

For meeting on

**21 MARCH 2019**

# Agenda **2019**

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



A meeting of the East Dunbartonshire Health and Social Care Partnership Integration Joint Board will be held within the **Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT** on **Thursday, 21 March 2019 at 9.30 am** to consider the undernoted business.

**Chair: Jacqueline Forbes**

East Dunbartonshire Health and Social Care  
Partnership Integration Joint Board

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

## A G E N D A

Sederunt and apologies

Any other business - Chair decides if urgent

Signature of minute of meeting HSCP Board held on; **17 January 2019**

**Seminar: Update on Criminal Justice, 9am to 9.30am**

| Item                    | Contact officer   | Description   | Page          |
|-------------------------|-------------------|---|---------------|
| <b>STANDING ITEMS</b>   |                   |   |               |
| 1.                      | Jacqueline Forbes | Expressions of Interest   |               |
| 2.                      | Martin Cunningham | Minute of HSCP Board held on 17 January 2019  | <b>1-8</b>    |
| 3.                      | Susan Manion      | Chief Officers Report   | <b>Verbal</b> |
| <b>GOVERNANCE ITEMS</b> |                   |   |               |
| 4.                      | Jean Campbell     | Financial Performance Budget 2018/19<br>Period 10                                   | <b>9-34</b>   |
| 5.                      | Jean Campbell     | Financial Planning 2019/20 Update   | <b>35-58</b>  |
| 6.                      | Caroline Sinclair | HSCP Equality and Diversity Interim Progress<br>Report - 2019                       | <b>59-82</b>  |
| 7.                      | Jean Campbell     | Draft Records Management Plan and update on<br>General Data Protection Rules (GDPR) | <b>83-128</b> |

|                                       |                               |  |                |
|---------------------------------------|-------------------------------|--|----------------|
| 8.                                    | Derrick Pearce                | Ministerial Strategic Group (MSG) targets 2019/20  | <b>129-132</b> |
| 9.                                    | Jean Campbell                 | East Dunbartonshire HSCP Corporate Risk Register   | <b>133-136</b> |
| 10.                                   | Martin Brickley/Jenny Proctor | Public, Service User & Carer (PSUC) Representative Support Group report including PSUC Evaluation Report                                       | <b>Verbal</b>  |
| 11.                                   | Lisa Williams                 | Clinical & Care Governance Sub Group minutes of 30 <sup>th</sup> January 2019 (draft)  | <b>137-148</b> |
| 12.                                   | Tom Quinn                     | East Dunbartonshire HSCP Staff Partnership Forum minutes of meeting held on 21 January 2019 (draft)  | <b>149-156</b> |
| 13.                                   | Jean Campbell                 | East Dunbartonshire Draft Performance, Audit & Risk Committee Minutes of 19 <sup>th</sup> December 2018 and 1 <sup>st</sup> March 2019 (draft) | <b>157-168</b> |
| <b>STRATEGIC ITEMS</b>                |                               |  |                |
| 14.                                   | Caroline Sinclair             | Carers (Scotland) Act 2016 – Carers Strategy 2019-22   | <b>169-200</b> |
| 15.                                   | Derrick Pearce                | Prescribing update   | <b>201-206</b> |
| 16.                                   | Susan Manion                  | Update on Integration; Analysis of Implications of the Ministerial Strategic Group for Health and Community Care Report and Audit Scotland.    | <b>207-232</b> |
| 17.                                   | Caroline Sinclair             | Learning Disability Day Services – Vision and Redesign Principles: Proposal to Consult   | <b>233-244</b> |
| 18.                                   | Caroline Sinclair             | Fair Access to Community Care (Adults) and associated Eligibility Criteria Policies  | <b>245-284</b> |
| <b>FUTURE HSCP BOARD AGENDA ITEMS</b> |                               |  |                |
| 19.                                   | Susan Manion                  | Agenda Items for HSCP Board meetings - May 2019 – January 2020   | <b>285-286</b> |
|                                       |                               | Date (s) of next meeting<br><b>Thursday 27 June 2019, 9.30am</b><br><b>Council Chambers, Southbank Marina</b>                                  |                |



Minute of meeting of the Health & Social Care Partnership Board held within the Committee Room, 12 Strathkelvin Place, Kirkintilloch on **Thursday, 17 January 2019.**

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

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

Non-Voting Members present:

|                    |  |
|--------------------|--|
| <b>S. Manion</b>   | Chief Officer - East Dunbartonshire HSCP   |
| <b>A. Bowman</b>   | Acute Services Representative  |
| <b>M. Brickley</b> | Service Users Representative   |
| <b>J. Campbell</b> | Chief Finance and Resource Officer   |
| <b>J. Campbell</b> | Trade Union Representative - Substitute  |
| <b>W. Hepburn</b>  | Chief Nurse  |
| <b>A. Jamieson</b> | Carer Representative - Substitute  |
| <b>A. McCready</b> | Trades Union Representative  |
| <b>A. Meikle</b>   | Third Sector Representative  |
| <b>J. Proctor</b>  | Carers Representative  |
| <b>C. Sinclair</b> | Acting Chief Social Work Officer / Head of Mental Health, Learning Disability & Addictions |
| <b>G. Thomson</b>  | Voluntary Sector Representative  |
| <b>I. Twaddle</b>  | Service User Representative – Substitute   |
| <b>L. Williams</b> | Clinical Director  |

#### **Jacqueline Forbes (Chair) presiding**

|                                    |   |
|------------------------------------|---|
| Also Present: <b>Claire Carthy</b> | Interim Head of Children, Families & Criminal Justice                     |
| <b>M. Cunningham</b>               | EDC - Corporate Governance Manager  |
| <b>K Donnelly</b>                  | HSCP Board Standards Officer / EDC – Chief Solicitor & Monitoring Officer |
| <b>G. Healey</b>                   | Team Leader – Planning & Service Development                              |
| <b>W. Kennedy</b>                  | Community Justice Co-ordinator  |
| <b>F.P. McLinden</b>               | General Manager, Oral Health Lead Officer Dentistry GG&C                  |
| <b>G. Notman</b>                   | Change & Re-Design Manager  |
| <b>D. Pearce</b>                   | Head of Community Health & Care Services                                  |
| <b>T. Quinn</b>                    | Head of People & Change   |
| <b>L. Tindall</b>                  | Organisational Development Lead   |

#### **APOLOGY FOR ABSENCE**

An apology for absence was submitted on behalf Councillor Moir.

