions. Increase in the number of patients supported at home with complex care needs. Reduction in hospital admissions. Increased number of nurse prescribers and DN's with advanced clinical assessment skills. Reduction in GP home visits and unscheduled care. Strategic Priorities: 2) Enhance the quality of life and supporting independence for people, particularly those with long-term conditions. 3) Keep people out of hospital when care can be delivered closer to home 5) People have a positive experience of health and social care services
12	Performance monitoring arrangements	Staff in post and delivery of outcomes identified above

13	Date direction will be reviewed	To be reviewed in December 2021 in line with next release of funding.

Agenda Item Number: 7.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Date of Meeting	**24th June 2021**
Subject Title	**Review of Social Support for Older People**
Report By	**Derrick Pearce, Head of Community Health and Care Services**
Contact Officer	**Kelly Gainty, Adults and Community Care Support Worker, Kelly.Gainty@eastdunbarton.gov.uk** **Telephone Number: 0141 777 3300**
Purpose of Report	The purpose of the report is provide information regarding the current provision of formal and informal social support in East Dunbartonshire, developed in line with the current Day Care Strategy (August 2016) and introduce proposals to take forward a strategic review of these types of supports for Older People. The HSCP had embarked on the process of gathering statistical data in early 2020 with a view to requesting authorisation to undertake a strategic review of social support for older people. Unfortunately this work was delayed due to the onset of the COVID-19 pandemic when the HSCP activities had to centre on the provision of critical health and social care support services.
Recommendations	It is recommended that the HSCP Board: 1. Acknowledge the current provision of formal and informal social support for older people in East Dunbartonshire; 2. Approve the request to undertake a Strategic Review of formal and informal social support for older people, inclusive of all aspects of day care and alternatives to day care for older people; 3. Approve the proposal to develop a five year Social Support for Older People Strategy (April 2023 to March 2028) following the Strategic Review; and 4. Direct the continuation of appropriate interim commissioning arrangements for day centre support for the period 2022-23 and 2023-24.
Relevance to HSCP Board Strategic Plan	The provision of social support to older people living in East Dunbartonshire supports the achievement of the HSCP's Strategic Priorities: Priority 1: Promote positive health and wellbeing, preventing ill-health and building strong communities.

	Priority 2: Enhance the quality of life and supporting independence for people, particularly for those with long term conditions. Priority 5: People have positive experiences of health and social care services. Priority 6: Promote independent living through the provision of suitable housing accommodation and support. Priority 7: Improve support for Carers enabling them to continue in their caring role. Priority 8: Optimise efficiency, effectiveness and flexibility.

Implications for Health & Social Care Partnership

Human Resources	The current provision of formal and informal social support opportunities for older people is provided across the local authority, voluntary and private sector. The review may result in changes to the distribution of commissioning activities across all these sectors and therefore in change to the workforce needed to support day care A working group of appropriate Health and Council Officers will be established to oversee the activities required to undertake a full Strategic Review. In line with the recent Learning Disabilities Review, formal resource priorities will be targeted for those individuals who are most vulnerable and at risk of being admitted to hospital or long term care. Input throughout the Strategic Review and Strategy implementation will be required from a number of different services within the Council including Planning and Commissioning, Human Resources, Procurement, Legal and Shared Services.
Equalities:	The Social Support for Older People Strategy (2023-2028) will be subject to a full Equality Impact Assessment as part of the review process.
Financial:	Formal Day Centre and Alternative to Day Centre support is currently provided at a cost of approximately £1.84 million annually (including an estimated uplift of £0.1m). Further detail is provided within the Financial Framework section later in the report. It is anticipated that these funds will be utilised and dispersed across the social support solutions identified within the five year Strategy. Further financial planning will be required to support the interim

	commissioning arrangements for Day Centres for the period 2022-23 to accommodate contract price increases and inflation/pay uplift impacts. East Dunbartonshire Council provides grants to some of the community groups that provide social supports to older people living in the area: Milngavie Friendship Circle £7820 Kirkintilloch and District Seniors Forum £ 950 Bearsden Ecumenical Leisure Group £ 950 Milngavie Older People Welfare Committee £ 950 Woodhill Evangelical Church Lunch Club £ 950 Woodhill Evangelical Church Lunch Club (Weekly Bus Transportation) £4680 Woodhill Evangelical Church also receive funding towards transportation associated with the club's annual outing. Many community assets in East Dunbartonshire will also source funding via grant applications via charitable sources i.e. The Big Lottery. There is a dedicated Grants Officer based in East Dunbartonshire Voluntary Action (EDVA) who supports local groups to apply for funding.
Legal:	Local councils have a duty under the Social Work (Scotland) Act 1968 to assess a person's community care needs and decide whether to arrange any services. Any assistance should be based on an assessment of the person's care needs and should take account of their preferences. As part of the assessment process, the current eligibility criteria takes account of needs relating to social support and stimulation.
Procurement:	There will be a requirement to have involvement of the Council's Social Care Planning and Commissioning Team to identify and support commissioning intentions and input from the Council's Procurement service to lead on any procurement activity in relation current and future contracting requirements.
Economic Impact:	The current provision of social support, both formal and informal, is spread across in-house, private and voluntary sector. It is considered that the strategic review will focus predominantly on provision from the private and voluntary sector to meet the identified direction identified within the Strategy.
Sustainability:	The demographics for East Dunbartonshire, previously reported to the Board, show that East Dunbartonshire continues to face an above average increase in older residents, particularly those 85 years and older. The Strategy requires to address ways that

	older people can be identified at an earlier age to encourage uptake and participation of local informal community and peer support. Research has shown that participation in community supports at an earlier stage in the person's physical and/or mental deterioration can delay progression into formal support services. The Strategy needs to address a range of models that can support older people through the time continuum of social and peer support.	
Risk Implications:	There are some possible risks associated with building a Strategy which develops and relies heavily on community led groups with volunteer support. Any increase in risks associated with the ageing population can direct individuals to need formal support in an environment that is safe and secure. The Strategy will need to ensure that these later types of supports are targeted appropriately at those individuals who are most at risk and most vulnerable. However, without access to early intervention and prevention models of social support, there are risks associated with increased need due to exacerbation of individuals' physical and/or mental health needs.	
Implications for East Dunbartonshire Council:	If East Dunbartonshire HSCP continues to provide formal social support in its current format we do not have the monetary resources to target earlier intervention and prevention models of peer and social support. Without this low level support provision in the local communities, it can lead to the exacerbation of physical and/or mental health conditions, for older people and their carers, resulting in a faster need for formal paid social care supports.	
Implications for NHS Greater Glasgow & Clyde:	If East Dunbartonshire HSCP continues to provide formal social support in its current format we do not have the monetary resources to target earlier intervention and prevention models of peer and social support. Without this low level support provision in the local communities, it can lead to the exacerbation of physical and/or mental health conditions, for older people and their carers, resulting in increased need for community and acute health services.	
Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	☐
	2. East Dunbartonshire Council	☒
	3. NHS Greater Glasgow & Clyde	☐
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	☐

MAIN REPORT

1. Social Support Opportunities for Older People in East Dunbartonshire – Current Provision:

1.1 Definition of Social Support

Social support can be provided in a variety of ways, but whether it is provided on an informal or formal basis, its outcomes for older people are socialisation with peers, social stimulation and this support can also provide a natural break to unpaid carers from their caring role.

Informal Support:

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

Formal Building Based Day Centres:

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

Day Opportunities:

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

1.2 Eligibility Criteria/Fair Access to Community Care Services

Any individual or carer who is referred and assessed for formal social care support, under the Social Work (Scotland) Act 1968 or the Carers (Scotland) Act 2016, is required to meet the critical or substantial components of the local Eligibility Criteria policies and the principles and values of the local Fair Access to Community Care Services Policy.

1.3 Formal Day Centres

Where an individual meets the critical or substantial components of the criteria, they are provided with an allocation of one day at their local building based Day Centre (Self Directed Support Option 3). Where a service user does not wish to attend the Centre, they are supported to explore the use of the other Self Directed Support Options and supported to establish an alternative to day centre type support service.

East Dunbartonshire Council has three formal day centres for older people:

Birdston Day Centre: the Centre is located in Kirkintilloch and is owned and managed by Pacific Care Ltd. It provides building based day centre provision for service users living in the East locality. Prior to the pandemic the Centre provided 165 places per week, contracted directly to the local authority. Since recommencing in January 2021, the Centre has operated with smaller number of attendees in order to meet social distancing guidance and regulations. On recommencement the Centre provided availability for 12 attendees per day, however, week commencing 12th April 2021 the numbers have been increased to 30 attendees and it is intended that the Centre will return to full pre-pandemic levels in due course. The contract in place between the Council and the Provider is due to expire on 31st March 2022. The contract value for Birdston Day Centre for 2021-2022 is £590,563.71 for 150 places per week.

Oakburn Day Centre: the Centre is located in Milngavie and while the building is owned and managed by East Dunbartonshire Council, the staffing and support is provided by Bield Housing and Care. The service provides building based day centre provision for services users living in the West locality. Prior to the pandemic the Centre was contracted to provide 150 places per week however occupancy levels were approximately 65% consistently. There is no block contract in place at present between the Council and Bield although funding has continued pending the outcome of the proposed review. However, an annual funding level is agreed which takes account of the Scottish Living Wage requirements and is paid to Bield Housing and Care to continue to provide the support until the strategic review of social support for older people is concluded. A funding approval request for 2021-22 has been submitted to the HSCP by Bield. Since recommencing in January 2021, the Centre has operated with smaller numbers of attendees in order to meet social distancing guidance and regulations. On recommencement the Centre had provided availability for 12 attendees per day, however on 7th May 2021 the Centre increased its maximum numbers to 18 attendees per day. While it is intended that the Centre will return to full pre-pandemic levels, this was approximately 35% under occupancy levels and raises Best Value considerations. The annual cost for Oakburn Day Centre for 2021-22 is £381,821.22 for 150 places per week.

Milan Day Centre: the Centre is located in Kirkintilloch and was developed to meet the cultural needs of the older Black and Minority Ethnic (BAME) community. It provides day centre provision to the BAME communities living in both in the East and West localities. Prior to the pandemic the Centre provided 140 places per week. The building which houses the Centre is rented from the Archdiocese of Glasgow. The staffing and support is provided by East

Dunbartonshire Council. The Centre recommenced in May 2021 however an activity will be undertaken to ensure that all current service users are provided with an up to date assessment or review of their support needs. On recommencement of the Centre it will operate at reduced daily numbers. The annual cost for Milan Day Centre for 2021-22 is £175,350.

1.4 Alternative to Day Care:

There are a number of service users who have chosen not to attend a formal building based Day Centre or who have been assessed as unsuitable to be supported in a group environment. These individuals receive 'alternative to day care' support which is usually provided in the form of one to one support. The support can vary from providing social stimulation in the comfort of the individual's own home, or supporting them to be active citizens in their communities. As at 31st March 2021, there were 92 service users utilising this type of social support (SDS Option (1) 22 service users; SDS Option (2) 26 service users; SDS Option (3) 44 service users). The annual cost of these options are £550,389

1.5 Community Led Assets - Social and Peer Support Opportunities:

The Local Area Co-ordinators (Older People) (LACs) have been instrumental in establishing a directory of community led supports operating across both localities in East Dunbartonshire. These community assets are operated and managed by the third sector including voluntary organisations, church groups and user led voluntary groups. While in post, the LACs have supported these groups by assisting with uptake of membership, signposting to grant funding opportunities and supporting the establishment of some new groups in partnership with East Dunbartonshire Voluntary Action (EDVA) and other voluntary organisations.

Pre-pandemic the community led groups and clubs across both localities showed approximately 145 community assets (55% East and 45% West). It is envisaged however that given the extended closure of all these community groups since March 2020 due to COVID-19, much work will be required to support these groups to recommence, revitalising membership and volunteer provision. It is not known at present how many groups will have been lost as a result of the pandemic.

2. Building Based Day Centre Provision:

2.1 Building Based Day Centre Interim Provision:

The contract with Pacific Care Ltd for the provision of Birdston Day Centre is due to expire on 31st March 2022. However, due to the ongoing pressures associated with the COVID-19 pandemic, it would not be possible to undertake all the activities associated with developing a five year Social Support for Older People Strategy, particularly consultation activities, in this financial year (2021-22). It is imperative that as part of the Strategic Review, engagement and formal consultation with all stakeholders is undertaken using a variety of engagement methods including face to face interviews and group discussions, as well as virtual and telephone consultations.

The activities associated with tendering and re-provisioning social support opportunities for older people following the production and approval of a new Strategy would include:

a) Review of current landscape of formal and informal social support resources;
b) Procurement, tendering and commissioning activities associated with interim building based day centre provision for 2022-23;
c) Engagement with all stakeholders to inform the Strategy's content, focus and direction;
d) Procurement, tendering and commissioning activities associated with tendering for new building based and outreach day care services;
e) Development of the full Strategic Review of Social Support for Older People;
f) Strategy consultation with all stakeholders;
g) Procurement activities associated with tendering for community groups which provide a level of formal support;
h) Undertake updated reviews for all current day centre service users and those service users who receive 'alternative to day care' support;
i) Matching process for all current day centre and alternative to day care service users to new social support opportunities for older people in East Dunbartonshire;
j) Discussion with each 'eligible' service user and their families regarding choice, control and flexibility of support (Self Directed Support options);
k) Supporting service users to transfer to new social support opportunities in East Dunbartonshire.

These activities alongside expected timescales will be documented in the Project Plan when the review commences.

The Community Empowerment (Scotland) Act 2015 helps to empower community bodies through ownership or control of land and buildings, and by strengthening their voices in decisions about public services. 'Community empowerment' is the process of enabling communities to increase control over their lives and the factors and decisions that shape their lives. It is imperative therefore that under the legal duties of the Community Empowerment legislation that sufficient time is dedicated to engaging and consulting with all stakeholders but particularly individuals and their carers.

It is therefore suggested that this work would be carried out over the remaining financial year (2021-22) and the next financial year (2022-23), with a view to developing a Strategy that will cover the five year period of 2023 to 2028 However, this means that interim arrangements will be required to ensure the continued provision of day centre support during the financial years 2022-23 and 2023-24 to ensure sufficient time is facilitated for a potentially new provider to the local market ready to commence in 2024. To this end an interim commissioning solution is required as a bridge towards the implementation of the proposed 5 year strategy for Social Supports for Older People.

2.3 Community Led Groups and Clubs:

All older people community groups were suspended from late March 2020. There were a very small number that tried to continue to engage with members using technology i.e. Zoom meetings, however it has been recognised that many older people and their carers are not familiar with this type of technology which meant that this type of social support targeted a small number of older people and their carers.

Some clubs established doorstep visits to their members' houses. These were undertaken by

volunteers who would normally offer support in these clubs. The doorstep visits offered some limited social contact (weather permitting), provided assistance with prescription collection, shopping etc, particularly for those service users who did not have family living locally.

While ongoing discussion has taken place with the local clubs regarding their re-opening plans, it is envisaged that many of them will not recommence until mid-2021. Some groups and clubs normally close over the summer period (June to Sep). This means that majority of the work that the LACs will require to undertake to reinvigorate community assets will take place in the latter months of 2021. The provision of the interim year (2022-23) will allow sufficient time for the LACs to work closely with the third sector developing their continued recommencement. Pre-pandemic there was an abundance of clubs in East Dunbartonshire, targeted towards older people, however, at the time of writing this report, it is unknown how many clubs will recommence during 2021 as this will be dependent upon continued availability of venues, volunteer commitments, membership etc.

3. Engagement with Stakeholders

It is the intention that as part of the Strategic Review of Social Support for Older People, an Engagement Plan will be enacted (Appendix 1) to ensure that all stakeholders have an opportunity to participate in directing the future of these types of supports. The Plan will focus on virtual and telephone consultation during the period June to December 2021 to allow for the gradual recommencement of face to face activities following the COVID-19 pandemic.

Thereafter the Engagement Plan would focus on engaging with individuals face to face or in group settings. The opportunity to hold large group sessions for interested members of the public will also be explored as part of the plan.

A mixed model engagement approach will be explored as part of the Engagement Plan, including in person and virtual focus groups, face to face interviews, telephone interviews and questionnaires. The Engagement Plan will rely on support from our third sector partners, social work and health staff and staff from the Planning and Commissioning Team.

4. Strategic Review of Day Care and Social Support for Older People:

The HSCP seek approval from the Board to embark upon a large scale Strategic Review during the remainder of 2021 and 2022-23, with a view to producing a five year Strategy for Social Support for Older People (2023-2028). It is anticipated that the Strategy will include the following factors:

a) Legal and Policy Framework
b) Demographics
c) Current Need and Projected Need
d) Financial Framework
e) Consultation Response
f) Tiered Needs Map showing Social Support for Older People
g) Case Examples
h) Delivery of a variety of options that meets needs along the tiered needs map.
i) Priorities and Commissioning Intentions

The key milestones in achieving delivery of Strategy and against which, progress will measured are:

a) Arrangement of interim contractual / funding arrangements for current volume of service provision June 2021
b) Implement & progress Engagement Action Plan: July 2021 – 31 October 2021
c) Develop draft Strategy: November 2021 – January 2022
d) Complete Equalities Impact Assessment: November 2021 – January 2022
e) Consult on draft Strategy: February 2022 – March 2022
f) Finalise Strategy and submit to IJB for approval: June 2022
g) Develop Action Plan to progress agreed Commissioning priorities post strategy implementation: June 2022 – onwards

Appendix 1 - Strategic Review of Social Support for Older People Engagement Plan
Appendix 2 - Strategic Review of Social Support for Older, Strategic Needs Analysis
Appendix 3 – Social Support for Older People, Road Map of Support
Appendix 4 - Social Support for Older People, Tiered Needs Approach
Appendix 5 – Direction to East Dunbartonshire Council

East Dunbartonshire Health & Social Care Partnership

Agenda Item Number: 7a *Appendix 1*

Strategic Review of Social Support for Older People

Engagement Plan – 2021 - 2023





1. PURPOSE OF ENGAGEMENT

1.1 This Engagement Plan aims to provide a comprehensible plan to engage with all stakeholders about the Strategic Review of Social Support for Older People in East Dunbartonshire.

1.2 It addresses the key issues that we wish to consider as part of our Consultation Strategy and also considers some of the constraints that we may encounter while implementing the actions associated with the Engagement Plan.

1.3 The Engagement Plan formally defines which stakeholders the HSCP should engage with, when that engagement be undertaken and what consultation methods will be utilised.

2. BACKGROUND

2.1 There are three day centres dedicated to supporting older people operating in the East Dunbartonshire area. Pre-pandemic these Centres, two based in Kirkintilloch and one in Milngavie, were able to provide 440 places per week for older people to receive social support as part of their eligible assessed needs.

2.2 Two of the three Day Centres recommenced in January 2021 and are currently providing support to reduced numbers in order to meet social distancing and infection control guidelines. The third Day Centre is expected recommenced in May 2021, again operating at reduced attendance numbers.

2.3 There are also approximately 95 people who have chosen to receive an 'alternative to day centre' service (as at 31st March 2021). This means that those individuals have chosen to utilise the other Self Directed Support options to receive an alternative type of social support.

2.4 East Dunbartonshire, pre-pandemic, had approximately 150 local groups and clubs operating throughout the East and West localities. These are community assets run by volunteers, third sector organisations, churches etc. The Local Area Co-ordinators (Older People) were instrumental in supporting these groups to maximise membership, access grant funding

opportunities via East Dunbartonshire Voluntary Action (EDVA). All of these groups closed to their members in March 2020 at the onset of the COVID-19 pandemic. These groups have yet to recommence (as at 31st March 2021). It is envisaged that a lot of work will be involved in supporting these groups to recommence, re-establishing memberships, working in partnership with EDVA to identify new and additional volunteers. It is not yet known how many local groups will have been lost as a result of the pandemic.

2.5 East Dunbartonshire demographics indicate that the area experiences an above average growth in population of older people, particularly those who are aged 85+. A Strategic Review of Social Support for Older People requires to address ways that older people can be identified at an earlier age to encourage uptake and participation of local informal community and peer support. The Strategy needs to address a range of models that can support older people through the time continuum of social and peer support.

3. ENGAGEMENT OBJECTIVES

3.1 Engagement with our stakeholders is vital in developing an understanding about what the principles, values, aspirations and objectives of social support are for older people. Our objectives in introducing this Engagement Plan are:

- To engage with Health and Social Work staff who can share their professional experiences and considerations about what difference social support can make to individuals, their carers and families.
- To engage with those service users and their carers who have current experiencing of receiving formal social support either at the Day Centres or through an alternative type of service.
- To engage with the staff who support older people to meet their social support needs, including staff at Day Centres and working within Provider Organisations.
- To engage with third sector organisations and local community groups who provide social support opportunities for older people who have lower levels of support needs.
- To engage with the general public who have an interest in the future of social support opportunities for older people.
- To communicate in appropriate formats to stakeholder groups as appropriate.
- To engage with any other identified stakeholders to ascertain views, opinions and ideas.

4. ENGAGEMENT PLAN – STAKEHOLDER IDENTIFICATION

STAKEHOLDERS	STAKEHOLDER'S ROLE	IMPACT OF STAKEHOLDER	PLAN FOR ENGAGEMENT
Elected Members	Responsibility to respond to enquiries from constituents.	D	Committee Reports
HSCP Board and Chief Officer	Overall authoriser and responsibility for the HSCP's Strategy Objectives.	C	Board Reports
Senior Management Team	Main responsibility for implementation of the Strategic Review and thereafter development and implementation of the five year Strategy.	C	Reports to SMT Lead for Strategic Review Working Group
Social Work and Health Teams	Managers and staff who have direct contact with those that will be most affected by the Strategic Review outcomes.	C	Updates via: Team Managers' meetings; Team Meetings; HSCP Newsletter
Planning and Commissioning	Staff whose work activities are associated with planning, tendering and commissioning.	C	Membership of Strategic Review Working Group
Procurement and Legal	Services with a potential workload implication arising from the Strategic Review.	D	Input as and when required or requested.

Existing Service Users	Current recipients of social support who could be affected by implementation of Strategy.	C	Engagement activities
Carers and Families	People who care service users and may be affected by implementation of the Strategy.	C	Engagement activities
Potential Future Service Users and their carers	Older people and their carers who access social support in the future.	A and B	Engagement Activities
Social Care Providers	Staff who currently support older people to meet social support needs and outcomes.	A and B	Engagement Activities
Third Sector Organisations, Local Community Assets and Groups, Community Forums etc.	Organisation have involvement in supporting older people to access community assets. Organisations who manage and host community assets.	C and D	Engagement Activities
General Public	No direct impact but require to be aware of the future of social support for older people.	A and B	Engagement Activities

KEY: Stakeholder Impact

A Stakeholders who have an interest in the Strategic Review of Social Support for Older People but have little or no influence – requirement to be kept informed to maintain interest.

B Stakeholders who have little or no influence in the actions or options identified in the Strategic Review of Social Support for Older People. There is a requirement to be kept informed of progress.

C Key stakeholders who require to be actively engaged as part of the Strategic Review of Social Support for Older People and have sufficient influence to make a difference to the implementation of the five year Strategy.

D Stakeholders who have influence over the strategic review and its identified outcomes but may not support the some of the actions identified within the Strategy. There is a requirement to engage to alleviate potential risks to the implementation of the Strategy.

5. ENGAGEMENT ACTION PLAN

STAKEHOLDERS TARGETED	ENGAGEMENT ACTION	TIMEFRAME	PROGRESS TO DATE
Elected Members	Committee/Board Reports	Periodically throughout 2021 – 2023.	First Board Report – June 2021
HSCP Board and Chief Officer	Board Reports	Periodically throughout 2021 – 2023	First Board Report – June 2021
Senior Management Team	SMT Report Lead of the Strategic Review working group	Periodically throughout 2021-2022 Regular meetings of the Strategic Review working group	 Meeting schedule established.
Social Work and Health Team	Virtual Group engagement Questionnaires Focus Groups	1st July to 31st Oct 2021 (inform Strategic Review) 1st Feb to 31st March 2022 (consultation on five year Strategy)	Questionnaire developed – April 2021
Planning and Commissioning Team	Membership of Strategic Review working group	Regular meetings of the Strategic Review working group	Meeting schedule established.
Procurement and Legal	Virtual and face to face meetings	Meetings as and when required.	
Existing Service Users	Group Discussion at Day Centre	1st July to 31st Oct 2021 (inform Strategic Review)	Questionnaire developed – April 2021

	Telephone interviews Face to Face interviews Focus Groups	1st Feb to 31st March 2022 (consultation on five year Strategy)	
Carers and Families	Telephone interviews Face to Face interviews Focus Groups Drop in engagement sessions	1st July to 31st Oct 2021 (inform Strategic Review) 1st Feb to 31st March 2022 (consultation on five year Strategy)	Questionnaire developed – April 2021
Potential Services Users and their carers	Social Media Telephone Interviews Focus Groups Drop in engagement sessions	1st July to 31st Oct 2021 (inform Strategic Review) 1st Feb to 31st March 2022 (consultation on five year Strategy)	Questionnaire developed – April 2021
Social Care Providers	Questionnaires Focus Groups	1st July to 31st Oct 2021 (inform Strategic Review) 1st Feb to 31st March 2022 (consultation on five year Strategy)	Questionnaire developed – April 2021
Third Sector Organisations Local Community Assets Community Forums	Telephone interviews Questionnaires Focus Groups Drop in engagement sessions	1st July to 31st Oct 2021 (inform Strategic Review) 1st Feb to 31st March 2022 (consultation on five year Strategy)	Questionnaire developed – April 2021
General Public	Social Media Telephone Interviews Focus Groups Drop in engagement sessions	1st July to 31st Oct 2021 (inform Strategic Review) 1st Feb to 31st March 2022 (consultation on five year Strategy)	Questionnaire developed – April 2021

East Dunbartonshire Health & Social Care Partnership

Agenda Item Number: 7b. **Appendix 2**

Social Support for Older People Strategic Needs Analysis June 2021

Section 1 – Background

Formal building based day care services provided to older people in East Dunbartonshire are supported by the provision of three day centres, two in Kirkintilloch and one in Milngavie. One of the Centres supports older people from the BAME community.

The support provided by these Centres are of a high quality evidenced by their Care Inspectorate inspections which graded both Oakburn and Birdston Day Centres with the highest grade applied '6' and Milan received grades of '5'. These inspections evidence that the service users, their families and the staff working in the Centres place significant value on the services with some carers also benefiting from respite while service users are in attendance.

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

However, needs analysis has evidenced that those service users, who meet the eligibility criteria for social support, largely choose a formal building based day centre support to meet those needs and outcomes. Many referrals for formal social support are received into the Health and Social Care Partnership (HSCP) at the point of crisis for the individual. The HSCP want to explore ways that informal social support can be provided to older people at an earlier stage in their timeline continuum so that they can continue to enjoy community and peer inclusion for an extended period before there is no other option to move to formal centre based support.

The Feeley Report (March 2021) highlights that the majority of social care support is given to people in their own houses or in local community settings and that we need to ensure that this community support continues. It suggests that the role that communities play in supporting adults to remain active is extremely important. Community based supports can provide socialisation opportunities, advice, information and breaks for unpaid carers. These community based activities can make a big difference to an older person's quality of life. "Social connections are important to everyone's wellbeing" (Feeley, March 2021).

Pre the Covid-19 pandemic, East Dunbartonshire enjoyed an abundance of informal community clubs and activities targeted at supporting older people to remain connected to their local communities. All of these activities were suspended in March 2020 with all but a very few still remaining closed at the time of writing. A result of the pandemic has been that many older people have deteriorated both physically and mentally due to social isolation from family, friends and peers. This is evidenced in the number and type of referrals that social work services has received throughout the pandemic.

East Dunbartonshire HSCP suggests that we need to change the way that people think about social support for older people, that being that it can only be delivered through formal building based day care settings. We recognise the important of encouraging older people to remain active in their communities as well as maintaining contact with their peers.

The strategic review that the HSCP want to embark upon will explore what older people, their carers and other stakeholders feel are important factors in accessing formal and informal social support opportunities in their local communities. The aim of the impending Social Support for Older People Strategy is to ensure that older people have access to good quality information and advice about local resources and services. The Strategy will need to focus on redesigning both formal and informal social support in East Dunbartonshire to ensure that there is a provision of social opportunities throughout a person's later stages of their life including focusing on available resources in local communities, places that are familiar for older people as well as developing additional community social opportunities. It will focus on what the HSCP requires to undertake to build capacity within local communities alongside our third sector partners and keeping older people connected into the community where they live.

The needs analysis has considered current service provision, the needs and disabilities of people receiving formal social support, the indirect benefit of current supports on unpaid carers, demographics and highlighting the wide spectrum of community activities for older people that were available pre-pandemic. The availability of these community groups and clubs post-pandemic is yet an unknown quantity and work is currently being undertaken to liaise with group leaders to ascertain any support that clubs may require to recommence.

Section 2 – Building Based Day Centres

There are three formal building based Day Centres operating in the East Dunbartonshire. All figures are correct as at 31 March 2021.

Birdston Day Centre:

Birdston Day Centre is located in Kirkintilloch and is owned and managed by Pacific Care Ltd. It provides day centre provision for service users living in the East locality. Prior to the pandemic the Centre provided 165 places per week, contracted directly to the local authority. Since recommencing in January 2021, the Centre has operated with smaller number of attendees in order to meet social distancing guidance and regulations. On recommencement the Centre provided availability for 12 attendees per day, however, week commencing 12th April 2021 the numbers were further increased to 30 attendees and it is intended that the Centre will return to full pre-pandemic levels.

The contract in place between the Council and the Provider is due to expire on 31st March 2022. The contract value for Birdston Day Centre for 2021-

2022 is £590,563.71 per annum. This contract provides a maximum of 150 places per week, 52 weeks per year. The unit cost per day is £75.71 per day.

As at 31 March 2021, there were 83 places from the potential 150 spaces allocated to existing and newly assessed service users. Some existing service users have not yet returned to the Centre post pandemic. As at 31 March 2021 there are 47 service users who have commenced at the Centre since it reopened in January 2021.

34 service users are in attendance one day per week, while the remaining 13 service users are attending two days per week.

52% of the allocated places are provided to service users who live alone, while 48% live with a spouse or other family member who is providing unpaid care.

67% of the service users have been diagnosed with dementia or Alzheimer's related illness, while the remaining 33% have a physical illness or are physically frail.

The age composition of those service users attending Birdston Day Centre is:

65 to 74 years	8%
75 to 84 years	37%
85 to 94 years	49%
95 years plus	6%

The geographical composition of those service users attending Birdston Day Centre is:

Bishopbriggs	36%
Kirkintilloch	36%
Lenzie	12%
Lennoxtown	4.5%
Milton of Campsie	4.5%
Twechar	3%
Torrance	3%
Kilsyth	1%

<u>Oakburn Park Day Centre (Bield Housing and Care):</u>

Oakburn Park Day Centre is located in Milngavie and while the building is owned and managed by East Dunbartonshire Council, the staffing and support is provided by Bield Housing and Care. It provides building based day centre provision for services users living in the West locality. Prior to the pandemic the Centre provided 150 places per week. There is no block contract in place at present between the Council and Bield. However, an annual funding level is agreed which takes account of the Scottish Living Wage requirements and is paid to Bield to continue to provide the support until the strategic review of social support for older people is concluded. On

recommencement the Centre provided availability for 12 attendees per day, however, week commencing 7 May 2021 the numbers were further increased to 18 attendees per day and it is intended that the Centre will return to full pre-pandemic levels. Pre pandemic the Centre operated at approximately 65% occupancy levels.

The annual cost for Oakburn Day Centre for 2021-2022 is £381,821.22 per annum. This amount provides a maximum of 150 places per week, 52 weeks per year. The unit cost is £48.95 per day.

As at 31 March 2021, there were 79 places from the potential 150 spaces allocated to existing and newly assessed service users. Some existing service users have not yet returned to the Centre post pandemic. As at 31 March 2021 there are 35 service users who have commenced at the Centre.

27 service users are in attendance one day per week, eights attend either two or three days with the majority attending two days.

50% of the allocated places are provided to service users who live alone, while 50% live with a spouse or other family member who is providing unpaid care.

70% of the service users have been diagnosed with dementia or Alzheimer's related illness, while the remaining 30% have a physical illness or are physically frail.

The age composition of those service users attending Birdston Day Centre is:

65 to 74 years	5%
75 to 84 years	30%
85 to 94 years	58%
95 years plus	7%

The geographical composition of those service users attending Birdston Day Centre is:

Bearsden	75%
Milngavie	25%

<u>Milan Day Centre:</u>

Milan Day Centre is located in Kirkintilloch and was developed to meet the cultural needs of the older BAME community. It provides building based day centre provision to the BAME communities of which attendees live in both in the East and West localities. Prior to the pandemic the Centre provided 140 places per week. The building which houses the Centre is rented from the Archdiocese of Glasgow. The staffing, support and line management responsibilities are provided by East Dunbartonshire Council. The Centre recommenced in May 2021 however an activity is currently being undertaken to ensure that all current service users are provided with an up to date

assessment or review of their support needs. The Centre is currently operating on reduced daily numbers of attendees.

The annual cost for Milan Day Centre for 2021-2022 is £175,350.

As at 31 March 2021, there were 90 places from the potential 140 spaces allocated to existing service users. All 29 service users will return initially for one day per week. Updated assessments and reviews will determine eligibility for allocation of additional days at the Centre.

22% of the allocated places are provided to service users who live alone, while 78% live with a spouse or other family member who is providing unpaid care.

18% of the service users have been diagnosed with dementia or Alzheimer's related illness, while the remaining 82% have a physical illness or are physically frail.

The age composition of those service users attending Birdston Day Centre is:

65 to 74 years	7%
75 to 84 years	48%
85 to 94 years	37%
95 years plus	8%

The geographical composition of those service users attending Birdston Day Centre is:

Bearsden	40%
Bishopbriggs	37%
Lenzie	15%
Kirkintilloch	8%

Section 3 – Alternative to Building Based Day Care

An alternative to day care option is sometimes chosen by individual customers and carers who have opted to utilise Self Directed Support (SDS) Options 1 (Direct Payments) or 2 (Individual Service Fund), however there may be occasions where an individual customer would not benefit attending social care support in a group setting. In these situations, alternative to building based day care support can also be provided under SDS option 3 (HSCP provided or commissioned services).

A number of years ago East Dunbartonshire Council set up an informal arrangement to purchase a set number of weekly hours from Alzheimer's Scotland. The annual cost of these support hours was £41,000 per year. These support hours were provided to individuals who had been diagnosed with dementia or Alzheimer's and required social support to remain active in their communities. The support also provided an opportunity for those with unpaid carers to receive some respite from their caring role. In March 2020 at

the onset of the COVID-19 pandemic there were seven service users in receipt of this support. The service was suspended by Alzheimer's Scotland. In March 2021, Alzheimer's Scotland confirmed that they would no longer be providing this type of support. All service users have been reviewed and supported to explore and implement alternative support options.

As at 31 March 2021, including the service users who have transferred from Alzheimer's Scotland, there are 99 individuals who receive an 'alternative to day care' support service:

SDS Option 1 (Direct Payments)	22 service users
SDS Option 2 (Individual Service Fund)	26 service users
SDS Option 3 (HSCP provided or commissioned support)	51 service users

Section 4 – Financial Framework

The development of a Social Support for Older People Strategy which provides opportunities across the timeline continuum for older people will require funding for its inception. The current funding framework for formal day care and alternative to day care support would be utilised to support the implementation of the Strategy. The figures are correct as at 31 March 2021:

Birdston	£590,563.71	150 places
Oakburn	£381,821.22	150 places
Milan	£175,350	140 places
Alzheimer's	£41,000	
Option 1 (*)	£113,918	22 customers
Option 2 (*)	£152,471	26 customers
Option 3 (*)	£284,000	51 customers

(* = Committed expenditure)

Uncommitted expenditure:	£1,188,734.90
Committed expenditure:	£550,389 (£652,211 *)

(*estimated to include uprating for 2021/22 Provider Framework Costs)

East Dunbartonshire HSCP also provides funding to a number of local community assets via the community grants scheme.

The Friendship Circle is a local day opportunities activities held in Milngavie Town Hall. The resource is staffed by a large group of volunteers. There are also two formal paid support staff in attendance to provide assistance with personal and practical care when required. The Circle has access to dedicated bus and volunteer transport. The annual grant is £7820.

The Kirkintilloch and District Seniors Forum is a large Forum of older people from Kirkintilloch and the surrounding areas. This Forum are instrumental in connecting older people with local services as well as providing the opportunity to provide information, advice, guidance and social support. The annual grant is £950.

Bearsden Ecumenical Leisure Group, commonly known as the 'Monday Club' runs out of a local Church in the Bearsden Cross area. The Club is staffed by volunteers and also has access to volunteer drivers who provide transport to its members. The Club provides socialisation opportunities for older people from the Bearsden area. The annual grant is £950.

Milngavie Older People's Welfare Committee (The Fraser Centre) provides a drop in café/social support service for older people living in Milngavie and Bearsden. The Centre is staffed by volunteers and it is situated in the heart of Milngavie Town Centre. The annual grant is £950.

Woodhill Evangelical Church Lunch Club in Bishopbriggs provides a lunch club and social support service to a large number of older people from Bishopbriggs and the surrounding area. The Club is staffed by volunteers and has access to dedicated bus transportation. The annual grant is £950 and in addition the Council meets the weekly cost for the transport of £90 per week along with the cost of bus transportation for their annual outing.

While the HSCP does provide funding to these local groups, they will receive additional monies through fund raising activities and grant applications i.e. the Big Lottery. There is a dedicated Grants Funding Officer employed by East Dunbartonshire Voluntary Action (EDVA) who can provide support to access possible grant funding schemes.

Section 5 – Local Area Co-ordination for Older People

East Dunbartonshire HSCP introduced a new role of Local Area Co-ordinators (LAC) specifically dedicated to working with older people and their families in March 2019. These two new LACs were tasked with building up a strong understanding of the challenges being faced by older people and their carers. At the time the HSCP were receiving an average of 10 to 15 referrals per week for formal day centre/day opportunities for older people. The role of the LAC was to carry out an assessment and determine, using the HSCP's Eligibility Criteria, whether the individual required formal support.

Where the customer did not meet eligibility criteria the LAC would help to identify suitable local resources and assets and connect the person to their community. This involved the LACs developing and leading strong partnership working with local communities groups and third sector organisations. The LAC helps the older person to identify issues that affect their ability to live well and works with the individual to help them access community assets that would best meet their needs.

Local Area Co-ordination Examples:

- A national older people's charity run afternoon tea and chat sessions for people aged over 75 years who are at risk of social isolation. Due to an increase in the number of referrals from the LAC in East Dunbartonshire, the organisation worked jointly with the LAC to establish two new sessions in the local area.

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

In 2019-2020 the LACs received 294 referrals for day centre assessments across the East and West localities:

East Locality:

Number of referrals received	154
Number of referrals reallocated or assessment refused	60
Number of referrals not eligible for formal social support	17
Number of referrals eligible for formal social support	77
Number of eligible service users diagnosed with dementia	46
Number of eligible service users with physical frailty/illness	31
Number of eligible service users who chose SDS Option 1	0
Number of eligible service users who chose SDS Option 2	0
Number of eligible service users who chose SDS Option 3	77

West Locality:

Number of referrals received	140
Number of referrals reallocated or assessment refused	34
Number of referrals not eligible for formal social support	26
Number of referrals eligible for formal social support	80
Number of eligible service users diagnosed with dementia	45
Number of eligible service users with physical frailty/illness	35
Number of eligible service users who chose SDS Option 1	*
Number of eligible service users who chose SDS Option 2	5
Number of eligible service users who chose SDS Option 3	74

Numbers lower than 5 redacted for confidentiality *

In late March 2020 the building based day centres closed and all community groups were suspended due to the COVID-19 pandemic. The LAC posts were reallocated to other social work teams to provide support with critical

assessments for individual service users and carers for a variety of different types of social care support.

In January 2021 two of the three building based Day Centres recommenced (Oakburn and Birdston) and one LAC post resumed part duties undertaking assessments for new referrals received from January 2021, while the other LAC post remained vacant. The following statistics relate to one quarter only (1st January 2021 to 31st March 2021):

East Locality:

Number of referrals received	36
Number of referrals reallocated or assessment refused	16
Number of referrals not eligible for formal social support	*
Number of referrals eligible for formal social support	18
Number of eligible service users diagnosed with dementia	16
Number of eligible service users with physical frailty/illness	*
Number of eligible service users who chose SDS Option 1	0
Number of eligible service users who chose SDS Option 2	0
Number of eligible service users who chose SDS Option 3	18

West Locality:

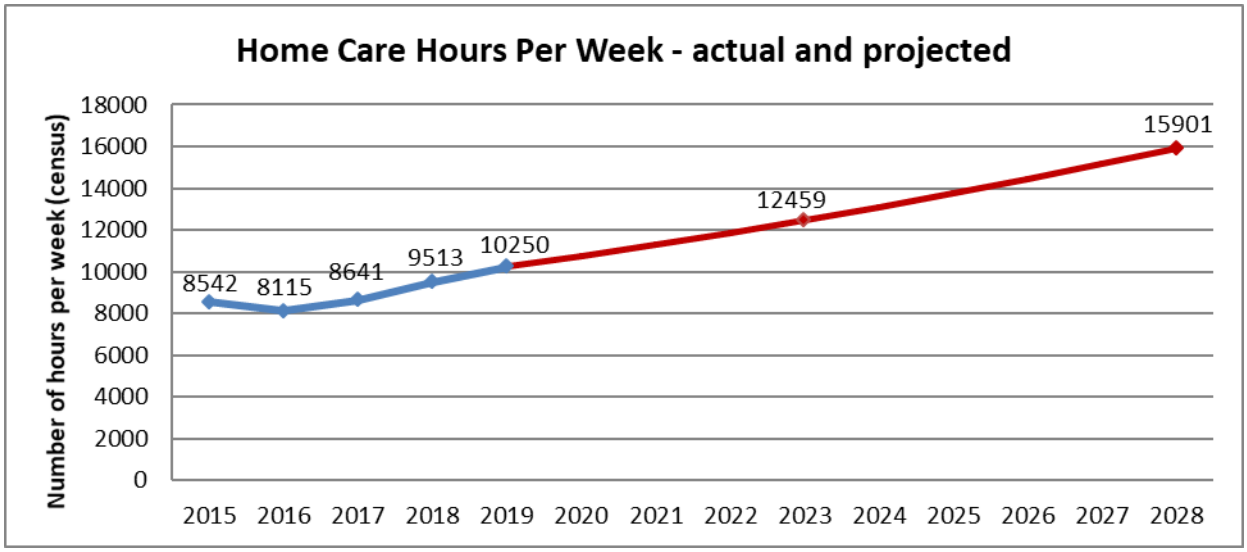
Number of referrals received	24
Number of referrals reallocated or assessment refused	14
Number of referrals not eligible for formal social support	*
Number of referrals eligible for formal social support	8
Number of eligible service users diagnosed with dementia	6
Number of eligible service users with physical frailty/illness	*
Number of eligible service users who chose SDS Option 1	0
Number of eligible service users who chose SDS Option 2	*
Number of eligible service users who chose SDS Option 3	7

Numbers lower than 5 redacted for confidentiality *

Section 6 – East Dunbartonshire Demographics

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

day care is that customers are in receipt of support of a personal care nature either from home care services or family.



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

(***East Dunbartonshire HSCP: Cairns, A: Demand Older People, 31st Oct 2019).***

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

- With approximately 40% of people 85 years+ in receipt of at least one social care service in the community in 2014 (including the meals on wheels service), based on population projections at that time it was estimated that population changes would equate to up to 81 additional service users per year age 85 years+.

- The predicted rise in the population of people aged 85 years + in East Dunbartonshire has come to pass, with consequential pressure on services and resources. In the period 2008-2018, East Dunbartonshire has continued to experience the largest national increase in the 85 years + population from 2,086 in 2008 to 3203 in 2018.

- From 2016-2026, the 85 years + population is projected to continue to rise faster than any other HSCP area by 52% to 4,567. Looking ahead to 2041, the 85 years + population will continue to rise faster than all HSCP areas to 7,582 (an increase of 153% from 2016), with the exception of West Lothian (p20).

- Analysis of the Burden of Disease study indicates that years of life lost to disability and premature mortality in East Dunbartonshire is the second lowest in Scotland.

(https://www.scotpho.org.uk/comparative-health/burden-of-disease/sbod-local-2016/);

- Care at home demand (hours of service) has increased by 5% per year between 2015 and 2019, exactly in line with the increase in 85 years + population. Of 1,335 home care customers per week over the age of 65 years, 639 are aged over 85 years (48%), constituting 20% of our 85 years + population.

- With the direct relationship between demographic changes and cost pressures demonstrated in these areas, it can be reasonably anticipated that we will see continued 5% year-on-year increases in demand, reflecting population projections for the 85 years + age-group.

- These pressures are found to be exceptionally the case in East Dunbartonshire, which has experienced the steepest increases in the 85 years + population in the country over the past 10 years and will continue to be the steepest over the next 10 years. The analyses indicate therefore that the demand and cost challenges are going to continue to increase exponentially over the next 10 years and beyond.

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

- Longer life expectancy resulting not only in more older people, but an increasing prevalence of people surviving beyond age 85 years, with correspondingly higher prevalence of limiting illnesses;

- With increased age comes increased complexity of care needs and associated costs;

- The majority of health and social care services are delivered to those aged 75 years +. In 2012-13, 68% of home care customers were aged over 75 years, with most of these aged over 85 years;

- Most of these statistics in this section relate to the 85 years + population, due to the intensive nature of the care often provided from this age upwards. However, it is important to note that almost as many service users receive services between the ages of 75 years and 85 years as receive services beyond the age of 85 years;

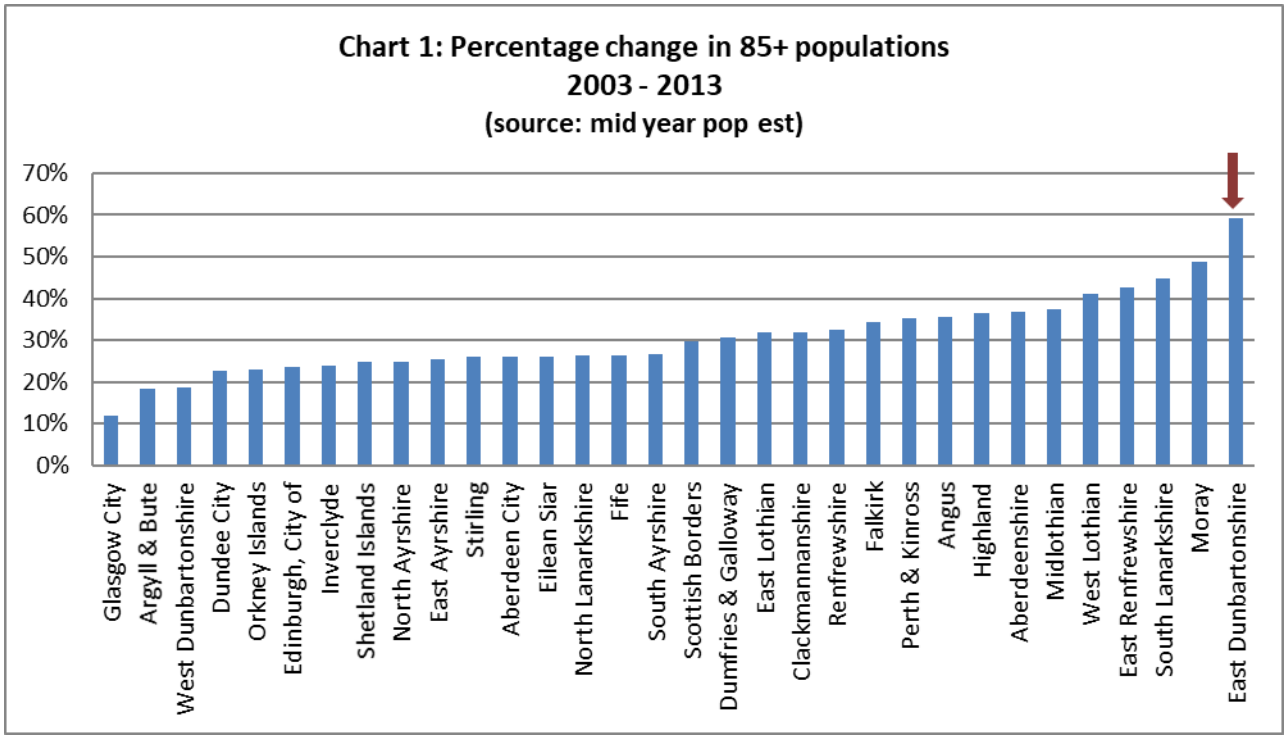
- Community Care policy promotes community-based care, which in the main means care at home, or in a homely place in the community (including care homes). Day Centres or places to provide support in a safe and secure environment are considered an important aspect in supporting individuals to remain in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

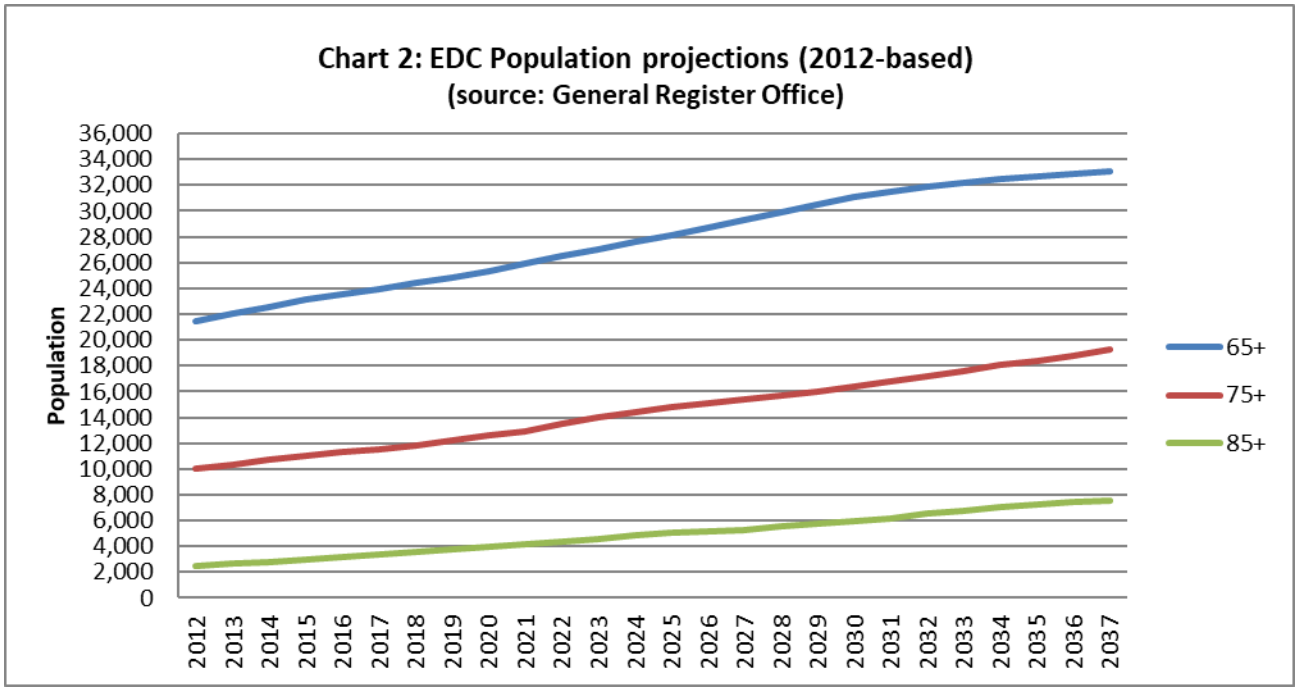
East Dunbartonshire has felt the impact of these increasing numbers of older people and the associated pressures, perhaps more acutely than other areas in Scotland, and this trend is expected to accelerate.

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

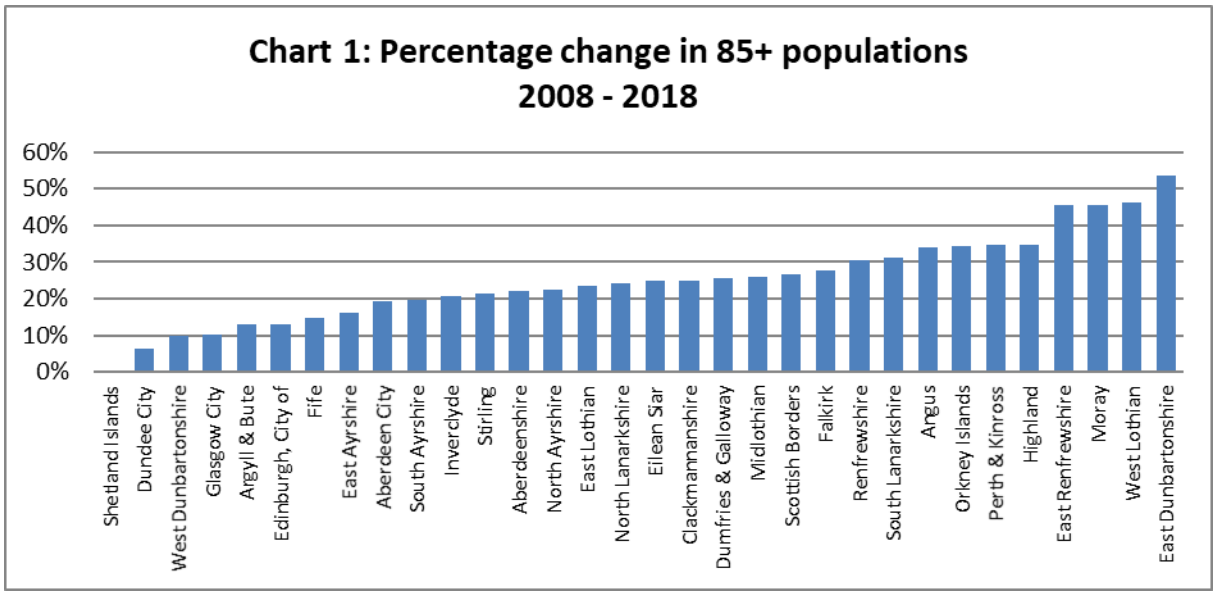
Future projections demonstrate that this growth in older people in our community will accelerate over the next ten years by a further 74%, compared to a Scottish average of 46%.

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

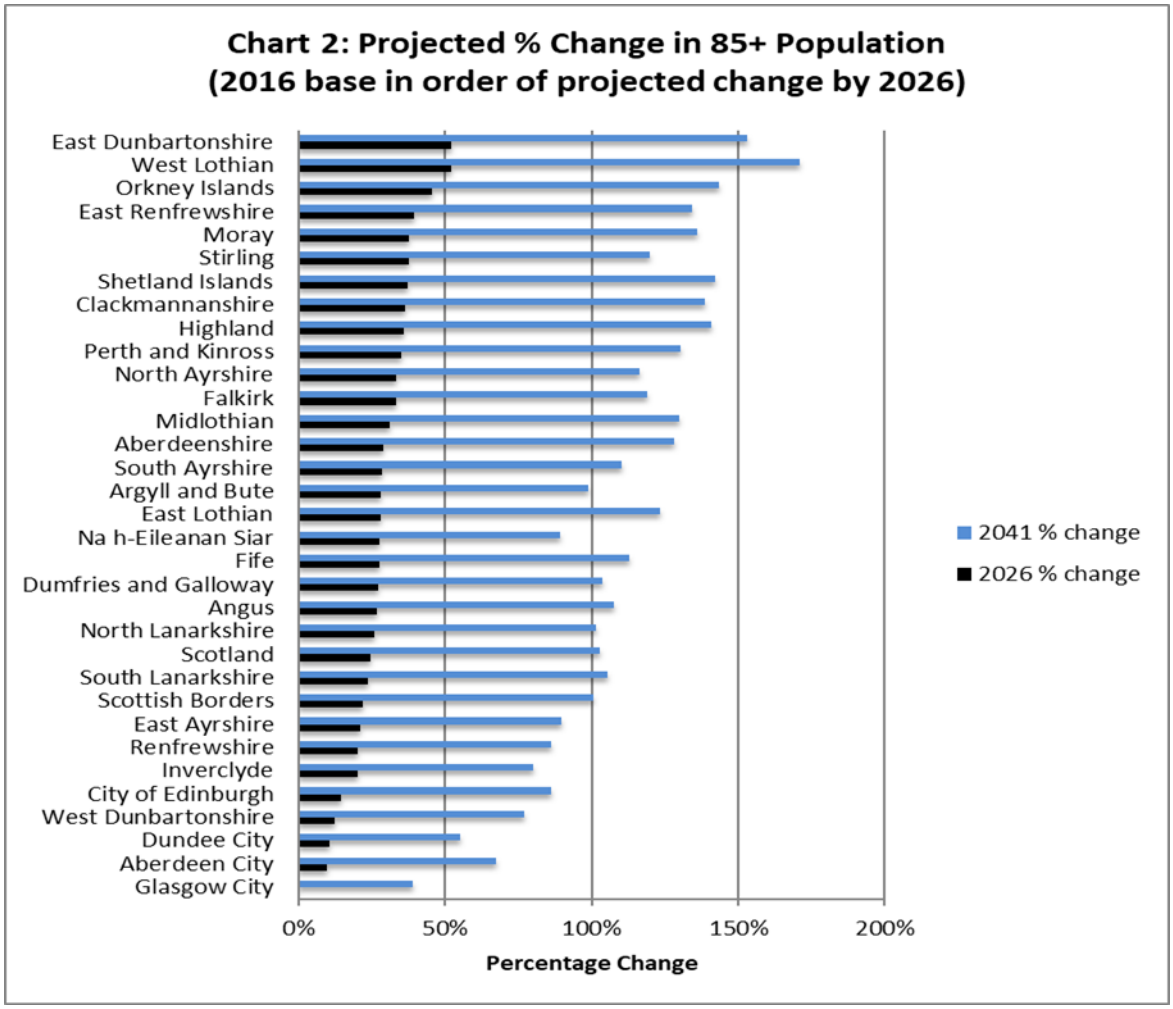




The chart below shows the change in the 85 years + population for East Dunbartonshire over the past 10 years, compared to all other HSCP areas in Scotland. In common with the demographic statistics produced in 2014, this demonstrates that East Dunbartonshire has continued to experience the largest increase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



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



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

(East Dunbartonshire HSCP: Cairns, A: 'Older People Demand Supplementary Report' 21.11.19).

Section 7 - Adult Social Work Teams – Older People Referrals for Building Based Day Centre or Day Opportunities

Where an older person has required a full assessment of their social care needs, this may generate requests for support packages which include an element of social support in the form of placement at the building based day centre or hours of formal support delivered in an 'alternative to day care' model.

The requests for support packages, following assessment and application of eligibility, are submitted to the Resource Screening Group (RSG) for approval.

The RSG consists of a panel of managers and other relevant professionals. This includes the Manager of Adult and Older People Services (chair), Managers from Community Health Services, Self Directed Support Lead Officer and Planning and Commissioning Officer. This panel supports the Social Work practitioner to consider other resources that may be beneficial as well as overseeing contracting and budgeting activities.

Building Based Day Centre or Alternative to Day Care Support Packages Authorised by the RSG (excluding LAC referrals):

2019-2020: 75 building based day care/day opportunities support packages approved:

SDS Option 1: (Alternative to Day Care)	* service users	20 hours per week
SDS Option 2: (Alternative to Day Care)	17 service users	59 hours per week
SDS Option 3: (Alternative to Day Care)	27 service users	125 hours per week
SDS Option 3: (Day Centre)	28 service users	28 placements per week

2020/2021: 18 building based day care/day opportunities support packages approved:

SDS Option 1: (Alternative to Day Care)	* service users	22 hours per week
SDS Option 2: (Alternative to Day Care)	10 service users	49 hours per week
SDS Option 3: (Alternative to Day Care)	25 service users	114 hours per week
SDS Option 3: (Day Centre)	6 service users	6 placements per week

These statistics for 2020-2021 only relate to one quarter, period January 2021 to March 2021, when day centres/day opportunities support services recommenced following the COVID-19 pandemic. Amplifying these statistics to a full year could be estimated as follows:

SDS Option 1: (Alternative to Day Care)	16 service users	88 hours per week
SDS Option 2: (Alternative to Day Care)	40 service users	196 hours per week

SDS Option 3: (Alternative to Day Care)	100 service users	456 hours per week
SDS Option 3: (Building Based Day Centre)	24 service users	24 placements per week

Numbers lower than 5 redacted for confidentiality *

However, there are still a lot of unknowns about the projected need following the COVID-19 pandemic. Many older people have found that both their physical health and mobility have significantly deteriorated resulting in the need for formal support. For many of these customers, previous to the pandemic the individual was able to access local community assets.

A considerable amount of work will need to be undertaken during 2021-2022 to identify what community groups will recommence, re-build membership, and re-invigorate volunteer capacity in partnership with third sector.

Section 8 – East Dunbartonshire – East Locality – Diary of Weekly Formal and Community Assets – Pre Pandemic

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Birdston Day Centre (Formal Support)	Birdston Day Centre (Formal Support)	Birdston Day Centre (Formal Support)	Birdston Day Centre (Formal Support)	Birdston Day Centre(Formal Support)	Birdston Day Centre(Formal Support)	Birdston Day Centre (Formal Support)
Milan Day Centre – (Formal Support)	Milan Day Centre – (Formal Support)	Milan Day Centre – (Formal Support)	Milan Day Centre – (Formal Support)	Milan Day Centre – (Formal Support)	Milan Day Centre – (Formal Support)	Milan Day Centre – (Formal Support)
Seniors Forum (Bishopbriggs) – afternoon 1st Mon	Bishopbriggs Reading Group (evening - 1st Tues monthly	Art Group (Bishopbriggs) - evening	Singalong (Bishopbriggs) – evening	Auchinairn Lunch Club – am/pm	Strathkelvin Ramblers (Kirkintilloch) - am	Gaelic Group (Bishopbriggs) - morning
Auchinairn Lunch Club – am/pm	Tuesday Club (Bishopbriggs) - afternoon	Hilton Bridge Group (Bishopbriggs) - morning	Art Group (Bishopbriggs) - evening	Whitehill Lunch Club (Kirkintilloch- am/pm	Embroiderer's Guild (Kirkintilloch) - am	Probus Club (Bishopbriggs) – Morning 1st and 3rd Fri
Ladies Keep Fit and Chat (Bishopbriggs) - morning	Trefoil Guild (Bishopbriggs) – evening last Tues	Over 70s Social Club (Bishopbriggs) - afternoon	Dominoes Mens Club (Bishopbriggs) – afternoon 2nd Thur	Digital Arts Café (Kirkintilloch) – am/pm		

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Men's Club (Kirkintilloch) - evenings	**Golden Girls (Bishopbriggs) – afternoon 1st Tues**	**Woodhill Lunch Club (Bishopbriggs) – am/pm**	**Seniors Forum (Kirkintilloch) – am/pm monthly**	**De Café (dementia) (Kirkintilloch) – pm last Fri**		
Soroptimist International (Ladies NGO) (Kirkintilloch) evenings 2nd and 4th Mon	**Health Walks for All (Bishopbriggs) - morning**	**Ladies Badminton (Kirkintilloch) - evening**	**Flower Circle (Kirkintilloch) – evening 2nd Thur**	**De Café (dementia) (Milton of Campsie) – pm 2nd Fri**		
Men's Shed (Kirkintilloch) – am/pm	**PLAY – Recovering from Life Events Peer Support (Bishopbriggs) – am/pm**	**Trefoil Guild (Kirkintilloch) – evening 4th Wed**	**Reading Group (Kirkintilloch) – afternoon 1st Thur**			

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Whitehill Lunch Club (Kirkintilloch- am/pm	Art Group (Kirkintilloch) - afternoon	Strathkelvin Ramblers (Kirkintilloch) – morning 1st Wed	Men's Shed (Kirkintilloch) – am/pm			
Monday Club (Kirkintilloch) - pm	Men's Shed (Kirkintilloch) – am/pm	Embroiderer's Guild (Kirkintilloch) - evening	Scrabble Club (Kirkintilloch) - pm			
Health Walks for All (Kirkintilloch) – pm	Lammermoor Lunch Club (Kirkintilloch) – am/pm	Visually Impaired Persons Forum (Kirkintilloch) - am	Lammermoor Lunch Club (Kirkintilloch – am/pm)			
Time Out Ladies Club (Lenzie) - evening	Coffee Club (Kirkintilloch) – pm	Whitehill Lunch Club (Kirkintilloch- am/pm	Coffee Club (Kirkintilloch) – pm last Thur			
Hobbies Club (Milton of Campsie) – pm	Come & Sing Dementia FriendlySinging (Lenzie) – pm fortnightly	Young at Heart Club (Kirkintilloch) - pm	Health Walks for all -Sensory Walk for sensory impairment -am			

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Reading Group (Lennoxtown) – pm 2nd Mon	Health Walks for all (Milton of Campsie) - am	Coffee Club (Kirkintilloch) – am	Health Walks for All (Kirkintilloch) - am			
Campsie Writers Group (Lennoxtown) – pm 1st and 3rd Mon	Bridge Club (Torrance) – evening	Play. Recoveringfrom life events and peer support (Kirkintilloch) – am/pm	U3A - University of the Third Age (Lenzie) – pm 1st Thur			
Health Walks for All (Lennoxtown) – am	Antonine Board Gamers (Torrance) - evening 3rd Tue	Lenzie Flower Club – evening 3rd Wed	Afternoon Club (Lenzie) – pm fortnightly			
Monday Group (Torrance) – am/pm 2nd Mon	Coffee Morning (Milton of Campsie) - am	Lenzie Bridge Club - pm	Auchinloch Lunch/Activities Club(Bishopbriggs) – pm f/nightly Thu			
Crochet Class (Twechar) - evenings	Social club for over 50s (Twechar) - pm	Quilting and Craft Group (Lenzie) - am				

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
De Café (Dementia) (Lenzie) – pm 2nd Mon	**De Café (Dementia) (Bishopbriggs) – pm 1st Tue**	**Senior Citizens Association (Lenzie) – evening last Wed**				
Supported Golf session for people with Dementia (Kirkintilloch)		**Women Rural Institute (Milton of Campsie) – evening last Wed**				
		Art Club (Milton of Campsie) - evening				
		Campsie Local History Group (Lennoxtown) - pm				
		The Chatty Club (Lennoxtown) – am/pm				
		Craft Making (Twechar) - am				

Section 9 – East Dunbartonshire – West Locality – Diary of Weekly Formal and Community Assets – Pre Pandemic

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Oakburn Day Centre (Formal Support)	Oakburn Day Centre (Formal Support)	Oakburn Day Centre (Formal Support)	Oakburn Day Centre (Formal Support)	Oakburn Day Centre (Formal Support)	Church Café (Bearsden) – am 1st Sat	Old People's Welfare Group (Milngavie) – Bingo evening
Church Café (Bearsden) - am	Friendship House and Café drop in (Milngavie) – full day	Tea & Chat Companionship (Bearsden) – pm alternate wks	Friendship House and Café drop in (Milngavie) – full day	Church Café (Bearsden) - am	Old People's Welfare Drop in centre (Milngavie) - am	Contact the elderly – Tea parties/friendships (Bearsden/Milngavie) - monthly
Friendship House and Café drop in (Milngavie) – full day	Old People's Welfare Drop in centre (Milngavie) – am	Friendship House and Café drop in (Milngavie) – full day	Old People's Welfare Drop in centre (Milngavie) - am	Friendship House and Café drop in (Milngavie) – full day	Coffee Club (U3A) (Milngavie) – am alternate weeks	
Old People's Welfare Drop in centre (Milngavie) - am	De Café (Dementia) (Bearsden) – pm monthly	Old People's Welfare Drop in centre (Milngavie) - am	Over 60s Club (Bearsden) - pm	Old People's WelfareDrop in centre (Milngavie) - am	The Coffee Pot (Bearsden)- am	

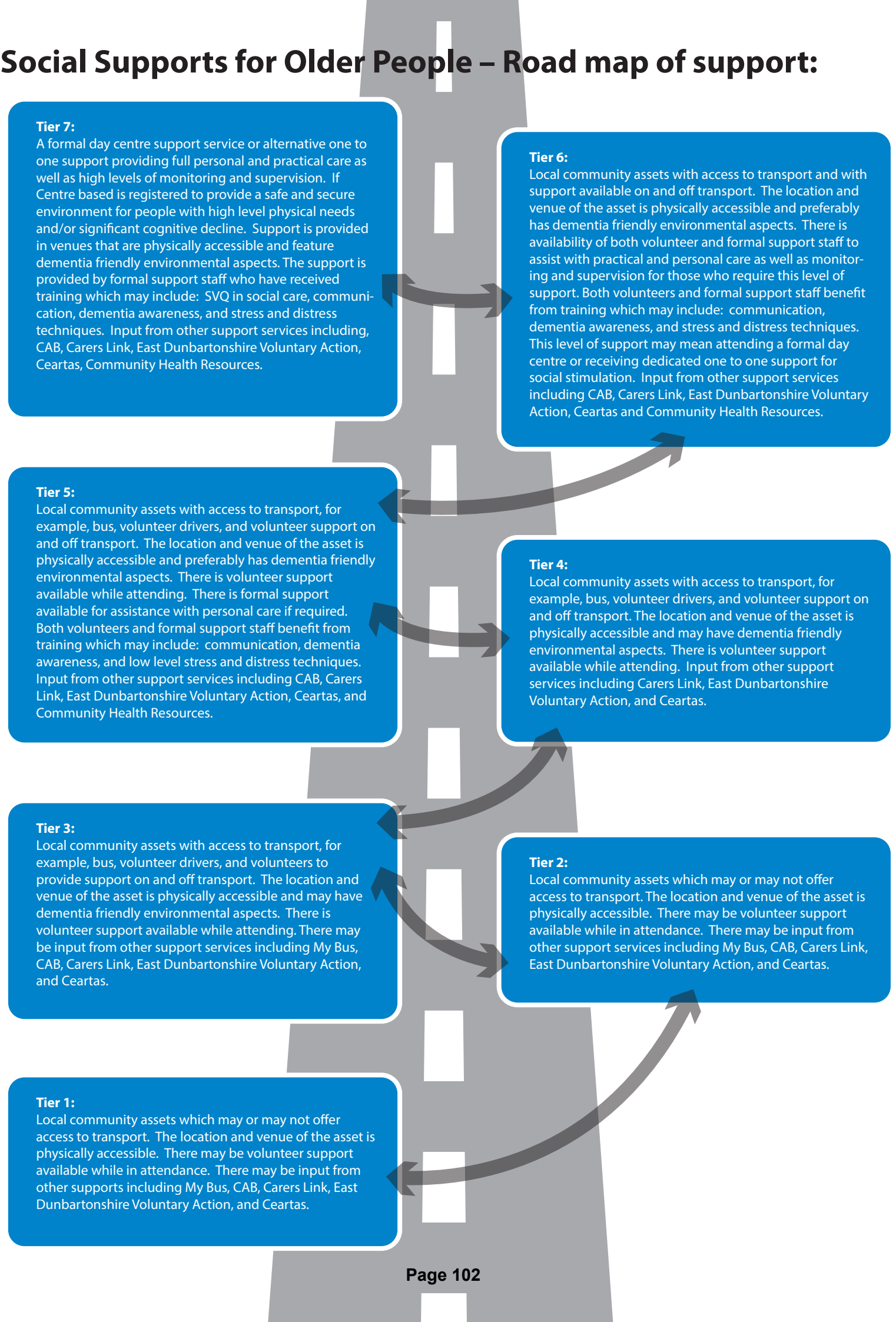
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Friendly Hour (Bearsden) – am 3rd Mon	Men's Shed (Bearsden) – full day	Lunch Club (Bearsden) - pm	Men's Shed (Bearsden) – full day	De Café (Dementia) (Bearsden) – pm monthly	Men's Shed (Bearsden) – full day	
Men's Shed (Bearsden) – full day	Breakaway (Dementia) (Milngavie) – pm	Men's Shed (Bearsden) – full day	Group befriending (Bearsden) – pm 2nd Thur	Men's Shed (Bearsden) – full day	Exercise Class (Bearsden) - am	
Decorative and Fine Arts Society (Bearsden) – pm 2nd Mon	Art Club (Bearsden) – evening 1st Tues	Lunch Club (Milngavie) - pm	Daybreak (Dementia) (Bearsden) - pm	Brush Strokes (Milngavie) - am	Ramblers (Milngavie) – am/pm	
Literary Society (Bearsden) – evening alternate wks	Flower Club (Bearsden) – evening 3rd Tues	Friendship Circle (Milngavie) – full day	Way Ahead Group Stroke Club (Bearsden) - pm	Mature Maker (Milngavie) - pm	Dorcas Craft group (Milngavie) – am/pm 3rd Sat	
Historical Society (Bearsden) – evenings 1st Mon	University of the third age(U3A) (Bearsden) – am 3rd Tues	Local History Group (Bearsden) – evening 1st Wed	Betsy Barclay's Ladies Circle (Milngavie) – pm monthly	Picture House Film Group (Dementia) – pm 1st Fri	Mugdock Country Park Volunteers (Milngavie) – am/pm 2nd Sat	

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Exercise Class (Bearsden) - evening	**Chess Club (Milngavie) – evening**	**Choir (Bearsden) - evenings**	**Reading Group (Milngavie) – pm last Thur**	**Sing Song – Dementia friendly community choir (Bearsden) – pm 1st /3rd Fri**	**Crafternoon (Bearsden) – pm monthly**	
Reading Group (Bearsden) – pm 1st Mon	**Baldernock Gardening Club (Milngavie) – evening 1st Tue**	**Philatelic Society (Bearsden) – evening – 2nd Wed**	**Circle Dancing (Milngavie) - pm**			
Literary Society (Bearsden) - evening	**Line Dancing Class (U3A) (Milngavie) – pm 1st/2nd/4th Tues**	**Ramblers (Milngavie) am/pm**	**Café, drop in – social chat (dementia friendly) (Bearsden) - am**			
Reading Group (Bearsden) - pm	**Lunch Break (Bearsden) – pm fortnightly**	**Silk Painting Group(Milngavie) – pm 2nd and 4th Wed**	**Craigton Choir Group (Milngavie) - pm**			

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Football Reminiscence (Dementia) – pm 1st / 3rd Mon	**Reading Group (Bearsden) – pm monthly**	**Craigdhu Writers Group (Milngavie) - am**				
Flower Club (Milngavie) – evening 2nd Mon		**Wednesday Wanderers (Short 2 hour walks) (Milngavie) – am alternate Weds**				
Art Club (Milngavie) – evening 3rd Mon		**Cheery Ladies keep fit club, over 60's (Bearsden) - am**				
Wednesday Wanderers (Short 2 hour walks) (Milngavie) – am 2nd/4th Mon		**Café, drop in – social chat** **(dementia friendly) (Bearsden) - pm**				

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Monday club (Bearsden) – pm 2nd/4th Mon						
Antonine Bridge club (Bearsden) – competitive play - evening						

Social Supports for Older People – Road map of support:



Tier 7:
A formal day centre support service or alternative one to one support providing full personal and practical care as well as high levels of monitoring and supervision. If Centre based is registered to provide a safe and secure environment for people with high level physical needs and/or significant cognitive decline. Support is provided in venues that are physically accessible and feature dementia friendly environmental aspects. The support is provided by formal support staff who have received training which may include: SVQ in social care, communication, dementia awareness, and stress and distress techniques. Input from other support services including, CAB, Carers Link, East Dunbartonshire Voluntary Action, Ceartas, Community Health Resources.

Tier 6:
Local community assets with access to transport and with support available on and off transport. The location and venue of the asset is physically accessible and preferably has dementia friendly environmental aspects. There is availability of both volunteer and formal support staff to assist with practical and personal care as well as monitoring and supervision for those who require this level of support. Both volunteers and formal support staff benefit from training which may include: communication, dementia awareness, and stress and distress techniques. This level of support may mean attending a formal day centre or receiving dedicated one to one support for social stimulation. Input from other support services including CAB, Carers Link, East Dunbartonshire Voluntary Action, Ceartas and Community Health Resources.

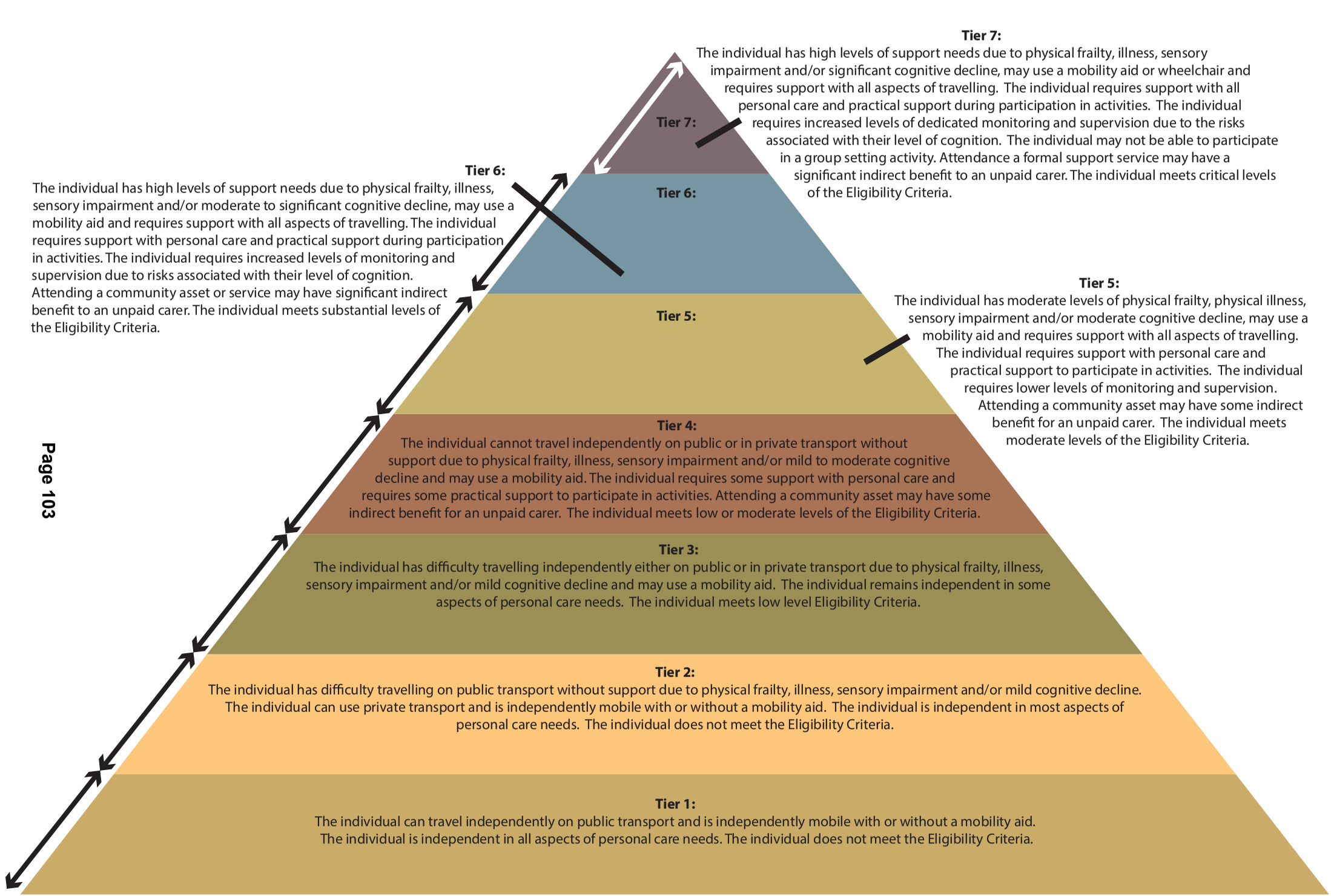
Tier 5:
Local community assets with access to transport, for example, bus, volunteer drivers, and volunteer support on and off transport. The location and venue of the asset is physically accessible and preferably has dementia friendly environmental aspects. There is volunteer support available while attending. There is formal support available for assistance with personal care if required. Both volunteers and formal support staff benefit from training which may include: communication, dementia awareness, and low level stress and distress techniques. Input from other support services including CAB, Carers Link, East Dunbartonshire Voluntary Action, Ceartas, and Community Health Resources.

Tier 4:
Local community assets with access to transport, for example, bus, volunteer drivers, and volunteer support on and off transport. The location and venue of the asset is physically accessible and may have dementia friendly environmental aspects. There is volunteer support available while attending. Input from other support services including Carers Link, East Dunbartonshire Voluntary Action, and Ceartas.

Tier 3:
Local community assets with access to transport, for example, bus, volunteer drivers, and volunteers to provide support on and off transport. The location and venue of the asset is physically accessible and may have dementia friendly environmental aspects. There is volunteer support available while attending. There may be input from other support services including My Bus, CAB, Carers Link, East Dunbartonshire Voluntary Action, and Ceartas.

Tier 2:
Local community assets which may or may not offer access to transport. The location and venue of the asset is physically accessible. There may be volunteer support available while in attendance. There may be input from other support services including My Bus, CAB, Carers Link, East Dunbartonshire Voluntary Action, and Ceartas.

Tier 1:
Local community assets which may or may not offer access to transport. The location and venue of the asset is physically accessible. There may be volunteer support available while in attendance. There may be input from other supports including My Bus, CAB, Carers Link, East Dunbartonshire Voluntary Action, and Ceartas.



Social Supports for Older People – Tiered Needs Approach:

DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	24th June 2021 Agenda item number 240621-07
2	Report Title	Strategic Review of Social Supports for Older People
3	Date direction issued by Integration Joint Board	24th June 2021
4	Date from which direction takes effect	24th June 2021
5	Direction to:	East Dunbartonshire Council
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	Formal and Informal Social Supports and Day Care for Older People.
8	Full text of direction	East Dunbartonshire Council is directed to determine an appropriate interim commissioning solution to secure the delivery of centre cased day care for older people in the East and West of East Dunbartonshire in 2022/23 and 2023/34.
9	Budget allocated by Integration Joint Board to carry out direction	£1m for 21/22 related to uncommitted budgets for day centre provision (excludes Milan Daycare and customers who have chosen other options out with day centre for which these funds are committed to support these other forms of social support)
10	Details of prior engagement where appropriate	Discussion has taken place between the Head of Community Health and Care Services and the Chief Solicitor and Monitoring Office about the need for this action and to scope potential options. Draft report shared for consultation.
11	Outcomes	The intended outcomes are that care is maintained for current eligible clients throughout the period of the strategic review and that transition is supported.
12	Performance monitoring arrangements	HSCP Transformation Board monitoring.
13	Date direction will be reviewed	Date, no more than 1 year in the future

Agenda Item Number: 8.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Date of Meeting	**24th June 2021**
Subject Title	**Children's Services Legislation Update: Age Of Criminal Responsibility (Scotland) Act 2019**
Report By	**Claire Carthy, Interim Head of Children's Services & Criminal Justice** **Claire.carthy@eastdunbarton.gov.uk**
Contact Officer	**Claire Carthy, Interim Head of Children's Services & Criminal Justice** **Claire.carthy@eastdunbarton.gov.uk**
Purpose of Report	To inform IJB members of important legislative changes affecting Children's Services.
Recommendations	It is recommended that the Health and Social Care Partnership Board: a) Note the content of the report.
Relevance to HSCP Board Strategic Plan	Statutory responsibility. PRIORITY 1. Promote positive health and wellbeing, preventing ill-health, and building strong communities PRIORITY 4. Address inequalities and support people to have more choice and control

Implications for Health & Social Care Partnership

Human Resources:	None
Equalities:	None
Financial:	None
Legal:	None
Procurement:	None
Economic Impact:	None
Sustainability:	None
Risk Implications:	None
Implications for East Dunbartonshire Council:	There is a statutory responsibility to ensure Children's Services are reflecting legislative changes in all interventions, including assessment and care planning.
Implications for	None

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

MAIN REPORT

1. Legislation

1.1. The Age of Criminal Responsibility (Scotland) Act 2019 is intended to protect children from the harmful effects of early criminalisation while ensuring that incidents of harmful behaviour by children under 12 can continue to be effectively investigated and responded to appropriately. The change comes into operation from October 2021.

1.2. Increasing the age of criminal responsibility (ACR) from 8 to 12 aligns with the current minimum age of criminal prosecution in Scotland. It reflects Scotland's progressive commitment to international human rights standards so that:

a) children under 12 are no longer stigmatised by being criminalised at a young age, due to being labelled as an "offender";

b) children under 12 are not disadvantaged by having convictions for the purposes of disclosure, which can adversely affect them later in life;

c) the new age of criminal responsibility aligns with longstanding presumptions around maturity, rights, and participation. The age of 12 also has other existing significance in Scots law; and

d) to improve the position of care-experienced children (especially those looked after away from home), whose behaviours are more likely to have been reported to police (and therefore to attract a criminalising state response) than Scotland's child population in general.

2. Contents of the Act

2.1. Section 1: Age of criminal responsibility in Scotland increases from 8 to 12.

2.2. Section 2: Disclosure of convictions: past behaviour of a child under 12 will not be recorded as a conviction.

2.3. Section 3: Victim Information: information regarding 8-11 year olds will not automatically be shared.

2.4. Section 4: Police powers: children under 12 cannot be charged with an offence, police do retain powers to investigate in a child centred manner.

2.5. Section 5: Children's Hearings may ask for supplementary reports and defer decision making.

2.6. Section 6: the Act will be reviewed in 3 years.

2.7. Section 7: gives definitions of "child" and "constable". Also gives summary Sheriffs the powers to grant a search warrant and gather forensic evidence.

3. Further Information

3.1. Link to the Age of Criminal Responsibility (Scotland) Act 2019: https://www.legislation.gov.uk/asp/2019/7/contents/enacted

3.2. A more detailed explanation of the Act can be found in the Explanatory Notes.

4. Implications for East Dunbartonshire HSCP

4.1 Year on year the number of young people convicted on offence grounds has been falling.

4.2 The impact of this new legislation is likely to be minimal. This judgement is based on an assessment of comparable cases in East Dunbartonshire in the last five years. The actual number is below the level that would be disclosed in a public report for reasons of confidentiality.

4.3 Each area is required to identify a named interim local place of safety. Ferndale Residential Unit has been identified however in practice every effort would be made to place a young person with family, or in a suitable home based setting, before opting to make use of residential care.

4.4 EDC is actively involved in the North Strathclyde Pilot which is aimed at improving outcomes and experiences of children and young people requiring a Joint Investigative Interview by Police and Social Work.

4.5 Training programmes for staff in relation to the implementation of the Act are being developed by the Scottish Government and will be rolled out locally when available.

4.6 Local relevant practice guidance and documentation will be updated to reflect the change in legislation.

Agenda Item Number: 9.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Date of Meeting	**24th June 2021**
Subject Title	**Children's Services Legislation Update: United Nations Convention on the Rights (UNCRC) of The Child (Incorporation) Scotland Bill.**
Report By	**Claire Carthy, Interim Head of Children's Services & Criminal Justice** **Claire.carthy@eastdunbarton.gov.uk**
Contact Officer	**Claire Carthy, Interim Head of Children's Services & Criminal Justice** **Claire.carthy@eastdunbarton.gov.uk**
Purpose of Report	To inform IJB members of important legislative changes affecting Children's Services.
Recommendations	Note the content of the report.
Relevance to HSCP Board Strategic Plan	Statutory responsibility. PRIORITY 1. Promote positive health and wellbeing, preventing ill-health, and building strong communities PRIORITY 4. Address inequalities and support people to have more choice and control PRIORITY 7. Improve support for Carers enabling them to continue in their caring role

Implications for Health & Social Care Partnership

Human Resources:	None
Equalities:	None
Financial:	None
Legal:	None
Procurement:	None
Economic Impact:	None
Sustainability:	None
Risk Implications:	None
Implications for	There is a statutory responsibility to ensure Children's Services

East Dunbartonshire Council:	are reflecting legislative changes in all interventions, including assessment and care planning.	
Implications for NHS Greater Glasgow & Clyde:	None	
Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	☒
	2. East Dunbartonshire Council	☐
	3. NHS Greater Glasgow & Clyde	☐
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	☐

MAIN REPORT

1. Legislation

1.1. The UNCRC (Incorporation) (Scotland) Bill was introduced to the Scottish Parliament on 1st September 2020 and was passed unanimously on 16th March 2021. The main purpose of the Bill is bring the United Nations Convention on the Rights of the Child (UNCRC) into Scots law. The Bill will commence six months from Royal Assent.

1.2. The Bill is a milestone on Scotland's journey towards making rights real for every child. It marks the culmination of over 10 years of campaigning by children, young people and wider civil society, and represents the increasing support for children's rights across the Scottish Parliament, Scottish Government and public services.

1.3. The Bill follows a decade of developments that have been furthering children's rights across legislation, policy and practice in Scotland – including GIRFEC, the Children and Young People (Scotland) Act 2014, Scottish Government's 2018-21 Action Plan, and most recently the Children (Scotland) Act 2020.

2. Main themes of the Bill:

2.1. Public authorities must not act in a way that's incompatible with the UNCRC requirements.

2.2. Courts will have powers to decide if legislation is compatible with the UNCRC requirements.

2.3. Scottish Government can change laws to make sure they are compatible with the UNCRC requirements.

2.4. The Children and Young People's Commissioner Scotland and Scottish Human Rights Commission will have powers to take legal action to protect children's rights.

2.5. Scottish Government must publish a Children's Rights Scheme to show how it is meeting UNCRC requirements and explain their future plans to progress children's rights.

2.6. Scottish Government must review how the Children's Rights Scheme is working each year.

2.7. Other authorities listed in the Bill must report every three years on what they are doing to meet the UNCRC requirements.

3. What the Bill means for Scotland:

3.1. Made up of 54 articles, the UNCRC protects children's civil, political, economic, social and cultural rights.

3.2. Among them are the rights to protection from violence and neglect, and the right to an adequate standard of living: children have a right to proper food, clothing and housing.

3.3. By incorporating the Convention into domestic law, young people in Scotland will gain the power to go court to enforce their rights where public authorities breach UNCRC requirements.

3.4. This would make it easier to challenge the actions (or inaction) of Scottish public authorities – including police, schools, hospitals, or ministers in Scotland – where they appear to breach rights under the UNCRC.

4. Implications for East Dunbartonshire HSCP:

4.1 The HSCP must ensure children's rights are respected and protected.

4.2 Further training will be made available for staff and partner agencies in collaboration with Scottish Government.

4.3 UNCRC is a key foundation of the current Integrated Children's Services Plan, The Promise, Corporate Parenting and Rights Respecting Schools.

Agenda Item Number: 10.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Date of Meeting	**24th June 2021**
Subject Title	**Support for Care Homes**
Report By	**Derrick Pearce, Head of Community Health and Care Services**
Contact Officer	**Stephen McDonald (Joint Social Work Services Manager)** **Stephen.mcdonald@eastdunbarton.gov.uk**
Purpose of Report	The purpose of this report is to provide an update to Integration Joint Board (IJB) members regarding the HSCP's delegated responsibilities for care home care assurance. The report further describes for members current and planned enhancements to the range of support roles from the HSCP working in partnership with local care homes, for approval.
Recommendations	It is recommended that members : a) Note the content of the paper; and b) Approve the proposals to continue support to care homes using Covid-19 funding
Relevance to HSCP Board Strategic Plan	This paper has relevance specifically to key strategic priorities: 3) Keep people out of hospital when care can be delivered closer to home 5) People have a positive experience of health and social care services

Implications for Health & Social Care Partnership

Human Resources	There are implications within this report regarding the recruitment of additional staff deployed to the HSCP employed by both NHSGGC and EDC.
Equalities:	The residents of care homes are generally older people and/or those with disabilities and are therefore members of protected characteristics groups.
Financial:	There are implications of this report in respect of the use of COVID-19 additional funding. There are future financial implications concerning the sustainability of this team.
Legal:	None

Procurement:	None	
Economic Impact:	None	
Sustainability:	None	
Risk Implications:	There are risk implications of this report relating to the proposed recruitment of staff, utilising covid funding which may not recur. These risks have been mitigated to a satisfactory level. The actions outlined in this report contribute to positive management of risks to care home residents in the local area.	
Implications for East Dunbartonshire Council:	There are implications for East Dunbartonshire Council in respect of statutory social work responsibilities, financial management and human resources.	
Implications for NHS Greater Glasgow & Clyde:	There are implications for NHSGGC in respect of statutory responsibilities delegated to the Board Director of Nursing and Human Resources.	
Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	☐
	2. East Dunbartonshire Council	☐
	3. NHS Greater Glasgow & Clyde	☐
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	☒

MAIN REPORT

1. Background

1.1 There are currently 13 privately owned nursing care homes for older people and three care homes for adults with complex needs, one of which is operated by the Local Authority, in the East Dunbartonshire area. These homes have capacity to care for approximately 825 people. Occupancy pre March 2020 averaged 84% however the impact of COVID-19 has reduced average occupancy to 77% (based on period 23/3/20 – 03/08/20). Occupancy in care homes for adults with complex needs is largely unchanged.

1.2 The homes accept placements from any area but the majority of people have been placed in these homes by East Dunbartonshire Council (EDC)/HSCP and EDC is the host authority for all homes thus carrying the statutory responsibility.

1.3 The anticipated spend at the time of setting the budget for 2020/21 across the above referenced care homes was £16.752m, however due to the impact of COVID-19 actual spend was £13.738m excluding specific Covid related expenditure for under occupancy and specific additional Covid expenditure (PPE, Infection Control, staff absence etc.).

1.4 In general terms it is recognised that there is greater demand on services supporting care homes in recent years, even prior to COVID-19 pandemic.

1.5 There have been 3 Large Scale Adult Support and Protection investigations (LSI) carried out in the last 4 years in East Dunbartonshire homes, with similar themes identified in all cases: clinical leadership within the home, support for nutrition, maintaining skin integrity and managing stress and distress.

1.6 A virtual Care Home Support Team was established in 2018, with the purpose of having a collaborative approach to supporting care homes, with a focus quality improvement. The team comprises of existing HSCP staff who have care home support functions including Care Home Liaison Nursing (CHLN), Planning and Development and Social Work. There has been no significant investment in the capacity of the virtual team to date despite increasing demands from the sector. It has been challenging to fully embed quality improvement due to pressures within current services, particularly individual roles and responsibilities.

1.7 Resource was previously identified from core budget to recruit a social worker who would review Adult Support and Protection referrals and complaints from Care Homes as well as support Care Home Review Officers to fulfil statutory obligations however the pandemic has delayed recruitment to the post.

2 Current Assessment

2.1 In addition to existing statutory responsibilities for residents in local care homes the HSCP were required, at the direction of the Scottish Government, to provide additional

multi-professional enhanced professional clinical and care oversight of care homes from 17 May 2020.

2.2 Scottish Government have confirmed that this requirement is been extended until March 2022. The delegated responsibilities include overseeing:

a) Care needs of individual residents

b) Infection prevention and control measures, including Personal Protective Equipment and cleaning requirements

c) Staffing requirements including workforce training and deployment

d) Testing arrangements for outbreak management and ongoing surveillance

2.3 In January 2021, in response to the new emerging variant of concern and the impact on Care Homes, the Scottish Government requested further actions be taken that included joint Nursing and Social Work assurance visits of all Care Homes that hadn't had an assurance visit undertaken in the last 6 months. East Dunbartonshire HSCP joint assurance visits took place in all homes in the area between March and April 2021. These have been concluded with follow up on all recommendations underway. The outcome of the visits and a summary of the themes was presented to the Clinical and Care Governance Group at its meetings of 2 June 2021, but given the high priority and profile this subject has received a copy of that report is also provided directly to Board members at **Appendix 1** to this report.

2.4 An additional request has been made by the Chief Social Work Adviser to the Scottish Government that HSCP's facilitate individual social work reviews of all placed care home residents over a six month period with a target completion of July 2021. Whilst an additional COVID-19 funding stream to support this work has been made available by the Scottish Government, and is welcome, it is important to highlight that pre COVID-19, meeting the statutory requirement to carry out annual reviews had been very challenging in East Dunbartonshire due to the small amount of available resource and the high volume of cases involved. In order to deliver on this very stretching new target additional staff required to be brought in and therefore required time to become familiar with local processes and expectations. Delivery in the early stages was therefore slightly delayed. The projected completion date, assuming current staff numbers remain static, is end August 2021. While this represents slippage on the target, it is likely that this will be a factor more widely than East Dunbartonshire.

3 Ongoing Support for Care Homes

3.1 The need to ensure robust routine review of care home residents has been reinforced in recent times by the LSI activity and learning from assurance visits and Care Inspectorate key question 7 COVID-19 inspections. The HSCP is carrying a significant risk by not routinely and robustly undertaking care homes placement reviews within the prescribed timescales.

3.2 Building on the previous good work around a collaborative approach to supporting care

homes and through learning from enhanced professional clinical and care oversight, we require to develop an operating model that provides sustainability. The model will ensure the necessary professionals work in a cohesive and co-ordinated way focused on thematic quality improvement in partnership with local Care Homes, the Care Inspectorate and other key partners.

4 Proposed Model

Proposed Model	(wte.)	Additional Staffing required (wte.)
Social Work Team Manager	1.0	1.0
Social Worker	2.0	1.0
Review Officer	2.0	
CHLN Nurse Team Lead	1.0	1.0
CHLN (Adult and Mental Health)	6.6	1.0
Pharmacy Technician	0.5	0.5
Dietician	0.5	0.5
Strategic Commissioning Officer	1.0	To be drawn from Planning and Service Development Team restructure
Strategic Commissioning Support Officer	1.0	To be drawn from Planning and Service Development Team restructure

4.1 It is assessed that such a team will release capacity of a number of senior officers across the HSCP who should be focused on future strategic development and forward response needs/recovery options through and out of the COVID-19 pandemic. Such officers include; Chief Officer, Head of Community Health and Care, Joint Services Manager – Social Work Field Work, Commissioning Manger, Chief Nurse and Senior Nurse – Adults.

5 Financial Framework

5.1 Recruitment to the additional posts being implemented currently uses COVID-19 funding for 2021-22. The associated costs are displayed in table 1.

Table 1.

	Grade	Scale	SCP (Mid Point)	Additional FTE	Hrly Rate	Basic	S/An ers	Niers	Appr Levy	Total	2021/22 F/Year Cost	Notes
1 Team Manager (new)	10-35	84-92	88	1	26.18	47,775.88	9,220.75	5,380.33	238.88	62,615.83	16,761.22	Difference between Team Manager and Social Worker
2 Social worker (1 additional)	08-35	63-73	68	1	19.44	35,476.06	6,846.88	3,682.95	177.38	46,183.27	47,106.93	1 Additional only
2 Review Officers	06-35	41-51	46	2	14.05	51,279.69	9,896.98	4,651.11	256.40	66,084.18		Assumed no additional costs - already funded through DD/ICF
1 Care Home Liaison Nurse Clinical Lead (new/additional)	7			1		46,006.00	5,136.08	9,615.00		60,757.08	63,187.37	NHS
4.6wte Adult CHLN (1 additional)	7			1		46,006.00	5,136.08	9,615.00		60,757.08	53,609.48	NHS - assumed at Band 6
3 Mental Health Care Home Liaison Nurse (1 additional)	6			1		39,169.00	4,192.58	8,186.00		51,547.58		NHS
0.5 Pharmacy Technician (new)	6			0.5		19,584.50	2,096.29	4,093.00		25,773.79	26,804.74	NHS
0.5 Dietician (new)	6			0.5		19,584.50	2,096.29	4,093.00		25,773.79	26,804.74	NHS
1 Strategic Commissioning Officer (to be drawn from Planning and Service Development Team re-structure)	08-35	63-73	68	1	19.44	35,476.06	6,846.88	3,682.95	177.38	46,183.27		Assumed met through revised planning & commissioning structure
1 Strategic Commissioning Support Officer (utilising CSWO funding)	07-35	52-62	57	1	16.52	30,147.35	5,818.44	2,947.59	150.74	39,064.11		Assumed met through revised planning & commissioning structure
						370,505.03	57,287.25	55,946.93	1,000.78	484,739.98	234,274.48	Met from Covid in 21/22, then recurring virement from care home budget

5.2 Elements of the overall package of posts rest on covid funding. At this stage it is not known if the funding will recur. Should it transpire that this funding is not recurring, consideration will be given to how these posts are either redeployed, or a recommendation will be brought forward to the Board for a permanent virement from another budget area, to ensure continuity of the service

Appendix 1 – Support for Care Homes Summary of Joint Assurance Visits

Agenda Item Number: 10a

Appendix 1

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Date of Meeting	**Wednesday 2nd June 2021**
Subject Title	**Thematic Summary of Joint Nursing and Social Work Assurance visits to East Dunbartonshire Care Homes**
Report By	**Derrick Pearce, Head of Community Health and Care Services**
Contact Officer	**Leanne Connell, Interim Chief Nurse** **Leanne.Connell@ggc.scot.nhs.uk** **Stephen McDonald, Joint Services Manager – Adults Fieldwork** **Stephen.Mcdonald@eastdunbarton.gov.uk**
Purpose of Report	The purpose of this report is to provide an update on the outcome of the joint assurance visit.
Recommendations	Note the content of this report.

MAIN REPORT

1 Background

1.1 East Dunbartonshire HSCP undertook joint nursing and social work assurance visits between March and April 2021 as requested by Scottish Government. The request was made in response to the emergent variant of concern and in recognition that the COVID-19 pandemic had significantly impacted on residents within Care Homes due to reduced health and care and family contact.

2 Findings

2.1 Managers of care homes in East Dunbartonshire reported that the joint assurance visits were supportive and helpful.

2.2 No serious quality of care issues were identified that required immediate escalation. Care Home managers accepted all recommendations and agreed to implement.

2.3 Care Homes who have not had a key question 7 (COVID-19 specific) Care Inspection generally have more recommendations than Care Homes who have had an inspection in the last 9 months. The feedback given was well received and the Care Home Liaison Nursing service has since reviewed all actions for the 14 Older Adult Care Homes to determine if they have been completed.

2.4 The majority of the nursing recommended actions are now complete with a small number nearing completion. The three remaining adult Care Homes will be reviewed by the Senior Nurse over the next four weeks.

2.5 Of the actions identified, the common nursing themes across the Care Homes were:

Infection Prevention Control:

a) Laminate all displayed signage and increase signage throughout the Home for Hand Hygiene and Donning and Doffing PPE
b) Use of cleaning schedule record for shared bathrooms and equipment
c) Increase use of Dani-centres for PPE storage and access
d) Increase availability of wall mounted hand hygiene dispensers
e) Use of signage on door for maximum numbers in staff areas
f) Appropriate storage for staff shoes and bags in changing area
g) Use of appropriate seating for residents to ensure social distancing during mealtimes and when in communal areas.

Resident Health and Care Needs:

a) Consistent quality of all records in relation to person centred ACP's and Covid risk assessments.

2.6 A summary of the key themes emerging from the Social Work visit were:

Adult Support and Protection

a) Evidence of under reporting of ASP incidents to Social Work, which has improved since being highlighted to the relevant care home managers during the assurance visits. Further monitoring will be carried out during the care home review process.
b) Some care homes did not have local procedures and thresholds guidance on site, which has subsequently been provided. Concerns exist regarding care home managers identification of ASP versus incident. Use of obsolete ASP paperwork has been eradicated following the assurance visits.
c) Strengthening of care homes understanding of the repeat referral process required. Consideration to be given to amending SW process to incorporate a social work review after two incidents have occurred.
d) More robust procedures required in some care homes in respect of ASP incident reporting out of hours/ at weekends.
e) Care homes store ASP paperwork centrally as opposed to in residents individual care plans. Consideration to be given to requesting that this change in care homes across East Dunbartonshire to ensure information is readily available for professionals and staff.
f) Correlation found between use of agency staff and issues relating to under reporting, miscommunication and medication errors. This contrasted to care homes that had a consistent staff team in place.

Care Planning

a) The quality of care plans across the care homes in East Dunbartonshire varied, ranging from excellent examples of person centred, holistic and robust care

planning to out of date, basic and generic care planning. Feedback provided during assurance visits. Further conversation to take place on an individual basis during the review process.

b) Further exploration regarding appropriateness of DNACPRs and ACPs that were completed at the peak of the pandemic required given the progress that has been made in care homes in relation to COVID-19. Issue will be monitored and addressed on an individual basis during the review process.

c) Families and relatives play an important part in care planning for residents, particularly as restrictions on visitation have eased. Consultation with families/ relatives will take place during the review process.

d) No issues identified in the care plans sampled during the assurance visits in respect of legal safeguards for residents that lack capacity (PoA/ Guardianship). Follow up is required with regard to all residents, which will be carried out as part of the review process.

3 Next Steps

3.1 The joint Assurance visits has identified the importance of a collaborative approach to supporting care homes and identified actions for the Care Home Support Team to take forward including:

a) A designated mailbox is required to allow social work staff to monitor incident reports in addition to ASP referrals due to concerns about managers not applying the thresholds appropriately.
b) Social Workers to be made available to ensure that advice is readily available for care home managers regarding local ASP processes and procedures
c) Consideration to be given to a partnership approach to ASP training to incorporate local processes and procedures.
d) Integrated team meetings to support ongoing assurance and support
e) Planned joint assurance visits scheduled on a 6 monthly/annual basis

DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	24th June 2021 Agenda item number 240621_10
2	Report Title	Support for Care Homes
3	Date direction issued by Integration Joint Board	24th June 2021
4	Date from which direction takes effect	As above
5	Direction to:	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	Residential Care for Older People, Residential Care for Adults with Disability, Older Peoples Social Work, Adult Community Nursing, Planning and Service Development Team.
8	Full text of direction	East Dunbartonshire Council and NHSGGC are directed to progress the recruitment of additional staff for the Care Home Support Team utilising COVID-19 funding in 2021-22. EDC and NHSGGC are further directed to support the efforts of the HSCP to identify and implement a future financial framework to ensure the sustainability of this team.
9	Budget allocated by Integration Joint Board to carry out direction	A financial envelope of £234,274 is required to deliver this service to be funded from COVID-19 funding in 2021-22. Thereafter if funding is not recurring a recommendation may be brought to forward to the board for a permanent virement from another budget area.
10	Details of prior engagement where appropriate	Planning and Service Development Team re-structure is underway and taking cognisance of requirements for Care Home Support Team. EDC and NHSGGC Human Resource Managers included in Care Home Support Team workforce planning discussions.
11	Outcomes	Compliance with Statutory review timescales Routine Care Home Quality Assurance and Improvement Audits Reduced Admissions to hospital Reduction in care Acquired Harm e.g. pressure

		ulcers, falls Increase in completion and quality of ACPs The intended outcomes are that the HSCP statutory responsibilities for care assurance and care home residents reviews will be fully met. This will support people to receive care closer to home (strategic priority 3) and ensure people have a positive experience of health and care service (strategic priority 5)
12	Performance monitoring arrangements	Staff in post and delivery of outcomes identified above
13	Date direction will be reviewed	To be reviewed in September 2021 for recurring funding options or redeployment considerations.

Agenda Item Number: 11.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Date of Meeting	**24th June 2021**
Subject Title	**Mental Health and Alcohol and Drugs Recovery Services Needs Assessment**
Report By	**David Aitken, Interim Head of Adult Services** **Tel: 0300 123 4510**
Contact Officer	**Lynsay Haglington, Alcohol and Drug Partnership Coordinator** **Lynsay.Haglington@eastdunbarton.gov.uk** **Tel: 0141 777 3311 Ext 3082**
Purpose of Report	The purpose of this report is to provide the Board with an update on the mental health and alcohol and drugs needs assessment and subsequent proposed service redesign approach.
Recommendations	The Integration Joint Board is asked to: a) Note the contents of the report; and b) Approve the East Dunbartonshire Mental Health and Alcohol and Drug Needs Assessment as the underpinning framework to initiate and support the review and redesign of mental health and alcohol and drug services.
Relevance to HSCP Board Strategic Plan	The work of the mental health and alcohol and drug needs assessment continues to meet priorities 1, 2 and 8 of the HSCP Strategic Plan 2018 – 2021: **Priority 1** • Revise and improve our services to those suffering harm through alcohol and substance abuse **Priority 2** • Roll out our Recovery Orientated System of Care (ROSC) service model, which establishes closer links to communities for individuals with Alcohol & Drugs and/or Mental Health issues. **Priority 8** • Support the national priority for the implementation of the rollout of the Drugs & Alcohol Information System (DAISy) across alcohol and drugs services.

Implications for Health & Social Care Partnership

Human Resources	None	
Equalities:	An equalities approach to service provision and development is embedded within practice and continued within any future service developments. Equalities impact assessments will be undertaken as required through the redesign process.	
Financial:	Commissioned services across mental health and alcohol and drugs are funded via the Alcohol and Drug Partnership budget and the HSCP mental health budget. Action 15 mental health monies may also be attributed to service developments where appropriate.	
Legal:	None	
Economic Impact:	Future investment into integrated mental health and alcohol and drug services should have a positive impact on a local level; helping to reduce the levels of mental health and alcohol and drug related deaths, health harms, crime and provide opportunities for prevention and early intervention support as well as other recovery focused services.	
Sustainability:	The implementation of a mental health and alcohol and drugs service redesign will allow for competitive tender processes to take place, combining budgets and providing greater sustainability for contracts over three or more years, also allowing for the flexibility of service change through the duration of the contract based on any changing local needs.	
Risk Implications:	Implementation of service redesign provides significant positive change in the longer term, however there may be risks based on continuity of care during this process.	
Implications for East Dunbartonshire Council:	None	
Implications for NHS Greater Glasgow & Clyde:	None	
Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	☐
	2. East Dunbartonshire Council	☐
	3. NHS Greater Glasgow & Clyde	☐
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	☒

MAIN REPORT

1. Purpose and Introduction

1.1 East Dunbartonshire HSCP have consistently commissioned a range of services from the third and voluntary sector to support mental health and alcohol and drug recovery. These services and the systems of support have not been substantively reviewed for many years, and a full review is being proposed to ensure that these services can continue to best the needs of the individuals whom they support and their communities within East Dunbartonshire.

1.2 Evidence suggests that people experiencing multiple and complex needs, including co-occurring mental health and alcohol and drug related problems often still face greater barriers to accessing both mental health and alcohol and drug support simultaneously. Traditionally individual's access 'sequential' mental health, or alcohol and drugs support. This 'sequential' method of support has often not enabled mental health services to fully engage with dually diagnosed individuals until they have ceased using substances and vice versa. Individuals living with mental health and alcohol and drug problems experience greater stigma, prejudice and discrimination, and poorer outcomes. These experiences can be alleviated by an 'integrated' model of support that is reactive to both mental health and alcohol and drug problems concurrently.

1.3 To support the development of a much more 'integrated' and recovery focussed model of support and to provide a modern framework for service redesign, a detailed needs assessment was commissioned in 2019 utilising funding from Scottish Government's Mental Health Action 15 allocation and the Alcohol and Drug Partnership.

1.4 A short life working group met to develop a service specification and tender documentation to commission a needs assessment and gap analysis; the purpose of which was to scope out current service provision across both care groups for adults and also children and young people to provide a comprehensive report on the findings including a set of short, medium and long-term recommendations on developing and redesigning services moving forward. It is envisaged that this should ensure support is more crosscutting, joined up and more reflective of a whole system approach to recovery.

2. Rocket Science

2.1 Through the quick quote tender and evaluation process Rocket Science was awarded the contract in 2019. Rocket Science is an independent research and consultancy organisation founded in 2001 operating in London, Edinburgh and the North East of England.

2.2 Rocket Science has worked with Scottish Government, a range of government agencies including Local Enterprise Companies in Scotland and Regional Development Agencies and Government Offices in England.

3. Methodology

3.1 As part of the needs assessment Rocket Science carried out desk research and fieldwork interviews across statutory council and NHS services, commissioned services and service users to collate a range of qualitative and quantitative data.

3.2 Research included the analysis of local and national strategies and policies covering mental health and alcohol and drugs, mapping of current service provision, data pertaining to prevalence, open cases, hospital admissions and an overview of best practice examples.

3.3 Fieldwork took place in the form of focus groups and one-to-one interviews with service users and relevant staff within both the HSCP and commissioned services.

3.4 Rocket Science produced a comprehensive report which included the gap analysis, SWOT analysis, efficiency gains and recommendations.

4. Key findings and recommendations

4.1 The needs assessment yielded a number of key findings and recommendations based on the current service delivery and the development of a new model of support. The report concluded that we should adopt a whole systems, recovery orientated, and person-centred approach as the most effective way forward.

4.2 The key to a whole-system approach is ‘integration’ to ensure a coordinated approach to the treatment of individual service users. Developing integrated service delivery through a ‘whole-system approach’ requires that the service(s) are:

- Person-centred
- Needs-led and not limited by organisational or administrative practices
- Collaborative between agencies and service providers at each stage in the progress of the individual: in treatment, care and support, through to rehabilitation and integration into the community.

4.3 A ‘no wrong door’ approach was emphasised in the needs assessment, supporting individuals who are harder to reach and may normally slip through service cracks due to their multiple and complex needs. Mental health and alcohol and drug problems are considered during an individual’s initial assessment and throughout support and treatment rather than being addressed sequentially.

4.4 Efficiency gains such as increasing the use of digital technology, implementing standardised service pathways and increasing joint working between services were identified; these areas have been further highlighted during COVID 19 as positive steps towards service inclusivity and accessibility.

4.5 Recommendations for a potential service model, highlights the need to invest in

an effective integrated prevention, treatment, and recovery orientated model to support harm reduction, reduced offending, sustain recovery, and enable people to make a positive contribution to their communities.

4.6 To produce these positive outcomes, services should share an approach that is trauma-informed and person-centred while addressing individuals' complete well-being.

4.7 Utilising the key messages and recommendations of this report, and assuming approval from the HSCP Board, the next steps would be to adopt and draw upon the Needs Assessment as a framework to initiate and underpin the review and redesign of mental health and alcohol and drug services, based on a Recovery Orientated System of Care (ROSC) and to start the process of engagement with our stakeholders and third sector partners.

4.8 As the review and redesign process develops further reports will be brought back to the HSCP at key points.

Appendix 1- East Dunbartonshire MH SM Needs Assessment Final Report 15.02.21

ROCKET SCIENCE

East Dunbartonshire Mental Health and Substance Use needs assessment

Final report

Contents

Executive summary

Introduction

Rocket Science UK Ltd. was commissioned to undertake an assessment into the needs of those experiencing mental ill health and substance use issues in East Dunbartonshire, in particular to understand whether and to what extent those needs are being matched by current service provision.

A combination of desk research (policy context, trends in mental health and substance use in East Dunbartonshire, best practice from elsewhere) and fieldwork (consulting with service users and staff from statutory and commissioned services via a combination of focus groups and face-to-face/telephone interviews) was carried out to complete the assessment.

This summary presents key findings and recommendations based on the needs assessment. The full report provides more detail on method, assessment, and recommendations.

Understanding the context

Our desk research has highlighted the relevance of local and national strategies and plans to the provision of mental health and substance use services in East Dunbartonshire. The East Dunbartonshire Health and Social Care Partnership Strategic Plan (2018/21)[1] highlights eight key priorities, including a number of measures to address drug, alcohol and mental health issues with a focus on accessibility and recovery services. This puts East Dunbartonshire broadly in line with national strategies such as the Scottish Government's Rights Respect and Recover strategy (2018)[2] which, recognising the commonalities in drug and alcohol addictions, includes priorities on partnership working, prevention and early intervention, and recovery systems of care. Further links can be made with other key Scottish Government strategies and plans:

[1] https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care (Strategic Plan.pdf)
[2] https://www.gov.scot/publications/rights-respect-recovery/

- Scottish Government's Mental Health strategy (2017) which includes a focus on prevention and early intervention, physical wellbeing, access to treatment and joined-up accessible services[3]

- Scottish Government's Suicide Prevention Action Plan (2018) which sought to build on a reduction in suicide rates recorded between 2013-16, with mental health and suicide prevention training for NHS staff being a key action[4]

- Scottish Government's Alcohol Framework (2018)[5] which sets out the national prevention aims on alcohol.

The relationship between mental health and substance use is now widely recognised, with a significant rise in drug-related deaths in Scotland linked, at least in part, to increased levels of mental health conditions and the impact of adverse childhood experiences (ACEs). Our desk research and fieldwork has collated data from various sources, including ISD Scotland (Information Services Division) which is a part of NHS National Services Scotland and the Scottish Drugs Forum. This has allowed us to present an assessment of drug, alcohol and mental health trends in East Dunbartonshire:

- Drug trends:
    - East Dunbartonshire has lower rates of problem drug use than the Scottish average, however, recorded hospital admissions for drug related problems have increased notably in East Dunbartonshire in the past 20 years, increasing by just over two-thirds between 1997/98 and 2017/18
    - Of the admissions in 2017/18, just under a third were attributed to opioids and another quarter could be attributed to multiple drug use

[3] https://www.gov.scot/publications/mental-health-strategy-2017-2027/
[4] https://www.gov.scot/publications/scotlands-suicide-prevention-action-plan-life-matters/
[5] https://www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/

- In the context of drug related deaths, we found evidence that the relationship between drug use and psychiatric conditions are becoming increasingly acknowledged.

- Alcohol trends:
  - East Dunbartonshire has one of the lowest rates of alcohol-related hospital admissions of all Scottish local authorities. However, the gap appears to be closing; 2016 marked the lowest recorded difference between the number of alcohol related stays in East Dunbartonshire and the Scottish average
  - In 2015/16 most patients (83%) who stayed in hospital in East Dunbartonshire due to alcohol related issues also had behavioural or emotional problems that were attributable to their alcohol use. This is in keeping with national level

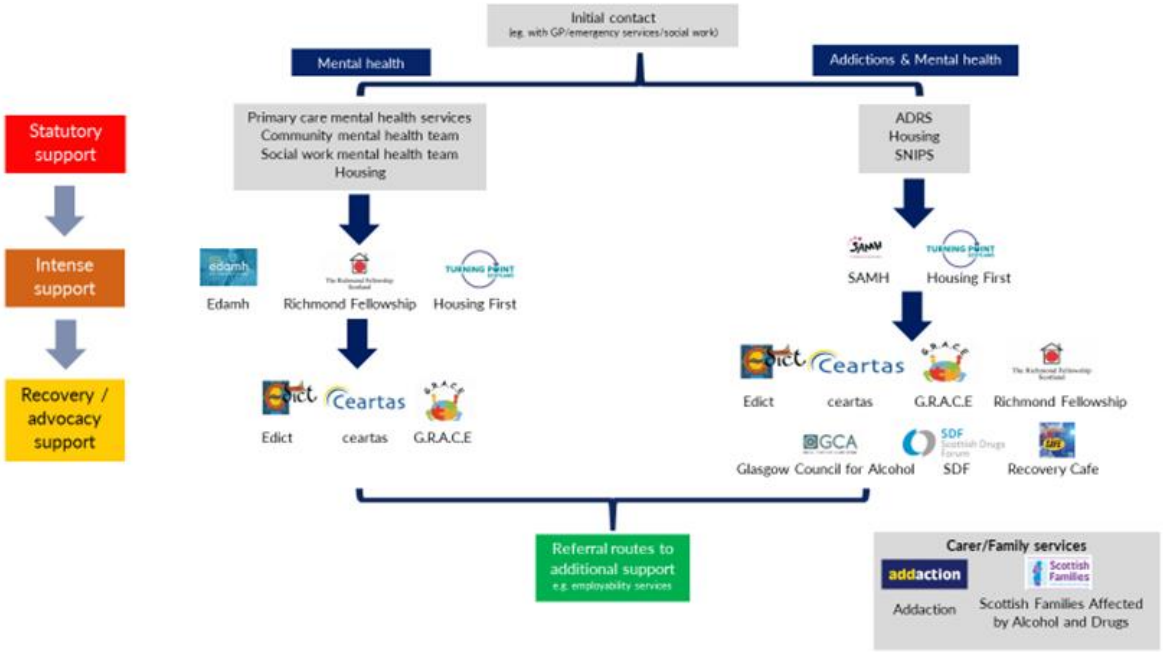
In 2019/2020, 90% of clients in East Dunbartonshire waited no longer than 3 weeks from receiving a referral to their first treatment for alcohol or drug treatment.[6]

- Mental health trends:
  - The percentage of people prescribed medication for anxiety, depression or psychosis in 2014/15 was marginally lower than Scotland overall
  - NHS data recorded East Dunbartonshire as having the second-lowest rate of mental health hospital admissions in the NHS Greater Glasgow and Clyde area. Moreover, the rate of hospital admissions in East Dunbartonshire is notably lower than the Scottish average

Our report has listed statutory, commissioned and non-commissioned support services available in East Dunbartonshire and their support offer. Whilst not an exhaustive record (especially as it doesn't

[6] https://beta.isdscotland.org/find-publications-and-data/lifestyle-and-behaviours/substance-use/national-drug-and-alcohol-treatment-waiting-times/30-june-2020/

include non-commissioned services) the listings provide a broad outline of existing services and their primary activities. We have also mapped the main statutory and commissioned services for mental health and substance use services (see below). This has allowed us to highlight potential referral pathways for service users and the foundation for increased partnership working across services. This mapping has important implications for our recommendations on raising awareness, improving accessibility and underpinning the governance of services.



Best practice: mental health and substance use services

Our work uncovered several examples of best practice for mental health and substance use services, in particular:

- Prevention for mental health care and addictions
- Primary care and community-based services
- Acute and emergency care for mental health and addictions
- Services for comorbidities including mental health and addiction.

This evidence of best practice was taken forward (along with findings from fieldwork with service users and staff) to create a gap analysis for what is and could be provided by mental health and substance use services in East Dunbartonshire (see full report).

Fieldwork with services and service users

From August 2019-January 2020, we conducted interviews with staff from a variety of statutory and commissioned services, as well as focus groups and one-to-one interviews with service users. Analysis of the fieldwork has highlighted the following findings:

- There is extensive overlap between mental health and substance use needs and the lack of concurrent treatment is a gap in service provision

- One of the most significant issues that came up in the interviews was the high number of barriers that prevented people from accessing services. There was a broad range of barriers including:
    - A lack of awareness about the available services
    - The lack of outreach to communities in need
    - Restrictive eligibility criteria
    - Concerns around stigma
    - Social isolation
    - Limited operating hours
    - Negative experiences of past support
    - Concerns around interventions from Child Protection Services.

- Service users and staff from statutory and commissioned services recognised that there were certain groups of people that, although provisioned for, were not receiving enough support for their needs. These included under 18s (particularly 16-18-year olds), elderly people and those living in affluent areas or hidden pockets of deprivation

- There were plenty of examples of positive relationships between staff from statutory and commissioned services, as well as cases where services saw great value in the work that other services were doing. However, many statutory and commissioned service staff saw scope for improvement in relationships, particularly around sharing strategic priorities, integration of statutory and commissioned services, and monitoring and evaluation techniques

- A key issue identified by service users and statutory service staff was the lack of exit routes out of services. Many members of these groups felt that there were not enough routes into employment when a service user was ready to move on from receiving support. However, others recognised that there needed to be a balance between moving people on from services and not introducing restrictive time limits on services that may cut off support too early in a person's recovery journey

- Staff from commissioned and statutory services felt that their limited access to resources meant that they were unable to provide services effectively and, in some cases, this led to competitive rather than collaborative partnership working between organisations. Some commissioned service staff also felt that a lack of knowledge or certainty around funding had inhibited their ability to plan for the future

- Opportunities for service improvement and alignment with best practices included:
    - Scope for greater alignment between the approaches of services
    - Focus on changes in service user routine is helpful and should be continued
    - Room for improvement in the use of digital technologies
    - Opportunities for more joint working
    - Scope to improve service user experience of hospital care
    - Increased efforts towards prevention and education
    - Increased involvement of family and carers in the creation of care plans.

Gap analysis

The gap analysis reviewed best practice examples against evidence found during the assessment. Key gaps identified included:

- Care pathways for 16-18-year olds who are undertaking risky transitions into adulthood; for elderly people; and for vulnerable populations living in pockets of deprivation within more affluent areas

- Many services are inaccessible to certain groups because of their location and because they are only available inside working hours

- Care for mental health and substance use issues is usually provided *sequentially* in East Dunbartonshire, for instance, with services for substance use issues followed by mental health services (or vice versa), or in *parallel* with service users receiving services for substance use issues from one organisation and mental health services from another at the same time. There are opportunities for a more integrated approach to care, addressing substance use issues and mental health problems simultaneously and within single organisations. While some organisations do not offer support to people experiencing chaotic drug use, there are possible ways to mitigate these situations. For example, SAMH offers one-to-one sessions with individuals until they are ready to participate in group sessions

- In general, a lack of integrated service provision prevents a whole-system approach to recovery e.g. involvement of housing, benefit and employability services

- There are limited opportunities for carers to be involved in designing recovery packages for service users

- Service users widely reported feeling welcome at the community-based commissioned services but reported feeling uncomfortable in the more formal atmosphere of statutory services. This acted as a barrier to accessing support for some people

- Management data is provided/collected inconsistently, making an overall assessment of need difficult. In some instances, services interpret variables differently which means that data cannot be accurately compared across organisations

- There is a need to ensure that the Primary Care Mental Health workforce and other primary care services have specialised skills in substance use issues and are up to date with best practice and recent evidence, e.g. trauma informed practice

- Commissioned services are currently unclear about local strategies. This provides the HSCP with an opportunity to lead in strategy dissemination and gives commissioned services the chance to have a greater engagement with strategy development processes

- There is a range of support services available for carers, but many people acting in a caring role are unaware that their role could be defined in this way.

SWOT Analysis

Linked to the gap analysis, the SWOT analysis below is intended to identify the key strengths, weaknesses, opportunities and threats associated with the current approach of alcohol and drug services in East Dunbartonshire.

Strengths	**Weaknesses**
• Low rates of problem drug use and one of the lowest rates of alcohol-related hospital admissions in Scotland • Commissioned services follow best practices by being community based and involving community input into their activities • There is little evidence of duplication in the types of services offered – services provide a range of activities that tackle a variety of needs • Services offer different levels of intensity of support • Services are well established • East Dunbartonshire has a dedicated and skilled workforce • Services are located in areas with the highest need.	• Although provision exists within CMHT and PCMHT, overall, services eligibility criteria seem to exclude under 16s, 16-18 year olds and elderly people • Services have limited opening hours that often do not serve people who are in employment • Some areas are geographically out of reach for many services • There is limited overall coordination and monitoring of services • There is a lack of integrated mental health and substance use treatment • There is limited involvement of service users and carers in the design of their care plans • Service pathways are underdeveloped and not well known eg into employability services.
Opportunities	**Threats**
• The involvement of service users and carers in the design of care plans • The ability to gain efficiencies through the introduction of the DAISy software • The standardisation of service pathways to create efficiencies for service users and services • Increased cooperation and joint working between commissioned and statutory services • Joint outreach work to provide services to under-served geographic areas • Co-location of services to create efficiencies • A data coordinator function within an existing HSCP role to ensure ongoing monitoring and measurement of services' outcomes.	• Potential for bottlenecks to form in service pathways • Under-provision for 16-18 year olds creating longer term impacts and support requirements • Limited evolution of services and support if cooperation levels between all services (commissioned and statutory) are not increased • Disengagement from service users and carers if they are not involved in the design of care plans • A lack of engagement with statutory services linked to service users' perceptions and previous experience.

Efficiency gains

Through our research, we identified three key areas in which East Dunbartonshire HSCP could implement efficiencies. All these efficiencies link to recommendations:

1. the increased use of digital technology by services
2. the implementation of standardised service pathways
3. an increase in joint working between services.

NHS Scotland's '2020 Framework for Quality, Efficiency and Value' underlines that health services should move from a 'Command and Control' view of making cost savings to a 'Systems Thinking' view that recognises the complexity and flux of healthcare provision.[7] With regard to efficiency savings, the Systems Thinking approach suggests a move away from focusing on and managing costs towards concentrating on value and quality that will ensure more sustainable efficiencies that do not put service users at risk. Systems Thinking also ensures that services are easily adaptable for changes in demand and need, reducing the cost of sudden service overhauls when systems are found to be inefficient.

Key findings and recommendations

Taking a **whole systems**, person-centred approach to primary and community-based care is widely regarded as the most effective approach. Key to a whole-system approach is '**integration'** which in the context of this needs assessment involves the recognition that crises such as substance and alcohol misuse can be both a cause and a consequence of mental ill health[8]. In the medium to long-term we believe this type of service/system level integration model will facilitate collaboration between statutory and commissioned services to ensure a coordinated approach to the treatment of individual service users.

[7] http://www.gihub.scot.nhs.uk/media/607430/2020framework_12062014_final.pdf
[8] https://www.mentalhealth.org.uk/publications/national-standards-crisis-service-practice-toolkit-scotland.

We have highlighted recommendations relating to current and potential service models. This is designed around the likelihood of commissioned services being re-contracted in the short to medium term.

Current service model. Our key findings and recommendations address four key areas:

- **Awareness and Accessibility**: One of the key themes that our findings relate to were issues around awareness and accessibility for people entering services. We found that appropriate services are available, but people are not aware of them; a lack of clear referral processes leads to people entering services with an inappropriate level of support; service users have significant barriers to access; and certain age groups often fall outside of the eligibility criteria for services

- **Service Design**: Issues around service design were instrumental in aligning with strategy and best practices. We found that there is scope for increased service user involvement in the design of care plans; service users often receive separate rather than integrated services; there is no clear exit pathway from services; some service users feel intimidated by the physical environment of statutory services; levels of trauma informed practices could be increased; and services are using digital technologies to create efficiencies, but there use could be expanded for outreach purposes

- **Governance**: Activities relating to the governance of services could improve service provision. This could involve ensuring that services are aware of each other's activities and working to collect full datasets for monitoring and evaluation purposes. It could also involve increased cooperation and a structure of meetings and reporting stipulated through commissioning arrangements

- **Strategy**: There are several factors relating to strategy development that could contribute to improvements in service provision. For example, there is a lack of knowledge among commissioned services about local strategy; there is evidence of prevention work taking

place, but this could be further developed; and there is scope to increase stakeholder development.

Potential service model. In addition to a number of short to medium term recommendations linked to current ways of working, we have also considered what a future service model might look like:

- **The role of procurement**: A precursor to the development of a different service model would be a procurement process. There is an opportunity to appoint a specialist strategic partner who, in the first instance, would continue to deliver the existing commissioned services within current guidelines whilst also adapting the service in the first 18-24 months to co-create a bespoke service model based on the needs of individuals, and taking into account any necessary cost savings.

- **Potential service model**: Commissioned services should give individuals the best chance of achieving and maintaining recovery by delivering evidence-based treatment interventions; by supporting self-sustaining recovery networks, and by advocating for supportive communities. East Dunbartonshire Council should be aiming to create a commissioning system:
    - that operates transparently according to assessed need
    - where contracting arrangements and the financial environment have a positive impact on treatment outcomes - both in terms of the funding levels and length of contracts
    - with greater transparency on local performance, outcomes and spend
    - with greater connections between drug treatment structures and reducing fragmentation of treatment pathways.

Our full recommendations outline an operational model for drug and alcohol recovery services in East Dunbartonshire that should be considered in the short to medium term and that could be created over a two-year period.

1. Introduction

1.1 Background and methodology

In July 2019 Rocket Science were asked to undertake an assessment into the needs of those experiencing mental ill health and substance use issues in East Dunbartonshire, and to understand whether and to what extent those needs are being matched by current service provision (see appendices). This research was conducted in response to perceptions among HSCP staff that there are duplications and gaps in service provision, and a lack of service integration among providers. In order to do this Rocket Science carried out the following research activities:

- **Desk research** including an understanding of the current policy background (including local and national strategies), analysis of data relating to mental health and substance use in East Dunbartonshire, mapping the current provision of mental health and substance use services in the area (statutory, commissioned and non-commissioned) and an overview of best practice for mental health and substance use services
- **Fieldwork** including interviews with strategic and front-line staff in statutory council services, staff working in commissioned services, and service users. In the case of staff interviews, these were mostly conducted over the phone. Interviews with service users were conducted in person, with a mixture of focus groups and one-to-one interviews. See appendices for copies of the topic guides used in these interviews.

Interviewed group	Number of interviews
Statutory and NHS services	10
Commissioned services	11
Service users	17

We would like to thank the participating service users and staff from statutory and commissioned services for their time and input to this needs assessment.

1.2 Research Limitations

Though strong efforts were made to mitigate any research limitations, several remained, nonetheless. These included:

- The self-selection of focus group participants, which may have led to a skew towards more positive attitudes to services since many who attended had experienced positive outcomes and were keen to express their gratitude to the services
- An inability to conduct case study interviews with individual participants. We made attempts to select individuals with whom we could conduct more extensive interviews, as well as interviews with their support workers and family/carers. However, many of the individuals were living chaotic lives and support workers expressed concern about the potentially traumatising impact of conducting more detailed interviews with the service users and their families
- A lack of comprehensive service data. Six of the eleven commissioned services had not sent back a completed set of service data (including quarterly monitoring reports and self-assessment forms). As such, it was not possible to establish a comprehensive overview of the number of service users, their length of time in services and their main referral routes. Nor was it possible to identify any key areas of overprovision (where service users were using multiple services concurrently that provided similar treatment) since the data did not contain unique identifiers that would allow for individuals to be tracked through the system.

2. Understanding the context

The following chapter will cover the background and context of our needs assessment, including: a brief overview of the profile of East Dunbartonshire residents; mental health and substance use in East Dunbartonshire; an overview of statutory, and commissioned and non-commissioned services in East Dunbartonshire. For the broader context of current Scottish policy relating to mental health and substance use, please see Appendix 1.

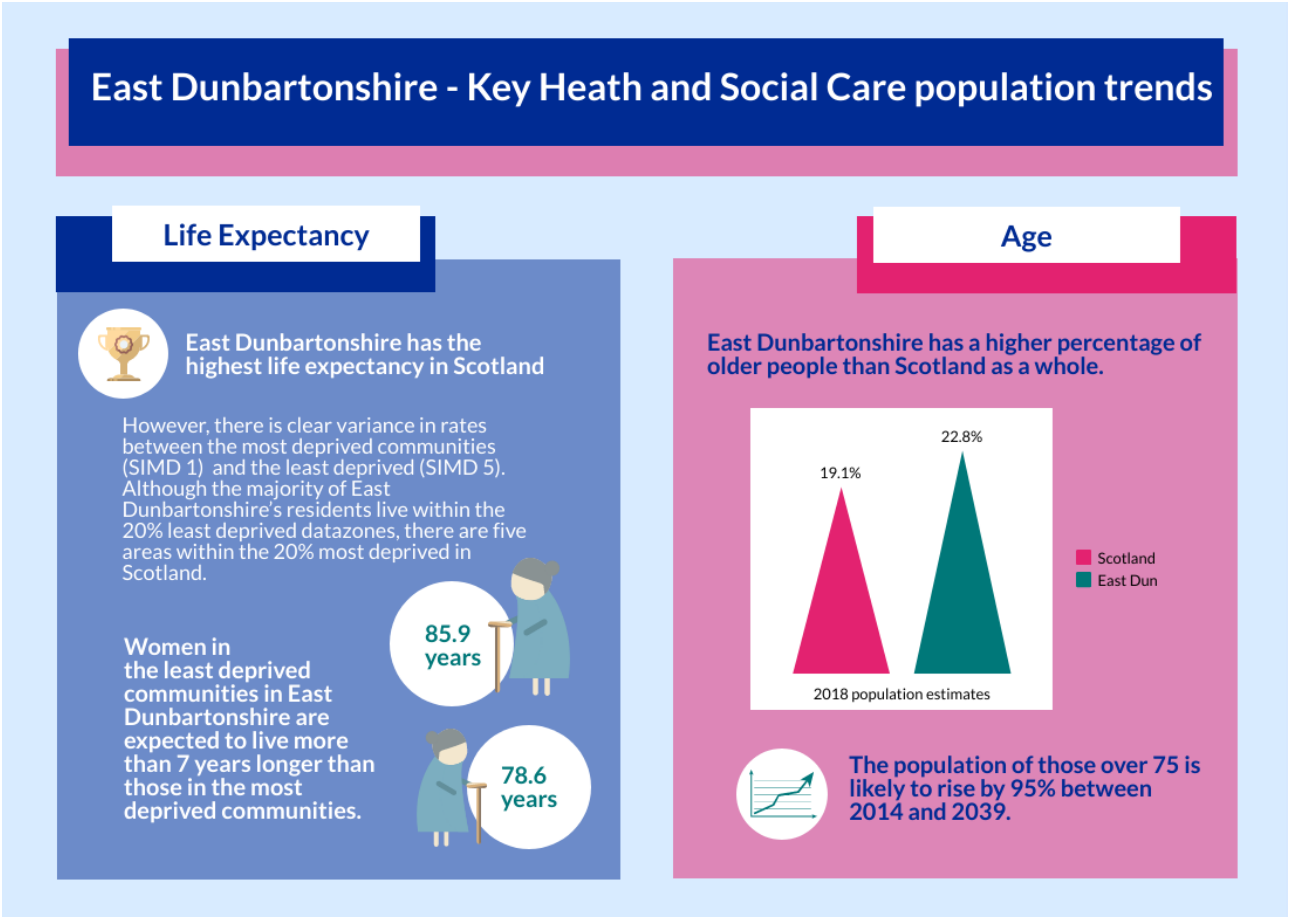
Chapter summary

Our desk research has highlighted the relevance of local and national strategies and plans to the provision of mental health and substance use services in East Dunbartonshire. The East Dunbartonshire Health and Social Care Partnership Strategic Plan (2018/21) identifies eight key priorities, including a number of measures to address drug, alcohol and mental health issues with a focus on accessibility and recovery services. This puts East Dunbartonshire broadly in line with national strategies such as the Scottish Government's Rights Respect and Recover strategy (2018) which, recognising the commonalities in drug and alcohol addictions, includes priorities on partnership working, prevention and early intervention, and recovery systems of care.

This chapter also details statutory, commissioned and non-commissioned support services available in East Dunbartonshire and their support offer. Whilst not an exhaustive record (especially for non-commissioned services) the listings provide a broad outline of existing services and their primary activities. We have also mapped the main statutory and commissioned services for mental health and substance use services (see figure at the end of the chapter). This has allowed us to highlight potential referral pathways for service users and the foundation for increased partnership working across services. This mapping has important implications for our recommendations on raising awareness, improving accessibility and underpinning the governance of services.

2.1 East Dunbartonshire – profile and health strategy

The Health and Social Care Partnership Strategic Plan (2018-21)[9] highlighted a number of key population characteristics and trends in East Dunbartonshire that are relevant to any assessment and plans for health provision in the area.



[9] https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care (Strategic Plan.pdf)

The strategic plan highlights eight key priorities for the 2018-21 period. We have highlighted the

strategy's intended measures on drug, alcohol and mental health priorities:
It is also noteworthy that in 2017/18, approximately 3% of the £17.4m East Dunbartonshire Health and Social Care Partnership budget was available for the mental health and addiction care groups, with ongoing cost pressures indicated across the 2018/21 period. This highlights the ongoing budgetary constraints that services of this kind are facing in Scotland.

The Community Planning Partnerships **Local Outcomes Improvement Plan (2017-2027)** brings together principal partners such as East Dunbartonshire Council; NHS Greater Glasgow and Clyde; Police Scotland; Scottish Fire and Rescue Service; and Scottish Enterprise in a community planning process which aims to work with local communities to improve services and reduce inequalities. A set of 10-years goals linked to 6 local outcomes includes priorities on:

- Mental health improvement (outcome 3)
- Alcohol misuse prevention and control (outcome 5)
- Alcohol and drug addiction recovery (outcome 6)

Key partners associated with these goals include the Alcohol and Drugs Recovery Service and Alcohol and Drugs specialist services highlighted the role of statutory and commissioned services in the 10 year plan.

The Quality Principles (published by the Scottish Government in 2014) create a standard expectation of
care and support in drug and alcohol services. The Principles aim to create a culture of self-assessment leading to quality drug and alcohol services across the Scottish health and social care sector.

In 2018, East Dunbartonshire Council and the Scottish Drugs Forum (SDF) conducted a survey of 46 service users (of drug and alcohol services in East Dunbartonshire) to understand the extent to which service users felt The Quality Principles were being met[10]. The majority of respondents felt that The

[10] http://www.sdf.org.uk/what-we-do/involving-users-peer-research/

Quality Principles were being met with staff relationships/ support and referral timescales being highlighted as key areas of good practice. Although the sample size was small areas of poorer performance identified recommendations on:

- Clarity around information collected in individuals and the uses of this information
- Service user involvement in creation of individual recovery plans with ongoing access to these
- Discussions around option and extent of family/friend involvement in recovery plans
- Increased awareness of advocacy and complaints procedures
- Increased opportunities for service user involvement and feedback
- Improved communication and signposting between services
- Service users to be made more aware of The Quality Principles.

2.2 Mental health and substance use in East Dunbartonshire

The relationship between mental health and substance use is now widely recognised, with a significant rise in drug-related deaths in Scotland linked, at least in part, to increased levels of mental health conditions and the impact of adverse childhood experiences (ACEs). In East Dunbartonshire, 50% of those who are assessed for substance use issues also present with a mental health condition.[11]

2.2.1 Drug trends in East Dunbartonshire

Over the past decade, the drug-related death toll in Scotland has almost doubled from 574 in 2008 to 1,187 in 2019.[12] This was reported as being higher than any other European Union country, and the drug-related death rate is more than three times that of both England and Wales. In 2019, SDF identified the three main drivers of substance use in Scotland. These were:

[11] https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Drugs-Misuse/SDMD-Dashboard/
[12] http://www.sdf.org.uk/wp-content/uploads/2019/05/SDF-Scot-Aff-Com-Problem-Drug-Use-in-Scotland-Apr-2019-SDF-Response.pdf

- Poverty and inequality**:** As displayed in Figure 1, the Information Services Division (ISD) estimated that people from the 20% most deprived areas in Scotland comprised just over half (53%) of all general acute and psychiatric hospital stays for drug related conditions.[13] In comparison, those from the 20% least deprived areas only account for 3% of all of these hospital stays.

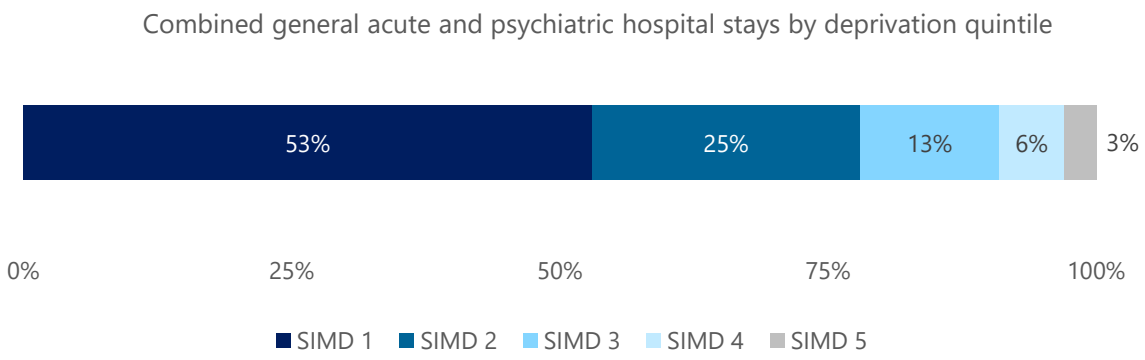


Figure 1: Combined general acute and psychiatric hospital stay rates by deprivation quintile. [Source: Drug Related Hospital Statistics ISD Scotland]

- Personal experience of adversity in childhood or adulthood**:** The Scottish Government estimate that those who have had adverse childhood experiences (ACEs) are four times more likely to be a high-risk drinker and 16 times more likely to have used crack cocaine or heroin[14]
- Historic economic and social change**.** Including areas where rapid de-industrialisation had occurred

These factors often intersect. For example, those who live in poverty are more likely to have experienced adversity in childhood or adulthood. Similarly, historic economic and social change may be linked to area deprivation and poverty. In addition, these factors can be both a cause and consequence of substance use. In 2011 it was estimated that 9% of East Dunbartonshire residents lived in areas of multiple deprivation (SIMD 1 and 2). This was lower than the Scottish average and the average for surrounding council areas in the Greater Glasgow and Clyde region.

[13] https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Drugs-Misuse/Drug-Related-Hospital-Statistics/
[14] https://www.gov.scot/publications/adverse-childhood-experiences/

Figure 2 shows that the estimated drug use (2015/16) for East Dunbartonshire is notably lower than for the whole of Scotland. Moreover, it is lower than any of the council areas serviced by NHS Greater Glasgow and Clyde.

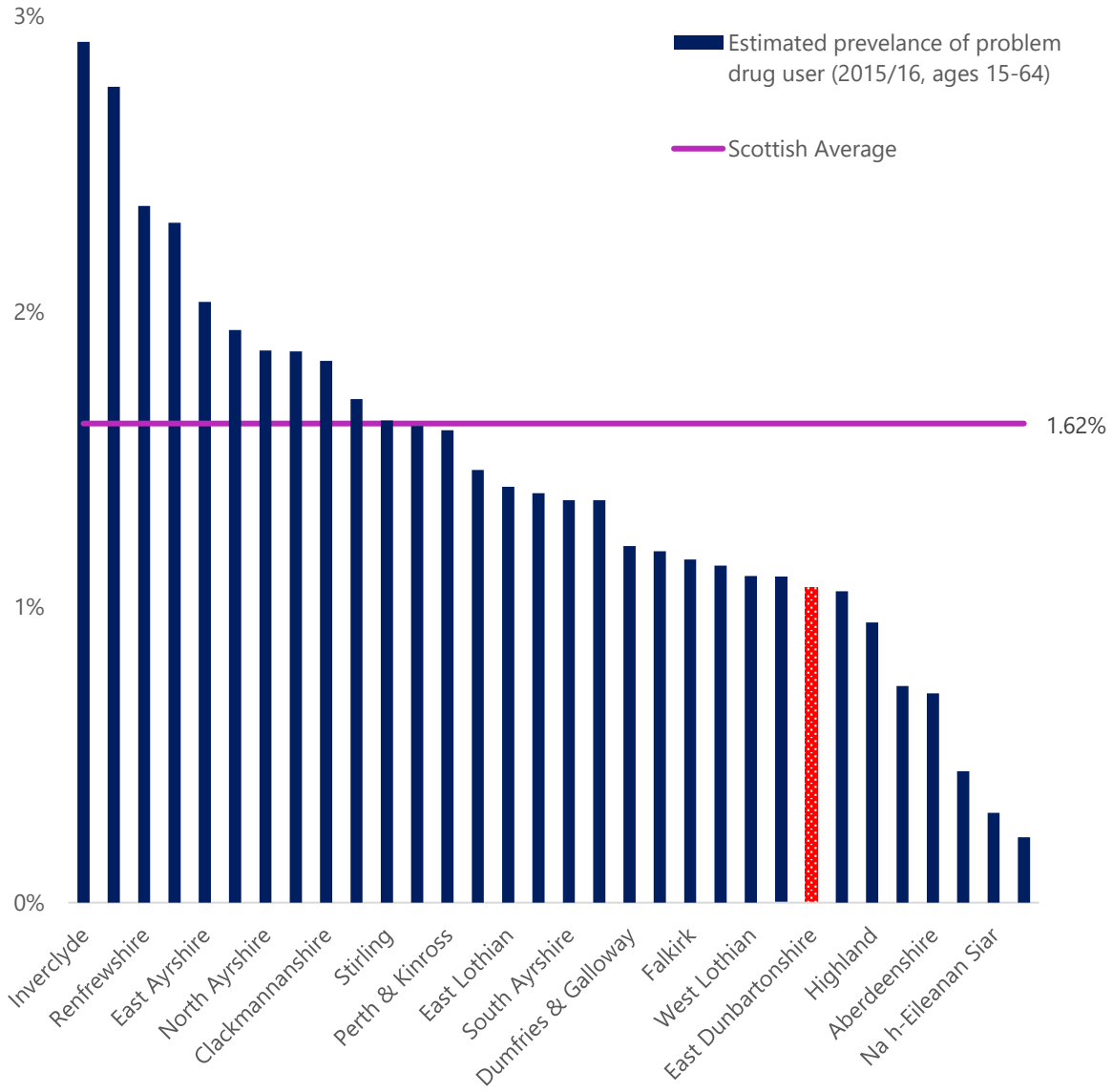


Figure 2: 2015/16 estimated percentage of drug users in Scotland and local authorities. [Source: Rocket Science presentation of Scottish NHS Information Services Division data]

Despite the lower rate of problem drug use in East Dunbartonshire, the profiles of drug users in the area is similar to those throughout Scotland. There are, for example, no notable differences between the age profile of drug users in East Dunbartonshire and those in Scotland as a whole.

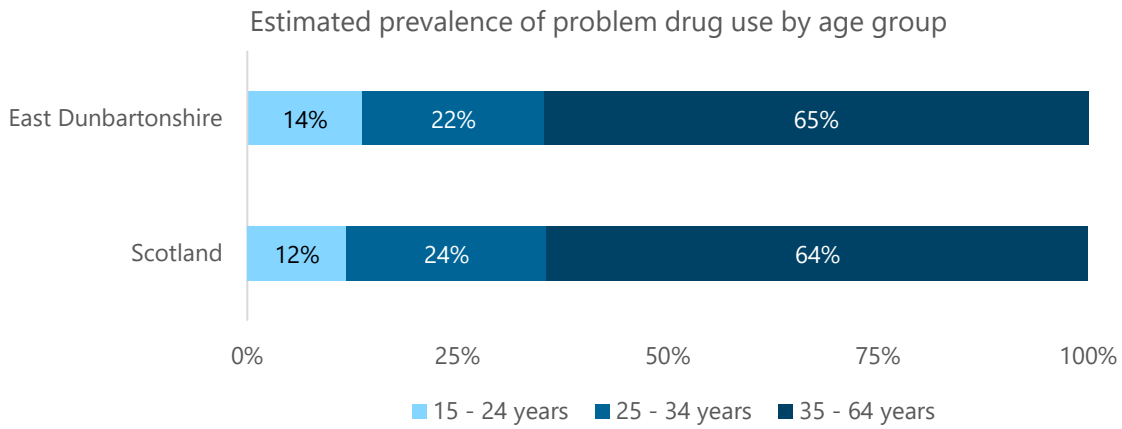


Figure 3: 2015/16 estimated percentage of drug users in each Scotland and East Dunbartonshire. [Source: Rocket Science presentation of Scottish NHS Information Services Division data]

Similarly, the gender split of drug users is similar in East Dunbartonshire and the whole of Scotland as shown below.

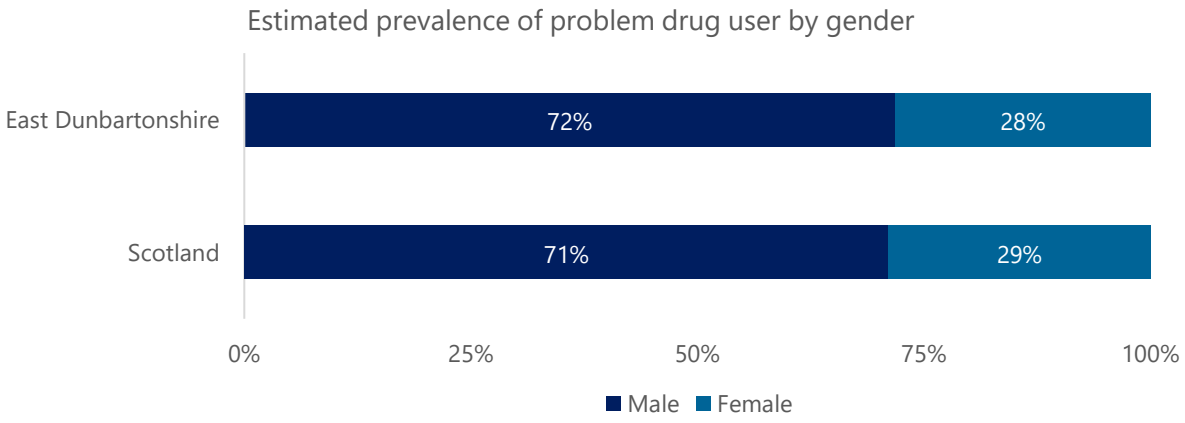


Figure 4: 2015/16 estimated percentage of drug users by gender in each Scotland and East Dunbartonshire. [Source: Rocket Science presentation of Scottish NHS Information Services Division data]

Despite the low percentage of problem drug users in the area, recorded hospital admissions for drug related problems have increased notably in the past 20 years, increasing by just over two-thirds between 1997/98 (27) and 2017/18 (90).

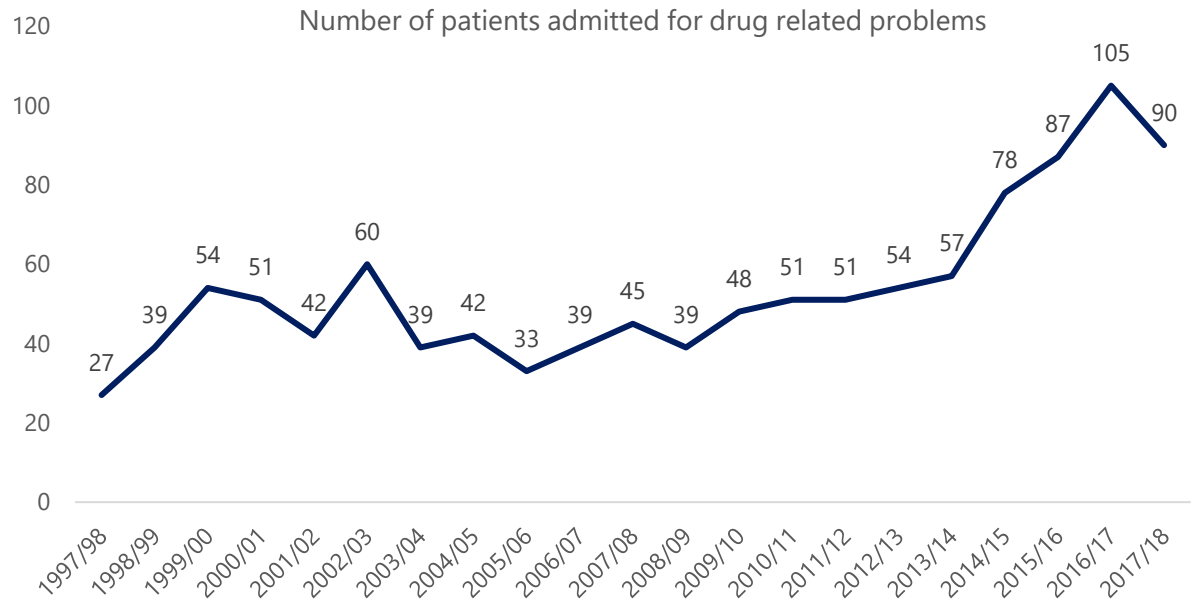


Figure 5: Number of patients admitted for drug related (Mental and behavioural problems, overdoses) in East Dunbartonshire from 1997/98 to 2017/18. [Source: Rocket Science presentation of ISD data]

Of the admissions in 2017/18, just under a third were attributed to opioids and another quarter could be attributed to multiple drug use. A breakdown of drug related hospital stays by drug is presented in Figure 6.

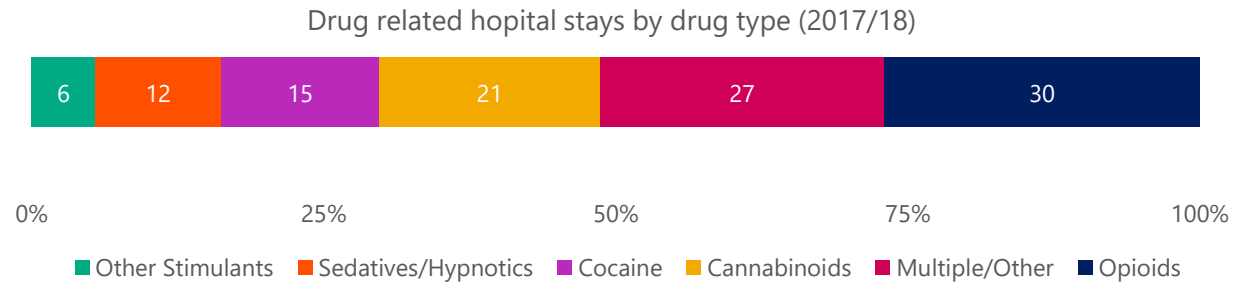


Figure 6: Number of patients admitted for drug related (Mental and behavioural problems, overdoses) in East Dunbartonshire in 2017/18 by drug type. [Source: Rocket Science presentation of ISD data]

The growth in opioids, cannabinoids and multiple/other as causes for hospital admissions in East Dunbartonshire is displayed in Figure 7 below.

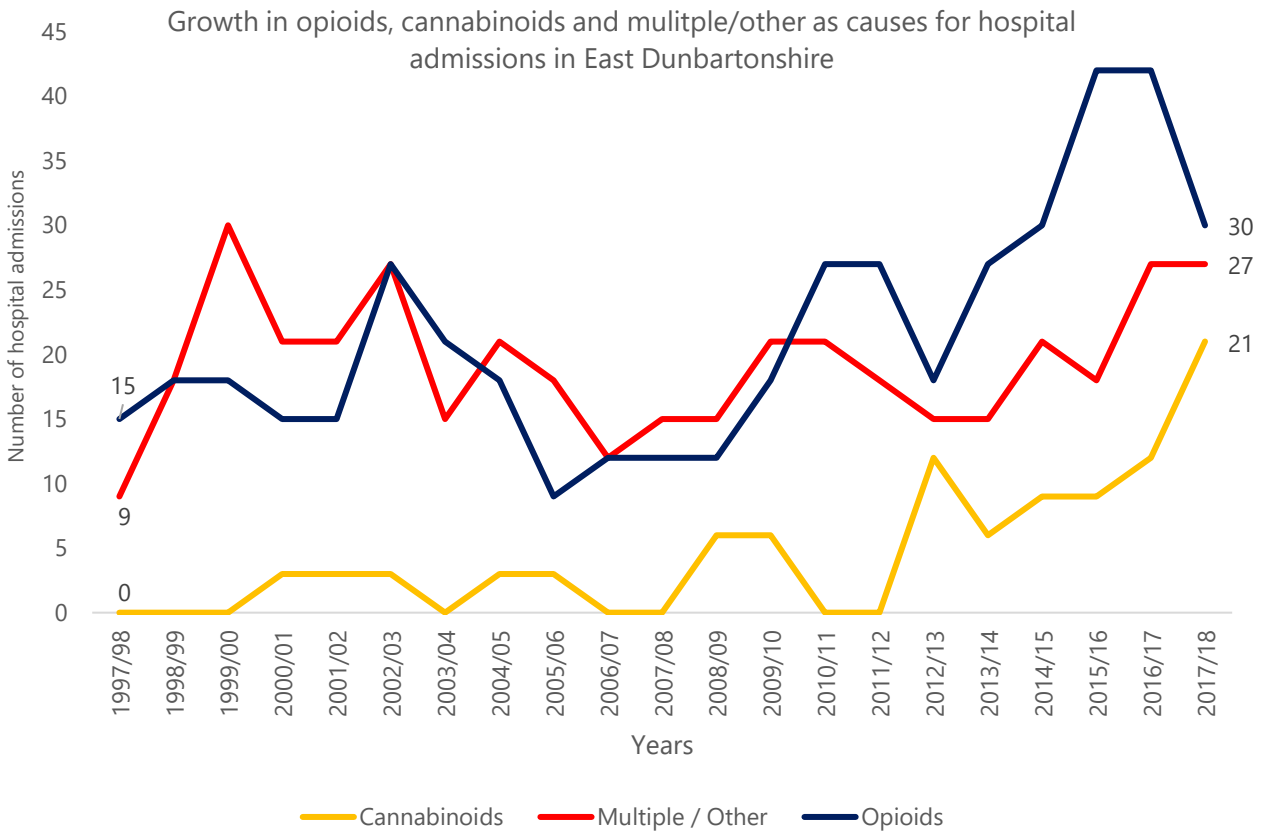


Figure 7 Number of patients admitted for drug related (Mental and behavioural problems, overdoses) in East Dunbartonshire from 1997/98 to 2017/18 by drug type. [Source: Rocket Science presentation of ISD data]

The above results show that:

- The number of patients being admitted to hospital as a result of opioid use has increased, and in 2017/18 was double (30) the number in 1997/18 and reached 42 in both 2015/16 and 2016/17. It is likely that this increase is due to the ageing demographic of opiate users
- There has been a steady overall increase in the proportion of hospital admissions that are attributable to cannabinoids with the number increasing sharply from 2011/12 to 2017/18.

- After falling between 2010/11 and 2012/13, hospital admissions because of multiple drug use have increased in recent years

2017/18 data from the Scottish Drug Misuse database can provide even more context for the way in which substances are currently used in East Dunbartonshire.[15] By analysing this data we found that:

- Most (54%, 35) of those that were given initial assessments for specialist drug treatment in East Dunbartonshire had referred themselves to these services. This was notably higher than national figures (where 49% were self-referrals)
- In East Dunbartonshire 29% referrals were made into drug services from health services and 8% from social work services, compared to 22% and 6% respectively of national referrals.
- No referrals were made from criminal justice services, compared with 15% nationally.
- 38% of individuals who accessed drug services were employed, and 45% (25) were unemployed. National figures are slightly higher, with 50% of those referred for specialist drug assessments being unemployed
- Most (80%, 52) who were hospitalised for drug use either owned or were renting accommodation and 11% (7) reported being homeless. The corresponding proportions for national figures are 69% and 13%).

Moreover, as displayed in Figure 8 below, in the context of drug related deaths, we found evidence that the relationship between drug use and psychiatric condition is becoming increasingly acknowledged.

[15] https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Drugs-Misuse/SDMD-Dashboard/

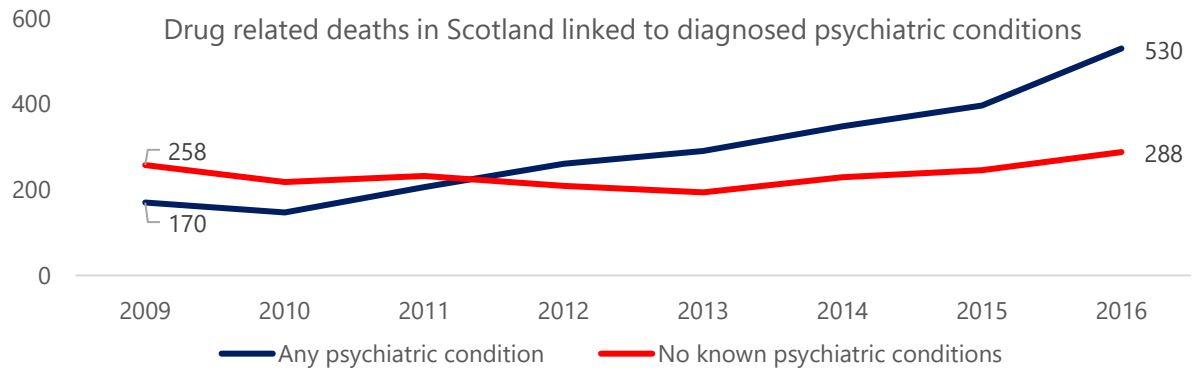


Figure 8: Number of drug related deaths in Scotland by whether the deceased had any previously diagnosed psychiatric conditions. [Source: Rocket Science presentation of Scottish Government Drug Misuse data].

Figure 8 shows the number of drug related deaths in Scotland by whether the deceased had any previously diagnosed psychiatric conditions. As shown, the number of people who had been previously diagnosed with psychiatric conditions has increased between 2009 and 2016. Rather than reflecting any demographic change – i.e. that problem drug users are increasingly experiencing psychiatric conditions – it likely shows that drug users are increasingly having their psychiatric conditions diagnosed. This further indicates that since 2010 there has been an increase in the number of drug users engaging with mental health and psychiatric services.

2.2.2 Alcohol trends in East Dunbartonshire

East Dunbartonshire has one of the lowest rates of alcohol related hospital admissions of all Scottish local authorities, and there is a notable difference between the Scottish average for alcohol related hospital stays and the rate in East Dunbartonshire. However, the gap appears to be closing and 2016 marked the lowest recorded difference between the number of alcohol related stays in East Dunbartonshire and the Scottish average.

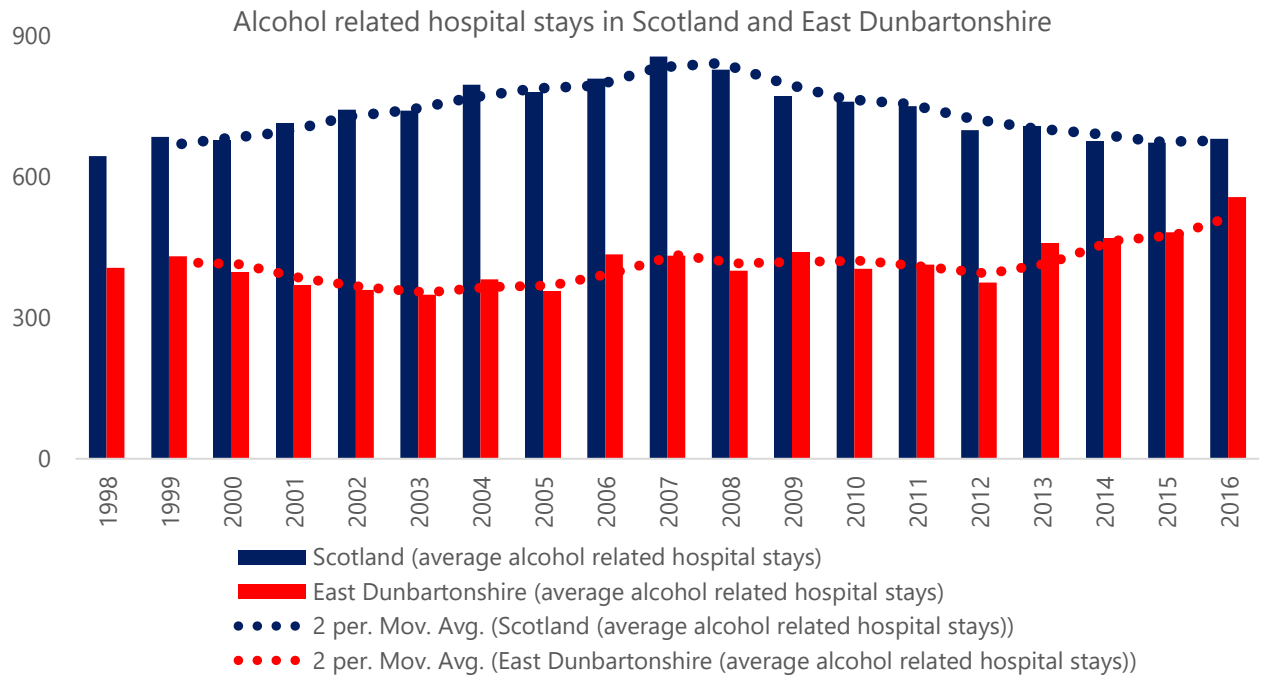


Figure 9: Number of alcohol related hospital stays in East Dunbartonshire and the average for Scotland between 1998 and 2016 [Source: Rocket Science presentation of ScotPho data]

This above data shows that while there has traditionally been a notably lower number of alcohol related hospital stays in East Dunbartonshire compared to the Scottish average, this difference has shrunk over time. It is interesting to note that between 2007 and 2016, the average number of alcohol related hospital stays in Scotland decreased (from 856 in 2007 to 681 in 2016) whilst the number of alcohol related hospital stays in East Dunbartonshire increased (from 432 in 2007 to 557 in 2016).

In 2015/16 most patients (83%) who stayed in hospital in East Dunbartonshire due to alcohol related issues also had behavioural or emotional problems that were attributable to their alcohol use. While this is a high proportion, it is in keeping with national levels, as shown in Figure 10 below.

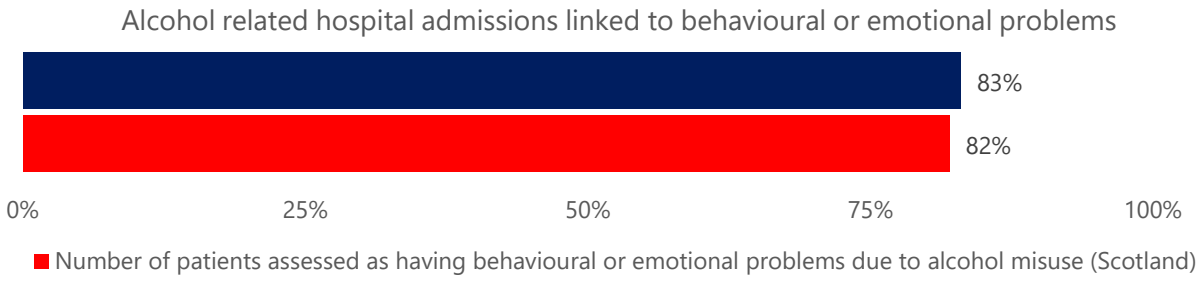


Figure 10: [Source: Rocket Science presentation of ISD Scotland Alcohol-Related Hospital Statistics data].

2.2.3 Mental Health trends in East Dunbartonshire

East Dunbartonshire was recorded as having the second lowest rate of mental health hospital admissions in the NHS Greater Glasgow and Clyde area. Moreover, the rate of hospital admissions in East Dunbartonshire is notably lower than that the Scottish average. This is illustrated in Figure 11.

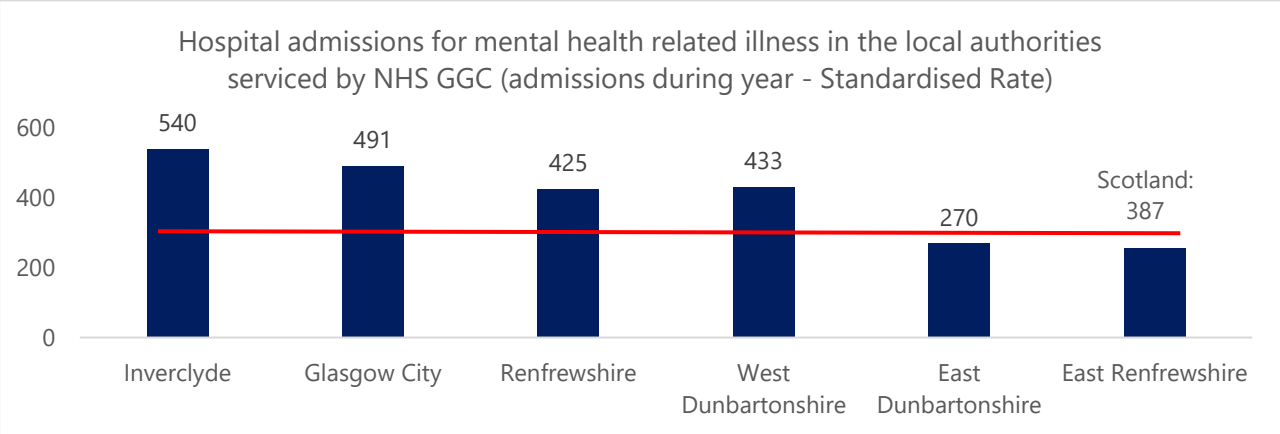


Figure 11: Hospital admissions for mental health related illness in 2018 in NHS GGC local authorities. Source: [Rocket Science presentation of NHS data].

The above findings can be supplemented by findings from ScotPho, which found that East Dunbartonshire had overall good levels of mental health. This conclusion was based on findings that:

- 16% of the population were medicated for anxiety, depression or psychosis in 2014/15 (compared to the Scottish average of 17%)

- between 2011-13 the psychiatric hospitalisation rate in East Dunbartonshire (215) was lower than the Scottish rate for the same time period (292).[16]

In addition to this, the Glasgow Centre for Population Health found that mental health outcomes were consistently better in East Dunbartonshire than the Scottish averages for several different factors, including: Mental health related drug deaths, drug and alcohol related psychiatric discharges, and rates of people experiencing psychosis.[17]

Despite this, these measures of mental health should be interpreted with a note of caution. Many of these measures relate to the provision of mental health services (e.g. psychiatric hospitalisation rate, drug and alcohol related discharges). Therefore, these results may only reflect the capacity of local mental health services, rather than accurately reflect the number of people experiencing mental ill health. This claim can be further explained by considering Figure 12 below which highlights that between 1997/98 and 2014/15, the rate of mental health related hospital admissions has decreased in every NHS Greater Glasgow and Clyde area. Moreover, the average rate for Scotland also decreased during this period. The similar decrease across geographic areas indicates that the cause of the decrease is not local to East Dunbartonshire. One possible explanation for this is that the decrease is being driven by national factors. In conversation, council and third sector staff have indicated that the number of people experiencing poor mental health has not decreased in East Dunbartonshire. Rather, many have reported that this number has increased. As such, it seems probable that this decline is linked to limited service capacity throughout Scotland, rather than a decrease in the number of individuals experiencing mental ill health.

[16] https://www.scotpho.org.uk/media/1065/scotpho-hwb-profiles-aug2016-eastdunbartonshire.pdf.
[17] https://www.gcph.co.uk/assets/0000/2741/MHIF-Section7-EastDunbartonshire_15.11.11.pdf

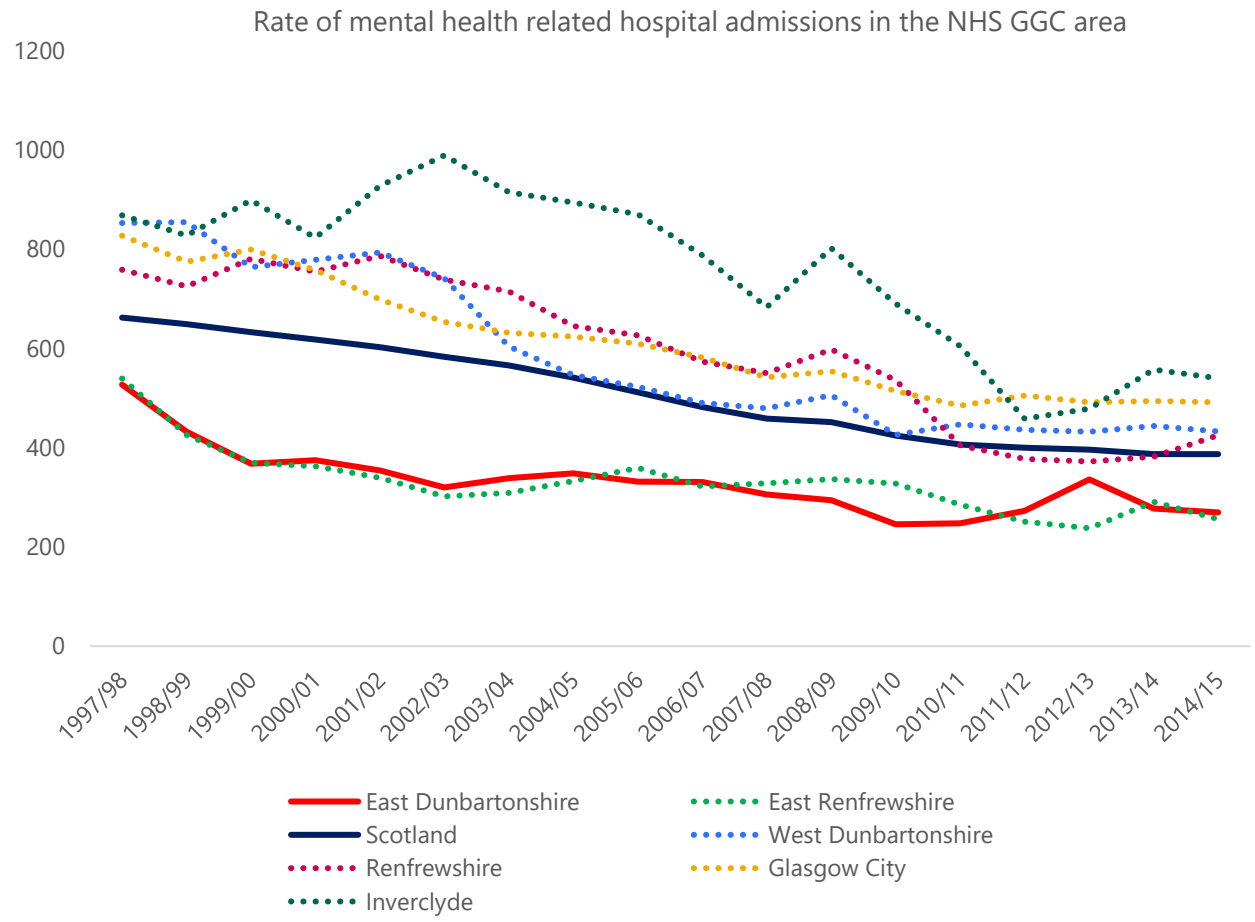


Figure 12: Rate of mental health related hospital admissions in each NHS GGC local authority from 1997/98 to 2014/15. Source: [Rocket Science presenation of NHS data]

2.3 Support services in East Dunbartonshire

This section aims to provide an overview of the services that are available in East Dunbartonshire and their support offer. It is not intended to list every activity relating to substance use and mental health that is carried out by the services but aims to provide a broad outline of existing services and their primary activities.

2.3.1 Statutory services

Service	Support Offer
Community Mental Health Team	• Supports people with severe and enduring mental health conditions • Receives referrals from GPs and inpatient wards. • Works with people between the ages of 18-65
Alcohol and Drug Recovery Service (ADRS)	• Addiction workers offer talking therapies and motivational work • Undertakes mental and physical health assessments • Alcohol and drug assessments • Alcohol care and treatment • Alcohol home detoxes and protective medications • Conducts risk assessments for clients • Offers harm reduction treatment (including needle replacement and naloxone) • Provides opiate replacement therapy • Works with anyone over the age of 16.
Health Improvement Team	• Works on policy development and campaigns relating to health issues • Strong focus on resilience and self-management • Prevention and educational activities in schools (e.g. Substance Misuse Toolkit) • Responsible for delivering targets for Alcohol Brief Interventions.
Housing	• Provides information on housing rights • Conducts housing support assessments • Refers people to third sector organisations for wrap-around treatment for social crises (including substance use and mental health issues).

Primary Care Mental Health Services	• Works with people with mild to moderate mental health conditions (including anxiety and depression) • Uses a Cognitive Behavioural Therapy (CBT) approach, providing 6-8 sessions as well as self-help and self-management materials • Provides services to people with substance use issues only after they have been supported by the addictions team or GCA Counselling • Mental health assessments • Low-level psychological therapies.
Social Work Mental Health Team	• Provides social work focussed recovery services • Undertakes care planning and casework • Conducts mental health assessment • Provides statutory Mental Health Officer Services.
Special Needs in Pregnancy team (SNIPs)	• Provides support with mental health and problematic substance use issues for pregnant women, using multiagency input. • The service works closely with community addictions teams • Service is available for women who are incarcerated • Provides services for women of all ages, including under 16s.

2.3.2 Commissioned services

Service	Support Offer
Addaction	• Works with families affected by substance use issues on its Families Plus programme • Works with the whole family to create recovery packages for parents that are focused on their specific needs.
Ceartas	• Provides an advocacy service for people over the age of 16 • Supports people in accessing mental health and substance use issues, informing them of their rights in the process • Supports and attends Mental Health Tribunals and Children's Hearings with clients
East Dunbartonshire Association for Mental Health	• Provides one-to-one and peer group support for mental health conditions • Offers support for sustaining employment or finding new employment opportunities • Offers male-only recovery sessions to overcome stigma-associated barriers for men. • Does not take on people with active substance use issues – instead refers them to SAMH or ADRS. • Works with people over the age of 18.
East Dunbartonshire Initiative for Creative Therapy	• Provides therapeutic art sessions for people with a variety of mental health conditions • Accepts people who have recovered from substance use issues once they have stopped using any drugs.
Glasgow Council for Alcohol	• Provides alcohol counselling • Organises prevention and education sessions • Undertakes Alcohol Brief Interventions.

Group Recovery Aftercare Community Enterprise (GRACE)	• Offers therapeutic aftercare for people who are in recovery from mental health conditions and substance use issues • Provides peer support and creative therapy • Offers training opportunities, job search support and volunteering opportunities.
Recovery Cafe	• Operates for one evening each month, enabling people to access support outside of working hours • Organises social events for people recovering from substance use issues, providing nutritious food and entertainment to service users and their families.
Richmond Fellowship	• Offers residential mental health support for five individuals who have access to a key working and 24-hour support. • Offers 24-hour mental health care at home services to around fifty individuals, including those with substance use issues. • Connections Service provides one to one short term support for people with common mental health services such as depression, stress and anxiety. Activities include music and art therapy, physical activities and yoga.
Scottish Association of Mental Health	• Offers one-to-one support to individuals • Provides peer support through SMART recovery groups • Alcohol and drug rehabilitation within a community environment • Offers ongoing support to individuals through their 'Tools For Living' program.
Scottish Drugs Forum	• Organises peer research services. These are used to evaluate substance use services in East Dunbartonshire
Scottish Families Affected by Alcohol and Drugs	• Provides bereavement support for drug related deaths • Offers support services to families

Turning Point (Housing First)	• Supports people with mental health and substance use issues when applying for social housing • Abstinence is not required for access to the service • Supports people with accessing benefits, employment and training and accessing specialised services.

2.3.3 Non-commissioned third sector organisations

As well as statutory and commissioned services, there is also a variety of non-commissioned services that are available across East Dunbartonshire. For this research, we were unable to provide a comprehensive list of these services as they were not all well connected with statutory and commissioned services and gathering the data without this foundation would have been beyond the scope of this piece of research.

Work is currently being undertaken on behalf of the OPAL Partnership to update the asset map of health and wellbeing services that will enable stakeholders to gain a fuller understanding of the services available. A list of the services that could be found through their connections to other services can be seen here:

East Dunbartonshire Foodbank	**East Dunbartonshire Voluntary Action**	**Simon Community Scotland**	**Families Outside**
Take Control	Skills Development Scotland	Glasgow and Clyde Rape Crisis Centre	Carers Link
Twechar Healthy Living and Enterprise Centre	SMART Recovery	Flourish House	Citizens Advice Bureau

Christians Against Poverty	Carers Café Lennoxtown	Mellow Bumps	OPAL (East Dunbartonshire Information Line)
COPE Scotland	Milan	Addiction Recovery Centre	Mental Health Network (Greater Glasgow)

2.3.4 Referral pathways

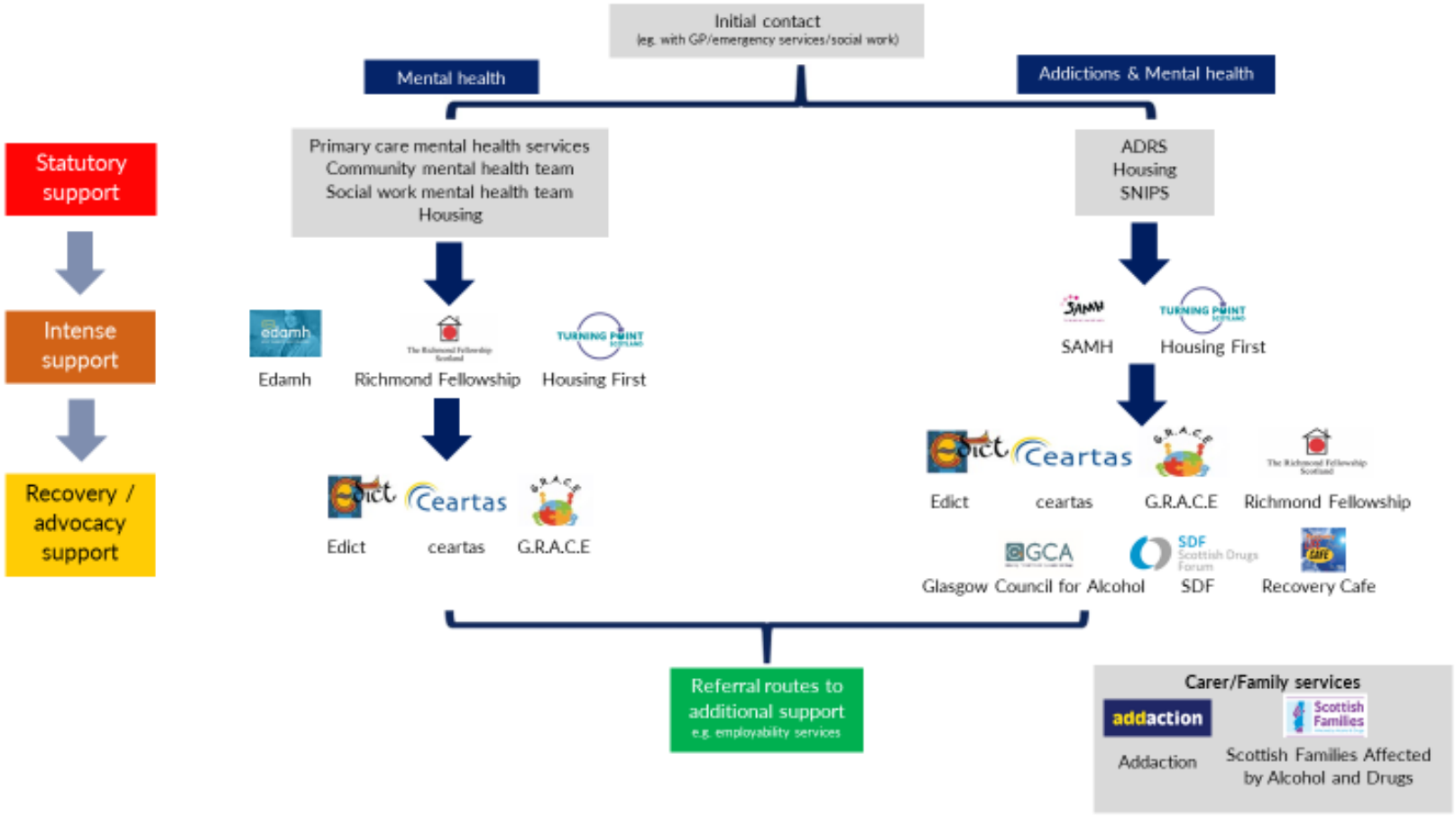
The Figure below provides an overview of the service map for mental health and substance use services in East Dunbartonshire and our interpretation of how the services could interact and cross-refer service users. It builds on service pathways created under the Recovery Oriented Systems of Care model, but has been updated for current services and broken down into services that are available for mental health support only and those that are available for mental health and substance use issues.

- Service users and service staff are not aware of available services so can often refer in at the wrong levels, so greater awareness raising of service pathways needs to be undertaken
- These pathways demonstrate potential routes through the system but if referral pathways are formalised, service users and statutory/commissioned staff should be consulted on this
- Referral pathways would be useful because people are currently entering services at levels that may not provide them with appropriate support, which creates bottlenecks in the system and prevents successful outcomes
- There is potential for efficiency gains through standardised referral pathways.

Some of these points will be returned to in our key findings and recommendations as a clearer

understanding of the service landscape is fundamental to raising awareness, improving accessibility and underpinning the governance of the various services.

Service map for mental health and substance use services in East Dunbartonshire. Interpretation of how the services could interact and cross-refer service users.



3. Fieldwork with services and service users

From August 2019-January 2020, we conducted interviews with staff members from a variety of statutory and commissioned services, as well as focus groups with service users. See Appendix 2 for a complete list of those consulted. Our key findings from these interviews are outlined in this section and summarised in the figure on the following page.

Chapter summary

Analysis of the fieldwork has highlighted that there is extensive overlap between mental health and substance use needs and the lack of concurrent treatment is a gap in service provision. One of the most significant issues that came up in the interviews was the number of barriers that prevented people from accessing services. Service users and staff from statutory and commissioned services also recognised that there were certain groups of people that were not receiving enough support for their needs.

There were plenty of examples of positive relationships between staff from statutory and commissioned services, as well as cases where services saw great value in the work that other services were doing. However, many statutory and commissioned service staff saw scope for improvement in relationships, particularly around sharing strategic priorities, integration of statutory and commissioned services, monitoring and evaluation techniques, and working collaboratively rather than competitively in a challenging funding environment. Another theme identified in the findings were needing to strike a balance between providing exit routs into employment and not ceasing support too early.


Key findings from fieldwork with services and service users
Services - Gaps
There is extensive overlap between mental health and substance use needs and the lack of concurrent treatment is a gap in service provision. The lack of integration between these services impacted on establishing a coherent strategy for tackling these interconnected issues.
Certain groups were identified as underserviced. These included elderly people, under 18s (particularly 16-18-year olds), and those living in affluent areas or hidden pockets of deprivation.
Services - Barriers
Stakeholders identified a high number of barriers that prevent people from accessing services. Perceived barriers included: lack of awareness, lack of outreach, service limitations (eligibility criteria, opening hours) and negative perceptions (stigma, concern around CPS involvement).
Staff and service users also identified barriers or bottlenecks to exiting services, namely a lack of routes to employment at the end of services. However, it was recognised that there needs to be a balance between exit strategies and avoiding restrictive time limits on service provision.
Services - Opportunities
Stakeholders felt that opportunities for service improvement included: aligning the approaches of different services and increasing joint working, use of digital technology, and improving service user of hospital care.
Opportunities to align the work of HSCP further with best practice included continuing a focus on changes in service user routine, increased efforts on prevention and education, and involving family and carers in the creation of care plans (where service users consent).
Infrastructure
Barriers
Staff from commissioned and statutory services felt that funding constraints limited the capacity of services to deliver support and to plan for the future. Funding constraints also led to competitive rather than collaborative working.
Opportunities
Although there were plenty of examples of positive relationships between staff members from statutory and commissioned services, many also saw scope for further integration.
Other opportunities for improvement included: increasing commissioned services knowledge of East Dunbartonshire's strategic priorities, improving HSCP's monitoring of commissioned services' activities, and capturing the value of service provision within communities.

3.1 Overlap between mental health and substance use needs

Stakeholders at all levels (statutory service staff, commissioned service staff and service users) emphasised the extensive overlap between mental health and substance use needs and the idea that these should be treated concurrently.

The recognition of this overlap is a positive shared base, although there was also the recognition of the lack of concurrent treatment as a significant gap in service provision. Many stakeholders also acknowledged the lack of integration between mental health and substance use services and the impact of this on establishing a coherent strategy for tackling these interconnected issues. Importantly, many interviewees acknowledged that across statutory and commissioned services, there was often no clear links made between someone's mental health issues and their problematic substance use. It was felt that this was due in part to services not taking the time to engage with service users as people and think about their mental health or problematic substance use and the links to other factors such as histories of trauma and housing insecurity.

Difficulties in establishing integrated services and joint working could be found across both statutory and commissioned services. Some commissioned services felt that there was a competitive atmosphere among them because of the limited funding available and that this acted as a barrier to effective joint working.

"In the past, we have the same old barrier of working with someone who has addictions and they really need mental health support; we send them to mental health and they say "no, you need to sort your addiction out first before we can help". As I said earlier, you can never really know what came first."
Commissioned service staff

"[Mental health and substance use] *are looked on very separately by services, there's a lack of holistic approach."*

Commissioned service staff

"It would be a good idea to have a forum in place. At the end of the day we're all in competition in a way, but I think it's a good idea that providers do meet up and have a chat around what everyone's doing. A lot of work is done in isolation."
Commissioned service staff

"We need mental health teams to work more closely with us, but sometimes there can be a reluctance. We could do with having enhanced joint working or some sort of comorbidity nurse or workers that are willing to do that kind of dual diagnosis work so it's not a kind of fight between the two teams."
Statutory service staff

3.2 Barriers to accessing relevant services

One of the most significant issues that came up in the interviews was the high number of barriers that prevented people from accessing services. There was a broad range of perceived barriers including:

1. A lack of awareness about the available services
2. The lack of outreach to communities in need
3. Restrictive eligibility criteria
4. Concerns around stigma
5. Social isolation
6. Limited operating hours
7. Negative experiences of past support
8. Concerns around interventions from Child Protection Services

Service users felt positive about their service engagement, but were not aware of the available services across East Dunbartonshire before their engagement

Most service users emphasised their lack of awareness about the availability of substance use and mental health services across East Dunbartonshire. They felt that once a person had contact with one service, they became aware of the availability of other services, but would likely not know about them until this point. Some service users who accessed support from a commissioned service were not aware of the other third sector services that existed. Overall, they felt that better marketing and a greater integration of services would help to raise awareness.

"Once you enter an organisation, you're able to find out about all the other services there are"
Service user

"I hadn't a clue about any of these organisations before [coming into service]"
Service user

"A lot of folk don't know this place exists."
Service user

"It's not an open meeting, it's basically a closed book."
Service user

In addition, both service users and staff from commissioned services felt that GPs were often unaware of the types and extent of support on offer in the local area. Service users reported that they would have preferred a single point of access that they could engage with. They envisaged this to be a single worker or a single resource that outlined all the support and help available in East Dunbartonshire.

"Doctors can't really help, they're not specialists. They haven't got time to help."
Service user

"The GPs aren't fully aware of other services in the area, so often go down the medical route instead of social support that people can access."
Commissioned service staff

Greater outreach efforts would enable services to access communities that are located further away

Service users highlighted that most of the available services are located in Kirkintilloch, with only one service user speaking about support that was available in another part of East Dunbartonshire. Some service users felt that the concentration of support in this area excluded individuals who were outside of Kirkintilloch. Furthermore, it was felt the concentration of services in the Kirkintilloch area could dissuade potential service users from Bearsden and Bishopbriggs (considered by service users as more affluent areas) from accessing support. Staff from statutory and commissioned services agreed that geographical location was one of the most significant barriers to accessing services and that service users would benefit from greater outreach efforts within their homes or community settings.

This outreach would also benefit service users who may feel uncomfortable about being in a place where people are actively using substances (e.g. at an Opioid Replacement Therapy (ORT) clinic where they could encounter old friends or acquaintances who may still be actively using substances. However, the staff members also pointed out the significant cost implications of outreach work beyond the areas where their centre is located.

"Some areas – like Bishopbriggs – are considered more affluent, so there are fewer services there, but there's need there all the same"
Service user

"We definitely have an east/west divide – there's no good transport between them so that's definitely a barrier. Whenever we have events or focus groups, it's really unfair to people who have to come from further away."
Commissioned service staff

"People might have to go to Kirkintilloch to get to the methadone clinic there, for example, to get their prescription. But they often can't get the money together for buses and trains."
Commissioned service staff

"We need to actually be reaching the individuals in the community environment; whether that's their home or a local community group. The focus at the moment is on the need for individuals to come to us."
Commissioned service staff

Linked to the above, service users pointed out that a lack of affordable public transport could prevent them from accessing services, with some people having to walk a long way to get to the centres. One participant explained how his mental health condition made him eligible for a National Entitlement Card, which enabled him to travel on public transport for free when he needed to access treatment. However, he emphasised that the process of getting the card had been very stressful and had negatively impacted his mental health. Many of the other service users had not heard of National Entitlement Cards and felt that statutory and commissioned services should do more to signpost similar opportunities.

Eligibility criteria for services sometimes restricts access

Some service users with histories of substance use explained that they had previously been ineligible for support while they were still in recovery. It was only when they became abstinent that they could

access support. In some cases, service users reported that their substance use was a coping mechanism for underlying psychological issues. In these cases, service users reported that their substance use and mental health issues should have been treated concurrently.

"If you have a mental health problem that needs psychiatric help, you can't go along until you're sober. But it's like: 'what if the [mental health] problem is causing my drinking?'"
Service user

"We need to have some kind of service that's available for people with multiple and complex needs. We can't expect everyone to be abstinent or problem-free."
Statutory service staff

However, there are many sensitivities around eligibility criteria. For instance, several service users felt it was necessary to turn away people who were not in recovery in order to create an appropriate atmosphere for treatment within group sessions and to enable others on the waiting list who might benefit more from support to attend. One service user said that they no longer attended Alcoholics Anonymous meetings because they did not feel other participants were telling the truth about being sober, which impacted the trusting atmosphere.

"You can't come to [a third sector organisation] if you're still using. Quite rightly… you can't help everyone. There's not many groups doing this kind of work – they're possibly unique."
Service user

"People who aren't sober should be turned away. They're sat in someone else's place."
Service user

One participant said that they were not able to attend group meetings until they were abstinent but were able to benefit from one-to-one meetings until that point, which he felt to be a useful compromise.

Concerns about stigma causes reluctance to access services

Stakeholders at all levels agreed that stigma around mental health and substance use was a key barrier to accessing services. This issue was pertinent for all demographic groups, but some stakeholders felt that it was particularly significant for men.

"We are aware that men struggle to access support because of the macho image that society puts on them, but also in work situations men do not ask for help as easily as women do."
Statutory service staff

"I was referred by the mental health team. I didn't think it was for me but being here keeps me fresh."
Service user

Peer support provided within services was highly valued by service users, especially since social isolation can be a barrier to access

Stakeholders at all levels reported that social isolation was often both a cause and consequence of substance use or mental health problems. It was also reported that a large proportion of people going into support services had evidenced high levels of social isolation before receiving support. This often meant that they were not in contact with organisations or services that could inform them of support, but it also meant that they did not have a network around them to encourage them to access this help.

"You're isolated – you don't know about these other services."
Service user

"Folk who come can be a bit isolated and coming through the door can be a big step."
Service user

"Most people have a lot of difficulty with starting sessions because of their confidence. We try to make sure the referral agent comes with them to the first appointment, so the person feels less intimidated."
Commissioned service staff

Within services, service users felt that the peer support offered by services made them feel more connected. Family members also benefitted from the peer support at GRACE: On participant pointed out that she was able to talk to other service users at GRACE about her experience with a family member's substance misuse without feeling judged.

"The peer support is amazing. They can tell that you are having a bad day without you saying anything and they help you."

Service user

"Everybody's equal – it's a level playing field."

Service user

The limited operating hours of services makes it difficult for people in work to access support

Many service users and staff pointed out that the limited operating hours of services prevented some people from accessing support, particularly those in work. However, service users did mention that some services had tried to introduce weekend sessions but closed them because the uptake was not high enough. Some services mentioned using digital technology as a way to communicate with clients outside of normal working hours.

"My friend needs this, but he can't come because he's working."
Service user

"One of the barriers to accessing our services are working hours because we're a 9-5 service."
Commissioned service staff

Some commissioned services pointed out that they prioritise providing services during working hours because most of their clients are unemployed.

"Most people we see are unemployed. We do offer evening appointments, but the majority are during the day because that's where the need is. That's when most people are saying that they'd like to see us."
Commissioned service staff

"We've looked at providing some evening appointments, we've got a clinic running once per week. We also looked at… providing computerised cognitive behavioural therapy. Doing this meant we can support people who aren't able to come during the working day."
Statutory service staff

Negative experiences of support in the past make some people feel uncomfortable about accessing support again

Some service users expressed that they had bad experiences of accessing support in the past, particularly when engaging with statutory services and that this had put them off re-engaging with

support when they needed it later. These service users felt more comfortable engaging with third sector organisations that were based in the community and would use them as a first port of call if there was a deterioration in their mental health or substance use.

"I was too scared – because of previous experiences – to go to any of the council services. It's the same with the doctors; whenever I walk into a room and someone is there with a clipboard I just close up and can't communicate."
Service user

"Those council services just see you as a number, a list of boxes they have to tick. They don't see you as a person."
Service user

Some parents/guardians worry that accessing services might lead to unwelcome intervention from child protection services

Both service users and staff from statutory and commissioned services recognised concerns around interventions from child protection services as being a key barrier to support. While services tried to reassure service users that child protection services prioritised the best interests of their children, they struggled to provide some participants with enough confidence to access services.

"An obvious barrier is people with children who might be anxious about accessing services because they're worried about child protection services. Sometimes we make referrals to Children and Families, so some parents worry about that."
Statutory service staff

"Council services? You can't really trust them, people just think 'if I go to the doctors or to the health centre, they'll just take my kids away'. You can't tell them the truth."
Service user

3.3 Underserviced Groups

Service users and staff from statutory and commissioned services recognised that there were certain groups of people that were not receiving enough support to cater to their needs. These included:

1. Elderly people
2. Under 18s (particularly 16-18-year olds)
3. Those living in affluent areas or hidden pockets of deprivation

Services could be better catered towards the area's elderly population

Several statutory and commissioned service staff members reported how there was specific need amongst older people in East Dunbartonshire, particularly around problematic alcohol consumption. This was seen as being particularly important given the ageing demographic of East Dunbartonshire. Moreover, opiate users have been living longer than previously and also require more intensive and specialist support as they get older. Some commissioned service staff members felt that a stronger strategic lead from the local authority would help to establish an approach to the issue that would span all the services.

"We also see that there's a drinking culture in our older people as well, which might affect the ability of people once they have retired. There is an affordability and acceptability around alcohol misuse once you've retired."
Statutory service staff

"We're well aware of the problem of addictions with older people, but I think for us we're probably behind in the sense that there's not a strong strategic lead from the local authority. Would like to see a contact point within the HSCP."
Commissioned service staff

A commissioned service staff member also highlighted that some middle-aged substance users had the physical age of an elderly person because of many years of substance use. They felt that because of this, they should be receiving similar services to elderly populations, but were not receiving these.

"Some of these individuals who are early to mid-50s, they're requiring services that we would term as old people's services. But staff cannot make those types of referrals to social work, because social

work would only make those referrals for people who are 65, 70. If they were to see a referral for a 45-year old year they would just stop that straight away."
Commissioned service staff

Service users also felt that older people might not be receiving the support they needed because of different generational attitudes towards substance use and because of a lack of targeted support for older residents.

There is a gap in services that are available for under 18s

Several commissioned service staff members highlighted that East Dunbartonshire's drug and alcohol services were not aligned with changing patterns of drug use in the region. They felt that younger people were moving away from using opiates such as heroin and onto stimulants such as cocaine. Given that many services' support is catered towards opiate users, younger drug users may not see themselves as the appropriate audience for those services.

More generally, there were few services available that covered the transition period between childhood and adulthood. There is also an increasing demand for mental health services for young people, which is putting greater pressure on existing services. Some services have responded to these issues by going against their policies and providing services to people below the age of eighteen.

"[There are fewer] younger people using services… most services are set up to deal with heroin, they don't have any treatments for people who may have only have a stimulant addiction, or maybe only use cocaine or whatever, so those individuals are very unlikely to access traditional services, they don't see any purpose, they don't feel there's any value or anything you could lend to them."
Commissioned service staff

"We've just started to work with young people, but we're already looking around going: "where are we going to put them?" because there's a six-month waiting list for every mental health service."
Commissioned service staff

"We're seeing gaps for young people when they leave care or they can't work with CAMHS any more. We're only contracted for people aged 18+. So there's a gap between 16 and 18. When we get referrals through

for young people, we have to really assess whether we can put them on a waiting list at 17 if they're turning 18 within a couple of months. There are no other services in the area that fill that gap."
Commissioned service staff

"We only work with those who have mild to moderate health problems; our operational policy is that we will see people who are 18 and over, but we see people from the age of 16. That was a gap in the service delivery that we saw ourselves and responded to."
Statutory service staff

One commissioned service staff member recommended increasing the representation of young people within the Alcohol and Drug Partnership (ADP), which they had seen in other areas of Scotland.

"That meant more representation for young people, families, people who were actively using, but they didn't know how to do it. They managed to recruit six or seven individuals to put them through training, and they sat on the ADP group, representing areas. They were a fantastic addition to the group, they were talking about policy and strategy, asking the simplest stuff – "how's that gonna benefit the lassie sleeping on the street", that kind of thing."
Commissioned service staff

Services are not reaching hidden pockets of deprivation and need that exist in more affluent areas

Many statutory service staff members acknowledged that substance use and mental health problems commonly intersect with poverty and deprivation within East Dunbartonshire. These pockets of deprivation are most heavily concentrated in the east, around Kirkintilloch. Mental health and substance use can be causes or effects of poverty, with social crises being difficult to separate from issues relating to drugs and alcohol. Some statutory service staff members felt that services should be located in the areas with the highest levels of deprivation.

"From a dependency issue and a heavy use issue, that's more associated with our areas of deprivation."
Statutory service staff

However, commissioned service staff and service users felt that pockets of deprivation that existed in more affluent areas were not being sufficiently addressed. Nor were the needs of more affluent populations. They believed that many services are catered specifically towards those who are unemployed and have a history of opiate use. Our research found that drug use in the west of the region differs from this, with higher rates of cocaine use amongst young professionals and problematic drinking amongst older retirees. Many of these people may not feel that substance use services are "for them".

"There's so much investment based on [areas of deprivation in the Scottish Index of Multiple Deprivation], any area that is seen as a bit better off isn't going to have that level of community services."
Commissioned service staff

"People think drug services are for people using heroin and benzos [benzodiazepines known as tranquilizers), the attitude is that if you're worried about your cocaine use, you're not going to think that the services on offer can meet your needs."
Commissioned service staff

3.4 Relationship between statutory and commissioned services

There were plenty of examples of positive relationships between staff members from statutory and commissioned service staff members, as well as cases where services saw great value in the work that other services were doing. However, many statutory and commissioned service staff members saw scope for improvement in relationships. These were largely based on issues such as:

1. A lack of knowledge among commissioned services around East Dunbartonshire' strategic priorities for mental health and substance use
2. A lack of integration between statutory and commissioned services
3. Room for improvement in the HSCP's monitoring techniques for the activities of commissioned services
4. The value of service provision within communities.

East Dunbartonshire's strategic priorities were not well known among commissioned services

Many staff members from commissioned services did not feel that they had a good sense of the strategic priorities for mental health and substance use in East Dunbartonshire. While they were aware of national priorities, they did not understand how these priorities fed into the East Dunbartonshire context and felt that services could be better aligned if all had a better understanding of the local strategy. Some staff members thought that it would be useful to have a clear point of contact within the HSCP for these issues. The HSCP now has an ADP Coordinator in place, but at the time of the evaluation there was a perception among staff that this strategic lead was missing.