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD  
17 JANUARY 2018**

**DECLARATION OF INTEREST**

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

**1. MINUTE OF MEETING – 15 NOVEMBER 2018**

There was submitted and approved the minute of the meeting of the HSCP Board held on 15 November 2018.

**2. CHIEF OFFICER'S REPORT**

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

- Care Inspectorate Inspection ongoing. Focus Group at the end of today's Board meeting.
- Paolo Mazzoncini remains absent due to ill-health, cover arrangements will continue to operate (Caroline Sinclair and Claire Carthy)
- "Moving Forward Together" – 2 Planning Events beginning of April 2019 share updated plans with stakeholders.
- West of Scotland Regional Plan – will be submitted for consideration to the Board meeting on 21 March 2019.

Following consideration, the Board noted the information.

**3. FINANCIAL PERFORMANCE BUDGET 2018/19 – PERIOD 8**

The Chief Finance and Resources Officer updated the Board on the financial performance of the Partnership as at period 8 of 2018/19.

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

- a. To note the projected Out turn position is reporting an over spend of £1.4m as at period 8 of 2018/19.
- b. To note the progress to date on achievement of the approved savings plan for 2018/19 as detailed in **Appendix 1**.
- c. To note and approve the updated reserves position as detailed in paragraph 1.20 of the report.
- d. To note the risks associated with the delivery of a balanced budget as detailed in paragraph 2.0 of the report.

**4. FINANCIAL PLANNING 2019/2020**

A Report by the Chief Finance & Resources Officer, copies of which had been circulated separately, updated the Board on financial planning for the Partnership in 2019/20.

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD**  
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Following questions and discussion the Board then agreed as follows:-

- a. To note the position on the financial planning assumptions for the partnership based on the latest known position for both the Council and the NHS Board for 2019/20.
- b. To approve the areas for consideration that have been identified to date to meet the financial challenge for the IJB and agree to progress the detail of these for further consideration by the IJB.

**5. COMMUNITY JUSTICE ANNUAL REPORT 2017/18, COMMUNITY JUSTICE OUTCOMES IMPROVEMENT PLAN 2018/2021, ANNUAL DELIVERY PLAN 2018/19**

A Report by the Interim Head of Children's and Criminal Justice Services, enclosed 3 statutory documents required under sections 11 and 19 of the Community Justice (Scotland) Act 2016, in relation to the Community Justice East Dunbartonshire Partnership (CJED). All 3 documents have been laid before ministers via Community Justice Scotland:

- Community Justice East Dunbartonshire Annual Report 2017/18;
- The Community Justice Outcomes Improvement Plan 2018/2021; and
- Annual Delivery Plan 2018/19

The Board heard from the Community Justice Co-ordinator and thereafter:

- noted the content of the Community Justice Annual Report 2017/18;
- approved the content of the Community Justice Outcome Improvement Plan 2018/2021 and the Annual Delivery Plan 2018/19.

**6. EAST DUNBARTONSHIRE HSCP PERFORMANCE REPORT 2018/19 – QUARTER 2**

A Report by the Interim Chief Social Work Officer / Head of Mental Health, Learning Disability, Addictions and Health Improvement, copies of which had been circulated separately, informed 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 July – Sept 2018 (Quarter 2).

In response to members questions, officers confirmed the context of performance in relation to hospital discharges and the impact on acute beds from Adults with Incapacity (AWI) cases. Officers emphasised that the issues were not about the capacity of beds or the inputs currently in operation but the timescales attached to legal processes, exacerbated by the willingness or otherwise of family members participating in Power of Attorney arrangements. The Board agreed the Chief Officer's suggestion of a Development session prior to the next Board Meeting on 21 March 2019.

Thereafter the HSCP Board noted the content of the Quarter 2 Performance Report where 12 of 24 indicators were recorded as showing improvement.

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD  
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**SEDERUNT**

The Board agreed to the revised order of business for both Oral Health Directorate reports to facilitate a better comparison of local and GG&C area performance.

**7. ORAL HEALTH DIRECTORATE UPDATE – OVERALL GGC OHD PERFORMANCE REPORT**

A Report by the General Manager OHD, copies of which had previously been circulated, provided an overview of the activities carried out by the Oral Health Directorate across the NHS Greater Glasgow & Clyde area. The Board heard from the General Manager – OHD on aspects of GG&C area performance, programmes and areas of good practice.

Following discussion, the HSCP Board noted the report.

**8. ORAL HEALTH DIRECTORATE UPDATE – EAST DUNBARTONSHIRE OHD PERFORMANCE REPORT**

A Report by the General Manager - OHD, copies of which had previously been circulated, provided an overview of the activities carried out by the OHD within the East Dunbartonshire HSCP area. The General Manager – OHD highlighted areas for improvement and outlined steps being taken to address identified areas of specific performance.

Following discussion, the HSCP Board noted the report.

**9. PUBLIC, SERVICE USER & CARER (PSUC) REPRESENTATIVE SUPPORT GROUP**

A Joint Report by the Service User Representative and the Carers Representative, copies of which had previously been circulated, outlined the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUCRSG)

The Board heard from the Service User and Carers Representative with further details, particularly in relation to the adjusted format of these meetings, designed to increase member engagement and knowledge.

Thereafter the Board noted the Report.

**10. EAST DUNBARTONSHIRE HSCP CLINICAL & CARE GOVERNANCE SUB GROUP MINUTES OF MEETING HELD ON 28 NOVEMBER 2018**

The Board heard from the Clinical Director in relation to the difficulties in recruiting Band 6 specialist nurses across the GG&C area. Thereafter the Board noted the draft Minutes of the Clinical Care & Governance Group meeting of 28 November 2018.

**11. EAST DUNBARTONSHIRE HSCP STAFF PARTNERSHIP FORUM MINUTES OF MEETING HELD ON 19 NOVEMBER 2018**

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD  
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The Board heard the Head of HR in relation to Immunisation take-up (reported 40% now increased to 56%) and thereafter noted the Minutes of the ED HSCP Staff Partnership Forum meeting of 19 November 2018.