"The absence of an alcohol and drug coordinator has been very telling and there hasn't been any strategic direction from the local authority. As such, our work has been limited and in reaction to issues or other organisations in the area. That makes things difficult."
Commissioned service staff

Many relationships between statutory and commissioned services were positive, but there was room to improve the integration of support between statutory and commissioned services

Statutory service staff members regularly discussed the importance of the third sector to ensure that needs are well met. Many also recognised that although the third sector should be equal partners in service delivery and design, they currently are not. One staff member attributed the inequality in partnership working to the historical commissioning process. Overall, staff felt that there was a great amount of scope to increase the integration between statutory and commissioned services, particularly through information-sharing processes.

"We are reliant on the third sector; it needs to be an equal partnership. It has been historically where the commissioners have had control, it's about handing that control over and letting the individual direct"
Statutory service staff

"If everyone was able to sit without fear of information sharing then maybe we'd catch more people and catch them earlier before it becomes really difficult to manage them."
Statutory service staff

Statutory service staff understood that commissioned services could provide an informal, more personalised space to offer support. This was seen to stand in contrast to the more formal support that could be offered by statutory services. Staff recognised that this informal support may be effective at capturing people who might not otherwise engage with traditional statutory services because they are seen as too formal. Similarly, service users may have had negative experiences of statutory services previously and may therefore distrust and be less willing to engage with their support.

"People want to go there because they feel safe and secure. I think it's quite informal as well, the issue is you walk into a statutory service and it's very formalised, and quite rightly they need to be, but EDICT, for example, can offer informal support in a way that we can't really."
Statutory service staff

Improved monitoring techniques could develop the Council's knowledge and awareness of the activities of commissioned services

Staff members from both commissioned and statutory services felt that the current monitoring systems from the HSCP were insufficient to capture the outcomes of their activities successfully. This meant that services could not keep an overarching view on the types of support that service users were accessing (including whether some service users were accessing support from multiple organisations) and at what points service users have disengaged. For many staff members, it was important that the monitoring mechanisms placed a greater emphasis on qualitative data and service user experience.

"I think there's at times a lack of awareness over what services are doing because services can develop, but the local authority doesn't have the full knowledge of how they're developing."
Commissioned service staff

"Now we see very generic monitoring forms, but they don't capture the essence of what organisations are doing. I think services should be able to put in not only the stats, but the outcomes of what they're achieving. They should encourage more face-to-face contact – I know it's impossible, but I think that certainly would be helpful."
Commissioned service staff

"We need to build in a review process that all the services are part of, that takes into account user experience as well. We need to build in a review process and strategy, seeing what works well."
Statutory service staff

Some commissioned service staff members also felt that it would be helpful to have more feedback on the data that they were submitting so that they had a greater understanding of how the data was being used and whether they were meeting the HSCP's expectations.

"When we submit things, we don't get proper feedback from it, so we're not sure if it's just put in a drawer. It would be useful to have an online portal where you could upload your stats, and any relevant documentation."
Commissioned service staff

"One of the things we've spoken about is finding a uniform way of monitoring – we're slightly confused about the decision making behind who gets what money and how that is measured. We don't know what happens to the information that we send them."
Commissioned service staff

Service users valued the provision of community-based services and the peer support that they offer over statutory services

Many commissioned services felt that those who access their support may not engage with statutory services. There were a variety of reasons for this, but many related to the more formal environment and nature of the support offered by statutory services. Service users also felt that the support offered by third sector organisations was more flexible, person-centred and holistic, and that it offered a stronger sense of community that they believed to be beneficial to their recovery.

"Places like the health centre on the face of it look okay, but it's not the most inviting environment for people to go into. Especially if people are worried about meeting people they ran into or took drugs with. Health centres by nature are quite clinical places, so sometimes this group find it hard to engage with."

Commissioned service staff

Service users also reported that one of the benefits of accessing support from third sector organisations was that they could form long-term, trusting and consistent relationships with individuals. This meant that service users felt they could be more open with staff about their ongoing problems and that consequently meant they could be referred to appropriate organisations for support. Service users further reported that the changing staff within statutory services meant that they were unable to form these trusting relationships and this often stopped them accessing the correct kinds of support.

"Coming [to a commissioned service] has helped me find other people. They've been able to tell me what's worked for them, different techniques and things. Yeah, none of them have worked for me yet, but it just makes you see that other people are struggling too."
Service user

"You've got other people [at a commissioned service]. If I'm struggling, I can just grab someone and chat to them and I know people are always at the other end of the phone. That's the difference – doctors just want to fob you off with pills."
Service user

3.5 Bottlenecks in services

A key issue identified by service users and statutory service staff was the lack of exit routes out of services. Many members of these groups felt that there were not enough routes into employment when a service user was ready to move on from receiving support. However, others recognised that there needed to be a balance between moving people on from services and not introducing restrictive time limits on services that may cut off support too early in a person's recovery journey.

Following successful engagement with services, staff identified a to balance between enhancing exit strategies and avoiding restrictive time limits on service provision

A member of staff reported that there were often bottlenecks in community recovery services. They reported that once someone was well established in their recovery, there were often no services for

them to engage with beyond community recovery services. This meant that people often ended up staying in these services, either as volunteers or service users, for a long time. This creates a bottleneck resulting in reduced capacity to take on new referrals.

"These services should be part of someone's recovery. I know that recovery can take a long time, a year or so, but these places shouldn't be the end destination for people."
Statutory service staff

"Without the time limited support, people were seen and then just kept on forever."
Statutory service staff

"In some respects, one of the third sector organisations has created a major dependency. It was designed to give 6-8-week services, but they've been with them for years. I'm trying to meet with their clients to put them into other services. I think it's because the service doesn't have a review mechanism."
Statutory service staff

However, some of the service users at one third sector organisation felt that the one-year timespan for the programme was not long enough, particularly if a person lapses in their recovery. Even though a participant's time on the program is frozen while they return to a stage of recovery, it will take them longer to recover after their lapse.

"We used to say that we provided support on an unlimited basis, but we're not allowed to say that anymore so we've cut back our support to six months. But now we're seeing re-referrals because people need further support. We refer people onto the community or primary mental health teams, but people can only get support for 10 sessions. Some people need longer support."
Commissioned service staff

There were not enough routes into employment at the end of services

Many service users pointed out that it was difficult to leave the service because there was no clear route into employment at the end of the programme and emphasised the lack of integration between substance use services and employment services. Service users did acknowledge that the commissioned services helped them to register with Jobcentre Plus, but they could not always get the support that they needed from Jobcentre Plus, for example if they did not have a suitable form of ID. This was a very real possibility for a client group that was at a higher risk of homelessness or having chaotic lives.

Service users felt that the services were very effective at helping them get into voluntary work, but that they had less support with finding sustainable employment. Some service users also felt that Jobcentre Plus did not do enough to signpost people towards recovery services when they first attended.

"[The Sorted Project] used to do progression into employment, but that doesn't exist now. There is Fair Start, but people there haven't had the same experiences as you. They don't understand my personal needs."

Service user

"They only find you voluntary work. You have to look yourself for jobs that will accept mental health and addictions issues."
Service user

However, some commissioned services pointed out that they understood well the relationship between substance use, mental health and employment and that they made efforts to help service users into employment as a result.

"A lot of the reasons we find for drinking is about social isolation, it's about meaningful use of time, so often we end up signposting them to employability services too."
Commissioned service staff

3.6 Impact of resource limitations on services

Staff from commissioned and statutory services felt that their limited access to resources meant that they were unable to provide services effectively. In some cases, this has led to competitive rather than collaborative partnership working between organisations. Some commissioned service staff members also felt that a lack of knowledge or certainty around funding had inhibited their ability to plan for the future.

Funding constraints limited the capacity of services to deliver support effectively

Several commissioned service staff discussed how services often did not have enough capacity to deal with demand, which meant that they were not able to provide users with sufficient resources

and support. This was often attributed to the current lack of funding, with staff reporting that services often cannot afford to provide the support individuals need.

"I think one of the things is that people do not feel that they were getting enough time with staff. So that's definitely a need for services to change, how they deliver that service. They often say – "oh we don't have a lot of time, we've got big massive caseloads". I appreciate that, but if there's an issue where clients are not getting more than five or ten minutes to see a case worker – that is not really delivering support."
Commissioned service staff

The constraints on funding for commissioned services has led to some services working competitively rather than collaboratively

Several statutory service staff members reported that the way in which services were funded and commissioned has led to competitive rather than collaborative working. Staff felt that commissioned services may be reluctant to work together as their funding relied on their own services supporting a given number of people. This meant that services may be less willing to signpost people to other services because their client group may become smaller and, consequently, their funding might become more precarious.

"There's a bit of a dog eat dog situation going on, so there hasn't been a lot of interconnected work."
Statutory service staff

"I think there's a certain disconnect between services, they're all very good at what they strive to do, but I think there's a protectionism going on in each service, and it doesn't lead to the most appropriate joined up service delivery."
Statutory service staff

Continued concerns about levels of funding could inhibit forward planning

Many staff members from commissioned services highlighted that uncertainty around funding had prevented them from being able to plan effectively for the future, including ways that they might be able to adapt to make the service more successful. One of the main things that they would like to

see change around service delivery in the region is a more secure funding guarantee from the council with specific outlines of desired deliverables.

"There's total uncertainty for third sector organisations. I've come away from a meeting with third sector organisations yesterday – everyone is in the same boat. We're not sure what the council wants from us. We can't do what we need to do because there's no certainty about funding for the future."
Commissioned service staff

"Going forward, I would want to see specific contracts, outcomes, specified client bases, specified timescales. Nothing has been put in writing – we need service agreements on the table."
Commissioned service staff

"In an ideal world, you'd have longer financial settlements that would allow organisations to think forward and take on a property that we could build up. If we're working on 3-year funding cycles, it's impossible to do that."
Commissioned service staff

3.7 Opportunities for service improvement and alignment with best practices

Several opportunities for service improvement and alignment became clear throughout our interviews. These included stakeholders feeling that:

1. There is scope for a greater alignment between the approaches of services
2. Focusing on changes in service user routine is helpful and should be continued
3. There is room for improvement in the use of digital technologies
4. There are opportunities for more joint working
5. There is scope to improve service user experience of hospital care. Hospital care is the responsibility of NHSGGC rather than East Dunbartonshire HSCP, but the HSCP remains a key stakeholder and advocate in this area.
6. There are insufficient efforts towards prevention and education
7. More could be done to involve family and carers in the creation of care plans (where consent is given by the service user).

There is scope for a greater alignment between the approaches of services

A small number of statutory service staff members and several service users discussed how differences in service approach could inhibit effective partnership working. Services may, for example, take different approaches to therapy or recovery and occasionally the advice offered by one school of thought may undercut advice offered by another. The benefits of service users having choice between accessing support that offers different methods should be recognised, but service users did emphasise the confusion that this could cause.

One service user reported that they had been attending a recovery group while also attending an Alcoholics Anonymous group. While one service worked on the premise that their problem drinking was a disease and that they had no control of the disease, whereas the other based their support on the idea that substance use was an active choice. The service user reported that the difference in guiding principles confused his support and led to conflicting advice.

"Somebody coming along to our service may be receiving counselling support through their work – for example, so with the CBT approach and counselling it's too confusing for the patient, they might be getting contradictory advice – doing one thing, then doing another."

Statutory service staff

However, other service users felt that having varied approaches could be helpful because it provided them with more options to access support that is well-suited to them.

There was little evidence of duplication of services, but unique identifiers in management data would give a clearer picture of this

Through our fieldwork, we were not able to build a comprehensive understanding of the level of overprovision of services in the area. The main reason for this was the lack of unique identifiers in the management and performance data, though it is our understanding that this gap will be filled

once the DAISy system is implemented. This is because the system will allow the HSCP to track individuals through their recovery pathway and monitor the services that they are entering.

However, it is worth noting that none of the services users reported any instances or situations in which they had received duplicate services. Many service users reported that they had not heard of the other commissioned services and most only attended one service (with the exception of the Recovery Café which only meets once per month). Similarly, staff members from commissioned services did not feel that there were duplications in the service offers.

"We find that we work with similar people or the same people, but we're helping them with different issues. It's not duplication, but we provide different support at the same time."
Commissioned service staff

Changes in service users' routines which involved meaningful uses of their time was felt to be vital to recovery and should be continued

Staff from statutory and commissioned services acknowledged that providing service users with meaningful activities could help support their recovery. This was because service users' routines were often built around their substance use. Staff reflected that without meaningful ways to fill their free time, service users could recommence substance use and other negative patterns of behaviour. Consequently, support programmes that provided service users with meaningful ways to spend their time were often seen as important for ensuring recovery.

"From the feedback we've got, drug misuse can be because they need something to do. Here, they're not going to get methadone or whatever, so they need continuous activity. They need different thought processes and different conversations that are not always about drug misuse. It's about asking: what is it you want to do?"
Commissioned service staff

"That's where the need is: people need choices and stuff to do and it's not just about going to see your addiction worker and all that, you need to get engaged with something meaningful."
Commissioned service staff

"In terms of recovery, what seems to work best after the medical intervention is giving people something to do – a community and a sense of purpose... Some of the most effective things I've seen in terms of recovery is people being given volunteering experience. Some of my patients have absolutely loved it. It gives them a routine, builds their confidence, gives them something to do and think about."
Statutory service staff

Service users discussed how their biggest support need was often establishing their day-to-day lives. Many had lost significant amounts of time to substance use or mental health problems and it was common that they did not have a routine or a structure for a notable period of time. This left many service users feeling lost with what to do day-to-day.

"I just needed help living my life day-to-day. These problems have meant that I've had such a long gap in my life, it was just support in relearning how to go about things"
Service user

Services are increasing their use of digital technology, but there is scope for further improvements

Many of the statutory service and commissioned service staff members reported that they have increased their use of digital technology to create efficiencies in their work. Examples include:

- Providing staff with tablets that are linked to the computer's intranet system so that administrative work can be done outside of the office. This has reduced the amount of travelling time, giving staff more time to spend with clients
- Using social media /text services to enable out-of-hours communication with support staff
- Building on existing use of electronic self-referral options on websites or the Sky Gateway system for primary mental health teams
- Supporting service users to develop their digital skills.

Some commissioned service staff mentioned that they had been looking forward to using the DAISy software for their work as they felt it would lead to more effective joint working, but this nationwide implementation had not yet taken place.

"They were meant to implement DAISy… It was going to be in partnership with the NHS, there would have been a single database where you could follow someone through. All the services would update the information and it would be easily accessible for other ones… It was meant to be something to track and share information and make sure things like whether someone had been admitted to a hospital was getting filtered down to GPs or to alcohol treatment services."
Commissioned service staff

While many services agreed that there was scope to use digital technologies in delivering support for mental health and substance use, there was also an acknowledgement that any digital technologies should supplement – rather than replace – existing support. This was partly due to digital illiteracy of some service users. This illiteracy had already been noted by staff who found that some service users were already struggling with the increasingly digital nature of services.

"If people have been through mental health and addictions and substance misuse, they're not necessarily connected digitally, we need to get everyone up to speed, GP appointments, benefits, this is all online now. If you don't understand [digital technology] you cannot survive."
Commissioned service staff

Several commissioned service staff members also pointed out that their ability to invest in digital technologies was limited by their funding constraints.

"The organisation has looked into other technologies, but they all cost money, and because of the funding we get, it's not always financially viable for us to purchase those technologies."
Commissioned service staff

There are many examples of formal and informal referral routes into other services, but there are opportunities for more joint working

When asked about their engagement with other organisations in the region, many commissioned and statutory services described their referral processes and their willingness to refer service users onto other support packages that may be more relevant for their needs. Few, however, described more extensive joint working initiatives. Some services did not seem to recognise the benefits of joint working, while others believed it would be useful but that there was no mechanism in place to do it. Several organisations highlighted the forum that Group Recovery Aftercare Community

Enterprise (GRACE) runs as a useful way to share information about the activities of other services in the area.

[When asked about whether they engage with other services] *"Not really, because everyone has their own speciality."*
Commissioned service staff

"The sharing time meeting – GRACE runs a sharing time in the first Wednesday of the month where all the organisations in East Dunbartonshire come, average of 27 organisations meet up every month and share that information."
Commissioned service staff

There is scope to improve service user experiences of hospital care

Several service users had received emergency hospital care. While hospital care remains the responsibility of NHSGGC rather than the East Dunbartonshire HSCP, issues around hospital care are still relevant because the HSCP remains a key stakeholder and advocate for residents in East Dunbartonshire. Reports of hospital care experience varied, with some users stating that they felt staff had been supportive and others reporting that they'd felt bullied or intimidated while in staff care. Discussing this experience, service users agreed that the guiding principles and ethos' of services can greatly improve the way in which staff approach and interact with patients. Some participants felt that there was insufficient care from the crisis team after they had been discharged from hospital.

Some service users also felt that there was not enough integration between emergency hospital care and community services. They felt that the focus of emergency care was providing medication for emergency relief rather than long-term sustainable treatment.

"All I got in there was more drugs. You get sent out if you're well or not."
Service user

One interviewee felt that there was limited support for those in mental health crises. The nearest emergency mental health support to East Dunbartonshire was in Rutherglen. This interviewee reflected on the fact that it would take almost an hour for emergency support to arrive to some parts of East Dunbartonshire in the event of a mental health crisis. Furthermore, they also felt that if a

loved one was in emergency care it would be difficult for the families to reach them without a car as transport links between the two areas are poor.

"*It could take an hour to reach someone who's having a crisis – who's suicidal or having a psychotic episode – and it's just too long. It just feels like it's an accident waiting to happen.*"
Service user

The work done around education and prevention is not felt to be sufficient for the needs in the area

Service users discussed the limited support and advice offered in schools and felt that this was compounded by a general lack of investment in youth services in the area. Many reported that their substance use and mental health problems had stemmed from a lack of opportunities for meaningful activities and felt that the limited support available for youth services in the area could result in young people starting to use substances. While much of the work around prevention is led by Education Services and Community Learning and Development, the HSCP still has a significant role in ensuring that messaging is consistent and relevant to local need and in formulating service pathways that include issues around prevention.

"Young people fall through the cracks because they don't get taught about mental health at school."
Service user

However, one statutory service staff member spoke about efforts to increase support within schools and reported that the programmes had met with success.

"Campus cops has started in January [2019] – we've had positive feedback from schools, the guys who do it have a really good relationship with the kids. They're in the schools Monday to Friday dealing with any individual problems but also support for drug and alcohol abuse, bullying, how to keep yourself safe online."
Statutory service staff

Increased involvement of families/carers in care packages and increased support for families/carers could lead to more effective recovery pathways

Stakeholders at all levels acknowledged that there were many family members and carers who were affected by a loved one's problematic substance use or mental health issues, but that only a small minority of those affected came forward to access support and help. It was felt that many carers do not recognise that that kind of support would be available to them as they do not identify as carers. Instead, people may think of themselves as spouses, parents, or children. Consequently, they may not realise that they are entitled to this support.

"I think the issue is that people don't see themselves as being carers… if they are older they see themselves as a husband or a wife so they don't see themselves as carers."
Statutory service staff

It was also widely felt that there was greater scope to involve families in the design of both individual and strategic levels of support. Despite this, another service user commented on the fact that East Dunbartonshire has more support for families and carers than most other local authorities in Scotland.

"Families just want to be aware what's actually happening with their son and their daughter, they're not always aware what they're involved in and why they're involved in that… Ultimately services close at 5 at night, it's family members that need to pick up the slack. They're asking why they shouldn't be involved in the whole process, as they see themselves as doing half of the work."
Commissioned service staff

"And also the new rights and recovery strategy, East Dun are already delivering a lot of support around that around families, including families and support and care, and a commitment to including lived experience with what's going on locally, they're ahead of other areas in that respect."
Commissioned service staff

4. Best practice overview: mental health & substance use services

This section identifies several types of best practice for mental health and substance use services. It focuses on prevention, primary care, community-based services, acute and emergency care, and treating co-occurring mental health and substance use issues. A more in-depth review of the scope and application of these elements of best practice is available in Appendix 5.

Prevention practices address both protective and risk factors that determine illness and health at the individual, community, and environmental levels. Preventative measures identified by Public Health England (2017) and NHS Health Scotland (2016)'s 'Good Health for All' data include universal, selective, and indicative programmes that address different segments of population and address protective and risk factors of varying severities.

Primary care and community-based services are both best practice approaches to delivering care for those within communities. These latter two measures involve taking a whole-systems, person-centred approach that includes services users and their family members and carers (when appropriate). In primary care, best practice guidance from the Royal College of GPs, the Royal College of Psychiatrists, and Mind highlight elements including primary care workers focusing on a person-centre recovery journey and mental health support capability. In community care, best practice guidance from Public Health England has focused on case coordination within multi-agency provision and having responsive care pathways.

Stirling University and NHS England have published good practice guidance for **acute and emergency care** that includes similar principles to those found in primary care and community-based services, including service-user and carer involvement, sector collaboration, recovery focus support and other operational recommendations including respecting diversity, a safe, quiet, and supportive assessment environment, and how staff teams should be trained and composed.

The Scottish Government has defined best practice for **comorbidity services including mental health and addiction** as being centred on integrated care that combines and coordinates all the services that are required to meet the assessed needs of the individual (e.g. both mental health and addiction treatment). Within integrated treatment, three good practice models include:

- service/system level integration that facilitate collaboration between independent service providers to ensure coordinated treatment for an individual
- single-sector integrated models where addictions and substance use or mental health services act as the primary provider of the integrated care
- client / programme level integrated models reflect the coordinated treatment of mental health and substance use disorders by a single agency or clinician. Each individual clinician is trained across mental health and substance use disorders, and several clinicians work in interdisciplinary teams.

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5. Gap Analysis

Evidence from Best Practice	Evidence from Assessment
Services are relevant to local needs and care pathways are appropriate for the needs of vulnerable groups	Overall, services are provided in areas where issues are most prevalent and to groups within the population that have the highest rates of prevalence. Although it should be noted that prevalence is based on numbers of people accessing services, so may not be an accurate representation. Services are available for all stages of recovery. Care pathways have scope for development for under 18s (particularly 16-18-year olds who are undertaking risky transitions into adulthood); for elderly people; and for vulnerable populations living in pockets of deprivation within more affluent areas. Currently none of the commissioned services work with under 16-year olds and the level of demand for services aimed at this group is unclear. However, it is important that there is provision available that provides prevention, early intervention, and targeted interventions for young people in 'at risk' groups. The effects upon the physical and mental health of those young people who are affected by the misuse of drugs and alcohol is significant and well documented. There is evidence to suggest that young people who use recreational drugs risk damage to mental health including suicide, depression, psychotic symptoms and disruptive behaviour disorders. Problematic substance use is symptomatic of difficulties facing vulnerable young people. Some young people are particularly vulnerable to substance misuse including young offenders, those with poor mental and emotional health, those who have experienced parental substance misuse, and those experiencing child sexual exploitation and abuse. We know that nationally and internationally young people's substance misuse is changing, both in terms of the reported prevalence and the complexity of the problems faced by young people. It is important that services in East Dunbartonshire can reflect this changing landscape.
Services are available where and when needed	Services are located in some of the more deprived areas of East Dunbartonshire with the highest need. However, many of the services are inaccessible to certain groups because of their location and because they are only available inside working hours.

Integrated care is provided within services that offer more intensive support rather than sequential or parallel provision	Care for mental health and substance use issues is usually provided sequentially in East Dunbartonshire (tackling, for example, substance use issues first before addressing mental health issues). There are also examples of parallel treatment, where mental health issues are treated by one organisation, while substance use is treated by another. The only two organisations that show a more substantial level of integration are SAMH and ADRS.
Involving service users and carers (with service user consent) in care plans	There appear to be limited opportunities for carers to be involved in designing recovery packages (where service user consent is given). Despite some examples of service users and carers being involved in creating care plans (for example in ADRS appointments), there is still a perception among service users that they and their carers cannot be involved, suggesting that more awareness raising could be done around this issue.
Service user-centred support	Some services in East Dunbartonshire tailor their support specifically to the individual and their care plan. Others provide more universal services that are not specifically based on service user outcomes.
Supporting service users in their journey towards recovery by using a whole-system approach	There are some examples of services working in collaboration, particularly around housing issues. However, a lack of integrated service provision prevents a whole-system approach to recovery. Services appear to put greater weight on mental health crises, with greater support for these issues than crises relating to other issues such as employment. A relatively larger focus is given to social crises relating to housing, although issues around level of social housing stock remain. Plans are in place to revise the Housing First model in partnership with housing and homelessness departments.
Services are operating in a welcoming environment	Service users widely reported feeling welcome at the community-based commissioned services but reported feeling uncomfortable in the more formal atmosphere of statutory services. This acted as a barrier to accessing support for some people.
Staff and volunteers need to be trauma informed	Social work and mental health teams receive trauma informed training and there is a Trauma Group who review skills, practices, knowledge and environment. However, there is no universal requirement for the workforce in statutory and commissioned services to be trauma informed, nor is there evidence of this as a recommendation in local strategy documents.

Service information is up to date and widely available	East Dunbartonshire currently collects self-assessment forms from commissioned services. However, the data is not uniformly collated, nor does it address service user experience because only quantitative data is collected. There are gaps in service data where services have not completed the self-monitoring forms fully and some do not submit them at all. Services also interpret variables differently which means that data cannot accurately be compared across organisations.
A range of universal, selective and indicated prevention measures are in operation	The main example that could be found of prevention work was the 'Campus Cops' programme which has elements of universal, selective and indicated measures. However, while the program operates across the region, it only involves two staff members and there is scope for a wider range of prevention measures that target a larger audience. Glasgow Council for Alcohol also implements universal measures through prevention and education sessions.
Ensuring that the primary care workforce has appropriate specialised skills	There is a need to ensure that the Primary Care Mental Health workforce and other primary care services have some level of specialised skills in substance use issues and are up to date with best practice and recent evidence so that they can provide effective support to people after recovery or in the process of recovery.
Strategic coordination within the local authority	There is an ADP Coordinator role within the HSCP which has the scope to coordinate alcohol and drug services. Commissioned services are currently unclear about local strategies. This provides the HSCP with an opportunity to lead in strategy dissemination and gives commissioned services the chance to have a greater engagement with strategy development processes. All services are invited to attend the Treatment and Recovery sub-group within the HSCP, which could be used as an opportunity for the HSCP to raise awareness around its strategic planning.
Carers are able to access support for themselves	There is a range of support services available for carers, but many people acting in a caring role are either unaware that their role could be defined in this way (they see themselves acting simply as a family member or friend) or are unaware that there are services available to offer them support.

6. SWOT Analysis

Linked to the gap analysis, the SWOT analysis is intended to identify the key strengths, weaknesses, opportunities and threats associated with the current approach of services in East Dunbartonshire.

Strengths	**Weaknesses**
• Low rates of problem drug use and one of the lowest rates of alcohol-related hospital admissions in Scotland • Commissioned services follow best practices by being community based and involving community input into their activities • There is little evidence of duplication in the types of services offered – services provide a range of activities that tackle a variety of needs • Services offer different levels of intensity of support • Services are well established • East Dunbartonshire has a dedicated and skilled workforce • Services are located in areas with the highest need. • Service users felt positively engaged once they accessed services, and service users and their families especially valued peer support	• Although provision exists within CMHT and PCMHT, overall, services eligibility criteria seem to exclude under 16s, 16-18 year olds and elderly people • Services have limited opening hours that often do not serve people who are in employment • Some areas are geographically out of reach for many services • There is limited overall coordination and monitoring of services • There is a lack of integrated mental health and substance use treatment • There is limited involvement of service users and carers in the design of their care plans • Service pathways are underdeveloped and not well known eg into employability services.
Opportunities	**Threats**
• The involvement of service users and carers in the design of care plans • The ability to gain efficiencies through the introduction of the DAISy software • The standardisation of service pathways to create efficiencies for service users and services • Increased cooperation and joint working between commissioned and statutory services • Joint outreach work to provide services to under-served geographic areas • Co-location of services to create efficiencies • A data coordinator function within an existing HSCP role to ensure ongoing monitoring and measurement of services' outcomes.	• Potential for bottlenecks to form in service pathways • Under-provision for 16-18 year olds creating longer term impacts and support requirements • Limited evolution of services and support if cooperation levels between all services (commissioned and statutory) are not increased • Disengagement from service users and carers if they are not involved in the design of care plans • A lack of engagement with statutory services linked to service users' perceptions and previous experience.

7. Efficiency gains

Chapter summary

Through our research, we identified three key areas in which East Dunbartonshire HSCP could implement efficiencies. All these efficiencies link to recommendations:

1. the increased use of digital technology by services
2. the implementation of standardised service pathways
3. an increase in joint working between services.

NHS Scotland's '2020 Framework for Quality, Efficiency and Value' underlines that health services should move from a 'Command and Control' view of making cost savings to a 'Systems Thinking' view that recognises the complexity and flux of healthcare provision.6 With regard to efficiency savings, the Systems Thinking approach suggests a move away from focusing on and managing costs towards concentrating on value and quality that will ensure more sustainable efficiencies that do not put service users at risk. Systems Thinking also ensures that services are easily adaptable for changes in demand and need, reducing the cost of sudden service overhauls when systems are found to be inefficient.

7.1 Increased use of digital technology

There are various ways in which services could create cost savings through increased use of digital technology. Key among these is using social media and the HSCP's website to clearly display the services available in order to raise awareness and to offer eLearning opportunities so that people can access out-of-hours support. Easy access to information about services online is becoming central to the way that many local governments across the UK are working and many are finding efficiency savings as a result.[18] The main cause of these efficiencies is that people are able to access the right kind of services earlier, which prevents them from delaying recovery until they reach a crisis point (which would be more costly for the HSCP to respond to).

Engagement through social media would be a particularly effective way to raise awareness of services in a cost-effective way because it is a cheaper method of large-scale engagement, which can replace some of the more costly print media and outdoor media advertising (although some would have to remain to target people who are not digitally literate). While awareness raising would bring more

[18] https://www.hso.co.uk/blog/sectors/uk-public-sector/public-sector-technology-a-digital-revolution

people into the system, creating a short-term cost increase, long-term efficiency gains can be expected. Social media also offers greater opportunities to obtain feedback on services, which can result in service improvement and increased tailoring of services to specific needs, thereby reducing waste through the provision of irrelevant support.

There is some evidence of digital technologies already being implemented in alcohol and drug services in East Dunbartonshire. For example, some services have provided staff with tablets so that they can input administrative data outside of the office, which saves time and expense on travel. By sharing best practices around existing efficiencies created by digital technologies, other services could feel more confident in using them to produce their own efficiencies.

The implementation of DAISy software is also expected to produce efficiencies by identifying and tackling any cases where individuals are using multiple services in an inappropriate way and by ensuring that services have a complete history of their support record so that they can use appropriate treatment methods (thereby preventing unnecessary time and resources).

7.2 Implementation of standardised service pathways

Another important opportunity to make efficiency gains is through the establishment of standardised service pathways to improve patient flow (the ease through which a service user can move through a system of support).[19] NHS Scotland recommends a "whole systems approach to patient flow, designed to ensure that patients receive the right care, at the right time, in the right place, by the right team."[20]

If patient flow is ineffective, financial impacts can arise through service users spending an increased length of time in the service and through the deterioration of patients until they reach crisis point and require more intense support.

Ineffective pathways can also lead to bottlenecks in the system that cause people to continue to receive costly support over a long period of time because there is no clear exit out of the service

[19] http://www.qihub.scot.nhs.uk/media/567447/programme%20brochure.pdf
[20] *Ibid.*

they are in (such as towards employability services). Moreover, service users that enter the system in the wrong place can continue to use support and resources that are not relevant and therefore not effective for them. There may be a lag time between standardised pathways and financial savings, but a more efficient system will produce them.[21]

7.3 Increased joint working between services

A final significant efficiency that the HSCP could make would be to encourage joint working between services. Joint working would enable services to share ideas around patterns in mental health and substance use in the area so that they can be quicker to adapt to changes. It would also make services more aware of what each other are doing, which would enable them to refer service users to appropriate support and avoid duplication. Having face-to-face contact may also reduce tensions in relationships between services which would allow them to coordinate and share resources more effectively. While the HSCP has contributed to arranging a range of forums in which services could communicate, these have been limited by low engagement. By building involvement into a contractual agreement, the HSCP could increase the number of service representatives attending. By sharing outreach work, services would also reduce the amount of resources used in awareness-raising work, allowing them to dedicate existing resources to accessing more people.

Another longer-term method of increasing joint working is the co-location of services. Co-location would allow for back-office savings to be made through sharing human resources, payroll, finance and procurement operations. There are examples of other ADPs in Scotland successfully engaging in co-location, such as Inverclyde, where the co-location of alcohol and drug services has created a single point of access for referrals.[22] Through our interviews, we found interest among commissioned services for co-location, but an understanding that this would have to be a longer term project because they were contractually tied in to long-term rent agreements

[21] https://www.health.org.uk/sites/default/files/ImprovingPatientFlow_fullversion.pdf
[22] http://www.inverclydeadp.org.uk/services/alcohol-services/

8. Recommendations:

8.1 Integrating delivery

This section outlines our key findings and recommendations. We have highlighted recommendations relating to development of a new service model, as well as recommendation for the current delivery.

Why integrate?

There is research and clinical consensus that integrated care can improve outcomes for patients with co-occurring mental health conditions and substance use issues.[23] Adults and adolescents who receive psychiatric services alongside alcohol and substance treatment are more likely to be abstinent long term than those who do not receive parallel mental health support.[24] Despite positive clinical findings, the creation of best practice service models to deliver this integrated mental health and substance use treatment is still an emerging area without a robust evidence base.

As outlined in our best practice review (section 3) taking a whole systems, person-centred approach to primary and community-based care is widely regarded as the most effective approach. NHS Scotland recommends such an approach on the basis that it helps 'ensure patients receive the right care, at the right time, in the right place, by the right team' and has demonstrated its commitment to whole systems approaches elsewhere, for instance, in the Getting it right for every child (GIRFEC) policy.

Key to a whole-system approach is 'integration' which in the context of this needs assessment involves the recognition that crises such as substance and alcohol misuse can be both a cause and a consequence of mental ill health. Much of this thinking is underpinned by the 2006 Scottish Government report on co-morbid Mental Health and Substance Misuse in Scotland, which found

[23] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3625993/
[24] *Ibid.*

that most service commissioners believed integrated treatment to be the most appropriate way to deliver effective and efficient services to those with comorbid and complex needs, with three key features being important:

- Person-centred care
- Needs-led and not limited by organisational or administrative practices
- Collaborative between agencies and service providers at each stage in the progress of the individual: in treatment, care and support, through to rehabilitation and integration into the community.

Approaches to integration

We consider there to be scope to provide greater integration between mental health and addictions services in East Dunbartonshire. The literature available on mental health and addictions makes a strong case for addressing both issues together in order to achieve better outcomes for individuals.

Currently mental health services require a certain degree of stability and abstinence for individuals to access their services. This stability and abstinence can be difficult to achieve if the individual has mental health concerns that are driving or contributing to their addiction. This results in many individuals being unable to access the mental health support they need and unable to make as much progress as they could in relation to addiction.

The evidence on what works suggests that the most successful form of service integration is where

- There are a combination of integrated services providing both mental health and addictions support to individuals supported by a wider group of individual services who work collaboratively using a 'no wrong door' policy
- There is use of multi-disciplinary teams who are competent to respond to the needs of an individual across both mental health and addiction
- Mental health and addiction issues are considered together during initial assessment and throughout support and treatment rather than being address consecutively

- Practitioners working in all services are comfortable providing support to improve someone's mental wellbeing in the absence of a formal mental health diagnosis as formal diagnoses can take awhile and can be difficult to assess while an individual is regularly under the influence of drugs or alcohol
- Practitioners working across all services see providing some level of support around mental health in combination with support for addiction issues as everyone's job.

We recommend that the East Dunbartonshire HSCP consider using a mix model to increase the integration of mental health and addictions services through a combination of:

- More collaborative working across services including between third sector commissioned services and between third sector commissioned services and the HSCP so that third sector organisations don't see each other as competition and the relationship with the HSCP as commissioners but instead all parties see each other as partners.
- A new multi-disciplinary service co-designed by partners that is able to provide integrated support for those who would most benefit from it.

We also recommend:

- That the East Dunbartonshire HSCP and partners adopt a 'no wrong door' approach for people accessing services in East Dunbartonshire so that no matter which service or organisation an individual approaches they will be actively supported to access the right service for them, even if it isn't the one that they originally approached.
- We recommend that integration be done collaboratively and incrementally in order to build the relationships and operational processes required to make this work.
- That all mental health and addictions services be Trauma Informed in order to align with the Scottish Government expectation of staff confidence and skills in relation to trauma.

We think the most productive approach to building more integration services would be to encourage collaboration between third sector organisations and with the HSCP by establishing a Mental Health and Addictions Integration Working Group with a mandate to:

- **Build a shared understanding of the objectives for integrating services** including a shared vision for what they want to achieve, a common understanding of the value of integrating, and an appreciation for the skills and experiences the various members have to offer and the challenges they face
- **Define the mental health and addiction needs** that would be best supported by each of the following:
    - Addiction service with staff who are equipped with the skills and confidence to provide support with low level mental health and wellbeing where needed
    - A new multi-disciplinary service which can provide support to individuals in relation to both addictions and mental health
    - A specialist mental health service (for individuals with high support and treatment needs that are likely to be beyond the skill level of the multi-disciplinary team – e.g. could be level 3 and above in relation to mental health support)
- **Scope new multidisciplinary service** collaboratively, including:
    - Clearly defining who this new service would be relevant for to have a shared understanding of the eligibility and suitability criteria for this service and identify existing clients that would be better suited to be supported by the new service
    - Identifying the relative roles and responsibilities that various organisations would play in the delivery of the new services in order to provide
    - Articulate the referral pathways into and out of the service to ensure that individuals are receiving a seamless transition into services that are most suitable for them
- **Conduct a staff training needs assessment** to identify the skill level of existing HSCP and third sector staff, skill gaps and training needs for staff particularly in:
    - Addictions services where staff have a core set of skills and confidence to deal with low level mental health and wellbeing concerns
    - The multidisciplinary service to ensure staff have the right mix of skills to provide integrated support.

To ensure "*mental health practitioners are competent to respond to presenting alcohol and drug use conditions, and alcohol and drug practitioners to respond to presenting mental health needs."*[25]

- **Agree processes for data sharing and referral management** to underpin the joint working required between members to make integration work including how to operationalise the 'no wrong door' policy. This includes agreeing to assertively promote addiction issues, treatments and programmes within mental health service settings and vice versa
- **Consider options for co-location of services** and organisations to encourage collaborative working
- **Oversee the implementation of changes** including reviewing progress and refining action. We recommend that this is supported through a jointly agreed outcome framework and the appropriate collection and analysis of management and performance data.

The HSCP have an important role to play as the Strategic Leader in East Dunbartonshire which includes:

- Setting a credible and clear strategic plan that partner organisations can understand how and where they fit in and what they can offer
- Ensuring they consider the internal and commissioned services as a single service landscape working together for East Dunbartonshire communities rather than consider internally and externally provided services in isolation from each other. In practice this includes:
    - Relevant staff from the various mental health and addictions services provided directly by the HSCP and NHS be part of the Mental Health and Addictions Integration Working Group
    - The East Dunbartonshire HSCP ensures that their organisational strategy and operational plans clearly link all services together as a single picture

25 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf

The **key challenges** to overcome:

- There are different treatment philosophies between mental health and addiction services that need to be overcome in order to be able to provide a more integrated approach to services – for example addiction services needing a degree of willingness to change to participate, and mental health services needing a level of stability and managed use to participate
- In order to provide support for both mental health and addictions, the length of engagement an individual has with a service may need to be lengthened and services and the HSCP need to be comfortable with the non-linear path of improvement (and regression) an individual may take as the often complex inter-relationship between someone's mental health and addictions are unpicked and processed
- That the flow of confidential information between organisations is in place through a secure mechanism that all partners trust and use regularly and consistently
- A robust system is in place for case management, and duplicate data entry is minimised wherever possible
- That all staff across mental health and addictions services see it as everyone's job to consider both issues alongside each other
- Staff have the confidence and skills to address both addictions and mental health concerns in their service users and have a clear and agreed threshold for when mental health issues require a referral onto or the involvement of a more specialist and higher skilled service or health professional
- That organisation and the HSCP see each other as partners and that commissioning approaches are developed by the HSCP to reflect the partnership nature and not undermine it by putting in place structures and processes that put third sector organisations in competition with each other
- Creating a culture of openness that enables the 'no wrong door' policy to work in practice and disincentivises organisations keeping hold of service users when another service may be more suitable.

8.2 Recommendations: Potential service model

Investing in effective **prevention, treatment, and recovery interventions** is essential to tackle the harms that drugs and mental ill-health can cause, reduce involvement in crime, sustain recovery, and enable people to make a positive contribution to their communities. To produce these positive outcomes, mental health and drug treatment provision should share an approach that is trauma-informed and person-centres, addressing an individuals' holistic wellbeing.

Commissioned services should give individuals the best chance of achieving and maintaining recovery by delivering evidence-based treatment interventions; by supporting self-sustaining recovery networks, and by advocating for supportive communities. East Dunbartonshire Council should be aiming to create a commissioning system:

- that operates transparently according to assessed need
- where contracting arrangements and the financial environment have a positive impact on treatment outcomes - both in terms of the funding levels and length of contracts
- with greater transparency on local performance, outcomes and spend
- with greater connections between drug treatment structures and reducing fragmentation of treatment pathways.

The **core elements** of the integrated treatment and recovery service should:

- have **one lead partner** responsible for all delivery. This will simplify the current system, making it easier for individuals to navigate and more effective for the local authority to understand and manage performance
- have **one electronic case management system**, managed by the lead partner which is able to track each individual's journey through the system, and be used by all delivery partners
- have a **core set of KPIs** which all partners commit to delivering and the lead partner is responsible for ensuring is completed
- have a clear, consistent access point, with a **single point of contact**, operated under one brand (e.g. ED-DART) with one website and phone number for referrals / self-referrals into the service

- be committed to a **recovery-oriented approach**.

The integrated treatment and recovery service should **be designed to**:

- proactively identify eligible individuals
- support eligible individuals to engage with the service
- promote and support individuals' recovery from drug and alcohol misuse, including abstinence
- promote and improve individuals' physical, psychological and social wellbeing
- ensure that all interventions and groups are designed to facilitate recovery from dependence, including abstinence; and promote harm reduction
- provide effective systems of psychosocial, prescribing and recovery support interventions for harm reduction, abstinence, maintenance, and relapse prevention
- contribute to community asset development, by supporting mobilisation of self-sustaining recovery networks, as well as facilitating access to independent networks
- be welcoming, easy to access, recovery-orientated treatment services delivered in communities, giving service users access to a range of recovery support interventions and services such as peer support, mutual aid, family and parenting support, employment, training and housing
- deliver an early intervention and an evidence-based prevention programme
- provide continuity of care through the justice system, ensuring effective continuity of care arrangements with criminal justice services and residential rehabilitation provision
- improve connections between treatment providers and mutual aid organisations
- be delivered in safe, attractive and accessible locations, to all potential service users at a range of locations, and times that suit different potential service users
- provide ongoing support to help people sustain their recovery, including relapse prevention and support from mainstream and specialist services, or peer support and mutual aid
- regularly monitor and review levels of successful treatment completion and sustained recovery
- provide overdose-awareness training and information, and naloxone for service users, drug users not in treatment, family and carers and hostel staff

- ensure individuals receive the same service regardless of location, rurality or their socioeconomic status and protected characteristics
- ensure the system responds rapidly and effectively to changing patterns of alcohol and drug misuse and drug problems, such as new psychoactive substances, medicines and image and performance-enhancing drugs.

Priority groups

Consideration should be given to a targeted approach to treatment options for: women, veterans, homeless, young people (including those not in employment or education and care leavers), people in custody or with prior convictions, families, victims of domestic abuse, sex workers, and older people. There were not sufficient findings from our needs analysis to articulate robust plans for a broad spectrum of targeted groups, although we have been able to provide recommendations on services for women and young people below. Identifying additional priority groups to address the gaps in targeted services identified by the report is an area for future focus.

In particular, **services for women** should be offered, for instance, the option of a female keyworker and women-only groupwork; specialist referral pathways for pregnant women; and links and pathways between domestic abuse services and recovery services.

For young people, including **under 16s**, the central objective of drug and alcohol services should be to prevent young people continuing to misuse drugs and alcohol as they enter into adulthood.

Young people's substance misuse services can play an important role in delivering part of a multi-agency response, accurately assessing and meeting need to ensure that young people are heard and protected. The development of specialist services for young people need to reflect the differences between adults and children and between children of different ages.

Evidence based treatment and recovery services are essential to motivate and support young people with drug and alcohol problems. They should provide a range of interventions, according to the level

and type of dependency and an individual's assessed need. A specialist young people's drug and alcohol treatment system should:

- Ensure that services reflect the specific needs of young people and their families
- Ensure increased alignment and integration with related services to ensure that multiple vulnerabilities, complex needs and risky behaviours are addressed holistically and in a child-centred way (including mental health, sexual health, domestic abuse, child sexual exploitation)
- Reflect the differences, and transitional requirements, between children of different ages and also the transition into adult services
- Be rooted in a strengths-based, recovery focused approach which builds confidence and enhances personal resilience
- Deliver targeted interventions to young people 'at risk of' developing problems with substances, as well as early intervention and prevention work
- Deliver treatment interventions including psychosocial support, harm minimisation, family support and access to pharmacological interventions.

East Dunbartonshire Council could **either** integrate a specialist under 16's service within other child health services **or** commission a standalone children and young people's service.

It is recommended that a young person's service **works alongside but is not integrated** with the adult drug treatment service, but should use the same single case management system, to ensure individual journeys can be tracked, as they transition into adult services.

Peer support and mutual aid

The findings from the needs assessment highlighted that service users strongly valued community-based and peer support options because they provided more informal, comfortable environments where service users could make long-term, trusting relationships with staff and volunteers. There should be a shared, locally developed vision of recovery where peer support and mutual aid is appropriately integrated with all alcohol and drug services (including in-patient and residential

treatment.) All people in treatment should have access to a range of peer-based recovery support options, including 12-step, SMART recovery and other community recovery organisations.

Commissioned services should be encouraged to support service users to engage with mutual aid groups through the inclusion of specific requirements in their service specifications.

Operational model for integrated mental health and drug and alcohol recovery service

An integrated model in East Dunbartonshire should consider the following elements.

Key elements of the service delivery:

- a personalised strengths-based process that promotes recovery and harm reduction
- a single brand and a single point of contact with telephone, email [including secure email] and website
- opening hours, including support arrangements during out of business hours, in line with local need and adapted during the lifetime of the contract to changing patterns of need
- minimal waiting times
- taking account of public transport links and childcare provision to facilitate access to the service
- delivery through a variety of methods, including digital means such as text message support, live chat, online and mobile applications – both within and out of hours
- a single electronic case management system that ensures compliance with data protection
- offers for home visits, and appointments at mutually agreed alternative venues where needed and deemed appropriate.
- identification, facilitation and brokerage of access to opportunities for those in recovery to support others, including running a peer mentor and volunteer programme
- a service based on the recovery capital approach, with the recovery plan as the core document that forms the basis of care co-ordination for the duration of a person's engagement with the service. The individual should retain a copy of their recovery plan in a

format which is clear and understandable and is able to access and update the recovery plan at any time.

Triage and comprehensive assessment, including risk assessment

The service should:

- identify the holistic needs of the individual including medical, psychological, psychiatric, social, history of drug and/ or alcohol use, experience of previous treatment and behavioural risk factors
- identify goals and treatment preferences
- identify and support relevant family related factors that may have a bearing on recovery
- establish motivation – including to engage with structured treatment interventions and a recovery plan
- determine the appropriate treatment and recovery support, in conjunction with the individual and their significant others where appropriate
- consider both MH and substance use at the point of initial assessment in the service, i.e. diagnose both rather than focus one.[26] [27]
- identify and address the need for referral to other services
- promote involvement of significant others including dependents.
- identify and address risks to the individual and others at the earliest opportunity
- continue to review throughout the individual's engagement with the service
- Develop a risk management plan.

[26] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3625993/

[27] Note, however, NICE does not recommend the use of specialist dual diagnosis teams. They are not currently supported by the evidence base, and while dual diagnosis practitioners can be an important part of a multi-disciplinary team, particularly in clinical lead roles, the prevalence of co-occurring conditions in mental health and alcohol/drug settings is sufficiently high to make it vital for all services to be competent to respond to these needs. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf

Recovery Planning

The service should:

- promote recovery and harm reduction giving individuals the best chance of achieving and maintaining recovery from drug and alcohol misuse, by working in partnership to develop a personalised, strengths-based recovery plan, with support from significant others and other agencies involved in supporting them
- develop a recovery plan, which is the core document that forms the basis of care co-ordination for the duration of an individual's engagement with the service. The individual retains a copy of their recovery plan in a format which is clear and understandable and is based on the recovery capital approach
- the recovery plan will be reviewed regularly, and key workers will schedule regular reviews with the individual, and their significant others where appropriate, to reflect on progress, and to update the plan as required. Reviews will occur every 12 weeks as a minimum, but more frequent reviews will be considered for individuals who are:
    - receiving short-term treatments and expected to progress quickly
    - displaying complex, comorbid or problematic conditions
    - apparently not benefiting from treatment
    - under-going a significant transition in life circumstances or in their treatment and recovery plan.

Information, Advice, Guidance and Signposting

The service should:

- provide accurate, evidenced based information, advice, guidance and signposting on a range of topics associated with adult substance misuse including but not limited to:
    - drugs and alcohol and their effects
    - stopping misuse of drugs and alcohol and tobacco
    - how to reduce the potential harm from drug misuse (e.g. safer injecting and reducing overdose risks)
    - how and where to access help for drug/alcohol problems
    - how and where to access additional help (e.g. housing and sexual health);

Harm Reduction

The service should:

- provide community needle exchange services in a variety of centre-based settings across East Dunbartonshire in line with current: purchase and supply needles and syringes, ampoules of water and other clean injecting equipment (e.g. spoons, filters, citric acid)
- provision of training
- monitoring and reporting on return rates
- explore citing sharps/drop boxes in the community in locations
- provide advice and support on safer injecting; on reducing frequency of injecting and on preventing initiation of injecting by others
- purchase and provide naloxone in line with legislation and best practice guidance, within service venues/hubs and on a take home basis
- provide information, advice and guidance to prevent transmission of Blood Borne Viruses (particularly hepatitis A, B, C, and HIV) and other drug misuse related infections
- provide advice and training on preventing risk of overdose and drug/alcohol related death to Individuals and significant others
- provide advice and training on take home naloxone to other organisations
- provide wound care service for injecting drug users and establish pathway to specialist assessment and treatment
- provide advice on oral health and support individuals to register with a dentist
- provide advice on avoiding unintentional injury to self and dependents.

Brief Interventions

Based on the Making Every Contact Count approach, identify and address risk factors including but not limited to smoking, sexual health, NHS health check, the service should:

- offer chlamydia screening, condom distribution and facilitate access to specialist sexual health service to promote access to a range of high-quality contraception options – in partnership with the Local Authority commissioned sexual health services
- deliver smoking cessation brief advice to individuals

- refer to specialist services, where applicable.

Criminal Justice Interventions

The service should:

- establish pathways with criminal justice agencies
- ensure that there is a named contact for care co-ordination purposes
- provide continuity of care for individuals who are remanded/sentenced to custody, and provide prison resettlement for those returning to the area, liaising with prison substance misuse treatment teams and the individual to secure continuity of care on release

Psychosocial Interventions

The service should:

- provide a full range of psychosocial interventions, including:
    - Cognitive-behaviour therapy (CBT)
    - Coping skills training
    - Relapse prevention therapy
    - Motivational interventions
    - Contingency management
    - Community reinforcement approaches
    - Some family approaches, including behavioural couples therapy
    - provide psychosocial interventions which are recovery focussed, building on the strengths and recovery capital of each individual
    - deliver psychosocial interventions which involve significant others including dependents where applicable
    - deliver psychosocial interventions as one-to-one sessions (e.g. counselling, CBT), group work (e.g. structured day programmes and group work including abstinence programmes) and family-focussed interventions (e.g. parenting programmes) as appropriate.

The service will ensure that individuals engaged in a pharmacological intervention are also engaged in a psychosocial intervention as a minimum as part of their recovery plan.

The role of commissioning and procurement

A precursor to the development of a different service model would be a procurement process. Given that contracts with commissioned services are due for renewal, there is an opportunity to adopt an innovative procurement model that would develop a different service model whilst delivering sustainable cost savings.

Traditionally, the commissioning team would design a specification independent of the potential bidders, this would then be procured and the provider/s would deliver the service from that specification brief for the term of the contract. However, an alternative would be for the procurement process to appoint a specialist strategic partner who, in the first instance, would continue to deliver the existing service within current guidelines. Simultaneously, **in the first 18-24 months of the contract implementation the delivery partner would co-produce a bespoke service model, based on the needs of individuals**, and taking into account any necessary cost savings. The provider would then evaluate and run the new service model over the course of the contract term. We would suggest that the contract term should be for 5 years, with the option to extend for at least a further 2 years.

Options for innovative procurement models include the Public Social Partnership (PSP) model and the provision for innovation partnerships in the 2015 Public Contracts Regulations.

PSPs involves one or more organisations from the public and third sectors (and potentially private sector) entering into a voluntary partnership to deliver public services.[28] Designed to involve third sector organisations more deeply in the commissioning process, strategic PSP investment from 2012-2017 included Elevate-Glasgow, which works with people in recovery from alcohol and

[28] https://www.gov.scot/policies/third-sector/public-social-partnerships/

substance misuse. The 2018 report evaluating the first round of strategic PSPs found that there were positive outcomes in terms of achieve outcomes/objectives, improving organisational learning and relationships among partners, while still experiencing challenges in integrating service users' involvement in the PSPs and breaking down long-term institutional silos.[29]

The provision within the Public Contracts Regulations 2015 for innovation partnerships also provides an opportunity to innovate in the development of new service delivery models. An innovation partnership allows suppliers to undertake research and development activities toward establishing new service models, that if successful, can be supplied without further procurement.[30]

8.3 Recommendations: Current service model

We have provided a series of recommendations on the current service model, which could be implemented in the short term, while the longer-term integrated model is being developed. These will support current partners to start 'moving in the right direction' and preparing for the future.
These are separated into four main sections: awareness and accessibility, service design, governance, and strategy.

Awareness and Accessibility

One of the key themes in our findings was issues around awareness and accessibility for those entering services. We found that appropriate services are available, but people are not aware of them. Lack of a clear referral process leads to people entering services with an inappropriate level of support; service users have significant barriers to access; and certain age groups often fall outside of the eligibility criteria for services. This increases the importance of a more open relationship between HSCP and commissioned services and between the different commissioned services so that individuals are actively supported to find the right support/service. **Short term (0-6 months):**

[29] https://www.gov.scot/publications/report-date-strategic-public-social-partnership-psp-model-scotland/pages/3/
[30] https://www.legislation.gov.uk/ssi/2015/446/regulation/32/made

- Currently, a recovery focus booklet and asset map are available, and the East Dunbartonshire Council website has recently been re-developed. It is essential that relevant information is presented clearly and consistently, for instance ensuring that an **online directory of statutory, commissioned and non-commissioned services** provide descriptions of the support offer, the location of the service and the opening hours. For service users and carers who are not digitally literate, hard copies should closely mirror the tone and content of online information. Hard copies could be distributed in places where people at risk are likely to enter a referral pathway, such as GP practices. The information given should be appropriate and accessible for service users, staff and referrers. By making service users more aware of available services, they are more likely to enter referral pathways at an appropriate level and move through the system quicker as they would be receiving the correct level of support for the intensity of their condition.
- **Clarifying referral pathways** in order to show the level at which people should enter services would not only raise awareness among service providers about the availability of services but would also enable services to refer people to organisations that would provide an appropriate level of support. This could reduce the amount of time that people stay in services because their needs would be more likely to be met and they could move through the system quicker. The lead for establishing these pathways would be taken by the HSCP, with input and feedback from statutory and commissioned services.
- The HSCP could also **raise awareness of the availability of National Entitlement Cards** that provide concessionary travel for people with long-term mental health conditions who use public transport to access services. The reduced cost of travel could significantly increase access for those living in isolated pockets of deprivation in the west locality.

Medium term (6-12 months):

- Another way to raise awareness, while also making efficiency gains, would be **to create a brand for a partnership of organisations involved in providing mental health and substance use services**. This would mean that the organisations collaborate on raising awareness of their own services, as well as others, instead of working in siloes. The HSCP has

already developed a booklet on recovery focused services, which could be updated and built into a wider branding effort.

- We are aware that work is being done to make support available in different geographical areas – for the example, the HSCP is currently looking into the how methadone prescriptions can be sent straight to pharmacies rather than methadone clinics. In order to reach people living further away from services, **physical outreach should be increased** – including visits to community centres and people's homes – to expand information provision and awareness-raising. If this were done under one mental health and substance use brand, workload could be shared, and costs could be kept to a minimum and spread across the commissioned organisations.
- To increase the amount of working people reached, **statutory services could collaborate on out-of-hours provision** (to prevent overlap) and **increase the use of digital technologies** to allow communication online or over the phone outside of working hours.
- By **expanding the eligibility criteria for services and providing specialised programmes within services** for these age groups, these significant gaps could be filled. By filling these gaps at an earlier point, people could be treated earlier, which would prevent them from reaching a crisis point.

Service Design

Our findings around service design highlighted that there is scope for increased service user involvement in the design of care plans. There is also a need to clarify exit pathways from services (e.g. into employability and training programmes or additional support services), ensure that service environments and staff and trauma-informed, and that use of digital technology is maximised for service outreach and efficiency.

Short term (0-6 months):

- Service user involvement in the design of their care plans could be increased at all levels by **requiring all services to provide their clients with a copy of their jointly written care plan**, which outlines their objectives within the service. By having a physical copy of the care plan that they have contributed to, service users can more easily track their progress against

their intended outcomes. Care plans should be individualised so that even where universal services are provided, services can track the impact they are having on individual service users.

- The HSCP could also **encourage services to more actively involve service user family members and carers in the design of their care plan** (where consent has been given), recognising that they often play a significant role in recovery efforts.
- The HSCP could **formalise referral routes into employability and training programmes** so that service users have an established end point to their recovery programmes. These referral routes should be able to offer more intensive support than JobCentre Plus, given the more intensive needs of service users, and could instead direct people towards services such as Fair Start Scotland.
- There could also be other **more formalised referral pathways into additional support services** such as the Citizens Advice Bureau (for financial advice) and other health services that may be required.
- In order for statutory services to appear more welcoming, **a meeting could be arranged with commissioned community services to share learning on creating physical environments that service users feel comfortable in**. While work has been done to make the environment in the Kirkintilloch Health & Care Centre and Milgnavie Clinic more trauma friendly, service users still highlighted the lack of welcoming environment as a key barrier to accessing support.
- **Statutory and commissioned services could increase their use of digital technology for outreach work**, including using webchats for out-of-hours support and social media to raise awareness. If these activities were conducted under a partnership model, efficiency savings could be made on these outreach efforts.

Medium term (6-12 months):

- In order to increase the integration of services (as opposed to the current parallel provision), the HSCP could make efforts to **outline the benefits and need for integrating mental health and substance use treatment within both statutory and commissioned services**. They could also **conduct a review of workforce skills** to understand where gaps in

knowledge of each of the issues may exist. This would be particularly important for ensuring that the skills of primary care teams are in line with best practices.

- To ensure that service users feel that service staff are responding to them with empathy and in ways that prevent re-traumatisation, the HSCP could **ensure that all relevant statutory service staff are trained in trauma-informed practices** and **include trauma-informed practice training for commissioned service staff as a contractual requirement** in the commissioning process. Work has already been done on ensuring that staff are trauma informed (through training for statutory and commissioned service staff) and there is a recognition of the need to embed trauma informed practice across all services.

Governance

Improved governance of services, including increasing services awareness of each other's activities, shared data gathering, and including stipulations for meeting and reporting in commissioning arrangements would help to improve integrated service provision.

Short term (0-6 months):

- The HSCP could **introduce a data coordinator responsibility** within someone's role which would involve monitoring data submission and ensuring that all commissioned services have sent a complete dataset. The requirement for full data submission could be included in contractual arrangements. Service user experience data should be collected regularly (including qualitative data) to gain a holistic understanding of the outcomes of services, which includes the perspectives of those most impacted by them.

Medium term (6-12 months):

- By **creating a partnership and brand for mental health and substance use services in the local authority**, the HSCP can increase services' awareness of each other's activities, enabling more efficient routes through the services and more appropriate referral pathways. The partnership would enable efficiencies to be gained in outreach efforts and make data-sharing mechanisms more effective. The partnership model could also include a structure for commissioned and statutory services to meet and review the changing service landscape. To

ensure maximum turnout, the HSCP could make it a contractual arrangement for services to attend the meetings. The meetings would also allow for a more effective sharing of best practices and lessons learned, and the increase of face-to-face interactions could encourage relationship-building and collaboration between services.

- As the new Drug and Alcohol Information System (DAISy) is introduced, the HSCP should **ensure that services understand the purpose of the system, the data it will include, what it will be used for, how outcomes are tracked in the system and how the data may feed into decision-making**. By ensuring transparency around these issues, the HSCP can build a culture of trust and cooperative working around the new system.

Strategy

There are several factors relating to strategy development that could contribute to improvements in service provision. For example, there is a lack of knowledge among commissioned services about local strategy. There is evidence of prevention work taking place, but this could be further developed, and there is scope to increase stakeholder development. While East Dunbartonshire Voluntary Action acts as a third sector interface to promote HSCP strategic plans, feedback from commissioned services shows that the communication around strategy could be strengthened.

Short term (0-6 months):

- The HSCP could **share an outline of their strategic goals for East Dunbartonshire**, specifically relating to substance use and mental health services. Currently, commissioned services attend Treatment and Recovery meetings (where there is discussion around strategic goals) and in the past, provider, care group and wider forums have been held. These methods are appropriate and maintaining regular communication channels with commissioned services is key so that they are aware of the HSCP's expectations of them, can ensure goals are incorporated into future planning.

Medium term (6-12 months):

- The HSCP could **build on examples of successful prevention work in the area and establish a clear direction for prevention work in line with best practices and national**

strategy. This direction should take into account both targeted and universal approaches to prevention and should ensure that prevention is undertaken for all ages and beyond school-based curriculum design.

- The HSCP could **create a forum in which key stakeholders (including services users and representatives from commissioned services) are involved when developing strategy** to increase buy-in and an overall understanding of the strategy and the rationale behind it. While a range of forums have been developed in recent years, engagement has been limited. Engagement could be increased by including it as a condition in contractual agreements. Service user engagement could be increased if there was a more intentional effort to engage with them through trusted contacts.

8.4 Operationalising best practice: case studies

Project 6: charity-led integrated service partnerships

Project 6 is a Yorkshire-based charity that provides integrated services for individuals, families, and communities affected by substance use, and those who may be experiencing multiple disadvantages. Project 6 provides services based on principles of easy access, offering a friendly non-judgemental environment, and adopting asset-based approaches. Project 6 delivers a wide range of community, family, and holistic support services, with their key integrated mental health and substance use services including:

Keighley Pathways Service, a multi-service hub with open access specialist support with domestic abuse, welfare advice, food poverty, health and well-being, mental health and substance misuse issues. In 2019-2020, they delivered support to 303 individuals over 753 visits. Project 6's provision created an estimated savings of £441,280 to the local economy by diverting people from local health and social care services.

Multi-Agency Support Team (MAST): Project 6 coordinates VCS partners to provide specialist alcohol liaison, mental health peer support, and older people's support based both in Emergency Departments and out in communities. This service is targeted at supporting the pressure point in the health system, specifically reducing frequent attendance and admissions at the Emergency Department in AGH and BDI. Between its inception in December 2019 and the end of March 2020, the team delivered 434 structured interventions for individuals.

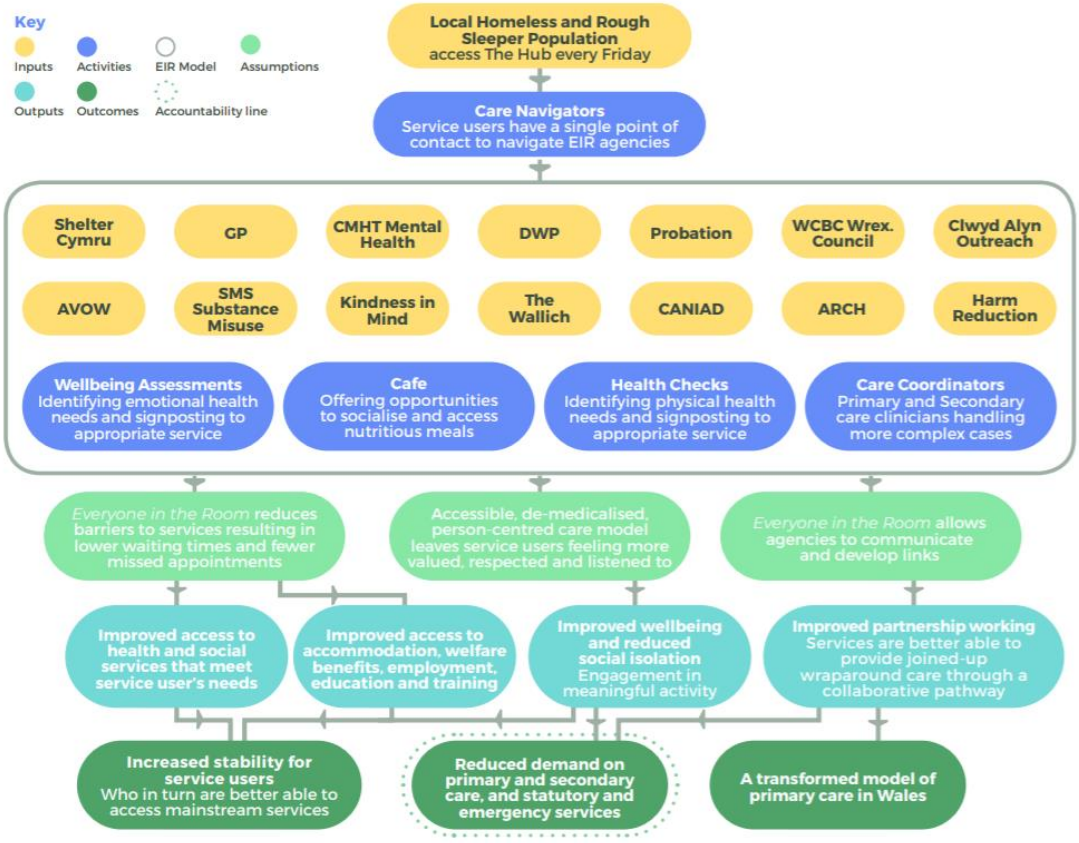
Community Care Collaborative: a multi-agency hub in primary care

Community Care Collaborative (CCC) is a social enterprise that aims to enable partnership working between the public, voluntary, and private sectors to deliver primary care in Wales, with a focus on those that are homeless, but open to all to help address multiple complex needs including mental health, physical health, substance abuse, housing, benefits, domestic violence, and probation. The Community Care Hub, opened by the CCC in 2018, brings together agencies such as GPs, mental health and substance misuse services, Department for Work & Pensions, housing and homeless services across all sectors of the community. Service provision is based on a holistic, person-centred **'Everyone in the Room'** model, which:

'offers open access services in one place, at one time, enabling the agencies to provide services efficiently and cost effectively [...] in a friendly, non-judgemental environment which encourages engagement, social interaction and the building of trust between agencies and homeless people leading to tangible positive outcomes'[31]

[31] https://ccc-wales.org/wp-content/uploads/2019/07/ccc-hub-evaluation-summary-2019-eng.pdf

The below figure is a more detailed outline of The Hub model from the 2019 impact report.



The Hub's approach has provided benefits including:

- Better awareness of services: co-location improved awareness of the range of services in the area both for service users and for delivery partners
- Making it easier for those with multiple needs to get help
- Reducing missed service appointments and reducing use of emergency services.[32]

Key learnings from their first year of operation (2018-2019) were:

- Improving service user cohort data and longitudinal data to understand how well they are addressing local demographics and need

[32] *Ibid*.

- Needing to design GDPR-compliant data sharing processes in order to facilitate data collection and sharing to produce an end-to-end understanding of service user journey
- Hub service users consistently cited dental services and legal advice as additional services they would like to see at the Hub

Royal Derby Hospital: effective liaison psychiatry in hospitals

In 2013, Derbyshire Healthcare NHS Foundation Trust set up a liaison psychiatry team at the Royal Derby Hospital. Liaison psychiatry (or psychological medicine) is the medical speciality concerned with the care of people presenting with both mental and physical health symptoms.[33] The service at Royal Derby Hospital focused treating addiction and mental health problems and joining up mental health, alcohol, and drug misuse services.

2019 impact data shows that the Royal Derby liaison psychiatry team successfully used a **Core 24 model** service (detailed in the next section) to:

- Decrease the average length of hospital stays by 1.16 days in the first two years of operation for all patient groups with mental health or substance misuse related diagnosis
- Develop a good relationship with the acute services and community substance misuse services, to create a quick referral process and data sharing agreements
- Strengthen links between substance misuse and mental health problems within the hospital. The integration of the liaison team's work within the hospital, and improved hospital staff training on these issues has fostered a greater sense that mental health and substance misuse is everybody's business.[34]

Key learnings included:

- Close working relationships between liaison, acute and community teams were essential

[33] https://mentalhealthpartnerships.com/resource/developing-models-for-liaison-psychiatry-services/
[34] https://www.gov.uk/government/case-studies/mental-health-and-substance-misuse-joined-up-services

- Having a research post on the liaison team helped build in the everyday evaluation of practice to ensure the service is efficient, high quality, and sustainable.
- Although some clinicians were apprehensive about what reconfiguring the service meant for their specialties, clinicians have been able to retain their specialties while developing a core set of generic skills and an ability to provide integrated care, resulting in a better quality of care for patients.[35]

The Core 24 model is based on the Rapid Assessment Interface and Discharge (RAID) model of liaison psychiatry. The Core 24 model one of the 4 effective models of liaison psychiatry developed by Mental Health Partnerships (NHS South West Clinical Networks) in 2014 that can be matched and optimised to local service pathways and demand. The Core24 model mainly serves emergency and unplanned care pathways (as opposed to the Enhanced24 which extends to support elective and planned care pathways where mental health problems co-exist.[36] Economic evaluation of a similar model in a Birmingham hospital showed reduced hospital stays and a cost to benefit ratio of more than 4 to 1.[37]

[35] *Ibid.*
[36] https://mentalhealthpartnerships.com/resource/developing-models-for-liaison-psychiatry-services/
[37] https://www.gov.uk/government/case-studies/mental-health-and-substance-misuse-joined-up-services

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DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	24th June 2021 Agenda item number 240621-11
2	Report Title	Mental Health and Alcohol and Drugs Needs Assessment
3	Date direction issued by Integration Joint Board	24th June 2021
4	Date from which direction takes effect	24th June 2021
5	Direction to:	NHS Greater Glasgow and Clyde and East Dunbartonshire Council jointly
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	Alcohol and Drug Partnership, Alcohol and Drug Recovery Service, Mental Health Teams and Commissioned Services under mental health and alcohol and drugs.
8	Full text of direction	The Integration Joint Board is asked to note the contents of the reports and approve the East Dunbartonshire Mental Health and Alcohol and Drug Needs Assessment as the underpinning framework to initiate and support the review and redesign of mental health and alcohol and drug services.
9	Budget allocated by Integration Joint Board to carry out direction	The direction is to improve the Needs Assessment as the framework to initiate and support the review and redesign of commissioned mental health and alcohol and drug services. No direction at this time in respect of budget allocation as not directing funds to service delivery at this point prior to review being undertaken.
10	Details of prior engagement where appropriate	Mental Health and Alcohol and Drug Needs Assessment was developed following wide consultation with stakeholders, third sector and staff and service users.
11	Outcomes	Redesign commissioned services across mental health and alcohol and drugs in the form of a new

		integrated, and inclusive service model. Utilising the key messages and recommendations the needs assessment to support prevention, early intervention and recovery orientated models of care; further supporting harm reduction, reduced offending, sustaining recovery, and enabling people to make a positive contribution to their communities.
12	Performance monitoring arrangements	Performance monitoring will be built into the commissioning, procurement and contract management process as an on-going concern. All contracts originating from the service redesign process will be expected to provide performance monitoring as standard.
13	Date direction will be reviewed	2023; process is anticipated to take 18-24 months

Agenda Item Number: 12.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Date of Meeting	**24th June 2021**
Subject Title	**Self Directed Support Implementation Plan 2021 - 2024**
Report By	**David Aitken, Interim Head of Adult Services**
Contact Officer	**Kelly Gainty, Adults and Community Care Support Worker** **Kelly.gainty@eastdunbarton.gov.uk** **Telephone: 0141 777 3300**
Purpose of Report	The purpose of the report is to provide the Board with the Self Directed Support (SDS) Implementation Work Plan 2021 – 2024 for information and approval.
Recommendations	The Integration Joint Board is asked to: a) Note the contents of the report, and Implementation Plan; and b) Approve the East Dunbartonshire SDS Implementation Plan
Relevance to HSCP Board Strategic Plan	Self Directed Support (SDS) is the legal, mainstream process for the delivery of social care packages to all eligible service users and carers. SDS supports the achievement of the HSCP Board's Strategic Priorities: Priority 2: Enhance the quality of life and supporting independence for people, particularly for those with long term conditions. Priority 4: Address inequalities and support people to have more choice and control. Priority 6: Promote independent living through the provision of suitable housing accommodation and support. Priority 8: Optimise efficiency, effectiveness and flexibility.

Implications for Health & Social Care Partnership

Human Resources:	East Dunbartonshire Council employs a member of staff within the HSCP who has responsibility for leading on the continued implementation of SDS.

	SDS funding from the Scottish Government continues to fund the local independent SDS Information, Advice and Support Service. There are no additional human resource implications for the Council or HSCP.
Equalities:	The HSCP's SDS Policy was subject to full EQIA assessment. The Implementation Plan 2021-24 replaces the current SDS strategy which ran to the 31 March 2021. The Implementation Plan operates in conjunction with the SDS Policy including Eligibility and Fair Access to Community Care Services all of which have received full EQIA assessments.
Financial:	Since the implementation of SDS in 2014, the Scottish Government has provided local authorities with direct funding which supports SDS models of social care provision. East Dunbartonshire Council received £89,000 during 2020-21 which contributed to the contracted funding required to provide an independent SDS information, advice and support service.
Legal:	'The Social Care (Self Directed Support) (Scotland) Act 2013 was enacted on 1 April 2014. It contains legal duties which determines that, any service user; child, adult or older person, irrespective of disability, is entitled to utilise SDS options to arrange and manage their support package. The introduction of the Carers Act on 1 April 2018 also means that any eligible carer is entitled to utilise the SDS options.
Procurement:	The various SDS options within the legislation involves procurement of support either independently by the customer or their legal representative, or the Council. All purchases of support remain within both the legal requirements of the SDS and Procurement legislation.
Economic Impact:	SDS brings opportunities to expand the social care market and continue to develop capacity to meet and respond to identified needs within East Dunbartonshire whilst sustaining opportunities for the employment locally of Personal Assistants.
Sustainability:	Ongoing response to monitor and adapt in response to future policy and other developments within the social care market.
Risk Implications:	Provision of SDS requires ongoing review of demand on existing services and balance between choice and the impact upon existing models of service delivery.
Implications for East	This three year Implementation Plan sets out the activities that the HSCP requires to undertake to ensure that SDS continues to

Dunbartonshire Council:	develop, and that our workforce are informed and can continue to fully support the enable the growth of SDS and customer choice.	
Implications for NHS Greater Glasgow & Clyde:	This three year Implementation Plan sets out the activities that the HSCP requires to undertake to ensure that SDS continues to develop, and that our workforce are informed and can continue to fully support and enable the growth of SDS and customer choice.	
Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	☒
	2. East Dunbartonshire Council	☐
	3. NHS Greater Glasgow & Clyde	☐
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	☐

MAIN REPORT

1. Background to the Implementation Plan 2021-2024:

1.1. East Dunbartonshire Health and Social Care Partnership's (HSCP) current SDS Strategy ended on 31 March 2021. The majority of the actions contained within the Strategy have been achieved, with a limited number of activities planned for the final year of the Strategy (2020-21) which remain outstanding as a direct impact of the COVID-19 pandemic being carried forward within the Implementation Plan 2021-2024.

1.2. East Dunbartonshire SDS Implementation Plan was updated in line with national guidance and the plan will cover the next three years (2021 to 2024), and reflected additionally within the main HSCP Strategic Plan.

2. The Uptake of SDS Options:

2.1. SIDS must be offered to anyone assessed as being eligible for formal supports following the completion of a Social Work Assessment.

Option 1 – a Direct Payment to the person
Option 2 – the person chooses their own support and the budget is managed by the local authority or a third party organisation
Option 3 – the local authority selects, arranges and manages the budet
Option 4 – a mixture of the above options

2.2. Early statistical data for 2019-2020 shows that there has been an increase across all but one of the SDS options between 2018-19 and 2019-20. The one option which has shown a decrease is Option 4 where a combined approach or mix of options is chosen, and this reduction is thought to be linked to reduced day care service provision for, particularly, learning disabled adults.

Option 1 – 2.25% increase
Option 2 – 5.5% increase
Option 3 – 3.5% increase
Option 4 – 4.0% increase

2.3. The increase in the three options show clear decisions being taken by service users and carers in terms of choice, flexibility and control over the delivery of their social care support.

3. HSCP milestone achievement in the delivery and implementation of SDS:

3.1. The development of the 'Individual Budget' report which informs the service user and carer about their annual social care budget. This supports us to meet our legal duty of providing information to the service users and carers regarding their 'relevant' budget, and allows for greater financial choice and independence. This was developed in April

2014 in preparation for the enactment of the legislation has continually been reviewed throughout the last seven years.

3.2. A full options appraisal was undertaken in February 2018 to consolidate the HSCP's continued use of an equivalency budget model for inclusion within the 'Fair Access to Community Care Services' Policy to ensure that personalisation and choice was enshrined within this new policy.

3.3. Development of reporting to ensure provision of both qualitative and quantitative data in April 2016. As our information systems have been updated we have reviewed how we have collected data to ensure consistency and enhanced reporting.

3.4. Each year, since April 2014, as part of a performance monitoring framework, statistical information has shown a steady increase in the uptake and in numbers of service users and carers choosing the SDS options.

3.5. Prior to the enactment of SDS legislation in April 2014, the Council contracted with a local third sector Direct Payments Information Service in order to ensure that the provision of information, advice and support relating SDS options was independently available and could support those accessing SDS. This partnership has continued to support those seeking to utilise SDS options and works very closely with the HSCP, and partner organisations, and was instrumental in assisting the HSCP with recent Covid 19 vaccination programme for Personal Assistants in East Dunbartonshire.

3.6. Access to locally based independent advocacy and carer support services.

3.7. As part of the previous implementation plan detailed policies and procedures for social work practitioners were produced in partnership with our Council colleagues in finance, procurement, commissioning and legal departments to ensure that our workers were more confident and knowledgeable better able to promote and encourage SDS options. A series of ongoing training event / programmes was developed to support these initiatives. The policies and procedures are regularly reviewed to ensure relevance and suitability across all SDS practices.

3.8. The development of online and paper based information resources relating to SDS that were produced in consultation with service users, carers, young carers, staff and third sector organisations, which has been updated to build in Covid 19 experiences of adults, carers and personal assistants, and enhanced signposting.

4. SDS Implementation Plan 2021-24

4.1 East Dunbartonshire HSCP's SDS Implementation Plan has fifty one actions identified across four outcome areas;

Outcome 1. All planning for change and measurement across Self Directed Support activities must involve the people, workers and the organisations affected.

Outcome 2. Decision makers and those supporting the SDS system create the culture and conditions for choice and control over social care support.

Outcome 3. Workers enable and empower people to make informed decisions about their social care support. Workers across all aspects of social care support exercise the appropriate values, skills, knowledge and confidence.

Outcome 4. People have choice and control over their social care support.

4.2 Summary of priorities within implementation plan;

a. Developing reporting systems further to better identify where individuals are achieving their identified outcomes through the use of the different SDS options.

b. Developing an enhanced assessment process and template to promote innovative thinking around personalisation which is outcome focused and explores community led support.

c. Exploring the reasons why service users and carers have chosen their preferred SDS option to help identify barriers affecting choice of option.

d. Explore, in partnership with Finance colleagues, user friendly processes for financial auditing activities associated with Option 1 (Direct Payments).

e. The use of technology to deliver future training and information sessions for staff, service users, carers, third sector organisations and other stakeholders.

f. Increased use of technology to meet administrative duties for example processing of direct payment contracts, direct payment bank accounts, personal assistant recruitment.

4.3 East Dunbartonshire HSCP's SDS Implementation Plan will be reported on to the HSCP Senior Management Team and the HSCP Board.

4.4 The Plan will support the HSCP to continue to meet the legal duties contained within the Social Care (Self Directed Support) (Scotland) Act 2013. The Scottish Government and Social Work Scotland are also in the process of implementing a recently approved SDS National Standards Framework. While this Framework is not a mandatory regulatory process, there will be an expectation that the HSCP adopt and utilise the national framework to quality assure their SDS practice and processes. The local Implementation Plan will support achievement of the standards contained within the Framework.

Appendix 1- Self Directed Support Implementation Plan 2021-2024

East Dunbartonshire Health & Social Care Partnership

Self Directed Support –Implementation Plan 2021 – 2024

SELF DIRECTED SUPPORT – IMPLEMENTATION PLAN 2021 – 2024

Ref No:	Action	Responsible	Priority	Status	Start Date	End Date	Notes
Outcome 1: All planning for change and measurement across Self Directed Support activities must involve the people, workers and organisations affected.							
Goal 1: Understand the impact of Self Directed Support on people who need support and their carers.							
1.1.1.	Introduction of New Support Plan Template	Community Care Teams/Carefirst Team/Services Manager	High (2021-2022)				
1.1.2.	Introduction of new Review of Support Plan Template	Community Care Teams/Carefirst Team/Services Manager	High (2021-2022)				
1.1.3.	Pilot the new Support and Review Templates with two Social Work Teams before wider training and distribution	Community Care Teams/Carefirst Team/Services Manager	High (2021-2022)				

1.1.3.	Roll out of new Support Plan and Review Templates to all Adult Community Care Teams	Community Care Teams/Carefirst Team/Services Manager	High (2021-2022)				
1.1.4.	Explore and develop qualitative consultation methods to establish customers' and carers' view on SDS processes.	Self Directed Support Lead Officer	Medium (2022-2024)				

Ref No:	Action	Responsible	Priority	Status	Start Date	End Date	Notes
Outcome 1: All planning for change and measurement across Self Directed Support activities must involve the people, workers and organisations affected.							
Goal 2: Relevant staff work in partnership with customers, carers and third sector organisations to develop community led supports for older people							
1.2.1.	Update current list of local community assets for older people	Local Area Co-ordinators (Older People)	High (2021-2024)				
1.2.2.	Work with third sector colleagues to identify capacity within existing	Local Area Co-ordinators (Older People)	High (2021-2024)				

	community assets for older people						
1.2.3.	Work with third sector colleagues and communities to identify unmet need and establish new community assets, including virtual assets, for older people	Local Area Co-ordinators (Older People)	High (2021-2024)				
1.2.4.	Work with third sector colleagues and communities to identify use of technology for virtual community assets for older people	Local Area Co-ordinators (Older People)	Medium (2022-2024)				

Ref No:	Action	Responsible	Priority	Status	Start Date	End Date	Notes
Outcome 1: All planning for change and measurement across Self Directed Support activities must involve the people, workers and organisations affected.							
Goal 3: Self Directed Support Business Development Group to meet twice yearly and involve all relevant organisations.							
1.3.1.	Agree membership for Self Directed Support Business Development Group	Self Directed Support Lead / Senior Management	High (2021-2022)				

1.3.2.	Invite relevant organisations to nominate representatives to participate in the SDS Business Development Group	Self Directed Support Lead / Third Sector Organisations	High (2021-2022)				
1.3.3.	Set up twice yearly SDS Business Development Meetings	Self Directed Support Lead	High (2021-2022)				
1.3.4.	Support Take Ctrl East Dunbartonshire to increase membership of the SDS Stakeholders Group.	Self Directed Support Lead / Take Ctrl East Dunbartonshire	Medium (2022-2024)				

Ref No:	Action	Responsible	Priority	Status	Start Date	End Date	Notes
Outcome 2: Senior decision makers and system create the culture and conditions for choice and control over social care support.							
Goal 1: Work with Social Work Practitioners to design more flexible, innovative support options.							
2.1.1.	Identify national examples of flexible, innovative.	Self Directed Support Lead Officer / Social Work and Health	Medium (2022-2024)				

		Practitioners / Third Sector Organisations					
2.1.2.	Identify local examples of flexible, innovative support.	Self Directed Support Lead Officer / Social Work and Health Practitioners / Third Sector Organisations	Medium (2022-2024)				
2.1.3.	Create a directory of examples of flexible, innovative support for inspiration	Self Directed Support Lead	Medium (2022-2024)				
2.1.4.	Support Social Work Practitioners to explore the 'Just Enough Support' concept during the support planning process.	Self Directed Support Lead / Team Managers / Social Work practitioners	High (2021-2022)				

Ref No:	Action	Responsible	Priority	Status	Start Date	End Date	Notes
Outcome 2: Senior decision makers and system create the culture and conditions for choice and control over social care support.							
Goal 2: The provision of an Option 2 provider framework supports choice and control							
2.2.1.	Introduce Option 2 Provider Framework	Planning, Development and Procurement	High (2021-2022)				
2.2.2.	Publicise availability of Option 2 Provider Framework	Self Directed Support Lead	Medium (2022-2023)				

Ref No:	Action	Responsible	Priority	Status	Start Date	End Date	Notes
Outcome 2: Senior decision makers and system create the culture and conditions for choice and control over social care support.							
Goal 3: Direct Payment contracting processes embrace technology to ensure timeous and less intensive administrative resources							
2.3.1.	Formalise on line contracting for Direct Payments	Self Directed Support Lead Officer / Planning and Development Section / Legal Services	Medium (2022-2023)				

Ref No:	Action	Responsible	Priority	Status	Start Date	End Date	Notes
Outcome 2: Senior decision makers and system create the culture and conditions for choice and control over social care support.							
Goal 4: Introduction of a 'Schedule of Rates' in line with the Fair Access and Self Directed Support Policies							
2.4.1.	Develop a 'Schedule of Rates' across all support type services and customer groups	Planning and Development / Finance	High (2021-2022)				
2.4.2.	Update all relevant staff on the use of the Schedule of Rates for each option	Services Managers / Team Managers / Self Directed Support Lead Officer	High (2021-2022)				

Ref No:	Action	Responsible	Priority	Status	Start Date	End Date	Notes
Outcome 3: Workers enable and empower people to make informed decisions about their social care support. Workers across all aspects of social care support exercise the appropriate values, skills, knowledge and confidence.							
Goal 1: Social Work practitioners hold 'Good Conversations' with customers and carers.							
3.1.1.	Seek authorisation for the resourcing of 'Good Conversations' training for social work practitioners	Self Directed Support Lead / Senior Management Team	Medium (2022-2023)				

3.1.3.	Explore training resources for delivering 'Good Conversations' training for social work practitioners.		Medium (2022-2024)				
3.1.4.	Re-invigorate the use of the 'Good Conversations' Cards	Self Directed Support Lead / Service Manager / Team Managers and Teams	Medium (2022-2023)				

Ref No:	Action	Responsible	Priority	Status	Start Date	End Date	Notes
Outcome 3: Workers enable and empower people to make informed decisions about their social care support. Workers across all aspects of social care support exercise the appropriate values, skills, knowledge and confidence.							
Goal 2: Social Work practitioners support customers and carers to identify personalised outcomes.							
3.2.1.	Seek authorisation to resource outcomes training for social work practitioners	Social Work Training Group / Senior Management Team	Medium (2022-2023)				
3.2.2.	Identify outcomes training resources	Social Work Training Group / Self Directed Support Lead Officer	Medium (2022-2023)				

3.2.3.	Deliver outcomes training via face to face and on line methods	To be sourced.	Medium (2022-2024)				

Ref No:	Action	Responsible	Priority	Status	Start Date	End Date	Notes
Outcome 3: Workers enable and empower people to make informed decisions about their social care support. Workers across all aspects of social care support exercise the appropriate values, skills, knowledge and confidence.							
Goal 3: Social Work practitioners have access to appropriate tools that enable and embed good conversations, outcome focused goals and community led support.							
3.3.1.	Benchmark alternative assessment tools	Assessment Working Group to be established	Medium (2022-2023)				
3.3.2.	Develop local assessment tool	Assessment Working Group	Medium (2022-2023)				
3.3.3.	Liaise with Council Officers re available technology, layout and provision of data.	Assessment Working Group / Carefirst Team / Performance Management Team	Medium (2022-2023)				
3.3.4.	Deliver training to social work practitioners re new Assessment tool	Assessment Working Group / Services Manager / Team Managers	Medium (2022-2023)				

3.3.5.	Roll out new assessment tool.	Services Manager and Team Managers	Medium (2022-2023)				
3.3.6.	Liaise with Third Sector Organisations regarding use of new assessment tool	Assessment Working Group	Medium (2022-2023)				
3.3.7.	Review and update Assessment and Support Management Procedures for staff in line with introduction of new Policies and Assessments/Support Planning and Review tools.	Self Directed Support Lead/Community Care Improvement Group	High (2021-2022)				

Ref No:	Action	Responsible	Priority	Status	Start Date	End Date	Notes
Outcome 3: Workers enable and empower people to make informed decisions about their social care support. Workers across all aspects of social care support exercise the appropriate values, skills, knowledge and confidence.							
Goal 4: Social Work and Health practitioners are confident and knowledgeable about Self Directed Support principles, values and processes							
3.4.1.	Set up regular training session for self directed support principles and values using	Self Directed Support Lead Officer	High (2021-2024)				

	on line and face to face methods						
3.4.2.	Set up regular training sessions for self directed support operational procedures using on line and face to face methods	Self Directed Support Lead Officer	High (2021-2024)				
3.4.3.	Explore the development and use of e-modules for Self Directed Support Training	Self Directed Support Lead Officer / Organisational Development Section	Low (2023-2024)				
3.4.4.	Bi-annually review and update Self Directed Support Operational Procedures	Self Directed Support Lead Officer	Medium (2022-2024)				

Ref No:	Action	Responsible	Priority	Status	Start Date	End Date	Notes
Outcome 4: People have choice and control over their social care support.							
Goal 1: People have access to information in a variety of formats that supports them in their decision making.							
4.1.1.	Bi-annually review Self Directed Support leaflets and on line content	Self Directed Support Lead Officer	Medium (2022-2024)				

4.1.2.	Produce a Self Directed Support Newsletter publication annually	Self Directed Support Lead Officer	Medium (2022-2024)				
4.1.3.	Feature examples of innovative support in each newsletter	Self Directed Support Lead Officer	Medium (2022-2024)				
4.1.4.	Develop a web based section on SDS page providing examples of innovative support	Self Directed Support Lead Officer	Low (2023-2024)				
4.1.5.	Feature a customer or carer's own experience of self directed support in each newsletter	Self Directed Support Lead Officer	Medium (2022-2024)				
4.1.6.	Liaise with independent SDS support service to identify technological solutions for recruitment and auditing processes	Self Directed Support Lead Officer / Independent SDS Information, Advice and Support Service	Medium (2022-2024)				

Ref No:	Action	Responsible	Priority	Status	Start Date	End Date	Notes
Outcome 4: People have choice and control over their social care support.							
Goal 2: The HSCP alongside third sector organisations identifies local Self Directed Support champions							
4.2.1.	Liaise with local third sector organisations to identify SDS champions	Self Directed Support Lead Officer / Third Sector Organisations	Low (2022-2024)				
4.2.2. 4.2.3.	Establish an annual meeting of Self Directed Support champions	Self Directed Support Lead Officer / Third Sector Organisations / SDS Champions	Low (2022-2024)				
4.2.4.	Encourage SDS champions to participate in training sessions for staff regarding self directed support experiences.	Self Directed Support Lead / Third Sector Organisations / SDS Champions	Low (2022-2024)				

Ref No:	Action	Responsible	Priority	Status	Start Date	End Date	Notes
Outcome 4: People have choice and control over their social care support.							
Goal 3: Third Sector Organisations and Social Care Providers are confident and knowledge able about Self Directed Support							
4.3.1.	Offer information awareness and training sessions to third sector organisations in a variety of formats	Self Directed Support Lead Officer / Third Sector Organisations	Low (2022-2024)				
4.3.2.	Offer information awareness and training sessions to private and voluntary social care providers	Self Directed Support Lead Officer / Planning and Development Section / Social Care Providers	Low (2022-2024)				

Ref No:	Action	Responsible	Priority	Status	Start Date	End Date	Notes
Outcome 4: People have choice and control over their social care support.							
Goal 4: Customers and Carers are confident and knowledgeable about Self Directed Support							
4.4.1.	Explore alternative ways of providing information awareness sessions to customers and carers.	Self Directed Support Lead Officer / Independent SDS Information, Advice and	Medium (2022-2024)				

		Support Service					
4.4.2.	Establish regular provision of information awareness sessions for customers and carers	Self Directed Support Lead Officer / Independent SDS Advice and Information Service / Carers Link / Ceartas Advocacy	Medium (2022-2024)				
4.4.3.	Promote, in partnership with third sector organisations, the uptake of SDS options to meet Carers' needs.	Self Directed Support Lead Officer / Independent SDS Advice and Information Service / Carers Link / Ceartas Advocacy	Medium (2022-2024)				
4.4.4.	Qualitative and quantitative performance management data regarding the uptake and trajectory of the	Self Directed Support Lead Officer	Medium (2021-2024)				

	use of SDS options is recorded and reported annually.						

DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	24th June 2021 Agenda item 240621-12
2	Report Title	Self Directed Support (SDS) Implementation Plan 2021-2024
3	Date direction issued by Integration Joint Board	24th June 2021
4	Date from which direction takes effect	24th June 2021
5	Direction to:	NHS Greater Glasgow and Clyde Health Board and East Dunbartonshire Council.
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	Provision of Self Directed Support
8	Full text of direction	East Dunbartonshire IJB directs NHS Greater Glasgow and Clyde, and East Dunbartonshire Council to implement delivery of the Self Directed Support Implementation Plan 2021-2024 to achieve the priorities and outcomes identified within Section 4 of the report.
9	Budget allocated by Integration Joint Board to carry out direction	No direction in terms of budget allocation which is provided in accordance with assessed need from core funding.
10	Details of prior engagement where appropriate	East Dunbartonshire Self Directed Support implementation Plan was drafted in partnership with adults in receipt of SDS, carers, stakeholders and third sector providers.
11	Outcomes	Outcomes as identified within Section 4 of the report.
12	Performance monitoring arrangements	HSCP SMT, HSCP Adult Services Steering Group, and IJB.
13	Date direction will be reviewed	Prior to conclusion of Implementation Plan

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer
Caroline Sinclair

Agenda Item Number: 13.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**24th June 2021**
Subject Title	**East Dunbartonshire Primary Care Improvement Plan**
Report By	**Derrick Pearce, Head of Community Health and Care Services** **Derrick.Pearce@ggc.scot.nhs.uk** **Tel : 0141 232 8216**
Contact Officer	**Gillian Notman, Change and Redesign Manager** **Gillian.Notman@ggc.scot.nhs.uk**
Purpose of Report	This report provides an update to the Health and Social Care Partnership Board on the East Dunbartonshire Primary Care Improvement Plan (PCIP) Implementation Tracker. This was submitted by the HSCP on the 31 May 2021 to the Scottish Government. The Implementation Tracker is used to provide assurance that implementation is progressing as set out in our Primary Care Improvement Plan (PCIP).
Recommendations	It is recommended that HSCP Board members: a) Note progress against the key commitments in the new GMS contract and Memorandum of Understanding; and b) Note the remaining challenges in terms of overall affordability, workforce and premises.
Relevance to HSCP Board Strategic Plan	The new GP contract has significant impacts on the delivery of HSCP services, partly in the redesigning of services, recruitment/training of new staff as well as the management of whole system changes and as such has relevance to all Strategic Plan priorities.

Implications for Health & Social Care Partnership

Human Resources:	The PCIPs continue to require recruitment of a significant additional workforce and new and extended roles across multiple professions. Some multi-disciplinary team (MDT) staff working within practices were redeployed as part of the initial and ongoing Covid19 response.

Equalities:	There has been an inequality of implementation of the services as this is a phased roll out. Accommodation within some practices is not fit for purpose which has impacted on where MDT staff have been placed. Patients will not currently receive all services, but the plan describes the HSCPs aims for placing extended multi-disciplinary teams in to practices and clusters.		
Financial:	The Primary Care Improvement Plan is funded through the Primary Care Investment Fund. Potential challenges in delivering all required commitments within available funding are highlighted in this paper. Financial trajectory is submitted as an appendix.		
Legal:	There are no legal issues within this report.		
Economic Impact:	There are no economic issues within this report.		
Sustainability:	The PCIP is intended to facilitate increased sustainability for local GP practices. Refocusing of the primary care model will require the HSCP to support and deliver through service redesign.		
Risk Implications:	There are continued risks around lack of accommodation, challenges with recruitment, infrastructure and budget requirements. These are managed through the HSCPs Primary Care Implementation Planning group.		
Implications for NHS Greater Glasgow & Clyde:	The new GMS contract will impact how community services are delivered throughout the Health Board. Consistent messages on redesign of primary and community services should ensure the patient population of NHSGGC have analogous expectations.		
Implications for East Dunbartonshire Council:	None		
Direction Required to Council, Health Board or Both:	**Direction To:**		
	1.	**No Direction Required**	☐
	2.	**East Dunbartonshire Council**	☐
	3.	**NHS Greater Glasgow & Clyde**	☒
	4.	**East Dunbartonshire Council and NHS Greater Glasgow and Clyde**	☐

MAIN REPORT

Delivering the 2018 General Medical Services Contract - Update on the Primary Care Improvement Plan May 2021

1. Background Information

1.1. In 2016 the Scottish Government and the British Medical Association (BMA) published a new GP contract. This included a Memorandum of Understanding (MOU) for services to be delivered by either HSCPs or by Health Board centralised teams. These multi-disciplinary teams (MDT) would be created, working with practices to deliver primary care services.

1.2. The essential contractual commitments to be delivered are the transfer of responsibility for vaccination and immunisation delivery (Vaccination Transformation Plan (VTP), a comprehensive range of Pharmacotherapy Services through provision of a practice support pharmacy team and a Treatment room service.

1.3. Additional requirements were to develop Urgent Care to initially focus on new advanced practice roles to undertake home visits and other urgent care, Wellbeing Workers and other professional roles such as MSK physiotherapy and Mental Health Workers.

1.4. These commitments have been further strengthened by the joint letter from SG/BMA received on the 2 December 2020. They reiterated that their 'experiences and those of the wider system during the pandemic have confirmed to us that the principles and aims contained within the Contract Offer remain the right ones - collaborative multi-disciplinary teams working alongside GPs in their role as Expert Medical Generalists to manage patients in their own community'.

1.5. The HSCP's Primary Care Improvement Plan (PCIP) sets out how we will use the available resources to deliver and support improvements to patient care. The HSCP is asked biannually to submit a 'stocktake' return on a realistic assessment of likely progress, along with an understanding of funding requirements and any other common barriers. The impact of Covid has meant that the contractual commitments have been extended to March 2022.

1.6. This Implementation Tracker was developed with GP Subcommittee representatives as a shared assessment of progress and expected position. Our plan continues to be developed with local engagement with practices and clusters to inform the models and approaches in place and ensure these are flexible to meet local needs. This tracker form required formal signoff by Local Medical Committee Representatives before submission to Scottish Government on the 31 May 2021.

2. Headline Messages

2.1. There continues to be significant progress across the MOU priority areas. The extended Multidisciplinary Teams continue to mature in their role and remit to support general practice provision. In the areas where there is a clear associated commitment to change in responsibility for service delivery - Pharmacotherapy, VTP and Community Treatment and Care services (CTAC),

all practices will have access to these three services by March 22 on a full or partial basis

2.2. **Pharmacotherapy**

a. Where we are
All GP practices currently have access to the Prescribing Support with approximately a 0.8wte ration per 5,000 registered patients

b. Current Position of implementation
Approximately 35% towards full delivery

c. Position by March 2022
All practices will have access to pharmacotherapy support which will partially meet each of Levels 1-3 as set out in the General Medical Services contract. If funding was available for the planned recruitment, the service delivery would increase to 40% to all practices.

d. Projected position
The current service model needs to be re-evaluated to look at maximising effective use of resources both in practice and taking into account remote / centralised working. The HSCP proposes to set up a single Pharmacotherapy Hub to develop a model to do process remodelling in practice, and move towards process commonality which should improve efficiency. This modification could allow delivery of up to 60% of level 1 pharmacotherapy activity if efficiencies are maximised and allow for pharmacists to deliver level 2 and level 3 activity across all practices.

e. Planned spend for 2021/2022 – £954,418

f. Total spend to date - £1,908,647

g. Implications for overall delivery
Moving forward with a limited resource model will result in:-

- A partial access to Pharmacotherapy services. The consequences of this could be a failure to shift workload away from GPs.
- Work continues to identify the gaps between potential delivery and the range of tasks as detailed in the contract.
- Financial challenges will impact on recruitment, particularly for the introduction of Pharmacy Support Workers
- Limited availability of suitably qualified pharmacist & technicians as required by NHSGGC.
- Lack of space within some GP practices to support the different professions delivering on the GP contract.

2.3. **Vaccination Transformation Plans (VTP) (costs are for staffing only)**

a. Where we are
The overall national VTP programme has been extended to 2022. Pre School, school based, Out of Schedule & Housebound flu vaccination programmes have been implemented in full for all Practices. Flu vaccinations for over 65 year olds and newly eligible cohorts were provided by the HSCP in 2020 and we are in the early stages planning for the 2021 flu season.

b. Position by March 2022
Extension of flu vaccinations to all aged over 18. Shingle inoculations cannot be transferred until a new vaccine becomes available.

c. Projected position
Limited progress has been made on Travel vaccinations and advice, which is awaiting further progress at a national level.

d. Planned spend for 2021/2022 **–** £527,385

e. Total spend to date - £1,067,061 – this includes cost for accommodation

f. Implications for overall delivery
- The HSCP does not have enough treatment rooms to deliver the requirements of the VTP. Due to the pandemic we benefited from the acquisition of community venues. These would usually be in demand by community groups. In the future, this may not be an option
- The practicalities of delivering a large, time limited service over a three month period. Clarity is still required around Covid vaccinations (not directly part of PCIP) for 2022.
- Recurrent costings for the flu element of VTP are still unknown.

2.4. **Community Treatment and Care service (CTAC)**

a. Where we are
There has been a significant delay in the implementation of CTAC services. Currently there are 4 practices which have partial coverage with 2 others having minimum coverage. (24% of the total HSCP population). The lack of accommodation within the Bishopbriggs & Auchinairn cluster has resulted in the HSCP moving towards a single point of access hosted model for both treatment room and phlebotomy services.

Initial review of model:

- The model does not emulate the service patients receive from their own practice.
- Accommodation does not and will not meet the demands for the service.

One of the practices has formally written to the HSCP to request the withdrawal from the agreed hosted model. They have expressed their concerns on the nature and quality of the service and are of the opinion that the treatment room and phlebotomy services would be better managed and delivered by practice employed staff. With reference to the Joint letter from SG/BMA (2nd December 2020, the HSCP is seeking advice and input from the Director of Primary Care and our Local Medical Committee (LMC) representative on the transitional funding arrangements and whether practices have an option to withdraw from an HSCP devolved service.

b. Projected position
The planned roll out to Kirkintilloch/Lennoxtown cluster will not commence until the model is more robust in its delivery. This service is likely to be partial in its delivery due to lack of accommodation and sufficient staffing required for full implementation.

c. Position by March 2022
If funding available for recruitment, as reported in tracker for 2021/22, there could potentially be 60% of service delivery across the HSCP. With current funding there could be 40% service coverage. This is because we have recruited more staff than required for Bishopbriggs & Auchinairn cluster.

d. Implications for overall delivery
The lack of availability of suitable premises and instability/insufficiency of those provided by GP practices continues to be the most significant barrier to implementation of the service model and this has been a key factor in the delay in further cluster roll out. Whilst work at HSCP, cluster and practice levels has been significant and remains ongoing and solution-focused, the CTAC service will not be implemented within the Bearsden & Milngavie cluster by March 2022.

e. Planned spend for 2021/2022 - £646,346

f. Total spend to date - £1,265,190

3. MOU Priority Areas

These are described as 'additional professional roles' rather than core commitments.

3.1. Urgent Care – Advance Nurse Practitioner (ANP)

Around half of our practices have access to Advance Nurse Practitioner support which primarily focuses on home visiting and practice based clinics. There are an additional five trainee ANPs who will be fully qualified by March 2022. Due to the available funding, this will complete the recruitment to this service. This status of this work stream remains partial in its delivery. The ANPs were an invaluable resource during the pandemic, initially supporting the set up and clinical staffing of the Covid assessment centre. They were also able to offer clinical support to Care Homes during outbreaks in local Care Homes. The ANP service is currently scoping a triage model following feedback from GPs.

Planned spend for 2021/2022 – £517,860

Total spend to date - £910,173

Key points

- Finance does not allow us to develop critical mass of staff to cover annual / sick leave.
- There has been challenges for some practices to commit to mentorship of ANPs, which could be problematic in the future.

3.2. Advance Practice Physiotherapists (APP)

Embedding APPs in the practices multidisciplinary teams has provided patients with a safe and effective alternative to GP consultations. Patients have reported high levels of satisfaction in seeing a specialist clinician who is able to fully assess, diagnose and manage their MSK condition. Practices with an APP are changing the patient flow to route them phoning with a muscle or joint problem to the APP as an alternative to a GP consultation, thus directly releasing GP

capacity. Following on from changes in response to Covid 19, APPs are now using a variety of consultation methods including face to face, telephone and video consultations. This has brought an opportunity to rethink the current model of service delivery and include consideration of remote working option

Planned spend for 2021/2022 – £280,752

Total spend to date – £815,417

Key points

- No critical mass of staff to provide cover for sick / annual leave
- Accommodation is a significant barrier for some practices.
- At present no further recruitment of APPs is planned through PCIP, due to both funding limitations and availability of suitably qualified workforce so as to not de-stabilise the mainstream physiotherapy services.

3.3. Community Wellbeing Service

The Community Wellbeing Service has responded well to the challenges raised by Covid19 in terms of service delivery from in-practice support to digital and telephone support. Moving forward, the delivery model will be evaluated to explore the number of patients who refer back to practices for support to deal with wellness issues.

Planned spend for 2021/2022 - £80,000
Total spend to date - £180,000

Key points

- There continues to be an inconsistent uptake of the service across all clusters. Those practices within the more deprived areas show a higher referral rate. This reflects national evidenced based research.
- The service should dovetail with the development of the Mental Health Practitioner posts

3.4. Mental Health Practitioner Posts

We have been allocated Action 15 funding to develop two Mental Health Practitioner posts (fixed term) to sit in primary care. We plan to test a model for Mental Health Practitioners in one clusters. The service would aim to provide a first point of access for patients, at least initially restricted to adults, who present with a mild to moderate mental health need who would otherwise, traditionally, have been managed in primary care. The purpose of this post is not to replace current mental health services but to create an alternative gatekeeper to the GP.

Projected cost - £144,902 - this includes costing for 1.0 wte leadership, however actual requirement for test for change may be a proportion of this.

Key points

- Planning and recruiting to these posts will take some time.

3.5. Specific Issues and Concerns

a. Community Treatment and Care

A stock take has been undertaken to determine the status of each GGC CTAC service. Most HSCPs are providing 100% coverage, East

Dunbartonshire is currently sitting with a 24% roll out. In addition to significant premises pressures which remain the main rate limiting factors other factors include eHealth system challenges, workforce and funding.

b. Funding
As highlighted in the January 2021 return, identified funding gaps remain for planned and full delivery. Estimates on the costs of VTP and CTAC provision suggest that this will account for a substantial amount of available funding. Currently PCIP funding is at a breakeven point which will not allow for further recruitment this year. Any funding accrued from vacancies could be prioritised to the MOUs where there are pressures in service delivery. This significantly impacts on the HSCPs commitment towards to ethos and delivery of the GP contract.

c. Accommodation
Having limited HSCP premises has caused significant pressures on the type of service models which can be effectively and safety implemented. It has also impacted on the consolidation of the MDTs within practices. The LMC have been supportive with these challenges. They have been clear that PCIF was never intended to fund infrastructure, however, given the acute lack of accommodation, they have agreed that underspend of PCIF can be used to support treatment room developments.

Finance scoping suggests that this could provide 50% funding for our accommodation requirements. The HSCP is working with the board wide capital planning team to explore options from additional funding sources. The development of a board wide HSCP property strategy is welcomed. Without additional funding for accommodation, it will be impossible to provide even partial access (for all practices) for some of our MOUs & additional professional roles.

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer
Caroline Sinclair

Appendix 1

MoU Progress

2.1 Pharmacotherapy	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices with NO Pharmacotherapy service in place	0	0	0	0	0	0
Practices with Pharmacotherapy level 1 service in place	0	16	0	0	16	0
Practices with Pharmacotherapy level 2 service in place	10	6	0	0	16	0
Practices with Pharmacotherapy level 3 service in place	13	3	0	13	3	0

What assumptions are you using to determine full delivery, and what specific barriers are you facing in achieving this?

Boardwide Response

Recruitment of pharmacy staff continues where funding available. Work is underway to determine a standardised service which can be provided to all practices from the available staffing and funding rather than, as at present, a variable model determined by the main identified priorities in each practice. Work continues to identify the gaps between potential delivery and the range of tasks as detailed in the contract. The major barriers to full delivery remain funding and availability of professionally qualified workforce. Pharmacists were added to the Home Office's shortage occupation list in March 2021. A cohort of pre-registration pharmacy technicians has been recruited who are undertaking a 2 year training programme supported by acute and community pharmacy to enable completion of the required training. Further cohorts will be required in future years, recognising that these staff will require support during training from existing staff. Skill mix is regularly reviewed to ensure maximum delivery.

Local HSCP Response

All pharmacy teams across NHS GG&C and a significant number of other health boards have been working with the ratio of 2 wte / 5000 pts to fully deliver pharmacotherapy. This figure was established following pilot work in Inverclyde, NHS Tayside and other areas. For East Dunbartonshire HSCP that would mean a potential total staffing requirement of 43.5 wte. The skill mix we are aiming for within the workforce projections is 50% pharmacist, 40% technician and 10% support worker. This modelling has been agreed by the Scottish Practice Pharmacist and Prescribing Advisors Association (SPPAA), who act as a national body for practice based pharmacy, and have been endorsed by the Scottish NHS Directors of Pharmacy. This would equate as follows:

- Pharmacists: 22.0 wte
- Technicians + Support Workers: 21.5 wte

All Health Boards pharmacy teams in Scotland have been asked to return a pharmacotherapy deep dive scoping exercise to Scottish Government in addition to the PCIP trackers. Clarity is required at a national level about the deliverability of pharmacotherapy, in what the contract is actually asking, how it will be funded, how we will develop a suitable workforce, how we will engage GP practices to make the changes they need to do to help deliver pharmacotherapy etc.

There is a National / Boardwide push to transition individuals who receive a repeat prescription towards an annual electronic prescription. This will support patient centred care. In addition this will reduce footfall within the practices, therefore keeping staff and patients safe.

Of note - not all pharmacists are independent prescribers. Pharmacists have a limited selection of bodies who can indemnify them to sign prescriptions. Concerns have been noted locally around where the responsibility lies in terms of signatures attached to prescriptions. The GMC and BMA have also explicitly expressed that the responsibility of medications via prescription is the sole responsibility of the GP. This requires to be discussed at a national level.

2.2 Community Treatment and Care Services	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices with access to phlebotomy service	10	6	0	6	10	0
Practices with access to management of minor injuries and dressings service	10	6	0	6	10	0
Practices with access to ear syringing service	10	6	0	6	10	0
Practices with access to suture removal service	10	6	0	6	10	0
Practices with access to chronic disease monitoring and related data collection	10	6	0	6	10	0
Practices with access to other services	N/A	N/A	N/A	N/A	N/A	N/A

What assumptions are you using to determine full delivery, and what specific barriers are you facing in achieving this?

Boardwide Response

As is the case across Scotland, NHSGGC partnership areas all had different starting points and have developed accordingly. All GG&C HSCPs have at least an element of CTACS up and running. Glasgow City HSCP has 100% of practices able to access CTAC but there is less coverage in other areas. A standardised interventions list and core service specification for CTAC has been developed and is being used across GG&C. A suite of agree clinical SOPs have been developed and adopted. All GGC CTACS have been impacted by the covid-19 pandemic with staff necessarily deployed to support other services and CTAC treatment rooms having been used in some places for other functions (e.g. assessment centre). There is therefore a resultant delay to the implementation timescales for CTACS across GG&C. A stock take has been undertaken to determine the status of each GGC CTACS and to determine common issues which require to be addressed. The 6 GGC HSCPs seek to move in step with each other in relation to CTACS development and continue to collaborate closely. All areas are experiencing varying degrees of significant premises pressures which remain the main rate limiting factor to CTACS roll out alongside eHealth system challenges, workforce and funding.

Local HSCP Response

Assumptions

* Full delivery model was planned using agreed Boardwide wte: population.
* Using this model, East Dunbartonshire has always assumed that CTAC service could not be fully implemented due to accommodation, finance & staffing issues.
* East Dunbartonshire HSCP's was additionally challenged in the sense that there had not been any existing community treatment room service prior to the new GP contract.

Barriers

There has been a significant delay in the implementation of the CTAC service. During the first and second phase of the pandemic, the HSCPs ability to deliver on multiple agendas was challenging and this affected some of the timescales for planning the delivery and transfer of treatment room activities from GP Practices. Accommodation seems to be a greater challenge post pandemic, thus our ability to deliver CTAC in line with plans developed pre-pandemic has been considerably affected. The CTAC service has been predominantly rolled out in one of the three clusters. In August, CTAC was reintroduced back to the practices. Appointment times were increased to allow

appropriate cleaning measures were taken. Recruitment for the roll out of CTAC to the second cluster (Kirkintilloch & Lennoxtown) has been stalled due to staff retention issues within the first cluster (Bishopbriggs & Auchinairn).

The initial model within the Bishopbriggs & Auchinairn cluster was an allocation to individual practices. An evaluation highlighted various issues including the lack of consistency in Practice expectations and individual practice policies / process which impaired the development of a standardised service, governance issues around using practice systems to appoint and lack of accommodation for clinical rooms, peer support and touchdown space. There was an agreement to remodel the service as a hosted model across the four practices. The advantages of this included a centralised referral management system which could facilitate a wider range of appointment days/times for patients throughout the week, improved and more effective utilisation of staff to support the demand and capacity in a flexible manner and a more consistent approach to interventions. The testing of this model is underway. Feedback from GP partners is helping to adapt and correct issues which have arisen. The HSCP has however recently received formal communication from 1 GP Practice who is unsatisfied with the quality of service provided with the revised model. Within the communication they note their intention on withdrawing from the service. This will significantly impact on the accommodation and the service model developed required to deliver the service within this GP Cluster.

Current Boardwide planning in relation to staffing required for populations does not provide a realistic assessment of demand. The HSCP requires to do additional scoping on demand within the 3 GP clusters to mitigate issues experienced within the first GP Cluster. Having limited HSCP premises has caused significant pressures on the type of service model which can be effectively and safety implemented. It has also impacted on the consolidation of the CTAC team within the wider HSCP community nursing team and as part of the MDT within practices. We have continually highlighted our concerns on lack of suitable accommodation at both Board wide and national forums. The LMC have been very supportive with these challenges. The LMC have noted that PCIP funding was not to be used to funding premises or infrastructure, however, given the acute lack of accommodation, they have agreed that some available underspend can be used. It was agreed that there would be no flexibility in use of this funding beyond the end of the 21-22 year. Without additional funding for accommodation, it will be impossible to provide even partial access for the remaining clusters. We are working with capital planning to explore options but dialogue with them is slow, bureaucratic and inconsistent.

The HSCP had planned to introduce elements of the CTAC service to the Kirkintilloch and Lennoxtown cluster by March 2021, however, given the issues arising within the Bishopbriggs & Auchinairn cluster there is a need to further test the model is prior to expansion. We are committed to ensuring that the service already in place for practices is continued and that nothing we have taken away from practices will be returned to them. We are also committed to ensuring we pick up increased domiciliary bloods/ BP, however, there has been a significant increase in the demand for both normal and housebound phlebotomy services.

Due to issues highlighted above the HSCP will be unable to implement full service by March 2022. Realistically by March 2022, due to financial restrains and accommodation issues, the HSCP will only be able to implement a partial service for 10 out of 16 practices. The remaining cluster (6 GP Practices) will not have access to a CTAC service. Despite continuous reporting on these issues at a local, Board and National level there has been no resolution to the financial and accommodation issues. This means that there is no options to develop service from partial to full for all 3 clusters.

Financial scoping of PCIP funding highlights that the agreed budget for 2021/2022 will only cover commitments to current services. This means that our plans for consolidation and expansion of our work streams stated in our tracker forms cannot happen. For CTAC this will mean:-

- The projected 4wte TRN and 4wte HCSW posts will not be able to be recruited to implement CTAC within Kirkintilloch & Lennoxtown cluster
- There will be no possibility to extend to Bearsden/Milngavie cluster due to lack of accommodation and no funding to recruit. This will mean that CTAC will only be partially implemented within East Dunbartonshire.
- Significant adaptions to model roll out – If stated levels remain static due to funding issues then roll out to second cluster will bring minimum transfer of treatment room activities away from practice.

• Suggestions to be considered around workforce capacity include:-
o Specialist clinics – ear irrigation / syringing , complex wound management or other non-regular intervention
o Treatment room or phlebotomy service only

It is important to note that most HSCPs in GG&C are providing 100% CTAC coverage, East Dunbartonshire is currently sitting at 24% coverage due to the issues highlighted above.

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

What assumptions are you using to determine full delivery, and what specific barriers are you facing in achieving this?

Board wide Narrative
Standing down of NHSGGC VTP board during covid means that we do not currently have clarity on a board wide approach to adult vaccinations or associated costs.

Local HSCP Narrative
Preschool, School based & Out of Schedule implemented in full for all Practices within East Dunbartonshire HSCP. The HSCP have delivered flu vaccines to patients who are housebound & Adults over 65. Maternity services will deliver flu vaccines to all pregnant women. Travel being organised by Board wide service.
The remaining VTP vaccinations / injections to be implemented will be determined by the Board.
Learning from local flu and covid vaccination approaches makes it clear that planning, managing, funding and delivering at HSCP level is unsustainable. Due to the pandemic we had easy access to large venues and a willing cohort of staff do undertake vaccinations as a result of stalling or displacement of community services. Additional funding streams supported the overall cost of delivery including accommodation. Increased demands on VTP already include bigger venues to accommodate social distancing, additional flu cohort numbers and covid booster vaccinations.
Funding requirements to VTP delivery for 2021/2022 remain unclear. Once this has been identified, this will severely impact on the HSCPs ability to deliver on the 3 main priorities as well as investing in the extended MDT.

2.4 Urgent Care Services	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices supported with Urgent Care Service	5	11	0	0	16	0

What assumptions are you using to determine full delivery, and what specific barriers that you are facing to achieving this?

Assumptions

We assumed that we would not fully implement this service due to the following reasons

* Limited pool of fully trained ANP staff within the wider system
* Mixed skill mix of trained / trainees meaning not all practices will get the same level of service.
* Finance does not allow to develop critical mass of staff to cover annual / sick leave.
* Scottish Government have been asked to define what 'urgent care' us. Until clarity is confirmed, the HSCP will be unable to model a full service.

Following all trainee ANPs completing training the service will equate to 1 ANP per 2 GP Practices. This will be a partial service only.

Barriers

* There has been challenges for some practices to commit to mentorship of ANPs.
* Constant team Instability due to lack of critical mass (e.g. during leave periods / staff moving on).

*Due to financial constraints the service will not be able to provide a full cover to support all types of leave.

* Due to having insufficient staffing numbers for cover, staff have been moved around or reallocated to other placements. Practices who have invested time mentoring these ANPs have voiced frustrations around this.

Highlights

* positive GP feedback regarding service
* During the pandemic consultations had to be adapted from the usual face to face contact. Colleagues highlighted that this seemed to be a gap in the ANP service. Home Visiting model provides more flexibility in service delivery. The ANPS are now undertaking telephone triage.
* The ANPs were an invaluable resource during the COVID-19 pandemic, initially supporting the set up and clinical staffing of the COVID assessment centre - reducing GP time required to staff the centre; they were also able to offer high level clinical support to Care Homes, including weekend cover, during outbreaks in local Care Homes.
* By March 2022, all (current) East Dunbartonshire HSCPs trainee ANP's will be fully qualified ANPs.

Additional professional services						
2.5 Physiotherapy / MSK	**Practices with no access by 31/3/21**	**Practices with partial access by 31/3/21**	**Practices with full access by 31/3/21**	**Practices with no access by 31/3/22**	**Practices with partial access by 31/3/22**	**Practices with full access by 31/3/22**
Practices accessing APP	8	8	0	6	10	0

Comment / supporting information

At Present no further recruitment of APPs is planned through PCIP, due to both funding limitations and availability of suitably qualified workforce so as to not de-stabilise the mainstream physiotherapy services.

Barriers

* At present no further recruitment of APPs is planned at present for East Dunbartonshire HSCP;
* The current model of service provision means that allocation of resource is limited to practices where accommodation is available to host the APP, and also that practice population >3000 patients. This significantly reduces the practices that may be eligible to have an APP, however, the HSCP are working with the APP lead to look into a hosted model for these smaller practices.
* IT issues for 'shared' diary system allowing any receptionist to book patients directly. If this was available then hub model / practice buddying arrangements could be put in place more easily and safely to mitigate accommodation challenges in some practices.
* Remote working has resulted in an increase in return appointments where a face to face consultation has been deemed necessary following initial remote consultation. The number of return appointments increased to 6% (Oct 20-Feb 21) compared to 3% over same period the previous year.
* No critical mass to provide cover for sick / annual leave
*Accommodation is a significant barrier for some practices.

Highlights

* Following on from previous reports where we had expressed the need for a hub model, the Physiotherapy Department have since produced a paper on a new way of working e.g. hosted model.
* Following on from changes in response to Covid 19, APPs are now using a variety of consultation methods with their patients, including; face to face, telephone and video consultations. This has brought an opportunity to rethink our current model of service delivery, and include consideration of remote working options.
* It has been reported that patients have noted high levels of satisfaction in seeing a specialist clinician who is able to fully assess, diagnose and manage their MSK condition.
* Practices with an APP are changing the patient flow to route the patients phoning with a muscle or joint problem to the APP as an alternative to a GP consultation, thus directly releasing GP capacity

2.6 Mental health workers (ref to Action 15 where appropriate)	**Practices with no access by 31/3/21**	**Practices with partial access by 31/3/21**	**Practices with full access by 31/3/21**	**Practices with no access by 31/3/22**	**Practices with partial access by 31/3/22**	**Practices with full access by 31/3/22**
Practices accessing MH workers / support through PCIF/Action 15	16	0	0	10	6	0
Practices accessing MH workers / support through other funding streams	0	0	0	0	0	0

What are the specific barriers to your practices receiving a full MH service? Please attach a copy of your Mental Health action plan if you have one.
Improving access and care pathways for those experiencing mental health problems was planned for our PCIP in 2020/2021. Creating opportunities for early intervention and prevention in primary care is central to these developments. The PCIP is commitment to undertake a test for change on a model which would aim to provide a first point of access for patients who present with a mild to moderate mental health need who would otherwise, traditionally, have been managed by the GP. Local discussions are ongoing regarding the linkage between Action 15 and primary care transformation.

Barriers
* Action 15 finance - initial confusion and missed opportunities in ascertaining primary care stakeholders views.
* Issues around current MH services.
* Disappointment that Action 15 monies were spent board wide on services without local engagement.

Highlights
*Working with Mental Health H0S finance has been allocated to provide MH workers for pilot in one cluster.

NON recurring funding - 2 year pilot

2.7 Community Links Workers	**Practices with no access by 31/3/21**	**Practices with partial access by 31/3/21**	**Practices with full access by 31/3/21**	**Practices with no access by 31/3/22**	**Practices with partial access by 31/3/22**	**Practices with full access by 31/3/22**
Practices accessing Link workers	0	16	0	0	16	0

Comment / supporting information
The Community Wellbeing Service is within its final contracted year. All 16 Practices within East Dunbartonshire have limited access to the service. The service will be evaluation prior to the contract ending, however, the HSCP may not be in a position to allocate finance to the service. Finance for this service is not contained within the HSCPs recurring budget. This may disadvantage service users and Practices who use the service.

2.8 Other locally agreed services (insert details)	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices accessing service	0	0	16	0	0	16

Comment / supporting information

1, Project management work on accommodation for delivery of services away from practices. All development work ceased in relation to accommodation scoping. We continue to scope this work but challenges remain in obtaining sufficient treatment/clinical rooms to deliver on the MOU commitments.
2. Communication and engagement. The HSCP has facilitated practical solutions to support ongoing contingency planning within Primary Care (GP Practices) by identifying a single point of contact.
3. Board wide PCIP evaluation has been re-established with engagement with all HSCPs.
4. Cluster Quality Improvement evolved over the past six months. All clusters continue to engage with their peers. The HSCP / CQLs will be reviewing / developing role within the near future

Utilisation of PCIP Underspend

* Fixed term post approved to explore Pharmacotherapy hub model;
* Permanent post approved for coordination of Vaccination Treatment Programme;
* Use of funding of relocating front facing staff to free up space for Pharmacotherapy Hub & touch down space for PCIP MDT - Pending agreement

2.9 Issues FAO National Oversight Group

Please detail the impact of Covid on the PCIP process and where you are in that process. How has Covid impacted previous projected delivery?

1. There is not sufficient funding to implement 2021/22 planned MoU developments. Due to this all MoUs will achieve partial implementation only.
2. In the absence of office and treatment room space, services are competing for space within GP Practices which delays start dates / services being implemented. Clarity and resolution of funding source is required for full implementation to enable creation of accommodation in order to deliver the service / MOU commitment.
3. Continual recruitment and challenges to which requires national investment e.g. sufficient workforce
4. Pressure for existing staff in delivering service whilst training, supporting and mentoring trainee staff for new and existing roles.
5. Lack of appropriate finance has exposed both the HSCP and GP Practices in terms of staffing / finance e.g. Practice were advised of services to be implemented and had begun to adapt their workforce profile to reflect these changes. Delays in service implementation have primarily been due to inadequate or no accommodation to place MDT members. This leaves the practice with staffing gaps and HSCPs who have recruited staff, however, there is no space within the practice to base them.
6. Requirement for clarity on safe working practices post pandemic recovery. In congruence between national messages vs practice needs regarding face to face for MDT members within practices.
7. There has been concerns noted around the responsibility of the signature attached to prescriptions which needs to be discussed at a national level e.g. not all Pharmacists who are prescribers have a limited selection of bodies who can indemnify them to sign prescriptions. The GMC and BMA have also explicitly expressed that the responsibility of medications via prescription is the sole responsibility of the GP.

2.10 Health Inequalities
Covid has highlighted existing health inequalities and without mitigation the response to Covid is likely to increase health inequalities. Ministers are keen to see all sectors renewing their efforts on this and will be encouraging all sectors to work together. HSCPs and GPs are already taking significant actions to close the gap. HSCPs are using their position to bring sectors together to help take a whole-system approach to big issues. GPs are playing their part - whether through referrals to services for weight management or smoking cessation, or through outreach to the communities which are hardest to reach and where most inequality is experienced. 1. Inequality of access to services to those practices who have little or no suitable accommodation within their current practice to accommodate the extended multidisciplinary team 2. Limitations of alternatives solutions, particularly for those who are digitally excluded and require relationship based care. 3. The implementation of the services set out within the MoU can create inequalities for frail, elderly or disabled people who may have to travel further than their own GP Practice.
Please provide any comments on the impact of Covid on health inequalities and any measures taken to mitigate this impact. Please attach a copy of your EQIA/Fairer Scotland Duty Assessment /Health Inequalities Assessment if you have them **Please add any other reflections on the impact of the pandemic, for example:** **Any other general comments.** 1. As a consequence of the pandemic, there are rising levels of demand to usual levels as shielding restrictions are lifted and additional demand for issues people had not sought help for during lockdown or impacted during lockdown such as those related to mental health, addictions and mobility. There may need to use different approaches to multi-disciplinary team working or different emphases in service delivery by the PCIP practitioners to support practices with these challenges, for example ANPs could become more adept at triage consultations in conjunction with their home visits or stronger emphases on supporting self-management. 2. We aim to undertake a Test for Change with a Practice for MDT clinical virtual meetings, however this is reliant on Board wide roll out of Office 365. 3. Recovery and redesign in acute and other community services and the ongoing impact of social distancing will be a driver for maintaining more patients in the community and reducing unnecessary visits to hospital. There are concerns that this would directly impact on GP workload and PCIP services. 4. Impact of any ongoing staff absence or restrictions for example shielding, sickness, household isolation etc. as well as the welfare of staff having adequate annual leave and rest time. 5. Issues around existing GP premises there will be difficulties achieving social distancing guidelines as current premises are and have never been designed for healthcare delivery. 6. Secondary Care have limited face to face appointments which is increasing pressure within the Primary Care sector.

Financial Year	Service 1: Vaccinations Transfer Programme (£s)			
	Nurse	HCSW	Admin	Leadership
TOTAL staff WTE in post as at 31 March 2018	0	0	0	0
INCREASE in staff WTE (1 April 2018 - 31 March 2019)	2.0	1.5	0	0
INCREASE in staff WTE (1 April 2019 - 31 March 2020)	0	0	0	0
INCREASE in staff WTE (1 April 2020 - 31 March 2021)	0	0	0	0
PLANNED INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]	0	0	0	0.6
TOTAL staff WTE in post by 31 March 2022	**2.0**	**1.5**	**0.0**	**0.6**
Total staff (WTE) required for full delivery	**2.0**	**1.5**	**0.0**	**0.6**
Total staff gap (WTE) required for full delivery	**0.0**	**0.0**	**0.0**	**0.0**
Finance required for staff Gaps	**£0**	**£0**	**£0**	**£0**

Financial Year	Service 2: Pharmacotherapy						
	Pharmacist	Lead Technician	Technician	Tech Trainee	Support Worker	Admin	Leadership
TOTAL staff WTE in post as at 31 March 2018	0.0	0.0	0.6	0.0	0.0	0.0	0.0
INCREASE in staff WTE (1 April 2018 - 31 March 2019)	3.9	0.0	1.0	0.0	0.0	0.0	0.0
INCREASE in staff WTE (1 April 2019 - 31 March 2020)	3.7	0.0	0.0	0.0	0.0	0.0	0.0
INCREASE in staff WTE (1 April 2020 - 31 March 2021)	0.9	1.0	4.0	1.0	0.0	0.0	0.4

PLANNED INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]	0.5	0.0	0.0	0.0	0.0	0.8	0.0
TOTAL staff WTE in post by 31 March 2022	**9.0**	**1.0**	**5.6**	**1.0**	**0.0**	**0.8**	**0.4**
Total staff (WTE) required for full delivery	**22.0**	**1.0**	**21.5**	**2.0**	**21.5**	**0.8**	**0.4**
Total staff gap (WTE) required for full delivery	**13.0**	**0.0**	**15.9**	**1.0**	**21.5**	**0.0**	**0.0**
Finance required for staff Gaps	**£847,975**	**£0**	**£717,350**	**£35,778**	**£700,326**	**£0**	**£0**

Financial Year	Service 3: Community Treatment and Care Services				
	Nurse	HCSW	Phlebotomy	Admin	Leadership
TOTAL staff WTE in post as at 31 March 2018	0.0	0.0	0.0	0.0	0.0
INCREASE in staff WTE (1 April 2018 - 31 March 2019)	2.6	0.8	1.5	0.0	0.0
INCREASE in staff WTE (1 April 2019 - 31 March 2020)	3.5	1.8	0.0	0.0	0.8
INCREASE in staff WTE (1 April 2020 - 31 March 2021)	1.0	1.8	0.0	1.0	1.0
PLANNED INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]	0.0	0.0	0.0	2.0	0.2
TOTAL staff WTE in post by 31 March 2022	**7.1**	**4.4**	**1.5**	**3.0**	**2.0**
Total staff (WTE) required for full delivery	**13.2**	**13.2**	**1.5**	**4.5**	**2.0**
Total staff gap (WTE) required for full delivery	**6.1**	**8.8**	**0.0**	**1.5**	**0.0**
Finance required for staff Gaps	**£275,210**	**£286,645**	**£0**	**£44,844**	**£0**

Financial Year	Service 4: Urgent care (£s)		Service 5: Additional Professional roles (£s)				Service 6: Community link workers
	ANP	Leadership	APP	Leadership	MH Workers	Primary Care Leadership	
TOTAL staff WTE in post as at 31 March 2018	0.0	0.0	0.0	0.0	0.0	0.0	0.0
INCREASE in staff WTE (1 April 2018 - 31 March 2019)	2.0	0.0	0.0	0.0	0.0	1.0	0.0
INCREASE in staff WTE (1 April 2019 - 31 March 2020)	2.8	1.0	0.9	0.1	0.0	0.5	2.0
INCREASE in staff WTE (1 April 2020 - 31 March 2021)	2.6	0.0	1.5	0.1	0.0	0.0	0.0
PLANNED INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]	0.0	0.0	0.5	0.0	0.0	0.0	0.0
TOTAL staff WTE in post by 31 March 2022	**7.4**	**1.0**	**2.9**	**0.2**	**0.0**	**1.5**	**2.0**
Total staff (WTE) required for full delivery	**7.4**	**1.0**	**6.8**	**0.2**	**6.8**	**1.5**	**2.0**
Total staff gap (WTE) required for full delivery	**0.0**	**0.0**	**3.9**	**0.0**	**6.8**	**0.0**	
Finance required for staff Gaps	**£0**	**£0**	**£254,392**	**£0**	**£378,431**	**£0**	**£80,000**

Comment: Note that the 2021/22 funding of £80,000 for the Wellbeing Workers is being funded from underspend as this cannot be covered from 2021/22 allocation.

DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	24th June 2021 Agenda item number 240621-13
2	Report Title	Primary Care Improvement Plan Report – May 2021
3	Date direction issued by Integration Joint Board	24th June 2021
4	Date from which direction takes effect	24th June 2021
5	Direction to:	NHS Greater Glasgow and Clyde Health Board only
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	This is a progress update from report submitted to the HSCP Board on the 21st January 2021
7	Functions covered by direction	This report provides an update to the Health and Social Care Partnership Board on the East Dunbartonshire Primary Care Improvement Plan (PCIP) Implementation Tracker (in draft).
8	Full text of direction	It is recommended that HSCP Board members •Note progress against the key commitments in the new General Medical Services GMS contract and Memorandum of Understanding (MOU) •Note the remaining challenges in terms of overall affordability, workforce and premises.
9	Budget allocated by Integration Joint Board to carry out direction	Funding for 2021/2022 - £2,817k Estimated Full Year Spend - £2,828k
10	Details of prior engagement where appropriate	This Primary Care Improvement Plan return was developed with GP Subcommittee representatives as a shared assessment of progress and expected position. Our plan continues to be developed with local engagement with practices and clusters to inform the models and approaches in place and ensure these are flexible to meet local needs. This flexibility, including the ability to learn from early implementation and adapt accordingly, remains essential to ensure that developments have the greatest impact and respond to changing pressures and priorities.
11	Outcomes	This shared vision is for General Practice to be at the heart of the healthcare system, to have access to the right person at the right time, to be involved in the strategic planning and delivery of services and for multi-disciplinary teams to be in every locality,

		both in and out or hours. This reflects the HSCPs vision is its delivery plan and the National Health and Wellbeing Outcomes.
12	Performance monitoring arrangements	There are a range of provisions set out in the new contract and accompanying Memorandum of Understanding (MoU). The HSCP's Primary Care Improvement Plan (PCIP) sets out how we will use the available resources to deliver and support improvements to patient care. This tracker form is a mid-year report on progress towards key commitments of the contract
13	Date direction will be reviewed	Tracker forms are competed bi-annually.

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer
Caroline Sinclair

Agenda Item Number: 14.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**24th June 2021**
Subject Title	**Application for closure of the Woodhead Medical Practice Satellite Clinic at Twechar Healthy Living & Enterprise Centre**
Report By	**Derrick Pearce, Head of Community Health & Care Services** **Derrick.Pearce@ggc.scot.nhs.uk** **Tel: 0141 232 8216**
Contact Officer	**Gillian Notman, Change & Redesign Manager** **Gillian.Notman@ggc.scot.nhs.uk** **Tel: 07799 342363**
Purpose of Report	The purpose of this report is: a) To update the HSCP Board on the actions taken from the meeting on 12th November 2020 in regards to the proposed closure of the Satellite Surgery; and b) To enable the HSCP Board to consider the issues and come to a decision as to whether or not it supports the proposal to close the satellite clinic.
Recommendations	It is recommended that HSCP Board members: a) Consider the report and accompanying appendices; and b) Make a decision for or against the proposal by Woodhead Medical Practice to close the satellite clinic at Twechar.
Relevance to HSCP Board Strategic Plan	The contents of this paper pertain to the delivery of Primary Care Family Medical Services which fits with Strategic Plan Priority 1: Promoting positive health and wellbeing, preventing ill-health, and building strong communities

Implications for Health & Social Care Partnership

Human Resources:	There are no human resource implications arising directly from this report.
Equalities:	A full Equalities Impact Assessment (EQIA) process has been undertaken and has been submitted to the NHSGGC Equality & Diversity Team.
Financial:	There are no financial implications arising directly from this report.
Legal:	There are no legal implications arising directly from this report.
Procurement:	There are no procurement implications arising directly from this report.
Economic Impact:	There are no current economic implications.

Sustainability:	There are no sustainability implications	
Risk Implications:	There will be no satellite surgery within Twechar but risk will be mitigated in the proposals put forward by Woodhead Medical Practice who will continue to provide general medical services from the main surgery in Kirkintilloch for all registered patients, including those resident in Twechar, with no change to the practice boundary, and home visiting where that is assessed as being required.	
Implications for East Dunbartonshire Council:	There are no immediate implications for East Dunbartonshire Council arising from this closure.	
Implications for NHS Greater Glasgow & Clyde:	Should it be decided that the Practice proposal be accepted there are implications for NHS Greater Glasgow and Clyde Practitioner Services function to support Woodhead Medical Practice to close the satellite clinic.	
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	☐

1.0 MAIN REPORT

1.1 TWECHAR

1.1 Twechar is a small former mining & quarrying village in East Dunbartonshire. The area has a total population of 1,415 residents *(population data includes Harestanes*). According to the Scottish Index of Multiple Deprivation (SIMD) which ranks areas from most deprived (SIMD 1) to least deprived (SIMD 5), Twechar is considered as an SIMD 1 area. The SIMD ranking for Twechar is determined using 38 individual indicators across 7 domains. Table 1 below, shows a summary of these 7 domains and their rankings.

Domain	Rank	Deprivation
Income	2629	4th most deprived
Employment	2932	5th most deprived
Health	2310	4th most deprived
Education	2153	4th most deprived
Housing	1935	3rd most deprived
Access to Services	570	1st most deprived
Crime	2586	4th most deprived

1.2 Whilst Twechar is considered to be deprived, there has been significant investments to the area, with planned developments for the future. One of such investment was the establishment of Twechar Community Action. Twechar Community Action was formed in 2001 in response to the closure of the Local Authority owned recreation centre. The community hub houses a full time pharmacy, a satellite GP clinic, café, sports hall and meeting rooms.

1.3 In November 2004, East Dunbartonshire Council, with its partners, commissioned the development of a regeneration masterplan for Twechar. This document sets out a strategy for the social, economic and physical regeneration of the area. The intention is for the masterplan to provide a coordinating framework within which a partnership between the local authority, the local community, various agencies, housing developers and businesses can progress regeneration projects in an integrated manner.

2.0 APPLICATION FOR CLOSURE OF SATELITE CLINIC

2.1 A formal application was received by the HSCP on the 11 June 2020 from Dr's Davda, Ness, Fraser & McGroarty of Woodhead Medical Practice, Kirkintilloch advising of their desire to close their satellite clinic at Twechar Healthy Living & Enterprise Centre (THLEC)**.**

2.2 In line with NHSGGC procedure, both Woodhead Medical Practice and East Dunbartonshire HSCP were required to undertake a formal consultation and subsequently provide both reports to the HSCP Board for consideration and decision.

3.0 CONSULTATION

3.1 Consultation – Woodhead Medical Practice

The Practice sent letters and questionnaires to the 230 households of their Twechar registered patients to obtain their views on the application to close the satellite surgery. The practices received a total of 29 responses. The questionnaire asked the following questions

Q1 Have you attended the Twechar surgery in the last 12 months? - **19** responses
Q2 Have you attended the Kirkintilloch surgery in the last 12 months? - **20** responses
Q3 Would you find it difficult getting to the Kirkintilloch surgery? - **21** responses (*5 of these responses noted that this would only be if they had trouble with their car).*
Q4 Do you have any comments about the proposed change?**.** Previous consultation responses are included within appendix 1 which is the previous HSCP Board report on the matter, for ease of reference

3.2 In addition to the consultation responses, a petition was handed in to the practice supported by the Twechar Community Action Group. This requested that the satellite surgery was reinstated as soon as guidance allowed. The petition was signed by 171 residents, 79 (46%) of which are registered with Woodhead Medical Practice. Due to GDPR, this document cannot be included in this report as it contains individual's names and addresses.

3.3 Consultation – Health & Social Care Partnership

3.4 The HSCP sought the views of both clinical and non-clinical stakeholders. A breakdown of stakeholders and their responses are noted below:

Consultees	Responses Received	Responses	
		Support	Do not support
Clinical Services - 9	5	4	1
Elected Members - 7	6		6
Public / Community groups - 2	1		1

3.5 In addition to the formal consultation East Dunbartonshire Council submitted a response to the proposal; which is in addition to those responses received from individual Elected Council Members. The members expressed that they "*Oppose the proposed closure of the satellite surgery for the following reasons: Public transport is limited between Twechar and the Kirkintilloch Health and Care Centre (KHCC), with the nearest bus stop half a mile away from the Centre; Not all of the patients are digitally connected, which limits the opportunity for patients to engage in a virtual consultation; and The additional expense for those who have to travel to the KHCC for an appointment."*

4.0 HSCP Board meeting – 12th November 2020

4.1 A detailed report in relation to the proposed closure and subsequent appendices were discussed at the HSCP Board meeting on the 12 November 2020. The members of the HSCP Board requested that the HSCP gather further information and submit to the

HSCP Board meeting on 24 June 2021. **Appendix 2** is an updated report from Woodhead Medical Practice.

4.2 The information requested by the Board members and HSCP responses are listed below:

4.2.1 **Current situation in relation to safety of staffing providing medical service.**

Woodhead Medical Practice have reported a small number of instances where the GP felt their safety had been compromised. It would not be appropriate to offer details within a public report however on each occasion the affected GP reported feeling vulnerable or at risk, with no immediate recourse to help.

The room which is currently used is a multipurpose room used by other services. The room is located at the end of a small corridor, with 1 exit. The room exit is situated closest to the patients when in use.

4.2.2 **Appropriateness of the space for clinical service delivery.**

For the room to be appropriate for use it would require to be upgraded. The standard requirements for a clinical room should be within 16-18m². To meet infection control standards, specialist flooring covering & cabinetry is required. To meet the NHSGGC / National standards, the approximate costings for the creation of an appropriate clinical space is approximately £19,000.

In addition there is no current appropriate arrangements in place for the disposal of clinical waste.

4.2.3 **Analysis of connectivity issues experienced by patients;**

It has anecdotally been noted that there are issues in relation to poor mobile coverage and connectivity issues within the Twechar area. In response to this the Practice undertook an audit of telephone / NHS Near Me consultations with Twechar patients. The outcome noted within the Practices report showed that whilst the satellite clinic has been closed, patients have successfully accessed their appointments via telephone and NHS Near Me. A summary of the audit is noted below. The Practice has also noted that patients connected from their homes with no issues to note in terms of the connection or quality.

A total of **598** patients (residents of Twechar) records were reviewed over a 15 month period and the following information was gathered.

Over the 15 month period there were **2182 patient contacts** for Twechar residents. Note that a number of these would be multiple contacts from the same patient. Modes of patient contact were as follows.

- Video consults – 2
- Mobile telephone consultations – 745
- Landline telephone consultations – 268
- Email consultations i.e. pictures of rashes etc. – 26
- House visits – 27
- Attended Twechar surgery – 150

- Attended the main surgery at KHCC – 991 (87% of all Twechar residents attending Kirkintilloch site)

There were only 18 patients out of the 598 patients reviewed that had not attended the KHCC. On reviewing these notes, these patients had consulted for issues that were dealt with that day and didn't require ongoing care.
There was no documentation that there were any problems connecting with patients from Twechar by mobile, landline, email or video.

This information was gathered both before and during the Covid-19 Pandemic.

The HSCP accessed a recent report by Connected Nations 2020 – Offcom which provides information on Broadband coverage by postcode. Information in relation to the Kirkintilloch area has been included for comparison purposes.

	Superfast Broadband (SFBB) availability	Ultrafast Broadband (UFBB) availability		below the USO	with NGA
		100Mbit/s	300Mbit/s or greater		
G65 (all postcodes)	82.7	3.08	3	0.43	98
G66 (all postcodes)	92.7	68.1	66.5	0.23	99.1

USO *– do not have access to download speeds at or above 10Mbit/s and upload speeds at or above 1Mbit/s.*
***NGA** – premises with access to Next Generation Access from fixed broadband

According to the same Connected Nations report, mobile network coverage from major providers has been measured e.g. Vodafone, Three, 02 etc. Although there are "some issues" or "no coverage" in all G65 postcode areas, the connectivity strength differs across the mobile networks.

4.2.4 **Transport link information from Twechar to Woodhead Medical Practice, or other surgeries within Kirkintilloch;**

Rail
There are 3 stations which are considered to be "local" to Twechar, these are Croy, Lenzie and Greenfaulds. Croy is the closest at 2.7 miles, whilst Lenzie and Greenfaulds are 4.7 miles from Twechar.

Bus
There are currently 2 buses which run from Twechar to Kirkintilloch. The 84 bus service is provided by McColl's Coaches and is accessible to all. The service provides an hourly service 7 days a week.

The number 84 stops at Catherine Street, Kirkintilloch. According to Google Maps this would be:

- 0.4 mile walk to Kirkintilloch Health & Care Centre; or
- 0.2 mile walk to Regent Gardens Medical Practice.

Regent Gardens Medical Practice is the only other GP Practice within East Dunbartonshire that accepts registrations from Twechar residents.

According to McColl's website, an 'All Day' ticket for an adult would be £3.50 and £1.50 for a child. The service also accepts Concessionary travel and SPT Zone cards.

Scottish Government have also announced that a Free Bus Travel Scheme for 5-18year olds will be introduced in 2021-22 with a planned expansion to 19-21year olds via the National Entitlement Card, however, it is not known if this will apply to all bus companies.

Strathclyde Partnership for Transport also operate a "My Bus" (M93) service which can been booked by individuals. This service operates 7 days a week. Before any individuals use the service the company asks that a registration is complete prior to any bookings. This ensures that any additional needs can be accommodated.

Both services ensure commuters have access and essential links to wider communities.

Cycling / Walking
For patients who are able, there is ongoing investment in upgrading cycle / walk paths from Twechar to Kirkintilloch.

Taxi
The approximate cost for a taxi from Twechar to both Kirkintilloch Health & Care Centre & Regent Gardens Surgery is approximately £8 one way.

Future developments noted within the Local Delivery Plan highlight the importance of access links to local services, amenities and bus networks. Although the plan notes improvements towards active travel which encourages a healthier population and environment it does not state whether transport links will be improved to wider localities / communities

It is important to note that where there are public transport delays, the practice have previously and will continue to remain on at KHCC past their planned time, to see patients who have been affected.

4.2.5 **Parking provision at Woodhead Medical Practice.**

It was noted by the Board members that parking at Woodhead Medical Practice was problematic. There is work ongoing at present to improve access for patients to park at the KHCC. A designated patient parking area has been identified and barriers installed to control entry / exit. This should support better access for patients.

4.2.6 **How the proposed closure links with Primary Care Improvement Plan;**

The overall aim of the Primary Care Improvement Plan is to shift GP workload to more appropriate members of the multi-disciplinary team allowing GPs to develop as an Expert Medical Generalist who will concentrate on more complex

medical care. With the introduction of the 2018 GMS contract, a memorandum of understanding (MOU) was created which detailed commitments the HSCP was responsible for delivering. There are 6 commitments within the MOU. These are;

- Vaccination Transformation Programme
  - Pre School Vaccinations
  - School Age Vaccinations
  - Out of Schedule vaccinations
  - Adult Immunisations, including shingles and pneumococcal
  - Adult Flu, including housebound vaccinations
  - Pregnancy vaccinations
  - Travel vaccinations & advice
- Community Treatment & Care Service
  - Phlebotomy, including housebound phlebotomy
  - Treatment room services e.g. wound management
- Pharmacotherapy Services
- Urgent Care
- Advanced Practice Physiotherapy
- Wellbeing Workers

In addition to the Expert Medical Generalist role, the implementation of the above commitments will ensure that patients / service users will have access to the right healthcare professional at the right time. Whilst Twechar residents will have access to the above in line with the services available to their practice of registration, there is no accommodation available to provide these services within the Twechar area, therefore travel will be required for these services.

4.2.7 **How the proposed closure links with Health Improvement Plan;**

The Health Improvement Plan, does no as yet reflect on Primary Care practice within East Dunbartonshire. The plan reflects on wider social determinants of health. As such, and in line with the EQIA, the overarching impact on H&WB outcomes in the area are still to be determined.

4.2.8 **Financial implications**

There would be no significant financial loss or gain for the practice if the satellite surgery was to close.

The rental cost for the room within the THLEC is £10 per month.

Gains from closure of satellite surgery;
The main gain for the practice & patients would be time. The practice has highlighted the following time gains should the proposed closure be agreed.

- Would allow the GP to be at Kirkintilloch site, with full facilities available. Also support from colleagues, in case of clinical emergency and /or advice;
- Another GP in Kirkintilloch setting to triage calls, perform telephone consultations, support admin and nursing staff;

- With no travel time for GP between Kirkintilloch and Twechar the surgery would start at 8.30am and is able to offer 13 appointments, two emergency appointments as well as two slots for telephone calls The satellite surgery opens at 9.30am due to reliance on staff from the building opening up. They offer 11 consultations and 2 urgent appointments within the morning's session.
- Provide GP care in the location where there is most need for GP presence for all our registered patients - in Kirkintilloch locality.

With the move to more flexible consulting methods e.g. e-consulting, telephone and NHS Near Me, alongside more traditional face to face appointments it is likely that clinics may become more hybrid in their set up. In this circumstance there may be a negative impact on continuity of care for those patients consulting virtually and then seeing a different clinician face to face. Equally it may be that the Twechar clinic would reflect a hybrid model whereby less face to face appointments would be offered, as the GP based at THLEC would be providing a hybrid model of clinic. The COVID pandemic escalated the digital agenda and all GP practices were required to look at how patient care was best delivered. This ultimately resulted in a significant change in how patients were seen and cared for by General Practice. At this time we are unable to predict what future services will look like, however, using learning from the pandemic and the digital systems used, it is likely to involve the increased use of modern technology and virtual consultations.

4.2.8 Implications if practice closure was not agreed

If the proposal for closer was not agreed the practice has detailed the implications of this as follows:

- Loss of GP session to the larger practice population, as most Twechar residents are in fact seen at the KHCC site, affecting responsiveness to patient care for the wider practice.
- There would be a need to open Twechar satellite clinic appointments up for all registered patients to ensure equal access to all patients and to ensure priority cases could be seen promptly therefore there is no guarantee that a service in Twechar would only see, or prioritise seeing, Twechar residents.
- Due to increasing list size and demand on the practice (approximately 0.72% per quarter), there is a requirement to consolidate resource within the main practice. This will reduce clinical risk for all patients attending the main practice as there would be sufficient staffing requirements. If the closure is not agreed this clinical risk mitigation cannot be achieved.
- It has been challenging to secure locums and in the current climate this has been much harder, so would be concerned this would not be sourced, thus compromising care of all patients due to reduction in GP presence from the main site.
- Time which could be focused on clinical matters is spent on travel time and later opening hours.
- The review of appointment usage at Twechar indicates the arrangements is not an effective use of GP resources and is not providing a holistic service. Continuation sustains these negative aspects.

- GP working at Twechar continues to lack support as no other clinicians or admin staff there to provide this and no space to develop this.
- Ongoing concerns re GP safety.
- Unable to do urgent referrals when seeing the patient or contact secondary care for advice at the time due to poor connections within the THLEC, thus causing delay for patient care when seen in Twechar. In Kirkintilloch this can be done easily and quickly.
- Overall GP recruitment to the practice may be adversely affected new GPs would not want to join a practice with these limitations on optimal patient care and staff safety.

5.0 HSCP Responses to views submitted from consultation process.

5.1 To provide the Board members with further information, the HSCP have included and responded to the views which were received as part of the consultation exercise.

- **Risk of losing local pharmacy provision and the option for local drop in consultations with pharmacists.**

  There is no evidence to suggest this is a likely outcome. According to NHS Inform the Pharmacy provision within the THLEC is available Monday – Friday from 9am – 5.30pm. The Pharmacy provides a drop in facility for a range of services including minor illness, advice and medication if required. NHSGGC are currently looking at expanding the Pharmacy First service which will increase the ability to treat additional numbers of patients and conditions. The pharmacy service can also refer to other healthcare professionals if relevant.

- **High percentage of older people.**

  The population for Twechar & Harestanes East is 1,415. Included in the table below is a breakdown of numbers of individuals ranging from 75 years old and above. Included within the table is population data for Kirkintilloch for comparison purposes.

Area	Twechar	Kirkintilloch
75-84yrs	74	1,199
85+	22	438
% of total population	6.8%	9.13%

*statistics have been aggregated from datazones on a best fit basis

- **Increased housing within the area and it is thought that the surgery plays a significant part on the ongoing regeneration.**

  New housing developments are mentioned within the East Dunbartonshire Council Local Delivery Plan and are part of the regeneration of Twechar. It is thought that these developments would include homes which would be appropriate for families. As mentioned previously, the satellite clinic is only available on a Wednesday morning offering a limited number of appointments. The opportunity to increase sessions within the THLEC would not be possible due to the increasing number of newly registering patients within the main

practice. The space used at THLEC is a shared space and used by other services so there would be no guaranteed additional availability.

- **Concerns that those facing domestic violence/abuse will face suspicion if they are trying to video call a GP or attend the surgery in Kirkintilloch when previously they could attend the THLEC and be seen less conspicuously by a GP.**

  The THLEC has in the past hosted services in regards to domestic abuse. The centre is very much a community support and could still be visited by residents who are facing a domestic violence / abuse situation.

  Ask for ANI (Action Needed Immediately) - The Home Office have developed a code word scheme which provides a discreet way for victims of domestic abuse to signal that they need emergency help from the safety of a pharmacy. Although the pharmacy within the THLEC does not currently provide this service, a request could be submitted to the pharmacy that they consider adopting the service.

- **Closure will lead to a decline in the general health in a community that still has former miners with respiratory health problems**

  The care that has been provided over the years for individuals with long term conditions will not change. There will be no change for services for individuals with Chronic Disease(s). These will continue to be managed via their various previous routes e.g. GP, hospital clinics, Diabetic Specialist Nursing etc.

5.1.2 **Possible other uses for the area used within the THLEC if the surgery was to close.**

THLEC is described as a ‘one stop shop’ for the community and surrounding areas. The Centre is community led and hosts a range of activities for adults, children & young people as well as a café for individuals / groups to meet.

The THLEC has been running for many years now and is well used by the residents of Twechar and surrounding areas. Throughout these years, the centre has established themselves as a valued resource and are the most appropriate organisation for suggesting how this space could be used.

Papers & Appendices discussed at HSCP Board meeting on 12th November 2020

2. HSCP Board Report
3. Woodhead Medical Practice Report
4. Application to close satellite Surgery
5. Woodhead Medical Practice Letter & Questionnaire consultation
6. HSCP list of consultation recipients
7. Kirsty Ross, Chairperson, Twechar Community Action response
8. Rona Mackay, MSK response
9. Stuart McDonald, MP response
10. John Jamieson, MSP response
11. Cllr Susan Murray response
12. Cllr Stewart MacDonald response
13. Neil Bibby MSP response
14. Local Medical Council / GP Sub Committee response
15. Turret Medical Practice response
16. Regent Gardens Surgery response
17. Children & Families Team response
18. Comments regarding the proposed change from Practice consultation

East Dunbartonshire Health & Social Care Partnership

Appendix 2

Interim Chief Officer
Caroline Sinclair

Agenda Item Number: 4.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	12th November 2020
Subject Title	Application for closure of the Woodhead Medical Practice Satellite Surgery at Twechar Healthy Living & Enterprise Centre
Report By	Derrick Pearce, Head of Community Health & Care Services Derrick.Pearce@ggc.scot.nhs.uk Tel: 0141 232 8216
Contact Officer	Gillian Notman, Change & Redesign Manager Gillian.Notman@ggc.scot.nhs.uk Tel: 07799 342363

Purpose of Report	The purpose of this report is • To inform the HSCP Board of a formal application received on the 11th June 2020 from Dr's Davda, Ness, Fraser & McGroarty of Woodhead Medical Practice of their intention to close the satellite surgery at Twechar Healthy Living & Enterprise Centre. • To provide information to enable the HSCP Board to consider the issues and come to a decision as to whether or not it supports the proposal to close the satellite surgery.

Recommendations	It is recommended that HSCP Board members: • Consider the report and accompanying appendices; • Make a decision for or against the proposal by Woodhead Medical Practice to close the satellite surgery at Twechar; Or • Defer the decision to the next meeting of the HSCP Board should members consider that more information is required from Woodhead Medical Practice.

Relevance to HSCP Board Strategic Plan	The contents of this paper pertain to the delivery of Primary Care Family Medical Services which fits with Strategic Plan Priority 1 *Promoting positive health and wellbeing, preventing ill-health, and building strong communities*

Implications for Health & Social Care Partnership

Human Resources	There are no human resource implications arising directly from this report.

Equalities:	A full Equalities Impact Assessment (EQIA) process has been undertaken and has been submitted to the NHSGG&C Equality & Diversity Team.

Financial:	There are no financial implications arising directly from this report.

Legal:	There are no legal implications arising directly from this report.

Economic Impact:	There are no current economic implications.

Sustainability:	There are no sustainability implications

Risk Implications:	There will be no satellite surgery within Twechar but risk will be mitigated in the proposals put forward by Woodhead Medical Practice to provide general medical services from the main surgery in Kirkintilloch

Implications for East Dunbartonshire Council:	There are no immediate implications for East Dunbartonshire Council arising from this closure.

Implications for NHS Greater Glasgow & Clyde:	Should it be decided that the Practice proposal be accepted there are implications for NHS Greater Glasgow and Clyde Practitioner Services function to support Woodhead Medical Practice to close the branch surgery

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	☐

1.0 MAIN REPORT

1.1 A formal application was received by the HSCP on the 11th June 2020 from Dr's Davda, Ness, Fraser & McGroarty of Woodhead Medical Practice, Kirkintilloch advising of their desire to close their satellite surgery at Twechar Health Living & Enterprise Centre (HLEC) **(Appendix A)**.

1.2 The Woodhead Medical Practice cites 10 main reasons for the proposed closure, including its inappropriateness as a medical facility.

2.0 CONTEXT

2.1 Woodhead Medical Practice is situated in Kirkintilloch within the Kirkintilloch Health Care Centre. There are four part time GPs, two part time practice nurses and administrative staff. The premises are purpose-built with access to other services, such as physiotherapy, dieticians and podiatry. As well as General Medical Services, the practice also provides Extended Hours and Contraceptive Implants from the Kirkintilloch site.

2.2 The practice also provides a weekly surgery on a Wednesday morning at the Twechar Healthy Living Centre (post code G65). This is a multi-purpose building, and the surgery is provided by a GP who accesses patient information from a secure laptop. The GP attends alone and there is no waiting room, patients wait in the café area to be seen. The room used for the satellite surgery is not purpose built and only basic examination is possible because of this. Twechar patients have always had to attend Kirkintilloch for other medical services such as chronic disease reviews, smears, phlebotomy and wound management, where suitable space and facilities are available.

2.3 Woodhead Medical Practice satellite surgery is the only GP surgery operating in Twechar. The distance from Twechar to the main Woodhead Practice is 4.5 miles. The proximity to other GP Practices within Kirkintilloch are as follows:

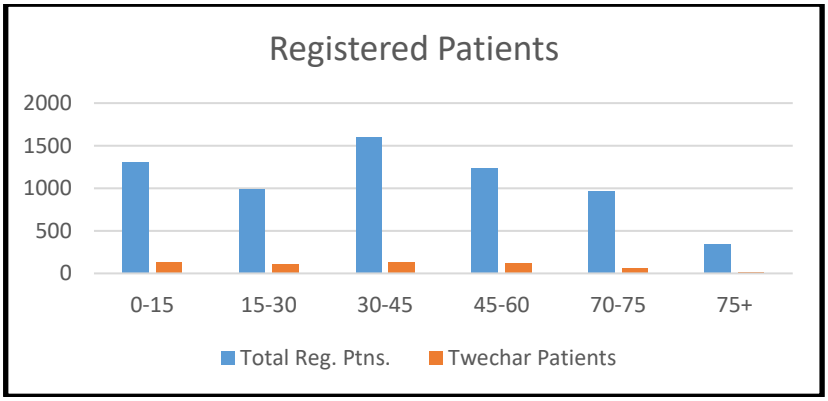
Practice	Distance (miles)
Turret Medical Centre	3.8
Regent Gardens Medical Centre	4.2
Peel View Medical Practice	4.2
Southbank Surgery	4.6

***Regent Gardens Medical Centre are the only other practice within the area who accept patients from this area.*

2.4 According to the Scottish Index of Multiple Deprivation (SIMD) which ranks areas from most deprived (ranked SIMD1) to least deprived (SIMD5) Twechar is considered as an SIMD1 area. Twechar's SIMD ranking is determined using 38 individual indicators across 7 domains, namely:

Domain	Rank	Deprivation
Income	2629	4th most deprived
Employment	2932	5th most deprived
Health	2310	4th most deprived
Education	2153	4th most deprived
Housing	1935	3rd most deprived
Access to Services	570	1st most deprived
Crime	2586	4th most deprived

2.5 In total 6,447 patients are registered with Woodhead Medical Practice with 586 residing within the Twechar area. A breakdown including age range of total registered patients and those registered patients who reside in Twechar is illustrated in the chart below.



3. OPERATION OF THE SATELITE SURGERY

3.1 The satellite surgery offers 10 pre bookable routine appointments, plus 2 emergency appointments over 1 session (half day) per week. With the exception of the 12 GP appointments over the 1 session per week, no other services are provided at the satellite surgery.

3.2 During the pandemic, the HSCP approved the temporary closure of the satellite surgery. For the safety of the patients, GPs and Practice staff, and to minimise the spread of COVID-19 telephone triage / screening was undertaken by the practice to establish if a face to face appointment was necessary, which would then be carried out at the main practice in Kirkintilloch.

3.3 In light of the pandemic, a range of technology was introduce into GP Practices where they were able to provide virtual consultations via NHS near me / Attend Anywhere or provide a telephone consultation in addition to face to face when required.

3.4 During this time Woodhead Medical Practice undertook an audit to look at face to face appointments used in February 2020 within the satellite surgery and retrospectively looked to see whether a virtual consultation could have been used. The outcome of the audit noted that of the 4 surgeries available that month (offering a total of 56 appointments), the Practice thought that:-

- 9 patients required to be seen face to face (22.5%).
- 47 patients (77.5%) could have been dealt with via telephone or video consultation.

4.0 CASE PUT FORWARD FOR CLOSURE OF THE SATELITE SURGERY

4.1 Woodhead Medical Practice made representation to NHS Greater Glasgow & Clyde Primary Care Services, and the HSCP, on the 11th June 2020 requesting permission to withdraw their satellite service from Twechar HLEC. The GP Practice cited a range of reasons (listed below) as to why it was no longer appropriate / feasible to provide the service.

- No formal deep clean service in place;
- No facilities for safe disposal/removal of clinical waste;
- Concern regarding cross-contamination as the room is not dedicated solely to the GP Practice and is used by other individuals / services;
- There is no security or formal reception staff at the centre, and with no other Practice staff on site there are safety issues concerns as the Surgery is covered by one GP;
- No panic button;
- There is no dedicated IT and connectivity is poor, due to the centre having a tin roof creating issues when trying to access electronic case files;
- No mobile telephone coverage which could be a safety issue if the GPs required to summons assistance or communication back to the main practice;
- Rapidly increasing list size within main Practice, so there is a greater need to focus resources;
- High demand in Kirkintilloch, so lack of GP resources to be able to provide a weekly session;
- Waiting area is the cafe so no control over social distancing/number of people attending the centre and concerns of confidentiality.

5.0 CONSULTATION PROCESS

5.1 As required in the prescribed process to support consultation with stakeholders on the proposal to close a branch surgery, the Health & Social Care Partnership and Woodhead Medical Practice facilitated two consultation processes. Woodhead Medical Practice and the Health & Social Care Partnership are required by regulations governing the provision of a contract with the General Medical Practice to undertake a consultation with service users and other interested parties. Consultation letters from both the Practice and the HSCP were sent simultaneously on the 27th July 2020 with an agreed consultation period of four weeks ending on 24th August 2020.

5.2 Consultation Responses – Woodhead Medical Practice

The Practice wrote to all patients registered at the Satellite Surgery, enclosing a questionnaire to obtain their views regarding the closure **(Appendix B)**. Where more than 1 patient resided at the same address, one letter and questionnaire was sent to the household and advised that responses would be accepted via email / telephone. Individuals could submit more than one questionnaire per household. The outcome of the questionnaire is noted within the Practice report **(Appendix C).**

5.3 230 letters and questionnaires were sent to households of all registered Twechar patients. 29 were returned either in person, by post or electronically (12.6% of all patients contacted provided a response). Of those 29 who responded:

- 68% (20) had attended the Twechar surgery in the last year.
- 72% (21) stated that they had attended the Kirkintilloch site in the last 12 months.
- 65% (19) stated it would be difficult for them to attend the Kirkintilloch site, with five stating specifically this would only be if they had a problem with their car.

5.4 A sample of comments returned by patients are included in Appendix 4.

5.5 A petition was handed in supported by the Twechar Community Action Group. This requested that the satellite surgery was reinstated as soon as guidance allowed. This was signed by 171 residents, 79 (46%) of which are registered with Woodhead Medical Practice. Due to GDPR, this document cannot be included in this report as it contains individual's names and addresses.

5.6 Consultation Responses – Health & Social Care Partnership

The HSCP sought the views of a range of stakeholders **(Appendix D)** regarding the closure including:

- Local community groups via HSCP Public, Service Users & Carers Group
- Local Medical Committee (GP Sub-committee)
- Local Councillors, MSPs and MPs for those covering G65
- GP Practices within the area

5.7

5.7 Eleven of the eighteen stakeholders contacted by the HSCP responded. Four responses supported the closure of the satellite surgery and seven did not support the closure.

	Stakeholder	Agree	Oppose	No Response	Appx
1	Twechar Healthy Living & Enterprise Centre		√		**E**
2	Rona Mackay, MSP		√		**F**
3	Stuart McDonald MP		√		**G**
4	Councillor John Jamieson		√		**H**
5	Councillor Susan Murray		√		**I**
6	Councillor Stewart MacDonald,		√		**J**
7	Local Medical Council / GP Sub Committee	√			**K**
8	Turret Medical Centre	√			**L**
9	Regent Gardens Surgery	√			**M**
10	Children & Families		√		**N**
11	District Nursing	√			**Verbal**
12	Mental Health			√	**-**
13	Patient. Service User & Carer Forum			√	**-**
14	Lennoxtown Medical Practice			√	**-**
15	Peel View Medical Practice			√	**-**
16	Southbank Surgery			√	**-**

5.8 It should be noted that East Dunbartonshire Council has intimated the intention of members to agree a view in response to the proposals by Woodhead Medical Practice. This will be agreed at the meeting of East Dunbartonshire Council of 17th November 2020. The settled view of East Dunbartonshire Council is therefore not available for inclusion on this report at this time. Responses from individual East Dunbartonshire Council Elected Members are therefore included as individual views.

5.9 Consultation Response Summary

Opposing and supporting views received from both the Practice and HSCP consultation exercise revealed similar themes which has been listed below.

	Oppose
1	Despite Twechar being situated on the border of two different Health Boards. Residents are unable to register with a GP Practice within the Lanarkshire area due to Kilsyth Medical Partnership closing their boundary and will not accept any registrations from Twechar residents.
2	Poor, unreliable & unsuitable transport.
3	There is a 0.5mile walk from the bus stop to the Woodhead Medical Practice at Kirkintilloch.

4	Concerns around using transport during current pandemic.
5	Additional travel expense for the residents of Twechar which is identified as a high deprivation area.
6	If the surgery is withdrawn, it may increase social isolation as patients will not be attending the HLEC and using the other services within the centre therefore not connecting with their local community.
7	Lack of consistent wifi access in the locality.
8	Lack of accessibility to Near Me/telephone appointments - at least 25% of patients having to return to face to face appointments in Kirkintilloch.
9	Risk of losing local pharmacy provision and the option for local drop in consultations with pharmacists.
10	High percentage of older people.
11	Increased housing within the area and it is thought that the surgery plays a significant part on the ongoing regeneration.
12	Concerns that those facing domestic violence/abuse will face further scrutiny if they are trying to video call a GP or attend a surgery in Kirkintilloch when previously, before Covid-19, they could pop down to the Healthy Living and Enterprise Centre locally and be seen by a GP without potentially raising suspicions.
13	Closure will lead to a decline in the general health in a community that still has former miners with respiratory health problems

	Agree
1	The four GP partners are all in agreement with the practice proposal for closure of the Woodhead Medical Practice satellite surgery at Twechar. There are various elements to consider around clinician / patient safety, and on-going care, even if it's simply collecting a prescription given there's no Pharmacy in Twechar, or having to appoint for bloods etc. The partners here consider all of the above to be key elements in the decision being made and believe that given the Twechar surgery is only once per week, with no other attached elements or support, it is clear that patients must be managing to travel to KHCC where a full provision of care is provided in an environment which is safe for patients and clinicians alike, and also where GP's have full access to patient records and the support of other colleagues and disciplines to ensure patients receive the best standard of care at all times.
2	In response to your email of 27/7/20 regarding the closure of the Twechar Satellite Surgery I would like to fully support the decision of Woodhead surgery to consolidate their work at a single site especially as we are all reducing the number of face to face consultations and making increasing use of phone and video consultations which can be done anyway. We regularly have patients from Twechar registering with our surgery and therefore it would appear unlikely that the presence of a satellite surgery in Twechar is influencing choice of practice.
3	The GP Subcommittee Executive's view is that the application to close the Woodhead Medical Practice branch surgery in Twechar is appropriate. The GP Subcommittee Executive noted the practice want to consolidate services at their main site in Kirkintilloch where a full range of health care services will be available to

those patients residing in Twechar. The GP Subcommittee Executive have also noted the satellite surgery is only staffed on a Wednesday morning and further noted the unsuitability of the premises to allow for the full range of health care services to be delivered at its satellite surgery. It is right that the practice is conducting a patient consultation and we welcome this.

5.10 Two of the most common reasons cited in opposition to the proposal was in relation poor, unreliable, unsuitable transport & poor connectivity within the area and the barriers this may cause for patients in attending the main practice or receiving a virtual consultation.

5.11 There is only one bus, (accessible to all) which runs from Twechar to Kirkintilloch. The contract for service 84 was renewed in July 2012 by Strathclyde Partnership for Transport (SPT), and is operated by McColl's Coaches. The service 84 provides an hourly service 7 days a week and ensures commuters have access to essential links between these communities. This service has been praised by a local East Dunbartonshire Councillor for providing key links for residents within the community.

5.12 Strathclyde Partnership for Transport also operate "My Bus", the M93 which covers Twechar and Kirkintilloch, however, patients require to register with the service initially.

6.0 CONCLUSION

6.1 The information contained within this report and the accompanying appendices are presented to the HSCP Board in order that members consider the issues to inform their decision for or against the proposal to close the Satellite Surgery within Twechar Healthy Living & Enterprise Centre

APPENDICES

A	Application to close Satellite surgery
B	Woodhead Medical Practice Letter & Questionnaire consultation
C	Woodhead Medical Practice – Satellite surgery Consultation report
D	HSCP list of consultation recipients
E	Kirsty Ross, Chairperson, Twechar Community Action
F	Rona Mackay MSP
G	Stuart McDonald, MP response
H	John Jamieson MSP
I	Cllr Susan Murray's response
J	Cllr Stewart MacDonald's response
K	Local Medical Council / GP Sub Committee response
L	Turret Medical Practice response
M	Regent Gardens Surgery response
N	Children & Families Service response
O	Neil Bibby MSP *(provided response, following Technical Note, however, not part of original consultation process)*

Appendix 3

Woodhead Medical Practice
Review of Twechar Satellite Clinic

Report prepared by Dr Catherine Fraser : 27th August 2020

Introduction

Woodhead Medical Practice is situated in Kirkintilloch within the Kirkintilloch Health Care Centre. There are four part time GPs, two part time practice nurses and administrative staff. The premises within the Health Centre are purpose-built with access to other services, such as physiotherapy, dieticans and podiatry. As well as General medical services, the practice also provides Extended Hours and Contraceptive Implants from the Kirkintilloch site.

The practice also provides a weekly surgery on a Wednesday morning at the Twechar Healthy Living Centre. This is a multi-purpose building, and the surgery is provided by a GP who accesses patient information from a secure laptop. The GP attends alone and there is no waiting room, patients wait in the café area to be seen. The room is not purpose built and only basic examination is possible because of this. Twechar patients have always had to attend Kirkintilloch for other medical services such as chronic disease reviews, smears, blood taking and wound management, where suitable space and facilities are available.

The Twechar surgery is currently suspended due to the Covid-19 Pandemic. This is due to the room having multiple users with no formal deep cleaning and no facilities for disposal of clinical waste.

Reasons for reviewing this service

The practice list size has continued to increase due to new housing developments. There has been a 9% increase in practice population in the last 18months, putting additional pressure on already strained resources.

With this in mind, the practice decided to review the workload from the Twechar surgery. The GPs who attend Twechar have no access to landlines and mobile phone access is unreliable. In addition, due to the distance from the Server in Kirkintilloch, IT services in Twechar are slow which can result in frustration and lost time. It was felt it would be prudent to assess whether the presence of a GP for a whole morning away from the main site was an appropriate usage of time in view of ever increasing demands upon the service.

In addition, there were safety concerns for GPs covering the satellite surgery. The doctors attend alone and there is no panic button or reception staff, unlike in the main site.

It has been a feeling from the GPs who currently provide this service (Drs Ness and Fraser) that many of the problems seen at the Twechar surgery could be dealt with via other means, such as telephone consultation or being Signposted to other services, such as pharmacy minor ailments.

To this end a review of all patients who attended the Twechar surgery during the month of February 2020 was performed (Appendix 1). This showed that 77.5% of all patients who had attended the satellite surgery could have had their care delivered via a telephone or video consultation. In addition, all the patients who had attended Twechar over the review period had been seen at the Kirkintilloch site on another occasion in the recent past.

Since lockdown began at the end of March 2020 the Twechar surgery has been suspended resulting in over 140 telephone consultations with Twechar residents, who have also been emailing the practice and having video consultations where appropriate.

During this time GPs have been reviewing working practices resulting in an increased use of more modern consultation methods (e.g. over video and telephone). On the whole this has been very successful and readily accepted by the majority of patients. The practice recognises the importance of adopting different ways of working in such challenging times. Face to face consultations will of course still be required but it is pertinent that these are done as necessary and in purpose-built premises.

With these factors duly considered, Woodhead Medical Practice approached the HSCP with the proposal to cease operations from the satellite surgery in Twechar and consolidate medical services wholly from the Kirkintilloch site. To be clear, there are no plans to withdraw GP services from the registered residents of Twechar, only to have premises located solely in Kirkintilloch, where the full range of health care services are available.

Procedure

The HSCP outlined the steps the practice should take to progress this.

A letter and questionnaire was developed and content agreed with the HSCP (Appendix 2 and 3). This was sent to all Twechar residents registered with the practice, explaining the proposal and reasons for this and seeking their views. Patients could complete the questionnaire in paper form or send to the practice electronically via a dedicated email address. The practice website (www.woodheadmedicalpractice.co.uk) was updated with the same information published as a news article prominent on the home page for the duration of the survey period. The practice had to relocate to other premises during this time to accommodate the Local Covid Assessment Centre. These alternative premises had no waiting room where a notice could be displayed. However, patients were given the opportunity to contact the practice manager to discuss any questions they had in relation to the proposal.

Results

230 letters and questionnaires were sent to households of all registered Twechar patients. 29 were returned either in person, by post or electronically (12.6% of all patients contacted provided a response).

Of those 29 who responded:

- 68% (20) had attended the Twechar surgery in the last year.
- 72% (21) stated that they had attended the Kirkintilloch site in the last 12 months.
- 65% (19) stated it would be difficult for them to attend the Kirkintilloch site, with five stating - specifically this would only be if they had a problem with their car. -

A sample of comments returned by patients are included in Appendix 4.

A petition was handed in supported by the Twechar Community Action Group. This demanded that the satellite surgery was reinstated as soon as guidance allowed. This was signed by 171 residents, only 79 (46%) of which are registered with Woodhead Medical Practice. Due to GDPR, this document cannot be included in this report as it contains individual's names and addresses.

Conclusion

The patient population of Woodhead Medical Practice has increased over the last 18months and continues to do so. On reviewing the reasons for attending the satellite surgery over the study period, over 75% of consultations could have been managed appropriately by other methods. Twechar residents are required to attend the main site in Kirkintilloch for many services, including wound review, smears and blood taking. The room used in the Healthy Living Centre is not purpose built and therefore not suitable for any but basic medical examination. In addition, there are safety concerns for lone GP working without supportive practice staff or a panic button. Due to the distance from the server, IT in Twechar is slow and would not support the usage of NHS Near Me or emailing, both of which have been used very successfully during the Pandemic from the surgery in Kirkintilloch.

The practice concludes closure of Twechar satellite surgery would be a step to consolidate services from a sole site and allow optimum use of use of GP time to best provide care in a time of ever increasing demand.

Appendix 1

Retrospective review of Appointments at Twechar in February 2020.

We decided to look at the type of clinical cases seen in Twechar during the month of February 2020. The surgery provides one clinical session to patients in Twechar from a multi-purpose room in the Healthy Living Centre. The GP attends alone, using a laptop and printer. There is no reception cover, panic button or mobile phone coverage. It had been observed by the GPs who currently provide this service (Drs Ness and Fraser) that many of the problems seen at the Twechar surgery could be dealt with via other means, such as telephone consultation or being Signposted to other services, such as pharmacy minor ailments.

With demand increasing for GP appointments and rising list size, we felt it was prudent to review our Twechar surgeries to see if our feeling about appointment usage was correct.

We reviewed Twechar surgeries in **February 2020**. This month was chosen as no GPs were on holiday and there were 4 surgeries over this time period, each offering 10 pre-booked appointment and 2 emergency appointments (48 appointments in total).

Each consultation was reviewed and a decision was made as to whether this would have been suited for a telephone or video consultation.

Results of this review are illustrated in the table below:

	Week 1	Week 2	Week 3	Week 4
Total appointments booked (numbers in brackets denotes number who failed to attend, DNAs)	12	9	12 (3)	12 (1)
Number of patients who needed to be seen	**4**	**2**	**2**	**2**
Number of patients who could have been dealt with by telephone/video	8	7	7	9

NOTE : All patients who had attended the Twechar surgery over this time (41 patients) had all attended the surgery in Kirkintilloch previously. This had been for either bloods, wound review, smear, chronic disease review or as an emergency. None of these services could be carried out at Twechar due to the limited medical services/facilities available.

Conclusion

Of the 41 patients who had attended appointments at Twechar in February 2020, only 10 patients needed to be seen in the surgery (24%). The rest (76%) could have been dealt with via telephone or video consultation.

There is great pressure on GP appointments and we need to consider whether it is a good use of GP time in the current climate to continue to provide this service. There are good transport links to Kirkintilloch where our main surgery is. In addition, in Kirkintilloch there is access to a wider range of services such as Phlebotomy, chronic disease review and wound management.

We have also had on-going concerns regarding safety of a lone female GP working from such a site with no panic button and no mobile phone coverage.

Appendix 2

Letter to patients of Woodhead Medical Practice resident in Twechar

Dear Patient(s)

CONSULTATION ON THE PROPOSAL TO REMOVE SATELLITE TWECHAR WEDNESDAY MORNING SURGERY FROM LOCATION WITHIN ROOM IN TWECHAR HEALTHY LIVING CENTRE AND THEREAFTER PRACTICE SOLELY FROM OUR PREMISES IN KIRKINTILLOCH HEALTH AND CARE CENTRE, KIRKINTILLOCH

As you may already be aware, Woodhead Medical Practice consults from two locations, our main site at Kirkintilloch and our satellite surgery at Twechar on a Wednesday morning.

The Practice is currently seeking permission from NHS Greater Glasgow & Clyde to consolidate service provision to its Kirkintilloch premises. This would require the removal of our Wednesday morning surgery from Twechar. All Twechar patients would continue to receive medical care from the surgery in Kirkintilloch. **There are no plans to withdraw GP services from the Twechar area,** only to have our service located in Kirkintilloch, where the full range of health care services are available. At present, all Twechar patients need to attend the Kirkintilloch surgery for many conditions, such as chronic disease reviews, blood taking, wound review, ear syringing, cervical smears and minor surgery as we cannot provide these services from Twechar as premises are not suitable.

On reviewing reasons why patients had attended the Twechar surgery, we noted that 75% of patients who had been seen there could have been managed by telephone or video appointments with a doctor, and avoided the need to have to attend the surgery. Many problems can be dealt with by telephone or video consultation, therefore reducing the need for a face to face appointment.

Due to the COVID-19 Pandemic, we have had to suspend services at the Twechar surgery in the meantime in line with current guidance.

In order to assist in the wide ranging consultation process that is required prior to such a decision being approved, the Practice has been asked to undertake a survey of those patients who currently attend at Twechar. This will give you the opportunity to make your views known on the proposal to withdraw the clinic from Twechar. We would be grateful if you could return the attached questionnaire. The consultation process will be open until 24.8.20.

The consultation process will include your MP, MSP, Councillors, Public Participation Groups and Local Community Groups.

If you have any queries about the closure of our satellite surgery, please direct them to Mrs Pauline Wilmoth, Practice Manager.

Yours sincerely

Drs Davda, Fraser, McGroarty and Ness.

Appendix 3

Twechar patient survey

We would like to hear your views about the proposal in the attached letter.

Please complete the questions below and either:

- return by post
- email your response
- hand into the Kirkintilloch surgery

You must include your name and date of birth for identification as a resident of Twechar.

You should post your written responses to :

Woodhead Medical Practice, -
3 Saramago Street, -
Kirkintilloch, -
G66 3BF -

Alternatively, you can email your response to : -

twechar@woodheadmedicalpractice.co.uk -

If emailing, please provide answers to all of the questions below in your message. -

Name	
Date of Birth	D D / M M / Y Y Y Y

Have you attended the Twechar surgery in the last 12 months?	**YES** / **NO**
Have you attended the Kirkintilloch surgery in the last 12 months?	**YES** / **NO**
Would you find it find it difficult getting to the Kirkintilloch surgery?	**YES** / **NO**
Do you have any comments about the proposed changes?	

Appendix 4

Sample of comments received in response to the questionnaire

I am disheartened by the proposal to close the Twechar surgery. Although I drive parking at the Kirkintilloch Surgery is very poor and often there are no spaces available. I would struggle to walk the distance from the nearest bus stop to the surgery and back, the buses are also only once an hour therefore to arrive for your appointment on time you have to arrive in Kirkintilloch very early. Since the two surgeries merged there have been many issues trying to get appointments in advance, myself and my family have regularly been told to instead phone "on the day". The Twechar clinic is much more accessible both in terms of getting an appointment and to attend as it is local.

****

I do not support the closing of the Twechar satellite surgery for several reasons. While I am able to visit the surgery under normal circumstances as I own a car, I find that when I visit the surgery parking is nigh on impossible. However, if I am not feeling able to drive, the Twechar satellite surgery is in easy walking distance for myself, and as the bus service here is infrequent, expensive (particularly if I have to bring my children with me), sometimes unreliable and a good distance from the stop to the surgery in Kirkintilloch, visiting the surgery in town is obviously more difficult.

I am also concerned about the impact this will have on older and less mobile residents who also face these challenges if forced to attend the surgery in town as opposed to seeing the GP here in Twechar, and the potential knock-on effect that ending the surgery may have on the pharmacy, which many residents of Twechar are reliant upon.

In addition to this, I feel that video and telephone consultations, while helpful in some cases, are not useful where, for instance, physical manipulation or closer examination may be required.

****

I am against the proposed changes. I believe it will be of detriment to our community to remove the satellite GP surgery within Twechar HLEC and will impact disproportionately upon those who are vulnerable and elderly as they rely on this kind of service as a means of accessing much needed healthcare.

****

Comments- problems with attending Kirkintilloch is infrequent public transfer which drops you a fair distance away from surgery, especially with if you have mobility issues. The parking at the surgery is atrocious, rarely can you find a space.

I would be happy for a telephone consultation at times but would request that a time frame of an hour or 2 be given as I usually have other commitments like work and grandchildren.

I appreciate general practice is going to change and adapt since Covid-19, but Twechar patients only have your surgery that covers the village so I do urge you to reconsider stopping the Twechar clinic.

I believe it is well Attended and is only once a week.

I would be concerned for you as a practice that housecalls could increase due to lack of transport.

****

Even though I have not attended the Twechar surgery, I would this a more useful place to attend depending on my type of medical inquiry as with every medical condition might not be able to drive and the bus service from Twechar to Kirkintilloch is not reliable and this would the only method available to me. This service would also benefit the elderly and people who don't drive especially with the current pandemic going on.

****

T he proposed changes would benefit patients, because if they have any underlying problems or symptoms they could save time, and be referred immediately to another member of medical staff or department the same day instead of having to make another appointment and have to attend the main surgery on another day

****

In response to your letter I have found personally the benefits of the Twechar surgery in the past but also don't mind attending the main practice at Kirkintilloch Health Centre but think it has benefits for the elderly in the village especially due to Covid as not far for them to travel and less likely to come into contact with anyone that may have the virus

****

I've not attended the twechar surgery in the last 12 months ive always attened the kirkintilloch surgery in the last 12 months .. no i don't find it difficult to attended or getting to the kirkintilloch surgery... and I dont have any proposed changes towards the surgery

From: GP43581 (NHS GREATER GLASGOW & CLYDE) [mailto:gg-uhb.gp43581@nhs.net] -
Sent: 11 June 2020 15:13 -
To: Morrison, Patricia -
Cc: DAVDA, Risha (WOODHEAD MEDICAL PRACTICE (43581)); Ness, Shona (NHSmail); FRASER, - Catherine (WOODHEAD MEDICAL PRACTICE (43581)); Mcgroarty, Ainsley (NHSmail) -
Subject: [ExternaltoGGC]Woodhead Medical Practice -

Dear Patricia

We are writing to express our intention to terminate our satellite surgery held in theTwechar Healthy Living and Enterprise Centre.

The reasons we wish to stop holding a surgery there once per week are :-

We feel that the premises are not suitable as -

<u>During Pandemic</u>

- There is no formal deep cleaning
- The room is used by multiple different users so concern regarding cross-contamination
- No security staff
- No formal reception staff
- No other Practice staff on site
- Lone working female so safety issues
- IT not sufficient
- No panic button
- No NHS Near Me
- No mobile telephone coverage
- Waiting area is the cafe so no control over social distancing/number of people coming in
- High demand in Kirkintilloch, so lack of GP resources to be able to provide a weekly session
- No facilities for disposal/removal of clinical waste

<u>Non-Pandemic</u>

- There is no formal deep cleaning
- The room is used by multiple different users so concern regarding cross-contamination
- No security staff
- No formal reception staff
- No other Practice staff on site
- Lone working female so safety issues
- IT not sufficient
- Unable to prevent anyone wandering in and about
- No panic button
- No NHS Near Me
- No mobile telephone coverage
- Rapidly increasing list size so there is a greater need to focus resources in the main Practice
- Easy transport links – there is a bus directly to KHCC

- It is less than 4 miles from Twechar to Kirkintilloch

This was an historical arrangement which we feel is no longer fit for purpose, both in the short and long term. As you are aware, Kilysth made the decision last year to alter their boundary to exclude any new patients from Twechar from registering with them. This has put additional pressure on our already strained GP resources and we feel moving forward devoting one session of GP time to a small community making up less than 10% of our practice population is no longer practical.

Can we stress that we do not wish to give up the patients living in Twechar, we would continue to see them here in Kirkintilloch and obviously continue to do house visits for those who are housebound.

We hope the Board will look upon this request sympathetically.

We look forward to hearing from you in this regard.

Kind regards.

Pauline Wilmoth
Practice Manager

Woodhead Medical Practice

10 Saramago Street

Kirkintilloch G66 3BF

0141 776 2468

WOODHEAD
MEDICAL PRACTICE

Woodhead Medical Practice
10 Saramago Street
Kirkintilloch
G66 3BF

Tel: 0141 776 2468
Fax: 0141 355 2320

Appendix 5

Our ref: PW

Date as postmark

Patient(s) of Woodhead Medical Practice

Dear Patient(s)

CONSULTATION ON THE PROPOSAL TO REMOVE SATELLITE TWECHAR WEDNESDAY MORNING SURGERY FROM LOCATION WITHIN ROOM IN TWECHAR HEALTHY LIVING CENTRE AND THEREAFTER PRACTICE SOLELY FROM OUR PREMISES IN KIRKINTILLOCH HEALTH AND CARE CENTRE, KIRKINTILLOCH

As you may already be aware, Woodhead Medical Practice consults from two locations, our main site at Kirkintilloch and our satellite surgery at Twechar on a Wednesday morning.

The Practice is currently seeking permission from NHS Greater Glasgow & Clyde to consolidate service provision to its Kirkintilloch premises. This would require the removal of our Wednesday morning surgery from Twechar. All Twechar patients would continue to receive medical care from the surgery in Kirkintilloch. **There are no plans to withdraw GP services from the Twechar area,** only to have our service located in Kirkintilloch, where the full range of health care services are available. At present, all Twechar patients need to attend the Kirkintilloch surgery for many conditions, such as chronic disease reviews, blood taking, wound review, ear syringing, cervical smears and minor surgery as we cannot provide these services from Twechar as premises are not suitable.

On reviewing reasons why patients had attended the Twechar surgery, we noted that 75% of patients who had been seen there could have been managed by telephone or video appointments with a doctor, and avoided the need to have to attend the surgery. Many problems can be dealt with by telephone or video consultation, therefore reducing the need for a face to face appointment.

Due to the COVID-19 Pandemic, we have had to suspend services at the Twechar surgery in the meantime in line with current guidance.

In order to assist in the wide ranging consultation process that is required prior to such a decision being approved, the Practice has been asked to undertake a survey of those patients who currently attend at Twechar. This will give you the opportunity to make your views known on the proposal to withdraw the clinic from Twechar. We would be grateful if

WOODHEAD
MEDICAL PRACTICE

Woodhead Medical Practice
10 Saramago Street
Kirkintilloch
G66 3BF

Tel: 0141 776 2468
Fax: 0141 355 2320

you could return the attached questionnaire. The consultation process will be open until 24.8.20.

The consultation process will include your MP, MSP, Councillors, Public Participation Groups and Local Community Groups.

If you have any queries about the closure of our satellite surgery, please direct them to Mrs Pauline Wilmoth, Practice Manager.

Yours sincerely

Drs Davda, Fraser, McGroarty and Ness.

WOODHEAD
MEDICAL PRACTICE

Woodhead Medical Practice
10 Saramago Street
Kirkintilloch
G66 3BF

Tel: 0141 776 2468
Fax: 0141 355 2320

Twechar Patient Survey

We would like to hear your views about the proposal in the attached letter.

Please complete the questions below and either:

i) return by post
ii) email your response
iii) hand into the Kirkintilloch surgery

You must include your name and date of birth for identification as a resident of Twechar.

You should post your written responses to :

Woodhead Medical Practice,

3 Saramago Street,

Kirkintilloch,

G66 3BF

Alternatively, you can email your response to : twechar@woodheadmedicalpractice.co.uk

If emailing, please provide answers to all of the questions below in your message.

Name	
Date of Birth	DD / MM / YYYY

Have you attended the Twechar surgery in the last 12 months?	**YES / NO**
Have you attended the Kirkintilloch surgery in the last 12 months?	**YES / NO**
Would you find it find it difficult getting to the Kirkintilloch surgery?	**YES / NO**
Do you have any comments about the proposed changes?	

Appendix 6

	HSCP Consultees
1	Twechar Healthy Living & Enterprise Centre
2	Rona Mackay, MSP
3	Stuart McDonald
4	Councillor John Jamieson
5	Councillor Susan Murray
6	Councillor Stewart MacDonald,
7	Local Medical Council / GP Sub Committee
8	Turret Medical Centre
9	Regent Gardens Surgery
10	Children & Families
11	District Nursing
12	Mental Health
13	Councillor Alan Moir
14	Councillor Sheila Meechan
15	Patient. Service User & Carer Forum
16	Lennoxtown Medical Practice
17	Peel View Medical Practice
18	Southbank Surgery

Appendix 7

Rice, Dianne

Subject: FW: [ExternaltoGGC]Re: Twechar Satellite Surgery Consultation (FAO Pauline Wilmoth)

-----Original Message-----
From: Kirsty Ross [mailto:kirsty.ross@twecharhlec.org.uk]
Sent: 20 August 2020 21:52
To: Rice, Dianne <Dianne.Rice@ggc.scot.nhs.uk>
Subject: [ExternaltoGGC]Re: Twechar Satellite Surgery Consultation (FAO Pauline Wilmoth)

Dear Dianne,

I write to you on behalf of Twechar Community Action to express our concern that Woodhead Medical Practise wish to close the satellite surgery provision based within Twechar Healthy Living and Enterprise Centre.

We as a community believe that this move would be detrimental to the health of our tenants and residents. In particular those who are elderly and those who are vulnerable who rely on the service to access vital healthcare.

Public transport links for those in Twechar have never been reliable and many individuals are currently, understandably, very apprehensive using these services to reach the practice in Kirkintilloch during these uncertain times. The Kirkintilloch bus service is notorious for having frequent breakdowns and is often unavailable due to this.

There is also no room on the bus for anyone with prams/buggies if there is a wheelchair user present, this in itself presents a huge issue for those trying to access healthcare on a service which already only runs hourly.

In addition the bus service terminates at Catherine Street which is almost half a mile from the surgery. When inputting this into popular map applications it shows that for an average person this is a 9 minute walk, if someone is unwell or has mobility issues this could create a barrier to accessing healthcare.

Many members of our community also do not have access to the internet or have internet connections which are unreliable at best, making video call forms of communication unhelpful for them contacting their local health practitioners.

We also have concerns that those facing domestic violence/abuse will face further scrutiny if they are trying to video call a GP or attend a surgery in Kirkintilloch when previously, before Covid-19, they could pop down to the Healthy Living and Enterprise Centre locally and be seen by a GP without potentially raising suspicions.

A petition which has collected more than 150 signatures of those living in Twechar who feel passionate about keeping the satellite surgery will be handed into the practise in due course.

I hope that this will make you reconsider your plans.

Kind regards,
Kirsty Ross

Chairperson
Twechar Community Action

Rice, Dianne

Appendix 8

From: Mackay R (Rona), MSP <Rona.Mackay.msp@parliament.scot>
Sent: 28 July 2020 15:06
To: Rice, Dianne
Cc: Sinclair, Caroline; twechar@woodheadmedicalpractice.co.uk
Subject: [ExternaltoGGC]Twechar GP service

Categories: Complete

Dear Dianne,

Thank you for your email informing me that Woodhead Medical Practice wish to withdraw their weekly GP service from Twechar Healthy Living Centre.

On behalf of the very many residents who have contacted me since last night, I wish to express my shock and disappointment at this decision. The feedback I have had is that Twechar residents feel they are being abandoned by the loss of this vital service and I totally understand this.

Many have told me that the journey to Kirkintilloch can be fraught on public transport, due to the difficulties of the bus service, elderly people in wheelchairs and young parents with buggies which are restricted in number, one family has children who suffer from ADHD and cannot travel in buses or taxis and the inconvenience of having to do this when patients are feeling unwell is totally unacceptable.

Some residents have told me that having the GP service was one positive thing while living in a rural area, which we know is also classed as a deprived area suffering from a lack of amenities. This will only make the situation worse.

I understand the broadband coverage and reception in the village is poor, to the extent that even 4G cannot be accessed on mobiles. This would make virtual surgeries and appointments extremely difficult and at times non-existent.

The Health Board has a statutory duty to provide accessible health care in every area. This proposal would be a dereliction of that duty and I would urge you to consider replacing the same GP service after November with another practice if necessary.

I look forward to hearing from you.

Kind regards,
Rona

Rona Mackay MSP
Member of Parliament for the Strathkelvin and Bearsden Constituency

Parliament Office: M4.15, The Scottish Parliament, Edinburgh, EH99 1SP
Constituency Office: 18a Townhead, Kirkintilloch, G66 1NZ

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****

Appendix 9

Rice, Dianne

From: Stuart McDonald <stuart.mcdonald.mp@parliament.uk>
Sent: 24 August 2020 14:59
To: Rice, Dianne
Subject: [ExternaltoGGC](Case Ref: DJ/ZA12931)

Categories: Complete

Dear Ms Rice

Re: closure of Woodhead Medical Practice satellite surgery in Twechar

I am contacting you further to your recent email outlining that Woodhead Medical Practice wishes to withdraw their weekly GP satellite service from Twechar Healthy Living Centre.

On behalf of the residents of Twechar, I wish to express my real disappointment at this application and urge that it is rejected.

All correspondence that I have received from my constituents regarding this matter has outlined their understandable concerns regarding possible loss this vital service – concerns which I believe are significant enough to justify refusing the application. Indeed, if anything, we should be looking at possibilities to expand the services available at the Twechar satellite surgery, not contemplating its closure.

My constituents are clear that a requirement to travel to Kirkintilloch would create a barrier to many residents in Twechar accessing health care. The bus service, for example, has limited capacity to transport passengers with wheelchairs and buggies. The direct bus service to Kirkintilloch also leaves patients either having to switch to another bus, or to walk almost half a mile to the practice – far from ideal for the elderly or those with limited mobility. The bus service is hourly, meaning any problems with the service – including connections – could mean missed appointments. Others will end up waiting for significant periods in the surgery and/or significant periods for the return bus – again, far from ideal for sick patients.

This would leave many of the residents in Twechar with no option but to go to the added expense of using taxis to access essential health care advice. In addition to the logistical challenges and related costs, there is a clear moral argument against creating a situation where ill and disabled people are forced to travel further than is necessary to seek the advice of their GP.

In respect of this it is worth pointing out that according to the Scottish Index of Multiple Deprivation 2020, Twechar suffers from lower-income levels with a higher proportion of health conditions in comparison to other areas. Crucially, the SIMD also indicates that in terms of access to services Twechar is classed as being among the 10% most deprived areas in the country. The removal of local access to a GP will only exacerbate these figures, indeed the statistics go some way towards creating a convincing argument for increasing local access to services rather than removing them.

On a related point, many constituents point out that broadband coverage and mobile reception in Twechar is extremely poor. The challenges to virtual access to health care cannot, therefore, be underestimated and in this instance would not be a ready-made replacement for the current ‘face to face’ service. The justification offered by the practice for removing provision is totally underwhelming and not sufficient reason for allowing the application.

Finally, it is important to note that the concerns outlined above take place within the wider context of Twechar being in the unfortunate position of being situated on the border of two different Health Boards. Recently the Kilsyth Medical Partnership, in Lanarkshire Health Board, ceased accepting new patients from Twechar – and any existing patient that moves address in future, even within Twechar, will be removed from their list. Withdrawal of the Woodhead satellite service would, therefore, represent be a double blow for Twechar people and further points to the need for better coordination between Health

Boards in order to better serve the Twechar community and other areas that find themselves in a similar position.

In short, the reasons offered by the practice for their application are incredibly limited and do not provide anywhere near sufficient justification. On the contrary, there are many good reasons for rejecting the application – and for looking to expand, rather than close, the satellite service.

Yours Sincerely,

Stuart McDonald
MP for Cumbernauld, Kilsyth & Kirkintilloch East

Appendix 10

Rice, Dianne

From: John.Jamieson@eastdunbarton.gov.uk
Sent: 30 July 2020 11:02
To: Rice, Dianne
Subject: [BlockedURL][ExternaltoGGC]Twechar Surgery Closure

Categories: Complete

Good morning Dianne

As a local representative I would wish to enter a complaint regarding the proposal to end surgeries at the Twechar Healthy Living Centre.

It is ironic that the above location is where surgeries take place and I believe that this decision will lead to a decline in the general health in a community that still has former miners with respiratory health problems.

There is also the problems of a poor bus service to Kirkintilloch and Galasgow, there have been short periods when the service was suspended during my tenure.

I am also asked by constituents when a new communications mast will be erected in the village as mobile communication can be poor.

Although I am aware of GP shortages I still think a GP presence is essential as the population is growing with younger families arriving at new build housing.

Finally while Twechar has thankfully improved its deprivation staus there are still many poor families who fgind the cost of buses and taxis prohibitive.

Thank you for your consideration of this objection

Regards

John
Councillor John Jamieson
East Dunbartonshire Council
12 Strathkelvin Place
Kirkintilloch
GLASGOW
G66 1TJ
Tel: 0141 578 8016 (Secretary)
email: john.jamieson@eastdunbarton.gov.uk

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East Dunbartonshire Council
www.eastdunbarton.gov.uk

Appendix 11

COUNCILLOR SUSAN MURRAY
Members Services,
12 Strathkelvin Place,
KIRKINTILLOCH,
Glasgow
G66 1TJ

Telephone: 0141 578 8016
e-mail: susan.murray@eastdunbarton.gov.uk

24 August 2020

Dr Paul Treon,
Clinical Director
East Dunbartonshire HSCP
HSCP HQ Office
Kirkintilloch Health & Care Centre
10 Saramago Street
Kirkintilloch
G33 3BF

Dear Dr Treon,

Consultation on the Closure of Woodhead Medical Practice Satellite Surgery, Twechar

I am responding to this consultation as one of three local Councillors for the Kirkintilloch East & North and Twechar ward and basing my response on feedback from constituents. However, I am also mindful of my role as the Chair of East Dunbartonshire Health and Social Care Integrated Joint Board.

There are many new ways of doing things that have been adopted as a result of the Covid-19 pandemic which have been welcomed by service users. In particular, the Near Me video consulting has proved to be successful in freeing up GP time and improving the patient experience, particularly under Covid-19 restrictions, and many patients are in favour of this continuing.

When considering removing a Satellite Surgery in order to switch to using Near Me and telephone consultations for appropriate patients, one very basic factor must be taken into account, - the availability of a reliable wifi connection in the locality. Twechar is notorious for its lack of a reliable mobile phone signal and internet connectivity. I am aware of one constituent who has regularly to leave the house and go to the bottom of her garden to get a signal on a smart phone.

I have written to the Mobile Operators' Association who have a role in meeting government targets on the roll out of broadband requesting that they prioritise Twechar given its recent success in engaging local people, regenerating the area and the ongoing regeneration projects. Hopefully the situation will improve.

Your review of the GP service delivered in Twechar identifies that 75% of patients could have been dealt with successfully by telephone or video consultation - leaving 25% which would not. Do you have information on how many of the patients have access to a landline or rely smart phone internet access? There is a risk that the 25% who could not be dealt with successfully in this way could increase significantly.

The positive impact in terms of health and wellbeing for the local community has, at least in part, been down to bringing back local provision of services through Twechar Community Action/Twechar Healthy Living and Enterprise Centre(THLEC). An important part of this is the re-introduction of a part time pharmacy which was based on the provision of the GP Satellite Surgery.

Going forward, strict appointments are going to be the norm. As recovery progresses, good data on the actual accessibility of Near Me and telephone consultations for Twechar residents can be collected and the position monitored.

I support the increasing use of digital and telephone consultations and I am aware of good work being done by third sector organisations who are helping people in our communities to become more internet connected by providing tablets and tuition. However, this requires a good internet connection.

Therefore, for the reasons summarised below, I do not support the closure of the Satellite Surgery in Twechar at this time:

- *Lack of consistent wifi access in the locality*
- *Lack of accessibility to Near Me/telephone appointments - at least 25% of patients having to return to face to face appointments in Kirkintilloch.*
- *Risk of losing local pharmacy provision and the option for local drop in consultations with pharmacists*
-

I know that THLEC has a reliable internet connection in the building and for EDC Councillors. A compromise, in the interim, may be to make the GP Room an "Internet Surgery' where patients without access to the internet at home could use a video link set up in the Centre.

Thank you for the opportunity to contribute to this consultation.

Yours sincerely

SUSAN MURRAY
COUNCILLOR

Appendix 12

COUNCILLOR STEWART MACDONALD
Members Services,
12 Strathkelvin Place,
KIRKINTILLOCH,
Glasgow

Telephone: 0141 578 8016
e-mail: stewart.macdonald@eastdunbarton.gov.uk

23rd August 2020

Consultation on the closure of Woodhead Medical Practice satellite surgery, Twechar

Dear Ms Rice

I am writing to ask that you do not recommend the closure of the Twechar GP Outreach Surgery as currently provided by Woodhead Medical Practice.