**12. AUDIT SCOTLAND REPORT – HEALTH AND SOCIAL CARE INTEGRATION**

A Report by the Chief Officer, copies of which had previously been circulated, presented Audit Scotland’s report on ‘Health and Social Care Integration – Update on Progress’.

In the ensuing discussion, officers responded to members’ questions related to: the East Dunbartonshire experience of Integration; the relevance of the Audit Scotland recommendations; and the contrasting benefits and challenges of HSCPs in the GG&C area.

Thereafter the Board noted the Report and agreed to consider further reports on the progress of the Audit Scotland recommendations across all partnership bodies tasked with delivering improvement actions.

**13. DAY CARE SERVICES FOR OLDER PEOPLE – EAST LOCALITY**

A Report by the Head of Community Care and Health Services, copies of which had previously been circulated, updated the Board on the re-provisioning of Day Care services for older people in the “East” Locality and outlined the revised programme for service delivery. This maintained the strategic goal of one building based day care provision in each of the two localities (East and West), delivering two building based day care centres across East Dunbartonshire. However the revised model in the East Locality would be centered around Birdston, Milton of Campsie and the plans for a proposed development at Cleddans Field would be discontinued.

Following discussion the Board noted the Report and agreed the revised plans for provision of day care services for older people in the East Locality of East Dunbartonshire.

**14. EAST DUNBARTONSHIRE BRITISH SIGN LANGUAGE PLAN 2018 - 2024**

A Report by the Head of Mental Health, Learning Disability, Addictions & Health Improvement, copies of which had previously been circulated, presented the East Dunbartonshire British Sign Language Plan 2018 - 2024 for approval.

Following discussion, the Board noted progressed made to date to improve communication and access to services for those who use BSL and thereafter approved the East Dunbartonshire British Sign Language Plan 2018 - 2024, for the aspects that relate to services in the remit of the HSCP.

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD  
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**15. HOME CARE REVIEW – INTERIM POSITION**

A Report by the Head of Community Health and Care Services, copies of which had previously been circulated, updated the Board of the progress to date of the Care at Home Service Review.

Following discussion the Board noted the progress and the next intended steps and that the finalised service review outcome would be reported to the next meeting of the Board (21 March 2019).

**16. STAFF EXPERIENCE UPDATE**

A Report by the Chief Officer, copies of which had previously been circulated, provided key background information about iMatter and analysis of the 2018 results for the HSCP and the Oral Health Directorate. The Organisational Development Lead provided an updated summary of the staff responses to this engagement

Following discussion the Board noted the progress and the next intended steps to embed this process.

**17. DEVELOPMENT OF THE STRATEGIC PLANNING AND LOCALITY PLANNING GROUPS**

A Report by the Interim Chief Social Work Officer / Head of Mental Health, Learning Disability, Addictions and Health Improvement, copies of which had previously been circulated, updated the Board of the recent developments involving the Strategic Planning Group and the East and West Locality Planning Groups. The Change & Re-design Manager provided an update to the Board

Thereafter the Board noted the information and the action plans for both Locality Planning Groups for 2018/19.

**18. COMMISSIONING STRATEGY AND MARKET FACILITATION PLAN**

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, provided the Board with details of plans to develop a Commissioning Strategy and incorporated Market Facilitation Plan. The report also outlined the approach taken to develop and implement the strategy. The Team Leader for Planning & Service Development updated the Board and confirmed a workshop was being arranged in February with 3<sup>rd</sup> Sector partners.

Following discussion, the Board noted the report and approved the plans and aims outlined therein.

**19. HSCP BOARD – SCHEDULE OF TOPICS / BUSINESS PLAN**

The Chief Officer provided an updated schedule of topics for HSCP Board meetings 2018/19, which was duly noted by the Board

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD  
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**20. DATE OF NEXT MEETING – 21 MARCH 2019**

The HSCP Board noted that the next meeting would be held on Thursday 21 March 2019 in the Council Chambers.





**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

|                        |  |
|------------------------|--|
| <b>Date of Meeting</b> | 21 <sup>st</sup> March 2019  |
| <b>Subject Title</b>   | Financial Performance Budget 2018/19 – Period 10   |
| <b>Report By</b>       | Jean Campbell, Chief Finance & Resources Officer   |
| <b>Contact Officer</b> | Jean Campbell, Chief Finance & Resources Officer<br>Tel: 0141 232 8216. Jean.Campbell2@ggc.scot.nhs.uk |

|                          |   |
|--------------------------|---|
| <b>Purpose of Report</b> | To update the Board on the financial performance of the partnership as at period 10 of 2018/19. |
|--------------------------|---|

|                        |   |
|------------------------|---|
| <b>Recommendations</b> | <p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> <li>a. Note the projected Out turn position is reporting an over spend of £0.87m as at period 10 of 2018/19.</li> <li>b. Note the progress to date on the achievement of the approved savings plan for 2018/19 as detailed in <b>Appendix 1</b>.</li> <li>c. Note and approve the updated reserves position as detailed in 1.19.</li> <li>d. Note the risks associated with the delivery of a balanced budget as detailed in 2.0.</li> </ol> |
|------------------------|---|

|   |  |
|---|--|
| <b>Relevance to HSCP Board Strategic Plan</b> | 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**

|                        |      |
|------------------------|------|
| <b>Human Resources</b> | None |
|------------------------|------|

|                    |      |
|--------------------|------|
| <b>Equalities:</b> | None |
|--------------------|------|

|                   |  |
|-------------------|--|
| <b>Financial:</b> | The performance to date is showing that the budget is under pressure in respect of the financial allocation from the Council to meet the demand pressures for Social Work services. This will continue to be monitored as the year progresses. |
|-------------------|--|

|               |       |
|---------------|-------|
| <b>Legal:</b> | None. |
|---------------|-------|