Villagers who had been registered with a GP in Kilsyth switched to Woodhead Medical Practice when the GP Outreach surgery opened in Twechar. They have been told they cannot register again with their Kilsyth GP. It seems unreasonable that they should be made to attend Kirkintilloch, which has poorer transport links for them.

The bus service between Twechar and Kirkintilloch is hourly and involves a 9-minute walk each way between the stop at Catherine Street and the Woodhead Medical Practice. The bus used is relatively small and, if carrying a couple of pushchairs, cannot accommodate a wheel chair. As it is an hourly service, it is difficult to get travel to coincide with medical appointments without leaving a substantial waiting period for each direction. If a bus is missed, or has been cancelled due to breakdown as often happens on this route, appointments will likely be missed.

The Healthy Living Centre hosts a range of social and welfare rights activities as well as a community café and a pharmacy. It is located centrally to the village and is easily accessible. This is particularly useful for patients of the surgery as it reduces social isolation and can help to make patients aware of further local support.

The internet service in Twechar is very poor with a low broadband speed. Accessing online services like NHS 24 can be problematic.

Twechar is a former mining village with a high proportion of elderly residents. Its surrounding rural area is raked in the 4th percentile of the Scottish Index of Multiple Deprivation. Its Primary School is protected by Rural Schools Status.

Twechar has recently seen a significant investment in housing and its strong community has helped to regenerate the village which has in turn attarcted a number of people to live there. Access to a GP in the village plays a significant part in this ongoing regeneration.

The villagers are appalled at the thought of losing their GP outreach. The loss of this service and poor transport links will be a significant barrier to accessing health care and dealing with social isolation.

An online and paper petition I have has raised 233 signatures. There is a very strong sense in the village of disappointment, especially as patients had switched from their previous GPs because of the Outreach surgery.

I have copied below some of the comments sent to me by Twechar villagers.

"Hi Stewart after quite a bit of research into finding a practise for someone residing in Twechar. I managed to get registered at this practice, although I have not yet had to use the service at the centre (as I drive) I did find it useful to have the option should I ever require it. The bus service in the village is not the most reliable and therefore anyone having to use this to travel to Kirkintilloch to see their doctor when they are not feeling 100% would be at a massive disadvantage.

Myself and family have only used the service on maybe a few occasions as we drive. I do feel for the village it is an essential service especially for those who don't drive. The bus service when in service and not sitting in a lay by broken down (regular occurrence) would not be reliable for people to make appointments.

I do rely on this service as I'm 70, do not drive, suffer back problems and would need to rely on family and friends to get me to Kirkintilloch. I feel it takes away a wee bit of my independence to be able to go to doctors on my own and family and friends also work. So, if I can't get to Kirkintilloch, will I be assured of a house call if needed?

I am a newer resident, 3 years here, and chose this practice to register with because of the satellite service. I luckily have not had to use it yet but made my decision was based on a previous health condition; should that arise again it makes waiting around and travelling on a bus almost impossible. I can also see why this would be awful for other residents, based on other comments.

With my volunteer hat on, I know that the availability of a GP in the village is central to a lot of stuff connected to the centre's activities. It was a major part of the regeneration of the village, as well as funding the refurbishment of the Centre that we wanted, as well as needed, GP services in the community. It was also influential in us securing the pharmacy as both were seen to be hand in hand. If Woodhead surgery are unwilling/unable to provide the service then I hope that the community, with the help of elected members from EDC, the MP and MSP can convince another local surgery to take over.

I as a resident attend my doctor once a month and I would love to have the convenience of attending the doctor at the centre, even though my doctors are in Kilsyth but the transport system is just a poor

My grandmother has to change doctor when they take this away as the kKrkintilloch surgery is too awkward for her to physically get to.

Hi Stuart you know my feelings on this first Kilsyth now this surgery what is it about our village and the government? After years of people being with Kilsyth when moved house they're now registered with this practice. Amd now the village is being hit again. I'm lucky to still be with Kilsyth for now and don't want to move as it's been our surgery for over 100 years. '

Stewart if you need to go to the Doctors in Kirkintilloch by bus you need to get a taxi from the bus stop as the bus stops at Catherine Street.

I'm not in that surgery, but still interested. Twechar, I'm sure, would be considered Rural and not Remote. Surely someone has a duty of care to provide satisfactory, acceptable access to clinical care? It's our basic human right. Cradle to grave care !!!!! Nye Bevan will be turning in his grave.

I think it's a disgrace that they are going to have the last surgery on the 30th of August. It's a service that my family rely on and many families like us. The surgery is very well used. I still cannot get my head round why they would want to close a surgery on a Wednesday morning. The merging with another practice was to benefit both surgeries, not make things worse. Sorry about the rant

Disgrace, so difficult to get an appointment with the doctor, but you could virtually guarantee a Wednesday in the centre.

Seems yet again when cut backs need to be made, it 's Twechar residents who suffer. Kilsyth made cut backs and made the desicion to no longer accept new Twechar patients or allow existing patients to update their new address without being removed as a patient, despite being with the same doctors for over 30 years. Now Kirkintilloch are making cuts backs, they decide to target the one day we have local and handy. As others have mentioned, the service is a lifeline and allows elderly residents to regain a bit of independence and access a service they have a right to without having to rely on other people. Since being in the centre, this is a service that is used and appreciate by non-bdrivers who already have to deal with a very limited and poor bus service at the best of times.

The poor relative of every local authority/council we have been part of, poor show, very disappointed !!!

I drive and usually visit the centre in Kirkintilloch if I can, but the surgery at the Healthy Living Centre is useful if I'm not feeling up to that or catching a bus (the latter, I would think, is particularly of concern during the current coronavirus crisis, too).

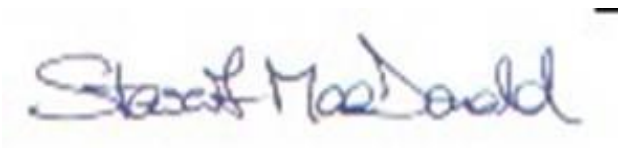
The one thing that has always been true of the surgery in Kirkintilloch, both now and previously, when it was Park surgery, is that finding a parking space is always hard if not sometimes completely impossible. This is going to make that even more of an issue. As others have said, the nearest bus route from Twechar is infrequent, isn't 100% reliable, and the stop is a good five or ten minute walk away. Which would be fine for someone fit and healthy, but I'd have thought that many of the people who need to visit their GP might not come into that category.

We rely on the service for the whole family, it's hard enough to get a parking space at the Doctors surgery in Kirkintilloch, and with soon to be 3 kids, we rely on the service. It is always full and it would be taking away a valued service for the whole community.

We have just recently purchased a property in Twechar and, as a young family, the existence of the surgery was one of the positive things about the rural area."

I very much hope that the Health and Social Care Partnership can support the people of Twechar and recommend a refusal to close this service.

Yours sincerely



STEWART MACDONALD

COUNCILLOR

Appendix 13

Rice, Dianne

From: Piggott C (Craig) <Craig.Piggott@parliament.scot>
Sent: 21 August 2020 15:22
To: Treon, Paul
Cc: Rice, Dianne
Subject: [ExternaltoGGC]Closure of Woodhead Medical Practice Satellite Surgery - Twechar

Categories: Complete

Dear Paul

I am writing to submit a formal consultation response to the proposed withdrawal of GP services from the Twechar Healthy Living Centre and for the Woodhead Medical Practice to solely provide GP Services from the Kirkintilloch Health and Care Centre.

After having discussed the matter with a number of residents of Twechar, Councillor Stewart MacDonald and over 233 people, around 20% of the village population, having signed a petition I am against the aforementioned proposal. The strength of feeling from local residents on this issue is clear, that the Outreach GP surgery is crucial for the village and the withdrawal of such a service would have a detrimental health and social effect on the residents of the village.

Twechar is a very rural and in many ways an isolated village with a large elderly population. It currently ranks in the second decile for Geographic Access to services according to the Scottish Index of Multiple Deprivation, something which will only be further exacerbated by the withdrawal of the Outreach GP surgery.

Given the large proportion of elderly people in the village, many residents rely on public transport. A large part of the isolation and lack of Geographical Access for the village is due to the lack of proper public transport links which many in the village would rely on in order to access GP services if this proposal goes ahead. There is only a single hourly bus service between Twechar and Kirkintilloch which according to local residents is often delayed or cancelled due to bus breakdowns for example. Without a regular and reliable bus service it will be difficult for residents to access GP services and will disincentive residents from attending the GP surgery even where it is necessary to do so. There will also be a high number of missed or late arrivals for appointments due to the unreliability of the bus service. The bus used is also unable to carry multiple wheelchair users or those with prams making it even more difficult for those groups of people to get to Kirkintolloch and therefore access GP services.

The Outreach GP surgery is currently located in the Twechar Healthy Living Centre which in many ways is the social heart of the village. The centre provides a pharmacy, which may be affected if the GP service is removed, a community café and a number of social and welfare events. This provides a boost to the social and mental welfare of residents who otherwise may face a high degree of social isolation. The centre provides a hub for residents to access vital services in an easily accessible location and maintaining this wide service offer is vital for individual residents and the village as a whole.

I would ask that the views of residents in the village are fully considered and that no decision on the removal of the Outreach GP surgery is taken without a full assessment on the impact it will have on residents and the village as a whole. This must include an assessment of access to Kirkintilloch for GP services and the impact a lack of a reliable public transport service will have on people's access to such services.

Kind regards,

Neil Bibby MSP

West Scotland

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GP SUBCOMMITTEE

GREATER GLASGOW & CLYDE HEALTH BOARD
AREA MEDICAL COMMITTEE

Appendix 14

40 New City Road
Glasgow G4 9JT
Tel: 0141 332 8081
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Email: admin@glasgow-lmc.co.uk
mary.fingland@glasgow-lmc.co.uk

Medical Secretaries:
Dr John Ip
Dr Patricia Moultrie

Chair:
Dr Alan McDevitt C.B.E.

1st September 2020

Paul Treon
Clinical Director
East Dunbartonshire HSCP
Kirkintilloch Health and Care Centre
10 Saramago Street, Kirkintilloch
G66 3BF

Dear Paul,

APPLICATION TO WITHDRAW SERVICES FROM BRANCH SURGERY AT WOODHEAD MEDICAL PRACTICE SATELLITE SURGERY TWECHAR

Thank you for writing to the GP Subcommittee of NHS GG&C Area Medical Committee regarding the above application. The GP Subcommittee Executive Committee discussed this issue at its meeting on Monday 31st August 2020.

The GP Subcommittee Executive's view is that the application to close the Woodhead Medical Practice branch surgery in Twechar is appropriate. The GP Subcommittee Executive noted the practice want to consolidate services at their main site in Kirkintilloch where a full range of health care services will be available to those patients residing in Twechar. The GP Subcommittee Executive have also noted the satellite surgery is only staffed on a Wednesday morning and further noted the unsuitability of the premises to allow for the full range of health care services to be delivered at its satellite surgery.

It is right that the practice is conducting a patient consultation and we welcome this.

Yours sincerely,

Alan McDevitt

Dr Alan McDevitt C.B.E.
Chair GP Subcommittee

Appendix 15

Rice, Dianne

From: JOHNSTONE, James (THE TURRET MEDICAL CENTRE (43044)) <jamesjohnstone@nhs.net>
Sent: 06 August 2020 16:45
To: Rice, Dianne
Subject: [BlockedURL][ExternaltoGGC]Feedback re Twechar satellite closure

Importance: High

Categories: Complete

Hi Dianne,

I know I recently replied saying we had no comments based on the fact that the closure wouldn't impact us but further to a meeting with my GP partners, they have asked me to submit the following as their collective response.

After reviewing the necessary information and considering the closure of the Twechar satellite surgery, the GP partners here all want to share that they fully support the decision being made by Woodhead. There are various elements to consider around clinician safety, patient safety, and on-going care, even if it's simply collecting a prescription given there's no Pharmacy in Twechar, or having to appoint for bloods etc.

The partners here consider all of the above to be key elements in the decision being made and believe that given the Twechar surgery is only once per week, with no other attached elements or support, it is clear that patients must be managing to travel to KHCC where a full provision of care is provided in an environment which is safe for patients and clinicians alike, and also where GP's have full access to patient records and the support of other colleagues and disciplines to ensure patients receive the best standard of care at all times.

Please ensure these comments are included along with any other responses.

Thanks,

James Johnstone | **Practice Manager** | Turret Medical Centre(G43044)

Direct dial: 0141 212 4725

Catherine Street
Kirkintilloch
G66 1JB

Practice tel: 0141 776 8200
Fax: 0141 776 3170

BLOCKEDturretmedical[.]co[.]ukBLOCKED

Appendix 16

Rice, Dianne

From: GILMORE, David (REGENT GARDENS MEDICAL CENTRE (43030)) <david.gilmore@nhs.net>
Sent: 06 August 2020 16:50
To: Rice, Dianne
Subject: [ExternaltoGGC]Consultation - Twechar Satellite Surgery Closure

Categories: Complete

Hi Dianne

In response to your email of 27/7/20 regarding the closure of the Twechar Satellite Surgery I would like to fully support the decision of Woodhead surgery to consolidate their work at a single site especially as we are all reducing the number of face to face consultations and making increasing use of phone and video consultations which can be done anyway.
We regularly have patients from Twechar registering with our surgery and therefore it would appear unlikely that the presence of a satellite surgery in Twechar is influencing choice of practice.

Regards

David

Dr David Gilmore
Regent Gardens Medical Centre
18 Union Street
Kirkintilloch
GLASGOW
G66 1DH

Appendix 17

From: Hood, Lorna
Sent: 12 October 2020 16:30
To: Hood, Lorna <Lorna.Hood@ggc.scot.nhs.uk>
Subject: Re: Satellite Surgery closure report

Hi Gillian, -

I have now reviewed the documents and discussed the proposal with Derrick.

I'm afraid having considered the impact on families with babies and young children from the Twechar area, I'm unable to support the application for withdrawal of this service based on the points highlighted below:

- Level of vulnerability within the local area (mental health, domestic abuse etc.).
- Lack of transport links and infrastructure (particularly challenging with prams)
- Increasing the level of Isolation for the local community.
- Poor connectivity creating challenges with care being delivered via IT platforms.
- Barriers for the local community in relation to addressing their health needs.
- Limited data provided to support withdrawal of the service.

While I understand and accept there are currently significant challenges with service delivery, I feel there is clearly a need for a scoping exercise to identify solutions for the issues highlighted, rather than withdrawal of a much needed support to the residents of this community.

Kind regards

Lorna

Lorna Hood

Senior Nurse Manager

C&F Team

East Dunbartonshire HSCP

Lorna.hood@ggc.scot.nhs.uk

Tel : 07733002453

A summary of responses from Q4 are noted below:

- *I am disheartened by the proposal to close the Twechar surgery. Although I drive parking at the Kirkintilloch Surgery is very poor and often there are no spaces available. I would struggle to walk the distance from the nearest bus stop to the surgery and back, the buses are also only once an hour therefore to arrive for your appointment on time you have to arrive in Kirkintilloch very early. Since the two surgeries merged there have been many issues trying to get appointments in advance, myself and my family have regularly been told to instead phone "on the day". The Twechar clinic is much more accessible both in terms of getting an appointment and to attend as it is local.*
- *I do not support the closing of the Twechar satellite surgery for several reasons. While I am able to visit the surgery under normal circumstances as I own a car, I find that when I visit the surgery parking is nigh on impossible. However, if I am not feeling able to drive, the Twechar satellite surgery is in easy walking distance for myself, and as the bus service here is infrequent, expensive (particularly if I have to bring my children with me), sometimes unreliable and a good distance from the stop to the surgery in Kirkintilloch, visiting the surgery in town is obviously more difficult.*

  I am also concerned about the impact this will have on older and less mobile residents who also face these challenges if forced to attend the surgery in town as opposed to seeing the GP here in Twechar, and the potential knock-on effect that ending the surgery may have on the pharmacy, which many residents of Twechar are reliant upon.

  In addition to this, I feel that video and telephone consultations, while helpful in some cases, are not useful where, for instance, physical manipulation or closer examination may be required.
- *I am against the proposed changes. I believe it will be of detriment to our community to remove the satellite GP surgery within Twechar HLEC and will impact disproportionately upon those who are vulnerable and elderly as they rely on this kind of service as a means of accessing much needed healthcare.*
- *Problems with attending Kirkintilloch is infrequent public transfer which drops you a fair distance away from surgery, especially with if you have mobility issues. The parking at the surgery is atrocious, rarely can you find a space.*
- *I would be happy for a telephone consultation at times but would request that a time frame of an hour or 2 be given as I usually have other commitments like work and grandchildren.*
- *I appreciate general practice is going to change and adapt since Covid-19, but Twechar patients only have your surgery that covers the village so I do urge you to reconsider stopping the Twechar clinic.*
- *I would be concerned for you as a practice that house calls could increase due to lack of transport.*
- *Even though I have not attended the Twechar surgery, I would this a more useful place to attend depending on my type of medical inquiry as with every medical condition might not be able to drive and the bus service from Twechar*

to Kirkintilloch is not reliable and this would the only method available to me. This service would also benefit the elderly and people who don't drive especially with the current pandemic going on.

- *The proposed changes would benefit patients, because if they have any underlying problems or symptoms they could save time, and be referred immediately to another member of medical staff or department the same day instead of having to make another appointment and have to attend the main surgery on another day*
- *In response to your letter I have found personally the benefits of the Twechar surgery in the past but also don't mind attending the main practice at Kirkintilloch Health Centre but think it has benefits for the elderly in the village especially due to Covid as not far for them to travel and less likely to come into contact with anyone that may have the virus*
- *I've not attended the twechar surgery in the last 12 months I've always attended the kirkintilloch surgery in the last 12 months . no i don't find it difficult to attended or getting to the kirkintilloch surgery... and I don't have any proposed changes towards the surgery*

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer
Caroline Sinclair

Agenda Item Number: 14b.

Appendix 2

Woodhead Medical Practice

Review of GP Care Provision and Consolidation of Services

December 2020

Introduction

Woodhead Medical Practice operates from purpose built premises in the Kirkintilloch Health and Care Centre (KHCC) and provides a satellite surgery in Twechar Healthy Living Centre one session each week. For many years General Practice has been under increasing pressure and demand for appointments, with an ever increasing population size and no increased resource of GP numbers. For this reason we decided to review the service we provide to patients to ensure that we are making the best use of resources and time, and providing the best level of care.

Included in this service review is a six month review of the satellite surgery provided historically by Woodhead Practice GPs to the residents of Twechar one morning per week.

Since the start of the Covid-19 Pandemic, all practices have had to adapt to provide care in a safe manner. National Guidance has stated that patients currently should be assessed by telephone contact initially to determine whether they need to be seen for a face to face review. Clinicians need to determine whether symptoms could indicate Covid-19 infection in order to keep infection out of GP practices and protect our already very vulnerable Primary Care service, and to protect our patients. As a result, the satellite surgery in Twechar has been suspended since the end of March 2020 in line with Health Board guidance. Reasons for this include that there is no formal deep cleaning in the multi-purpose room that is used when GPs attend Twechar, and no facilities for removal and disposal of clinical waste. This suspension period has brought to the forefront the longstanding issues we have had with providing this ongoing service safely as outlined in the following report. It has also given us the opportunity to review the service we provide to the Twechar residents and allowed us to assess how the satellite surgery has been utilized by patients so that we can consider how best to make use of our limited GP resource.

Since we suspended the surgery at the end of March 2020, we have no complaints to any member of the Practice team from patients living in Twechar that the satellite surgery has been suspended, and all patients needing to be seen Face to Face have either attended the KHCC site or been seen on a house call if appropriate.

In the wake of the current Pandemic, all practices are looking at how patient care is best delivered. The pandemic will ultimately result in a significant change in how patients are seen and cared for by General Practice and is likely to involve the increased use of modern technology and virtual consultations. At this time, we are unable to predict exactly what this will look like but in all likelihood will be a blend of a traditional model and the use of technology.

In this paper we will outline the reviews we have undertaken to review the satellite surgery, and where and how the residents of Twechar received care. We will also outline the current issues with providing this service.

We wish to strongly emphasize that this is about consolidating our resources to provide the best possible service to all of our patients, including the residents of Twechar. Media articles have suggested that GP services are being withdrawn from the residents of Twechar which is not the case. Woodhead Medical Practice continues to provide medical care to residents, despite a significant increase in workload due to a neighboring Health Board altering their boundary to exclude Twechar residents. Woodhead Practice currently have no plans to move the practice boundary to exclude Twechar residents from our Practice list.

This process aims to consolidate and improve care for all our patients, ensuring a GP presence and care is provided where it serves the most need. The service provided by General Practice needs to be holistic and available at point of contact, and we believe that providing medical care to all our patients from the KHCC will best support this.

The service provided from the satellite surgery in Twechar is not fit for purpose in modern General Practice and by consolidating services in KHCC we would be able to provide full medical care to all our patients, including the residents of Twechar.

The next few documents explore the current patient utilisation of the Twechar surgery, a review of the modes of consultation for the patients of Twechar surgery, and the implications to the practice of the satellite service, both if it were to be maintained and if it were to no longer be provided.

Retrospective Review of Twechar Surgeries from October 2019 until March 2020.

Introduction

We felt it would be useful to look at the type of clinical cases seen in Twechar over a 6 month period prior to the Pandemic in order to ascertain whether these cases were dealt with in the most appropriate manner. It had been observed by the GPs who currently staff the satellite surgery in Twechar one morning per week (Drs Ness and Fraser) that many of the problems seen at the surgery could be dealt with via other means, such as telephone consultation or being Signposted to other services, such as pharmacy minor ailments.

With demand increasing for GP appointments and rising list size, we felt it was prudent to review our Twechar surgeries to see if our observation about appointment usage was correct.

Method

We reviewed Twechar surgeries from October 2019 until March 2020. This period was chosen as it predates the Pandemic and should give an accurate representation of the presentations seen in Twechar. Over the review period, one Twechar clinic had to be cancelled during October as there was no GP cover. Two clinics were cancelled over the festive period due to Bank Holidays and the last two weeks in March were cancelled due to the Pandemic. Each Twechar surgery offers 11 pre-booked appointments and two emergency appointments.

Each consultation was reviewed retrospectively and a decision was made as to whether this would have been appropriate for a telephone or video consultation, or review by an alternative

health care provider. Even if it was felt the condition could have been managed by alternative means, if the patient had been examined by the clinician this was assessed as requiring an appointment.

Results

Over the study period of 22 weeks, 286 appointments were available. Of these, 225 appointments were booked slots, meaning that **79% of available GP appointments had been used over this time.**

Of the 225 booked appointments, 20 patients did not attend their booked appointment, giving a **DNA (Did Not Attend) rate of 9%.**

The 205 appointments attended over the study period were each reviewed and a decision made as to whether the problem dealt with could have been managed by alternative means.

Of the 205 patients seen in Twechar, **62 (30%) needed to be seen face to face in the surgery.**

143 patients who had attended the surgery **(70%) could have been dealt with by alternative means and did not require a face to face appointment with a doctor.**

Only five patients who had attended the Twechar surgery over this time (out of 205 patients) had not previously attended the surgery in Kirkintilloch within the last 2 years (2% of all patients who attended Twechar over the study period.)

Four of these patients had only joined the practice in the previous year, so may not have had a need to attend the surgery in Kirkintilloch for medical reasons. The majority of patients (200, **98%)** had attended the surgery in Kirkintilloch over the previous 2 years. This had been for bloods, wound review, cervical smear, and chronic disease review or as an emergency.

None of these services could be carried out at Twechar due to the limited medical services/facilities available.

We also looked at the age range of patients attending the surgery in Twechar.

27 patients were in the 0-20 year's age group (13%). 44 patients (21%) were age 20-40 years of age. The biggest proportion of patients attending the Twechar surgery over the study period were age 40-60 years (76 patients, 37%). The rest of patients attending were aged over 60 (58 patients, 28%). **The majority of patients who attended the surgery over this period were under 60 years of age (71%).**

Conclusion

Of the 205 patients who had attended appointments at Twechar from October 2019 until March 2020, only 62 patients needed to be seen in the surgery (30%). Therefore 70% of all patients attending during this time could have been dealt with via alternative means, such as telephone or video consultation or by accessing an alternative health care provider.

The greatest proportion of patients who attended the Twechar surgery over the study period were aged 60 or less (**71%).**

There is currently an enormous and ever increasing demand for GP appointments and we need to consider whether it is a good use of GP time in the current climate to continue to provide this service. There is also access to a wider range of services in the KHCC such as Phlebotomy, chronic disease review and wound management. The majority of patients in this review were aged 60 or younger, so would be more likely to be able to use public transport or have access to a car. The vast majority of patients attending (98%) had also attended the main site in Kirkintilloch for other medical care over the study period, as these resources are not available in Twechar.
The last 6 months (March until November 2020) has also seen a significant increase in the list size of the practice. A total of 322 new patients have registered with Woodhead Medical Practice in the last 6 months and only 20 of these new registrations are from the Twechar locality. In these times of increased demand, practices need to ensure that GP time is used effectively to deliver care where it is most needed for all our registered patients.

Review of modes of consultation for Twechar patients from October 2019 until mid-December 2020.

A review of modes of consultation was carried out to ensure that there were no issues with residents of Twechar accessing GP services both in Twechar and in the KHCC.

A total of **598** patients (residents of Twechar) records were reviewed over a 15 month period and the following information was gathered.

Over the 15 month period there were **2182 patient contacts** for Twechar residents. Note that a number of these would be multiple contacts from the same patient. Modes of patient contact were as follows.

- Video consults – 2
- Mobile telephone consultations – 745
- Landline telephone consultations – 268
- Email consultations i.e. pictures of rashes etc. – 26
- House visits – 27
- Attended Twechar surgery – 150
- Attended the main surgery at KHCC – 991 **(87% of all Twechar residents attending Kirkintilloch site)**

  There were only 18 patients out of the 598 patients reviewed that had not attended the KHCC. On reviewing these notes, these patients had consulted for issues that were dealt with that day and didn't require ongoing care.
  There was no documentation that there were any problems connecting with patients from Twechar by mobile, landline, email or video.

  Please note that this information was gathered both before and during the Covid-19 Pandemic.

Practice Implications

We spent some time looking at what the implications would be to the practice if the satellite surgery were to cease or to continue.

If satellite service were to cease-

No financial benefits for practice, benefit is time, and this would allow a GP to be at KHCC site, with full facilities available. Also support from colleagues, in case of clinical emergency.

Another GP in KHCC setting to triage calls, perform telephone consultations, support admin and nursing staff. Not able to do this at satellite surgery, due to slow IT connections and lone working in Twechar.

Able to start surgery earlier at KHCC – Twechar surgery starts at 9.30am due to reliance on staff from the building opening up, KHCC opens at 8.30am. No travel time for GP to get between KHCC and Twechar.

Provide GP care in the location where there is most need for GP presence for all our registered patients - in Kirkintilloch locality.

If GP wasn't at Twechar would be able to provide that clinical session in KHCC- how this looks is hard to say at this time as we are still managing demand by telephone appointments, but more patients could be seen in KHCC in one session than at Twechar, so there would be more appointments available for all patients, including Twechar patients.

If satellite surgery were to remain open-

Loss of GP session to the larger practice population, as most Twechar residents are in fact seen at the KHCC site, this would impact on them too. Would need to open Twechar appointments up to be available to all our registered patients so as not to provide a preferential service to anyone.

Due to increasing list size and demand on the practice, there would need to be more GP resources to support this. It has been challenging to secure locums and in the current climate this has been much harder, so would be concerned this would not be sourced, thus compromising care of all patients due to reduction in GP presence from the main site.

Travel time to get to Twechar, which could be spent on clinical matters.

See report of review of appointment usage at Twechar; this is a service which not an effective use of GP resources. It is not providing a holistic service.

GP at Twechar would not have support as no other clinicians or admin staff there and no space for them

Ongoing concerns re GP safety- see below.

Unable to do urgent referrals when seeing the patient or contact secondary care for advice at the time due to poor connections, thus causing delay for patients care when seen in Twechar. In KHCC this can be done easily and quickly.

Health and Safety Concerns

There are currently significant health and safety concerns for the GPs who work from Twechar and these should not be overlooked or downplayed.

The GP who attends Twechar has no access to landlines and mobile phone reception within the building is unreliable.

The female doctors attend alone and there is no panic button or reception staff, unlike in the main site.

There are no facilities for disposal of clinical waste, in particular concerns in view of ongoing need for use and disposal of PPE and no formal deep cleaning of room.

The available room is a multipurpose room so is used by numerous individuals, medical equipment is basic and unable to carry out anything other than basic medical examination.

The room is at the end of a small corridor, not a safe room set up (patient between GP and only exit)

If medical emergency there is no support from health care professional available and no access to emergency medicines, oxygen, nebulising equipment etc.

A small number of safety incidents have occurred in the branch practice, where the GP has felt at risk and/or vulnerable.

Conclusion

We hope we have presented a full picture of our reasoning for redesigning our service to best serve the needs of all our registered patients. The provision of the satellite service in Twechar was a historical arrangement and is not the best use of GP resource in a modern Practice.

We would like to emphasize once again that we are NOT withdrawing GP services from the village, we are consolidating services to all of our patients, including the residents of Twechar to ensure a holistic, fit for purpose service which makes best use of a very finite resource.

In the wake of the current Pandemic, all Primary Care services will change, with new ways of working more effectively to provide safe and effective care. In all likelihood, there will be increased use of modern technology to assess, diagnose and manage patients. If required, patients can be seen face to face for assessment and this should be in a setting which is fit for modern practice with suitable resources at hand.

Our review of the service provided at Twechar shows that many issues seen at the surgery could be safety and appropriately dealt with by other means. The satellite surgery does not offer the range of services that the KHCC site can, and our work shows that the vast majority of Twechar residents have attended Kirkintilloch with no reported issues. Furthermore, the residents of Twechar who have contacted the surgery have managed to do so via all available modalities with no reported issues, and if required have been seen face to face in the KHCC site by a vast majority.

A provision which is not fit for purpose is not a useful provision, and we feel that the residents of Twechar deserve to have access to the full range of services that modern General Practice offers. The satellite surgery falls short of that and by consolidating services in Kirkintilloch, Twechar residents would have access to the service they require and deserve.

We would be happy to discuss any other matters if further clarification would be helpful.

Agenda Item Number: 15

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Date of Meeting	**24th June 2021**
Subject Title	**Financial Performance Budget 2020/21 – Month 12 (Year End)**
Report By	**Jean Campbell, Chief Finance & Resources Officer** **Jean.Campbell2@ggc.scot.nhs.uk** **Tel: 0141 232 8216**
Contact Officer	**Jean Campbell, Chief Finance & Resources Officer**
Purpose of Report	To update the Board on the final financial outturn of the partnership as at month 12 of 2020/21.
Recommendations	The Board is asked to: a. Note the Final Outturn position is reporting a surplus on budget of 3.3m as at year end 2020/21 (after adjusting for impact of earmarked reserves). b. Note and approve the final budget adjustments outlined within paragraph 1.2 (**Appendix 1**) c. Note the HSCP financial performance as detailed in (**Appendix 3).** d. Note that the draft annual accounts for the IJB will be presented to the Performance, Audit & Risk Committee on the 28th June 2021 for consideration. e. Note the progress to date on the achievement of the current, approved savings plan for 2020/21 as detailed in **(Appendix 5)**. f. Approve the reserves position set out in paragraph 4.5 g. Note the summary of directions set out within **Appendix 6**.
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.

Implications for Health & Social Care Partnership

Human Resources	None	
Equalities:	None	
Financial:	The partnership has delivered a surplus on budget for 2020/21 which will facilitate the creation of a general reserve for future financial years and provide some level of sustainability to the HSCP financial position. In addition the partnership holds a level of earmarked reserves to deliver on specific strategic priorities going forward.	
Legal:	None	
Procurement:	None	
Economic Impact:	None	
Sustainability:	The sustainability of the partnership in the context of the current financial position and potential to create general reserves will support ongoing financial sustainability. In order to maintain this position will require a fundamental change in the way health and social care services are delivered within East Dunbartonshire going forward in order to meet the financial challenges and deliver within the financial framework available to the partnership on a recurring basis.	
Risk Implications:	There are a number of financial risks moving into future years given the rising demand in the context of reducing budgets which will require a radical change in way health and social care services are delivered which will have an impact on services users / carers, third and independent sector providers and staffing.	
Implications for East Dunbartonshire Council:	Effective management of the partnership budget will give assurances to the Council in terms of managing the partner agency's financial challenges.	
Implications for NHS Greater Glasgow & Clyde:	Effective management of the partnership budget will give assurances to the Health Board in terms of managing the partner agency's financial challenges.	
Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	☐
	2. East Dunbartonshire Council	☐
	3. NHS Greater Glasgow & Clyde	☐
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	☒

MAIN REPORT

1. Budget 2020/2021

1.1. The budget for East Dunbartonshire HSCP was approved by the IJB on the 26th March 2020.This provided a total net budget for the year of £173.099m (including £32.944m related to the set aside budget). This included £3.2m of agreed savings (including management actions, turnover savings and transformation activity) and a £2.8m financial gap which required the identification of additional transformation activity to deliver a balanced budget for the year and moving forward into future financial years.

1.2. There have been a number of adjustments to the budget since the HSCP Board in March 2020 which has increased the final annual budget for 20/21 to £202.575m (including £36.975m related to the set aside following a refinement to the allocation for hospital based services). A breakdown of these adjustments are included as **Appendix 1.**

1.3. These adjustments along with recurring funding streams identified during the year end process for 19/20 and in the initial monitoring periods of the budget for 20/21 had reduced the financial gap to £2.1m. Due to a significant downturn in care home admissions during the year causing a deviation from planned activity from 84% occupancy to 77% occupancy on average, this has resulted in the financial gap being closed in its entirety for 2020/21.

2. Partnership Performance Summary

2.1. The overall partnership position is showing a year end surplus on directly managed partnership budgets of £12m, adjusting for balances to be taken to earmarked reserves of £8.7m, provides a general surplus on budget of £3.3m for the financial year.

2.2. This represents an adverse movement of £0.86m from that reported at Month 10. A detailed breakdown of the main movements in the reported position is included as **Appendix 2.** These relate in the main to:

- Covid Income / Expenditure (£1.186m) – while there were positive variations on the levels of expenditure anticipated, particularly in relation to provider sustainability costs, the balance of income has been taken to earmarked reserves to meet future costs related to Covid and has therefore reflected as a negative impact on the overall general revenue position.
- Recharges for bad debt provision (£527k) were higher than anticipated largely related to care home residents (interim funding / Charging Orders) and recovery of overpayments related to direct payments following an audit.
- Childcare Respite (113k) – costs came through for 2 placements in the final stages of the year for unplanned admissions in response to crisis.
- Homecare Payroll (170k) – some miscodings related to homecare employees were not picked up for the projections at period 10 causing an adverse variance at year end.
- Care Packages £472k – positive movements in the level / cost of care packages across adult and older people services towards year end provided a level of offset

to the variations set out above.

- Additional Income of £179k to support the review team not utilised in year due to delays in recruitment will therefore be carried forward to meet costs in future years.
- Prescribing (185k) – prescribing accrual was higher than anticipated due to an increase in volumes during December which informed the year end accrual, these volumes have now levelled off and have seen a further downturn in subsequent months.
- Accommodation £323k – costs anticipated for Lennoxtown Hub did not materialise as expected resulting in a positive variation at year end.
- Other positive variances of £352k relate to a combination of positive movements in payroll across Children's and community health services, a downturn in equipment issued through Equipu during the financial year and positive variations across admin and general supplies budgets.

2.3. The final year end surplus across care group areas is set out in the table below:

Care Group	Annual Budget Total (£000)	Projected Variance Total (Mth 12)	Projected Variance Total (Mth 10)
Mental Health, Learning Disability, Addictions & Health Improvement	26,937	1,632	1,334
Community Health & Care Services	46,369	788	1,231
Children & Criminal Justice Services	14,431	(195)	(458)
Business Support	3,550	375	21
Other Non SW - PSHG / Care & Repair/Fleet/COG	1,348	606	576
FHS - Prescribing	19,480	303	487
FHS - GMS / Other	30,246	2	0
Oral Health - hosted	10,223	0	0
Set Aside	36,975	0	0
Covid	13,031	(222)	964
TOTAL Per Care Group	**202,591**	**3,290**	**4,154**
Anticipated SG Income to support Covid	**0**		
Projected Year End Variance	**202,591**	**3,290**	**4,154**

2.4. The main variances to budget identified throughout the financial year relate to:

- Mental Health, Learning Disability, Addiction Services (£1.6m under spend, a positive movement of £0.3m since that reported at period 10) – this relates to a loss of income in respect of daycare and transport charging due to service closures during Covid both to other local authorities and to service users, this is reflected within the LMP for which income has been received from the SG. This is currently being offset by a continuing downturn in care packages within this care group, a downturn in the provision of taxis and transport to support individuals to access services and some positive payroll variation due to reduced staffing levels within Pineview due to a void placement. There continues to be a downturn in residential and supported living

placements within these care group areas.

- Community Health & Care Services (underspend of £0.8m, an adverse positive movement of £0.4m since that reported at period 10) – This is showing a favourable variance at year end related to a combination of slippage in recruitment on Elderly Mental Health Services and a significant downward trend in care home placements and care at home packages. This area is covering the full extent of the budget gap for the 2020/21 budget. There were some variation to homecare payroll projections towards years end and some movements in care packages.
- Children & Criminal Justice Services (£0.2m overspend, a positive movement of £0.3m since that reported at period 10) – initial payroll pressures as a result of challenging turnover savings are now being met as a result of continued vacancies across this service area, however there continues to be pressures from a number of additional residential and fostering placements since agreeing the budget in March 2020. In addition the impact of delays in attaining budget savings related to the 'House Project', payments to voluntary sector organisations and the saving related to the Canal projects are had a negative impact on the budget position.
- Prescribing (underspend of £0.3m, an adverse movement of £0.2m since that reported at period 10) - Projected underspend on prescribing relates to the positive impact of tariff swap projections since setting the budget in March 2020. Previous pressures as a result of the short supply of Sertraline have levelled off and there continues to be a downward trend in volumes of prescribing which have offset the repayment of monies from the SG to support prescribing pressures from 2019/20 of £344k in the expectation that a surge in March related to Covid would be followed by a downward trend on volumes during April - November 2020. The saving identified in relation to prescribing at the time of setting the budget has also been achieved within this line. The movement to year end related to a higher than expected accrual based on activity levels in December which saw a significant increase. These have now levelled off and volumes continue to be lower than expected.
- Business Support (underspend of £0.4m, a positive movement of £0.4m since that reported at period 10) – This relates to accommodation costs for Lennoxtown hub not materialising as expected and continuing staff savings within planning and commissioning support.
- Housing Aids and Adaptations and Care of Gardens (underspend of £0.6m, a negligible movement since that last report at period 10) - there are a number of other budgets delegated to the HSCP related to private sector housing grants, care of gardens and fleet provision. These services are delivered within the Council through the Place, Neighbourhood & Corporate Assets Directorate.
- Covid – (slight overspend on this line of £0.2m, however offsetting underspends on covid expenditure reflected within other care group expenditure). This represents an adverse movement of £1.2m since that reported at Month 10 which was projecting an under spend on this budget line. There have been positive variations in expenditure, particularly related to provider sustainability and additional cost claims, however this has all been taken to an earmarked reserve and will be used to meet any Covid related expenditure in future financial years.

2.5 The consolidated position for the HSCP is set out in **Appendix 3**. The detailed budget monitoring reports for the NHS budgets and SW budgets delegated to the partnership are provided in **Appendix 4**.

2.6 The Draft annual Accounts will be presented to the Performance Audit & Risk Committee on the 28th June 2021 for consideration. Thereafter following an external audit process the financial performance for the IJB will be presented within the final audited annual accounts in November 2021.

3. Savings Programme 2020/2021

3.1 There was a programme of service redesign and transformation which was approved as part of the Budget 20/21. The final year position against this programme is set out in **Appendix 5**.

4. Partnership Reserves

4.1. The general surplus on budget of £3.3m will allow the HSCP to create a general reserve. The approval of the budget 2021/22 provided for the use of an element of the anticipated general reserve to achieve a balanced budget through the creation of a transformation reserve for 2021/22 to underwrite the identification of future recurring transformation activity. This represented a pragmatic approach to setting the budget for 21/22 in recognition that the work to identify and deliver transformation activity has been significantly hindered by the continuing response to the Covid pandemic and will continue to be so during the early part of 2021/22 and thereafter a focus on the recovery and remobilisation of services.

4.2. In addition specific reserves were created in relation to prescribing, to manage the risks on this budget during the year 21/22 and also for psychological therapies to improve waiting times performance. Further to these surpluses on specialist children's services and capital monies to support a garden project at Woodland Centre have also been earmarked to meet specific cost commitments in 2021/22. This provides a general reserve balance of £1.9m.

4.3. A Reserves policy was approved by the IJB on the 11th August 2016. This provides for a prudent reserve of 2% of net expenditure which equates to approximately £3.312m for the partnership. The level of general reserves falls short of this prudent level, however will create a working balance to help cushion the impact of uneven cash flows and unexpected events in future financial years.

4.4. The HSCP has also increased the level of earmarked reserves to £10.9m which are available to deliver on specific strategic priorities and largely relate to funding from the Scottish Government allocated late in the financial year to support Covid related activity, recognising that this would continue into the next financial year.

4.5. The final HSCP Reserves position is set out below:

HSCP Reserves as at 31st March 2021	NHS £000	EDC £000	Total £000
General Reserves	995,200	2,295,000	3,290,200
T/fer to E/Marked	(255,323)	(1,100,000)	(1,355,323)
Total General	739,877	1,195,000	1,934,877
Earmarked Reserve:			
Transformation Reserve (per IJB Budget 21/22)		1,100,000	1,100,000
SDS (19/20)		77,447	77,447
Apropriate Adults		4,407	4,407
Review Team 19/20		21,877	21,877
Review Team 20/21		147,961	147,961
Childrens MH & Wellbeing Grant		25,000	25,000
MH / Emotional Wellbeing - Children		201,000	201,000
ICF / DD	282,298		282,298
PCIP	878,274		878,274
GP OOH	38,660		38,660
Oral Health	403,482		403,482
Prescribing	185,000		185,000
Action 15	572,447		572,447
ADP	111,676		111,676
GP Prem	117,792		117,792
PC Support	26,765		26,765
Tech Funds	10,856		10,856
Infant Feeding	13,000		13,000
Covid-20	3,916,746	2,552,362	6,469,108
Psychological therapies	60,000		60,000
District Nursing	30,947		30,947
Chief Nurse	51,195		51,195
Health & Wellbeing	55,000		55,000
Specialist Children - SLT	3,000		3,000
Woodlands Garden Project	7,323		7,323
Child Healthy Weight Henry Programme	15,000		15,000
			0
Total Earmarked	6,779,461	4,130,054	10,909,515
Total Reserves	7,519,338	5,325,054	12,844,392

5. Financial Risks

5.1. The most significant risks to be managed during 2020/2021 are:

- The ongoing impact of managing Covid as we move through the recovery phase and the recurring impact this may have on frailty for older people, mental health and addiction services moving forward.

- Delivery of a recurring savings programme identified as part of the Budget process for 2020/21.
- Un Scheduled Care - The pressures on acute budgets remains significant with a large element of this relating to pressure from un-scheduled care. If there is no continued improvement in partnership performance in this area (targeted reductions in occupied bed days) then there may be financial costs directed to partnerships in delivery of the board wide financial improvement plan.
- Contractual increases to service provision remains a key risk given the volume of expenditure on the purchase of services from external care providers (approx. 34% of overall HSCP Budget).
- Children's Services - managing risk and vulnerability within Children's Services is placing significant demand pressures on kinship payments, external fostering placements and residential placements which will increase the risk of overspend which will impact on achieving a balanced year end position.
- Financial Systems – the ability to effectively monitor and manage the budgets for the partnership are based on information contained within the financial systems of both partner agencies. This information needs to be robust and current as reliance is placed on these systems for reporting budget performance to the Board and decisions on allocation of resources throughout the financial year.
- Reserves – there was a significant amount of funding which came in the latter quarter of the financial year related to Covid, PCIP, Action 15 and Children's Mental Health which could not be spent in year and has therefore been carried forward into future years to meet the ongoing costs associated with these priorities. While this has improved the overall reserves position for the IJB, consideration will be required on the impact of significant in year movement on reserves.

East Dunbartonshire HSCP **Agenda Item 15** **Appendix 1**

Consolidated Budget Reconciliation 2020/21

2020/21 Budget Reconciliation	NHS £000	Local Authority £000	Total £000
Budget Approved at HSCP Board on 26 March 2020	**83.405**	**56.750**	**140.155**
Set Aside	32.944		32.944
Rollover Budget Adjustment	1.267		1.267
Period 3 Budget Adjustments			
PSHG / Care & Repair Adjustment to HSCP		0.664	0.664
SG - Scottish Living Wage Contribution	0.215		0.215
Covid Funding	3.065		3.065
Covid - Return of 19-20 Allocation	-0.344		-0.344
Dental Bundle	4.614		4.614
MH Strategy - Action 15	0.197		0.197
ADP	0.271		0.271
PCIF including GP Premises	0.885		0.885
Outcomes Framework Cut 5% (Dental, HepC, BBV)	-0.084		-0.084
Covid Funding - FHS	0.382		0.382
FHS Adjustments	0.838		0.838
Period 6 Budget Adjustments			
Appropriate Adults (carry forward)		0.009	0.009
Whole Systems Approach to Youth Justice (carry forward)		0.013	0.013
ADP - DDTF	0.037		0.037
PCIF - Pharmacy Baseline	0.161		0.161
Covid Funding	2.111		2.111
Prescribing tariff swap	-0.730		-0.730
Dental transfer - GDH Decontamination Manager	-0.052		-0.052
Infant Feeding	0.040		0.040
Smoking Prevention	0.041		0.041
Covid Funding - FHS	0.008		0.008
FHS Adjustments	0.545		0.545
Period 8 Budget Adjustments			
Restatement of set aside based on refinement of budgets for delivery of p	0.270		0.270
MH Strategy - Action 15	0.513		0.513
ADP including Drug Death Funding	0.071		0.071
PCIF	1.539		1.539
FHS Adjustments	-0.230		-0.230
Covid Funding	4.384		4.384
Covid Funding - FHS	0.008		0.008
Period 10 Budget Adjustments			
Restatement of set aside based on refinement of budgets for delivery of p	3.761		3.761
MHAU Transfer of post	-0.006		-0.006
MH Strategy - Action 15	-0.001		-0.001
Pay Uplift - Dec 20 - Mar 21	0.234		0.234
Adult Social Care - Chief Nurse/ Care Homes	0.129		0.129
DN Funding	0.039		0.039
Wellbeing	0.002		0.002
FHS Adjustments	0.651		0.651
Covid Funding	3.391	0.283	3.674
Covid Recognition Payment (£500)	0.278		0.278
Covid Funding - FHS	0.024		0.024
Period 12 Budget Adjustments			
			0.000
Revised 2020/21 Budget	**144.872**	**57.719**	**202.590**
Final 2020/21 Budget	***144.872***	***57.719***	***202.590***

East Dunbartonshire HSCP **APPENDIX 2**

2020/21 Year End - Movement in Variance

	NHS £000	EDC £000	Total £000	Comments
Variance - Reported ast Mth 10 - under / (over) spend	745	3,400	4,145	
Final Year End Variance	6,793	5,248	12,041	
Earmarked Reserve - SG Income	(5,798)	(2,953)	(8,751)	
General Revenue Variance	995	2,295	3,290	
Movement - positive/ (adverse)	250	(1,105)	(855)	
New Variances:				
Covid Movement		(1,186)	(1,186)	Positive variation from reductions in expenditure offset by balance of income taken to e/marked reserve
Bad Debts		(527)	(527)	Review of bad debt provision - care homes / direct payments causing main movements
Childcare Respite		(113)	(113)	45% costs came through in final periods of the year - support for children in crisis due to family bereavement.
Other Grants		(99)	(99)	Grants received - c/fwd as Income (LCT £41k, Home & Belonging £53k, Creative Scotland £6k)
Adoption Payments		62	62	
Movements in Care Packages		472	472	
Equip / Adaptations		136	136	Downturn in equipment issue during the year through Equipu Service.
Supplies / Admin		107	107	Admin and supply budgets across HSCP
Review Team - Additional income		179	179	Transfer of income - costs not incurred to extent of income + c/fwd from 19/20
Childcare Payroll Variance		165	165	Grant Income funding elements of payroll costs
Homecare Payroll		(170)	(170)	Homecare Payroll miscodings not picked up in projection
Other Payroll		(44)	(44)	
Other		(87)	(87)	
			0	
Accomodation	323		323	Release of Accomodation Accrual
Movement in final prescribing expenditure	(185)		(185)	Movement in final prescribing expenditure
Payroll - Planning & HI	38		38	
Specialist Children Services	21		21	Speech & Language Therapy
MH Community Payroll	21		21	MH Community - further sliipage Psych / Nursing vacancies
Other Payroll	32		32	
			0	
Total New Variances - positive / (adverse)	250	(1,105)	(855)	

East Dunbartonshire HSCP
Consolidated Financial Performance 2020/21 - Month 12 Agenda Item 15 Appendix 3
Period to the 31st March 2021

Care Group Analysis	Annual Budget 2020/21 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Variance %age
Strategic & Resources	3,550	3,550	3,121	429	3,230	320	9.02%
Older People & Adult Community Services	41,577	41,577	39,870	1,707	40,701	876	2.11%
Physical Disability	4,792	4,792	4,880	(87)	4,880	(87)	-1.83%
Learning Disability	20,609	20,609	19,097	1,512	19,267	1,342	6.51%
Mental Health	4,639	4,639	4,008	632	4,476	163	3.51%
Addictions	1,090	1,090	994	96	1,092	(2)	-0.20%
Planning & Health Improvement	598	598	414	184	414	184	30.78%
Childrens Services	14,082	14,082	14,263	(181)	14,464	(382)	-2.71%
Criminal Justice Services	349	349	162	187	162	187	53.62%
Other Non Social Work Services	1,348	1,348	741	606	741	606	44.98%
Family Health Services	30,246	30,246	30,244	2	30,244	2	0.01%
Prescribing	19,480	19,480	19,178	303	19,178	303	1.55%
Oral Health Services	10,223	10,223	9,820	403	10,223	0	0.00%
Set Aside	36,975	36,975	36,975	0	36,975	0	0.00%
Covid Expenditure	13,031	13,031	6,784	6,247	13,253	(222)	-1.70%
Net Expenditure	202,591	202,591	190,550	12,041	199,300	3,290	1.62%

Subjective Analysis	Annual Budget 2020/21 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Variance %age
Employee Costs	45,821	45,821	45,390	432	45,472	350	0.76%
Property Costs	325	325	344	(19)	344	(19)	-6.00%
Supplies and Services	3,201	3,201	3,430	(229)	3,963	(761)	-23.78%
Third Party Payments (care providers)	55,709	55,709	57,700	(1,990)	57,700	(1,990)	-3.57%
Transport & Plant	739	739	373	366	373	366	49.50%
Administrative Costs	15,904	15,904	10,397	5,507	15,581	324	2.03%
Family Health Services	30,212	30,212	30,217	(5)	30,217	(5)	-0.02%
Prescribing	19,480	19,480	19,178	303	19,178	303	1.55%
Other	(80)	(80)	0	(80)	0	(80)	100.00%
Resource Transfer	18,898	18,898	18,898	(1)	18,898	(1)	0.00%
Set Aside	36,975	36,975	36,975	0	36,975	0	0.00%
Gross Expenditure	227,186	227,186	222,903	4,283	228,701	(1,515)	-0.67%
Income	(24,595)	(24,595)	(32,353)	7,758	(29,400)	4,805	-19.54%
Net Expenditure	202,591	202,591	190,550	12,041	199,301	3,290	1.62%

East Dunbartonshire HSCP
NHS Financial Performance 2020/21 - Month Period to the 31st March 2021

Agenda Item 15 **Appendix 4a**

Care Group Analysis	Annual Budget 2020/21 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Balances taken to E/marked Reserves	Forecast Full Year Spend £000	Forecast Full Year Variance £000	Variance %age
Strategic & Resources	£19,500	£19,500	£19,106	394	£109	£19,215	285	1.46%
Older People & Adult Community Services	£9,210	£9,210	£8,324	886	£831	£9,155	55	0.60%
Learning Disability	£673	£673	£659	14	£0	£659	14	2.10%
Mental Health	£2,190	£2,190	£1,643	546	£464	£2,108	82	3.74%
Addictions	£470	£470	£407	63	£74	£481	(11)	-2.32%
Planning & Health Improvement	£598	£598	£414	184	£0	£414	184	30.78%
Childrens Services	£2,275	£2,275	£2,193	81	£0	£2,193	81	3.57%
Family Health Services	£30,246	£30,246	£30,244	2	£0	£30,244	2	0.01%
Prescribing	£19,480	£19,480	£19,178	303	£0	£19,178	303	1.55%
Oral Health Services	£10,223	£10,223	£9,820	403	£403	£10,223	0	0.00%
Set Aside	£36,975	£36,975	£36,975	0	£0	£36,975	0	0.00%
Covid Expenditure	£13,031	£13,031	£9,114	3,917	£3,917	£13,031	0	0.00%
Net Expenditure	144,872	144,872	138,078	6,793	5,798	143,877	995	0.69%

Subjective Analysis	Annual Budget 2020/21 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Balances taken to E/marked Reserves	Forecast Full Year Spend £000	Forecast Full Year Variance £000	Variance %age	
Employee Costs	24,313	24,313	23,638	675	82	£23,720	592	2.44%	
Property Costs	324	324	319	6		£319	6	1.79%	
Supplies and Services	2,209	2,209	1,551	658	532	£2,084	125	5.66%	
Third Party Payments (care providers)	453	453	525	(72)		£525	(72)	-15.98%	
Transport & Plant		0		0		£0	0	#DIV/0!	
Administrative Costs	14,971	14,971	9,659	5,311	5,184	£14,843	127	0.85%	S14
Family Health Services	30,212	30,212	30,217	(5)		£30,217	(5)	-0.02%	
Prescribing	19,480	19,480	19,178	303		£19,178	303	1.55%	
Other	(80)	(80)	0	(80)		£0	(80)	100.00%	
Resource Transfer	18,898	18,898	18,898	(1)		£18,898	(1)	0.00%	
Set Aside	36,975	36,975	36,975	0		£36,975	0	0.00%	
Gross Expenditure	147,754	147,754	140,961	6,793	5,798	146,759	995	0.67%	
Income	(2,883)	(2,883)	(2,883)	0		(2,883)	0	0.00%	
Net Expenditure	144,872	144,872	138,078	6,793	5,798	143,877	995	0.69%	

East Dunbartonshire HSCP
Local Authority Financial Performance 2020/21 - Month 12 **Appendix 4b**
Period to the 31st March 2021

Care Group Analysis	Annual Budget 2020/21 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Balances taken to E/marked Reserves	Forecast Full Year Spend £000	Forecast Full Year Variance	Variance %age
Strategic & Resources	(15,950)	(15,950)	(15,986)	35		(15,986)	35	-0.22%
Older People & Adult Community Services	32,367	32,367	31,546	821		31,546	821	2.54%
Physical Disability	4,792	4,792	4,880	(87)		4,880	(87)	-1.83%
Learning Disability	19,937	19,937	18,438	1,498	170	18,608	1,328	6.66%
Mental Health	2,449	2,449	2,364	85	4	2,369	81	3.30%
Addictions	620	620	586	34	25	611	9	1.41%
Childrens Services	11,807	11,807	12,070	(262)	201	12,271	(463)	-3.92%
Criminal Justice Services	349	349	162	187		162	187	53.62%
Other Non Social Work Services	1,348	1,348	741	606		741	606	44.98%
Covid Expenditure	0	0	(2,331)	2,331	2,552	222	(222)	#DIV/0!
Net Expenditure	57,719	57,719	52,471	5,248	2,953	55,424	2,295	3.98%

Subjective Analysis	Annual Budget 2020/21 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Balances taken to E/marked Reserves	Forecast Full Year Spend £000	Forecast Full Year Variance	Variance %age
Employee Costs	21,509	21,509	21,751	(243)		21,751	(243)	-1.13%
Property Costs	1	1	26	(25)		26	(25)	-5057.50%
Supplies and Services	992	992	1,879	(886)		1,879	(886)	-89.30%
Third Party Payments (care providers)	55,257	55,257	57,175	(1,918)		57,175	(1,918)	-3.47%
Transport & Plant	739	739	373	366		373	366	49.50%
Administrative Costs	934	934	738	196		738	196	21.00%
Family Health Services	0	0	0	0		0	0	
Prescribing	0	0	0	0		0	0	
Other	0	0	0	0		0	0	
Set Aside	0	0	0	0		0	0	
Gross Expenditure	79,431	79,431	81,942	(2,510)		81,942	(2,510)	-3.16%
Income	(21,712)	(21,712)	(29,470)	7,758	2,953	(26,517)	4,805	-22.13%
Net Expenditure	57,719	57,719	52,471	5,248	2,953	55,424	2,295	3.98%

East Dunbatonshire HSCP
Financial Planning 2020/21
Transformation 2020/21

Ref	Workstream	Action	Description	HOS Lead / Approver	Project Lead / Author	Financial Impact 20/21 (£000) - per IJB 26th March 20	*Financial Impact 20/21 (£000) - 16th July 2020*	*Financial Impact 20/21 (£000) - Sept 2020*	*Financial Impact 20/21 (£000) - Dec 2020*	*Financial Impact 20/21 (£000) - Mar 2021*	*Dependencies*	*Comments*
19/20 Savings Cfwd												
19/20/01	Digital	CM2000 External Providers	Implementation of a scheduling system for external homecare providers to support payment for services on actual service delivery as opposed to planned.	Derrick	Gillian Healey	300	*0*	*0*	*0*	*0*	SXL Contract Award, Planned vs Actual reconciliation	*Linked to the award of the Care at Home frameworkthrough SXL National contract - potential delay until 21/22. Project meetings to be re-started (DP) to plan for go live date of 1st April 2021.*
19/20/03	Policy	Fair Access to CC	Implementation of Fair Access to Community Care Policy which ensure an open, transparent and equitable access to community care services.	David	Stephen McDonald	200	*100*	*50*	*50*	*50*		*Review team now established, prioritisation of work underway including the re start of services (where these have ceased / reduced) and development of a schedule of rates. Risk narrative to be developed.*
19/20/04	Service Change	Transport Policy	Implementation of Assistance with Transport policy across adult and children'as services.	David / Claire	Stephen McDonald (Adults/Older People)	50	*25*	*12.5*	*12.5*	*12.5*		*As above*
19/20/05	Charging	Fully Implement Exisiting Charging Policies	Implementation and application of non residential charging policy to all individuals determined to fall within the criteria for incurring a charge for the services they receive.	Jean	Jean Campbell	26	*0*	*6.5*	*6.5*	*0*	Linked to the prioiritisation of work through the review team.	*As above*
19/20/06	New Model	Sleepovers	Review of sleepover arrangements with a view to maximising opportunities for technological solutions.	David	Stephen McDonald	50	*25*	*25*	*25*	*25*		*As above*
19/20/07	Efficiency	3rd Sector Grants	Review of 3rd sector commissioned spend to maximise efficiencies across the sector.	Gillian H	Gillian Healey	185	*92.5*	*46.25*	*46.25*	*46.25*	Part of provider reconciliation exercise, planned vs actual, review of needs assessment for alcohol & drugs support services.	*Engagement with 3rd sector delayed during Covid response - discussion to resume with lessons learned during Covid response to inform new ways of working across the sector.Meeting to be established to link into Drug& Alcohol needs assessment (GH).Reconciliation process to be progressed at year end to recover any surplus monies arising from Covid impact during the year.*
19/20/12	Service Change	Review staffing levels in registered services across HSCP	Rview of staffing within Ferndale, John Street and Pineview registered provision in line with care commission levels to ensure maximum efficiency in the deployment of staff within these services.	Claire	Claire Carthy	52.5	*26.25*	*26.25*	*0*	*0*		*Review of staffing levels in Ferndale, Pineview and John Street completed - final report to be completed (CC) - no scope for savings as reduced staffing levels prompt higher levels of overtime to maintain care inspectorate staffing levels and rotas.*
19/20/15	Service Change	Review of MH / Addictions Commissioning following outcome of needs assessment	Conclude needs assessment and implement outcomes to ensure robust service models to support individuals within addiction and mental health tyhrough recovery.	David	Gillian Healey	0	*0*	*0*	*0*	*0*	Review of 3rd sector and related dependencies within project 19/20/07	*Outcome of needs assessment not conclusive. Initial thinking around an over arching service with some services supporting this - develop and conclude new model locally*
		Sub Total 19/20 Savings C/fwd				**863.5**	***268.75***	***166.5***	***140.25***	***133.75***		
Service Redesign 20/21												
20/21/01	Assets	Scope possible alternative accommodation options to meet the needs of throughcare / care leavers	Development of 'house project' and access to funding through Life Changes Trust to implement within East Dunbartonshire.	Claire	Raymond Walsh	400.0	*200.0*	*200.0*	*200.0*	*200.0*	Accomodation through housing.	*In progress - funding approved, contract with legal services, Co-ordinator appointed and recruitment of 2 facilitators underway, work with housing to identify tenancies underway.*
20/21/05	Access	Develop Digital Access to service option	Development and implementation of a digital strategy to support service delivery models going forward.	Derrick	Derrick Pearce	0.0	*0.0*	*0.0*	*0.0*	*0.0*		*Scope further opportunities in light of new working during Covid - to be anchored through Digital Strategy Group (DP)*
		Sub Total Service Redesign / Transformation 20/21				**400.0**	***200.0***	***200.0***	***200.0***	***200.0***		
		TOTAL Deliverable Progamme 2021				**1,263.50**	**468.75**	**366.50**	**340.25**	**333.75**		
Projects Paused for 20/21 - to be reviewed for 21/22												
19/20/10	Efficiency	Review Approach to Prescribing	Review of local prescribing practice and benchmarks to identify opportunities for further efficiencies in the prescribing of medicines across ED.	Derrick	Carolyn Fitzpatrick	200	*0*	*0*	*200*	*200*	Board wide savings programme, staff re-directed to Covid response.	*Number of risks for prescribing for 20/21 - number of drugs moving onto short supply causing price increases, additional funding for 19/20 for 20% increase in March to be repaid in 20/21 as volumes for April / May show a compensating reduction - monitor closely. In addition pharmacy staff redeployed to Covid effort impacting delivery of local savings..*
19/20/14	Access	Re Invigorate On Line Asset Map	Re stablish work to scope and capture community resources across East Dunbartonshire to support self management and sign posting for individuals seeking to access support.	Derrick	David Radford	0	*0*	*0*	*0*	*0*	Digital Strategy	*Work paused - priority directed to covid response.To be delivered through Digital & Care Board*
20/21/07	Service Change	Deliver locality based access points and community led support	Deliver locality based access points and community led support	Derrick	Derrick Pearce	0.0	*0.0*	*0.0*	*0.0*	*0*		*As above*
20/21/08	Service Change	Redesign HSCP Staffing and mgt structure to support new ways of working	Redesign HSCP Staffing and mgt structure to support new ways of working	Caroline	Caroline Sinclair	25.0	*12.5*	*0.0*	*0.0*	*0*		*Linked to HSCP delivery model going forward*

Ref	Workstream	Action	Description	HOS Lead / Approver	Project Lead / Author	Financial Impact 20/21 (£000) - per IJB 26th March 20	*Financial Impact 20/21 (£000) - 16th July 2020*	*Financial Impact 20/21 (£000) - Sept 2020*	*Financial Impact 20/21 (£000) - Dec 2020*	*Financial Impact 20/21 (£000) - Mar 2021*	*Dependencies*	*Comments*
20/21/09	New Models / Practice	Pilot family group decision making model	Pilot family group decision making model	David	David Aitken	0.0	*0.0*	*0.0*	*0.0*	*0*		*Not progressed during Covid period*
20/21/11	New Models / Practice	Scope potential for residential care beds in East Dun / new residential care home	Scope potential for residential care beds in East Dun / new residential care home	Derrick	David Dickson	tbc	*tbc*	*tbc*	*tbc*	*tbc*		*Business case on hold during Covid response*
20/21/12	Service Change	Evaluation of Care at Home revised service model	Evaluation of Care at Home revised service model	Derrick	Richard Murphy	0.0	*0.0*	*0.0*	*0.0*	*0*		*Full implementation of new model on hold during Covid period - establish evaluation 6 months after full implementation.*
20/21/13	Service Change	LD Supported Accomodation Review (In House Service)	Review of in house service delivery models to support individuals with a learning disability requiring residential accomodation	David	David Aitken	0.0	*0.0*	*0.0*	*0.0*	*0*		*LD Review on hold during Covid response.*
20/21/14	Service Change	LD Supported Accomodation Review (Commissioned Services)	Review of externally purchased service delivery models to support individual with a learning disability requiring support within a supprted accomodation model.	David	Gillian Healey	0.0	*0.0*	*0.0*	*0.0*	*0*		*LD Review on hold during Covid response.*
		Sub Total Projects Paused 20/21				**225.0**	**12.5**	**0.0**	**200.0**	**200.0**		
Projects Reviewed and Considered Management Action and Moved to Operational Service Plans												
19/20/11	Efficiency	Improved management of allocated fleet and pool cars	Improved efficiency in the use of fleet / pool cars to reduce the reliance on the use of mileage.	Derrick	Stephen McDonald	30	*15*	*15*	*15*	*15*	Impact of social distancing requirements on fleet use	*Anticipate increased mileage for homecare during Covid period and impact on ongoing transport provision in adherence to social distancing requirements.*
19/20/02	Charging	Day Care /Transport Charging	Increases in charging for daycare services to £20.80 per day and for transport to £4.20 per day.	Jean	Jean Campbell	50	*0*	*6.25*	*0*	*0*	Re start of daycare services in line with SG route map.	*Daycare / transport services ceased during Covid and will not resume to previous levels due to social distancing measures within day centre provision. Increases set to apply from the 28th Sept 2020, level of saving achieved dependent on timing and levels of daycare services to resume post covid response period.*
19/20/13	Efficiency	Tighter Control of Equipment Ordering	Review of equipment ordering across health andf social team teams with a view to streamlining provision.	Derrick	Fiona Munro	33	*33*	*33*	*33*	*33*		*In progress.*
20/21/03	Workforce / Practice	Upskill staff to provide evidence based interventions (Just Enough Support)	Training and upskilling staff to support evidenced based approach to assessment.	David	Kelly Gainty	0.0	*0.0*	*0.0*	*0.0*	*0*		*Endowment application completed to progress training - no savings anticipated.*
20/21/04	Workforce / Practice	Upskill staff to provide evidence based interventions (Signs of Safety)	Training and upskilling staff to support evidenced based apptroach to assessment.	Claire	Suzanne Greig	0.0	*0.0*	*0.0*	*0.0*	*0*		*As above*
20/21/06	Workforce / Practice	Develop and deliver locality based working with two teams	Develop and deliver locality based working with two teams	Derrick	Derrick Pearce	0.0	*0.0*	*0.0*	*0.0*	*0*		*Review use of Milngavie Clinic in light of social distancing requirements, progress use of Enterprise House to locate west locality teams (DP)*
20/21/16	New Model	Tailored Moving & Handling	Tailored Moving & Handling	Derrick	Derrick Pearce	0.0	*0.0*	*0.0*	*0.0*	*0*		*In progress (DP)*
		Sub Total Projects moved to Operational Service Plans 20/21				**113.0**	**48.0**	**54.3**	**48.0**	**48.0**		
Project Closed - Completed												
19/20/09	Service Change	Review of Independent Mobility Assessment	Review of process to access a mobility assessment to support entitlement to blue badge.	Derrick	Fiona Munro	18	*9*	*9*	*9*	*9*		*Review completed - balance of saving into the equipment line.*
19/20/08	Service Change	Review of Daycare East	Conclusion of review of daycare provision within the East locality.	Derrick	Kelly Gainty	25	*25*	*25*	*25*	*25*	Linked to planning for the recovery of day centre provision.	*Daycare services ceased during Covid response, consideration of guidance on safe restart to congregate services underway - savings resulting from supplies & services / transport expenditure in short term pending conclusion of review. Final element of review to be re-considered for 2021/22.*
20/21/02	Service Change	Withdraw from Canal Project	Re-provisioning of housing support delivered through the Canal Project from Social Work to housing service.	Claire	Claire Carthy	276.0	*276.0*	*276.0*	*276.0*	*0*		*Complete - Costs are now being met through housing department.*
20/21/10	New Models / Practice Enabler	Develop and implement resource management bureau for Adult and Older People Services	Develop and implement resource management bureau for Adult and Older People Services	Derrick	Derrick Pearce	0.0	*0.0*	*0.0*	*0.0*	*0*		*1st Phase complete - Re-visit paper and develop flowchart for RSG process and submit through SMT for approval and implementation (KG / SMcD / DA / DP)*
20/21/15	Digital	Digital alternative to homecare med prompt calls	Scope potential digital solutions to ensure safe and effective med prompts for individuals in rceipt of support from homecare services.	Derrick	Derrick Pearce	0.0	*0.0*	*0.0*	*0.0*	*0*		*Review complete - Not viable given the lack of technology awareness of cohort and increased complexity of need limiting numbers where there is a med call only.*
20/21/17	New Model	Implementation of East Dunbartonshire Strategic Cancer Partnership	Implementation of East Dunbartonshire Strategic Cancer Partnership	Derrick	David Radford	0.0	*0.0*	*0.0*	*0.0*	*0*		*Approved through HSCP Board and implementation in progress*
		Sub Total Projects Completed 20/21				**319.0**	**310.0**	**310.0**	**310.0**	**34.0**		
		TOTAL Programme Approved March 2020				**1,920.50**	**839.25**	**730.75**	**898.25**	**615.75**		
		Shortfall 20/21						***1,189.75***	***1,022.25***	***1,304.75***		

Appendix 5

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	24th June 2021 Agenda item number 240621-15
2	Report Title	Financial Performance Budget 2020/21 – Month 12 (Year End)
3	Date direction issued by Integration Joint Board	24th June 2021
4	Date from which direction takes effect	24th June 2021
5	Direction to:	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	Yes supersedes 250321-08
7	Functions covered by direction	Budget 2020/21 – all functions set out within Appendix 2.
8	Full text of direction	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2018-21, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.
9	Budget allocated by Integration Joint Board to carry out direction	The budget delegated to NHS Greater Glasgow and Clyde is £144.872m and East Dunbartonshire Council is £57.719m as per this report.
10	Details of prior engagement where appropriate	Engagement through chief finance officers within the respective partner agencies as part of ongoing budget monitoring for 2020/21.
11	Outcomes	Delivery of the strategic priorities for the IJB as set out within the Strategic Plan within the financial framework available to deliver on this as set out within the paper.
12	Performance monitoring arrangements	The budget will be monitored through standard budget monitoring and reporting arrangements to the IJB and in line with agreed performance management framework.
13	Date direction will be reviewed	Complete – Budget 2021/22 monitoring will supersede this direction

Agenda Item Number: 16.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Date of Meeting	**24th June 2021**
Subject Title	**HSCP Medium Term Financial Strategy 2022 – 2027**
Report By	**Jean Campbell, Chief Finance & Resources Officer** **Jean.Campbell2@ggc.scot.nhs.uk**
Contact Officer	**Jean Campbell, Chief Finance & Resources Officer** **Jean.Campbell2@ggc.scot.nhs.uk** **Tel: 0300 1234510 Ext 3221**
Purpose of Report	To update the Board and seek approval on the Medium Term Financial Strategy for the IJB for the period 2022 – 2027.
Recommendations	The Integration Joint Board is asked to: a) Approve the Medium Term Financial Strategy for the period 2022 – 2027 for the IJB as set out in **Appendix 1.** b) Note the financial risks to the IJB as set out in the Financial Risk register attached as **Appendix 2.** c) Approve the Directions to East Dunbartonshire Council and NHS Greater Glasgow & Clyde for the duration of the Strategy in respect of the delivery of the functions delegated to the East Dunbartonshire Integration Joint Board as set out in **Appendix 3** of this report.
Relevance to HSCP Board Strategic Plan	The Medium Term Financial Strategy is an integral part of the HSCP's Strategic Plan, highlighting how the HSCP medium term financial planning principles will support the delivery of the IJB's strategic priorities.

Implications for Health & Social Care Partnership

Human Resources	None
Equalities:	None
Financial:	The financial landscape for the partnership is challenging for the period 2022 – 2027 as a consequence of continuing demand and cost increases, challenging demographic pressures and ongoing financial austerity within our Strategic Partners. The Medium Term Financial Strategy will provide the likely financial challenges over this period and support the effective planning of resources and key elements which require to be taken forward to deliver financial balance.
Legal:	The Integration Scheme sets out the legal requirement for the IJB

	to consider the budget requirements to support delivery of the functions delegated to it and this Strategy sets on the medium term anticipated financial challenges for the IJB in delivering its Strategic Plan.
Procurement:	None
Economic Impact:	None
Sustainability:	The financial sustainability of the IJB is dependent on an awareness of the financial challenges ahead and the means by which the IJB intend to meet these challenges, the Strategy outlines the financial outlook for the HSCP over the next 5 years and provides a framework which will support the HSCP to remain financially sustainable
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.
Implications for East Dunbartonshire Council:	The impact and risks to the services delivered through the partnership will be significant in the event of a financial position that challenges the delivery of core, statutory services and contains demand, cost and demographic pressures in excess of the financial settlement available to the IJB. The ability of the IJB to remain financial sustainable will reduce the potential for reliance on additional partner contributions which are un planned and have a recurring impact into future financial years.
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 financial position that challenges the delivery of core, statutory services and contains demand, cost and demographic pressures in excess of the financial settlement available to the IJB. The ability of the IJB to remain financial sustainable will reduce the potential for reliance on additional partner contributions which are un planned and have a recurring impact into future financial years.
Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	☐
	2. East Dunbartonshire Council	☐
	3. NHS Greater Glasgow & Clyde	☐
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	☒

MAIN REPORT

1.1 This Medium-Term Financial Strategy for East Dunbartonshire IJB outlines the financial outlook for the IJB over the next 5 years and provides a framework which will support the IJB to remain financially sustainable. It forms an integral part of the IJB's Strategic Plan, highlighting how the IJB medium term financial planning principles will support the delivery of the IJB's strategic priorities. The Strategic Plan is currently under review, with an interim plan in place to cover the period to 2022.

1.2 This has been recognised by the Accounts Commission report in November 2018,which highlighted the need to link resources to strategic priorities, recommending longer-term, integrated financial planning between IJB's and Partner Bodies to deliver sustainable service reform. It has also been a recommendation from Audit Scotland in their Annual Audit Reports as part of a review of the IJB Annual Accounts and financial arrangements each year - "A medium and long-term financial plan is required to support longer term decision making and to demonstrate the IJB's financial sustainability". More recently this was highlighted as a requirement within the Internal Audit Report of the financial planning arrangements for the HSCP - "Medium Term Financial Strategy (**High Risk**) - Further work is required to develop Medium Term Financial planning in order to articulate how the expected budget gaps will be bridged and to further increase the integration of financial, commissioning and strategic planning at a more detailed level."

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

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

1.5 The IJB has particular demographic challenges related to a growing elderly population particularly in older old age. In the 10 years from 2016-2026, the East Dunbartonshire 85+ population is projected to continue to rise faster than any other HSCP area (by 52%). Looking ahead to 2041, the 85+ population will continue to rise faster than all HSCP areas (153%), with the exception of West Lothian.

1.6 The onset of a pandemic (Covid-19) and the impact of this on the delivery of health and social care services has had significant implications in the immediate / short term and this is expected to continue in the medium term as services recover and

potential longer term impacts emerge which are yet to be fully assessed.

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

1.8 Based on the projected income and expenditure figures the IJB will require to achieve savings between £3.1m and £4.2m each year from 2022/23 onwards. The aim of the strategic financial plan is to set out how the IJB would take action to address this financial challenge across a number of key area identified to close the financial gap.

1.9 These are set out below:

- Delivering Services Differently through Transformation and Service Redesign
- Efficiency Savings
- Strategic Commissioning
- Shifting the Balance of Care
- Prevention and Early Intervention
- Demand Management

1.10 The Medium Term Financial Strategy is set out in detail and attached as **Appendix 1.**

1.11 The key financial risks to the IJB over the period of the plan are set out in the Financial Risk Register attached as **Appendix 2.**

1.12 The directions to both East Dunbartonshire Council and NHS GG&C are attached as **Appendix 3.**

East Dunbartonshire Health & Social Care Partnership

Agenda Item Number:16a. 1

EAST DUNBARTONSHIRE
HEALTH & SOCIAL CARE PARTNERSHIP

MEDIUM TERM FINANCIAL STRATEGY 2022/23 – 2027/28

East Dunbartonshire Health and Social Care Partnership

Medium Term Financial Strategy

2022/23– 2027/28

Executive Summary

This Medium-Term Financial Strategy for East Dunbartonshire IJB outlines the financial outlook over the next 5 years and provides a framework which will support the IJB to remain financially sustainable. It forms an integral part of the IJB's Strategic Plan, highlighting how the IJB medium term financial planning principles will support the delivery of the IJB's strategic priorities. The Strategic Plan is currently under review, with an interim plan in place to cover the period to 2022.

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

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

The IJB has particular demographic challenges related to a growing elderly population particularly in older old age. In the 10 years from 2016-2026, the East Dunbartonshire 85+ population is projected to continue to rise faster than any other HSCP area (by 52%). Looking ahead to 2041, the 85+ population will continue to rise faster than all HSCP areas (153%), with the exception of West Lothian.

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

The Financial Challenge

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

Based on the projected income and expenditure figures the IJB will require to achieve savings between £3.1m and £4.2m each year from 2022/23 onwards. The aim of the strategic financial plan is to set out how the IJB would take action to address this financial challenge across the key areas detailed below:

Key areas identified to close the financial gap

Efficiency Savings

- Implementing a range of initiatives which will ensure services are delivered in the most efficient manner.

Strategic Commissioning

- Ensuring that the services purchased from the external market reflect the needs of the local population, deliver good quality support and align to the strategic priorities of the IJB.

Shifting the Balance of Care

- Progressing work around the un-scheduled care commissioning plan to address a shift in the balance of care away from hospital based services to services delivered within the community.

vention and Early Intervention

- Through the promotion of good health and wellbeing, self-management of long term conditions and intervening at an early stage to prevent escalation to more formal care settings.

Demand Management

- Implementing a programme focussed on managing demand and eligibility for services which enable demographic pressures to be delivered without increasing capacity. This is an area of focus through the Review of Adult Social Care.

1. Introduction

1.1 The East Dunbartonshire Health and Social Care Partnership (ED HSCP) has now been operating for just over 5 years. The partnership was formally established in September 2015 in accordance with the provisions of the Public Bodies (Joint Working) (Scotland) Act (2014) and corresponding Regulations in relation to a range of adult health and social care services. The Integration Scheme was revised and approved by the Scottish Government in August 2016 to extend delegated functions in relation to NHS Community

Children's Services; Children's Social Work Services; and Criminal Justice Social Work Services.

1.2 The second iteration of the Strategic Plan was approved by the IJB in March 2018 which set the key strategic priorities for the partnership, over the period 2018 – 2021, and included a medium term financial plan. The current Strategic Plan has been extended for one year to 2022 in light of the Covid pandemic which prevented the consultation and engagement on development of the new plan during 2020/21.

1.3 This medium term financial strategy (MTFS) aims to pull together in one place all the known factors affecting the financial position and sustainability of the organisation over the medium to longer term (5 - 10 years) and fulfil the recommendation of Audit Scotland within their audit report as part of the 2019/20 Annual Accounts.

1.4 This MTFS will establish the estimated level of resources required by the ED HSCP to operate the services delegated to it over the next five financial years and also estimate the level of demand pressures likely to be experienced by these services. It will take cognisance of the IJB Strategic Plan 2018-2021, continued to 2022, and the ED HSCP Integration Scheme as well as any other relevant strategies agreed by the IJB since it became operational. It will also take cognisance of the strategies, plans and policies of its partners where relevant to the operation of the delegated services.

1.5 The MTFS will assist in delivering the strategic plan, further improve strategic financial planning and maximise the use of resources across the medium term.

2. Key Principles

2.1 There are a number of key principles within which the partnership financial planning is set:

- The use of resources must be aligned and promote the delivery of the key priorities set out within the strategic plan.
- Spending should be contained within the original budget set during the budget setting process; where this is not possible recovery plans will be required to deliver financial balance and protect constituent body budget positions.
- In the event that recovery plans are not successful or have a detrimental impact on the services being delivered, then the IJB may agree to cover any overspend through the use of reserves, where available, whilst a permanent solution to the overspend is identified.
- The transformation programme approved by the IJB will seek to manage increasing demand or generate financial savings as well as deliver on the partnership strategic priorities.
- The preference towards the delivery of recurring savings and those budgets should be balanced on a recurring basis, the use of one-off savings only to be used where part of the overall financial strategy.
- The creation of reserves in line with the Reserves policy, approved by the IJB, to mitigate in year budget movements and provide some contingency throughout the year to manage demand and budget pressures to protect frontline services. This would include the use of earmarked reserves to support the delivery of service redesign and transformation to ensure sustainable services into the future.
- Working in partnership with NHS GG&C, EDC, the third sector and the other five GG&C IJBs to deliver the best and most efficient services possible within the financial allocations delegated.

3.0 National Context

3.1 The IJB operates in a complex environment with requirements to ensure statutory obligations, legislative and policy requirements, performance targets and governance and reporting criteria are met whilst ensuring the operational oversight of the delivery of health and care services.

Scottish Government Medium Term Health and Social Care Financial Framework

3.2 The publication of the 'Scottish Government Medium Term Health and Social Care Financial Framework' in October 2018 set the national context for the whole health and social care system in terms of the investment required to meet the demand and cost pressures while acknowledging that this needs to be matched with reform to drive further improvements in our services.

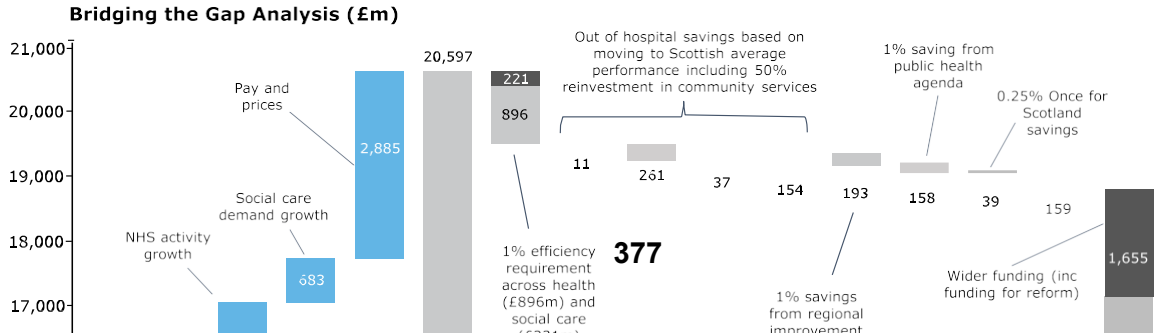
3.3 The framework provides an estimate of the future resource requirements across health and social care following analysis of historic expenditure trends, increasing unit costs, drivers of demand growth, government spending policy commitments and the range of activity which will contribute to the reform of health and social care delivery across Scotland. This provides that over the period from 2016/17 – 2023/24, the health and care system would require additional expenditure of £5.9 billion if the system did nothing to change. Reform programmes have already begun which will help to address this 'do nothing' challenge, however further work is required to address in full the financial challenges and the residual balance remaining of £159 million.

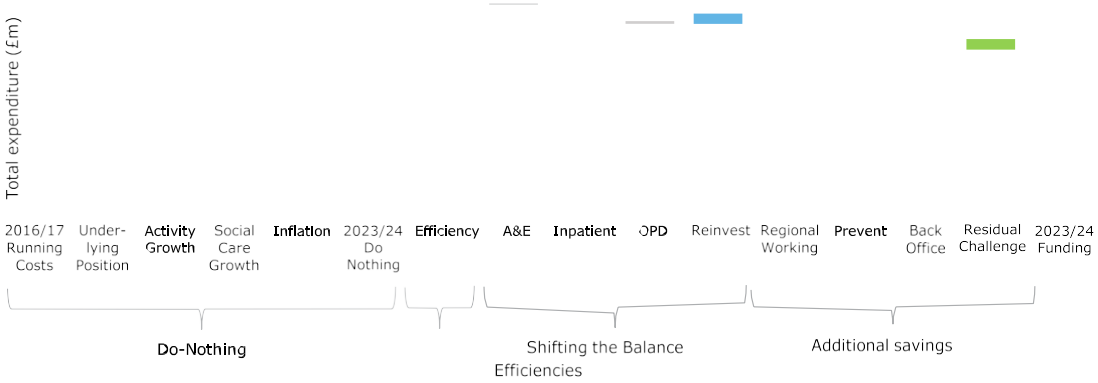
3.4 Scottish Government Medium Term Health and Social Care Financial Framework included some key messages:

- The drivers for growth are recognised as price including pay and inflation, activity demand and growth and demographic impacts. The combined impact on each partner area is estimated at an annual growth rate of:
  - Health services 3.5%
  - Social care 4% which is slightly higher recognising the impact that the very elderly have on demographic pressures
- The framework sets out a number of approaches and initiatives to address this challenge through investment, reform and efficiency. These include shifting the balance of care, regional working, public health and protection, once for Scotland and a continued efficiency agenda.
- The framework will be revised to reflect progress and future iterations will include assessment of local and regional delivery plans.

The extract below from the plan summarises the strategy:

FIGURE 8. SYSTEM REFORM BRIDGING ANALYSIS





3.5 There are a number of other policy areas that will impact such as regional planning and local government review.

3.6 The Scottish Government has recently confirmed a move to multi-year budget settlements from 2020/21 for NHS Boards and whilst this may not be a panacea to funding constraints the degree of certainty this will bring to forward financial planning is a positive development.

3.7 The expectation is that partnerships are developing plans within an overall set of financial parameters taking into account workforce and service considerations as well as the local context within which partnerships are operating.

Health and Social Care Delivery Plan

3.8 In December 2016, the Scottish Government published the Health & Social Care Delivery Plan which sets out the programme for further enhancing health and social care services. Critical to this is shifting the balance of where care and support is delivered from hospital to community care settings, and to support individuals at home where appropriate. This furthers the Scottish Government's wider goal, to shift the balance of care from the acute sector to Community Care by 2021.

3.9 Although no figures are available beyond 2021/22, it is anticipated that the public sector in Scotland will continue to face a challenging medium term financial outlook. There is significant uncertainty over what the scale of this challenge will be. There remains wider risks which could further impact on the level of resources made available to the Scottish Government including the changing political and economic environment within Scotland, the UK and wider. This will potentially have significant implications for the East Dunbartonshire HSCP parent organisations and therefore the settlements delegated to support Heath and Social Care services.

3.10 Looking forward to 2021/22 and beyond, it is important to be clear that within the current models of service delivery, the challenging financial settlements available will require further recurring savings to be made by the HSCP.

Audit Scotland Reports

3.11 Recent reports from Audit Scotland in relation to health and social care integration clearly articulate many of these risks, including:

- The need for greater clarity on how shifting the balance of care will work in practice, in order to release money for IJBs to invest in more community based and preventative care;
- How IJB members, from different backgrounds, can work effectively and manage conflicts of interest, and often complex relationships with partner organisations;
- Most IJBs do not oversee the operation of acute services which could potentially limit the impact they can achieve; and
- Budget setting challenges: as budgets flow through parent organisations and not directly from the Scottish Government. Furthermore, parent organisation budget setting timelines do not currently align.

3.12 Audit Scotland undertook an early review into the changes being brought about through the integration of health and social care in its paper of March 2016. The report, 'Changing Models of Health and Social care', set out the challenge of increasing demand for services and growth over the next 15 years in Scotland. Among the pressures identified in this were:-

- 12% increase expected in GP consultations;
- 33% increase in the number of people needing homecare and a 31% increase in those requiring 'intensive' homecare;
- 35% increase in demand for long stay care home places; and
- 28% increase in acute emergency bed delays and a 16% increase in acute emergency admissions.

The Audit Scotland report went on to say that on the basis of these estimated increases in demand, there would need to be an increased annual investment of between £422 and £625 million in health and social care services in order to keep pace.

Ministerial Strategic Group for Health and Community Care – Review Progress with Integration of Health and Social Care

3.13 In February 2019, the Scottish Government published the 'Ministerial Strategic Group for Health and Community Care Review of Progress with Integration of Health and Social Care'.

3.14 The proposals contained in the report are based around six features of integration highlighted in the Audit Scotland report Health and Social Care Integration– Update on Progress, which are:

- Collaborative Leadership and Building Relationships;
- Integrated Finances and Financial Planning;
- Effective Strategic Planning for Improvement;
- Agreed Governance and Accountability arrangements;
- Ability and willingness to share information; and
- Meaningful and sustained engagement.

3.15 The proposals are all aimed at improving integration and meeting the Scottish Government's original vision for IJBs, however, in reality these will require considerable changes to systems, processes and operational methodologies to allow these to be met.

3.16 Five years after IJBs were established, the set aside budget for delegated services provided in large hospitals still has not been delegated to IJBs. Discussions are still ongoing as to how this can be done and continue to operate effectively.

3.17 The current model of funding delivered via NHS Boards, and Local Authorities, to HSCPs, is driving demands to deliver savings that cannot now be achieved without major impact on service capacity, performance and delivery and with a direct impact on service users. Decisions on these savings are made by IJBs whose guiding purpose is to ensure there is a local Strategic Plan in place to enable the balance of care shifts to take place, allowing local people to be supported to live and remain in their own homes and communities. The challenge in delivering this is compounded by the wider financial and demand pressures in other related parts of the health and social care system – particularly Acute services, GP services, home care, rehabilitation services and mental health services.

COVID-19 PANDEMIC IMPACT AND RESPONSE

3.18 As the year end for 2019/20 came to a close, the onset of a pandemic (Covid-19) and the impact of this on the delivery of health and social care services was emerging. The World Health Organisation (WHO) declared the virus a pandemic on 11 March 2020 and Scotland moved into lockdown on the 23rd March 2020. The HSCP implemented business continuity measures at this time and a number of key responses were put in place to manage the impact of the pandemic. This inevitably cuts across 'business as usual' and the delivery of the key strategic priorities for the HSCP.

3.19 <u>Impact on business as usual in the delivery of services</u>
The Covid-19 pandemic has led to significant changes in the ways in which people are living and working, and changes to the focus of health and social care services delivery. The Health & Social Care Partnership continues to provide essential care and protection services, in line with Business Continuity and the Caring for People Plans. There is a clear focus within the Business Continuity Plan on continuing to provide support to our most vulnerable services users and patients, alongside a commitment to supporting staff to work safely and in line with Health Protection Scotland advice. As such, as many of our staff as possible are now working remotely from home.

3.20 Other changes have included a public protection collaborative team consisting of specialists in child and adult protection, and justice services, to ensure our approach is consistent with the changes to legislation that have been brought about through the Coronavirus (Scotland) Bill and to ensure there is clear and regular guidance to staff undertaking these duties.

3.21 <u>Funding consequences</u>
The HSCP's response to the Covid-19 pandemic has resulted in additional costs being incurred, including short term costs such as those relating to increased demand for care, staffing and PPE costs. The HSCP, along with all other HSCPs, was required to submit a Local Mobilisation Plan to Scottish Government, outlining the actions being taken in response to the Covid-19 situation. This is supported by further detail which is submitted on a regular basis through the health board to the Scottish Government, detailing the financial costs associated with these actions. These costs are being separately tracked internally for monitoring and reporting purposes and to help secure additional funding available. For the HSCP this additional funding is necessary, given the limited available reserves.

3.22 During 2021/22 the HSCP will be focussed on the recovery of services which were impacted during 20/21 maintaining elements which have provided opportunities for improved ways of working, albeit there continue to be elements of responses to outbreaks, impacts on staffing, support to care provider sustainability and limited access to buildings while social distancing measures remain in place.

3.23 The Scottish Government have confirmed that additional funding will be available to support ongoing costs associated with Covid and similar processes for accessing this funding will be in place as was during 2020/21. Financial planning assumptions have been provided to the SG to support the quantification of ongoing costs at a national level for those elements that are known.

3.24 Longer term funding impacts are difficult to comment on at this stage, as future funding settlements are subject to a greater degree of uncertainty and the longer term impacts on costs are also highly uncertain. Although it is expected that there will be significant changes in demand pressure patterns as a result of Covid-19, mapping and quantifying these is difficult as there remains much unknown regarding the medium and long term impacts of the pandemic. Demand trends will be closely monitored for any implications for future service delivery.

3.25 The HSCP recognises that the pandemic is a health crisis, social crisis, and economic crisis of unprecedented scale, with profound and permanent implications for our society. The crisis has brought about significant developments in, and embedding of, remote and digital ways of working that will be utilised throughout the pandemic and beyond. The full practical implications of the pandemic on society's expectations of care providers, the HSCP's demand for services, service users and ways of working in the medium and long term are not yet fully apparent but will continue to be assessed as the situation evolves and further government advice becomes available.

Independent Review of Adult Social Care in Scotland

3.26 On 1 September 2020 the First Minister announced that there would be an Independent Review of Adult Social Care in Scotland as part of the Programme for Government. The Review was chaired by Derek Feeley, a former Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland. Mr Feeley was supported by an Advisory Panel of Scottish and international experts.

3.27 The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. The review took a human-rights based approach.

3.28 The Independent Review was published on 3 February 2021 and its recommendations are now reflected in the Scottish Government programme for change following the Holyrood elections in May 2021.

3.29 Amongst the Review's 53 recommendations is a call for system redesign, including the creation of a National Care Service (NCS) and the introduction of ethical and collaborative commissioning. The NCS would be created by a new law, led by a Chief Executive, and report directly to the Scottish Government. It would oversee local commissioning and procurement, supported by reformed Integration Joint Boards. Services would be procured from local authorities and third and independent sector providers. The NCS would also be responsible for implementing a new approach to

improvement, similar to the NHS Patient Safety Programme. Some of the key recommendations relating to governance include:

- Accountability for social care support should move from local government to Scottish Ministers, and a Minister should be appointed with specific responsibility for Social Care;
- The proposed National Care Service for Scotland should be established in statute along with, on an equal footing, NHS Scotland, with both bodies reporting to Scottish Ministers;
- IJBs should be reformed to take full responsibility for the commissioning and procurement of adult social care support locally, accountable directly to the Scottish Government as part of the National Care Service;
- Budgets that are currently distributed to Integration Joint Boards via Local Authorities and Health Boards should be allocated directly by the Scottish Government;
- Social care services should be procured by the NCS in conjunction with IJBs from local authorities and third and independent sector providers, with social work services provided by local authorities;
- The Care Inspectorate and Scottish Social Services Council should become part of the National Care Service;
- The National Care Service should oversee social care provision at national level for people whose needs are very complex or highly specialist and for services such as prison social care that could be better managed on a once-for-Scotland basis. This should also apply to workforce development and improvement programmes to raise standards of care and support.
- The role for children's social care services and criminal justice services should be carefully considered as part of any changes.

3.30 The report sets out the investments required to create a system of social care support that will enable everyone in Scotland to get the social care support they need to live their lives as they choose and that promotes ad ensures human rights well-being independent living and equity. The Review estimates that the total cost of the recommendations it makes would amount to additional expenditure of £0.66bn per year, approximately 0.4% of Scottish GDP.

3.31 Adult social care support in Scotland requires greater investment. To secure better access to social care support, better terms and conditions for the social care workforce, better sustainability, the economic benefits of a strong social care sector, and to meet the aspirations set out within the wider report requires:

- Prioritising investment in social care as a key feature of Scotland's economic plans for recovery from the effects of the Covid-19 pandemic.
- Careful analysis by a National Care Service, with its partners in the National Health Service, Integration Joint Boards and beyond, of opportunities to invest in preventative care rather than crisis responses, to avoid expenditure on poor outcomes such as those experienced by people who are delayed in hospital.
- Additional investment is required across a number of areas of Adult Social Care order to:
  - expand access to support including for lower-level needs and preventive community support;
  - implement the recommendations of the Fair Work Convention;
  - remove charging for non-residential social care support;

- increase the sums paid for Free Personal and Nursing Care for self-funders using care homes to the levels included in the National Care Home Contract;
- re-open the Independent Living Fund, with the threshold sum for entry to the new scheme reviewed and adjusted; and
- Review financial support made available to unpaid carers and increase investment in respite.

- Robustly factoring in demographic change in future planning for adult social care.
- Careful consideration to options for raising new revenues to increase investment in adult social care support.

3.32 The report promotes a new way of thinking about the funding of social care support and acknowledges that it creates jobs and economic growth and suggests a number of new funding mechanisms for consideration.

UK and Scottish Government Legislative and Policy Changes

3.33 UK and Scottish Government legislation and policies and how they are funded can have implications on the IJB and how and where we use our funding over time. Current examples include:

- Withdrawal from the European Union (Brexit) - The UK left the EU on the 31st January 2020 under the agreed Withdrawal Agreement with a 12 month transitionary period to 31st January 2021 to continue talks to negotiate exit from the EU with a trade deal in place. The impact of this withdrawal has had limited impact on the services delivered through the HSCP, however this continues to be monitored as time elapses.
- From 1 April 2019 adults of any age, no matter their condition, capital or income, who are assessed by their local authority as needing Free Personal Care, are entitled to receive this without charge. The levels of free personal care allowances are set to increase substantially over the coming years with a 7.5% increase for 2021/22 and further increases recommended with the Independent Review of Adult Social Care in line with care home rates aligned to the NCHC.
- Carers Act (Scotland) 2016 was effective from April 2018 and is intended to support carers' health and wellbeing and allows carers an assessment of need in their own right. Funding was provided to meet additional costs and to date this is working well. Continued support for unpaid carers is an area highlighted through the Independent Review of Adult Social Care for further investment in future years.
- Primary Care Improvement Plan funding to support the GP contract and develop sustainable services going forward. Our plans include both local and NHSGGC system wide work.
- Mental Health Action 15 funding is intended to allow improvement to how a wide range of mental health services are delivered and increase the number of workers in this field by 800 nationally by the end of the programme. Our plans include both local and GGC system wide work.
- Fair Work Practices including the Scottish Living Wage (increased to £9.50 per hour in 2021) impacts on the costs of the services we provide and purchase.

Scottish Government Funding

3.34 Scottish Government funding is the main source of funding for both Councils and Health Boards and changes to policy, legislation or changes in the economy can have an impact

on the funding which they receive. Between 2013/14 and 2019/20, revenue funding of Councils has fallen by just under 6% in real terms. Scottish Government revenue funding of Health Boards has increased by 6% in real terms between 2008/09 and 2018/19. The Scottish Government looks set to continue this increase in Health funding, with a clear commitment to increasing the health budget by £2bn over the lifetime of the current parliament, representing an increase of just under 2% per annum in real terms between 2018/19 and 2021/22. Funding for local government is forecast to reduce in real terms by 2% per annum, excluding the additional resources ring fenced for early year developments.

3.35 In May 2018, the Institute for Fiscal Studies and the Health Foundation reported that UK spending on healthcare would require to increase in real terms by an average of 3.3% per year over the next 15 years in order to maintain NHS provision at current levels, and that social care funding would require to increase by 3.9% per year to meet the needs of a population living longer and an increasing number of younger adults living with disabilities.

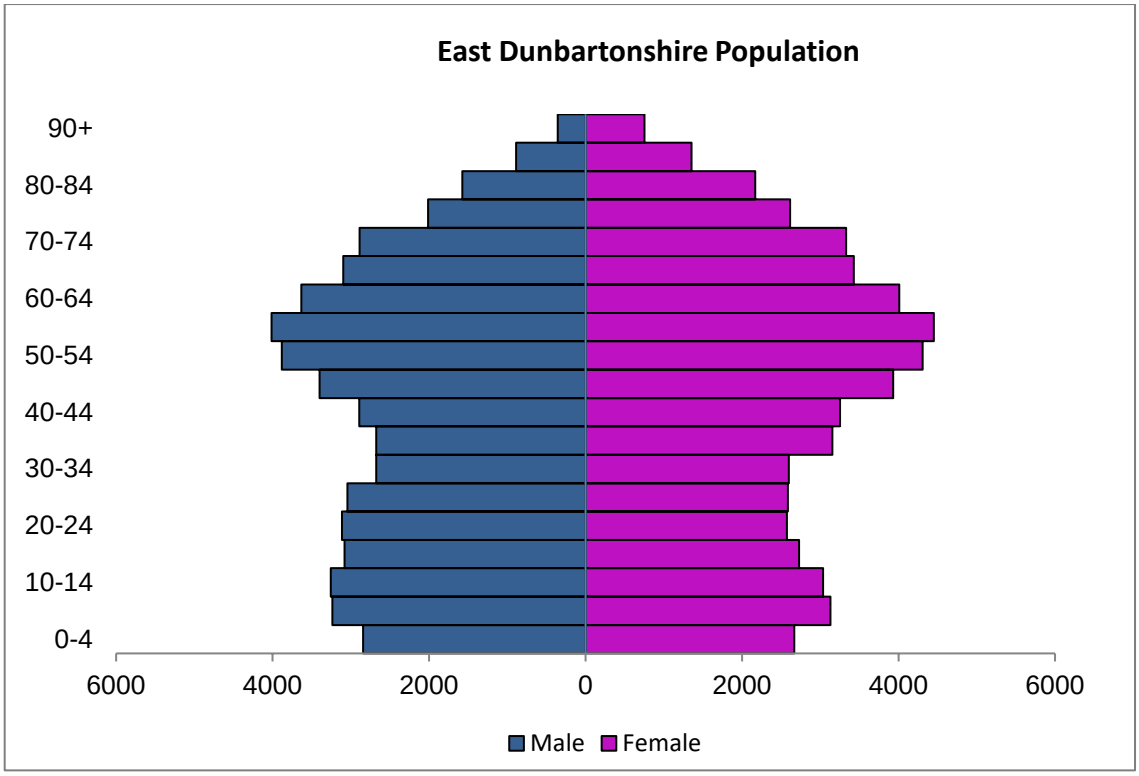
3.36 East Dunbartonshire Council and Greater Glasgow and Clyde Health Board delegate budgets to the IJB to enable the IJB to fund the services which it commissions. Any changes to the Scottish Government funding which they receive is likely to impact on the level of budgets which are delegated to the IJB and the level of savings which are required to meet demand, demographic and inflationary pressures.

3.37 The Scottish Government budget approval of 9th March 2021 had a number of key messages for IJB's 2021/22 budget allocations including:

- An increase in NHS baseline funding of 1.5% with corresponding uplift to community health budgets for HSCPs.
- Additional funding of £869 million will be provided to support the ongoing response to the pandemic.
- In addition to the baseline funding uplift to NHS services, a total of £595.9 million will be invested in improving patient outcomes in 2021-22 including Primary Care Improvement, Waiting Times, Mental Health and CAMHs, Trauma Networks and tackling drug deaths.
- A further £72.6 million investment from the health portfolio to Local Authorities for investment in adult social care and integration. This takes the total funding transferred from the health portfolio to £883 million in 2021-22. The additional £72.6 million will support delivery of the Living Wage (£34 million), continued implementation of the Carers Act (£28.5 million) and uprating of free personal care (£10.1 million).