|  |  |          |
|--|--|----------|
| <b>Economic Impact:</b>                                    | None   |          |
| <b>Sustainability:</b>                                     | The financial position of the partnership provides for a level of sustainability in the short term, however acceleration of options for service re-design and robust financial planning is required to meet the financial challenges in the medium / longer term.                  |          |
| <b>Risk Implications:</b>                                  | There are a number of financial risks moving into futures years giving the rising demand in the context of reducing budgets which will require effective financial planning as we move forward and in particular the cessation of the risk sharing arrangement for GP prescribing. |          |
| <b>Implications for East Dunbartonshire Council:</b>       | Effective management of the partnership budget will give assurances to the Council in terms of managing the partner agency's financial challenges.   |          |
| <b>Implications for NHS Greater Glasgow &amp; Clyde:</b>   | Effective management of the partnership budget will give assurances to the Health Board in terms of managing the partner agency's financial challenges   |          |
| <b>Direction Required to Council, Health Board or Both</b> | <b>Direction To:</b>   |          |
|  | <b>1. No Direction Required</b>  |          |
|  | <b>2. East Dunbartonshire Council</b>  |          |
|  | <b>3. NHS Greater Glasgow &amp; Clyde</b>  |          |
|  | <b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>  | <b>x</b> |

## MAIN REPORT

1.1 The consolidated position for the Health & Social Partnership as at the 31<sup>st</sup> January 2019 (Month 10) is outlined in the table below:-

| Partnership Expenditure   | Annual Budget<br>£000 | YTD Budget<br>£000 | YTD Actual<br>£000 | YTD Variance | Projected Out-turn Variance<br>£000 |
|---|-----------------------|--------------------|--------------------|--------------|-------------------------------------|
| Adult Services  | 23,544                | 18,408             | 17,970             | 437          | (316)                               |
| Older People Services   | 42,823                | 32,221             | 31,831             | 390          | 65                                  |
| Children & Families & Criminal Justice  | 13,460                | 11,034             | 10,828             | 206          | (424)                               |
| Business Support  | 919                   | 934                | 737                | 197          | (2,300)                             |
| Prescribing   | 19,225                | 16,163             | 16,163             | 0            | 0                                   |
| GMS   | 13,519                | 11,110             | 11,110             | 0            | 0                                   |
| Other   | 12,438                | 10,377             | 10,377             | 0            | 0                                   |
| <b>Total Family Health Services</b>   | <b>45,182</b>         | <b>37,649</b>      | <b>37,649</b>      | <b>0</b>     | <b>0</b>                            |
| <b>Total Partnership Directly Managed Expenditure</b>   | <b>125,927</b>        | <b>100,246</b>     | <b>99,016</b>      | <b>1,230</b> | <b>(2,914)</b>                      |
| <i>Application of General Reserves (Agreed IJB June 2018)</i>                                   |                       |                    |                    |              | 2,040                               |
| <b>Projected Partnership Variance 18/19 following application of agreed reserves (Per CIES)</b> |                       |                    |                    |              | <b>(874)</b>                        |
| Oral Health   | 9,937                 | 8,250              | 7,972              | 277          | 200                                 |
| Set Aside   | 19,116                | 15,930             | 15,930             | 0            | 0                                   |
| <b>Total Partnership Performance (incl. hosted + set aside)</b>                                 | <b>154,980</b>        | <b>124,426</b>     | <b>122,918</b>     | <b>1,508</b> | <b>(674)</b>                        |

**1.2** The current position indicates a projected year end over spend on directly managed partnership budgets of £2.9m or £0.87 (adjusted for the application of agreed reserves of £2.04m) at this point in the financial year. The pressure on budget relates in the main to Social Work services (Learning Disability, Children Services and Older People) of £3.4m offset by under spend on NHS Community services of £0.5m as set out in the table below:-

|                               | Annual Budget | YTD Budget | YTD Actual | YTD Variance | Projected Variance |
|-------------------------------|---------------|------------|------------|--------------|--------------------|
| Social Work                   | 51,950        | 40,395     | 39,169     | 1,226        | (3,414)            |
| NHS Community                 | 73,977        | 59,851     | 59,847     | 5            | 500                |
| Total Partnership             | 125,927       | 100,246    | 99,016     | 1,231        | (2,914)            |
| Less: Application of reserves |               |            |            |              | 2,040              |
| Revised Partnership Position  |               |            |            |              | (874)              |
| Oral Health (hosted)          | 9,937         | 8,250      | 7,972      | 277          | 200                |
| Set Aside (SA)                | 19,116        | 15,930     | 15,930     | 0            | 0                  |
| Total (incl: hosted + SA)     | 154,980       | 124,426    | 122,918    | 1,508        | (674)              |

**1.3** This represents a better position than that previously reported at period 8, of £0.5m as a result a downturn in payroll projection for older people services as a result of vacancy management and reduction in agency provision, a downturn in the number of care home placements and a reduction in supported living and care at home support for adults with a learning disability.

**1.4** The position for the total partnership budget when taking into account the set aside budget and oral health provides a projected over spend at year end of £0.67m.

**1.5** The set aside will be subject to in year allocations with actual expected to match budget – work continues to establish a mechanism for allocating these costs based on usage of acute services by each partnership across GG&C. This is expected to be in operation for 2019/20, therefore for 2018/19 this remains a notional budget allocation.

**1.6** The year to date position is showing a positive variance on budget of £1.5m which relates primarily to the impact of payroll variances within community health budgets and continuing delays in processing invoices for payments to social care providers and increase of rates for the Scottish Living wage are still to be fully implemented.

**1.7** Management actions agreed as part of the financial plan for 2018/19, in an effort to address the continuing demand pressures on Social Work services, are still in place with limits on expenditure to that which is deemed essential spend only and a robust process for vacancy management which prioritises frontline and registered services. This is starting to show a positive impact on the projected out turn for the partnership.

**1.8** The programme of service redesign and transformation continues which includes a range of priorities in support of delivery of the strategic plan as well as efficiencies and initiatives agreed as part of the budget process for 2018/19. The delivery of a balanced outturn position for the partnership is dependent on the achievement of a challenging savings programme to deliver efficiencies and service redesign during 2018/19. The progress on the delivery of these savings programmes is included as **Appendix 1**.

### **1.9** Adult Services

The projected outturn for adult services is that of **an overspend £316k**. This represents an improved position of £164k since the position reported at period 8 and relates to a downturn in the commitments for supported living and care at home services for adults with a learning disability. The overspend relates to the continuing impact of children transitioning into adult learning disability budgets, often with complex needs, which require a package of care to support living independently in the community as young adults. There continue to be some vacancies within community health services which is offsetting this pressure to some extent.

### **1.10** Older People & Physical Disability Services

The projected outturn for older people services is that of **an under spend of £65k**. This represents an improvement of £419k since the position reported at period 8 and relates to continuing management of vacancies across older people services which are unlikely to be filled between now and the year end having a positive impact on budget and a downturn in daycare and supported living services for older people. There continue to be pressures in relation to payroll costs for agency staff within the hospital assessment team and overtime and challenging turnover savings within homecare. This is offset by capacity within the delayed discharge and integrated care funding during 18/19 which will be allocated in full for 2019/20 to deliver on partnership strategic priorities.

### **1.11** Children & Families Services

The projected outturn for Children's Services is that of **an over spend of £424k**. This represents an improvement of £198k since the position reported at period 8 relating to the positive impact of reducing external fostering placements, a downturn in adoption and custody payments. In addition there is additional income with criminal justice services from the Scottish Government. Pressures remain in relation to residential placements for children who were accommodated during the year and un budgeted costs associated with a number of services to support vulnerable children in relation to a Functional Family Therapy service, Parenting Capacity Assessment service and support to vulnerable families to sustain children safely in the community and avoid accommodation.

### **1.12** Business Support

The projected outturn for business support is that of **an overspend of £200k**. This represents an adverse movement of £320k from that reported at period 8 in relation to the impact of the non delivery of savings programmes identified as part of the budget setting process for 2018/19 being fully reflected. There continue to be some pressures in relation to accommodation costs within KHCC which are being offset by additional income reflected for the Social Care Fund not captured within the original budget figures. In addition, the impact of the pressures to be offset through the use of reserves

as agreed as part of the budget setting process for 2018/19 (£2.04m), have now been included in year end forecasting as these will be represented within the Final Year Accounts.

### 1.13 Family Health Service (FHS)

The projected outturn for FHS is that of a **breakeven** at this stage in the financial year. The actual projected expenditure relating to GMS and Other are expected to match budget throughout the year.

GP Prescribing costs are not available until two months after the month in which prescriptions are dispensed which means expenditure is available for April – November (8 months). The last 2 months have seen significant pressure on prescribing for East Dunbartonshire which will continue to be monitored and at this stage are expected to be within the overall budget available for prescribing. This remains a volatile area of expenditure and there are a number of medicines which have moved onto short supply during November which will have an adverse impact on the year end position.

### 1.14 Oral Health

The projected outturn for Oral health is that of **an under spend of £200k**. This represents a adverse movement of £340k and relates to planned expenditure across a range of developments within oral health which is now reflected in the projected year end position. This under spends relate to continuing vacancies across the services and in particular within medical & dental staffing, administration and clerical as well as some capacity in relation to property costs.

### 1.15 Set Aside

The set aside will be subject to in year allocations with actual expenditure expected to match budget for 2018/19. A GG&C wide group has been established including representation from partnerships, acute and the Scottish Government to develop a framework for allocating costs on an acute bed usage basis. This is expected to be in operation for 2019/20.

**1.16 Appendix 2** provides a detailed breakdown of the partnership budget performance for the year to the 31<sup>st</sup> January 2019.

**1.17 Appendix 3** provides a detailed breakdown of the partnership NHS budget performance for the year to the 31<sup>st</sup> January 2019.

**1.18 Appendix 4** provides a detailed breakdown of the partnership Social Work budget performance for the year to the 31<sup>st</sup> January 2019.

**1.19** Based on the projected year end position, there is an expectation that a further £674k will be required from general reserves to achieve a balanced budget position for the partnership. This would provide a minimal level of general reserve at the year-end of £0.4m and a level of earmarked reserve of £1m moving into 2019/20. This would provide a level of cushioning for the risks and delivery of a challenging savings programme for the next financial year. This updated position is set out in the table below:-



| 2018/19                     |                                     |                             |                            | 2018/19                   |
|-----------------------------|-------------------------------------|-----------------------------|----------------------------|---------------------------|
| Balance at<br>31 March 2018 |                                     | Transfers<br>Out<br>2018/19 | Transfers<br>In<br>2018/19 | Balance at<br>30 Nov 2018 |
| £000                        |                                     | £000                        | £000                       | £000                      |
| (102)                       | Scottish Govt. Funding - SDS        | 50                          |                            | (52)                      |
| (36)                        | Mental health Project               | 36                          |                            |                           |
| (1,665)                     | Service Redesign / Transformation   | 1,572                       |                            | (93)                      |
| (6)                         | Keys to Life Funding                | 6                           |                            |                           |
| (523)                       | Integrated Care / Delayed Discharge |                             |                            | (523)                     |
| (198)                       | Primary Care Cluster funding        |                             |                            | (198)                     |
| (600)                       | Oral Health Funding                 | 450                         |                            | (150)                     |
| <b>(3,130)</b>              | <b>Total Earmarked</b>              | <b>2,114</b>                | <b>0</b>                   | <b>(1,016)</b>            |
| (957)                       | Contingency – General Reserve       | 1,631                       | (1,100)                    | (426)                     |
| <b>(4,087)</b>              | <b>General Fund</b>                 | <b>3,745</b>                | <b>(1,100)</b>             | <b>(1,442)</b>            |

## 2.0 Financial Risks

The most significant risks that will require to be managed during 2018/19 are:

- Prescribing Expenditure - Prescribing cost volatility represents the most significant risk within the NHS element of the partnership's budget. For 2017/18 this was mitigated through the risk sharing arrangement in place across GG&C, however this terminated from the 1<sup>st</sup> April 2018. The pressure in relation to the short supply of certain drugs has presented a significant risk to this budget in previous years.
- Achievement of Savings Targets – there are challenging savings targets to deliver efficiency and transformational change to achieve a balanced budget position for 2018/19. There are significant dependencies and complexities to be considered in order to effectively deliver on these.
- General Reserves – the lack of general reserves held by the partnership will provide limited ability to manage any in year financial pressures or smooth the impact of savings plans where there are unexpected delays in implementation. This will place a reliance on the constituent bodies to provide additional resource where management action has been exhausted.
- Demographic Pressures - Increasing numbers of older people is placing additional demand on a range of services including Home Care. In addition, achieving the required reductions in delayed discharges and hospital bed usage is creating increased demand on older people services and resulting in increased levels of self-directed support payments. These factors increase the risk that overspends will arise and that the partnership Board will not achieve a balanced year end position.
- 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 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.
- Children's Services - managing risk and vulnerability within Children's Services is placing significant demand pressures on 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.