4.0 Local Context

4.1 East Dunbartonshire has a population of approximately 108,640 (based on 2019 estimates, an increase of 0.3% on 2018 estimates) and is a mix of urban and rural communities. It has frequently been reported in quality of life surveys as one of the best areas to live in Scotland based on people's health, life expectancy, employment and school performance. Economic activity and employment rates are high and the level of crime is significantly below the Scottish average. Despite this, inequalities exist across the authority and there are pockets of deprivation where the quality of life falls well below the national average. The graph below shows how the population is split by gender:

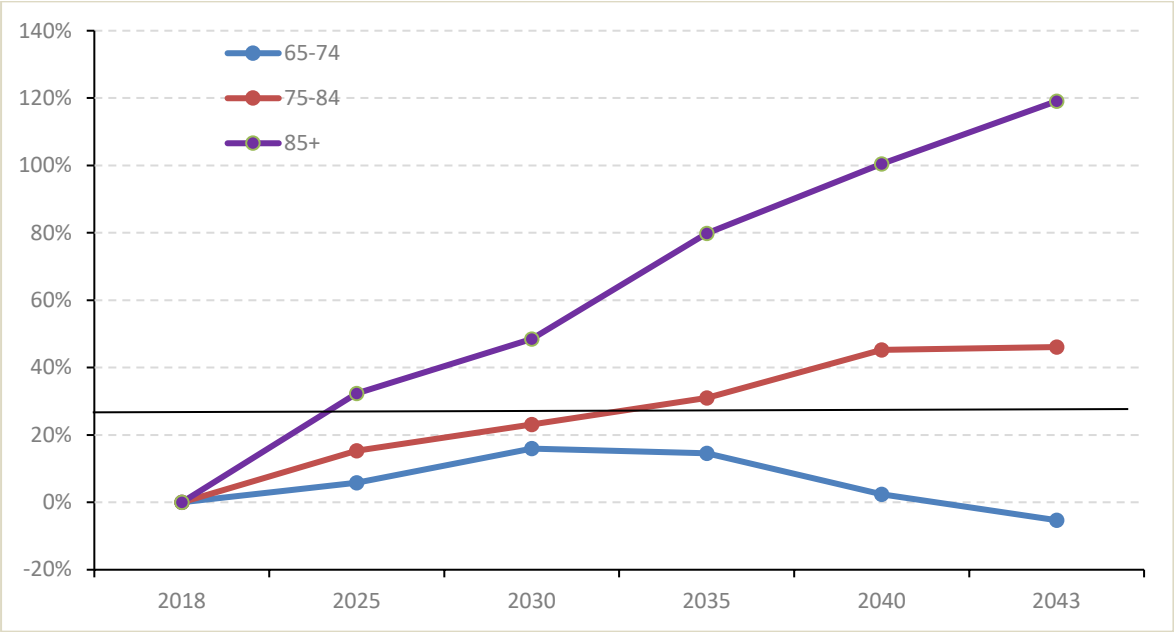


Source: NRS 2019 mid-year population estimate

4.2 The National Records of Scotland (NRS) population projections suggest there will be an increase of 7.6% in the overall population of East Dunbartonshire from 2018 – 2043 due to significant estimated rise in the population aged over 65yrs.

4.3 The figure below shows the proportion of increase projected in the older population from 2019-2043. The largest increase is in individuals aged over 85yrs, which is projected to rise by over 100% from 3203 to 7,017 people. This projected rise in East Dunbartonshire's older population, many of whom will be vulnerable with complex needs, suggests that demand for health and social care services will rise accordingly.

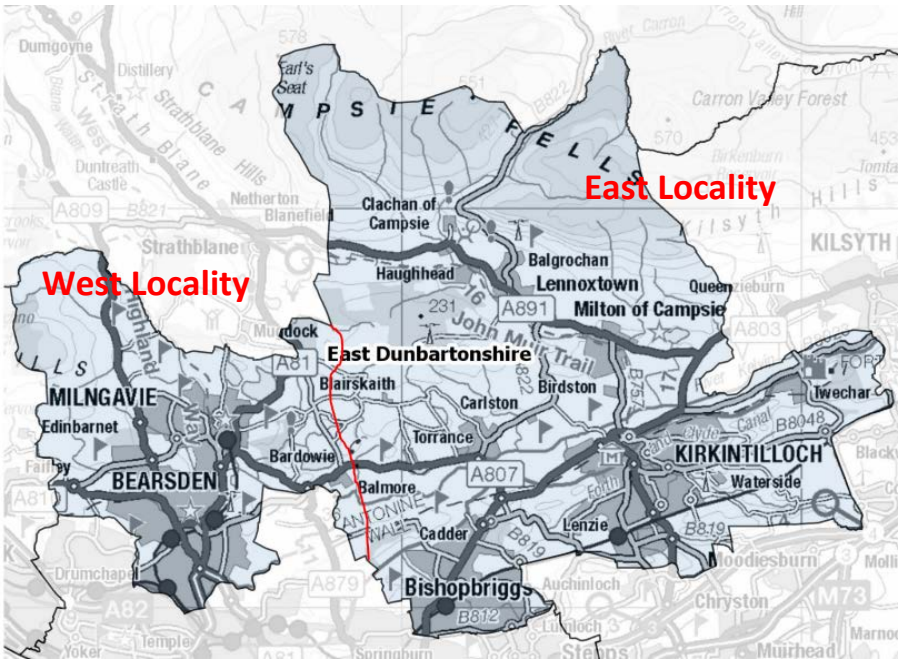
4.5 Figure 1: East Dunbartonshire population projection % by age group 2018-2043



Localities

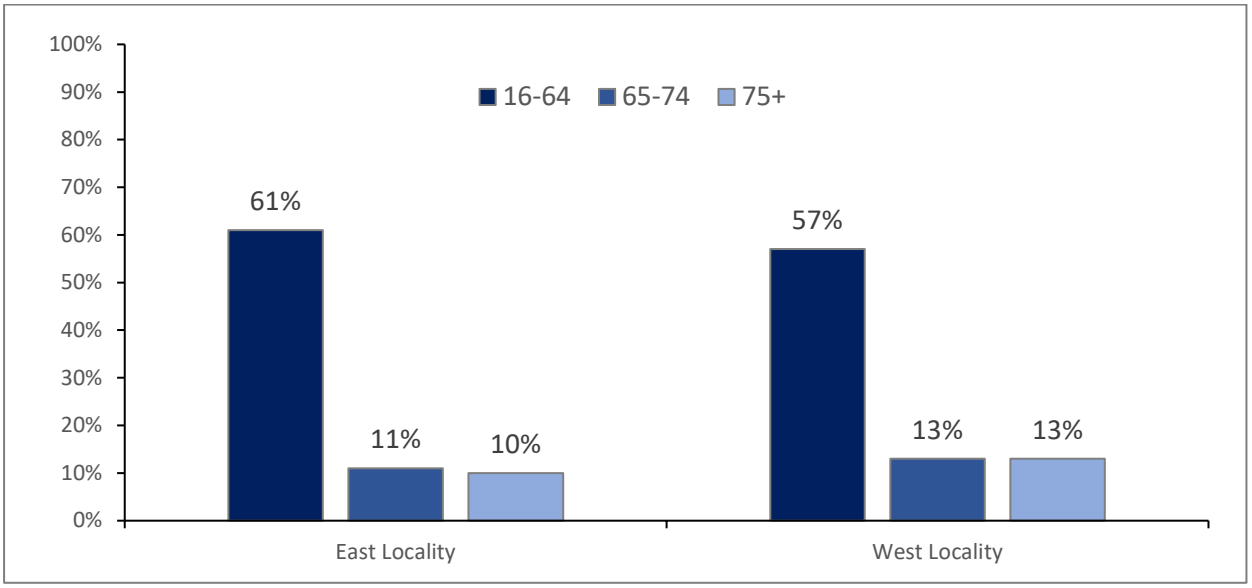
4.6 To allow the Health and Social Care Partnership (HSCP) to plan and deliver services which meet the differing needs within East Dunbartonshire, the area has been split into two geographical localities; East Dunbartonshire (East), referred to as East locality and East Dunbartonshire (West), referred to as West locality.

4.7 Figure 2: East Dunbartonshire Locality Map



4.8 The East Locality includes 62% (66,911) of East Dunbartonshire's population, while the West Locality accounts for 38% (41,729) of the population. The demographic breakdown by locality showed a slightly older population in the West locality for ages 65+.

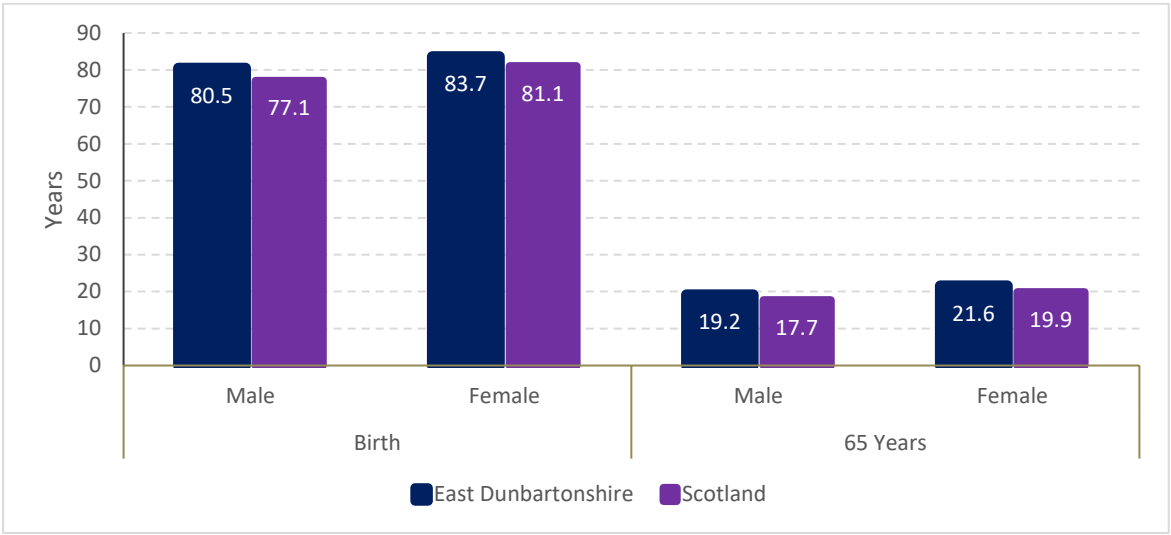
4.9 Figure 3: Population breakdown by locality 2019



Life Expectancy

4.10 The NRS publication showed that East Dunbartonshire continued to have the highest life expectancy at birth in Scotland for males and the second highest for females. The life expectancy of females at birth in East Dunbartonshire is around 3 years higher than males. Life expectancy at the age of 65 years was also higher than Scotland for both male and females in East Dunbartonshire.

4.11 Figure 4: Life expectancy at birth and 65 (3-year average 2017-2019)



Source: NRS/ScotPHO

4.12 Life expectancy and healthy life expectancy provide useful measures for planning services. Healthy life expectancy estimates the number of years an individual will live in a healthy state. Therefore, the number of years people are expected to live in 'not healthy' health is the difference between life expectancy and healthy life expectancy. Table 2 shows the number of years people were estimated to live in 'not healthy' health, with East Dunbartonshire having a lower estimate than Scotland.

4.13 Table 1: Number of years 'not healthy' health (3-year average 2017-19)

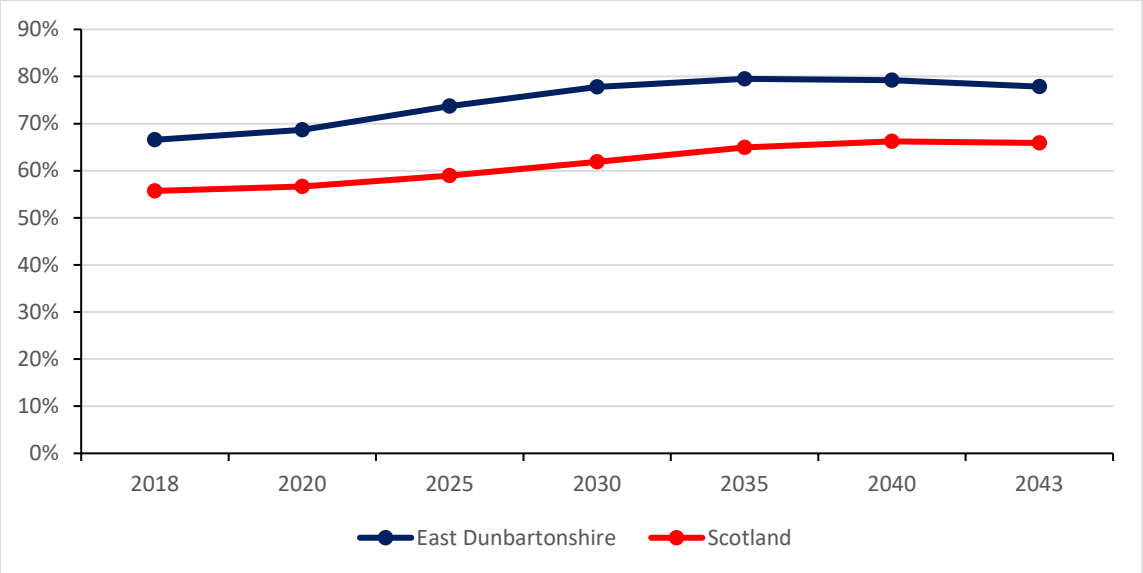
Local Authority	Expected period in 'not healthy' health	
	Males	Females
East Dunbartonshire	10.7	17.2
Scotland	15.4	19.2

Source: NRS

Population Dependency Ratio

4.14 The population dependency ratio refers to the proportion of the dependent population (0-16 years and over 65 years or non-working age) in relation to the independent population (16-64 years or "working age"). The higher the dependency ratio, the lower the working age population compared to the proportion of "dependents". This can have resource implications on health and social care service provision. The population dependency ratio was calculated using recent NRS population estimates projected to 2043, taking into account changes in the State pension age. As the total number of dependants in East Dunbartonshire was increasing faster than the working age population, the population dependency ratio was projected to increase to 77.9% in 2043 (Scotland 65.9%).

4.15 Figure 5: East Dunbartonshire dependency ratio; 2018 - 2043

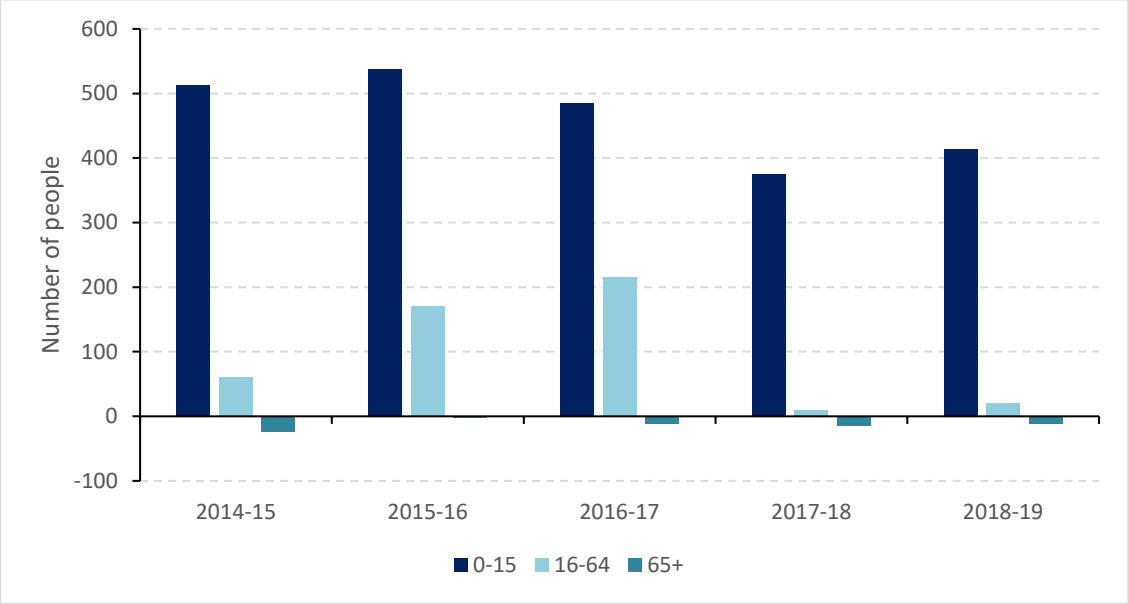


Source: NRS

Migration

4.16 Over the last 5 years there has been a higher number of people moving into East Dunbartonshire (4,060 per year) than those moving out (3,510 per year). Individuals aged 0 to 15 accounted for the largest group of in-migrants, while individuals aged 65+ were the largest group of out-migrants.

4.17 **Figure 6: East Dunbartonshire Net Migration 2014/15 - 2018/19**

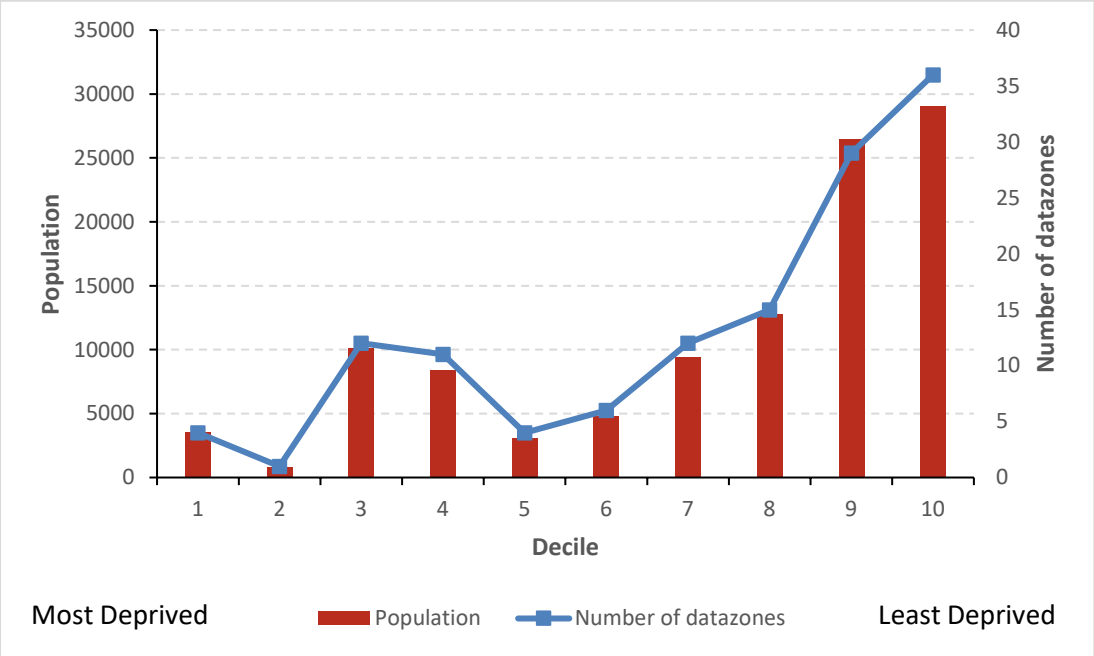


Source: NRS

Deprivation

4.18 The Scottish Index of Multiple Deprivation (SIMD) ranked datazones, small areas with an average population of 800 people, from the most deprived to the least deprived. Using deciles, with 1 being the most deprived and 10 being least deprived, the chart below illustrates the number of people and datazones in each decile in East Dunbartonshire.

4.19 **Figure 7: East Dunbartonshire population by SIMD decile**



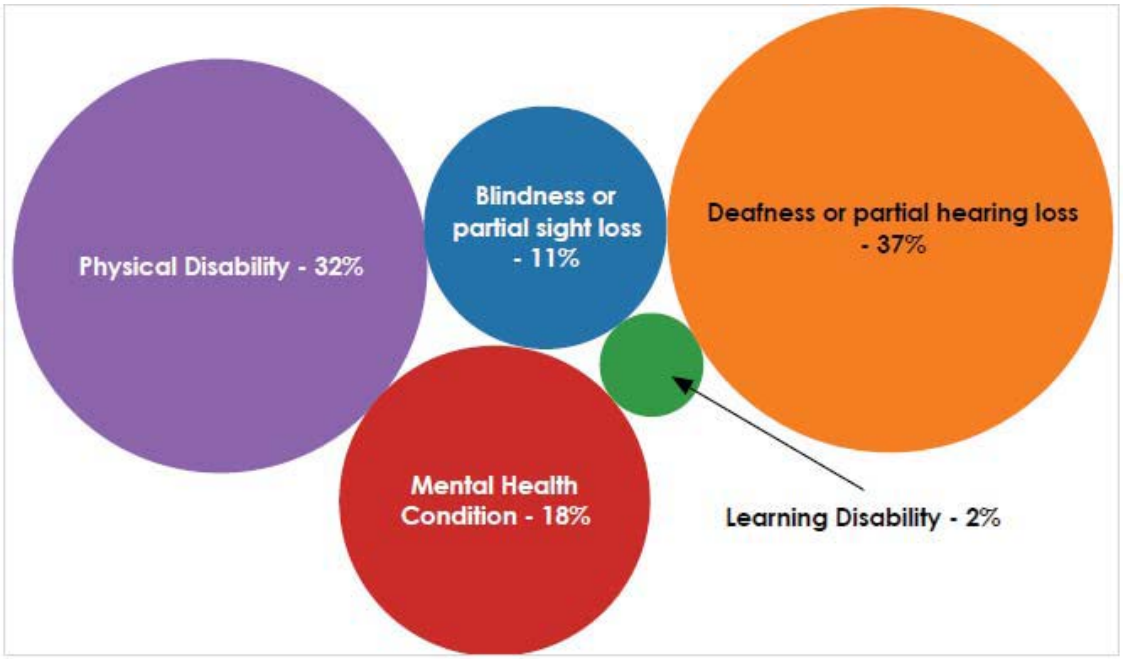
4.20 Although the majority of the population lived in the least deprived deciles', there were 4 datazones areas in East Dunbartonshire categorised amongst the most deprived in Scotland, three in the Hillhead area of Kirkintilloch and one in Lennoxtown.

Population Health

4.21 In the Census in 2011, 84.9% of East Dunbartonshire residents described their health as good or very good (Scotland 82.2%). This was the highest at 98% among the younger population (0-29yrs) but the percentage decreased with age to only 62% of those aged 75yrs and above describing their health as good or very good. In the West Locality, 66% of people aged 65yrs and above described their health as good or very good, compared to 57% in the East Locality.

4.22 The 2011 Census included a question on particular disabilities including sensory impairment, physical disability, mental health condition or learning disability. There were 5.6% of the adult population in East Dunbartonshire who reported a disability (Scotland 6.7%).

Reported Disability by Percentage in East Dunbartonshire



4.23 The number of long term conditions rises with age and we need to support those with complex needs so that they may manage their conditions and lead an active, healthy life. The most diagnosed long term condition in East Dunbartonshire is hypertension. The prevalence for this condition, cancer and atria fibrillation, are all notably higher than the rate for Scotland.

4.24 Analysis of the Burden of Disease study indicates that years of life lost to disability and premature mortality in East Dunbartonshire is the second lowest in Scotland. This is understood to be a reflection of relatively low deprivations levels across the authority as a whole. East Dunbartonshire experiences above average prevalence of Parkinson's certain cancers, certain respiratory diseases, certain digestive diseases, sensory conditions and self-harm (the latter for all ages)

Demographic Projections

4.25 Analysis of projected demand, demography and cost pressures in Older People Services was undertaken in *September 2014*, in preparation for pre-integration budget setting.

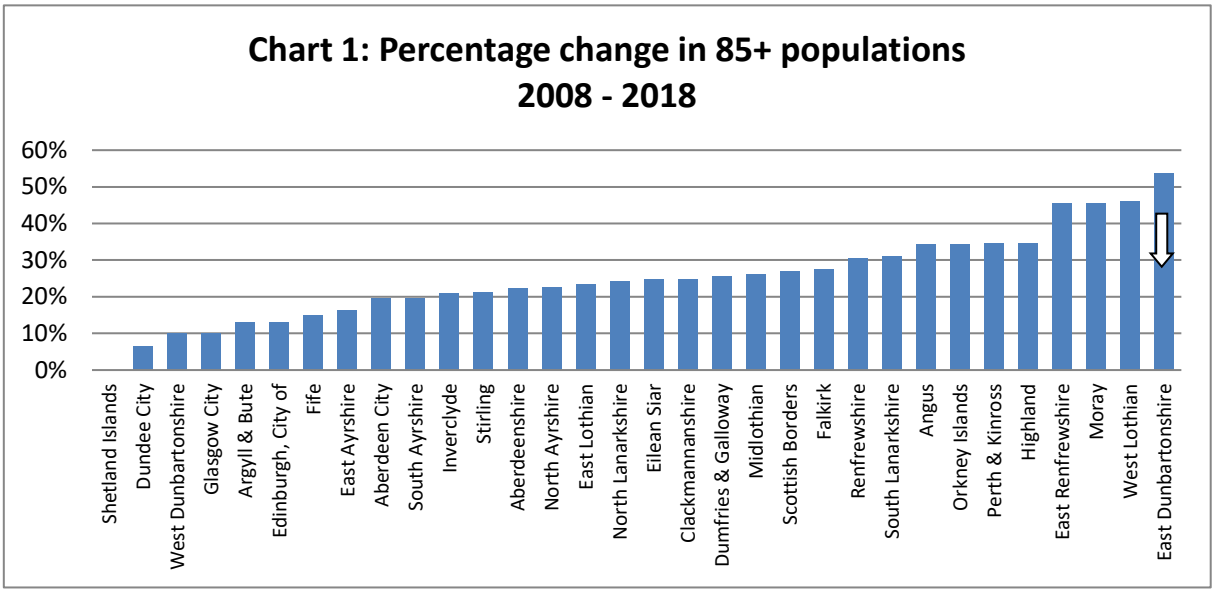
4.26 The 2014 report found that with increasing age comes increasing complexity of care needs and associated costs. The majority of social care services were found to be delivered to people aged over 75. For example, around 70% of home care customers were over 75, with the majority of these 85+. 40% of people aged 85+ were in receipt of at least one care at home service and approximately 15% of East Dunbartonshire residents aged 85+ were resident in a care home.

4.27 The 2014 report found that East Dunbartonshire was in the midst of the largest and steepest growth in people aged over 85 in the country, and was facing a consequential and exponential pressure on resources. The report also found that the authority had the lowest expenditure on older people social care services of any local authority area in Scotland, and also with the greatest gap between expenditure and older population pressures.

4.28 In the face of continued pressure on older people services and budgets, the 2014 report was re-visited, 5 years on, and projections on future trends estimated to give some insight into future financial planning considerations.

4.29 In 2014 planning assumptions for East Dunbartonshire, it was reported that between 2003 and 2013, East Dunbartonshire experienced the fastest growing increase in people aged 85+ of any local authority in Scotland (59%).

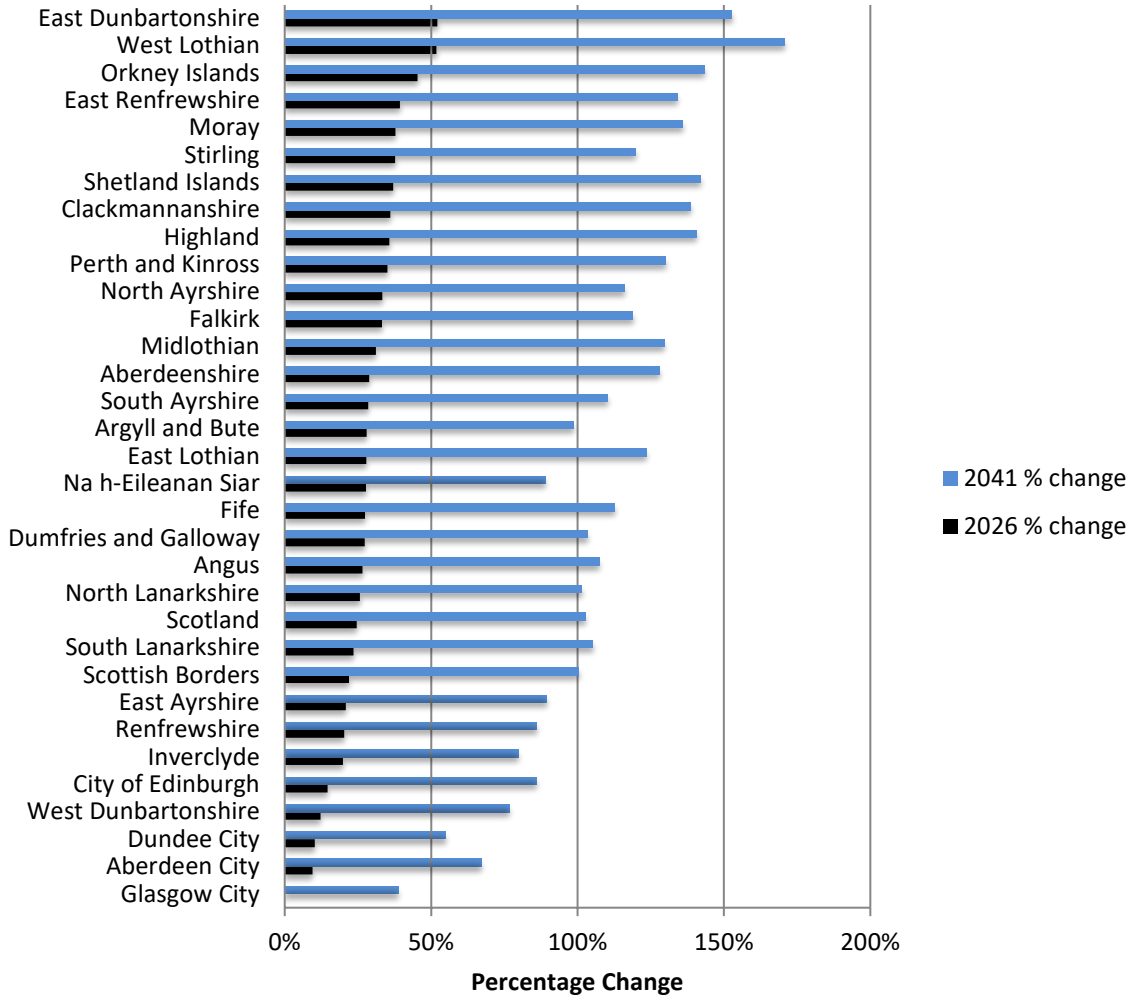
4.30 Chart 1 shows the actual changes in the 85+ population for East Dunbartonshire over the past 10 years, compared to all other HSCP areas in Scotland. In common with 2014 assumptions, this demonstrates that East Dunbartonshire has continued to experience the largest increase in this population (by 54%).



4.31 Chart 2 demonstrates that in the 10 years from 2016-2026, the East Dunbartonshire 85+ population is projected to continue to rise faster than any other HSCP area (by 52%).

Looking ahead to 2041, the 85+ population will continue to rise faster than all HSCP areas (153%), with the exception of West Lothian.

Chart 2: Projected % Change in 85+ Population (2016 base in order of projected change by 2026)



4.32 East Dunbartonshire has seen a 40% increase in people over the age of 75 since 2002, which is a positive reflection of advances in health and social care, but has placed considerable pressure on services during a period characterised by public sector reform and diminishing resources. With an increase in the frail older population, service pressure has been experienced in both the community and secondary healthcare settings.

4.33 The demographic pressures for older people present particular challenges within East Dunbartonshire.

Impact on Demand

4.34 Care at home demand (hours of service) has increased by 5% per year since 2014, exactly in line with the increase in 85+ population;

4.35 Care home placements have risen by 25% between 2013 and 2018, almost exactly in line with the population increase of people aged 85+ over the same period (26%) and equates to 5% additional demand per year;

4.36 East Dunbartonshire's performance is comparatively very high (better that other HSCPs in 79% of the core integration indicators), but has still deteriorated in 44% of indicators. This has been in the face of increasing demand to reduce unscheduled care, with substantially more challenging targets and no corresponding resource transfer;

4.37 The East Dunbartonshire Hospital Assessment (HAT) Team has seen a 162% increase in referrals from 2008-2018, with a proportionate increase in service expenditure. This is as a consequence of faster turnaround of hospital discharge and the increase in demand due to the steep rise in numbers of vulnerable older people.

4.38 East Dunbartonshire's older people's service expenditure in 2017-18 expressed as a rate of the 65+ population is slightly below average, but expressed as a rate of the 85+ population is in the lowest quartile nationally, inclusive of the additional £2.02m overspend in 2017-18.

4.39 Whilst the majority older people service expenditure costs are market determined, our in-house home care service presents efficiency challenges and costs substantially more than the market rate. This brings additional pressure on overall budgets.

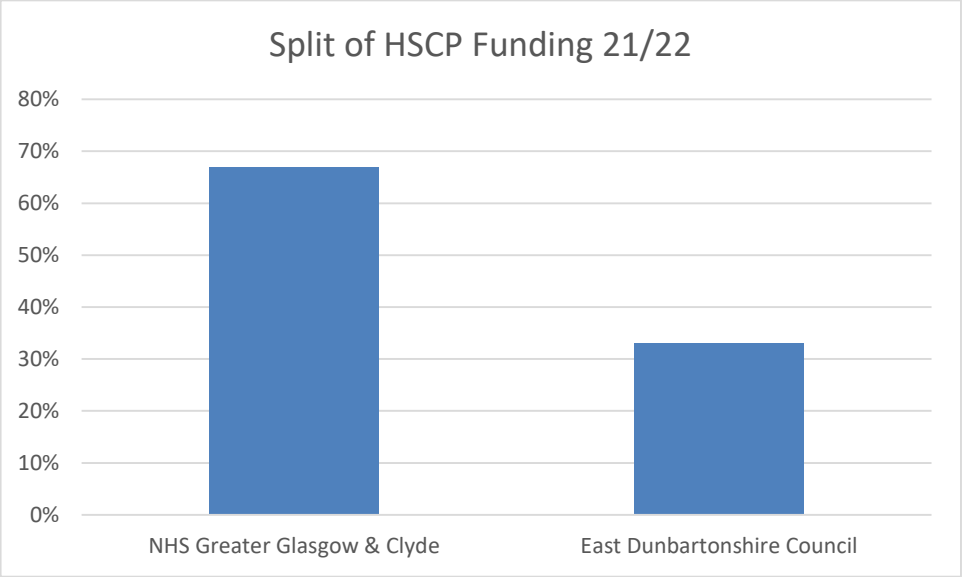
4.40 There has also been a significant increase in the number of children being referred to Social Work Services, with 40% increases in referrals reported in the Integrated Children's Services Plan. Non-engaging families was the most common area of concern alongside neglect, domestic violence and parental alcohol misuse. Child Protection registrations have doubled in the 10 years to 2018.There has also been a sharp rise in parental mental health being identified as a significant concern. This is an area of cross-cutting focus between children and adult services.

4.41 Demand on services for other adult care groups and for children's disability services has also increased. The number of young people with disabilities transitioning to adult services is experiencing a notable increase, both numerically and in terms of complexity. This can be demonstrated by an anticipated increase in the Adult Joint Learning Disability Team over the next three years' as children move on into adult services equivalent to over 7% of its total caseload.

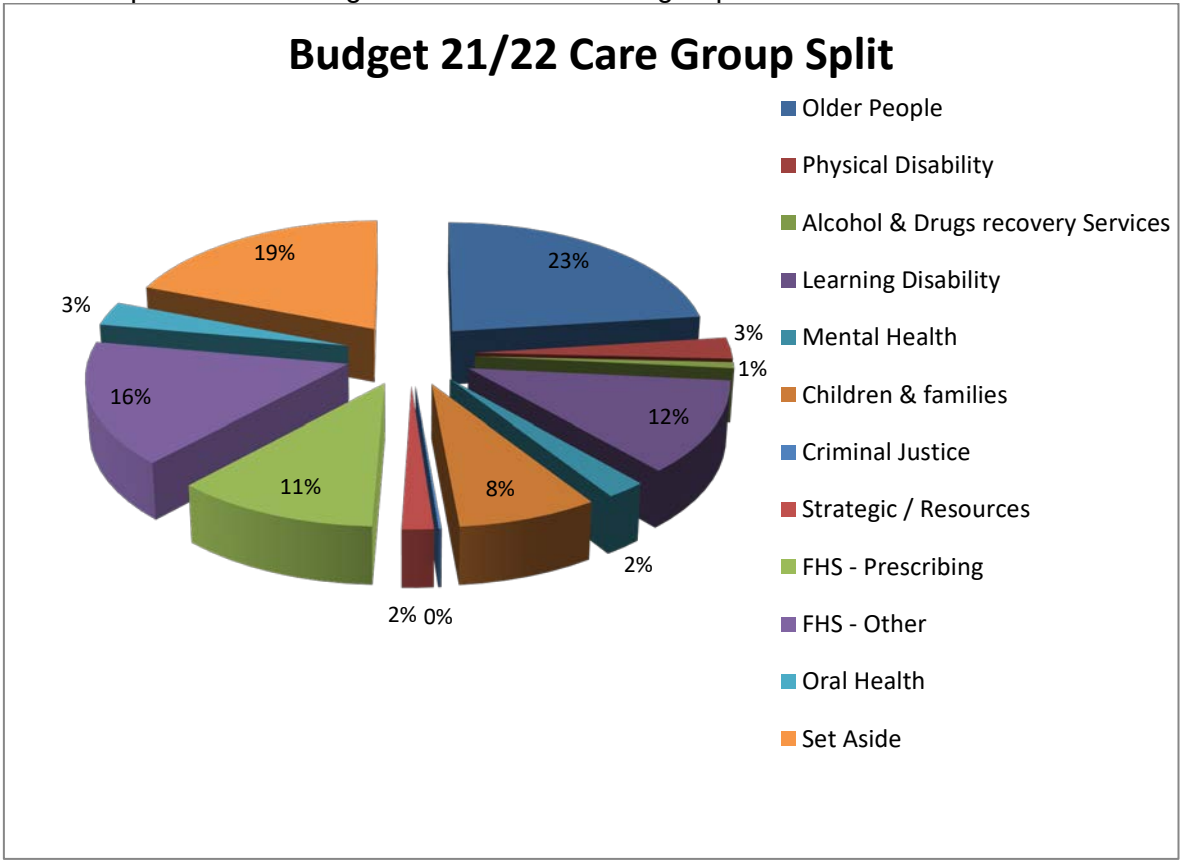
5 East Dunbartonshire Financial Landscape

5.1 The total recurring budget for the East Dunbartonshire HSCP for 2021/22 is £176.8m which includes £33.7m for set aside (an allocation reflecting the usage of certain prescribed acute services including A&E Inpatient and Outpatient, general medicine, Rehab medicine, Respiratory medicine and geriatric medicine).

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



5.3 This is split across a range of services and care groups as follows:-

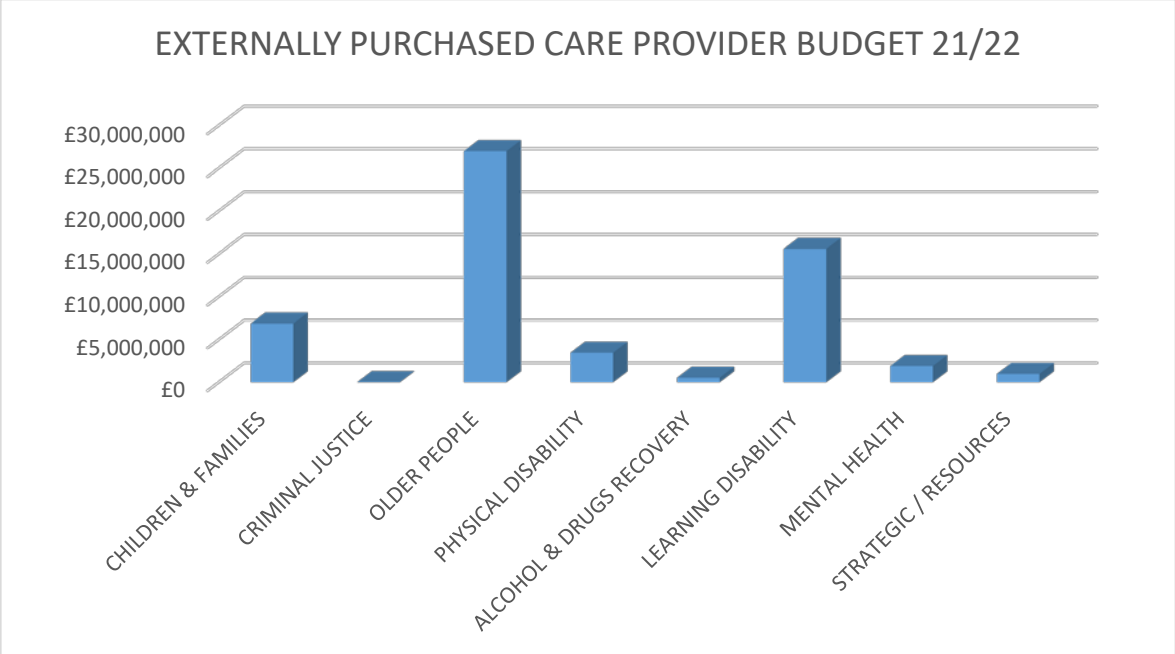


5.4 The budget is used to fund payroll costs for services delivered directly through the local authority and community health services such as homecare, district nursing, rehabilitation services, social work assessment and care management and learning disability daycare, approximately 23% of the budget is used in this way. Other significant elements of the budget relate to family health services (29%) including prescribing of medicines related to external GP contractors, dental practices and ophthalmology. The most significant area of the budget relates to the purchase of care provision from the independent and 3rd sector market across a range of services including care homes and residential services, care at home, supported living, supported accommodation and daycare services to support older people. This represents 34% of the budget.

Our Current Purchased Care Costs

5.5 The care that we purchase from a range of providers constitutes a significant element of the overall budget. This is currently budgeted at £56.3 million for the year 2021/22, the chart below shows how this is spent across care groups:

Purchased Care £56.3 million



5.6 We hold the budget for Oral Health & Dental Services and host the primary care element of this service on behalf of the other 5 HSCPs within the Greater Glasgow and Clyde area. The table below shows that of, total expenditure of £9,820,000 during 2020/21, how the 2020/21 costs relate to the usage by HSCP:

ORAL HEALTH & DENTAL SERVICES HOSTED BY EAST DUNBARTONSHIRE IJB	2020/21 £000
Glasgow	5,528
Renfrewshire	1,431
Inverclyde	563
West Dunbartonshire	623
East Renfrewshire	867
East Dunbartonshire	808
ORAL HEALTH &DENTAL SERVICES	**9,820**

5.7 Similarly each of the other 5 HSCPs host one or more services on behalf of the other HSCPs. The table below shows the 2019/20 cost of our populations' consumption of those services:

SERVICES PROVIDED TO EAST DUNBARTONSHIRE IJB BY OTHER IJBs WITHIN NHS GREATER GLASGOW AND CLYDE	2020/21 £000
MSK Physio	545
Retinal Screening	52
Podiatry	180
Primary Care Support	324
Continence	399
Sexual Health	667
Mental Health Services	909
Augmentative & Alternative Communications	19
Oral Health	808
Addiction	906
Prison Healthcare	166
Healthcare in Police Custody	187
General Psychiatry	2,615
Old Age Psychiatry	1,256
Total Cost of Services consumed within East Dunbartonshire	**9,033**

5.8 Under current arrangements there are no financial transactions between HSCPs for hosted services, with the tables showing costs for information and allowing us to understand the total system wide cost of our population use of services; however this arrangement may change in future years.

5.9 In addition to our annual budget we also have ring-fenced funding from the Scottish Government for the Primary Care Improvement Fund and Mental Health Action 15. Our allocations for these funds are set out below and our spending plans comprise a number of local and NHSGGC wide projects and initiatives:

Ear marked Reserve	2021/22 £000
Mental Health Action 15	199.8
Alcohol & Drugs Partnership Funding	308.7
Primary Care Improvement Fund	831

5.10 During the 2021/22 budget process, the IJB agreed £0.7m of savings to help close the budget gap with a residual financial gap of £1.1m which will be met from use of general reserves until work can be progressed on identifying a transformation programme which will address this position on a recurring basis.

Current Financial Position

5.11 The current financial position (as at March 2021) for East Dunbartonshire HSCP is impacted significantly in the last financial year as a result of the Covid pandemic. In previous financial years the HSCP was experiencing significant cost pressures in the areas of older people services relating to care home, care at home and alternatives to day centre provision. In addition, there were some pressure on learning disability services relating to supported accommodation and support to young adults with autism and daycare supports / supported living for young people transitioning through to learning disability services.

5.12 The impact of the pandemic has seen a significant decrease in these areas of pressure as services have been reduced or ceased altogether which has led to a reported underspend on the HSCP budget of £3.3m for 2020/21 (net of reserves movement). Funding was made available through the SG to fund all Covid related expenditure including sustainability payments to the independent sector, PPE, additional staff costs, loss of income as services remained closed and compensation for the under achievement on ongoing savings programmes.

5.13 While this position is expected to continue in the immediate term as funding continues to be made available from the SG to support the Covid pandemic, this is not expected to continue over the short / medium term as services move into recovery and life across the country moves back to some sense of normality.

Reserves

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

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

this relates to Scottish Government funding to deliver on the specific national priorities. These are set out in detail in **Appendix 1.**

5.16 Given the significant financial pressures facing the partnership, there will be limited opportunities in future years to create further reserves, therefore the application of reserves will play an important role in the management of the current and future financial position as well as acting as a catalyst for engineering and testing service redesign and different service models.

Medium Term Outlook

5.17 In terms of medium term financial planning, a detailed analysis of costs, demands and anticipated funding settlements has been undertaken for the partnership and assuming nothing else changes an additional £18.6m could be required to meet current and anticipated costs for the next five years. This is based on the likely scenario for the HSCP over this period, however a range of scenarios have been evaluated based on best to worst case which could see financial pressures ranging from £14.1m (best case) to £27.8m, (worst case).This increases to £44.6m when forecasting for the next 10 years based on a likely scenario. This is set out in detail in **Appendix 2.**

5.18 This includes a range of key assumptions which are subject to a degree of uncertainty and it is therefore prudent for the partnership to plan for a range of potential outcomes and have the ability to respond accordingly. This will ensure flexibility and sustainability in financial planning terms and will maximise opportunities to make resources available to deliver on our strategic priorities.

5.19 The areas of key uncertainty include:-

- Impact of future Scottish Government funding levels on both the NHS and Local Authority;
- Pay Settlements and the impact of the decision to lift the pay cap on public sector pay;
- Demand led pressures particularly in the area of older people services but also for learning disability and children's services;
- Cost pressures associated with contractual arrangements where new tendering arrangements require to be put in place and the implications of the Scottish Living Wage (SLW).
- Prescribing costs as a consequence of rising demand and costs associated with the short supply of drugs.

5.20 As set out above, the IJB will face cost pressures arising as a result of demand, inflation and changes in legislation. Evaluating the key factors likely to impact over the medium term it is estimated that the IJB will face cost and demand pressures of £30.5m. The funding settlements from partner organisations will mitigate the financial challenges to the IJB, however they are not expected to cover the full extent of cost pressures anticipated. The main areas of cost pressure and likely funding settlements which the IJB can expect over the next five years is set out below providing the overall financial challenge the IJB is facing:-

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

5.21 Pay Inflation – The pay assumptions for 2021/22 are still subject on ongoing negotiations with initial indications of a 4% pay uplift for NHS staff with a similar increase expected for Local Authority Staff. It is recognised that this is a response to the Covid pandemic and a recognition of the heroic work undertaken across public sector services. Prior to this we had a multi-year pay settlement equating to 9% for the three years commencing 2018/19, an average of 3% each year. It would therefore be prudent to plan for similar levels of increase across the HSCP post Covid. It is expected that pay increases will remain a recurring pressure for partnerships and current assumptions provide for 3% increase each year for both health and social work staff. Assumptions also reflect the costs associated with the apprenticeship levy, on costs (NI and superannuation) and increments for staff moving through the salary grades.

5.22 Contractual / Inflationary Pressures – these reflect anticipated annual increases in payments to third parties and in the main reflect expected increases to the National Care Home Contract, free personal care payments, fees for fostering, adoption and kinship care and the impact of moving onto the Scotland Excel Care at Home Framework in April 2021 . There have been increases to the Scottish living wage since 2016/17 with an expectation that this will increase further to meet the national commitment to reach a national living wage of £10 by 2022. As in previous years it is expected that any increase will be funded by the Scottish Government through additional social care funding albeit this funding is not sufficient to meet the full extent of commitments in this area including the National Care Home Contract.

5.23 Demographics – The provision of a care package is predicated on an assessment against the eligibility criteria. In East Dunbartonshire, care is only provided to those who are assessed as having a critical or substantial need. The majority of the Adult Social Care clients are over the age of 65 with the predominance of Older People being within the 75+ / 85+ age group which is expected to increase year on year. The latest projections for 2016 – 2041 indicate that increases in the 75+ age group will be an average increase of 3.28% increase every year and for those aged 85+ this will be an average increase of 6.08% each year. An analysis of service trends in relation to care at home services for older people over the last few years provides for an increase of 5% each year in the levels of care being provided with levels of complexity increasing and care home placements levelling off during the same period. Taking all of the above into account, a year on year increase of 5% has been provided for within the financial model.

5.24 Prescribing Costs – The cost of the drugs prescribed by GP's is increasing year on year and the risk sharing arrangement across GG&C is no longer in place which managed these pressures across the wider health board area, therefore these pressures need to be managed within the partnership's overall financial envelope. The IJB has limited

control over this budget as it is unable to control the price of drugs which are set nationally and influenced by factors such as supply and demand, currency movements and patents. It also has limited control over demand as this is based on a clinical decision by a GP as to whether to prescribe a medicine. There is work going on across GG&C to identify efficiencies and cost savings to mitigate the impact of pressures on prescribing with support from board wide and local prescribing teams – GG&C performs well in this area which makes generating year on year efficiencies more difficult. The provision within the financial plan reflect current demand and cost pressures based on previous years' experience and analysis and advice from prescribing leads.

5.25 Savings Programme – the HSCP has identified a number of savings initiatives from previous financial years which will have recurring savings into future financial years. These relate to the implementation of the Fair Access to Community Care Policy, ongoing review of daycare services, implementation of the 'House' project for Children's Services and the Learning Disability Supported Accommodation Review. Further work is required to identify service redesign and transformation activity to meet the challenges outlined over the lifetime of this financial outlook. In addition, due to the ongoing impact of the Covid pandemic, the capacity to deliver transformation over the last year has diminished and there remains a funding gap of £1.1m in setting the budget for 2021/22. This was covered through the creation of a transformation reserve to under write the delivery of future transformation but will require the identification of recurring savings to mitigate this gap, this has been factored into financial planning assumptions for 2022/23.

5.26 One of the Scottish Government's key policy commitments over the course of the last parliament and going forward into the new parliament to increase Health spending. Given the limited growth prospects for the Scottish Government budget, this commitment is likely to continue to have a challenging impact on Local Authority budgets which are anticipated to be subject to sustained real terms reductions over the coming years.

5.27 In light of this expectation, the assumptions for future year financial settlements provides that that for the delegated health budget the partnership should expect that the 1.5% uplift in NHS funding will pass through to the partnership along with any Barnett resource consequentials from the UK financial settlement relating to the community health services element of the health budget. In respect of the delegated local authority budgets, the partnership should expect a flat cash settlement with any funding to support social care initiatives, such as the Scottish Living Wage, implementation of the Carers Act, expansion in entitlement to FPC, will be passed onto the partnership to deliver on these priorities.

5.28 In addition to the delivery of key strategic priorities for the partnership, it is expected that we will require delivering significant year on year savings to address the financial challenges of reducing resources set against increasing cost and demand pressures. The partnership is therefore planning for the period 2022/23 to 2027/28 for a potential funding gap of between £14.1m to £27.8m with **£18.6m being the most likely** based on the most recent experience of costs and funding.

6 Medium Term Financial Strategy

6.1 In order to address the financial challenges over the medium term, the partnership will need to develop plans to bridge the financial gap and focus spending on the areas which will deliver our strategic priorities. In common with all other Health and Social Care Partnerships it is incumbent on East Dunbartonshire HSCP to review the way in which

we seek to respond to local need - demand is increasing, complexity is more acute year on year and the financial challenges will continue in the medium term.

6.2 A new approach to the management of demand and the response to need is required which must be guided by a core principle of redrawing the implied social contract between pubic bodies and citizens; maximising independence, enabling proportionate risk and supporting individuals to manage their own health and social care needs in their own communities for as long as possible.

6.3 The HSCP has been working to develop an approach which focuses on how we deliver services in a different way which relies on a transformational change and service redesign programme which will inform the next iteration of our Strategic Plan to meet our strategic priorities and operate within the financial envelope available to the HSCP. In essence, the programme is about a new philosophy for health and social care in East Dunbartonshire. There is an overarching commitment in taking this transformative approach to maintaining quality and to using the health and social care standards as a means of driving and assuring quality improvement. The core components of the programme are set out below:

- **Local and Community Led** – Responses to need at local level, seeking to use local assets and inherent resources as standard. Support delivered from local hubs and via empowered community practitioner collaborative set up to respond to what matters to people in local communities. This model exploits the Community Led Support practice model which it is proposed all staff are supported to practice within.
- **Digital First** – a presumption that where digital technology can be used it will be, and that access to support will be via digital means first (e.g. online self-assessment ideas). This approach has been escalated in response to the Covid pandemic which have required services to work and engage with services users in a virtual way.
- **Shared Ownership and Shared Care** – a contract between local people and the providers of services/resources. An equal partnership where the individuals, their family/friends/supports, the community and
- **Sustainable** – responding to what matters in a budget sensitive and sustainable way. Being up front with local people about the challenge facing public services across all sectors in responding to levels of demand in the way we currently are in the context of a continuing long term inverse relationship between the growth in demand for health and social care services and the budgets available to meet that demand.
- **Empowered practice –** a model where practitioners are empowered to act on what matters to the people they seek to support. Appropriate and agreed delegation of resources to local practitioner collaboratives to respond to need more flexibility with processes built in to manage more costly responses to need at a whole partnership level.
- **Maximised Independence** – people empowered to help themselves, where the presumption is against interference from statutory services where it can be avoided. Minimum intervention for maximum independence as a standard response to need to reduce dependence and facilitate increased self-management throughout the life course based on proportionate risk management.

6.4 In addition to the development of new ways of working across the HSCP, the partnership will continue to rely on a review of the services it delivers and ensuring that these are delivered in the best way which maximises efficiencies, secures improvement and delivers best value. These will focus on a number of key areas:

6.4.1 Maximise Efficiencies – the partnership will maximise opportunities to deliver services in the most efficient manner which seeks to protect frontline service delivery as much as possible. This will include reviewing ways of working, pathway planning, structural considerations and systems development and change projects supported by each partner agency, The assumption set out in the SG Medium Term Health and Social Care Financial Strategy is that HSCP's should continue to make 1% efficient savings each year to mitigate the impact of pressures Whilst our successful history of providing integrated services is a positive one this does mean that we have already taken many of the opportunities to redesign services, remove duplication and make associated efficiencies over the last 5 years.

6.4.2 Strategic Commissioning – the HSCP's approach to commissioning is driven by its strategic plan, The HSCP commissions a mix and range of in-house and external services ensuring there is a range, choice and sufficiency of services available to the community having regard to individual choice through Self Directed Support options. The partnership has strong links with the third and independent sector providers and engages with them in a range of forums, including the Strategic Planning Group, to inform service development and advice on direction of travel in furtherance of partnership priorities. This will be informed by a strategic needs assessment detailing the needs of the population and where resources need to be targeted, supplemented by a workforce strategy aligned to service redesign and commissioning intentions.

6.4.3 Shifting the Balance of Care – the underlying principle of integration is to shift the balance of care to enable individuals to live within their own home for as long as possible. The use of earmarked reserves to facilitate and test service change will allow the partnership to make key decisions on where resources can best be invested. Robust and challenging targets have been set for the partnership to further reduce delayed discharges, reduce hospital admissions and bed days occupied for unplanned care in an acute setting. An un-scheduled care commissioning plan has been developed across GG&C with a number of work streams to deliver on these challenging targets and ensure that individuals are supported within the right settings to meet their needs at the time they need support.

6.4.4 Prevention and Early Intervention - there are a number of initiatives in place across the partnership which promote good health and wellbeing, self-management of long term conditions and intervene at an early stage to prevent escalation to more formal care settings. There requires to be a stronger focus in these areas for development particularly for older people and children's services. The ability to undertake this with sufficient scale and in a way that outstrips demand and therefore have an impact on financial budgets will be a challenge.

6.4.5 Review of Eligibility and Charging (Demand Management) – access to services is currently for those at critical or substantial risk and this needs to be applied fairly and consistently across the partnership and targeted to those most in need. The HSCP has developed a 'Fair Access to Community Care' policy and the implementation and application of this policy needs to continue across the HSCP. Equally there are opportunities for the partnership to maximise income generation for the services it provides which ensures that those on low incomes or minimum benefit levels are protected from any charging as much as possible. This is set in the context of financial inclusion and ensuring that individuals are in receipt of all the benefits to which they are entitled through an income maximisation check. The ability to continue to develop these areas may be impacted through the implementation of the recommendations within the Review of Adult Social Care which seeks to cease non- residential charging and ensure a consistent approach for access to services across Scotland.

6.4.6 Service Reduction / Cessation – this would only be considered where the above elements have been exhausted and financial balance cannot be secured through these means alone. As part of service redesign there will be a review of the range of services delivered across the partnership which will inform not just areas which require development and investment but also areas where we will dis-invest. This will be set in the context of a strategic fit informed by the Strategic Plan, quality of service provision, demand for the service and importantly best value considerations and sustainability.

6.5 It is recognised that within the Review of Adult Social Care services that there will be significant investment over the lifetime of this financial strategy which will support the national recommendations of the review but also align to the strategic priorities for the HSCP. The financial strategy will require to be reviewed as these initiatives are known with more clarity and the financial implications more certain.

7 Risk and Sensitivity Analysis

7.1 The medium term financial plan is a financial model and as such has risks associated with it. The IJB recognises strategic risks through the IJB Corporate Risk Register and the associated Financial Risk Register capture the key financial risks to the HSCP. This is used to ensure significant risk is identified and effective actions implemented that reduces these risks to acceptable levels whilst securing service delivery within available resources. The key risks set out in the Financial Risk Register are:

- Challenging Financial Settlements from partner agencies;
- Demographic pressures related to particular population growth across East Dunbartonshire generating additional demands for health & social care services;
- Increase in pay costs across health & social care staff;
- Increase in the cost of purchased care services;
- Increase in the costs associated with prescribing;
- Failure to maintain adequate reserves in line with the HSCP Reserves policy;
- Failure to identify sufficient levels of savings through transformation and service redesign;
- Failure to manage the non-recurring nature of funding allocations to the HSCP (eg dental bundle, PCIP, Action 15, ADP);
- Failure to manage the financial implications of new policy and legislative changes (eg. SLW, Carers funding, PCIP, Action 15, extension to FPC / increase to FPC allowances etc);
- As yet unknown costs associated with the medium / long term impact of the Covid pandemic;
- Potential additional costs as a consequence of the EU exit;
- Lack of robust financial information to support effective budget management and accurate reporting of the HSCP financial position to the IJB;
- Insufficient funding to support the new programme for government identified through the Adult Social Care Review

7.2 Sensitivity analysis is used to test the major assumptions made by the model and understand what the implications are if assumptions change. This effectively tests “what if” scenarios and enables the IJB to determine the potential fluctuation which could exist within the modelling and will assist future planning.

7.3 The table below show what would happen if the main assumptions increase by 1%. If, for example, pay uplifts were to increase by 1% above the assumptions set out within the plan for 2022/23, this would present an additional cost pressure of £375k.

Sensitvity Analysis (+1%)	2022/23 £000	2023/24 £000	2024/25 £000	2025/26 £000	2026/27 £000
Pay Award Uplift	375	388	401	414	428
Inflation / Contractual Uplift	591	617	645	675	706
Future Demand - demographics	254	273	294	317	341
Prescribing	126	131	136	142	148
Funding Contribution - EDC	-590	-590	-590	-590	-590
Funding Contribution - NHS GG&C	-518	-523	-528	-533	-539

7.4 There could be a number of outcomes or combination of changes to the assumptions which could cause variation within the medium term financial plan. The plan is based on the best assumptions available at this time. However, it is important that this is kept under review as part of the IJB's annual budget setting process and updated to reflect the latest information to refine the plan annually.

8 Longer Term Financial Planning

8.1 There is a strong argument most notably that put forward by Audit Scotland and the Accounts Commission, that longer term financial planning should provide for financial projections outwith current medium term planning horizons. In making the case for such both recognise the inherent challenges of setting reasonable assumptions given the likelihood that these will vary increasingly as the medium term gives way to the longer term.

8.2 The IJB recognises that the provision of indicative financial forecasts into the longer term will provide for increased openness and transparency in decisions taken with full cognisance of the longer term impact. Sustaining the IJB's current provision of a longer term planning without the provision of financial data is useful but not wholly complete. The challenge remains for the IJB to set financial forecasts outwith current time horizons. Merely acknowledging that the problem exists is not sufficient.

8.3 The proposed solution to this rests with the work currently in progress, and articulated above, within the both the short and medium term. East Dunbartonshire IJB operates within a wider local, Scottish, UK and international economy. Our work is delivered in support of, alongside and in conjunction with UK & Scottish Governments, other HSCPs, Health Boards, Councils and our Community Planning Partners. The IJB operates as an important local determinant within a much wider system with significant elements of our financial future not solely within our own gift. Working together with shared goals will be key to delivering against longer term priorities.

8.4 The last year has been typified by a level of prioritisation, collaboration, co-production and delivery at levels required to guard against the immediate and significant challenges posed by the pandemic. Those mechanisms that have enabled this to happen now require to be sustained, supporting future planning. It is necessary that those previous barriers remain down with open dialogue and shared plans being key to delivery.

8.5 Future financial planning seeks to continue those positive aspects of the last year whilst learning from the mistakes. This will give the IJB and the public sector the tools to jointly plan for a long term financial outlook that meets the changing needs of our population.

The work set out in the body of this report seeks to delivery against these aspirations with financial planning being something more than can be reacted to in the short term but planned for over the long term.

East Dunbartonshire HSCP Reserves 2021/22	Balance at 31 March 2021 £000
HSCP Transformation	(1,100)
Apropriate Adults	(4)
Review Team	(170)
Children's MH & Wellbeing Programme	(25)
Children's MH & Emotional Wellbeing - Covid	(201)
Covid	(2,552)
Scottish Govt. Funding - SDS	(77)
SG - Integrated Care / Delayed Discharge Funding	(283)
Oral Health Funding	(403)
Infant Feeding	(13)
CHW Henry Programme	(15)
SG - Primary Care Cluster funding	(39)
SG - Primary Care Improvement	(878)
SG – Action 15 Mental Health	(572)
SG – Alcohol & Drugs Partnership	(112)
SG – Technology Enabled Care	(11)
GP Premises	(118)
PC Support	(27)
Prescribing	(185)
Covid	(3,916)
Psychological Therapies	(60)
District Nursing	(31)
Chief Nurse	(51)
Health & Wellbeing	(55)
Specialist Children - SLT	(3)
Woodland Garden Project	(7)
Total Earmarked	(10,910)
Contingency	(1,935)
General Fund	**(12,845)**

Financial Planning - ED HSCP

Budget Requirement	21/22 £m	22/23 £m	23/24 £m	24/25 £m	25/26	26/27	27/28	28/29	29/30	30/31	31/32
EDC Contribution											
Recurring Budget	56.750	58.401	59.994	61.587	63.180	64.773	66.366	66.366	67.959	69.552	71.145
Pay Award	0.413	0.455	0.473	0.492	0.512	0.532	0.553	0.574	0.596	0.618	0.642
Payroll Other	(0.320)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Demand - Agencies & Other Bodies	1.170	1.270	1.367	1.471	1.583	1.704	1.834	1.974	2.125	2.287	2.460
Service Package Changes (one off related to Covi	(3.346)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Contractual Inflation	2.666	1.773	1.852	1.936	2.024	2.118	2.217	2.322	2.434	2.552	2.674
Un achieved Savings	2.249	1.075	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Recurring Savings Programme	(0.650)	(0.975)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Covid	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Other	0.291	0.280	0.280	0.280	0.280	0.280	0.280	0.280	0.280	0.280	0.280
Sub Total - SW Budget Requirement	59.223	62.279	63.966	65.766	67.580	69.407	71.250	71.516	73.393	75.289	77.201
Financial Settlement - EDC (likely)	*58.401*	*59.994*	*61.587*	*63.180*	*64.773*	*66.366*	*66.366*	*67.959*	*69.552*	*71.145*	*72.738*
Financial Gap	*0.822*	*2.285*	*2.379*	*2.586*	*2.807*	*3.041*	*4.884*	*3.557*	*3.841*	*4.144*	*4.463*
	1.4%	3.9%	4.0%	4.2%	4.4%	4.7%	7.4%	5.4%	5.7%	6.0%	6.3%
NHS Contribution											
Recurring Budget (Excl OHD + Set Aside)	83.912	84.677	85.454	86.238	87.031	87.831	88.639	89.459	90.280	91.108	91.945
Payroll (assume 3%)	0.325	0.670	0.690	0.710	0.732	0.754	0.776	0.799	0.823	0.848	0.874
Other Non Pay	0.235	0.242	0.249	0.257	0.264	0.272	0.281	0.289	0.298	0.307	0.316
RT Inflation (assume 3%)	0.183	0.371	0.377	0.383	0.388	0.394	0.400	0.406	0.412	0.418	0.425
Recurring Savings	(0.026)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Prescribing (assume 4% per previous years exper	0.300	0.504	0.525	0.546	0.567	0.590	0.608	0.626	0.645	0.664	0.684
Sub Total - NHS Budget Requirement	84.929	86.465	87.294	88.134	88.983	89.841	90.704	91.580	92.458	93.346	94.243
Financial Settlement - NHS GG&C	84.677	85.454	86.238	87.031	87.831	88.639	89.459	90.280	91.108	91.945	92.790
Financial Gap	*0.252*	*1.011*	*1.056*	*1.103*	*1.152*	*1.202*	*1.244*	*1.300*	*1.350*	*1.400*	*1.453*
	0%	*1%*	*1%*	*1%*	*1%*	*1%*	*1%*	*1%*	*1%*	*2%*	*2%*
IJB Total Budget	143.078	145.448	147.825	150.211	152.604	155.005	155.825	158.239	160.660	163.090	165.528

East Dunbartonshire HSCP Financial Outlook 2022 - 2027 - Summary (Likely)

IJB Scenario Financial Planning	2022/23	2023/24	2024/25	2025/26	2026/27	5 Yr Total	2027/28	2028/29	2029/30	2030/31	2031/32	10 Yr Total
Cost Pressures												
Payroll	1.124	1.163	1.202	1.243	1.285	6.018	1.329	1.373	1.419	1.467	1.515	13.121
Contractual	1.773	1.852	1.936	2.024	2.118	9.703	2.217	2.322	2.434	2.552	2.674	21.903
Future Demand - demographics	1.270	1.367	1.471	1.583	1.704	7.396	1.834	1.974	2.125	2.287	2.460	18.076
Prescribing	0.504	0.525	0.546	0.567	0.590	2.732	0.608	0.626	0.645	0.664	0.684	5.959
Un achieved savings	1.075	0.000	0.000	0.000	0.000	1.075	0.000	0.000	0.000	0.000	0.000	1.075
Recurring Savings	(0.975)	0.000	0.000	0.000	0.000	(0.975)	0.000	0.000	0.000	0.000	0.000	(0.975)
Other Non Pay	0.894	0.906	0.920	0.933	0.947	4.599	0.961	0.975	0.990	1.005	1.021	9.551
Total Cost Pressures	5.665	5.813	6.075	6.352	6.645	30.549	6.949	7.271	7.612	7.974	8.354	68.709
Aniticipated Funding Settlement	(2.370)	(2.377)	(2.385)	(2.393)	(2.401)	(11.927)	(2.413)	(2.422)	(2.430)	(2.438)	(2.447)	(24.077)
Financial Challenge	3.296	3.435	3.689	3.958	4.243	18.622	4.535	4.849	5.182	5.536	5.908	44.633

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East Dunbartonshire HSCP Financial Outlook 2022 - 2027

		5 Year Projection						10 Year Projection					
	Uplifts	22/23 £m	23/24 £m	24/25 £m	25/26 £m	26/27 £m	5 Yr Total £m	27/28	28/29	29/30	30/31	31/32	10 Yr Total £m
Social Work Delegated Budgets													
Pay Award	3%	0.455	0.473	0.492	0.512	0.532	2.464	0.553	0.574	0.596	0.618	0.642	5.446
Demand - Agencies & Other Bodies	5%	1.270	1.367	1.471	1.583	1.704	7.396	1.834	1.974	2.125	2.287	2.460	18.076
Contractual Inflation	various	1.773	1.852	1.936	2.024	2.118	9.703	2.217	2.322	2.434	2.552	2.674	21.903
Un achieved Savings 21/22		1.075					1.075						1.075
Recurring Savings Programme		(0.975)					(0.975)						(0.975)
Other		0.280	0.280	0.280	0.280	0.280	1.400	0.280	0.280	0.280	0.280	0.280	2.800
Budget Pressures		3.878	3.972	4.179	4.400	4.634	21.064	4.884	5.150	5.434	5.737	6.056	48.325
Funding Scenarios													
EDC - Flat Cash		0.000	0.000	0.000	0.000	0.000		0.000	0.000	0.000	0.000	0.000	
EDC - Flat Cash + SG Settlement		1.593	1.593	1.593	1.593	1.593		1.593	1.593	1.593	1.593	1.593	
EDC - Flat Cash + SG Settlement		1.593	1.593	1.593	1.593	1.593		1.593	1.593	1.593	1.593	1.593	
EDC - Flat Cash + SG Settlement		1.593	1.593	1.593	1.593	1.593		1.593	1.593	1.593	1.593	1.593	
Financial Challenge - worst (No uplift)		3.878	3.972	4.179	4.400	4.634	21.064	4.884	5.150	5.434	5.737	6.056	48.325
Financial Challenge - fair (SG funding SLW / FPC Uplifts)		2.285	2.379	2.586	2.807	3.041	13.099	3.291	3.557	3.841	4.144	4.463	32.395
Financial Challenge - fair (SG funding SLW / FPC Uplifts)		2.285	2.379	2.586	2.807	3.041	13.099	3.291	3.557	3.841	4.144	4.463	32.395
Financial Challenge - fair (SG funding SLW / FPC Uplifts)		2.285	2.379	2.586	2.807	3.041	13.099	3.291	3.557	3.841	4.144	4.463	32.395
NHS Delegated Budgets													
Payroll (assume 3%)	3%	0.670	0.690	0.710	0.732	0.754	3.554	0.776	0.799	0.823	0.848	0.874	7.675
Other Non Pay		0.242	0.249	0.257	0.264	0.272	1.285	0.281	0.289	0.298	0.307	0.316	2.775
RT Inflation (assume 1.5%)	1.5%	0.371	0.377	0.383	0.388	0.394	1.914	0.400	0.406	0.412	0.418	0.425	3.976
Recurring Savings Programme													
Prescribing (assume 4% per previous years experience)	4.0%	0.504	0.525	0.546	0.567	0.590	2.732	0.608	0.626	0.645	0.664	0.684	5.959
Budget Pressures		1.787	1.841	1.895	1.952	2.010	9.486	2.065	2.121	2.178	2.237	2.298	20.385
Funding Scenarios													
NHS Inflationary Uplift - assume 1.0%		0.546	0.552	0.557	0.563	0.568		0.574	0.580	0.586	0.591	0.597	
NHS Inflationary Uplift - assume 1.5%		0.777	0.784	0.792	0.800	0.808		0.820	0.829	0.837	0.845	0.854	
NHS Inflationary Uplift - assume 2.5%		1.386	1.400	1.414	1.428	1.442		1.478	1.493	1.508	1.523	1.538	
NHS Inflationary Uplift - assume 3%		1.671	1.688	1.705	1.722	1.739		1.791	1.809	1.827	1.845	1.864	
Financial Challenge - worst (1.0% uplift)		1.241	1.289	1.338	1.389	1.442	6.699	1.491	1.541	1.593	1.646	1.701	14.670
Financial Challenge - fair (1.5% uplift)		1.011	1.056	1.103	1.152	1.202	5.524	1.244	1.292	1.341	1.392	1.445	12.238
Financial Challenge - good (2.5% uplift)		0.402	0.441	0.482	0.524	0.568	2.416	0.587	0.628	0.670	0.714	0.760	5.775
Financial Challenge - best (3% uplift)		0.116	0.153	0.191	0.230	0.271	0.961	0.274	0.312	0.351	0.392	0.434	2.724
TOTAL PARTNERSHIP													
Financial Challenge - worst		5.119	5.261	5.518	5.789	6.076	27.763	6.375	6.691	7.027	7.382	7.757	62.995
Financial Challenge - fair		3.296	3.435	3.689	3.958	4.243	18.622	4.535	4.849	5.182	5.536	5.908	44.633
Financial Challenge - good		2.686	2.820	3.068	3.331	3.609	15.515	3.878	4.185	4.511	4.858	5.223	38.170
Financial Challenge - best		2.401	2.532	2.777	3.037	3.313	14.060	3.565	3.869	4.192	4.536	4.897	35.118

Financial Challenge - Likely (based on prior years - fair)		3.296	3.435	3.689	3.958	4.243	18.622	4.535	4.849	5.182	5.536	5.908	44.633
HSCP Scenario Financial Planning		**22/23**	**23/24**	**24/25**	**25/26**	**26/27**	**5 Yr Total**	**27/28**	**28/29**	**29/30**	**30/31**	**31/32**	**10 Yr Total**
Cost Pressures													
Payroll		1.124	1.163	1.202	1.243	1.285	6.018	1.329	1.373	1.419	1.467	1.515	13.121
Contractual		1.773	1.852	1.936	2.024	2.118	9.703	2.217	2.322	2.434	2.552	2.674	21.903
Future Demand - demographics		1.270	1.367	1.471	1.583	1.704	7.396	1.834	1.974	2.125	2.287	2.460	18.076
Prescribing		0.504	0.525	0.546	0.567	0.590	2.732	0.608	0.626	0.645	0.664	0.684	5.959
Un achieved savings		1.075	0.000	0.000	0.000	0.000	1.075	0.000	0.000	0.000	0.000	0.000	1.075
Recurring Savings		(0.975)	0.000	0.000	0.000	0.000	(0.975)	0.000	0.000	0.000	0.000	0.000	(0.975)
Other Non Pay		0.894	0.906	0.920	0.933	0.947	4.599	0.961	0.975	0.990	1.005	1.021	9.551
Financial Challenge		5.665	5.813	6.075	6.352	6.645	30.549	6.949	7.271	7.612	7.974	8.354	68.709
Financial Settlement													
Poor (EDC - flat cash, NHS - 1.0% uplift)		0.546	0.552	0.557	0.563	0.568	2.786	0.574	0.580	0.586	0.591	0.597	5.715
Fair (EDC - flat cash + SG monies, NHS - 1.5% uplift)		2.370	2.377	2.385	2.393	2.401	11.927	2.413	2.422	2.430	2.438	2.447	24.077
Good (EDC - flat cash + SG monies, NHS - 2.5% uplift)		2.979	2.993	3.007	3.021	3.035	15.034	3.071	3.086	3.101	3.116	3.131	30.539
Best (EDC - flat cash + SG monies + demographic, NHS - 2.5%)		3.264	3.281	3.298	3.315	3.332	16.489	3.384	3.402	3.420	3.438	3.457	33.591
Most Likely													
Financial Gap													
Poor (EDC - flat cash, NHS - 1.0% uplift)		5.119	5.261	5.518	5.789	6.076	27.763	6.375	6.691	7.027	7.382	7.757	62.995
Fair (EDC - flat cash + SG monies, NHS - 1.5% uplift)		3.296	3.435	3.689	3.958	4.243	18.622	4.535	4.849	5.182	5.536	5.908	44.633
Good (EDC - flat cash + SG monies, NHS - 2.5% uplift)		2.686	2.820	3.068	3.331	3.609	15.515	3.878	4.185	4.511	4.858	5.223	38.170
Best (EDC - flat cash + SG monies + demographic, NHS - 2.5%)		2.401	2.532	2.777	3.037	3.313	14.060	3.565	3.869	4.192	4.536	4.897	35.118
Most Likely													

APPENDIX 2

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Completed by	Jean Campbell	Date created/ updated	May 2021

Risk is the chance of something happening which will cause harm or detriment to the organisation, staff or patients. It is assessed in terms of likelihood of an event occurring and the severity of its impact upon the organisation, staff or patients.

The Integration Joint Board has adopted the following scoring system which enables risks to be prioritised.

Likelihood (L)		Consequence (C)		Risk (LxC)	=	Priority
Almost certain	5	Extreme	5	20 - 25	=	Priority 1: VERY HIGH
Likely	4	Major	4	12 - 16	=	Priority 2: HIGH
Possible	3	Moderate	3	6 - 10	=	Priority 3: MEDIUM
Unlikely	2	Minor	2	1 - 5	=	Priority 4: LOW
Rare	1	Negligible	1			

The Boards Shared Risk Register comprises those risks that have been assessed as being high or very high.

Risk Appetite/Tolerance matrix

Likelihood	Consequence /Impact				
	1 - Negligible	2 - Minor	3 - Moderate	4 - Major	5 - Extreme
Almost Certain - 5	5	10	15	20	25
Likely - 4	4	8	12	16	20
Possible - 3	3	6	9	12	15
Unlikely-2	2	4	6	8	10
Rare - 1	1	2	3	4	5

HSCP Finance Risk Register 2021/22

APPENDIX 2

Risk Reference	Risk Event	Cause	Effect	Category of risk	Control Measures	Residual Likelihood	Residual Impact	Rank (Equals N*I)	Priority	Strategy for Risk	Risk Management Actions	Acceptable Likelihood	Acceptable Impact	Rank (Equals N*O)	Priority	Risk Owner
FR1	Challenging Financial Settlements from partner agencies	Financial settlements to partner agencies from the SG are challenging particularly in relation to local authorities. Partner agencies have competing priorities across other service areas / departments. Requirement within partner agencies to deliver significant financial savings to ensure a balanced budget. Funding allocations from SG come with particular committments which require to be met in the acceptance of any financial settlement which limits funding available to deliver on local priorities.	Lack of funding available to deliver on all HSCP strategic priorities. Significant savings required year on year to deliver a balanced HSCP budget. Overspend on budgets across service areas. Reliance on general reserves to manage in year pressures and undermining financial sustainability into future years. Reliance on additional partner contributions to balance the budget each year creating a liability to repay into future years.	Financial	Collaborative engagement in the development of the annual budget so pressures, risk and impacts well understood across partners. Development of a financial plan which clearly sets out the challenges and supports strategic planning. Ensure adequate general reserves in line with HSCP Reserves policy to mitigate in year pressures and provide a cushion to support financial challenges. Annual / medium term business planning which delivers transformation within financial envelope available.	4	4	16	2	Treat	Engagement with SG through CFO network to highlight financial challenges to support additional funding allocations to HSCPs. Development of a 5 year medium term financial strategy to capture anticipated cost pressures, expected financial settlement and actions required to deliver a balanced budget.	3	4	12	2	Chief Officer /Chief Finance & Resources Officer
FR2	Demographic pressures related to particular population growth across East Dunbartonshire generating additional demands for health & social care services	Increasing elderly population in East Dunbartonshire, particularly for those aged 85+ with a number of co morbitities requiring support across a range of health & social care services. Increasing numbers of families with children with disabilities moving into East Dunbartonshire to access school provision who will transition into adult services requiring support to maintain independent living.	Demand for services to meet statutory need exceeds the budget available to deliver. Complexity of need can require high cost care packages. Individuals may have to wait for allocation of resource. Overspend on budgets may occur with resort to use of / diminuition of reserves.	Financial	Demographic projections built into financial planning assumptions based on population projections and assessment of previous year impact on service demand. Eligibility criteria in place to assist in managing the demand for services considered not to be critical. HSCP reserves policy in place to provide general reserves to mitigate in year budget pressures. Savings programme being developed in line with annual business planning.	4	4	16	2	Treat	Update on population projections to ensure financial assumptions remain relevant, development of a transformation plan that focuses on prevention / early intervention to ensure older people keep as fit as possible for as long as possible, digital solutions and empowering local communities to deliver significant changes required to support the wider population to self manage care where appropriate and manage demand.	3	4	12	2	Chief Officer /Chief Finance & Resources Officer
FR3	Increase in pay costs across health & social care staff	National pay awards agreed under agenda for change and COSLA negotiation processes for health and social care staff. Recognition of need to address fair pay agenda and secure higher pay for those working in the health & social care sector, particularly on the back of the heroic efforts made during the Covid pandemic. Regrading of staff groups / increments through the grade in delivery of policy objectives without aproporiate levels of funding through SG to support financial impacts.	Increased payroll costs to support current service delivery models. Results in a financial pressure which inevitably needs to be met through the identification of savings across service areas. Consideration of balance of in house / purchased provision and the risks associated with this approach.	Financial	Pay award assumptions built into financial planning each year. Funding uplift provided to support pay awards for NHS staff within HSCP. Staff turnover assumptions included within payroll budgets. Review of skill mix for staff delivering on key priorities.	4	3	12	2	Treat	Development of flexible service delivery models which recognise future pay uplifts. Development of a medium term financial plan which includes realistic assumptions on future pay uplifts with action on how this will be addressed through transformation and service redesign. Access to SG funding to support Fair Pay Agenda.	3	3	9	3	Chief Officer /Chief Finance & Resources Officer
FR4	Increase in the cost of purchased care services	Increase to Scottish living wage (SLW) year on year, increase to national care home contract (NCHC) rates through national negoatiation processes, costs pressures for social care providers including impact from Covid, local re-tendering and contractual arrangements, complexity of care needs resulting in 1:1 / 2:1 care required for bespoke / high cost care packages.	Increase costs to purchase care from the market for current service delivery models. Results in a residual financial pressure which inevitably needs to be met through the identification of savings across service areas.	Financial	Impact assessment of SLW increases communciated through CFO Network to SG to support funding allocations, participation in national contractual arrangements to secure economies of scale, regular review of care packages to ensure reflective of changing / improving needs, engagement and support to local provider market to manage cost pressures, contract montioring in place including cost review.	4	3	12	2	Treat	Commissioning priority to support collaborative commissioning model across local care providers.	3	3	9	3	Chief Officer /Chief Finance & Resources Officer
FR5	Increase in the costs associated with prescribing	Increase in volume of medicines prescribed in response to need, supply of certain medicines moves onto short supply nationally / globally causing significant increase in prices, delivery of challenging savings programme across the NHS board area, cost of new medicines can be significant, discounts / rebates negotiated nationally are not as high as expected.	Increase in costs to purchase medicines results in a financial pressure which inevitably needs to be met through the identification of savings across service areas.	Financial	Engagement with NHS Board prescribing leads to ensure cost / volume assumptions are accurately reflected within financial planning each year, participation in development of savings programmes and investment to save options, local prescribing lead working with GPs to deliver on efficiencies across savings programme. Regular scrutiny and monitoring of demand levels / price of medicines to inform budget reporting. Annual uplift in funding from NHS.	4	3	12	2	Treat	Local savings initiatives / investment to save options to be developed.	3	3	9	3	Chief Officer /Chief Finance & Resources Officer
FR6	Failure to maintain adequate reserves in line with the HSCP Reserves policy	Reserves used to set a balanced budget. In year pressures are beyond the expectations within the financial plan requiring resort to use of reserves. Delivery of transformation requires initial investment (spend to save) or smoothing while project is in development and can fully deliver financial savings expected. Limited capacity within budget management to generate and replenish reserves each year, ear marked reserves for specific initiatives progresses to delivery.	Financial sustainability of the HSCP is compromised, there is no cushion to manage in year pressures, failure to adhere to HSCP reserves policy drawing audit scrutiny, reliance on additional partner contributions each year to deliver a balanced budget in line with the Intergation Scheme, creates a financial liability into future years to repay which compounds the issue of financial sustainability.	Financial	Reserves policy in place and regularly reviewed in context of HSCP financial position, robust budget monitoring arrangements in place to support effective budget management to maintain general reserves position. Transformation Board in place to oversee delivery of transformation activity. Development of annual delivery plan with consideration of financial implications and delivery within finanical envelope available.	4	4	16	2	Treat	Development of a medium term financial plan will mitigate the reliance on reserves through planning for expected financial pressures and identifiying a transformation priogramme that will deliver the changes required to live within the financial envelope available.	3	4	12	2	Chief Officer /Chief Finance & Resources Officer
FR7	Failure to identify sufficient levels of savings through transformation and service redesign	Budgets have been the subject of significant real terms 'cuts' over the years which means that year on year efficiencies become increasingly difficult to identify. Reliance on significant transformation and service redesign which takes time to plan, implement and may require some initial investment to deliver. Increasingly focus narrows to statutory functions which require to be delivered. Savings challenge diminishes ability to invest in preventative measures which will have longer term benefits.Leadership capacity to deliver transformation diminished during Covid response.	Reliance on non recurring reserves to set a balanced budget each year is not sustainable and compounds financial pressures into future years. Likelihood that budgets will overspend year on year with need for recovery plan and potential resort to additional contributions from partner bodies creating a liability into future years.	Financial	Regular financial planning meetings to develop annual delivery plan within financial envelope available. Transformation board in place to oversee achievement of annual delivery plan and scope opportunities for further activity.	4	3	12	2	Treat	Work in collaboration with partner bodies to identify areas which will deliver transformational change and support integrated working across health and socal care services.	3	3	9	3	Chief Officer /Chief Finance & Resources Officer
FR8	Failure to manage the non recurring nature of funding allocations to the HSCP (eg dental bundle, Primary Care Improvement Plan (PCIP), Action 15, Alcohol & Drugs Partnership (ADP)	Non recurring funding allocations from SG do not attract an annual uplift and may be subject to reductions year on year. Funding allocated to support recurring costs related to staffing.	Real time reduction in the budget available to deliver on particular priorities, no uplift in funding to meet pay increments, year on year savings required to live within reducing financial envelope, lack of certainty each year on continuance of funding.	Financial	Effective vacancy management to support flexible response to budget reductions, posts filled on a temporary basis or used to fund non recurring commitments at least in part, regular monitoring returns submitted to SG to evidence recurring need for funding.	3	3	9	3	Treat	Continued representation to SG to minimise non recurring funding allocations.	2	3	6	3	Chief Officer /Chief Finance & Resources Officer
FR9	Failure to manage the financial implications of new policy and legislative changes (eg. Scottish Living Wage (SLW), Carers funding, Primary Care Improvement Plan (PCIP), Action 15, extension to Free Personal Care (FPC) / increase to FPC allowances etc)	Scottish Government make a number of policy statements with specific funding allocated to deliver which may not be sufficient to meet the full extent of costs. Funding allocations confirmed / made at short notice / late in the financial year which require planning and recrutiment processes to implement which can delay spend in year,	Decisions required which live within the financial allocations provided which may not fully adhere to the implementation of policy, insufficient time to deliver on priorities given delays in recruitment, inability to use funding in year which can increase earmarked reserves and can then only be used non recurringly or may require to be repaid to SG.	Financial	Early planning in anticipation of funding allocations to reduce period of implementation. Reflect financial implications within financial planning assumptions at time of setting the budget to form part of savings programme to ensure full delivery. Use of reserves mechanism to ensure funding is spent on the initiative for which the funding has been made available.	4	3	12	2	Tolerate		4	3	12	2	Chief Officer /Chief Finance & Resources Officer
FR10	As yet unknown costs associated with the medium / long term impact of the Covid pandemic	Pandemic ongoing and the impact has yet to be felt - expectation that there will be an increased need for rehabilitation services, MH services and changing demands as we move out of recovery (eg care at home as opposed to care home).	Financial planning difficult to forecast with any certainty until the affects start to be felt, possible unforseen budget shortfalls / overspends as response to need greater than expected	Financial	Financial modelling flexible enough to factor in changes in projected pressures. Annual business planning to respond to priorities for service delivery. Reserves available to respond to unplanned events during the year. SG funding priorities will deliver a share for ED which includes support to manage ongoing covid impacts.	3	3	9	3	Tolerate	Refocus of investment available through Action 15, Alcohol & Drugs funding to meet the emerging challenges.	3	3	9	3	Chief Officer /Chief Finance & Resources Officer
FR11	Potential additional costs as a consequence of the EU exit	Brexit deal resulting in agreements with the EU on the trade arrangements for goods and services which may have cost / process implications, impact on the free movement of individuals, cost escalation and delays in obtaining supplies to support service delivery. Potential for hardship of service users and patients requiring more input from statutory services.	Equipment not being available for services users for their own home. Lack of provision for certain foods and medical supplies to deliver in house care services. Insufficient staffing levels to deliver services or care. Impact on availability of medicines and or short supply issues leading to increased costs. Capacity to manage multiple events in addition to Covid - all of which may have additional cost implications.	Financial	Ongoing assessment of menus which may result in changes to the menu to reduce impact if supplies restricted, engagement with local care providers on scale of issues and ensure effective BCP arrangements are in place. Flexibility within in house services to respond to high risk need. Links via Equipu Steering group and wider mitigation issues across the system. Engagement with local providers on the scale of the issues. Budget monitoring to highlight any finanicla implications.	2	3	6	3	Treat	Participation in NHS Board wide groups / EDC group to determine any wider implications in order to assess what this may mean for local setrvice delivery.	1	3	3	3	Chief Officer /Chief Finance & Resources Officer
FR12	Lack of robust financial information to support effective budget management and accurate reporting of the HSCP financial position to the IJB	Systems not timeously updated with new / changed care packages, budget information not apropriately interrogated, agreed rates for care providers not updated timeously, delays in progressing annual financial assessments to inform service user contributions.	Expenditure on budget lines mis stated / in accurate, decisions taken on inaccurate financial position, mis reporting to the IJB.	Financial	Detailed review of payroll / care provider budgets during regular budget monitoring meetings, scrutiny of budget through Heads of Service to inform reporting to IJB. Service / Activity information considered alongside financial information.	3	3	9	3	Treat	Regular training / re enforcement with frontline staff on the importance of timoeus paperwork to support accurate recording on systems. Proper coding of care packages to ensure information is accurate against each service area.	2	3	6	3	Chief Officer /Chief Finance & Resources Officer
FR13	Insufficient funding to support the new programme for government identified through the Adult Social Care Review	High level assumptions within the Review on the financial impact of policy changes / priorities identified for delivery, elements of the Review which have not been costed which could have significant financial impacts	Statutory requirements to deliver on policy initiatives identified on the back of the Review which are not fully funded and will result in budget pressures.	Financial	Input to national workstreams to cost the impact of the Review for East Dunbartonshire	3	3	9	3	Tolerate		3	3	9	3	Chief Officer /Chief Finance & Resources Officer

DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	24th June 2021 Agenda item number 240621-16
2	Report Title	HSCP Medium Term Financial Strategy 2022 – 2027
3	Date direction issued by Integration Joint Board	24th June 2021
4	Date from which direction takes effect	24th June 2021
5	Direction to:	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	All functions as outlined in the Medium Term Financial Strategy (MTFS) and delegated to the IJB.
8	Full text of direction	The Integration Scheme requires East Dunbartonshire Council and NHS Greater Glasgow and Clyde to consider draft budget proposals based on the Strategic Plan as part of their annual budget setting processes. Both Partners are requested to consider this Medium Term Financial Strategy as part of their annual budget process for the period 2022 – 2027 and work with the HSCP to address the financial challenges set out.
9	Budget allocated by Integration Joint Board to carry out direction	The budget for the period is predicated on the financial assumptions set out within the Medium Term Financial Strategy and the actions identified to meet these financial challenges.
10	Details of prior engagement where appropriate	There has been engagement on the Strategy through the HSCP SMT, Strategic Planning Group and through partner agencies. The Strategy is an evolving one and will be subject to review with ongoing engagement as this progresses.
11	Outcomes	The MTFS provides a framework which will support the IJB to remain financially sustainable and forms an integral part of the IJB's Strategic Plan, highlighting how the IJB medium term financial planning principles will support the delivery of the

		IJB's strategic priorities.
12	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the East Dunbartonshire Integration Joint Board and the East Dunbartonshire Health and Social Care Partnership.
13	Date direction will be reviewed	June 2022 following the annual budget process for 2022/23 and the assumptions revised in line with developments identified during the financial year.

Agenda Item Number: 17.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Date of Meeting	**24th June 2021**
Subject Title	**HSCP Delivery Plan 2021-22**
Report By	**Caroline Sinclair, Interim Chief Officer and Chief Social Work Officer**
Contact Officer	**Alison Willacy and Alan Cairns, Planning, Performance & Quality Manager (job share)** **Alison.willacy@ggc.scot.nhs.uk** **Alan.cairns2@ggc.scot.nhs.uk**
Purpose of Report	The purpose of this report is to present a draft HSCP Delivery Plan for 2021-22 (**Appendix 2)** for consideration and approval by the HSCP Board
Recommendations	It is recommended that the Health & Social Care Partnership Board: a) Notes the strategic planning arrangements set out at **Appendix 1** of this report; b) Approves the HSCP Delivery Plan 2021-22 set out at **Appendix 2**; and c) Notes the Organisational Development and People Plan in support of the Delivery Plan set out at **Appendix 3** to this report
Relevance to HSCP Board Strategic Plan	This report relates to the business planning intentions of the HSCP Board for the period 2021-22, most particularly it sets out the actions in pursuance of the implementation of the Strategic Plan. The Delivery Plan 2021-22 forms part of the bridging arrangement approved by the HSCP Board in September 2020, pending the substantive replacement of the Strategic Plan 2018-21.

Implications for Health & Social Care Partnership

Human Resources	Any HR implication will be separately intimated specific to the development items.	
Equalities:	EQIAs have been undertaken in relation to a number of the development activities within the Delivery Plan. The remaining developments will be assessed against the EQIA framework as appropriate.	
Financial:	The financial impact of the Delivery Plan is set out in the document. This will be monitored as part of the HSCP financial monitoring arrangements	
Legal:	None	
Procurement:	Any procurement implication will be taken forward specific to the development items, with approvals as necessary.	
Economic Impact:	None	
Sustainability:	Individual development will be impact assessed for sustainability proportionate to their scope and scale.	
Risk Implications:	Individual development will be risk assessed proportionate to their scope and scale.	
Implications for East Dunbartonshire Council:	East Dunbartonshire Council will support transformation activity relating to Council delegated functions and will provide advice and guidance on other aspects of the Delivery Plan development and implementation.	
Implications for NHS Greater Glasgow & Clyde:	NHS Greater Glasgow and Clyde will support transformation activity relating to Health Board delegated functions and will provide advice and guidance on other aspects of the Delivery Plan development and implementation.	
Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	☐
	2. East Dunbartonshire Council	☐
	3. NHS Greater Glasgow & Clyde	☐
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	☒

MAIN REPORT

1 BACKGROUND

1.1 At its meeting on 21 January 2021, the HSCP Board approved the statutory review of the East Dunbartonshire Strategic Plan 2018-21 report and noted the process and terms of deferring the substantive replacement of the existing Strategic Plan for one year in line with Scottish Government advice, due to the impact of the pandemic on capacity and meaningful community engagement.

1.2 The findings of the statutory review of the East Dunbartonshire Strategic Plan 2018-21 identified that the qualifying criteria for the Transformation Plan have become less clear over time, with a focus on savings rather than a comprehensive programme of transformation and service redesign. It identified that the separation of the Strategic Plan and the Transformation Plan risked fragmentation of our planning approach. The review identified that the HSCP should also have a more explicit approach to investment and disinvestment, which was an issue identified through the Joint Strategic Inspection of Adult Services in 2019. It was also identified that value could be added by looking at areas of service redesign collectively, rather than separately, to consider impact across the whole system.

1.3 In the pursuit of continuous improvement in our planning approaches, it is proposed therefore that we create an annual HSCP Delivery Plan that draws together our strategic development priorities for the year, informed by the Strategic Plan's development priorities, the NHS Moving Forward Together Strategic Plan, the priorities of East Dunbartonshire Council as set out in the Community Planning Partnership's Local Outcome Improvement Plans, new statute and policy drivers, identified areas for transformation change and our savings requirements. This would bring all high level strategic development into a single document for the year and would be called the HSCP Delivery Plan. A Delivery Plan would be prepared annually, costed with a bottom line that would ensure delivery of our change agendas within the available financial envelope.

1.4 The intention is that the Delivery Plan would be high level. Anything that was a subordinate action or "business-as-usual" development would sit below the level of the Delivery Plan ("below the waterline") and be anchored at a service level, in service plans, and not routinely reported to HSCP Board.

1.5 The Delivery Plan would also include a single line for management actions that would deliver miscellaneous efficiency savings, the detail of which would sit "below the waterline". Development below the level of the Delivery Plan would be led by Heads of Service for their service areas, with team and individual contributions reflected through service and team plans, and personal and professional appraisal. An illustration of these revised Strategic Planning Arrangements is set out at **Appendix 1**

1.6 A Delivery Plan 2021-22 based on these principles has been developed for

consideration and approval by the HSCP Board, at **Appendix 2.** This document will also form part of the bridging arrangement approved by the HSCP Board in September 2020, pending the substantive replacement of the Strategic Plan 2018-21.

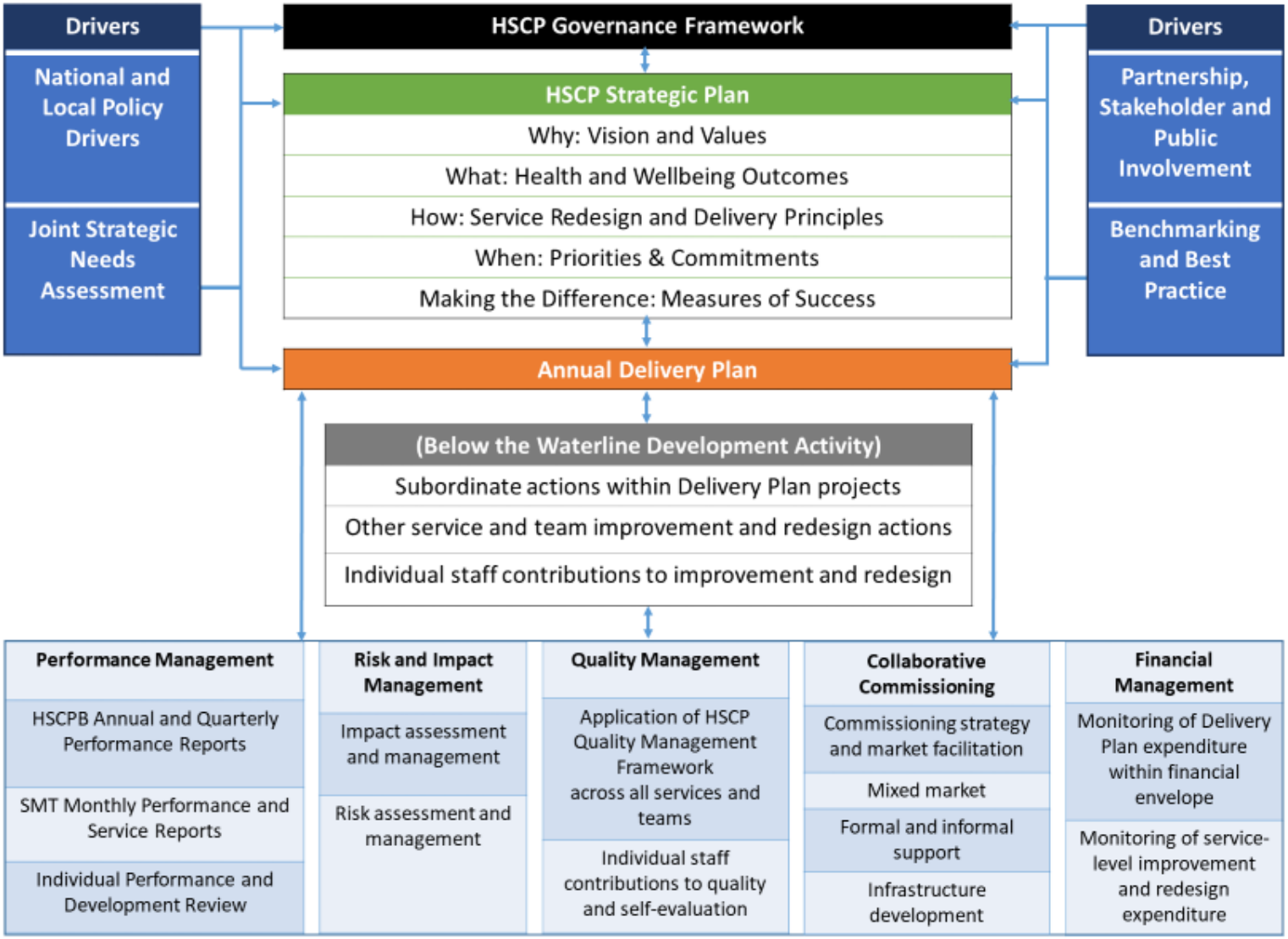
1.7 The Delivery Plan is supported by a one year Organisational Development at People Plan which sets out at a high level how it will be taken forward. This is attached as **Appendix 3** to this report.

Appendix 1: Strategic Planning Arrangements

Appendix 2: HSCP Delivery Plan 2021-22

Appendix 3: OD and People Plan in Support of Delivery Plan 2021-22

Strategic Planning Arrangements



East Dunbartonshire Health and Social Care Partnership

Delivery Plan 21-22

Set out below if the annual East Dunbartonshire HSCP Delivery Plan for 2021 to 2022, that draws together strategic development priorities for the year, informed by new statute and policy drivers, the Strategic Plan, NHSGGC's Moving Forward Together strategy, East Dunbartonshire Council's strategic priorities and the Community Planning Partnership's Locality Outcome Improvement Plans and our savings to ensure future financial sustainability.

This plan sets out the high level strategic planning for the year with financial investment and disinvestments detailed which will ensure delivery of the agreed change agenda within the available financial envelope.

The overarching principles about how these priorities are developed have taken into consideration the following:

Each main action will be impact assessed against the following criteria:

1. Delivery of statutory obligations
2. Alignment with ED HSCP's Vison and Values
3. Equality focussed
4. Quality focussed
5. Consideration of the whole system impact and opportunities
6. Accessibility
7. Partner, stakeholder and community views

Every main action has also been assessed to ensure it contributes to one or more of the interim design principles set out below. These design principles aim to ensure that work is focused on the best delivery of services in a way that suits current times, the communities in East Dunbartonshire and the aspirations of the ED HSCP.

The design principles will be reviewed and updated as part of the process of the development of the next Strategic Plan.