- Living Wage – the costs associated with implementing the living wage are subject to ongoing negotiation with care providers and there are elements around sustainability and future sleepover arrangements which will have recurring cost implications.
- The implementation of the Carers Act from the 1<sup>st</sup> April 2018 could result in significant increase in demand from carers for services to enable them to continue in their caring role.
- Independent / Private Providers – the sustainability of independent and private providers to effectively support the provision of a range of social care services presents risks to the delivery of services for the partnership. There are a range of contracts that are due for renewal over the short term where there is an expectation of increases in the rates paid for services to align with neighbouring local authority areas.



| Savings Proposals   |            | Savings type | Status    | Saving Agreed 2018/19 | Saving Expected 2018/19 | Projected Shortfall 2018/19 | Description   | Delivery Update - March 2019  |
|---|------------|--------------|-----------|-----------------------|-------------------------|-----------------------------|---|---|
| <b>Budget / Resourcing efficiencies</b>                   |            |              |           |                       |                         |                             |   |   |
| Line by line Analysis                                     | Efficiency | Green        | 252,000   | 252,000               |                         |                             | A range of budgets where spend has been lower than expected and this looks set to continue - includes property costs, mileage, SDS Funding.   |   |
| Review of Current Service Package Commitment              | Efficiency | Green        | 240,000   | 240,000               |                         |                             | Re-costing of care packages for care home, care at home and supported living services   |   |
| Review of Consultancy & Salary Costs                      | Efficiency | Green        | 214,000   | 214,000               |                         |                             | Consultancy costs will be project specific and managed within overall resources. All salary costs reviewed and refined  |   |
| Review of Contractual Inflation                           | Efficiency | Green        | 158,000   | 158,000               |                         |                             | Review and re-alignment of contractual inflation applied to service provision   |   |
| Vacancy Resourcing  | Efficiency | Amber        | 379,000   | 379,000               |                         |                             | Analysis of vacancies across the SW service and where continuing vacancies can be considered for deletion going forward.  |   |
| Total Budget / Resourcing Efficiencies                    |            |              | 1,243,000 | 1,243,000             | -                       |                             |   | Budget lines adjusted   |
| <b>Original Efficiencies / Service redesign Proposals</b> |            |              |           |                       |                         |                             |   |   |
| Review Sleepovers   | Efficiency | Amber        | 50,000    | 25,000                | 25,000                  |                             | Review of sleepovers through the identification of technological options where appropriate.   | Proposal relates to half year saving - RAG status determined and the 'green' packages have been concluded, awaiting identification of an individual(s) to undertake sleepover reviews for those requiring more complex service changes.   |
| Review of Meiklehill Rd                                   | Efficiency | Green        | 50,000    | 50,000                | -                       |                             | Development of a recharge mechanism to other local authorities for individual service provision   | Complete  |
| Review of Support Services                                | Efficiency | Green        | 50,000    | 50,000                | -                       |                             | Review of support services to individuals with mental health issues to ensure effective referral and recovery routes are maximised.   | Complete  |
| Review of EDADS   | Efficiency | Amber        | 15,000    | -                     | 15,000                  |                             | Review of support structure to those individuals suffering from addiction which maximises the levels of support at each tier in the recovery process through the re-configuration of team structures to more effectively deliver. | Proposal relates to review of staffing structure for EDADS which will require support from Council transformation - not yet commenced. Staff absence within the team is causing an impact on ability to deliver services to this care group and measures have been put in place to mitigate the risk, however this will impact on the progression of this initiative. |
| CM2000  | Efficiency | Amber        | 100,000   | -                     | 100,000                 |                             | Introduction of a monitoring system for externally provided homecare services - key dependencies re Carefirst / Care at Home Contract   | Proposal part of Council transformation programme - initial scoping undertaken - limited progress. Project slipped until 2019/20.   |
| Review of Daycare in West Locality                        | Efficiency | Amber        | 50,000    | 50,000                | -                       |                             | Review of centre based daycare provision and development of local area co-ordination model to expand community capacity to more effectively support older people.   | Complete - contract terminated end July 2018  |
| Personal Care Manager                                     | Efficiency | Green        | 50,000    | -                     | 50,000                  |                             | Deletion of vacant post   | Post deleted as part of earlier budget work.  |
| Address Balance of Care for residential childcare         | Efficiency | Amber        | 200,000   | 200,000               | -                       |                             | Review external residential school placements and fostering placements with a view to repatriating children to East Dunbartonshire, within mainstream education and alternative local service provision.                          | Review of care placements underway - full year saving expected, impact of new demand has been greater than expected which has masked the delivery of this saving.   |
| New Monies - Life Changes Trust                           | Efficiency | Amber        | 75,000    | -                     | 75,000                  |                             | Consider requirements of successful bid and whether this can be achieved within existing resource and monies re-directed to meet priorities for Children.   | Funding confirmed - project expected to slip until 2019/20.   |
| Review of Fostering                                       | Efficiency | Amber        | 100,000   | 100,000               | -                       |                             | Review external residential school placements and fostering placements with a view to repatriating children to East Dunbartonshire, within mainstream education and alternative local service provision.                          | complete  |

| Savings Proposals                                  |            | Savings type | Status  | Saving Agreed 2018/19 | Saving Expected 2018/19 | Projected Shortfall 2018/19 | Description   | Delivery Update - March 2019  |
|--|------------|--------------|---------|-----------------------|-------------------------|-----------------------------|---|---|
| Review of Charging - Daycare / Transport           | Charging   | Amber        | 50,000  | -                     | 50,000                  |                             | Review of charging options for daycare and transport in line with benchmarking information which aligns charges with other Local Authority areas. | Proposal will require approval through the Council. Work undertaken as part of Council budget proposal - limited progress. Consideration of a longer term strategy for daycare charging - additional income accrued from other areas will address the shortfall for 2018/19. Part of 2019/20 budget considerations. |
| <b>New Efficiency / Service Redesign Proposals</b> |            |              |         |                       |                         |                             |   |   |
| Terms & Conditions                                 | Efficiency | Red          | 100,000 | -                     | 100,000                 |                             | Council budget proposal - to be assessed in terms of impact / achievability   | Through a process of negotiation with the Trades unions, terms and conditions will remain in place across a number of areas which will impact on the delivery of planned savings in this area.  |
| Living Wage  | Efficiency | Amber        | 320,000 | 320,000               | -                       |                             | Adjustment of Living Wage Uplift to 2.8% reflecting increase to payroll element of provider rates.  | Complete  |
| Total Efficiencies / Service Redesign Proposals    |            |              |         | 1,210,000             | 795,000                 | 415,000                     |   |   |
| <b>Total Efficiencies</b>                          |            |              |         | <b>2,453,000</b>      | <b>2,038,000</b>        | <b>415,000</b>              |   |   |



**HSCP Summary Performance 2018/19 (Month 10)**

|                               | Annual Budget | YTD Budget | YTD Actual | YTD Variance | Projected Variance |
|-------------------------------|---------------|------------|------------|--------------|--------------------|
| Social Work                   | 51,950        | 40,395     | 39,169     | 1,226        | (3,414)            |
| NHS Community                 | 73,977        | 59,851     | 59,847     | 5            | 500                |
| Total Partnership             | 125,927       | 100,246    | 99,016     | 1,231        | (2,914)            |
| Less: Application of reserves |               |            |            |              | 2,040              |
| Revised Partnership Position  |               |            |            |              | (874)              |
| Oral Health (hosted)          | 9,937         | 8,250      | 7,972      | 277          | 200                |
| Set Aside (SA)                | 19,116        | 15,930     | 15,930     | 0            | 0                  |
| Total (incl: hosted + SA)     | 154,980       | 124,426    | 122,918    | 1,508        | (674)              |
|                               |               |            |            |              |                    |

**Reserves Position at Month 10:**

|           |       |
|-----------|-------|
| General   | 426   |
| Earmarked | 1,016 |