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

For the period 2021-2022 account has also been taken of the lessons learned during the Covid pandemic, changed ways of working and changed service demands that the pandemic has brought. Further details of this can be found in the HSCP Recovery and Transition Plan, supported by each service's Recovery and Transition Plan.

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer
Caroline Sinclair

DELIVERABLE	DELIVERY OBJECTIVES 21/22	ENABLERS	OUTCOMES (Expected Outcome / Impact)	FINANCIAL INVESTMENT (For Year)	FINANCIAL DISINVESTMENT (For Year)	PERFORMANCE MEASURES (Measures Of Success)	STRATEGIC PLAN PRIORITIES Governance Audience
Covid-19: critical response, transition and recovery	Delivering health and social care services in new ways taking account the lessons learned during Covid-19	HSCP Transition and Recovery Plan Individual service level transition and recovery plans	Services have resumed to optimal service delivery levels in response to assessed need	IT investment to enable virtual meetings across all meeting rooms (£11k) – from COVID funding. SG funding to support specific costs related to Covid response / recovery through LMP submissions	NIL	Meeting PI's More appointments are held virtually or over the phone (VPM) Waiting times targets met Up to date team plans Meetings are enabled for virtual and in person attendance	SP Priorities: All Priorities Contributes to: LOIPS 3, 4, 5 and 6 MFT Governance Audience: -HSCP PAR Committee -IJB
Strategic Plan 2022-25 development	A new Strategic Plan 2022 – 2025 has been approved by IJB following development, consultation and engagement processes by 31 March 2022	Consultation and Engagement Plan delivered Locality Planning Groups	Meeting HSCP Board statutory duty to publish a Strategic Plan for the period 2022 – 2025	£2,500	NIL	Approved plan	SP Priorities: All Priorities Contributes to All LOIPs Governance Audience: -SPG -IJB

DELIVERABLE	DELIVERY OBJECTIVES 21/22	ENABLERS	OUTCOMES (Expected Outcome / Impact)	FINANCIAL INVESTMENT (For Year)	FINANCIAL DISINVESTMENT (For Year)	PERFORMANCE MEASURES (Measures Of Success)	STRATEGIC PLAN PRIORITIES Governance Audience
							-Scottish Government
Medium Term Financial Plan 2022 – 2027	Medium term financial outlook which sets the basis for financial, strategic and service planning for the next 5 years by 24 June 2021	Partner agency financial assumptions and future settlements, SG financial settlement	5 Year Medium Term Financial Plan	Nil	Nil	Plan approved through IJB.	SP Priorities: All priorities Contributes to: All LOIPs Governance Audience: -SPG -IJB
Joint Inspection for Adult Services Action Plan(s): implementation	All outstanding actions completed in-year and reported to IJB via HSCP PAR committee	Commissioning strategy and team action plans	Assurance to IJB and Care Inspectorate of progress on actions	Nil	Nil	Implementation of Quality Management Framework Commissioning Delivery Plan HSCP Medium Term Financial Plan	SP Priorities: All priorities Contributes to: LOIP 5 & 6 Governance Audience: -HSCP Clinical & Care Governance -HSCP PAR -IJB -Care Inspectorate
Audit Action Plan(s): implementation	All outstanding actions due to be completed in 21/22, completed in-year	Pentana report of HSCP outstanding audit actions	Assurance to IJB and Internal Audit of progress on actions	Nil	Nil	Quarterly updated to SMT and Audit Committee	SP Priorities: All priorities Contributes to: LOIP 3, 5 & 6

DELIVERABLE	DELIVERY OBJECTIVES 21/22	ENABLERS	OUTCOMES (Expected Outcome / Impact)	FINANCIAL INVESTMENT (For Year)	FINANCIAL DISINVESTMENT (For Year)	PERFORMANCE MEASURES (Measures Of Success)	STRATEGIC PLAN PRIORITIES Governance Audience
							Governance Audience: -HSCP PAR -Council Audit & Risk Committee -IJB
Digital Health & Care Action Plan: Development and Implementation	Develop and initiate new digital health and care action plan	Local support from Digital Office e-Health from NHS Business & Digital Change Team – EDC Join work with Scottish Fire and Rescue Service and EDHSCP TEC Team	Digitally enabled workforce Increased uptake of digital and TEC solutions for customers EQIA	£30/40K (integrated desktop)	£15,000 (SMART flat)	Plan approved through Digital Health & Care Board and IJB Decommission SMART flat returned to EDC Implementation of new approach to digital solution demonstration and simulation Increased uptake in TEC	SP Priorities: 4, 5, 8 Contributes to: LOIP 5 & 6 Governance Audience: -HSCP Digital Health & Care Board -EDC Transformation Board -HSCP Transformation Board

DELIVERABLE	DELIVERY OBJECTIVES 21/22	ENABLERS	OUTCOMES (Expected Outcome / Impact)	FINANCIAL INVESTMENT (For Year)	FINANCIAL DISINVESTMENT (For Year)	PERFORMANCE MEASURES (Measures Of Success)	STRATEGIC PLAN PRIORITIES Governance Audience
Property Strategy: development and implementation	Property Strategy for the HSCP	Partner agency property & assets support, healthcare planner.	Property Strategy for next 5 – 10 years	TBC PCIP and Reserves / NHS Capital Funding	£5,000 Rent and alarm from Waterloo Close	Plan approved through the IJB – progress on short term initiatives. Particularly in relation to the West Locality.	SP Priorities: 8 Contributes to: LOIP 5 Governance Audience: -HSCP Property and Assets Group -IJB -NHSGGC MFT
Community Led Locality Services	Implement East and West MDT teams case management operationally Identify temporary West and Bishopbriggs/ Auchinairn staff location	Locality Practitioner Collaborative GP Clusters Property Strategy PCIP Place Plans Third sector commissioning	Locality focused and integrated delivery model	Potential resource costs - £5,000 Cost of accommodation solution Funding source to be identified	NIL	Frailty indices recorded Increase in anticipatory care plans in place Fewer emergency admissions over 65 Fewer delayed discharge bed days lost Optimised	SP Priorities: 1, 5, 8 Contributes to: LOIP 5 & 6 Governance Audience: -IJB -CPP

DELIVERABLE	DELIVERY OBJECTIVES 21/22	ENABLERS	OUTCOMES (Expected Outcome / Impact)	FINANCIAL INVESTMENT (For Year)	FINANCIAL DISINVESTMENT (For Year)	PERFORMANCE MEASURES (Measures Of Success)	STRATEGIC PLAN PRIORITIES Governance Audience
						preferred place of care and death	
Recovery Services commissioned service review, action plan and implementation	Re shape commissioned Services for MH / Alcohol and Drug Services PID	Rocket Science report Strategic Commissioner Post (2 year fixed term) Engagement Programme	Strategic Commissioning MH/Alcohol and Drug Recovery recruited to Strategic Commissioning Plan completed for April 22 implementation Strategic needs assessment implemented	2 year grade 8 commissioning post £92k for 2 years (funded through SG Action 15 funding)	NIL	Engagement processes undertaken Strategic Commissioning Plan and tender process ready to proceed in line with commissioning requirements	SP Priorities: 1, 2, 3, 4 Contributes to: LOIP 4 + 5 Governance Audience: -IJB -EDC Transformation Board -HSCP Transformation Board
Older People's Day Services: service review, action plan and implementation	Undertake review of Day Care and daytime activity resources for Older People PID	Older Peoples Day Service Project Group Engagement Programme Third sector commissioning Consultation and	Day time support needs of Older People (frailty and cognitive impairment) and their carers is articulated Views of relevant stakeholders have	TBC Scottish Living Wage increase Cost of contract price increase / change to funded place levels	£50,000 (agreed as part of budget approval 21/22)	Strategic needs assessment 1 year Older People's day care commissioning solution for 22/23 Commissioning Delivery Plan for	SP Priorities: 1, 2 Contributes to: LOIP 6 Governance Audience: -EDC Transformation Board -HSCP Transformation Board

DELIVERABLE	DELIVERY OBJECTIVES 21/22	ENABLERS	OUTCOMES (Expected Outcome / Impact)	FINANCIAL INVESTMENT (For Year)	FINANCIAL DISINVESTMENT (For Year)	PERFORMANCE MEASURES (Measures Of Success)	STRATEGIC PLAN PRIORITIES Governance Audience
		Engagement Plan	informed the plan			Older Peoples Day Services	-SPG -IJB
Learning Disability: service review, action plan and implementation	Planning for transition to new Allander Service Day care – development of infrastructure / community development approach PID refresh	Community led partnerships EDC Change Team Property & Assets development Engagement Programme	Alternative services to traditional day care are beginning to be developed	£45,000 for Project Lead (funded from SG Carers Act funding)	NIL	Establishment of infrastructure to support the new Allander Day Care Centre – potentially including new commissioned services	SP Priorities: All priorities Contributes to: LOIP 5 & 6 Governance Audience: -EDC Transformation Board -HSCP Transformation Board -SPG -IJB
Joint Commissioning Plan for Unscheduled Care	Initiate HSCP level programme of unscheduled care joint commissioning plan actions	NHSGGC UC Care Commissioning Plan EDHSCP Unscheduled Care Group	Key actions to deliver expected improvements are understood and owned locally	UC Financial Framework £451,000 (funded in part through SG funding to support MHAU, Action 15 and care home -£200,000 still to be identified)	NIL	Local action plan written and signed off by IJB UCC Performance Framework Quarterly Performance Report	SP Priorities: 1, 3, 5, 7, 8 Contributes to: LOIP 5 & 6 Governance Audience: -HSCP Delivery Group - GGC Falls and Frailty Programme Board - GG&C HSCP Unscheduled Care

DELIVERABLE	DELIVERY OBJECTIVES 21/22	ENABLERS	OUTCOMES (Expected Outcome / Impact)	FINANCIAL INVESTMENT (For Year)	FINANCIAL DISINVESTMENT (For Year)	PERFORMANCE MEASURES (Measures Of Success)	STRATEGIC PLAN PRIORITIES Governance Audience
							Board -SPG -IJB
Dementia Strategy	Increase the capacity of the post diagnostic support service	Dementia Strategy Group Alzheimer's Scotland	Reach of service widened	£25,000 (funded from SG Carers Act funding)	NIL	PDS KPI	SP Priorities: 1, 2, 3, 4, 5, 7, 8 Contributes to: LOIP 6 Governance Audience: -IJB
Primary Care Improvement Plan	Review progress against current plan Refresh PCIP for 21/22 Consult of refreshed PCIP	PCIP Implementation Group	Delivery on NGMS Contract	£1,900,000 (SG PCIP Funding)	NIL	Contract implementation – all MOUs delivered	SP Priorities: 1, 3, 4, 5, 8 Contributes to: LOIP 5 & 6 Governance Audience: -GG&C Primary Care Programme Board -IJB
Fair Access to Community Care Policy	Continue to implement -Transport Policy -Review of	Social Work Review Team Eligibility Criteria Policy	Reviews undertaken and policy applied in agreed target	£148k pa (funded through DD/ICF funding -£170k remaining)	£200,000 Savings generated through	Numbers of reviews undertaken Savings targets	SP Priorities: 1, 2, 4, 5, 6, 7, 8 Contributes to: LOIP 5 & 6

DELIVERABLE	DELIVERY OBJECTIVES 21/22	ENABLERS	OUTCOMES (Expected Outcome / Impact)	FINANCIAL INVESTMENT (For Year)	FINANCIAL DISINVESTMENT (For Year)	PERFORMANCE MEASURES (Measures Of Success)	STRATEGIC PLAN PRIORITIES Governance Audience
	sleepovers -Consistent application of existing charging policies		areas	Cost of review team	application of fair access model and reduction in sleepovers	achieved	Governance Audience: -IJB
Continued implementation of Care at Home Improvement Agenda	Conclude benefits realisation stage of strategic review Delivery of Inspection Action Plan Develop Commissioning Delivery Plan 22/25 Implement Quality Assurance Framework Implementation Action Plan	Care at Home Oversight Group EDC Change Team HSCP Strategic Commissioning Team Care Inspectorate	Service model is optimised for quality and efficiency Quality Assurance Framework agreed EQIA		Decrease in overtime and agency use	Financial performance improved Quality indicators / inspection report – improved grades and feedback Tender for block contracts	SP Priorities: 1, 2, 3, 4, 5, 7, 8 Contributes to: LOIP 6 Governance Audience: -HSCP PAR Committee -IJB
Children's emotional wellbeing and	Framework implemented	DCYPP group Mental Health	Tiered approach to support services for children and	£268,000	NIL	Numbers of young people accessing	SP Priorities: All priorities

DELIVERABLE	DELIVERY OBJECTIVES 21/22	ENABLERS	OUTCOMES (Expected Outcome / Impact)	FINANCIAL INVESTMENT (For Year)	FINANCIAL DISINVESTMENT (For Year)	PERFORMANCE MEASURES (Measures Of Success)	STRATEGIC PLAN PRIORITIES Governance Audience
mental health – implement framework	PID	National Framework Mental Health Action Plan	young people School nursing service workforce developed and integrated with mental health framework Development of enhanced perinatal services Enhanced family community support service	From Grant SN allocation (NRAC share) TBC		services Numbers of young people escalated to other services Numbers of young people de-escalated to other services Increase in school nurse contacts Number of women and babies supported through perinatal service who have improvement mental health outcomes Improved performance to CAMHS waiting times	<u>Contributes to</u> LOIP 3 <u>Governance Audience:</u> -DCYPP -IJB -Community Planning Partnership

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer
Caroline Sinclair

DELIVERABLE	DELIVERY OBJECTIVES 21/22	ENABLERS	OUTCOMES (Expected Outcome / Impact)	FINANCIAL INVESTMENT (For Year)	FINANCIAL DISINVESTMENT (For Year)	PERFORMANCE MEASURES (Measures Of Success)	STRATEGIC PLAN PRIORITIES Governance Audience
Corporate Parenting	Implement the Corporate parenting Action Plan Children and Young People Scotland Act 2014 The Promise – outcome of independent care review into Children's Residential Care PID refreshed	DCYPP group UNCRC Corporate Parenting action Plan	Working towards : Embedding the principles of The Promise Embedding the principles of the UNCRC Improving services for LAC children and Care Leavers Establish a Champion Board for Care Leavers	£50,000 The Promise funding £75,000 Life Changes Trust	NIL	Feedback from service users Staff competed and confident in working with The Promise and UNCRC Care Leavers have positive destinations and permanent accommodation Enhanced family community support service is available to families as and when they need it	SP Priorities: 1, 4, 5, 6, 8 Contributes to: LOIP 3 Governance Audience: -DCYPP -IJB -CPP
Delivery of Children's House Project	Improve services to support care leavers PID refreshed	Housing Dept. Education Dept. National House Project Engagement	Provision of safe secure permanent tenancies Skilling young people to manage their own tenancy	£200,000 National Children's House Project	£400,000	Increased number of young people leaving care and moving to own permanent	SP Priorities: 1, 4, 5, 6, 8 Contributes to: LOIP 3 Governance Audience:

DELIVERABLE	DELIVERY OBJECTIVES 21/22	ENABLERS	OUTCOMES (Expected Outcome / Impact)	FINANCIAL INVESTMENT (For Year)	FINANCIAL DISINVESTMENT (For Year)	PERFORMANCE MEASURES (Measures Of Success)	STRATEGIC PLAN PRIORITIES Governance Audience
		Programme	Supporting YP to a positive destination Provide wrap around emotional and wellbeing supports			tenancy	-DCYPP -IJB -CPP -EDC Transformation Board -HSCP Transformation Board
Keeping Children Safe – Barnahaus Project	Participate in North Strathclyde Pilot for joint investigative interview	North Strathclyde Strategic Oversight Group	Ensure children are better supported throughout child protection proceedings	£5,000 from SW Budget	NIL	JII Pilot Dashboard	SP Priorities: 1, 4, 5 Contributes to: LOIP 3 Governance Audience: -DCYPP -SPG -IJB -CPP
Healthy Lifestyles for Children and Young People	Deliver health improvement objectives of Integrated Children's Services Plan	DCYPP group National Health Strategy	Children and Young People to be healthier able to make more informed lifestyle choices Universal Health Visiting Pathway in	Core budget	NIL	Reduction in : -Teenage pregnancy rates -Childhood obesity Increase in number of	SP Priorities: 1, 2, 3, 4, 5 Contributes to: LOIP 3 Governance Audience: -DCYPP -SPG

DELIVERABLE	DELIVERY OBJECTIVES 21/22	ENABLERS	OUTCOMES (Expected Outcome / Impact)	FINANCIAL INVESTMENT (For Year)	FINANCIAL DISINVESTMENT (For Year)	PERFORMANCE MEASURES (Measures Of Success)	STRATEGIC PLAN PRIORITIES Governance Audience
			place Introduce the antenatal contact in line with national strategy			contacts delivered in line with Health Visiting pathway	-IJB -CPP
Unpaid Work Services	Clear backlog of Court Cases (UPW and Supervision) and bring service back in line with pre-Covid service provision	Justice Services	Working towards Justice analytical service project (3 years to address backlog)	Additional money in 2021/22 Section 27 (Justice) to address this.	NIL	Reduction in the 10,000 cases. Stretch aim for 33%.	SP Priorities: 1, 2, 4, 5 Contributes to: LOIP 4 Governance Audience: -IJB
Extend the range of diversionary activities	Expand the range of diversionary activities available in East Dumbarton to offer to court: -Diversion - Structured Deferred Sentence - Bail Supervision	Justice Services Community Justice Partnership	Introduce SDS and BS to EDC. Measure the frequency of these sentencing options	Specific money in 2021/22 Section 27 (Justice) re Diversion and Structured Deferred Sentence.	NIL	Implement and measure year 1 to show a baseline. Report via end of year on uptake of diversion, structured deferred sentence and bail supervision	SP Priorities: 1, 2, 4, 5 Contributes to: LOIP 4 Governance Audience: -IJB

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DELIVERABLE	DELIVERY OBJECTIVES 21/22	ENABLERS	OUTCOMES (Expected Outcome / Impact)	FINANCIAL INVESTMENT (For Year)	FINANCIAL DISINVESTMENT (For Year)	PERFORMANCE MEASURES (Measures Of Success)	STRATEGIC PLAN PRIORITIES Governance Audience
Outcome focused approach to Justice delivery	Improve performance reporting Develop a methodology to measure the outputs and outcomes of the Community Justice Partnerships.	Community Justice Partnership	Development of a DATA group in CJED with reporting function	NIL	NIL	CJED DATA Group with reporting function.	SP Priorities: 1, 2, 4, 5 Contributes to: LOIP 4 Governance Audience: -IJB -CJP
Adult Social Care Assurance and Support	Operate multi-disciplinary adult social care assurance and oversight arrangements until March 2022 Implementation of HSCP Care Home Support Service TOR	Adult Social Care Service Oversight Group Care Home Support Team Public Health Care Inspectorate	Enhance assurance and oversight of the provision of adult social care Increased professional support and partnership working around Care Homes	£260,000 Care Home Support Team Financial Framework – funded from Covid during 21/22	NIL	Daily TURAS report Weekly RAG status Inspection Reports Reduced care quality concerns Care Home Support team in place	SP Priorities: 1, 2, 3, 5, 8 Contributes to: LOIP 6 Governance Audience: -Clinical & Care Governance -HSCP PAR -IJB

East Dunbartonshire Health & Social Care Partnership

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DELIVERABLE	DELIVERY OBJECTIVES 21/22	ENABLERS	OUTCOMES (Expected Outcome / Impact)	FINANCIAL INVESTMENT (For Year)	FINANCIAL DISINVESTMENT (For Year)	PERFORMANCE MEASURES (Measures Of Success)	STRATEGIC PLAN PRIORITIES Governance Audience
Redesign of Public Dental Services: strategy, action plan and implementation	Action plan to support redesign of PDS Engagement with staff and stakeholders EQIA for further public engagement undertaken	Oral Health Improvement Plan Moving Forward Together Strategy ED HSCP IJB NHS GGC CMT	Agreement reached about redesign of PDS to enable service to proceed to implementation of new service delivery model	NIL	NIL	Completion of action plan actions Engagement undertaken with staff and stakeholders	SP Priorities: 1, 2, 3, 4, 5, 7, 8 Contributes to: LOIP 3 & 5 Governance Audience: -IJB -Staff Partnership Forum -NHSGGC Area Partnership Forum
Strengthen the Primary Care Dental Service Leadership Capacity	Recruitment to key roles in Primary Care Dental Service to strengthen clinical leadership	Oral Health Improvement Plan NHS GGC CMT	Successful recruitment undertaken to enable the delivery of the Healthcare Quality Strategy Agenda with OHD.	NIL	NIL	Vacancies filled	SP Priorities: 1, 2, 3, 4, 5, 7, 8 Contributes to: LOIP 3 & 5 Governance Audience: -IJB -Staff Partnership Forum -NHSGGC Area Partnership Forum

Appendix 1: Consultation and Engagement Requirements for Delivery Plan 21/22

DELIVERABLE	TIMESCALE	ENGAGEMENT REQUIRED	RESOURCE
Strategic Commissioning Plan	June to August 21 - Carry out stage 1 statutory engagement and consultation: stakeholder and public priorities Nov 21 – Jan 22 - Carry out stage 2 statutory engagement and consultation: draft Strategic Plan	User engagement	Development Officer, Health Improvement
Older People's Day Services: **service review, action plan and implementation**	June – Oct 21 Dec – Feb 21	Strategic needs analysis and engagement Consultation on commissioning an delivery plan	Head of Community Health and Care Services, Self-Directed Support Lead Officer, Older People LACs, Team Leader Planning & Service Development, Planning & Development Officer Older People, Resources Manager - Adults
Learning Disability: **service review, action plan and implementation**	Autumn 21 to start (year before building ready and service users to transfer)	Workforce engagement required User engagement	Business and Digital Change support for employee engagement Resources Manager - Adults leading, supported by Learning Disabilities Day Services Team Manager, Joint Older People Services Manager and Health Improvement & Inequalities Manager to front engagement process with parents/carers/users
Delivery of Children's House Project	April 21 – March 22 and onwards	View of care leaves in relation to the improvement of continuing care and through care services.	Champions Board Co-Ordinator Residential Services Manager National House Project Facilitator

DELIVERABLE	TIMESCALE	ENGAGEMENT REQUIRED	RESOURCE
Recovery Services commissioned service review, action plan and implementation	Summary document of needs assessment as basis for engagement in 3 stages: 1. In-house 2. 3rd Sector providers 3. Wider stakeholder and community process	Staff feedback Extended provider engagement User engagement	1. Interim Head of Adult Services, Planning & Service Development Manager, Alcohol and Drug Partnership Co-ordinator 2. EDVA & SDF 3. Mental Health Network and Scottish Drugs Forum
Digital Health & Care Action Plan: development and implementation	June – October 21	Engagement: Stock take on current action, benchmarking and workshop for new action plan Consultation: Action Plan for 22-23	Digital Health and Care Board HSCP TEC Lead Business and Digital Change Manager

East Dunbartonshire Health & Social Care Partnership

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Communication and Engagement Plan 21/22

The Strategic Plan and four transformation projects have been identified as requiring communication and engagement in 21/22. The Strategic Plan initial consultation will define the principles for the HSCP moving forward and the project consultation will provide further information on the priorities beneath these principles.

	June 2021	**July**	**August**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan 2022**	**Feb**	**Mar**	**April**
Strategic Plan Milestones	IJB sign off: Delivery Plan 21/22 Strategic Principles (24/06/21)			IJB interim report: Update on engagement principles (16/09/21)		IJB Permission to consult (18/11/21)				IJB sign off on Strategic Plan Delivery Plan 22/23 (24/03/22)	
Strategic Plan Engagement	Engagement on Principles (SP) Priorities (Chapters)				Draft Plan		Consultation on Strategic Plan				Implement
Projects* Engagement	Thematic Engagement					Priorities agreed Seek agreement on commissioning intention	Develop and consult on commissioning delivery plans				Implement

*Projects are: 1) Formal and informal support for older people, 2) Community based alternatives for Adults; LD, 3) Strategic Review of Recovery Services 4) Digital

Appendix 2: Strategic Priorities 2018 – 2022

1	Promote positive health and wellbeing, preventing ill-health and building strong communities
2	Enhance the quality of life and supporting independence, particularly for those with long-term conditions
3	Keep people out of hospital when care can be delivered closer to home
4	Address inequalities and support people to have more choice and control
5	People have a positive experience of health and social care services
6	Promote independent living through the provision of suitable housing accommodation and support
7	Improve support for Carers enabling them to continue in their caring role
8	Optimise efficiency, effectiveness and flexibility
9	Covid-19 response, transition and recovery in 21-22

Appendix 3: Glossary

BS	Bail Supervision	**MFT**	Moving Forward Together
CAMHS	Children and Adolescents Mental Health Service	**MOUs**	Memorandum of Understanding
CJED	Community Justice East Dunbartonshire	**nGMS**	New General Medical Services Contract
CJP	Community Justice Partnership	**PCIP**	Primary Care Improvement Plan
CPP	Community Planning Partnership	**SDF**	Scottish Drugs Forum
DCYPP	Delivering for Children and Young Peoples Partnership	**SDS**	Self-Directed Support Structured Deferred Sentence re Justice Services
EDVA	East Dunbartonshire Voluntary Action	**SPG**	Strategic Planning Group
EQIA	Equality Impact Assessment	**TEC**	Technology Enabled Care
IJB	Integrated Joint Board	**UNCRC**	UN Convention on the Rights of the Child
LAC	Looked After Children Local Area Co-Ordinators	**OHD**	Oral Health Directorate
LD	Learning Disability	**PAR**	Performance Audit & Risk Committee

Agenda Item Number: 17c.

Appendix 3.

ORGANISATIONAL DEVELOPMENT & PEOPLE PLAN 2021-22

ORGANISATIONAL DEVELOPMENT PLAN 2021-22		
Strategic Drivers	**Desired Outcomes**	**Enablers**
HSCP Culture – ways of working	The HSCPs vision and values are revisited to capture new ways of working and lessons learn from Covid	Work with leaders and managers to support thinking and learning ensuring that organisational strategy is connected to and promotes the transitional aspects of the HSCP Delivery Plan 2021-22 and the new HSCP Strategic Plan for the period 2022-25 Engage HSCP staff through the Listen and Learn approach to identify areas of good practice and how we embed our vision and values based on learning from our Covid experience
Effective High Performing Teams	Effective high performing teams and cross functional working – emphasis on trust, open communication and person centeredness	Participation with virtual workshops that support teams to refocus, understand the principles of high performing teams and develop blended ways of working

	Team members clear about their purpose, roles and responsibilities and how these interface with each other and other teams	All teams have a set of team development plans that hold them accountable for delivering on HSCP priorities in an integrated way A strong sense of renewal – an environment where members are energised, feel that they can take risks, innovate, learn from outside ideas and achieve things that matter iMatter survey results are used to celebrate success and identify areas for improvement
Leadership	Leaders demonstrate compassionate, adaptive leadership and behaviours. Leaders lead and manage with vision and imagination	Support the development of the Leadership Group and Forum to enable these groups to take a proactive role in supporting the delivery of the HSCP priorities Leaders are supported in managing teams in a number of different scenarios for example remotely, to include effective virtual facilitation. Support provided to leaders in managing the uncertainty, the resilience and promoting a healthy workplace in the forms of resilience and caring conversations Leaders are provided with development opportunities to enable them to embed a style

		that has a coaching approach to conversations with a solutions or behavioural focus
PEOPLE PLAN 2021-22		
Strategic Drivers	**Desired Outcomes**	**Enablers**
Scottish Government Route Map	All health and Social Care staff have access to appropriate supports to promote mental health and wellbeing	Continue to promote the national wellbeing hub and its array of virtual and local supports To continue to promote the use of the NHS24 Dedicated 24/7 helpline To continue to offer our local Psychology helpline
East Dunbartonshire HSCP Workforce Plan 2021-22	To provide effective local supports to maintain staff at work	To encourage all Line manager to undertake and record a "wellbeing" conversation with staff to support their wellbeing in a holistic manner Continue to support the roll-out of the NHSGGC sponsored Mental Health Check-in across Health and social care staff Continue to promote and support line managers to identify ways of supporting staff to remain healthy Continue to embed the HWL culture across health and social care staff
East Dunbartonshire HSCP Delivery Plan 2021-22	To promote ways of working that support a healthy team culture and environment that	Continue to promote "virtual" team check-in for staff

	achieves the outcomes set out in the delivery plan	Continue to promote and use MS Teams for meetings, virtual supervision sessions and general team events Continue to ensure appropriate access to PPE, vaccination and either LFT or PCR testing

DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	24th June 2021 Agenda item number 240621-17
2	Report Title	HSCP Delivery Plan 2021-22
3	Date direction issued by Integration Joint Board	24th June 2021
4	Date from which direction takes effect	24th June 2021
5	Direction to:	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	HSCP Delivery Plan 2021-22 – The business planning intentions of the HSCP Board for the period 2021-22 in pursuance of the implementation of the current Strategic Plan.
8	Full text of direction	The Integration Joint Board directs partners to support the agreed areas of development as set out in the HSCP Delivery Plan. The Delivery Plan draws together the strategic development priorities for the year, informed by the Strategic Plan's development priorities, the NHS Moving Forward Together Strategic Plan, the priorities of East Dunbartonshire Council as set out in the Community Planning Partnership's Local Outcome Improvement Plans, new statute and policy drivers, and identified areas for transformation change and our savings requirements. The Delivery Plan is attached as appendix 2 to the cover report.
9	Budget allocated by Integration Joint Board to carry out direction	The funding implications, both spend and disinvestment, are set out within the body of the delivery plan which is attached as appendix 2 to the cover report.
10	Details of prior engagement where appropriate	The projects within the delivery plan have been discussed at the HSCP Transformation Board where

		EDC and NHSGGC are represented and at the HSCP Digital Transformation Board. Comments and recommendations from both these Boards have been incorporated into the final Delivery Plan.
11	Outcomes	The Delivery Plan aims to provide strategic direction for the year 2021 – 2022 with a focus on the key areas of change and transformation that will provide the foundation for the next iteration of the HSCP Strategic Plan. Some have associated investment or efficiency targets.
12	Performance monitoring arrangements	Performance monitoring will be through the HSCP Transformation Board and, budget monitoring processes and, for those projects supported by East Dunbartonshire Council, the East Dunbartonshire Council's own Transformation Board
13	Date direction will be reviewed	June 2022 when next annual delivery plan is due to be produced

Agenda Item Number: 18.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Date of Meeting	**24th June 2021**
Subject Title	**HSCP Quarter 4 (Full Year) Performance Report 2020-21 and Annual Performance Review update**
Report By	**Caroline Sinclair, Interim Chief Officer and Chief Social Work Officer**
Contact Officer	**Alan Cairns, Planning, Performance & Quality Manager** **Alan.cairns2@ggc.scot.nhs.uk**
Purpose of Report	The purpose of this report is to advise the HSCP Board of the intention to defer publication of the HSCP Annual Performance Report 2020-21 until September 2021, in line with provisions under the Coronavirus Scotland Act (2020). In the interim, a performance report for the period January to March 2020 (Quarter 4) and for full year 2020-21 is attached to this report at **Appendix 1**, to inform the Board of progress made against an agreed suite of performance targets and measures, relating to the delivery of the HSCP strategic priorities.
Recommendations	It is recommended that the Health & Social Care Partnership Board: a) Note the deferment of the full statutory HSCP Annual Performance Report for 2020-21 in line with Scottish Government advice and agree to its later publication in the September 2021; and b) Note the content of the Quarter 4 and Full Year Performance Report 2020-21 at **Appendix 1**.
Relevance to HSCP Board Strategic Plan	Quarterly and annual performance reports contribute to HSCP Board scrutiny of performance and progress against the Strategic Plan priorities.

Implications for Health & Social Care Partnership

Human Resources	None	
Equalities:	None	
Financial:	None	
Legal:	None	
Procurement:	None	
Economic Impact:	None	
Sustainability:	None	
Risk Implications:	None	
Implications for East Dunbartonshire Council:	The report includes indicators and measures of quality and performance relating to services provided by the Council, under Direction of the HSCP Board.	
Implications for NHS Greater Glasgow & Clyde:	The report includes indicators and measures of quality and performance relating to services provided by NHS Greater Glasgow and Clyde, under Direction of the HSCP Board.	
Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	☒
	2. East Dunbartonshire Council	☐
	3. NHS Greater Glasgow & Clyde	☐
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	☐

MAIN REPORT

1.1 In the week beginning 22 February 2021, the Scottish Government moved legislation to extend the Coronavirus Scotland Act (2020) through to the 30th September 2021. The following week, the Scottish Government advised HSCP Chief Officers that this meant that IJBs would be able to extend the date of publication of Annual Performance Reviews (APRs) through to November 2021, using the same mechanisms as last year, which is laid out in the Coronavirus Scotland Act (2020), Schedule 6, Part 3.

1.2 In normal circumstances, the APR would be due for publication by the end of July 2021. The provision to defer publication was in recognition of the ongoing pressures associated with critical response planning and their impact on the organisational capacity of HSCPs. In addition, the Scottish Government were cognisant of the continued inability of IJBs to fulfil their statutory duties to publish full financial year data on a number of core performance indicators due to reported completeness deficits in published Public Health Scotland data. This latter issue has prompted a review of the legislative APR July reporting timescales, which the Scottish Government intend to resolve through a permanent legislative change to the APR publication due date, at the earliest opportunity.

1.3 The format and content (as a minimum) of the full HSCP APR is prescribed in statute, compliance with which involves substantial input by planning and operational leads, Heads of Service and corporate colleagues in the constituent bodies. The impact of Covid-19 continues to be highly significant across many aspects of strategic and operational capacity. The Chief Officer has therefore agreed to delay the publication date for the APR until 30 September 2021, in exercise of the power granted to public authorities under the Coronavirus (Scotland) Act 2020. The staff who would have been involved in its preparation continue to be heavily engaged in supporting the Covid-19 pandemic response, a matter recognised by the Scottish Government.

1.4 It is important though that the HSCP Board, wider partners, stakeholders and the general public have access to performance outturn data for the 2020-21 reporting year without undue delay, despite the deferment of the full Annual Performance Review. For this reason, a report has been prepared at **Appendix 1** that provides this information across the full range of HSCP indicators and measures that are ordinarily reported on a quarterly basis to the HSCP Board. The HSCP Board is invited to consider progress against the performance targets and measures within, including those which are aligned to the delivery of the HSCP strategic priorities.

1.5 The performance report contains a range of information, most of which is available and complete for the full reporting period. However there are routine delays with the publication of validated data by Public Health Scotland, due to incomplete hospital-derived data in Section 3 of the report and the timing of certain waiting times data publications. In order to provide an indication of full year performance in these areas, tables and charts are included that use Greater Glasgow and Clyde Health Board's own activity data for the full year. These are also presented in a way that permits summary comparison of our performance with the previous year and with other HSCP areas across the Health Board area. The methodology of local Health Board data differs in aspects from national data publications, so is not precisely comparable. However it provides an accurate proxy measure in the absence of published national figures.

1.6	Work will commence on the preparation of the statutory HSCP Annual Performance Review, for consideration by the HSCP Board at its meeting in September 2021.

Appendix 1: HSCP Performance Report – 2020-21 Quarter 4 and Full Year

East Dunbartonshire Health & Social Care Partnership

Agenda Item Number: 18a. Appendix 1

PERFORMANCE REPORT 2020-21 QUARTER 4 AND FULL YEAR

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SECTION 1
Introduction

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

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

Covid-19 Pandemic Impact:

The Covid-19 outbreak impacts on a number of the performance metrics covering 2020-21. With the diversion of health and social care resources to support the crisis response during lockdown, and the impact of social distancing on business-as-usual, service demand and activity reduced significantly during this period. The availability of some data for this period has also been delayed.

The HSCP has business continuity plans in place to guide the delivery of essential services and Covid-19 Recovery and Transition Plans are also in place which inform the process of guiding service recovery through and out of the pandemic. These plans sets out the approach the partnership will take to critical response and transitional post emergency phases of the pandemic. During ongoing response planning we will be working across service areas in collaboration with partner organisations, service users and the wider community to maintain and re-establish service provision to meet the needs of our residents.

The sections contained within this report are as listed and described below.

Section 2: Performance summary
This section provides a summary of status of all the performance indicators provided in this report by indicating which indicators have improved and which have declined.

Section 3: Health & Social Care Delivery Plan
The data for unscheduled acute care reported in this document is provided by National Services Scotland for the Ministerial Steering Group for Health & Social Care (MSG). This section provides the latest available data for those indicators identified as a priority by the MSG.

Section 4: Social Care Core Indicators
This is the updated report of the Social Care core dataset, provided by EDC Corporate Performance & Research team.

Section 5: NHS Local Delivery Plan (LDP) Indicators
LDP Standards refer to a suit of targets set annually by the Scottish Government, and which define performance levels that all Health Boards are expected to either sustain or improve.

Section 6: Children's Services Performance
This is the updated report of Children's Services performance, provided by EDC Corporate Performance & Research team.

Section 7: Criminal Justice Performance
This is the updated report of the Criminal Justice performance, provided by EDC Corporate Performance & Research team.

Section 8: Corporate Performance
Workforce sickness / absence, Personal Development Plans (PDP) & Personal Development Reviews (PDR) are monitored, and reported in this section

SECTION 2
Performance Summary at Q4

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

As a result of the Covid-19 pandemic, presenting need, demand, service activity, performance and impact have been significantly affected in ways that affect the metrics and interpretations that are normally used to measure performance. For example it would be inaccurate to attribute the degree of reduced emergency hospital attendance, admission and delayed discharge during the period since mid March 2020 to the impact of the unscheduled care action plan, when significant impact has been due to Covid-19 emergency planning responses. The individual indicators and measures have therefore been set out in the document with their own individual impact narratives. This approach will be maintained during the critical response, transition and recovery period to avoid potential misdirection or misinterpretation.

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

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

3.1 Emergency Admissions

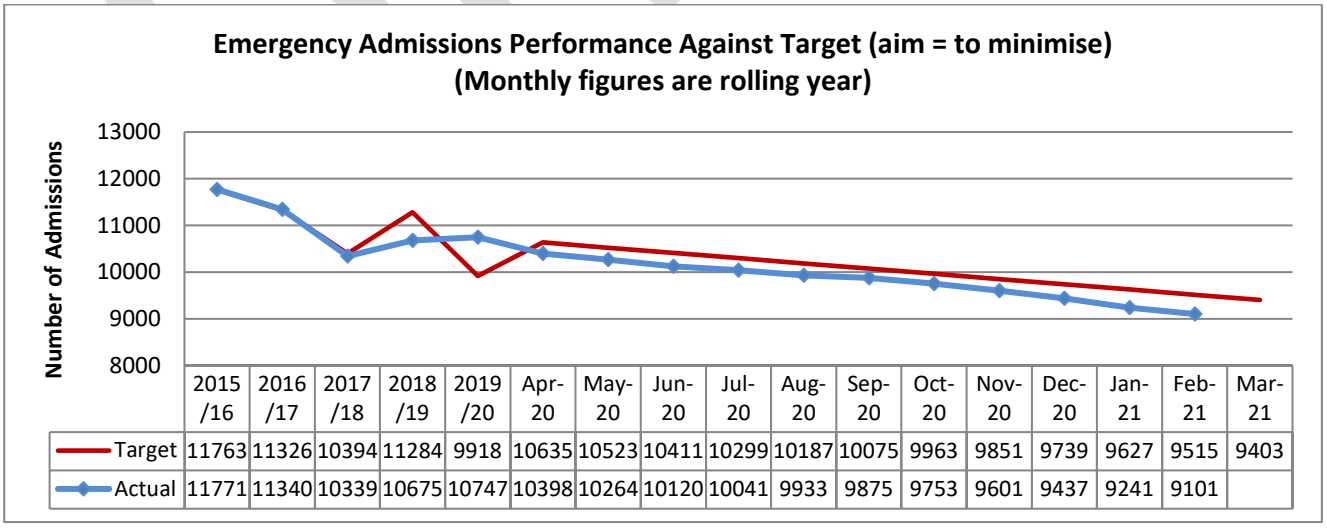
Rationale: Unplanned emergency acute admissions are focussed on reducing inappropriate use of hospital services and shifting the focus from a reliance on hospital care towards proactive support in the community setting. Aim = to minimise.

Table 3.1 Quarterly Number of Unplanned Acute Emergency Admissions

Q4 2019/20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21	Target (2020-21)
2,629	1,951	2,451	2,313	Full Q4 not available	2,351

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

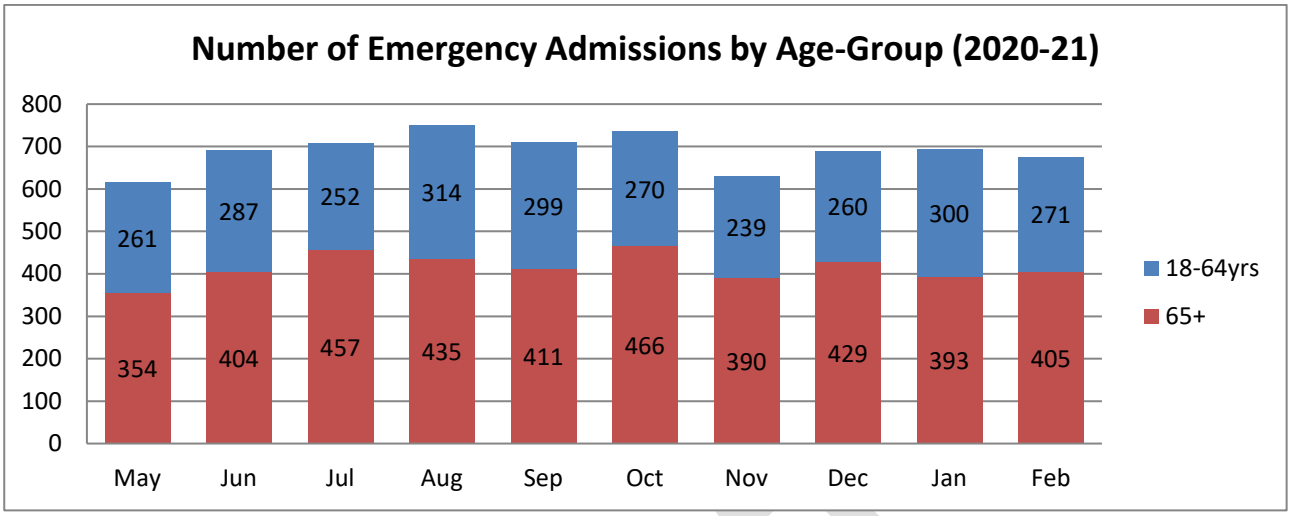
Figure 3.1a Rolling Year Number of Unplanned Emergency Admissions*



	2015/16	2016/17	2017/18	2018/19	2019/20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Target	11763	11326	10394	11284	9918	10635	10523	10411	10299	10187	10075	9963	9851	9739	9627	9515	9403
Actual	11771	11340	10339	10675	10747	10398	10264	10120	10041	9933	9875	9753	9601	9437	9241	9101	

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

Figure 3.1b Unplanned Emergency Admissions by Age Group



Situational Analysis:
The number of people being admitted unexpectedly to hospital is a key indicator of how well we are doing to maintain people in their own homes, particularly later in life. It is also a proxy indicator of the level of complexity being managed in the community, as secondary care clinicians continue to consider the majority of unplanned admissions of East Dunbartonshire residents as clinically appropriate.

The national source data publication extends only to Feb 2021, but the impact of the Covid-19 pandemic reduced emergency hospital admissions for most of 20-21. This was reflective of a substantial reduction in non-Covid-related emergency hospital activity during this period. This may be due partly to public messaging at the time to protect the NHS in its efforts to treat people with Covid-19 and community reaction to avoid public areas where transmission levels may be higher. Certainly, emergency admissions reduced most particularly during both the first and second waves of the pandemic.

Improvement Actions:
The Partnership will continue to work with NHSGGC colleagues to impact positively on admissions levels through preventative work. Improvement activity is focused on the continued development of community based rehabilitation, providing rapid assessment to assist in the prevention of admission. Learning from the Covid-19 experience has and is being used to inform improvement going forward in relation to looking collectively to see what arrangements should be retained and what can be explored further, for example: digital consultations. Key to this work will be to ensure that behind these trends, people are not having proper diagnosis and treatment compromised.

3.2 Unscheduled hospital bed days; acute specialities

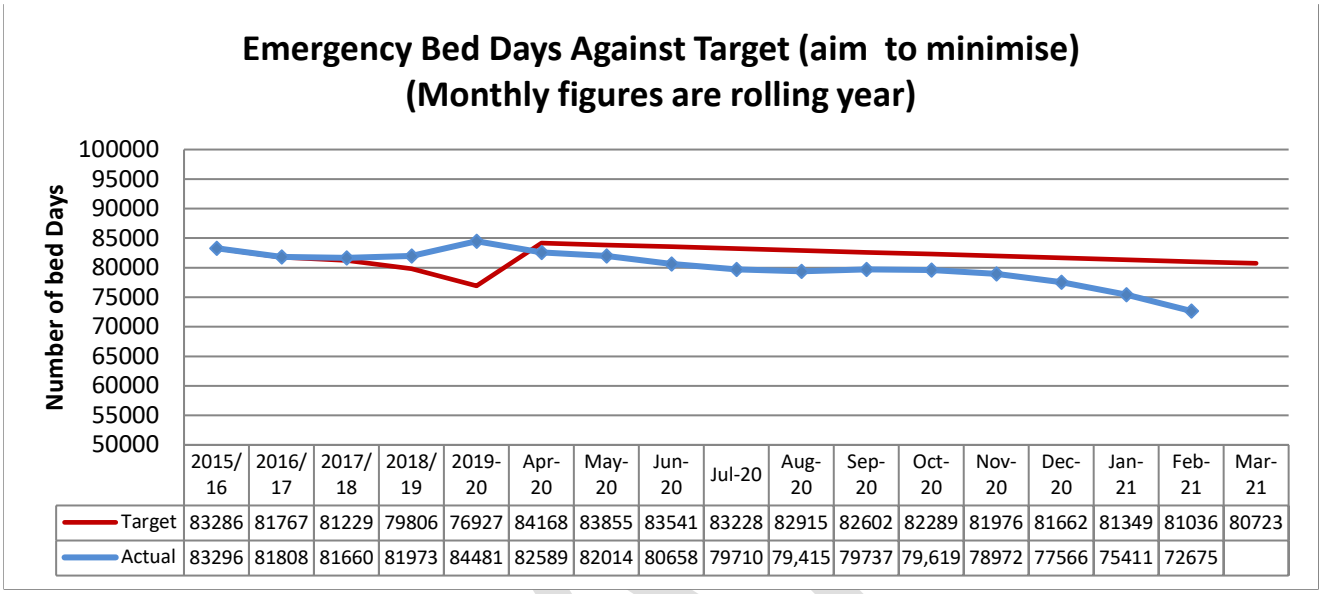
Rationale: Unscheduled hospital bed days are focussed on reducing inappropriate use of hospital services and shifting the focus from a reliance on hospital care towards proactive support in the community setting. Aim = to minimise

Table 3.2 Quarterly number of Unscheduled Hospital Bed Days

Q4 2019/20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21	Target (2020-21)
21,283	15,932	19,526	19,852	Full Q4 not available	19,232

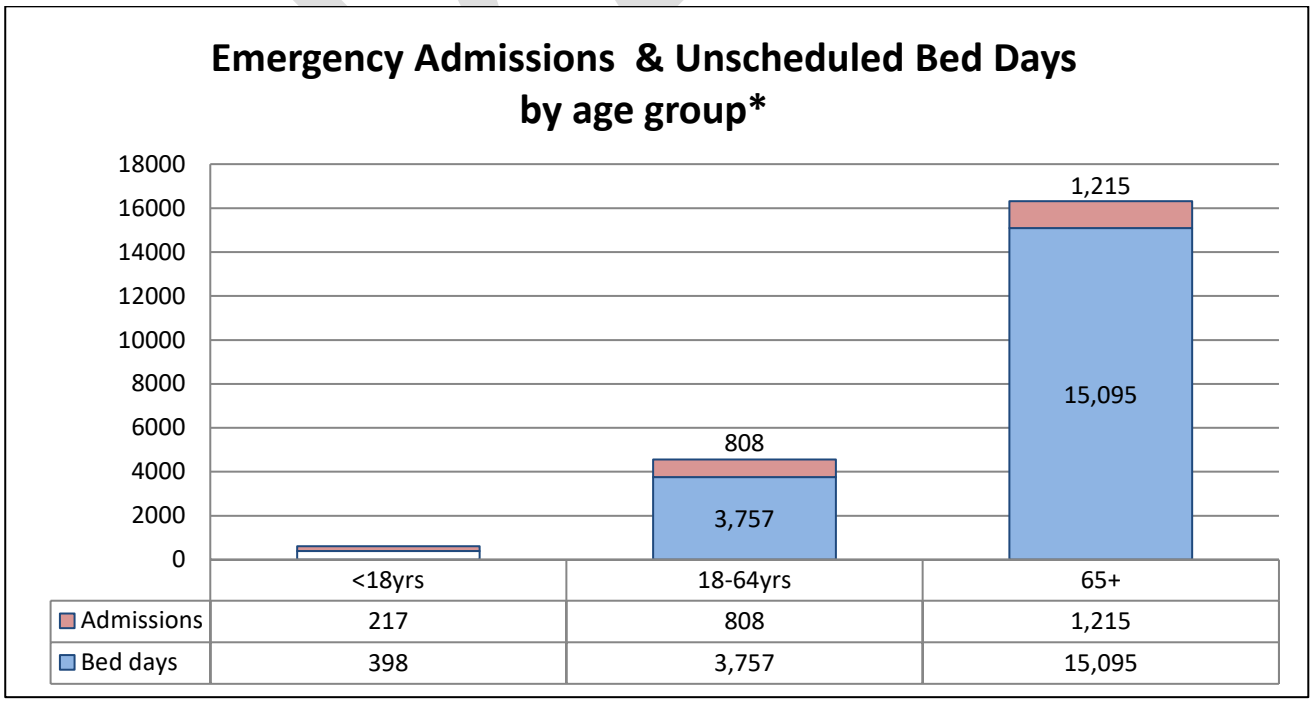
*Based on availability of complete data for quarter at time of report – subject to update.

Figure 3.2a Rolling year number of Unscheduled Hospital Bed Days



	2015/16	2016/17	2017/18	2018/19	2019-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Target	83286	81767	81229	79806	76927	84168	83855	83541	83228	82915	82602	82289	81976	81662	81349	81036	80723
Actual	83296	81808	81660	81973	84481	82589	82014	80658	79710	79,415	79737	79,619	78972	77566	75411	72675	

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



	<18yrs	18-64yrs	65+
Admissions	217	808	1,215
Bed days	398	3,757	15,095

*Based on most recent complete 3 month data period

Situational Analysis:
This indicator describes the number of bed days in secondary care used by patients who have been admitted unexpectedly. Fig 3.2a shows a challenging trend over the past few years away from the target trajectory. The national source data publication extend only to February 2021, but the impact of the Covid-19 pandemic can be clearly seen with the reduction in unscheduled bed days throughout the year, reflecting the reduction in emergency hospital admission, described above. Unscheduled bed days increased slightly in quarter 2 (July to Sept), but not enough to change the rolling year trajectory.

Improvement Actions:
In normal circumstances, our primary focus continues to be on prevention of admission, where possible, so that unnecessary accrual of bed days is avoided. This continues to be an important component of managing hospital capacity through the pandemic and towards recovery. Improvement activity continues to include daily scrutiny of emergency admissions and proactive work with identified wards to facilitate safe discharge. This operates alongside proactive work to support people currently in our services who are greatest risk of admission via activity such as falls prevention, polypharmacy management and anticipatory care planning. In the Covid context, as we move into recovery and remobilisation, the balance will be to ensure diagnosis and treatment are optimised and that time in hospital is absolutely necessary for clinical reasons,

3.3 Delayed Discharges

Rationale: People who are ready for discharge will not remain in hospital unnecessarily. Aim = to minimise

Table 3.3 Quarterly Number of Delayed Discharge Bed Days*

	Q4 2019/20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21	Target (2020-21)
No. Bed Days	**1,663**	**749**	**1,291**	**1,266**	**Full Q4 not available**	**1,210**

*Based on availability of complete data for quarter at time of report

Figure 3.3a Rolling year number of Delayed Discharge Bed Days

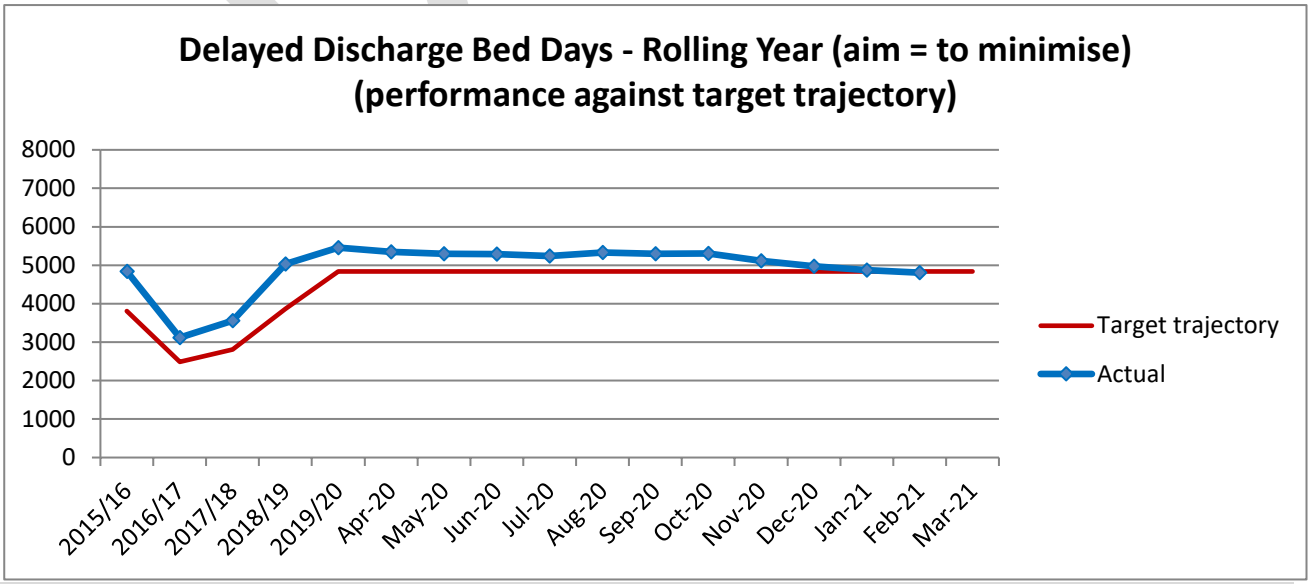
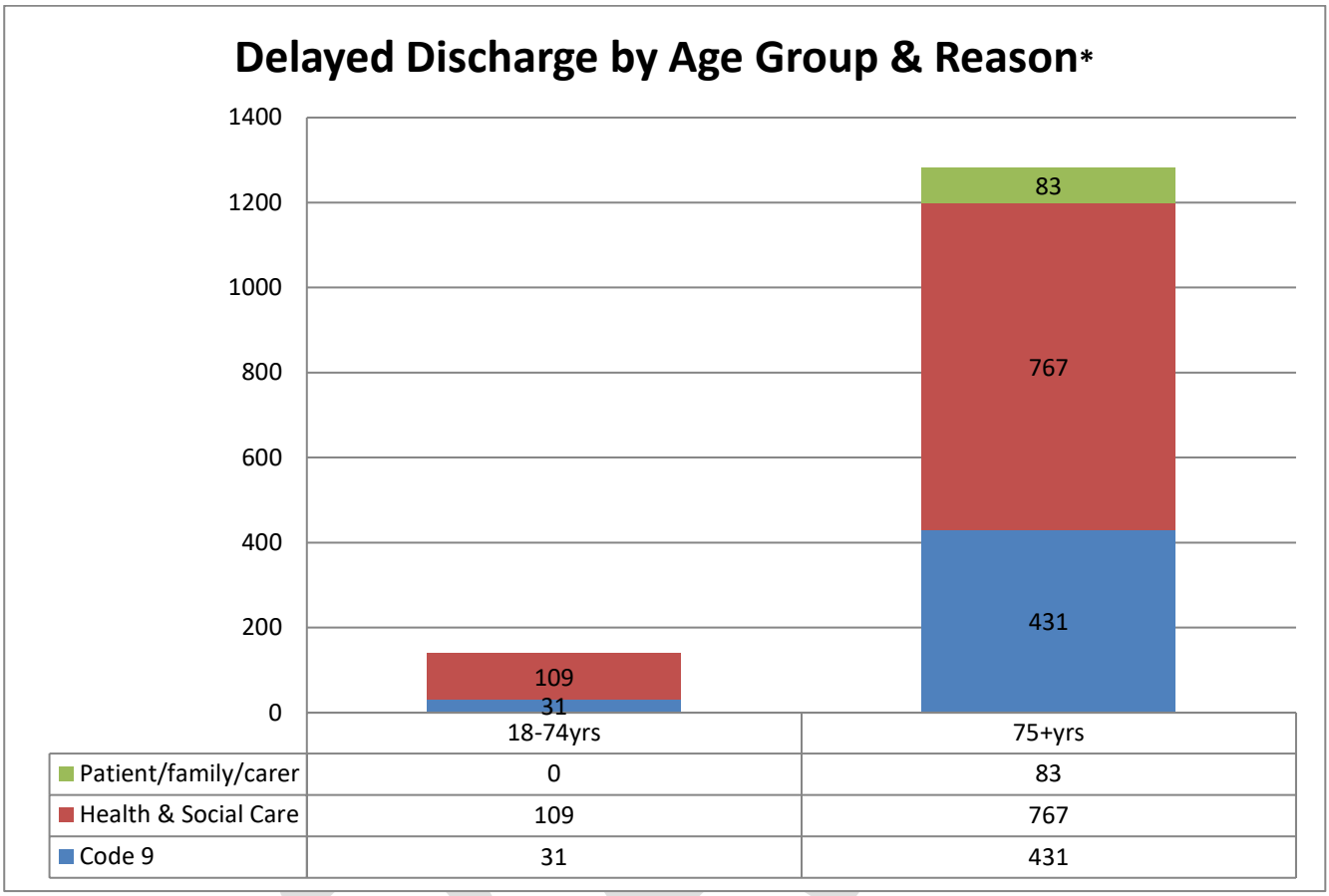


Figure 3.3b Number of Delayed Discharges by Age and Reason



*Based on most recent complete 3 month data period

Situational Analysis:

Facilitating discharge from hospital when a patient is clinically fit to return home is an important component of the health and social care whole system. This ensures that people are supported safely at home where possible, reduces the loss of independence and allows hospital resources to be used for people in need of clinical care. This has been a particular focus during the period of the pandemic. Data for the period from March 2020 initially showed a marked reduction in delayed discharges due to Covid-19 emergency planning. Delays returned to pre-Covid levels after the first wave, impacted often by the need to ensure safe and well planned discharge through testing and liaison with care providers in the community and because there was an increase in the numbers patients resuming elective surgery and being delayed in their discharge thereafter. The impact of the second wave can also be seen with a focus on safe discharge from hospital when clinical ready. External scrutiny from the NHSGG&C Discharge Team continues to reflect their assurance that all is being done by EDHSCP in relation to delayed discharges. They recognise the specific challenge for us regarding complex cases because there is sustained throughput of our delayed patients, unless there are specific circumstances.

Improvement Actions:

Use of electronic operational activity "dashboards" allow us to be better sighted on community patients who have been admitted to hospital so that we can respond more quickly, prior to these patients being deemed fit for discharge. We can also see patients who have been admitted who are not currently known to us, again allowing us to intervene

early. In addition, all of the actions described in the previous indicator around prevention of admission are relevant to avoiding delayed discharges. Home for Me is now well established and coordinates our admission avoidance and discharge facilitation work across a range of services. We continue to work closely with care homes and other registered care providers to provide intensive support and assurance during the pandemic.

3.4 Accident & Emergency Attendances

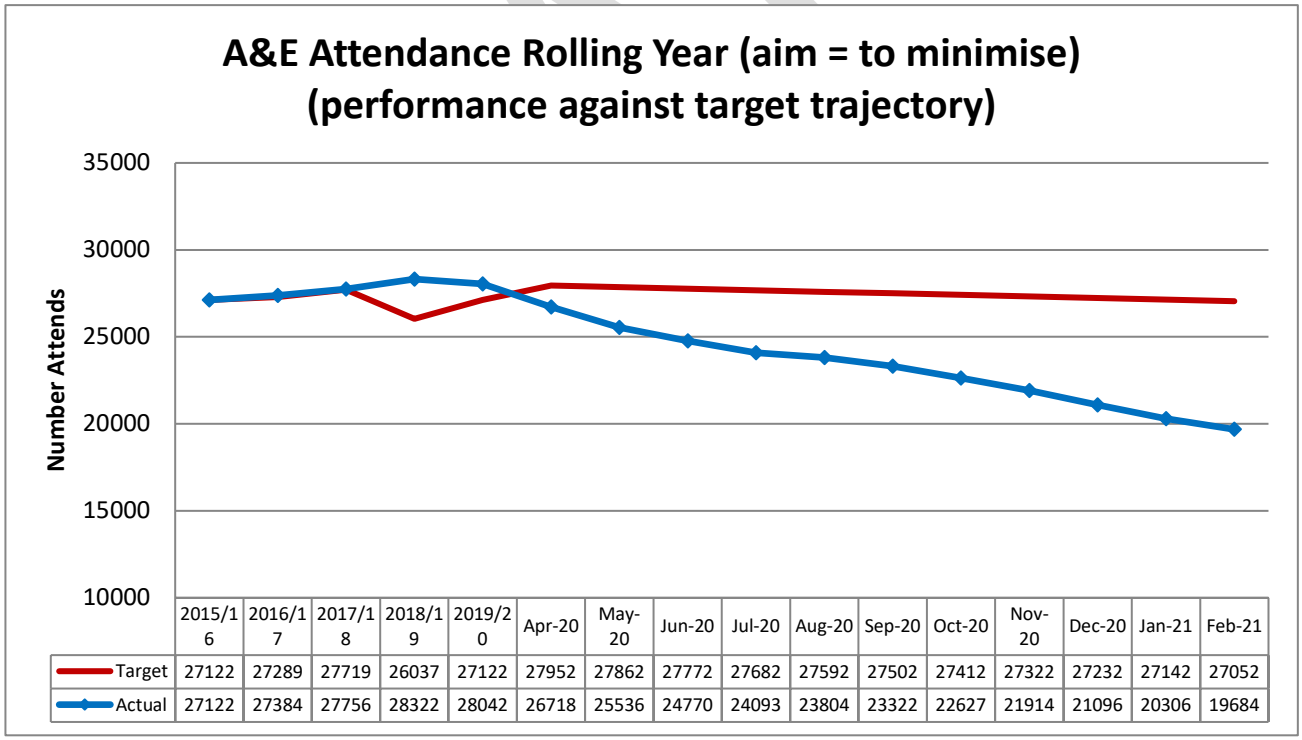
Rationale: Accident & Emergency attendance is focussed on reducing inappropriate use of hospital services and changing behaviours away from a reliance on hospital care towards the appropriate available support in the community setting. Aim = to minimise

Table 3.4 Quarterly Number A&E Attendances (all ages)*

Q4 2019/20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21	Target (quarter)
6,028	4,086	5,733	5.071	Full Q4 not available	6,740

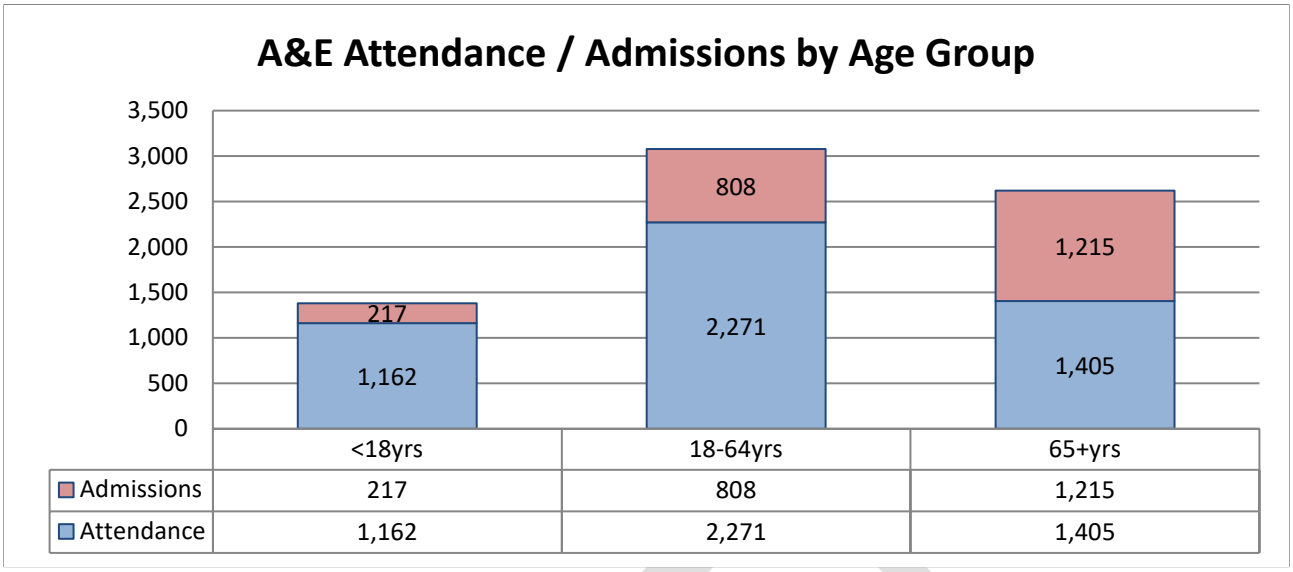
*Based on availability of complete data for quarter at time of report

Figure 3.4a Rolling year number of A&E Attendances



	2015/16	2016/17	2017/18	2018/19	2019/20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Target	27122	27289	27719	26037	27122	27952	27862	27772	27682	27592	27502	27412	27322	27232	27142	27052
Actual	27122	27384	27756	28322	28042	26718	25536	24770	24093	23804	23322	22627	21914	21096	20306	19684

Figure 3.4b A&E Attendances Admitted to Hospital by Age Group (July-Sept 2020*)



*Based on most recent complete 3 month data period

Situational Analysis:
During 2019-20, East Dunbartonshire had the second lowest level of emergency department attendances across Greater Glasgow and Clyde and this continued in 2020-21. The reduction in attendances over the past 12 months has been impacted in the main by Covid-19, due to a combination of public messaging and reduced community circulation. Some of these attendances may have been avoidable but it is

The data in figure 3.4b show the proportion of those who attended A&E who were subsequently discharged, suggesting a significant number of those attending A&E could have had their needs met in the community or via self-care. In order to address this on a national level "Right Care, Right Place" has been launched across Scotland. Scotland's new approach to urgent care has those with non-life threatening conditions who would usually visit ED first asked to call NHS 24 day or night on 111 through the NHS Board's Flow Navigation Hub. People can also continue to call their GP practice for urgent care or access help online from NHS Inform.

In common with emergency admissions and associated days in hospital outlined above, a similar pattern of substantial interruption was experienced during the first wave of the pandemic in the spring, with some recovery during the summer. The fig 3.4a illustrates that a second period of reduced attendance at emergency departments was experienced in the second wave of the pandemic.

Improvement Actions:
From an HSCP perspective we continue our work around the Primary Care Improvement Plan, to recalibrate and sustain GP services. This will enable more flexible responses to patient need in the community although it is being significantly impacted in 2020/21 by the Covid-19 experience. We hope that increased focus on self-care for people with long term conditions will also mean that people can manage their own health more proactively. We are working closely with secondary care colleagues around their introduction of redirection protocols to ensure that people who do not need to be at A&E are redirected to community services or self-care timeously. We are also engaged in local implementation of the Right

Care, Right Place initiative. Again, winter planning provided an opportunity to sharpen our focus on all these areas in order to help mitigate seasonal pressures we routinely see in all services, but the new context during and post Covid-19 will continue to be highly impactful. As has been indicated above, it is essential during the pandemic that people continue to receive the essential health and social care that they need, when they need it.

3.5 Local Data Updates and Benchmarking

As indicated at the start of this section, the data reported in this report is provided as part of a national publication by Public Health Scotland (PHS). Data linkage and verification results in a time-lag, which explains why the most recent reporting month is November 2020 for a number of these core indicators.

In order to provide a local update to these figures, the table below is included here. This table is populated with NHSGGC data, which applies a slightly different methodology to PHS but is accurate for use as proxy data to show more up to date figures. The table compares our performance for the reporting year to date against target, against performance last year and against other HSCP's in Greater Glasgow and Clyde. As indicated above, the Covid-19 pandemic has been significantly impactful in the pattern of unscheduled care during 2020-21:

East Dunbartonshire HSCP Unscheduled Care
Data Summary: April 2020 to March 2021

Measure	Actual (Full Year)	Target (Full Year)	Target RAG	Variance with last year	RAG	Variance with last year (most recent month)	RAG	Rank in GGC (most recent month)
Emergency Dept Attendances (18+)	14,695	19,674		-24.4%		9.4%		2
Emergency Admissions (18+)	8,187	9,403		-15.7%		12.1%		3
Unscheduled bed days (18+)	78,352	80,723		-9.7%		n/a	n/a	4
Delayed discharge bed days (all ages)	3,828	4,435		-29.8%		-4.0%		3

(Source: NHSGGC)

SECTION 4
Social Care Core Indicators

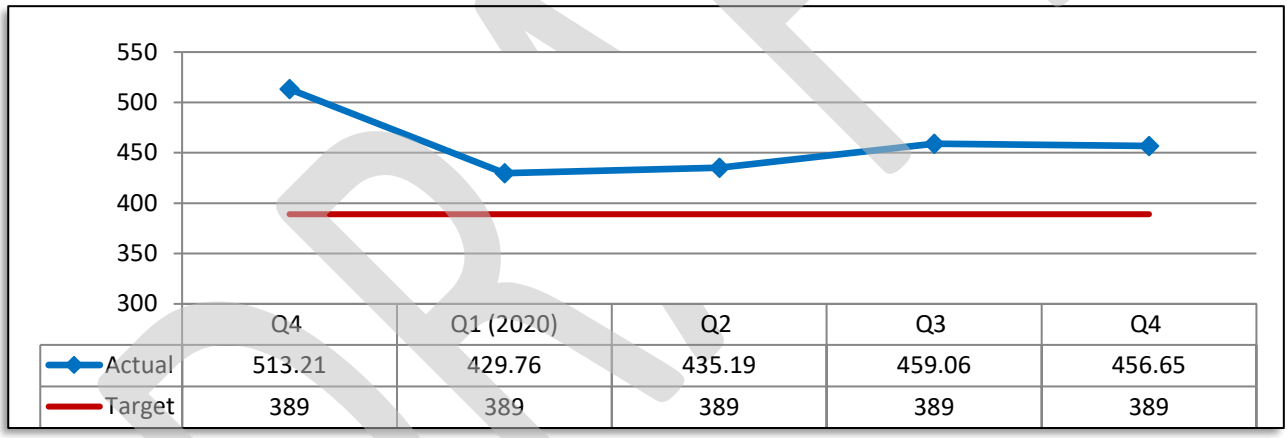
This section provides an updated report of Social Care core dataset and includes data collated by East Dunbartonshire Council's Performance & Research Team. Although reported separately from the Health and Social Care data, the following indicators are integral to achieving the targets set out in Health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

4.1 Homecare hours per 1,000 population aged 65+yrs
4.2 People aged 65+yrs with intensive needs receiving care at home
4.3 Community assessment to service delivery timescale
4.4 Care home placements
4.5 Adult Protection inquiry to intervention timescales

4.1 Homecare hours per 1,000 population aged 65+yrs

Rationale: Key indicator required by Scottish Government to assist in the measurement of Balance of Care. Aim = to maximise in comparison to support in institutional settings

Figure 4.1 No. of Homecare Hours per 1,000 population 65+



	Q4	Q1 (2020)	Q2	Q3	Q4
Actual	513.21	429.76	435.19	459.06	456.65
Target	389	389	389	389	389

Situational Analysis:
This indicator was first established nationally to measure the extent of community-based support, in comparison with institutional care. The number of homecare hours per 1000 population over 65 is above target. Whilst this demonstrates success in supporting people in the community, the increase is also a result of rising demand overall. Our analysis on the reasons for this rising demand point to the disproportionate increase in people aged 80+ in East Dunbartonshire, which has been the highest in Scotland over the past 10 years at +5% per year. We are projected to continue to have the fastest growing increase over the next 10 years. People aged 80+ overall have the greatest level need in terms of volume and intensity of older people's service. After a sharp decrease in homecare delivery reported in the Q1 report, data since then show a slight increase in the number of hours provided as families either return to work or become more comfortable that community prevalence and infection control measure in place within the service mitigate the risk of their loved ones contracting Covid-19. The number of hours provided remains below pre-Covid-19 levels, although complexity of need continues to rise.

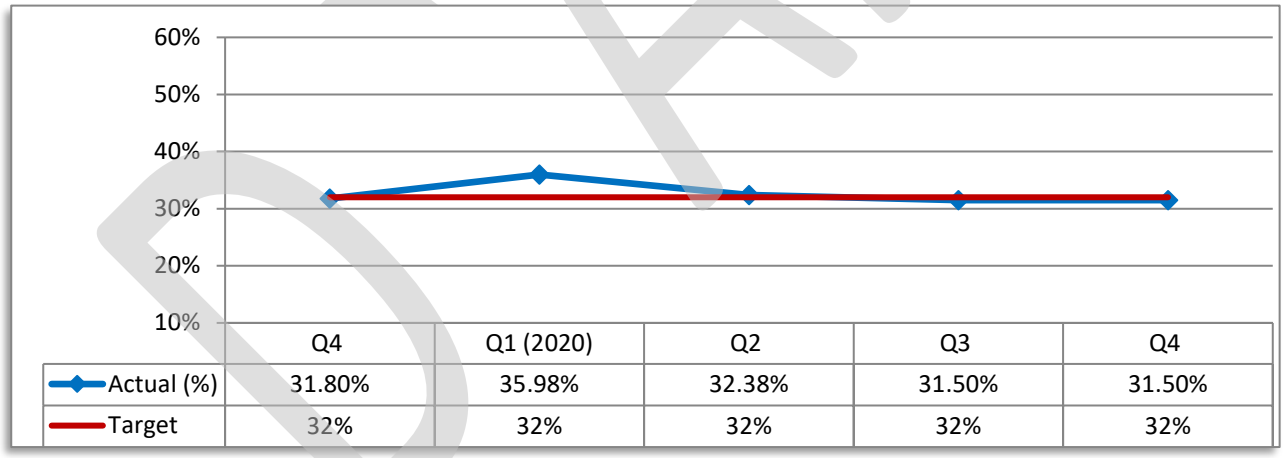
Improvement Action:
Homecare is a cornerstone service in the community health and social care landscape. Performance in relation to maintaining people in their own home, facilitating people to die in their preferred place of care and reducing the number of people living in long term care are all dependant on homecare. We are progressing well with the embedding of the new Homecare delivery model which establishes new organisational and service model arrangements to meet future need in a sustainable way. We are also carrying out a significant service improvement plan in partnership with the Care Inspectorate, in preparation for an expected inspection in the coming months.

The HSCP has developed a Covid-19 transition and recovery plan for homecare services to inform the way through and out of the pandemic. This will ensure that services continue to be available for people with eligible needs and maximises care in the community.

4.2 People Aged 65+yrs with Intensive Needs Receiving Care at Home

Rationale: As the population ages, and the number of people with complex care needs increases, the need to provide appropriate care and support becomes even more important. This target assures that home care and support is available for people, particularly those with high levels of care needs. Aim = to maximise.

Figure 4.2 Percentage of People Aged 65+yrs with Intensive Needs Receiving Care at Home (aim = to maximise)



	Q4	Q1 (2020)	Q2	Q3	Q4
Actual (%)	31.80%	35.98%	32.38%	31.50%	31.50%
Target	32%	32%	32%	32%	32%

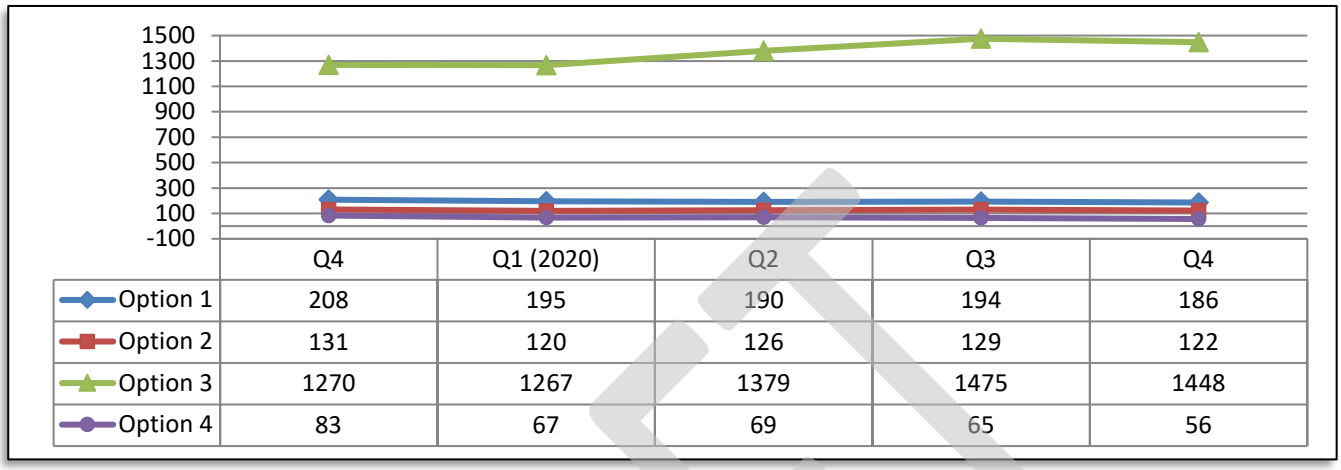
Situational Analysis:
This indicator measures the number of people over 65 receiving 10 hours or more of homecare per week, which is a measure of intensive support. Our policy is to support people with intensive care needs in the community as far as possible, traditionally the aim has been to maximise this value. However we also have to be mindful of the need to maximise independent living using "just enough" support rather than creating over-dependency. We have been consistently on or above target for this indicator over the past year with a slight 0.5% below target performance being recorded in Q3 and Q4.

Improvement Action:
Our intention is to maintain good, balanced performance in this area.

4.2b Systems supporting Care at Home

Rationale: The following indicators contribute partly to support the previous indicators. They are important in improving the balance of care and assisting people to remain independent in their own homes, but do not have specific targets.

4.2b(i) Number of people taking up SDS options



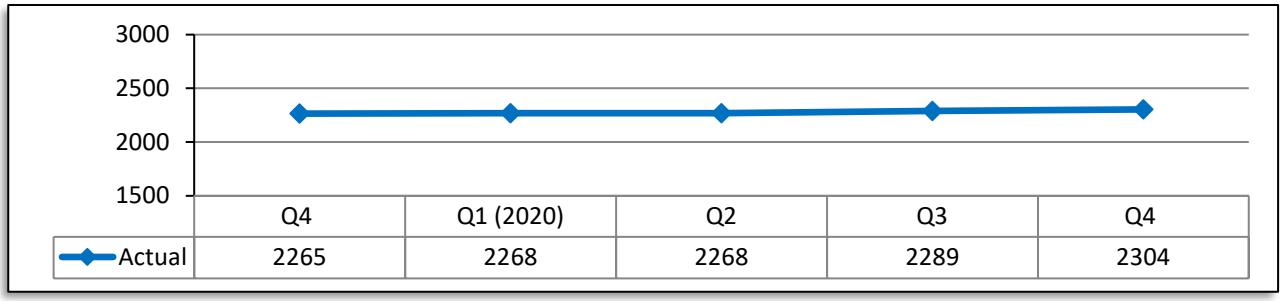
	Q4	Q1 (2020)	Q2	Q3	Q4
Option 1	208	195	190	194	186
Option 2	131	120	126	129	122
Option 3	1270	1267	1379	1475	1448
Option 4	83	67	69	65	56

Situational Analysis:
The indicators measure the number of people choosing Self Directed Support Options to direct their own support package. Their choice will be dependent upon the amount of control and responsibility that the customer or their family wish to take in arranging the delivery of care. None of the options are considered inferior to the other options and the statistics reflect customer choice. Despite some movement, the distribution of SDS choices is remaining broadly stable.

Option 1 – The service user receives a direct payment and arranges their own support
Option 2 – The service user decides and the HSCP arranges support
Option 3 – After discussing with the service user, the HSCP decides and arranges support
Option 4 – The service user uses a mixture of options 1-3.

Improvement Action:
We will continue to ensure that we provide Self Directed Support training to Social Work and Health practitioners to instil confidence and knowledge about the options amongst the workforce. We will also continue to work in partnership with the Third Sector to raise awareness about self-directed support to local communities, customers and carers to ensure that the benefits associated with each option are fully explained and recognised.

4.2b(ii) People Aged 75+yrs with a Telecare Package (aim to maximise)



	Q4	Q1 (2020)	Q2	Q3	Q4
Actual	2265	2268	2268	2289	2304

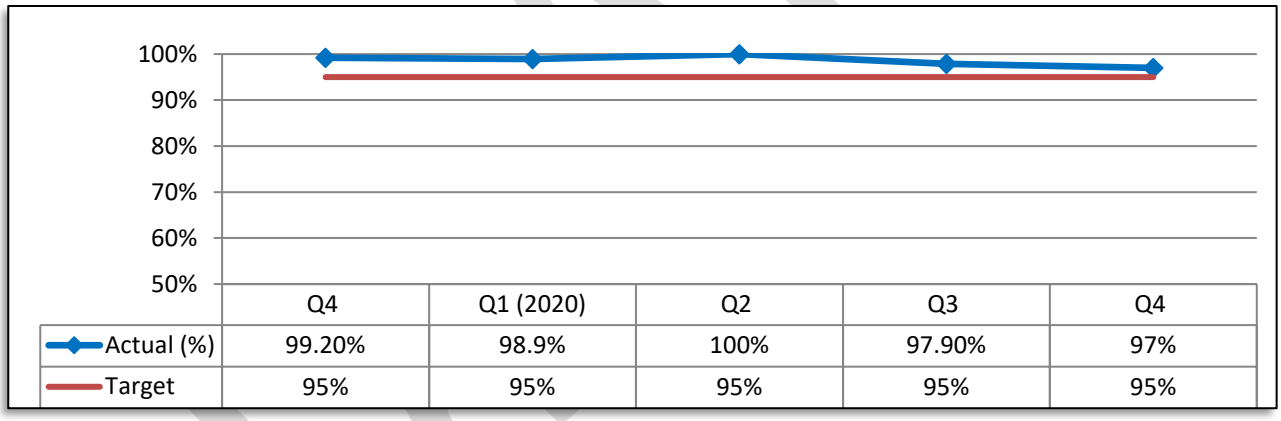
Situational Analysis:
There has been a very gradual increase in the number of people aged 75 and over with a telecare package over the past 12 months. This is in line with expectations, as the population of people in East Dunbartonshire aged 75+ increases and telecare opportunities are maximised.

Improvement Action:
We continue to implement the actions of our Digital Health and Social Care Action Plan, seeking to link traditional telecare with telehealth monitoring and technology enabled care. A communication plan has been developed for this programme to support increased workforce awareness of the opportunities technology can bring.

4.3 Community Care Assessment to Service Delivery Timescale

Rationale The HSCP has a duty to undertake community care assessments for those in need, and are responsible for developing packages of care to meet identified need. The national standard is to operate within a six week period from assessment to service delivery, which encourages efficiency and minimises delays for service-users. Aim = to maximise.

Figure 4.3 Percentage of service users (65+yrs) meeting 6wk target (Aim = to maximise)



	Q4	Q1 (2020)	Q2	Q3	Q4
Actual (%)	99.20%	98.9%	100%	97.90%	97%
Target	95%	95%	95%	95%	95%

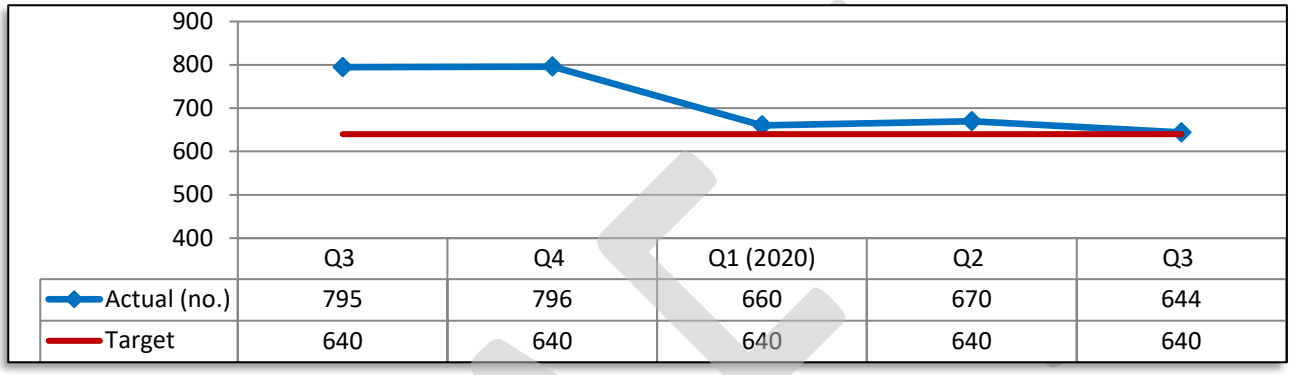
Situational Analysis:
While very many people receive services well within the 6 week target from the completion of their community care assessment, this measure ensures that we can track compliance with this national target timescale. We consistently score very highly with compliance levels of around 100%. The slight downturn in Q1 as a consequence of Covid-19 lockdown on the ability of staff to arrange services in the normal way has recovered in Q2, as a blended approach to engagement methods has bedded in. A similar downturn has been seen in Q3 and Q4 reflecting a further Covid-19 lockdown though the service has successfully continued to deliver above the national target.

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

4.4 Care Home Placements

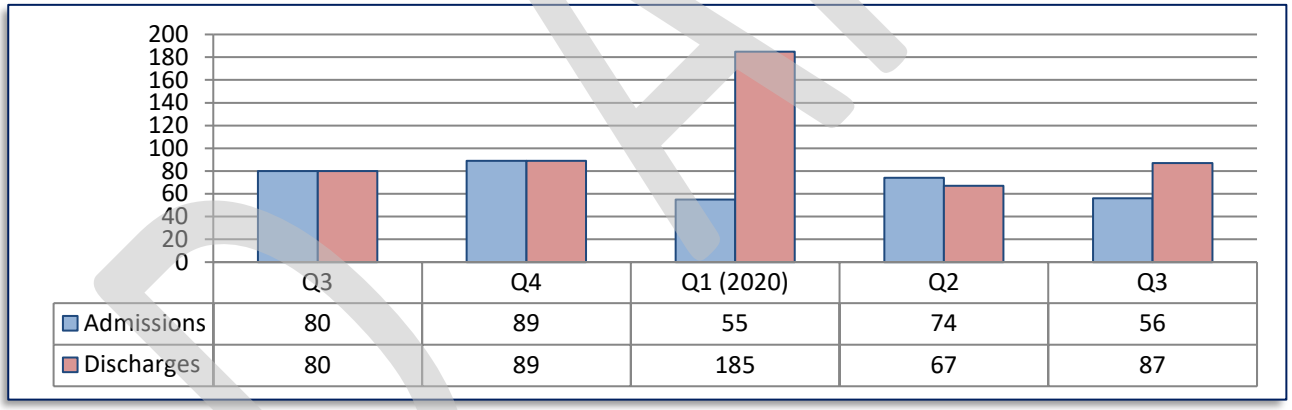
Rationale: Avoiding new permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the scheme supports local health and social care services to work together to reduce avoidable admissions. Aim = to minimise in normal circumstances, but this has been adversely affected by Covid.

Figure 4.4a Number of People Aged 65+yrs in Permanent Care Home Placements (snapshot)



	Q3	Q4	Q1 (2020)	Q2	Q3
Actual (no.)	795	796	660	670	644
Target	640	640	640	640	640

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



	Q3	Q4	Q1 (2020)	Q2	Q3
Admissions	80	89	55	74	56
Discharges	80	89	185	67	87

Situational Analysis:
Care home admissions are determined at an individual level, based upon an assessment of support needs and with consideration to the balance of care and cost thresholds. The HSCP policy is to support people in the community for as long as possible, which is generally the preference of the individual concerned. National and local policy is also geared towards carefully balancing the use of care home admissions. Increases in care at home provision to older people demonstrates that this has been successful, but demand pressures continue across all service sectors.

The availability of care home admission and discharge data is generally subject to time lag, due to transactional processes and recording, so the most recent data relates to October to December 2020, but the highly challenging impact of Covid-19 on the care home sector can be seen in the balance of activity in Fig 4.4b in Q1. Some recovery can be demonstrated in

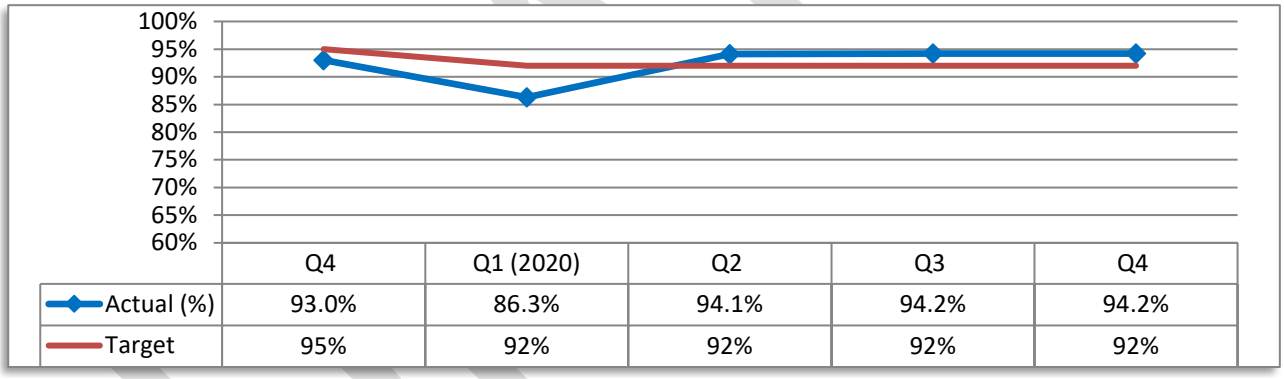
Q2, but with lower than pre-Covid admission levels. The second wave of Covid-19 can be seen impacting on the balance of admissions and discharges in Q3.

Improvement Action:
Work continues to analyse and manage care home admission pressures, taking into account the potential consequences, both personal and organisational, for decision-making. Intensive support and assurance work is being provided by the HSCP for all care homes in the area during the pandemic.

4.5 Adult Protection Inquiry to Intervention Timescales

Rationale: The Health & Social Care Partnership have a statutory duty to make inquiries and intervene to support and protect adults at risk of harm. It is crucial that such activities are carried out in a timely and effective fashion. This indicator measures the speed with which sequential ASP actions are taken against timescales laid out in local social work procedures. Aim = to maximise.

Figure 4.5 Percentage of Adult Protection cases where timescales were met (Aim = to maximise)



	Q4	Q1 (2020)	Q2	Q3	Q4
Actual (%)	93.0%	86.3%	94.1%	94.2%	94.2%
Target	95%	92%	92%	92%	92%

Situational Analysis:
After a period of lower performance last year due to the impact of industrial action, performance recovered to levels much closer to the target. However, increasing rates of referrals linked to a Large Scale Investigation undertaken during the year have also added to the overall workload in this area making consistent achievement of targets challenging. Due to the sustained challenge in achieving target over a number of years, the target was reduced slightly for 2020-21. The combination of a further Large Scale Investigation and lockdown during the spring contributed to lower performance in Q1. Quarter 2 , 3 and 4 performance has increased to above target levels.

Improvement Action:
Continue to pursue achievement of compliance with target timescales. Performance is regularly scrutinised by the Adult Protection Committee to identify improvement opportunities and these are progressed where possible. An updated national performance reporting framework is anticipated during the coming year and reporting will be adjusted to meet this, if required.

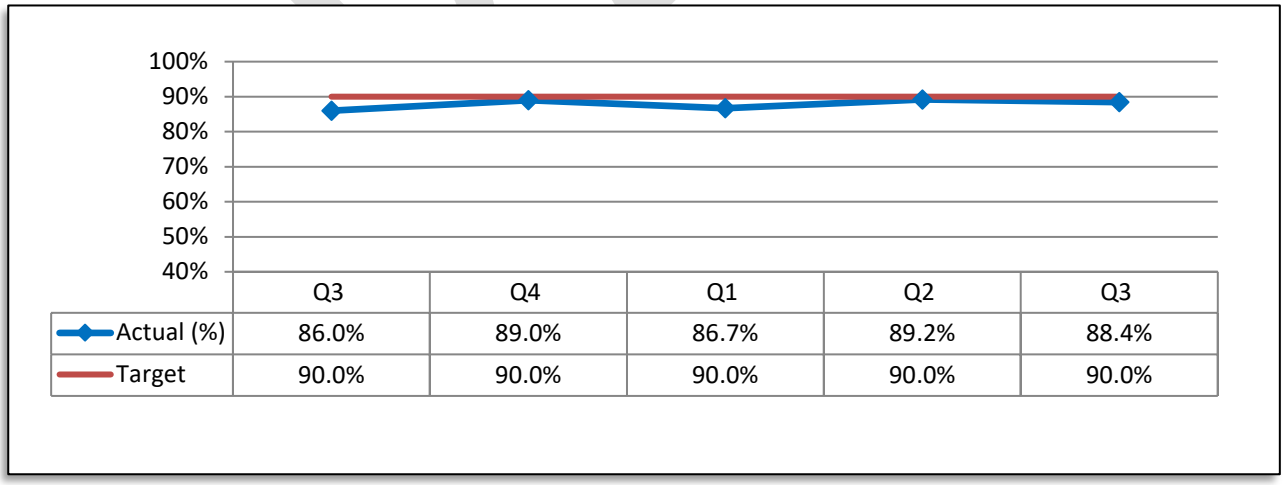
SECTION 5
Local Delivery Plan (Health) Standards

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

5.1 Drugs & Alcohol Treatment Waiting Times

Rationale: The 3 weeks from referral received to appropriate drug or alcohol treatment target was established to ensure more people recover from drug and alcohol problems so that they can live longer, healthier lives, realising their potential and making a positive contribution to society and the economy. The first stage in supporting people to recover from drug and alcohol problems is to provide a wide range of services and interventions for individuals and their families that are recovery-focused, good quality and that can be accessed when and where they are needed.

Figure 5.1 Percentage of People Waiting <3wks for Drug & Alcohol Treatment (aim = to maximise)



	Q3	Q4	Q1	Q2	Q3
Actual (%)	86.0%	89.0%	86.7%	89.2%	88.4%
Target	90.0%	90.0%	90.0%	90.0%	90.0%

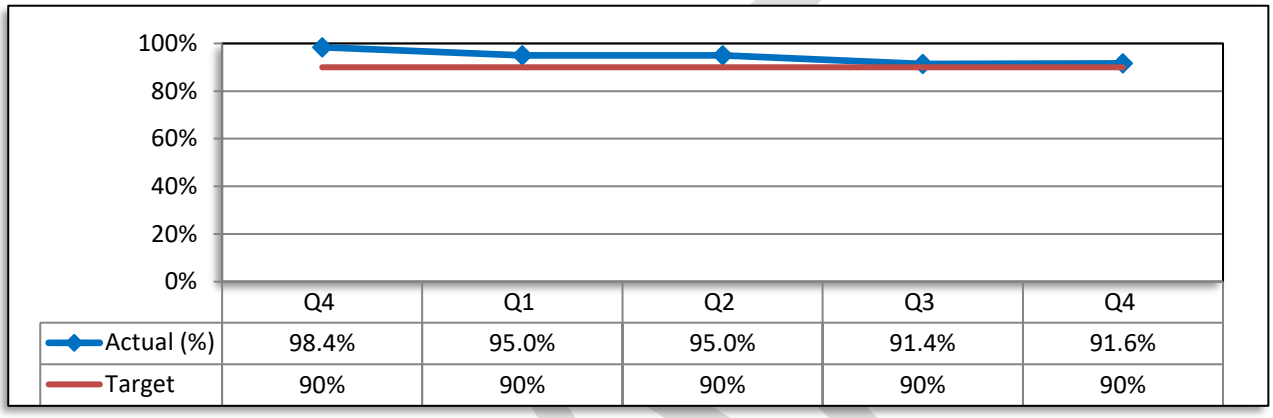
Situational Analysis:
2020-21 Quarter 4 waiting time performance data had not been published at the time of preparing this report. At Q3, performance was just below target as it has been throughout 2021-22. The drug and alcohol team had been significantly impacted by staffing shortages during the last year due to long-term staff absence. Hard work by the team and the successful recruitment to the band 6 alcohol care and treatment nursing post had been instrumental in improving performance in this area. The marginal downturn in performance in Q1 is attributed to the beginning of service interruption caused by the Covid-19 pandemic.

Improvement Action:
The team will continue to work to maintain and further improve performance in this area in the longer term. However the impact of Covid-19 constraints may be demonstrated in the data that emerges over the following months. The Alcohol and Drugs Recovery Service has well-developed business continuity, transition and remobilisation plans in place.

5.2 Psychological Therapies Waiting Times

Rationale: Timely access to healthcare is a key measure of quality and that applies equally in respect of access to mental health services.

Figure 5.2 Percentage of People Starting Treatment <18wks for Psychological Therapies (aim = to maximise)



	Q4	Q1	Q2	Q3	Q4
Actual (%)	98.4%	95.0%	95.0%	91.4%	91.6%
Target	90%	90%	90%	90%	90%

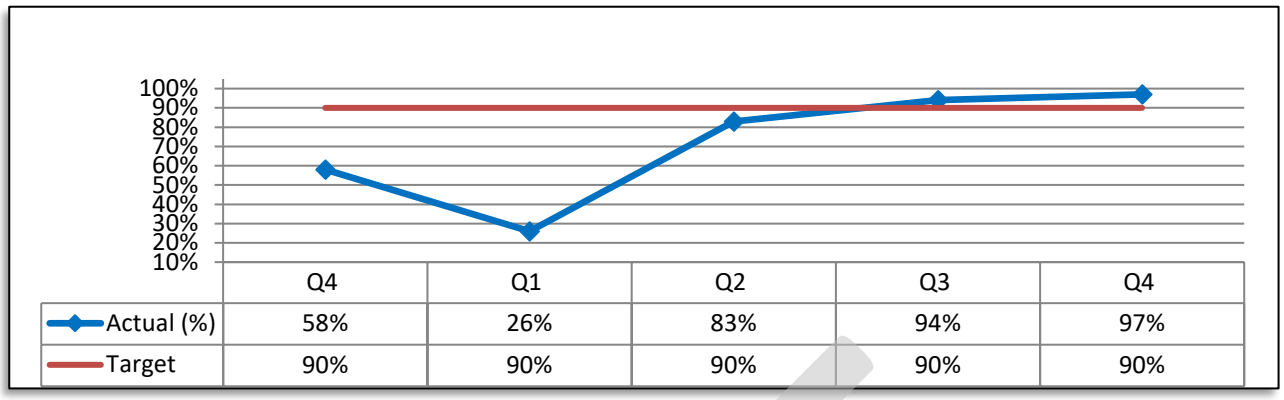
Situational Analysis:
This includes the Community, Primary and Older People's Mental Health Teams. Performance in the percentage of people seen within 18 weeks from referral to psychological therapy has consistently performed above the standard target. This level of performance was achieved even during periods of pandemic lockdown when alternative mechanisms for providing support were used, where these met the needs of the people being supported.

Improvement Action:
The Mental Health Teams have developed service continuity plans and recovery and transition plans to inform the way forward, to ensure that people continue to have access to therapeutic support. This will continue to include maximising digital methods where this works for patients.

5.3 Dementia Post Diagnostic Support

Rationale: This Standard supports the improvement of local post-diagnostic services as they work alongside and support people with a new diagnosis of dementia, and their family, in building a holistic and person-centred support plan. People with dementia benefit from an earlier diagnosis and access to the range of post-diagnostic services, which enable the person and their family to understand and adjust to a diagnosis, connect better and navigate through services and plan for future care including anticipatory care planning.

Figure 5.3 Percentage of People Newly Diagnosed with Dementia Accessing PDS (aim = to maximise)



	Q4	Q1	Q2	Q3	Q4
Actual (%)	58%	26%	83%	94%	97%
Target	90%	90%	90%	90%	90%

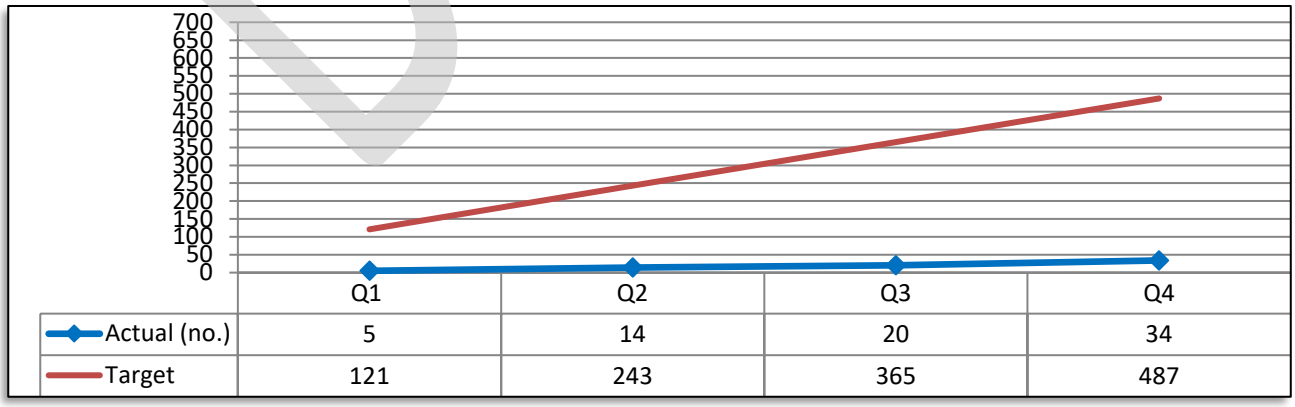
Situational Analysis:
This indicator examines how many patients are accessing PDS within 12 weeks of new diagnosis. The service was impacted significantly by Covid-19 lockdown measures. The period after the first wave saw a significant improvement, with Q3 achieving above target performance and Q4 reaching 97% with 65 people waiting less than 12 weeks out of 67 people starting PDS during this period.

Improvement Action:
Work will be ongoing to continue to sustain and improve performance in this area.

5.4 Alcohol Brief Interventions (ABIs)

Rationale: To sustain and embed alcohol brief interventions in the three priority settings of primary care, A&E and antenatal. This standard helps tackle hazardous and harmful drinking, which contributes significantly to Scotland's morbidity, mortality and social harm. Latest data suggests that alcohol-related hospital admissions have quadrupled since the early 1980s and mortality has doubled.

Figure 5.4 Cumulative total number of ABIs delivered (aim = to maximise)



	Q1	Q2	Q3	Q4
Actual (no.)	5	14	20	34
Target	121	243	365	487

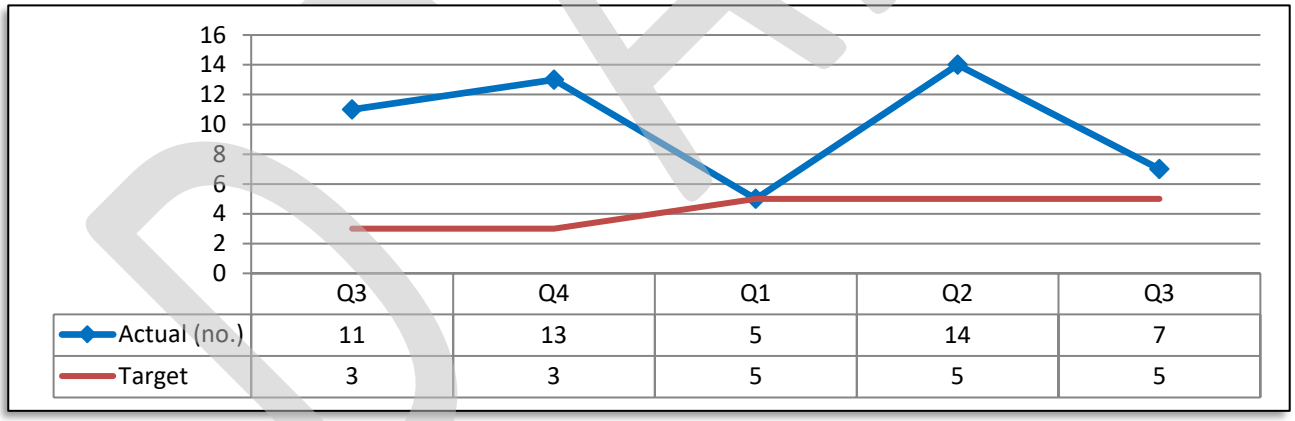
Situational Analysis:
The target of 487 Alcohol Brief Interventions was achieved and exceeded by some margin over 2019-20. However, Fig 5.4 shows that the delivery of ABIs have been significantly reduced during 2020-21. Only 34 ABIs have been delivered due to the severe impact of Covid-19 restrictions on these therapeutic interventions. Recovery plans are underway to steer the beginning of a return to previous levels of service, but continued social distancing constraints will be challenging for the service.

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

5.5 Smoking Cessation

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

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



	Q3	Q4	Q1	Q2	Q3
Actual (no.)	11	13	5	14	7
Target	3	3	5	5	5

Situational Analysis:
Targets for smoking cessation are set centrally by NHSGGC. The target for East Dunbartonshire has been increased by NHSGGC, for 2020-21. Performance in Q1 was been significantly impacted by the pandemic, with a reduction in the number of people coming forward for support and changes to the methods of intervention as a result of social distancing constraints. After some recovery during the summer, a further period of challenge for the service is apparent for Q3. Data only becomes available 12 weeks after the end of each reporting period, so Q3 is the most recent available data.

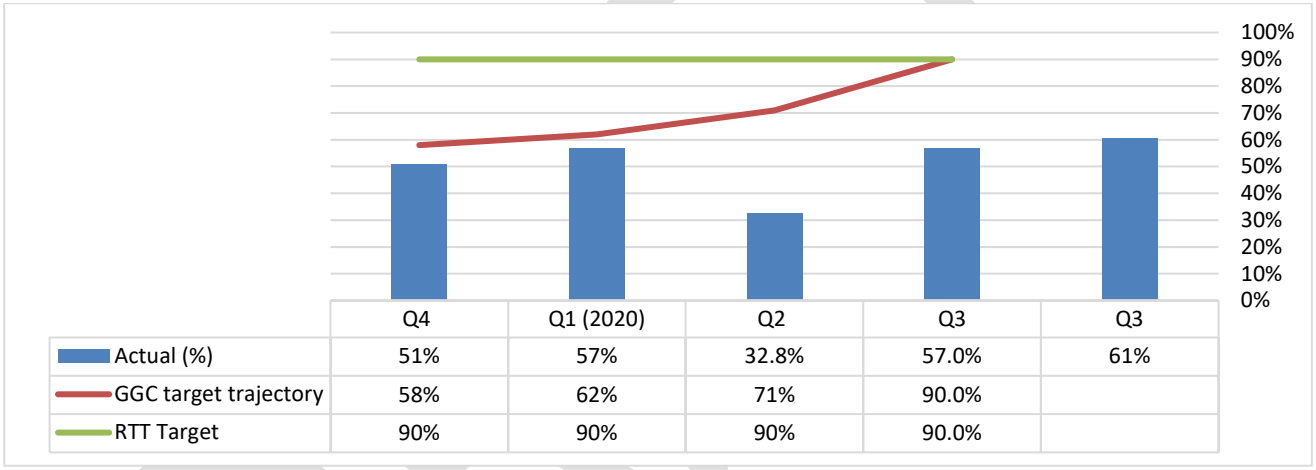
Improvement Action:
Although referral numbers and intervention mechanisms were detrimentally affected during both the first and second waves, the target was nonetheless met during this period which is a credit to the service. As we move through and out of the pandemic, the objective will be

to increase referrals and reinstate normal intervention methods, when safe to do so. Alternative methods of intervention will continue to be used on a blended basis as some "virtual" approaches have been found to be successful.

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

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

Figure 5.6 Percentage of People Waiting <18wks for CAMHS (aim = to maximise)



	Q4	Q1 (2020)	Q2	Q3	Q3
Actual (%)	51%	57%	32.8%	57.0%	61%
GGC target trajectory	58%	62%	71%	90.0%	
RTT Target	90%	90%	90%	90.0%	

Situational analysis:
NHSGG&C CAMHS aims to prioritise improvement on the Referral to Treatment (RTT) performance in a managed way that acknowledges the considerable task of balancing demand and capacity. Increases in demand over the last two years have had a significant impact on clinical capacity and we are working to resolve this as efficiently and safely as possible. For quarter 4 (Jan-Mar 2021) in East Dunbartonshire, 40.30% of children currently on the waiting list had waited less than 18 weeks, and 60.56% of children who started treatment had waited less than 18 weeks. Over the three months of Q4 there was a general upwards trend in patients seen in <18 weeks, as shown in the table below. This partially reflects an increase in urgent referrals.

Please note: The CAMHS service has indicated that there were no agreed RTT target for the 2020-21 quarter 4 period. A new target will apply from the commencement of 2021-22

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

- Focus on remobilisation target data for completed first treatment appointments. First treatment appointment activity levels increased in March, but do not yet match target.

- CAMHS Waiting List Initiative resource agreed with Chief Officers and close to having recruited staff in post. The plan aims for each HSCP to meet the RTT within one year of successful recruitment. Within teams serving East Dun patients staff resource was not fully in place for Q4.
- Regular performance updates supplied to CAMHS management and teams to ensure the most effective use of clinical capacity for the waiting list and open caseload throughout the COVID-19 Pandemic.
- Regular monitoring of CAMHS clinical caseload management available to the service on a monthly or as required basis.
- Scottish Government funding has been provided to HSCPs for the development of community mental health and wellbeing Tier 1 and 2 resource for children and young people
- Ongoing implementation of NearMe/Attend Anywhere, and remote/digital group options, to increase numbers of children seen and clinical capacity, and encourage teams to work efficiently to see children sooner. GGC CAMHS are 4th highest user of video calls when compared to the NHS Benchmarking network UK CAMHS monthly data.
- Service Managers have undertaken a programme of work with referrers with the intention of implementing throughout 2021.
- There is an increased focus on DNA rate for choice appointments and plans are being developed with the aim of reducing this.
- Systems are already in place to collate learning from during the pandemic which will be used to inform further service developments on an ongoing basis.
- Ongoing implementation of the revised RTT guidelines. GGC CAMHS now use a model where the clinician stops the clock when they start treatment, which is mainly first contact.

The CAMHS Waiting List Initiative Group are meeting monthly to monitor performance of the plan.

SECTION 6
Children's Services Performance

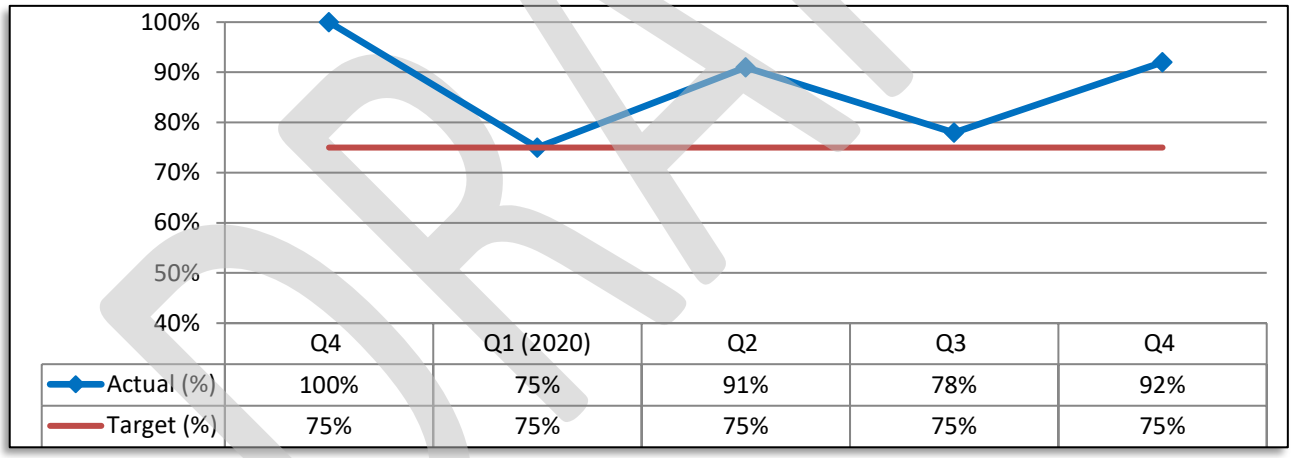
This section provides an updated report performance against key Children and Families indicators. The indicators reported are:

6.1 Child Care Integrated Assessments for Scottish Children Reported Administration timescales
6.2 Initial Child Protection Case Conferences timescales
6.3 First Child Protection review conferences timescales
6.4 Balance of care for Looked After Children
6.5 First Looked After & Accommodated reviews timescales
6.6 Children receiving 27-30 month Assessment

6.1 Child Care Integrated Assessments (ICA) for Scottish Children Reporters Administration (SCRA) Timescales

Rationale: This is a national target that is reported to (SCRA) and Scottish Government in accordance with time intervals. Aim = to maximise

Figure 6.1 Percentage of Child Care Integrated Assessments (ICA) for SCRA completed within 20 days (aim = to maximise)



	Q4	Q1 (2020)	Q2	Q3	Q4
Actual (%)	100%	75%	91%	78%	92%
Target (%)	75%	75%	75%	75%	75%

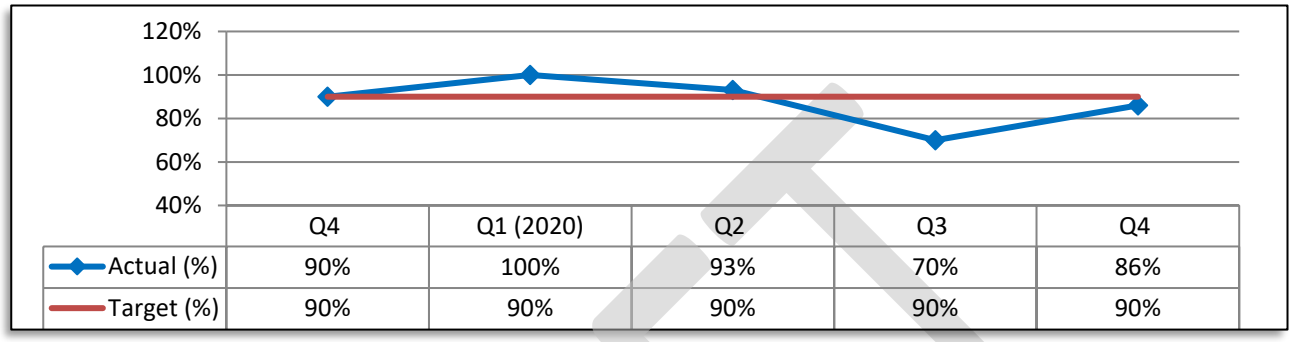
Situational Analysis:
Q1 in 2020-21 was a period of significant challenge due to Covid-19 constraints resulting in a reduction in performance, but the indicator nonetheless remained on target. Q2 showed a return to above target performance. Q3 reflects a return to some of the challenges faced in Q1 as the pandemic moved into its second wave with a bounce back in performance in Q4.

Improvement Action:
Maintain good performance.

6.2 Initial Child Protection Case Conferences Timescales

Rationale: Local standard and timescales set by East Dunbartonshire Child Protection Committee. Aim = to maximise

Figure 6.2 Percentage of Initial Child Protection Case Conferences taking place within 21 days from receipt of referral (aim = to maximise)



	Q4	Q1 (2020)	Q2	Q3	Q4
Actual (%)	90%	100%	93%	70%	86%
Target (%)	90%	90%	90%	90%	90%

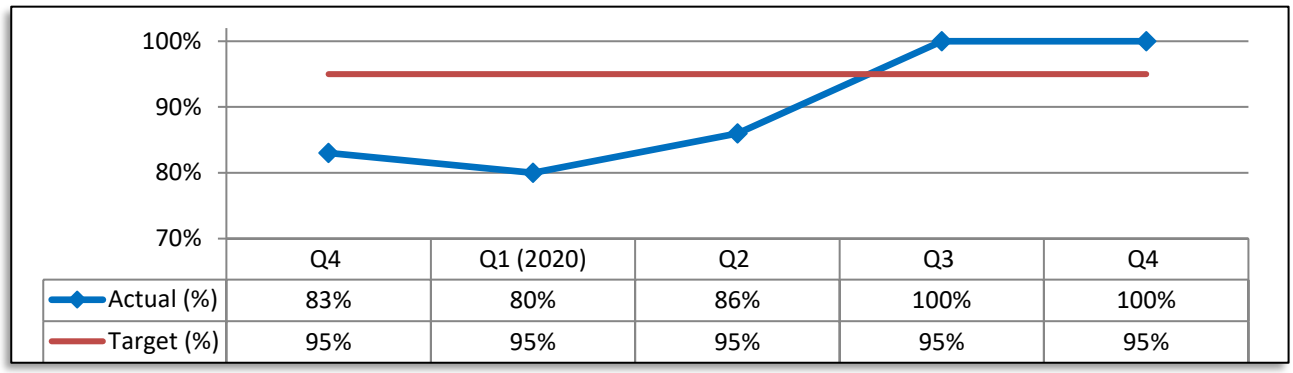
Situational Analysis:
Performance in Q1 was particularly positive given the circumstances, as it fell within the period initially affected by Covid-19 lockdown. Performance in Q2 declined slightly from the previous quarter but remained above target. Q3 shows a dip in performance where 7 out of 10 case conferences were held within the timescale. Q4 reflects an increase in peformance however one case missed the target timescale out of the 7 case conferences convened. It has been more difficult to convene case conferences during the pandemic due to social distancing constraints and technical challenges.

Improvement Action:
To continue to embed revised operational procedures in order to sustain above target performance.

6.3 First Child Protection Review Conferences Timescales

Rationale: Local standard and timescales set by East Dunbartonshire Child Protection Committee. Aim = to maximise

Figure 6.3 Percentage of first review conferences taking place within 3 months of registration (aim = to maximise)



	Q4	Q1 (2020)	Q2	Q3	Q4
Actual (%)	83%	80%	86%	100%	100%
Target (%)	95%	95%	95%	95%	95%

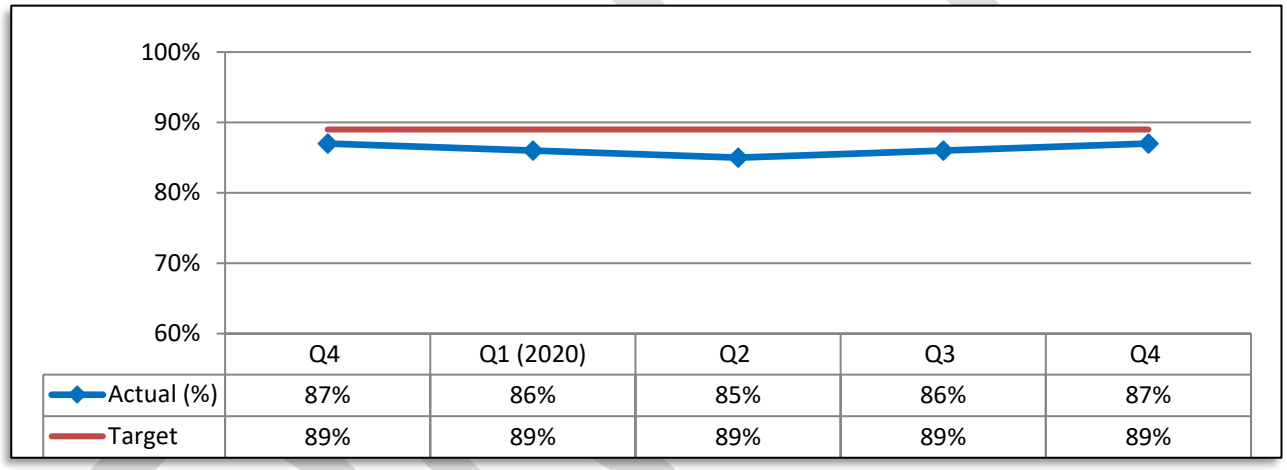
Situational Analysis:
The performance dip that was experience at the start off the reporting period has now been addressed and performance has remained above target for the last two quarters with 100% of review conferences taking place within 3 months of registration.

Improvement Action:
Team Managers will continue to maximise the achievement of Review Case Conferences timescales.

6.4 Balance of Care for Looked After Children

Rationale: National performance indicator reported to Scottish Government and monitored by Corporate Parenting Bodies. Aim = to maximise

Figure 6.4 Percentage of Children being Looked After in the Community (aim = to maximise)



	Q4	Q1 (2020)	Q2	Q3	Q4
Actual (%)	87%	86%	85%	86%	87%
Target	89%	89%	89%	89%	89%

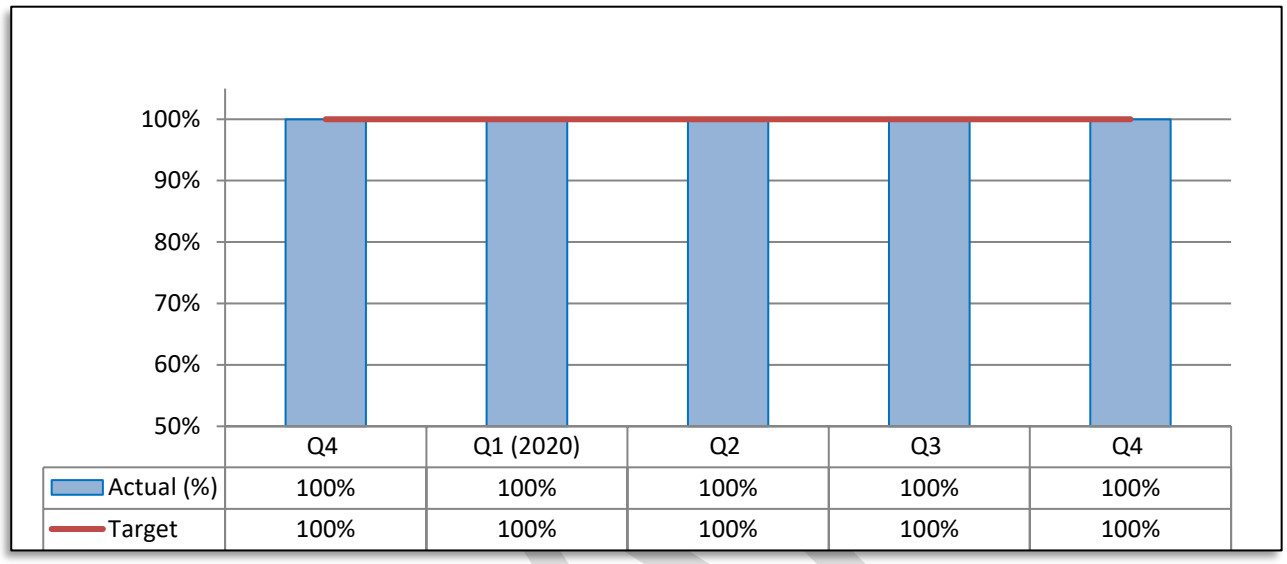
Situational Analysis:
Performance has improved in recent quarters but is slightly below the target figure. There has been an increase in the number of children in community placements along with a slight decrease in the number of children in residential placements. This has resulted in an slight improvement in the balance of care during the second half of the year.

Improvement Action:
Work continues to redress the balance of care by reviewing out of authority placements and continuing the Foster Carer recruitment campaign.

6.5 First Looked After & Accommodated (LAAC) Reviews Timescales

Rationale: This is a local standard reflecting best practice and reported to the Corporate Parenting Board

Figure 6.5 Percentage of first LAAC reviews taking place within 4 weeks of accommodation (aim = to maximise)



	Q4	Q1 (2020)	Q2	Q3	Q4
Actual (%)	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

Situational Analysis:
Performance has remained on target throughout the year.

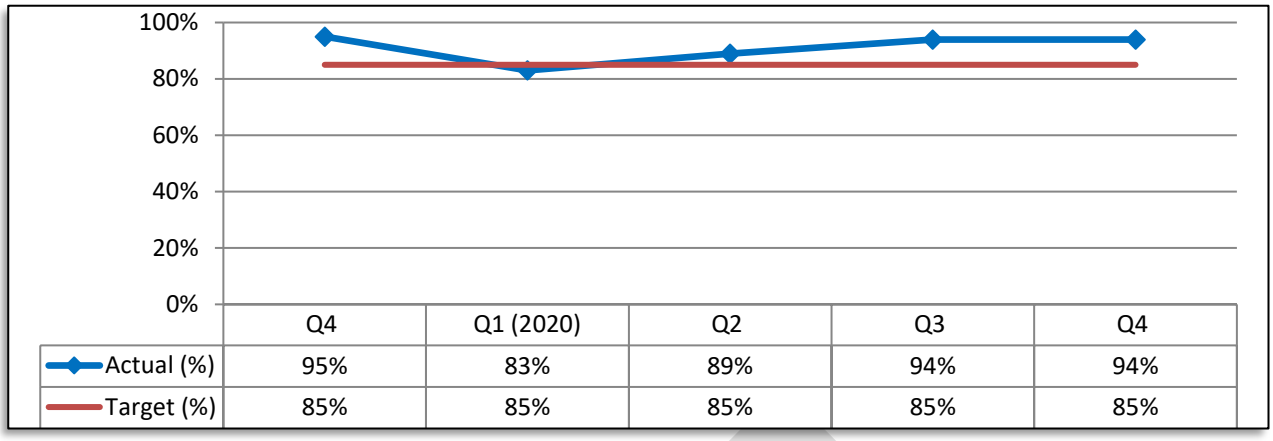
Improvement Action:
To maintain high levels of performance.

6.6 Children receiving 27-30 month Assessment

Rationale: The central purpose of the 27-30 month contact is to seek parental concerns to identify children whose social, emotional and behavioural development puts them at risk of adverse life course outcomes.
Having identified these children, interventions must be put in place to optimise child development in preparation for education. The plan is that wherever possible, children's needs should be met in time for them to benefit from universal nursery provision at age 3.

The Scottish Government target is for at least 85% of children within each SIMD quintile of the CPP will have reached all of their developmental milestones at the time of their 27–30 month child health review.

Figure 6.6 Percentage of Children receiving 27-30 month assessment (aim = to maximise)



	Q4	Q1 (2020)	Q2	Q3	Q4
Actual (%)	95%	83%	89%	94%	94%
Target (%)	85%	85%	85%	85%	85%

Situational Analysis:
This indicator relates to early identification of children within the SIMD quintiles with additional developmental needs. Where additional needs are identified, children are referred to specialist services. Uptake of the 27-30 month assessment across East Dunbartonshire HSCP has been consistently high and above target. The Q1 figure reflects the impact of Covid-19 public health restrictions on the delivery of service during the lockdown period with a recovery period in Q2. Q3 and Q4 shows service levels have recovered and performance has returned to an above target performance.

Improvement Action:
Monitor and continue to maximise performance. Data reports are monitored on a monthly basis at team meetings to support early identification of variances and allow improvement plans to be developed where required. Covid-19 service recovery planning is in place and will be followed to support these actions.

SECTION 7
Criminal Justice Performance

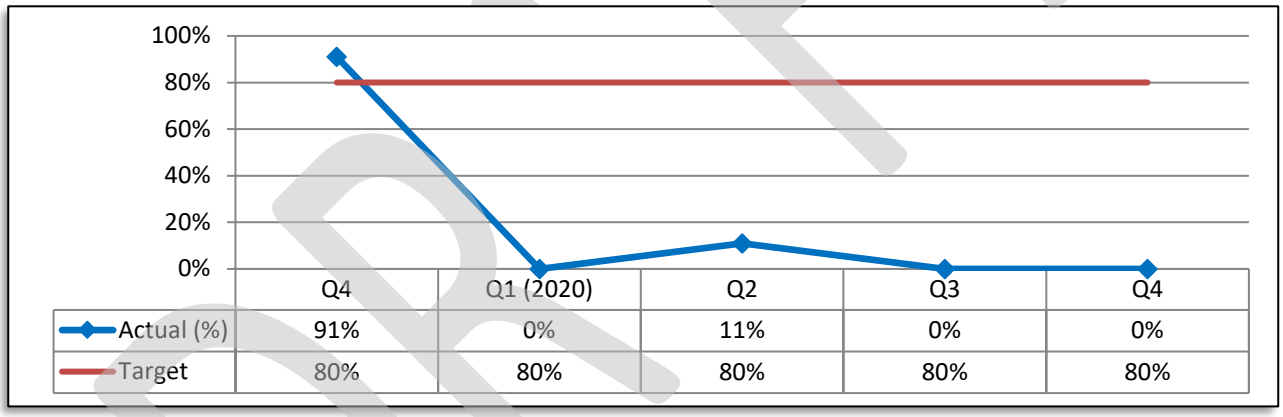
This section provides an updated report performance against key Criminal Justice indicators. The indicators reported are:

7.1 Percentage of individuals beginning a work placement within 7 days of receiving a Community Payback Order
7.2 Percentage of CJSW reports submitted to Court by due date
7.3 Percentage of Court report requests allocated to a Social Worker within 2 Working Days of Receipt

7.1 Percentage of Individuals Beginning a Work Placement Within 7 Days of Receiving a Community Payback Order

Rationale: The CJSW service must take responsibility for individuals subject to a Community Payback Order beginning a work placement within 7 days.

Figure 7.1 Percentage of individuals beginning a work placement within 7 days (aim = to maximise)



	Q4	Q1 (2020)	Q2	Q3	Q4
Actual (%)	91%	0%	11%	0%	0%
Target	80%	80%	80%	80%	80%

Situational Analysis:

During normal times, there is a challenge with this performance metric when service users who attend immediately after court but are then unable to commence due to a further conviction, ill health with GP line, employment contract clashing with immediate start or if subject to an existing order which means the new order cannot commence until the original one is completed. These factors are out with the control of the service.

During Q1 20/21, all work placements were suspended by the Scottish Government due to Covid-19 public health constraints. Performance in quarter 2 is still significantly below target due to the current workplace suspension, however 2 people were able to begin a work placement, which accounts for the increase this quarter. Q3 and Q4 reflects the return to the suspension of all work placements by the Scottish Government due to Covid-19 public health constraints.

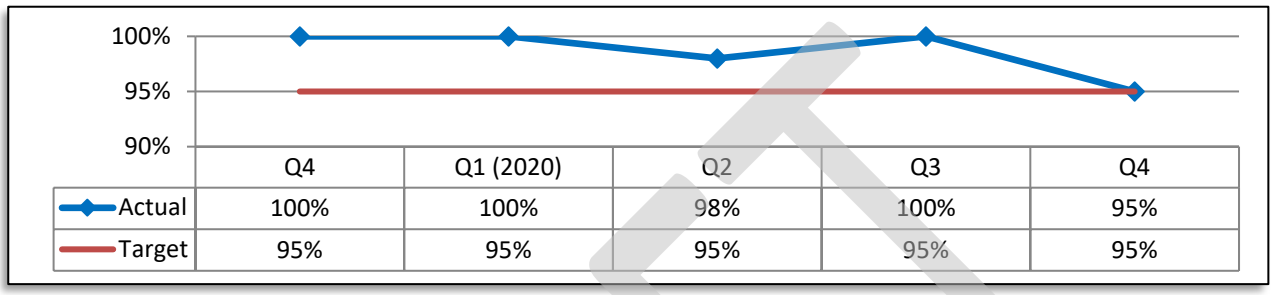
Improvement Action: The focus will be on the recovery of services in line with national and local public health guidance**.**

7.2 Percentage of CJSW Reports Submitted to Court by Due Date

Rationale: National Outcomes & Standards (2010) states that the court will receive reports electronically from the appropriate CJSW Service or court team (local to the court), no later than midday on the day before the court hearing.

Figure 7.2 Percentage of CJSW reports submitted to Court by due date (aim = to maximise)

Rationale: National Outcomes & Standards (2010) stresses the importance of providing reports to courts by the due date, to facilitate smooth administrative support arrangements.



	Q4	Q1 (2020)	Q2	Q3	Q4
Actual	100%	100%	98%	100%	95%
Target	95%	95%	95%	95%	95%

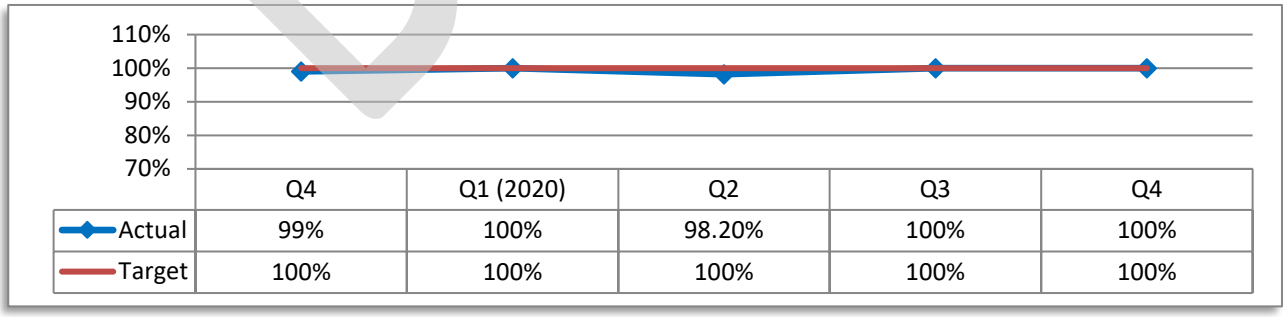
Situational Analysis: Performance in Quarter 4 is on target for this indicator. 38 reports were submitted to Court during the quarter and 36 were within the target timescale.

Improvement Action: Monitor and maintain.

7.3 Percentage of Court Report Requests Allocated to a Social Worker within 2 Working Days of Receipt

Rationale: National Outcomes & Standards (2010) places responsibility on Criminal justice service to provide a fast, fair and flexible service ensuring the offenders have an allocated criminal justice worker within 24 hours of the Court imposing the community sentence.

7.3 Percentage of Court report requests allocated to a Social Worker within 2 Working Days of Receipt (aim = to maximise)



	Q4	Q1 (2020)	Q2	Q3	Q4
Actual	99%	100%	98.20%	100%	100%
Target	100%	100%	100%	100%	100%

Situational Analysis: Performance is predominantly on target. Over the full reporting year, only 2 report requests were allocated outwith the timescale, during Q2.

Improvement Action: The service will continue to maximise performance levels.

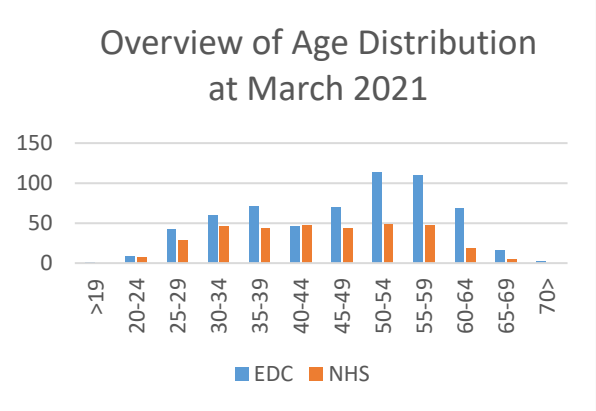
- Workforce Demographics
- Sickness / Absence Health Staff and Social Care Staff
- Knowledge & Skills Framework (KSF) / Personal Development Plan (PDP) / Personal Development Review (PDR)

8.1 Workforce Demographics

Employer	Headcount				WTE			
	June - 20	Sept- 20	Dec - 20	Mar- 21	June - 20	Sept- 20	Dec- 20	Mar - 21
NHSGGC	307	313	320	334	256	260.6	265.4	281.5
EDC	584	587	594	607	493	492.4	496.8	508.5
Total	891	900	914	941	749	752.4	762.2	790

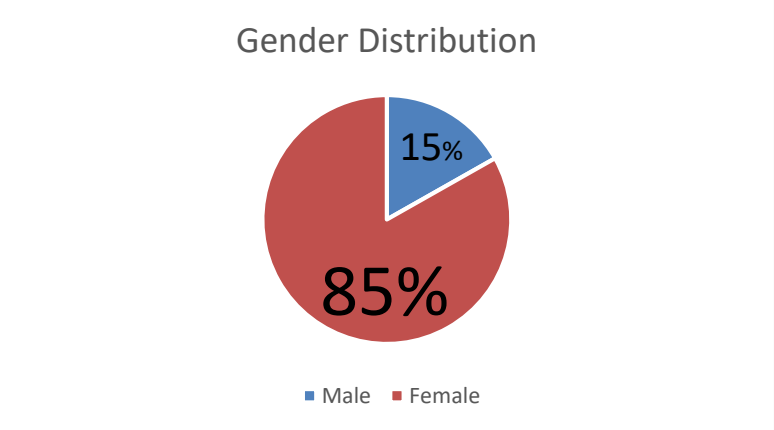
The picture on workforce shows an increase overall since Dec 2020 of 27 with an overall increase of 27.8wte staffing. This picture shows that the partnership is working hard to accommodate flexible working for staff with some staff increasing their hours.

8.2 HSCP Staff by Age profile



The age profile shows that the majority of staff remain aged over 45yrs and that we have a very low number of staff less than 25 yrs of age (16). This age range is not unexpected within the services that the HSCP provides, although as identified above, this high percentage of older staff might impact on the number of requests for a more flexible employment option.

8.3 Gender Profile



The gender ratio of female to male employed staff has been slightly addressed for the first 3mths of 2021, with 85% of staff being female.

8.4 Sickness / Absence Health and Social Care Staff

Average sickness absence within EDC has been slowly reducing since the start of 2021. Overall absence is well managed within the HSCP and as identified the main contributing factor in both Health and Social Care for higher absence is aligned with staff moving from short term to longer term absence due to health conditions. There is a notional absence threshold of 4% across both East Dunbartonshire Council and NHSGGC.

Sickness / Absence %		
Month	**EDC**	**NHSGGC**
July 20	7.82	4.37
Aug 20	9.04	4.03
Sept 20	8.41	4.28
Oct 20	8.11	4.26
Nov 20	8.48	3.96
Dec 20	11.36	3.88
Jan 21	10.00	2.65
Feb 21	9.52	2.77
Mar 21	9.52	3.45
Average	**9.14**	**3.74**

8.5 KSF / PDP / PDR

KSF Activity	April 20	May 20	Jun 20	Jul 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Actual	**40.7**	**40.5**	**46.5**	**52.4**	**56.4**	**59.8**	**58.5**	**57.6**	**56.3**	**54.8**	**52.8**	**53.2**
Target	**80**	**80**	**80**	**80**	**80**	**80**	**80**	**80**	**80**	**80**	**80**	**80**

KSF (Knowledge & Skills Framework) is the NHS staff review process to ensure that staff are competent to undertake the tasks associated with their role and have the appropriate learning and development planned across the year. Due to Covid-19 our progress towards the target figure was paused but whilst some work is being done it is likely to be the first quarter of 2021-22 before we return to target, and we are building it around Wellbeing.

8.6 Performance Development Review (PDR)

PDR		
Quarter	**% recorded**	**Target %**
Q1	1.3	60
Q2	2.19	75
Q3	3.89	80
Q4	70.08	85

PDR (Performance, Development Review) is the Council process for reviewing staff performance and aligning their learning and development to service objectives. Due to Covid-19 some staff have been shielding, redeployed and working from home and the front line staff have had to adapt quickly to new ways of working taking into account Government Guidance around the Pandemic.

With the focus being on maintaining key service delivery PDR may have not been carried out and recorded in line with normal practice. During quarter 4, work was undertaken to support managers in this area, and record some of the wellbeing and shorter term objective setting conversations that had taken place with staff.

Agenda Item Number: 19.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Date of Meeting	**24th June 2021**
Subject Title	**East Dunbartonshire HSCP Draft Performance Audit and Risk Minutes held on 5th January 2021**
Report By	**Jean Campbell, Chief Finance & Resources Officer** **Jean.Campbell2@ggc.scot.nhs.uk** **Tel: 0141 232 8216**
Contact Officer	**Jean Campbell, Chief Finance & Resources Officer** **Jean.Campbell2@ggc.scot.nhs.uk** **Tel: 0141 232 8216**
Purpose of Report	To update the Board on HSCP Performance, Audit and Risk Committee meeting held on 30th March 2021 (attached as **Appendix 1**).
Recommendations	The Board is asked to: a) Note the draft minutes of the HSCP Performance, Audit and Risk Committee Meeting held on 30th March 2021.
Relevance to HSCP Board Strategic Plan	This committee provides support to the IJB in its responsibilities for issues of performance, risk, control and governance and associated assurance through a process of constructive challenge and provides a robust framework within which the objectives within the Strategic Plan are delivered.

Implications for Health & Social Care Partnership

Human Resources	None
Equalities:	None
Financial:	None
Legal:	None
Procurement:	None
Economic Impact:	None
Sustainability:	None
Risk Implications:	None
Implications for East Dunbartonshire Council:	None
Implications for NHS Greater	None

Glasgow & Clyde:		
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	☐

Appendix 1: Draft Performance, Audit and Risk Committee Minutes of 30th March 2021

Agenda Item Number: 19a

Minutes of
East Dunbartonshire HSCP Performance, Audit & Risk Committee Meeting
Date: Tuesday 30 March 2021, 12pm
Location: Via MS Teams

Present:	**Jacqueline Forbes (Chair)**	**(JF)**	**Gillian McConnachie**	**(GM)**
	Susan Murray	**(SM)**	**Ian Ritchie**	**(IR)**
	David Aitken	**(DA)**	**Peter Lindsay**	**(PL)**
	Jean Campbell	**(JC)**	**Alan Moir**	**(AM)**
	Kenneth McFall	**(KMcF)**		

In attendance: **Siobhan McGinley (Minutes)**

No.	Topic	Action by
1.	**Welcome and Apologies**	**JF**
	JF opened the meeting, welcomed everyone along and requested that presentations be kept fairly concise to allow time for discussion. Apologies were submitted by Derrick Pearce, Caroline Sinclair, Ketki Miles, Fiona Mitchell-Knight and Sheila Mechan.	
2.	**Minutes of previous meeting – 5 January 2021 and Matters Arising**	**JF**
	Minutes of previous meeting were reviewed for corrections and factual accuracy. These were agreed by the members. SM asked for an update on page 1 of the previous minute at item 3. Internal Audit Progress Update, specifically around the refinement of Guidance for Provider claims. JC provided an update. A new team has taken over this aspect and COSLA continue to make updates on the Guidance where testing of claims is being undertaken. The current Guidance being adhered to is from December 2020 but it continues to be a regularly refined document. Claims are beginning to come in for December January and February and the current guidance is being applied. JC had attended a meeting earlier today where COSLA representatives were present, they intend on issuing further clarity on claims for LFT and PCR testing and what claims they can submit so guidance is constantly being refined.	**JC**
3.	**Audit Scotland Annual Audit Plan 2020/21**	**PL/KMcF**
	KMcF spoke to the attached document Item 3a. within the papers, paying particular focus on the sections on Impact of Covid-19 laid out in paragraphs 3 – 5 and the Annual Accounts Timetable at paragraph 25. Firstly, KMcF explained that the impact of the pandemic did effect the anticipated sign off dates for 2020/21 and as such some of the deadlines have slipped meaning this Audit Plan may be subject to revision however, Audit Scotland would endeavor to conclude the Audit as early as possible. The pandemic has also had a huge impact financially however additional funding has been made available by the Scottish Government therefore the IJB are looking at an underspend. A point made was the timely upload of IJB/PAR papers to the EDC website and ensuring these are in line with accessibility legislation and policy. The Strategic Plan has been extended and approved for this year. Paragraph 12 confirms the Audit Fee agreed by JC. Page 11, Exhibit 4 confirms final audit timetable showing the final audit of accounts will begin mid – June, hoping to be signed off by October. Paragraph 28 confirms areas of internal audit which adds added assurance for the audit opinion for the financial statements. IR raised a question regarding Exhibit 1(2) on page 5 – Risk of Material Misstatement cause by Fraud in Revenue Recognition and asked for further clarity on what this meant. KMcF went on to explain that this was something which was missed the previous year.	

	The income should be going through income/expenditure statement however the way it was laid out meant it was showing up on the reserves, it had no impact on the year end reserve balance. IR made a further point on the statement made on the extra funding from Covid resources but fundamentally, the underlying problem in that there are no reserves still remains. What proposals are being made that going forward how will the IJB be in a better position? PL explained the position on the financial sustainability of the IJB and that a recovery plan is in place with partner bodies which JC has taken forward. IR then asked given this is a widespread problem across other IJBs if there were any indications of underlying issues that could be identified and rectified. PL advised that all IJBs are currently experiencing the same issues. SM queried whether the use of Directions and Direction log will provide a total amount of IJB spend in commissioned services and if this could provide a mechanism to ensure IJBs are funded by partner agencies as agreed previously within the Strategic Plan. JC advised that there is now a refreshed approach to how Directions are issued and it all depends on the budget set each year. The first Direction goes out to all respective partners and lays out the budget provided to support the IJB. During the course of the year further reports have been brought forward on how to implement Directions. Collaborative discussions with partners are taking place regarding Children's Services and Mental Wellbeing where a substantial amount of funding is being made available. SM commented that the delivery of the Strategic Plan is at the behest of what funding is available and that priority within the Plan is prevention/early intervention. JC added there are mechanisms to discuss with partner bodies on how to achieve optimum delivery of services and statutory requirements once reserves position is better. AM asked if it is captured within the report when the budget takes place, time lost PL, KMcF, JC. KMcF spoke about the long term financial plan but at the moment there is only a one year budget. IR added that a long term plan is a good idea as the transformation plan cannot be relied upon therefore one off funding would be a better option. JC commented that we have a period of grace with some reserves to work on. SM mentioned the directions again and the Feeley Report which describes that in terms of funding there will be less made available for the IJB. **ACTION – Item 7 – Making documents Accessible (JC)**	
4.	**Internal Audit Progress Update to February 2021**	**GM**
	GM spoke to this agenda item and focussed on the main points at 1.2 in the paper - HSCP Payment Claims Handover and explained that the work is now substantially complete. Work continues on section 2.0 - East Dunbartonshire Council Internal Audit Progress however a full progress update was not available at this time. Point 3.0 - NHSGGC Internal Audit Progress property planning equipment. Corporate and business risk registers. JF commented on item 1.3 which is a Summary of HSCP and Social Care Internal Audit Progress in 2020/21 and that it shows recruitment has been unsuccessful to date. GM advised that the Audit committee are working on detailing a plan for the next financial year to address recruitment by June. A risk identified in some work needing to be carried over as the position slipped due to individuals accepting work elsewhere.	
5.	**HSCP Transformation Plan 2020 21 Update**	**JC**
	JC spoke to this item There were a total of 29 (32) projects to be delivered within the transformation plan for 2020/21. One is considered at Green status – on track, one is considered Amber status (at risk) – work is underway with some risk or delay to delivery and five are considered Red status – more significant risks / delays to delivery. There are nine of these projects which are now on pause pending review for progress within 2021/22. Seven more projects have been identified and will look at how the transformation plan intends to move through with	

	regular meetings with SMT to look at agreeing the set of criteria within the transformation programme. Although a shortfall has been highlighted, the financial risk in the current year has been mitigated. JF commented that more clarity is needed on the format of reports as specific outcomes have not been addressed specifically and look to what can be done differently. IR commented on the importance of setting measurable outcomes, successes and achievements.	
6.	**Primary Care Mental Health Team Patient Survey**	**DA**
	DA spoke to this agenda item and commented that this patient survey demonstrates the timely learning in 2019 around using digital methods to communicate with individuals utilising our services within PCMHT. This particular survey which is run 6 monthly focuses on the period of July to December 2020 when almost everything moved to a digital platform. The survey based on feedback from 47 respondents concluded high levels of satisfaction from patients who found the Service had delivered on their expectations. The report encapsulates what has been part of today's discussions on doing things differently. IR commented that this had been an encouraging outcome but raised the question on how the needs of the minority who had not been satisfied would be met. DA explained that an action plan is formulated on the back of what comes out of the survey which can be fed back to this group. Furthermore it was observed that many individuals accessing the service digitally found they were able to engage on a deeper level than they would in a face to face scenario. JF commented on the feedback form and noted the issue around depression had not necessarily been addressed. DA assured that work with PCMHT collectively on the preventative framework has been undertaken.	
7.	**Future Agenda Items**	**All**
	This agenda item has been added to provide an opportunity to Members who wish discussions on something specific over and above the standard agenda. **ACTION** – DA will provide a paper on ADR Covid experience at the next meeting. **ACTION** – JF wishes a discussion on the newly elected government following 3rd May elections. **ACTION** – JC will provide and update on Accessibility of documents IR raised the point on future discussions which take place at this meeting and HSCP Board meetings, avoid any duplication.	**JC**
8.	**A.O.C.B**	**JF**
	No discussion	
9.	**Date of next meeting – 28 June 2021, 12 noon via MS Teams**	**JF**

Agenda Item Number: 20.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Date of Meeting	**24th June 2021**
Subject Title	**East Dunbartonshire HSCP Clinical & Care Governance Group minute of meeting held on 24th February 2021**
Report By	**Paul Treon, Clinical Director**
Contact Officer	**Paul Treon, Clinical Director** **Paul.Treon@ggc.scot.nhs.uk** **Telephone: 0141 232 8237**
Purpose of Report	To share the minutes of the Clinical & Care Governance Group meeting held on 24th February 2021.
Recommendations	The Partnership Board is asked to: a) note the content of the Clinical and Care Governance meeting of 24th February 2021.
Relevance to HSCP Board Strategic Plan	None

Implications for Health & Social Care Partnership

Human Resources	None	
Equalities:	None	
Financial:	None	
Legal:	None	
Procurement:	None	
Economic Impact:	None	
Sustainability:	None	
Risk Implications:	None	
Implications for East Dunbartonshire Council:	None	
Implications for NHS Greater Glasgow & Clyde:	None	
Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	☒
	2. East Dunbartonshire Council	☐
	3. NHS Greater Glasgow & Clyde	☐

	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	☐

MAIN REPORT

Clinical and Care Governance Group minutes highlight:

1. Further reassurance regarding the radiology incidents within Oral Health; appropriate measures and escalations have been in place including the temporary relocation of some day time service and installation of a dedicated 'image acquisitions station'. Under ongoing review.

2. Medication/Prescribing Errors had been flagged as an incident theme to review – Lead Pharmacist presented on common errors across multiple disciplines. Discussion around effective communication at each stage of the prescribing journey was highlighted. Increased pharmacy team presence within practices was seen as an improvement by increasing both medication checks and communication between community pharmacy and patients.

3. The group reviewed what was considered a 'good' response to a complaint with the aim of improving the standard of complaint responses across teams. The particular complaint involved a degree of complexity relating to GDPR as was lodged by someone other than NOK following death of a patient. The systematic approach to addressing concerns raised, and the empathy shown within the response were seen as useful components for teams to consider.

4. The Community Rehabilitation Team noted challenges due to an increasing degree of complexity being faced as a result of managing more complex hospital discharges; as a result the team oversight had been increased.

5. The addictions service noted a successful move to same day opiate substitute prescribing and successful introduction of the buvidal programme, aiming to increase treatment options and outcomes for patients.

Appendix 1: Clinical & Care Governance Group minutes of meeting held on 24th February 2021

Agenda Item Number: 20a.

Minutes of East Dunbartonshire Health & Social Care Partnership Clinical & Care Governance Sub Group Wednesday 24th February 2021, 9.30am Microsoft Teams Meeting

Members Present

Name	Designation
Paul Treon	Clinical Director, Chair
Fraser Sloan	Clinical Risk Co-ordinator for Partnership
Caroline Sinclair	Interim Chief Officer
Kathleen Halpin	Interim Lead Nurse
Carolyn Fitzpatrick	Lead for Clinical Pharmacy and Prescribing
Derrick Pearce	Head of Community Health & Care Services
Vandrew McLean	Corporate Business Manager
Claire Carthy	Interim Head of Children's Services & Criminal Justice
David Aitken	Interim Head of Adult Services
Karen Lamb	Head of Specialist Children's Services
Andrew Christopherson	Lead Pharmacist

In Attendance

Name	Designation
Lorraine Arnott	PA to Clinical Director & Head of Community Health & Care Services.
Josie Stewart	Team Lead, Primary Care Mental Health
Tracey Welbury	Dental Services

Apologies

Name	Designation
Lorraine Currie	Operations Manager, Mental Health
Michael McGrady	Consultant in Dental Public Health
Leanne Connell	Interim Chief Nurse
Richard Carruthers	Oral Health

No.	Topic	Action by
1.	**Welcome and Apologies**	
	Apologies are noted on page 1. PT thanked those in attendance.	
2.	**Minutes of Previous Meeting**	
	Minutes approved as an accurate account.	
3.	**Matters Arising**	
	Report Categorisation – VMcL informed those present that this a piece of work currently ongoing, has been taken to Health and Safety and will begin to cleanse and send information to each of the services to work through challenging Datix to sort out categories. Information Governance and Data Sharing Training – item had been put on Our News regarding Information Governance and an update on asset register. Will continue to promote this through Our News. VMcL advised that a request has been sent to Information Governance Team regarding training sessions particularly on these topics. Complaint Process – PT advised that he has yet to discuss this with Linda Tindall regarding ensuring that complaints process was discussed and standards and communications of outcomes through the Extended SMT meeting. Outcome of SCR – CC will update on. Reports for commissioned services – To ensure that they come as part of governance lead reports rather than individual item. Varnishing Pilot – OHD to feedback on today, particularly around the reduction of GA procedures.	
4.	**Incident Trends**	

PT went through the attached Datix reports for the benefits of those present and identified various issues arising from same.

Clinical Incidents
VMcL informed the meeting that there were 69 incidents overall reported in this period. 45 approved, 8 awaiting final approval and 15 waiting in the holding area that are still to be progressed and 1 to be re-coded. In terms of breakdown of services she informed that there were 14 for PDS, 16 DN Services, 7 to Addictions, 1 to Mental Health, 12 CAMHS, 1 to CMHT and Community Care and Community Nursing services there were 20 overall.

Non Clinical Incidents
VMcL advised that there were 4 reported; 3 from PDS and 1 from CRT. One has been finally approved and 3 are in the holding area awaiting review.

DP advised that those related to Adult Community Nursing Pressure Care are related to pressure care and are resolvable and are part of the ongoing audit.

DA pointed out that the figures are slightly different to what he would have expected, so agreed to have catch up with VMcL to discuss figures reported.

CC reiterated that it would be useful to have discussion with VMcL to go through each of the services and discuss what services can do to ensure that figures are reported correctly. However she stated there were no issues outstanding from an operational or clinical view within her service at present.

KL stated that there was 1 Datix in relation to OOH provision for CAMHs services and currently doing review of that provision due to unequitable standardised offering in terms of OOH for CAMHS. CAMHS OOH is now Crisis Service therefore trying to enhance presence in the Mental Health Assessment units.

TW informed of ongoing issues with over exposure to x-rays and intermittent problems. Work currently ongoing with Digital Sensors and quality assurance test are carried out in the morning before start tests commence to ensure that everything works before seeing patients. Take a couple of x-rays and then there becomes issues. Working closely with IT to find out if there is something going on in the background but not resolved at present. Issues mainly at Level 1 at the Dental Hospital as they are currently working with very old equipment. She further informed that they have taken the decision to move the day time service out of Level 1, which impacts on other clinical care at PDS sites. Also looked at changing from the Digital sensor to phosphor plates, as there seems to be less issues with these. Also, now have computer solely for acquisition of images installed onto Level 1. Hopeful that this seems to be working to allow services to be resumed onto Level 1. PT asked if these issues were experienced across other areas, or across the country in terms of over exposure in other secondary care settings and whether they are experiencing similar difficulties. TW advised that the issue appears to be isolated to primary care. Other services aren't as large across Scotland and don't appear to be having similar issues. CS asked whether there was enough traction within our IT colleagues, and whether it is on the HSCP Risk Register as there is now an interest from HSCP Board members in relation to this issue. TW advised that the issues is on the OHD Risk Register, however not aware if should have been on any other risk register. TW informed that she will feed this back to MMcG to ensure that it is highlighted appropriately. Discussion have taken place with IT and HIS Inspector. HIS have offered to step in and speak to IT if required.

JS informed the members of an action plan for one incident sitting within Crisis Team, and advised that Lorraine Currie is dealing with the issue around typing.

5.	**Incident Theme**	
	Medication Errors AC provided presentation in relation to Medication Errors theme. CS thanked AC for an interesting presentation and asked around the risk mitigations that was discussed, and the reduced quality of conversation opportunity, is there a need to think further the mitigations regarding less face to face contact. AC advised that COVID has forced everyone into a completely new model of working that both patients and healthcare professional are probably not used to and what becomes the new normal. Communication is still the key part with patients. Starting to utilise new technologies, been a huge uplift in NHS Attend Anywhere and there is significant part of the population who find this a more convenient way of working. However this won't be suitable for all patients, and may not be as effective for particular demographic of the community. KH added that she is mindful that a barrier to effective communication are IT systems, that are not necessarily linked together and how to ensure patient safety despite the barriers that are present, and being able to access past medical histories, allergies and medications currently prescribed. DP asked if AC could address briefly the e-discharge work in relation to prescriptions on discharge from hospital and the work that was undertaken in the North East Glasgow, in order to support safe discharge prescribing and compliance on discharge. AC advised that there was pilot work undertaken to determine who was best placed to do medicines reconciliation and supply of medication upon discharge within this area. Pilot still at an early stage however early signs are positive. Will be interesting to look at patient comprehension from this and whether they felt it was better coming from local community pharmacy as opposed to information from wards.	
6.	**Complaints**	
	VMcL provided summary of Datix incidents, in terms of HSCP complaints within the last period there was one Stage 2 complaint, investigation report complete and reply has been sent to complainant, related to enquiries around vaccinations in October. In terms of complaints that are progressed by EDC Shared Services, from 15th October to 2nd February, there were 8 complaints progressed. All 8 complaints are now closed. 2 ongoing Stage 2 complaints at present. KL noted that the highlight report from Specialist Children's Service hasn't got complaints on it, and suggested SCS Complaint Manager to forward complaints information to VMcL to incorporate into ED HSCP for information. Complaints report summary also attached from Optometrist colleagues for period 1st April to 31st December 2020, from the 18 optometrists that participated in returned only 1 complaint received within that period, and has been partially upheld. Monthly Clinical Governance SCI and Complaint update for Mental Health, 5 in progress at present, 2 externally, 1 complete and 2 awaiting final reports to be approved. KL highlighted quite a complicated complaint related to Skye House inpatient care of an East Renfrewshire patient. Independent Review being carried out, based on the allegations of treatment received. Currently awaiting review of records to establish any evidence to the allegations of care.	

7.	**Quality Complaint Review**	
	KH and VMcL provided a detailed review of circumstances and process around a sensitive complaint relating to communication across parties, including family, around palliative care. A comprehensive and sensitive investigation process was outlined, emphasising the complexity of addressing complaint which touches on the input of a wide range of services. KH and VMcL also outlined some of the challenges around different levels and types of consent to sharing of information in these circumstances. DP further commented that there was clear approach to consider the circumstances of the period of end of life care for the patient inclusive of all the parties within that. It was important to reflect the involvement of multiple teams and multiple professionals in supporting patients and families in end of life care cases. Lesson in dealing with complaint was that it was right to deal with it broadly and not seek to separate different parts up and pass to different services. This gives a better overview and holistic sense. PT also commented regarding the issues around managing the consent requirements around multiple disciplines, individuals, and family members.	
8.	**SPSO Update**	
	Attached with agenda for information purposes.	
9.	**Core Audit Reports**	
	None carried out at present.	
	GOVERNANCE LEADS UPDATES / REPORTS	
10.	**Children & Families/Criminal Justice**	
	C&F – SCR ongoing and report will now be delayed to the summer time and not spring as expected. National Child Protection SCR guidance has been updated and will be circulated in due course. Child Protection Hub also being set up, and CC advised that she will attending meeting to discuss mechanisms and learning reviews. KL advised that Alison Rennie, Community Paediatrics is leading nationally on this. CJ – Two case reviews undertaken and sent to the Care Inspectorate. Care Inspectorate completely satisfied that the due process had been followed, and reviews had been undertaken timeously and that learning had been accurate and agreed with recommendations. Learning relates to managing compliance with court orders, interface between criminal justice and alcohol and addictions staff and interdepartmental case audits, and will be embedded into practice. No inspections since pandemic began, and expecting them to restart soon.	
11.	**Community Health & Care Services**	

	CRT additional oversight has been required because of the increased complexity of need required of patients being referred post discharge post COVID treatment. Causing some difficulty due to volume of referrals. Within Adult Community Nursing service there has been a 50% increase in the numbers of individuals being cared for at end of life compared to the previous period. Continued to evidence through family consultation and feedback. Care at Home internal service moved to amber rating in three of patch areas have now revered to green. Implemented weekly PCR testing and has positively impacted on staffing. Leadership capacity across the services has been has been challenged due to the increased expectations in relation to assurance and the need for clinical provision and the need to adhere to quality assurance. In relation to Prescribing service, significant impact on the workload and core work schedules due to the rollout of the COVID vaccinations programme. With regard to commissioned services, the externally contracted accommodation and support for particularly older peoples care homes, one home currently dealing with a requirement to improve IPC. Confident that this will be complied with very quickly as assurance visit has been undertaken and specialist support for IPC has also been provided.	
12.	**Joint Adult Services**	
	DA added in relation to medication based issues, the addiction and alcohol recovery service moved to same day prescribing opioids substitutes from January of this year have also successfully introduced use of Buvidal which has provided greater treatment options more closely aligned to individual's recovery needs. Also highlighted ASP activity, ASP committee met and noted a substantial increase in ASP referrals around 50% rise. Significantly sustained over the pandemic period and will continue to monitor closely.	
13.	**Oral Health – Primary Care**	
	TW advised she had nothing further to report other than the information contained within the submitted report.	
14.	**Mental Health**	
	JS updated in relation to feedback regarding patient survey for PCMHT. Delighted with the feedback provided and pleased to get report as has covered the whole of the COVID period, and key to find out what the response was as service had been delivered in a different way during this time. Will continue to do patient survey on a regular basis now.	
15.	**Business Support**	
	VMcL updated on issues and challenges with typing within the CMT and OPMH Teams due to an increase of activity to services and to phone lines; significant pressure on CMT phone line and continues to receive calls for other services. Continuing IT issues and accessing IT. Overtime has been offered to assist with this and more staff will be brought in to support; recruitment is being progressed for backfill. Also in discussions with EDC IT regarding solutions for these issues and also the use of menu systems on phone lines to direct callers to other services. Also looking at remote working.	

16.	**Primary Care & Community Partnerships Governance Group update**	
	CF advised that these meetings have been put on hold for now, however she informed that exception report should be submitted to the group every couple of months.	
17.	**Board Clinical Governance Forum update**	
	Not attended by PT – minutes available via PCCCGF papers. Will attach when approved.	
	RISK MANAGEMENT	
18.	**Clinical Risk Update**	
	FS informed the members that the new six monthly report format covers the period from July to December 2020. In that time he advised that there had been 177 clinical incidents reported, a 52% increase compared to the previous 6 month period. Section 3 of the report gives more information on the clinical incidents, approval status, category and severity. He went to highlight some of the details from within the report. Table 4 shows the severity of the 177 incidents, with 15 awaiting review. Currently 7 severity 5 incidents which don't yet have a briefing note. Other incidents have seen an increase in breach of confidentiality reported, and a gradual increase in the number of medication incidents reported. One patient related COVID incident reported by the CAMHS service whereby a member of staff tested positive, followed by 4 patients and the incident therefore reported there have been a breach of PPE policy. He further advised that currently there are 98 patient incidents reported on Datix which have not yet been fully reviewed. In relation to SERS, he advised that 3 had been closed between the July to December period. Also detailed timescales of SERS being commissioned and the length of the investigations. Furthermore, he informed that there are currently 6 SAE reviews in progress.	
19.	**SCI Actions**	
	FS updated that actions has been closed in December 2020. New feedback process for gathering feedback has now been established. Will be asked for feedback once review is concluded. DP suggested it may be useful or appropriate for Heads of Service to be informed of what is outstanding. CS addressed the upturn in numbers that are being seen in our area, and asked if these increase in numbers is also being seen in other areas. FS advised that there has been an increase across the Board. CS also stated that the upturn in data incidents is a concern, and reminded Heads of Services to remind teams to ensure where patient identifiable information is being sent. PT also asked if there were any particular trends apparent currently. Other than the ones FS has already provided, FS advised that nothing unusual or significant increase in anything at present.	
	CLINICAL EFFECTIVENESS / QUALITY IMPROVEMENT	
20.	**Quality Improvement Projects within HSCP**	
	Nothing to report at this time. DP suggested that this has been difficult to pursue due to capacity, so not currently reporting on at present.	

	SPECIALIST CHILDRENS SERVICES	
21.	**SCS Health and Safety and Highlights Report**	
	KL updated on the submitted reports. Medications issues within SCS Governance Group, in terms of not being able to easily identify, update and find information in systems related to medication. Continue to have data breaches in SCS and during the last quarter she advised there had been six. Predominately associated with business support and clinical staff failing to confirm contact information and updating systems. Within the highlight report, she drew member's attention to the clinical governance report. SCS have adopted learning from excellence; a model which staff are encouraged to report where they have seen excellence in their colleagues and use Datix to support it. She also advised that she will ensure that the full extent of Datix incidents are being reported through ED HSCP.	
	CHILD PROTECTION	
22.	**Child Protection Stats & updates**	
	CC advised that activity continues to be at a very high level. Required to report this activity to Scottish Government on a weekly basis. However she informed that this high level of activity has not translated to the number of registrations. 40 registrations currently, higher than last year. Continuing to follow procedures and being monitored closely.	
	ADULT PROTECTION	
23.	**Adult Protection Stats & updates**	
	DA informed there had been 276 referrals at Quarter 3, with 100 additional referrals this quarter. Demonstrating improving performance. All case conferences held within timescales. Increased demand during the pandemic. DP stated concerns regarding significantly increased referrals once visiting is permitted back into care homes, where individuals may visit relatives who may feel have declined during the period where they have been unable to visit. DA advised that each stage and each event and process within the pandemic has thrown up different challenges, discussions have taken place around focus and preparing services.	
	JUSTICE SERVICES	
24.	**Public Protection/PREVENT**	
	CS asked if the agenda could be changed to report PREVENT as opposed to Public Protection. And usually would be CSWO or Depute CSWO to update on as they host those case conferences. CS updated that the HSCP continues to oversee one Prevent case and consistently had very positive feedback from the National Police Prevent Unit on the management of the case.	
25.	**MAPPA / Management of high risk offenders**	
	CC informed that throughout the pandemic these have been stable in terms of MAPPA arrangements. 47 people being supervised at Level 1, 2 at Level 2 and no one at Level 3 and reported to the Chief Officers Group.	
26.	**MARAC**	
	CC advised that continues to operate on a digital remote basis and referrals have come mostly from the Police and a number through social work and women's aid. Last meeting was stood down, but multi-agency meeting taken place to discuss a number of high level cases.	
	INFECTION CONTROL	
27.	**Infection Control Minutes**	
	Minutes from previous meeting unavailable at time of meetings, and further meetings have been stood down until April.	

	ESCALATIONS	
28.	**Items to be escalated to HSCP Board**	
	Nothing of note at this time.	
29.	**Items to be escalated to NHS G&C C&CGG**	
	Nothing of note at this time.	
	GENERAL BUSINESS	
30.	**Scottish Quality and Safety Fellowship**	
	Papers attached with agenda, to be shared with teams.	
31.	**Any other business**	
	Nothing at this time.	
32.	**Schedule of meetings 2020/2021**	
	Meeting Schedule 2020 2021.doc	
33.	**Date and time of next meeting**	
	21st April 2021, 9.30am via MS Teams	

Agenda Item Number: 21.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Date of Meeting	**24th June 2021**
Subject Title	**East Dunbartonshire HSCP Strategic Planning Group Minutes of 25th February 2021.**
Report By	**Derrick Pearce, Head of Community Health and Care Services**
Contact Officer	**Derrick Pearce, Head of Community Health and Care Services** **Derrick.Pearce@ggc.scot.nhs.uk** **Tel: 0141 232 8233**
Purpose of Report	To share the minutes of the HSCP Strategic Planning Group held on 25th February 2021.
Recommendations	The Partnership Board is asked to: a) note the content of the HSCP Strategic Planning Group on 25th February 2021.
Relevance to HSCP Board Strategic Plan	The Strategic Planning Group is the statutory oversight and advisory forum driving the delivery of the HSCP Strategic Plan, thus its work has full relevance to all Key Strategic Priorities.

Implications for Health & Social Care Partnership

Human Resources	None
Equalities:	None
Financial:	None
Legal:	None
Procurement:	None
Economic Impact:	None
Sustainability:	None
Risk Implications:	None
Implications for East Dunbartonshire Council:	None
Implications for NHS Greater	None

Glasgow & Clyde:		
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	☐

Appendix 1: Strategic Planning Group Minutes of 25th February 2021

Agenda Item Number: 21a.

EAST DUNBARTONSHIRE HSCP

Minute of the Strategic Planning Group held On 25th February 2021 at 10am via MS Teams

Present

Derrick Pearce	Head of Community Health & Care Services
David Aitken	Interim Head of Adults Services
Claire Carthy	Interim Head of Children's Services & Criminal Justice
Fiona McManus	Carers Representative
Alan Cairns	Planning, Performance & Quality Manager
Alison Willacy	Planning, Performance & Quality Manager
Linda Tindall	Senior Organisational Development Adviser
Joni Mitchell	Partnership Development Officer
Dr Laura Coia	GP – East Locality Planning Group rep
David Radford	Health Improvement & Inequalities Manager
Lisa Johnston	General Manager, Oral Health
Kathleen Halpin	Interim Senior Nurse
Stephen Russell	Senior Addiction Worker
Claire McNeill	Policy Officer
Lynsay Haglington	Alcohol and Drugs Partnership Co-ordinator

Minutes:

Catriona Burns	Minute Taker

1. Introductions & Apologies — **Action**

Dr Alison Blair, Gillian Notman, Caroline Sinclair, Linda Tindall, Leanne Connell

2. Notes of Previous Meeting

FMcM asked that the minutes are changed to reflect that Jenny Proctor will remain as a member of the PS&UC Group. There were no other changes to the minutes.

3. Matters Arising
None

4. Updates

4.1 East & West LPG
DP advised that the Locality meetings had been suspended because of the current restrictions and it is hoped that these should be reinstated very soon as the work of these group are of significant benefit.

4.2 3rd Sector Update
Success – JM reported on the success of the joint working and co-ordination of 3 Local Authority groups in dealing with the increase in referrals from Social Work colleagues. Volunteer drivers have been PVG checked and are taking people to the mass vaccination clinics. A Volunteer Mentoring Initiative has commenced with a focus on recruiting people from a recovery background. Currently involved in Place Plans and Community Transport Engagement will restart in due course.

Learning – the community ownership from groups who set up shopping and prescriptions and these will likely remain as part of Social Care. Volunteering has helped many with recovery and sustain good mental health. This is part of building back stronger.

Ask – East Dunbartonshire has always been good for volunteering and we need to keep in touch with all of the volunteers. The Third Sector is open to suggestions on how to do this. DP suggested that we can revisit as this ties in with the Strategic Plan.

4.3 Independent Sector Update
DP reported that there has been continued joint working over the last year with the Care Home Sector. Work is underway to progress contractual changes for care at home and supported living providers There will be no change for service users. KH advised that the Care Home Sector had been significantly impacted as a result of Covid 19 and the joint working has consisted of guidance and support to implement changes to working practices. Assurance visits have taken place to strengthen infection prevention & control practices. During outbreaks, clinical support was on offer 7 days a week. The focus now is on vaccinations for all residents and a large number of staff who were unable to travel to the Louisa Jordan. The 2nd vaccinations finished on Monday. There are no barriers now to joint working as the Care Home know they can tap in for support as and when required. We will continue to work closely to support the indoor visiting

4.4 PS&UC Update
Success - FMcM advised that there hasn't been a meeting since the last SPG meeting, although the group has produce a Covid 19 Information Sheet. FMcM gave an update on the stats of how many people have viewed this information sheets.

Challenge – Motivation is a challenge for the PS&UC group as some members are no longer participating and it is also a struggle to recruit new members. DP stated that the SPG is grateful to those who do participate as it allows the views from service users to be heard and taken into account. AC noted that there is fatigue at all levels. The initiatives from the PS&UC group are very positive and have a high profile. There is a need to rebuild energy and motivation and this ties in with JM's comments.

4.5 Housing Update

CMcN gave the update on Housing:

Homelessness Team continue to work remotely
Out of Hours Team continue to work; the number of presentation are lower, however the reasons are different, relationship breakdown and domestic abuse.
Housing Support Team have engaged with tenants through dealing with issues such as reduced income. One of the housing officers has won a Housing Officer Award.
Housing Ops Team are working to support tenants along with Citizens Advice; rent arrears letters will be issued but no legal action will take place. We have allocated 165 new tenancies and there are 61 void properties currently with Property Maintenance.
Development Teams there are currently 4 construction sites which have now restarted work. The delays have incurred additional costs. The Capital Programme has also been affected by the lockdown as teams were unable to enter houses to fit kitchens, new windows etc. Energy efficiency measures will be built into the Capital Programs for 2021-26. DP noted this to be a future SPG item.

4.6 Primary Care Update

DP gave an update on the work on the GP Contract. A submission to the Scottish Government will reflect the challenges in ensuring all is in place for April 2021. The SPOA model goes live next week for CTAC and will ensure easier access to treatment. GN will provide more information at a later meeting. The Advance Nurse Practitioners are now fully staffed, (8 in total). The ANP's have provided enhanced clinical support to the Care Homes and also supported the District Nurses and Care Homes in providing end of life care.

LC gave an update on behalf of the GP's. It was necessary to move to a telephone model of care and once we transfer back to face to face care, there will be an element of telephone consultations that remains, as this suited a lot of patients who didn't need to take time off work. LC paid credit to the Admin Teams within practices, who have been involved with shielding patients and compiling lists of patients for vaccinations. The ANP's have had a positive impact and the benefits are tangible. The volume of work continues to be very heavy and busy for all. There has been an increase in mental health referrals and drug and alcohol misuse.

LJ gave an update on Oral Health. Public Dentistry Services continue to remobilise. Work has also started within the prison service. High street dentists are working through a backlog of clients and still working under restrictions. There should be no issues with access to NHS services, however LJ asked the SPG to report any issues.

4.7. Improving the Cancer Journey in East Dunbartonshire

DP advised that there have been 2 ICJ Board meetings. The budget position has been clarified regarding Link Workers. David Radford will update in more detail at the next meeting.

5. Service Performance Update

AW advised that this was an opportunity to celebrate the work and delivery of services. This was based on information services had already provided as she was keen to avoid placing an additional burden on teams. DP commented that this gives an excellent reminder of the work being done across the partnership.

6. HSCP Finance Update

JC gave an update on the pressures faced in the next financial year i.e. payroll etc. Care at Home Contracts are moving to a new framework. The budget will be set tonight at Council and along with the NHS funding it is anticipated that this will reduce these pressures. JC noted that we are moving into the next financial year with a balanced budget and this will go to the IJB in March.

7. Strategic Plan Development

AC shared the Proposed Plan which detailed an outline development process for the new Strategic Plan 2022-25 at Appendix 1. The process has been broken into stages, setting out the priorities and what needs to be done to deliver within the budgets. We also need to look at transformation, disinvestment and investment and reshaping of services. We will be given a series of policy drivers to set the Strategic Plan. We also need to link in with other plans, Housing & NHS. The approach is set out in Appendix 1 and we will agree each stage as we progress.

Following a short discussion, all agreed with the process as set out in Appendix 1 and AC & AW will update the SPG accordingly.

8. Recovery Services

DA advised that the work of the SPG ties into the Drug & Alcohol Recovery Services. There has been a rise in the number of referrals and the team is working to adapt to a rapidly changing environment.

LH gave a presentation attached, on the work of the Alcohol & Drug Team. See Appendix 1.

Following the presentation there was a discussion on as on sharing the communications from the Alcohol & Drug Teams. LH asked for the support of the SPG in promoting the service and to look for ways to be make the services accessible.

9. The Scottish Government Review of Social Care

AC shared a paper for information and gave the background. There are a number of wide ranging changes within the document which will have a positive impact if fully implemented. There is currently nothing to be done until after the election and only if this becomes an Act of Parliament. AC will continue to monitor and update the SPG accordingly.

10. Date of Next Meeting

The next meeting is **22nd April 2021 at 10am** via MS Teams

East Dunbartonshire Health & Social Care Partnership

East Dunbartonshire Alcohol and Drug Partnership (ADP)

Alcohol & Drug Recovery Service (ADRS)

2020 - 2021

East Dunbartonshire Council
www.eastdunbarton.gov.uk

NHS Greater Glasgow and Clyde

ADP

East Dunbartonshire Alcohol and Drug Partnership (ADP) is a multi-agency forum tasked by the Scottish Government to coordinate alcohol and drug services through partnership working. Membership includes East Dunbartonshire Health & Social Care Partnership, East Dunbartonshire Council, NHS Greater Glasgow and Clyde (NHSGGC), Police Scotland, HMP Low Moss, and the Scottish Fire and Rescue Service and representatives from the Recovery community.

There are three sub groups aligned to the ADP:

1. Treatment and Recovery Sub Group (T&R)
2. Substance Use Prevention Group (SUPG)
3. Suicide Prevention Sub Group (SP)

Alcohol and Drug Policy Context 2018 - 2021

ADP Strategy & Delivery Plan Priorities and Outcomes

PRIORITIES

- Prevention and Early Intervention
- Developing Recovery Orientated Systems of Care
- Getting it Right for Children, Young People, and Families
- Public Health Approach to Justice
- Reduce Alcohol Consumption
- A Scotland where suicide is preventable

OUTCOMES

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

ADP Priorities 2020 – 2021

Drug Related Deaths Taskforce

1. Targeted distribution of Naloxone
2. Implement immediate response pathway for non-fatal overdose
3. Optimise the use of Medication-Assisted Treatment (MAT)
4. Target the people most at risk
5. Optimise Public Health Surveillance
6. Ensure equivalence of support for people in the criminal justice system

ADP Actions

1. Postal Naloxone Service & promotional activities
2. Develop assertive outreach
3. Increasing medical prescribing
4. Lived experience support to ADRS via SDF and the AWTP
5. Utilising Public Health Surveillance data from PHS
6. Increasing ADRS support to Justice including DTTOs

ADP Priorities 2020 – 2021

Additional £250 million investment

1. Residential Placements
2. Improving access to treatment
3. Improved access to harm reduction activities

ADP Actions

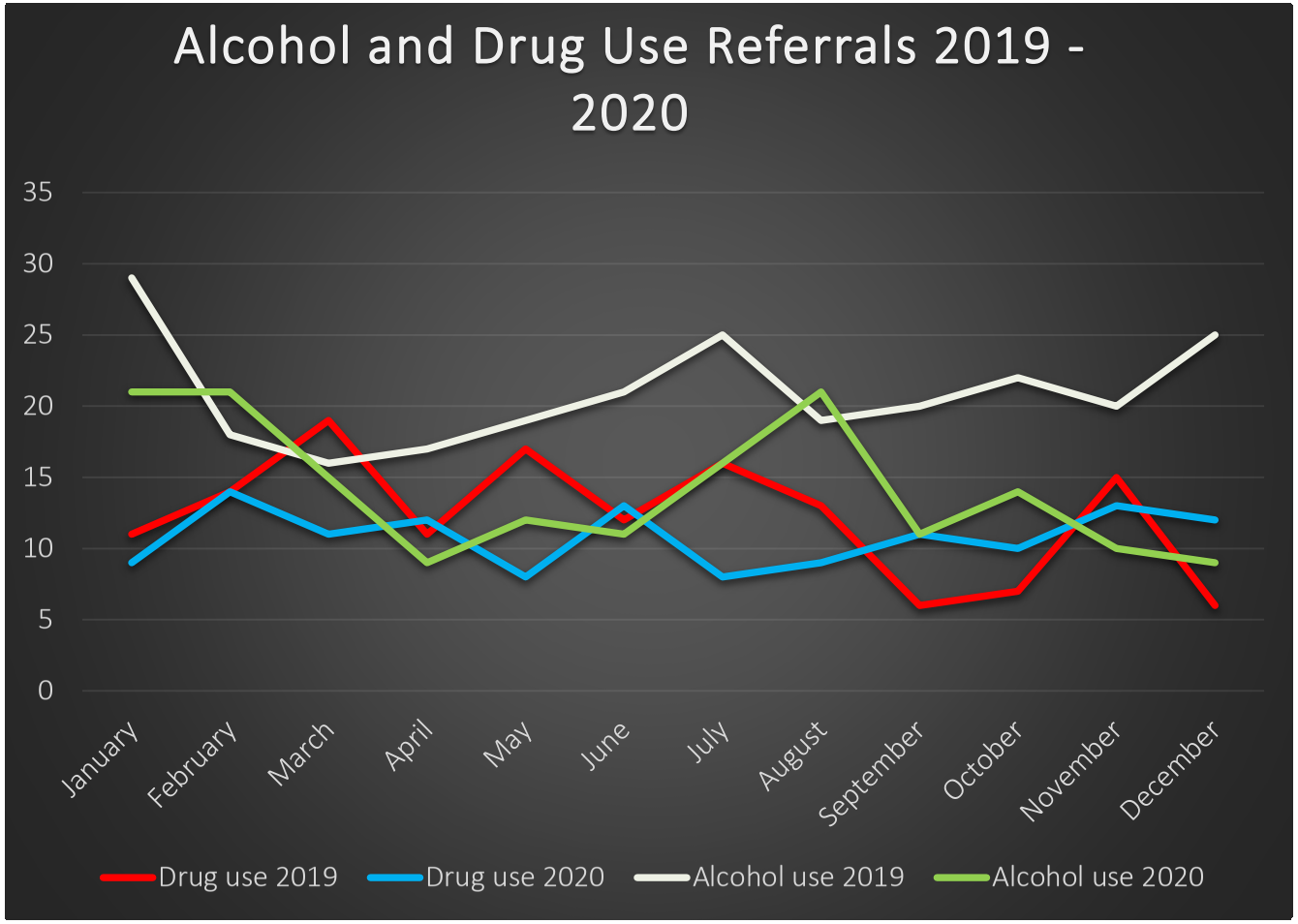
1. Commission Residential rehabilitation/ in-patient detox placements
2. Increase medical prescribing sessions
3. Fund hybrid nursing post – mental health, alcohol and drugs, and justice

ADRS

East Dunbartonshire Alcohol and Drug Recovery Service (ADRS) is a multi-disciplinary team, consisting of nurses, social workers and addiction workers with access to other medical staff such as psychiatrists and psychologists. ADRS offers assessment, support and treatment for alcohol and drug use by offering person-centred, recovery-focused care and treatment, including:

- Mental and/or physical health
- Home alcohol detox
- Opioid Replacement Therapy (ORT)
- Harm reduction
- Referrals to hospital based alcohol/drug services
- Access to community and residential rehabilitation

ADRS Referrals & Case loads 2019 - 2020



Year	Open Cases
2019	487
2020	522
2021 (February)	553

Age	Open Cases 2020
16 - 29	50
30 - 39	130
40 - 49	177
50 - 59	107
60 - 69	39
70 +	19
Total	522
2021 projection (7%)	559

Average number of assessments completed per month = 25
over 300 new assessments per year

ADRS Activities

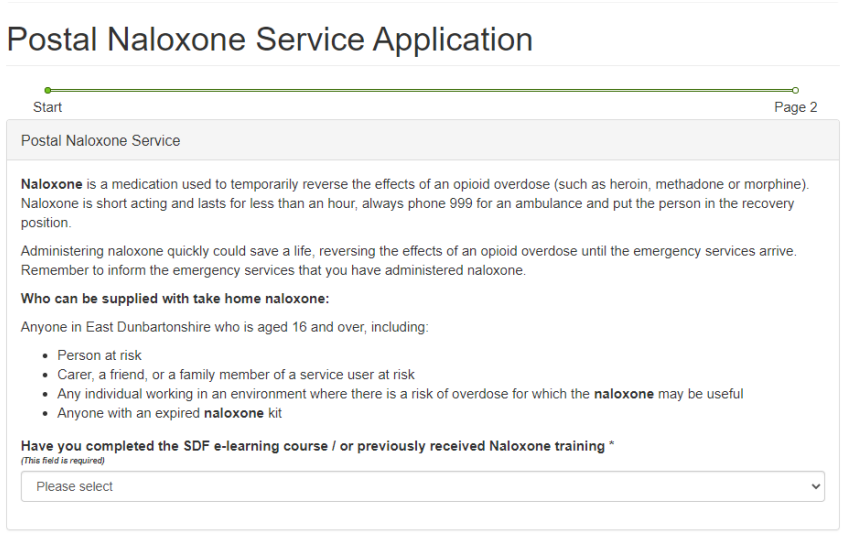
- Developed online referral pathway
- Assessments are risk assessed – RAG
- Increased Naloxone provision – including postal service
- Same day Opioid Replacement Therapy (ORT)
- Introduction of Buvidal (within a range of MAT options)
- Motivational work
- Supporting individuals on release from prison
- Use of technology – including social media

Third Sector Support

- Virtual group and 1:1 sessions
- Care packages
- Food parcels
- Technology
- PPE

What can you do to help?

- Promote the use of naloxone
- Engage with service development
- Engage with ADP work streams
- Promote Recovery Focus Booklet services



Postal Naloxone Service Application

Start — Page 2

Postal Naloxone Service

Naloxone is a medication used to temporarily reverse the effects of an opioid overdose (such as heroin, methadone or morphine). Naloxone is short acting and lasts for less than an hour, always phone 999 for an ambulance and put the person in the recovery position.

Administering naloxone quickly could save a life, reversing the effects of an opioid overdose until the emergency services arrive. Remember to inform the emergency services that you have administered naloxone.

Who can be supplied with take home naloxone:

Anyone in East Dunbartonshire who is aged 16 and over, including:

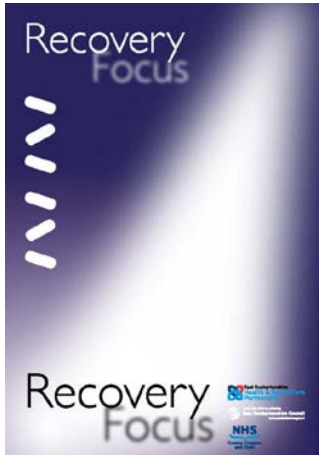
- Person at risk
- Carer, a friend, or a family member of a service user at risk
- Any individual working in an environment where there is a risk of overdose for which the **naloxone** may be useful
- Anyone with an expired **naloxone** kit

Have you completed the SDF e-learning course / or previously received Naloxone training *

(This field is required)

Please select

SCOTTISH DRUG DEATHS TASKFORCE



Questions?

Contact: Alcohol and Drug Partnership Coordinator

Lynsay.Haglington@eastdunbartonshire.gov.uk

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer
Caroline Sinclair

Agenda Item Number: 22.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**24th June 2021**
Subject Title	**Staff Forum Minutes – 26th April 2021 Draft**
Report By	**Tom Quinn, Head of Human Resources** **Tom.quinn@ggc.scot.nhs.uk**
Contact Officer	**Tom Quinn, Head of Human Resources** **Tom.quinn@ggc.scot.nhs.uk** **Telephone Number: 07801302947**
Purpose of Report	To provide re-assurance to the Board that Staff Governance is an integral part of the governance activity within the HSCP
Recommendations	Board members are asked to a) note the content of the minutes
Relevance to HSCP Board Strategic Plan	Key component of Workforce.

Implications for Health & Social Care Partnership

Human Resources	Compliance with the NHS Reform act 2002
Equalities:	None
Financial:	None
Legal:	None
Procurement:	None
Economic Impact:	None
Sustainability:	None
Risk Implications:	None
Implications for East Dunbartonshire Council:	None

Implications for NHS Greater Glasgow & Clyde:	None	
Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	☒
	2. East Dunbartonshire Council	☐
	3. NHS Greater Glasgow & Clyde	☐
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	☐

1.0 MAIN REPORT

1.1 The full minute is attached at Appendix 1

1.2 Key items discussed included:

a) 2021-22 Workforce Plan, The interim 2021-22 Workforce plan was agreed by the forum. We had a discussion on how we might impact on our age demographics especially on the recruitment of younger staff and a number of options were discussed including – Apprenticeships, Graduate Apprenticeships and involvement in school discussions. We also agreed to try and overlay some ethnicity data for interim reviews of the workforce.

b) Staff Wellbeing; we again focused on the supports available to staff and highlighted the request that we use the annual PDR/KSF conversations to have a holistic aspect to wellbeing, which should include discussion about how 2020-21 has impacted on the individual and supports going forward.

c) Derrick Pearce gave an update on the Care Home position and in particular Campsie Neurological Unit with the pending closure on 25 May 2021. There was general discussion about recruitment opportunities for existing staff. Caroline Sinclair also highlighted a BBC programme on “deaths in care homes” which had identified East Dunbartonshire Care Homes, identifying how this was a difficult time for all involved. Andrew McCready on behalf of the forum acknowledge the work that had been untaken by care home staff in providing services during very difficult times.

Appendix 1: Draft Minute of the Staff Partnership Forum of 26 April 2021

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer
Caroline Sinclair

Agenda Item Number: 22a.
Appendix 1

Minutes of East Dunbartonshire HSCP Staff Forum Meeting
Monday 26th April 2021 at 12 noon via MS Teams

PRESENT

Andrew McCready (AMcC)	Unite Oral Health (Co Chair)
Craig Bell (CB)	Unison EDC Convenor – (Co-Chair) Chairing
Caroline Sinclair (CS)	Interim Chief Officer East Dun HSCP
Claire Carthy (CC)	Interim Head of Children & Criminal Justice Services
Derrick Pearce (DP)	Head of Primary Care and Community Services
Jean Campbell (JC)	Chief Finance and Resource Officer
Tom Quinn (TQ)	Head of Human Resources
Caroline Smith (CSm)	HR Business Partner
Craig Bell (CB)	Unison EDC Convenor – (Co-Chair) Chairing
Simon McFarlane (SMcF)	Unison Regional Organiser
Pauline Halligan (PH)	Strategic Lead Organisational Transformation
Sharon Mackle (SM)	Unison EDC Rep
Brian McGinty (BMcG)	Unite Convenor EDC
Libby Mills (LM)	Unite (NHS)
Margaret Hopkirk (MH)	People & Change Manager, Human Resources
Anne McDaid (AMcD)	RCN Steward
Simon McFarlane	Unison Regional Organiser
Gary McNally	Unison NHS Rep
Paul Devlin	RCN Steward
Catriona Burns	PA – Minute Taker

ITEM	SUBJECT	ACTION
1.	**Welcome & Confirmation of Attendees** TQ confirmed apologies from David Aitken Margaret McCarthy, Jenny Russell and Janice Campbell,	AMcC
2.	**Minutes of 29th March 2021** Minutes of previous meeting reviewed for factual accuracy and agreed. **SSSC** AMcC raised the issue of SSSC and requested that a list is issued of upcoming renewal dates to avoid further suspensions. CS advised that this work has commenced and regular reports are sent to manager and that not all suspensions have been due to renewal issues. This will be monitored.	
3.	Workforce Plan 2021-22 TQ shared the Workforce Plan and gave the detail of the report and asked for comments to be emailed to him by the end of the week. SM commented on the age profile of the workforce and asked if there are any plans in place to work with schools/colleges. TQ advised that we	ALL

	continually look for ways to encourage younger people into the organisation with apprenticeships and graduate programmes and restrictions permitting, it is part of the plan to speak to schools again. DP advised that conversations are ongoing with Employability to promote care as a career choice along with pathways to professional qualifications. CS replied to a comment on the extensive recruitment campaign by Glasgow City HSCP, stating that whilst that would be very expensive for a small council, the pandemic has changed opinions on care as a career choice and that we can do more to attract younger people by looking at a more structured approach.	
4.	**Workplace Risk Assessments & Reassurance** All risk assessments are being reviewed for buildings and locations. There has been no changes to guidance regarding relaxation of Social Distancing. Employees must continue to work at home where possible and request permission from management to enter a building. Employees who are shielding will be fully risk assessed, however there is no change to the work from home guidance.	
5.	**Adult Nursing Leadership** DP gave details of the changes in Leadership roles and also the Care Home Support Team. Partial Funding has been approved to increase the Interim part time Chief Nurse role to full time. There was discussion around SPF consultation and it was confirmed that this was not required as these were increased hours. All posts are being advertised widely and are open to all.	
6.	**Lateral Flow Testing** DP advised there was nothing new to report. All is going well with testing and its full credit to the workforce. LFT access will be rolled out to the general public.	
7.	**Staff Wellbeing update** a) Action plan May 2021 – June 2021 – There are dates in May & June, with links to Walking & Cycling events b) National Wellbeing Group - A video from the TU conference will be circulated. Funding is still available to support one off tasks. c) Maximising Wellbeing conversation at PRD/KSF meetings – TQ asked that these meetings take on a more holistic view of wellbeing for the individual.	
8.	**NHS Staff Bursary Scheme** TQ advised that applications for the above are now open. The process is online this year and assistance is available for anyone who requires it. AMcC requested volunteers from the TU Reps in assessing the applications. SM asked if there was a similar scheme for council staff. PH replied that until she could view the detail of the NHS Scheme, she could not comment on this. TQ advised that ILA's are still available. **ACTION – TQ to share the details of the scheme with PH**	**TQ**
9.	**iMatter 2021** TQ gave a summary of the 21/22 rollout and advised that questionnaires will be issued early August 21 in both paper and online formats.	**TQ**

10.	**Public Dental Service Review –Update** SPF were informed that the final draft report will be submitted for consideration at the June meeting.	**LJ**
11.	**Care Homes Update** DP advised that 1 Care Home is currently in outbreak status due to a symptomatic staff member. The staff are dealing with this very well and supported is being provided. Daily ASC oversight and weekly arrangements remain in place to monitor the situation and report on any changes. All Care Home Assurance visits are now concluded and outcomes will be shared with the Clinical & Care Governance group. AMcC asked how the visiting situation was going, DP replied that it is going very positively both for residents and staff, all relevant guidance is being adhered to. CS advised that the BBC had ran the story on Care Home deaths which highlighted a number of homes in East Dunbartonshire, no follow up press enquiries have been reported however it was felt that providing data like this without any narrative gave a very stark, bold picture. Regarding the staff at Campsie Neurological Unit, AMcC asked whether these staff would be given a re-deployment opportunity. DP advised that all staff had committed to remain in place until its closure on 25 May but the volume of agency staff in registered roles was a concern. Staff applying for roles within HSCP would be subject to normal recruitment process and the preferred candidate selected. AMcC commended all Care Home staff for their work and efforts throughout the pandemic.	
12.	**COVID-19 Vaccination Update** DP provided an update on the vaccination programme. Targeted clinics at Milngavie and Kirkintilloch town halls have now concluded, all care home residents wanting to receive the vaccine have also been given their 2nd vaccination. A good uptake from care home staff and HSCP staff reported. Majority of housebound patients have also received 2nd doses as has cohort of individuals with Learning Disabilities. Corporate clinics run by Public Health continue to operate out of Kirkintilloch Leisure Centre and Allander Sports Centre.	
13.	**AOCB** SMcF asked for an update on the response to the UNISON Ethical Care Charter from. CS advised this had slipped from the radar but she would pick up with PH and provide a response in due course. SMcF also mentioned that on 28 April, respects would be paid to Workers Memorial Day, a minute's silence would be observed at 11am and flags flown at half-mast. PH advised that comms would be going out today and SMcF shared a link to the UNISON magazine in the Teams chat which provides more information on Workers Memorial Day. AMcD advised the group that the NHS SPF Chair and Secretary positions	**CS**

	will be re-elected in the coming weeks.	
	Date & Time of Next Meeting Monday 14th June 2021, 12noon via MS Teams	

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer
Caroline Sinclair

Agenda Item Number: 23.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**24th June 2021**
Subject Title	**Public, Service User & Carer (PSUC) Meeting held on 15th March 2021**
Report By	**Jenny Proctor (Carers Representative) and Gordon Cox (Chair of PSUC and Service User Representative)**
Contact Officer	**David Radford** **Health Improvement & Inequalities Manager** **David.radford@ggc.scot.nhs.uk** **0141 355 2391**
Purpose of Report	The report describes the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUC)
Recommendations	It is recommended that the HSCP Board; a) Note the progress of the Public, Service User & Carer Representatives Support Group
Relevance to HSCP Board Strategic Plan	The report supports the ongoing commitment to engage with the Service Users and Carers in shaping the delivery of the HSCP priorities as detailed within the Strategic Plan.

Implications for Health & Social Care Partnership

Human Resources	None
Equalities:	None
Financial:	None
Legal:	None
Procurement:	None
Economic Impact:	None
Sustainability:	None
Risk Implications:	None

Implications for East Dunbartonshire Council:	None	
Implications for NHS Greater Glasgow & Clyde:	None	
Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	☒
	2. East Dunbartonshire Council	☐
	3. NHS Greater Glasgow & Clyde	☐
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	☐

1.0	**Main Report**
1.1	The attached report details the actions and progress of the PSUC representative support group (RSG), highlighting their progress as detailed in **Appendix 1**.
2.0	**SUMMARY**
2.1	The PSUC have held one meeting in 2021, the latest meeting took place on the 15th March 2021 and was held on Microsoft Teams.
2.2	At the latest PSUC meeting, the members received from Fiona McManus (PSUC Carers Rep) an update on the Independent Review of Adult Social Care (The Feeley Review).
2.3	The PSUC group have also created and distributed the spring 2021 newsletter. This included details of the new Self Directed Support implementation plan (2021-2024) and information on the Naloxone postal service. This was circulated to approximately 450 groups across East Dunbartonshire.
2.4	In 2021 the PSUC members also have further developed and disseminated three Covid-19 information sheets. These have provided information on items such as, the Covid-19 vaccination programme and uptake (Carolyn Fitzpatrick – Lead for Prescribing and Clinical Pharmacy), current East Dunbartonshire Protection Levels. Power of Attorney information and up to date local Covid-19 infection data. These have a readership of approximately 500 individuals and organisations across East Dunbartonshire.
2.5	The PSUC action plan (2021-2022) has been adopted by the members and will be their agreed 'work plan' going forward.

2.6	The PSUC group will also create and take forward a promotional campaign, aiming to increase the existing membership into 2021/22, by promoting the PSUC across 3rd sector, community groups and a concentrated public social media campaign.

Appendix 1

Public Service User and Carer Support Group – 15 March 2021 – Virtual Meeting

Attending; Suzanne McGlennan Briggs, Gordon Cox, Fiona McManus and Michael Rankin

Apologies; Karen Albrow, David Bain, Martin Brickley, Sandra Docherty, Avril Jamieson, Linda Jolly, Mary Kennedy, Indira Pole, Jenny Proctor and Frances Slorance

HSCP Staff in attendance; David Radford and Anthony Craig
Action points agreed at meeting:

Action	By who	When	G	A	R
PSUC group have requested that the covid info sheet contain a statement from the HSCP lead pharmacist (Carolyn Fitzpatrick), with regards to the Coronavirus (COVID-19) vaccines that are administered, with a positive message.	AC to share link	20/03/2021			
HSCP officer will send email asking members for their input for the latest PSUC Spring newsletter and Covid info sheet (request already made for editorial on Naloxone for spring newsletter)	AC	By 10/052021			
PSUC group requested the HSCP officer reach out the HSCP Alcohol and Drugs Recovery Service (ADRS) to share information on the Naloxone service, for the spring newsletter with the possibility of joint working to spread the message	AC	By 10/052021			
Members asked officer to scope for input for 2 films, one on: (a) Covid-19 Vaccination film', aim is to share positive vaccination stories.	AC	By 10/052021			

(b) Naloxone stories on its use, storage etc.					
The PSUC chair requested officer to create a PSUC questionnaire. This is for members to have input on existing meeting structures (Meeting positions to fit the member rather than the member to fit the position).	AC	By 10/052021			

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer
Caroline Sinclair

East Dunbartonshire HSCP Board Agenda Planner
Meetings
January 2021 – March 2022

Updated 25/05/2021

Standing items (every meeting)
Declaration of Interests
Minutes of last meeting (CS)
Chief Officers Report (CS)
Board Agenda Planner (CS)
HSCP Board Agenda Items – 21 January 2021
Topic Specific Seminar – Staff Governance
East Dunbartonshire HSCPs Primary Care Improvement Plan for year 3
HSCP Strategic Plan 2021 – 2023 Draft
Directions Report
Performance Reports
Corporate Risk Register
Financial Reports
Transition/Recovery Planning
HSCP Board development Session – Tuesday 2nd February 2021 2pm – 4pm via MS Teams
Directions Process Financial Budget for 2021-22
HSCP Board Agenda Items – 25th March 2021
Q3 Performance Report

Financial Reports (JC)
Transition/Recovery Planning
Records Management Plan (JC) – For approval
ADP Strategy and Annual Action Plan – (Strategic Item – For approval) (DA)
Integrated Children's service plan 21/23 Plan – For Approval (CC)
HSCP Board Development Session – 25th March – 2.00pm – 4.00pm (via teams)
Strategic Plan – Outline process for new 3 year plan including timescales
Workforce Plan – TQ
HSCP Board Agenda Items – 24th June 2021
Topic Specific Seminar – Update on Corporate Parenting and Life Changes Trust Partnership Work
Performance Reports – Q4 and full year
School Nursing
District Nursing
Support for Care Homes
Day Services
Financial Reports
Drug, Alcohol and Mental Health Needs Assessment
Transition/Recovery Planning
Woodhead Practice Proposed Closure of Branch Surgery (DP)
Annual Report (AC) – deferred to Sept
SDS Updated report (Scottish Government SDS Transformation Annual Report) (KG)
HSCP Board Development Session – 24th June 2021 – 2.00pm - 4.00pm (via teams)
Debrief on impact of Covid and lessons learned Effect on service delivery

Supporting non-voting Board members
HSCP Board Development Session 19th August 2021 (time to be confirmed)
Mental Health Update: The impact Covid has had on people's mental health Mental Health for Young People Mental Health Assessment Units / Update on Out of Hours Update on Action 15 Strategic Commissioning Plan Public and Service User Group engagement
HSCP Board Agenda Items – 16th September 2021
Performance Reports
Financial Reports
Annual Performance Report
Clinical and Care Governance Group Annual Report
Transition/Recovery Planning
Unscheduled Care
3rd Sector update (AM) tbc
Community Transport (AM) tbc
Sexual Health Service Review Implementation Plan – tbc
Health Visiting (LC) – tbc
HSCP Board Development Seminar – 23rd September (time to be confirmed)
Primary Care Improvement Plan
Care at Home
Update on financial commitments and sustainability
HSCP Board Agenda Items – 18th November 2021

Topic Specific Seminar -
Performance Reports
Financial Reports
Transition/Recovery Planning
HSCP Board Development Seminar – 25th November 2021
Oral Health
HSCP Board Agenda Items – 20th January 2022
Topic Specific Seminar -
Performance Reports
Financial Reports
Transition/Recovery Planning
HSCP Board Development Session – 25th February 2022
Financial Planning 2022/23
HSCP Board Agenda Items – 24th March 2022
Topic Specific Seminar - tba
Performance Reports
Financial Reports
Transition/Recovery Planning

ED HSCP BOARD - DISTRIBUTION LIST		
ED HSCP BOARD MEMBERS - VOTING		
Name	**Designation**	
Susan Murray	Chair - EDC Elected member	1
Jacqueline Forbes	Vice Chair -EDC Elected member	1
Sheila Mechan	EDC Elected member	1
Alan Moir	EDC Elected member	1
Ketki Miles	NHS non-executive Board Member	1
Ian Ritchie	NHS non-executive Board Member	1
ED HSCP BOARD MEMBERS - NON VOTING		
Caroline Sinclair	Interim Chief Officer	1
Jean Campbell	Chief Finance & Resources Officer	1
Alex Meikle	Voluntary Sector Representative	1
Gordon Cox	Service User Representative	1
	Carers Representative	1
Leanne Connell	Chief Nurse Representative	1
Andrew McCready	Trades Union Representative	1
Craig Bell	Trades Union Representative	1
Paul Treon	Clinical Director for HSCP	1
Adam Bowman	Acute Services Representative	1
ED HSCP SUPPORT OFFICERS - FOR INFORMATION		
Linda Tindall	Organisational Development Lead	**e-copy only**
Gillian McConnachie	Chief Internal Auditor HSCP	**e-copy only**
Karen Donnelly	EDC Chief Solicitor and Monitoring Officer	**Paper copy / e-copy**
Martin Cunnigham	EDC Corporate Governance Manager	7
John Hamilton	Head of NHS Board Administration	**e-copy only**
Lisa Johnston	General Manager, Oral Health Directorate	**Paper copy / e-copy**
Tom Quinn	Head of Human Resources	**e-copy only**
Derrick Pearce	Head of Community Health and Care Services	**1**
Claire Carthy	Interim Head of Children's Services & Criminal Justice	**1**
For information only (Substitutes)		
Councillor Mohrag Fischer	EDC Elected member	**e-copy only**
Councillor Graeme McGinnigle	EDC Elected member	**e-copy only**
Councillor Rosie O'Neil	EDC Elected member	**e-copy only**
Suzanne McGlennan Briggs	Carers Representative	**1 copy**
Mary Kennedy	Service User Representative	**1 copy**