Total partnership reserves

|       |
|-------|
| 1,442 |
|-------|

| Care Group                      | Annual Budget £'000 | YTD Budget £'000 | YTD Actuals £'000 | YTD Variance £'000 | Forecast Spend £'000 | Forecast Variance £'000 | Forecast Variance % | Summary Variance Analysis  | Action Required   |
|---------------------------------|---------------------|------------------|-------------------|--------------------|----------------------|-------------------------|---------------------|--|---|
| Alcohol + Drugs - Community     | 698.9               | 582.4            | 568.5             | 13.9               | 698.9                | 0.0                     | 0.0%                | Year to date non pays underspend, currently offsetting pays overspend. Further analysis required. Assume overall Additions budget will break-even in 18/19. Some realignment may be required.  | Regular meetings with management accountant and budget manager to be arranged to review year to date position and forecast outturn.   |
| Adult Community Services        | 4,415.3             | 3,679.3          | 3,737.8           | (58.5)             | 4,415.3              | 0.0                     | 0.0%                | Year to date pays underspend (mainly nursing pays), currently offsetting non pays overspend (including EQUJPU). Further analysis required. Assume overall Adult Community budget will break-even in 18/19. Some realignment required to delayed discharge and PCIF.  | Regular meetings with management accountant and budget manager to be arranged to review year to date position and forecast outturn.   |
| Integrated Care Fund            | 686.0               | 20.3             | 20.3              | 0.0                | 536.0                | 150.0                   | 21.9%               | Forecast based on updated ICF Expenditure Plans received from CFO.   | Recurring budget fully committed in 18/19. Additional commitments to be funded from ICF Reserves/slippage.  |
| Child Services - Community      | 1,615.8             | 1,337.9          | 1,260.6           | 77.3               | 1,615.8              | 0.0                     | 0.0%                | Anticipated additional HV Programme funding and correction of year to date pays miscoding has addressed previously reported overspend. Reversal of previous year realignment of pays budgets between Health visiting and school nursing agreed to allow for development of School Nursing Team. Recurring pressure remains re prior year school nursing savings target, however this will be offset by in year turnover across all Children's Services pays budget lines.  | Regular meetings with management accountant and budget manager to be arranged to review year to date position and forecast outturn.   |
| Fhs - Prescribing               | 19,225.0            | 16,162.9         | 16,163.0          | (0.1)              | 19,225.0             | 0.0                     | 0.0%                | An additional £185k has been transferred from Financial Planning to Prescribing Pressure to offset the month 10 pressure (£98k overspend in Nov, £324k cumulative overspend to Nov), cumulative including Dec/Jan estimate to month 10 £464k. £500k contingency allocated to cover 18/19 full year pressure.   | Analysis of rollover budget and subsequent budget movements and update on forecast outturn required.  |
| Fhs - Gms                       | 13,518.8            | 11,109.9         | 11,109.9          | 0.0                | 13,518.8             | 0.0                     | 0.0%                |  |   |
| Fhs - Other                     | 13,813.6            | 11,522.7         | 11,522.7          | 0.0                | 13,813.6             | 0.0                     | 0.0%                |  | Meeting with management accountant and budget manager to be arranged to review year to date position and forecast outturn.  |
| Learn Dis - Community           | 640.0               | 524.2            | 480.1             | 44.1               | 590.0                | 50.0                    | 7.8%                | Estimated pays underspend based on year to date actuals, previous year outturn and known staffing changes.   | Meeting with management accountant and budget manager to be arranged to review year to date position and forecast outturn.  |
| Men Health - Adult Community    | 1,552.8             | 1,177.2          | 1,180.5           | (3.3)              | 1,552.8              | 0.0                     | 0.0%                | Assume overall Adult Mental Health budget will break-even in 18/19. Some realignment may be required.  | Meeting with management accountant and budget manager to be arranged to review year to date position and forecast outturn.  |
| Men Health - Elderly Services   | 1,017.3             | 847.1            | 769.8             | 77.3               | 947.3                | 70.0                    | 6.9%                | Estimated pays underspend based on year to date actuals, previous year outturn and known staffing changes.   | Meeting with management accountant and budget manager to be arranged to review year to date position and forecast outturn.  |
| Oral Health                     | 10,721.1            | 8,908.0          | 8,630.6           | 277.3              | 10,521.1             | 200.0                   | 1.9%                | Estimated underspend based on year to date actuals, adjusted from £540k to £200k projected outturn as a result of £100k recharge to date from secondary dental for waiting list, £80k purchase of fluoride varnish for health improvement, £70k recharge for dental consumables for RAH outreach, underestimated charges/ issues with clinical waste. Potential for £140k of costs to be drawn down from earmarked reserve.  | Meeting with management accountant and budget manager to be arranged to review year to date position and forecast outturn.  |
| Administration & Management     | 2,937.1             | 1,491.5          | 1,612.3           | (120.7)            | 2,707.1              | 230.0                   | 7.8%                | Year to date overspend relates to pressures within Accommodation budget. Projected year end outturn approx £250k overspend. However, forecast underspend of £370k, in relation to Delayed Discharge (estimated commitment of £140k against £510k budget) will offset this. Note - Delayed Discharge underspend is not phased into year to date position. Unallocated funding within Financial Planning, after cost of Prescribing Budget Shortfall, Pay Award, Pension Costs and Apprentice Levy, Continuing Care Saving are covered, leaves approx £330k available (including £308.7k additional ADP funding) ADP commitment £31k 18/19. Assumed all PCIP funding (70% received to date plus £60k of remaining 30% balance) will be spent in year. Meeting arranged with budget holders to review - may be some slippage in year which will require to be Earmarked within HSCP Reserves. | Plans for ADP and other unallocated funding within Financial Planning to be reviewed/discuss with CFO. Note - current total unallocated now £350k - reduced by additional transfer to Prescribing Budget for contingency to cover overspend, FYE £500k. |
| Planning & Health Improvement   | 588.7               | 447.4            | 472.9             | (25.4)             | 588.7                | 0.0                     | 0.0%                | Year to date overspend reported in error, £45k Tobacco prevention funding sitting in month 12 should be spread evenly, YTD position should be £12.5k underspend. Payments to third sector will eliminate underspend and break-even position for year end.  | Regular meetings with management accountant and budget manager scheduled to monitor spend and progress in recurring achievement of prior year savings targets.  |
| Resource Transfer - Local Auth  | 15,476.6            | 12,825.8         | 12,825.8          | 0.0                | 15,476.6             | 0.0                     | 0.0%                |  |   |
| <b>Expenditure</b>              | <b>86,907.0</b>     | <b>70,636.6</b>  | <b>70,354.8</b>   | <b>281.9</b>       | <b>86,207.0</b>      | <b>700.0</b>            | <b>0.8%</b>         |  |   |
| Child Services - Community      | (0.5)               | (0.5)            | (0.5)             | 0.0                | (0.5)                | 0.0                     | 0.0%                |  |   |
| Fhs - Other                     | (1,375.2)           | (1,146.1)        | (1,146.1)         | 0.0                | (1,375.2)            | 0.0                     | 0.0%                |  |   |
| Men Health - Adult Community    | (235.9)             | (196.5)          | (196.5)           | 0.0                | (235.9)              | 0.0                     | 0.0%                |  |   |
| Men Health - Elderly Services   | (141.1)             | (117.6)          | (117.6)           | 0.0                | (141.1)              | 0.0                     | 0.0%                |  |   |
| Oral Health                     | (783.9)             | (658.4)          | (658.4)           | 0.0                | (783.9)              | 0.0                     | 0.0%                |  |   |
| Administration & Management     | (110.5)             | (110.5)          | (110.5)           | 0.0                | (110.5)              | 0.0                     | 0.0%                |  |   |
| Planning & Health Improvement   | 0.0                 | (18.2)           | (18.2)            | 0.0                | 0.0                  | 0.0                     | 0.0%                |  |   |
| Resource Transfer - Local Auth  | (345.6)             | (288.0)          | (288.0)           | 0.0                | (345.6)              | 0.0                     | 0.0%                |  |   |
| <b>Income</b>                   | <b>(2,992.7)</b>    | <b>(2,535.8)</b> | <b>(2,535.8)</b>  | <b>0.0</b>         | <b>(2,992.7)</b>     | <b>0.0</b>              | <b>0.0%</b>         |  |   |
| <b>East Dunbartonshire Hscp</b> | <b>83,914.3</b>     | <b>68,100.8</b>  | <b>67,819.0</b>   | <b>281.9</b>       | <b>83,214.3</b>      | <b>700.0</b>            | <b>0.8%</b>         |  |   |

NHSGG&C - East Dunbartonshire HSCP - Period Ending 31st January 2019 (Month 10)

| Care Group                       | Annual Budget<br>£'000 | YTD Budget<br>£'000 |                  | YTD Actuals<br>£'000 |              | YTD Variance<br>£'000 | Period<br>Budget<br>£'000 |                | Period<br>Actuals<br>£'000 |  | Period<br>Variance<br>£'000 |
|----------------------------------|------------------------|---------------------|------------------|----------------------|--------------|-----------------------|---------------------------|----------------|----------------------------|--|-----------------------------|
|                                  |                        |                     |                  |                      |              |                       |                           |                |                            |  |                             |
| Alcohol + Drugs - Community      | 698.9                  | 582.4               | 568.5            | 568.5                | 13.9         | 58.2                  | 58.0                      | 0.2            |                            |  |                             |
| Adult Community Services         | 4,415.3                | 3,679.3             | 3,737.8          | 3,737.8              | (58.5)       | 367.8                 | 368.4                     | (0.6)          |                            |  |                             |
| Integrated Care Fund             | 686.0                  | 20.3                | 20.3             | 20.3                 | 0.0          | 1.2                   | 1.2                       | 0.0            |                            |  |                             |
| Child Services - Community       | 1,615.8                | 1,337.9             | 1,260.6          | 1,260.6              | 77.3         | 139.1                 | 90.7                      | 48.4           |                            |  |                             |
| Fhs - Prescribing                | 19,225.0               | 16,162.9            | 16,163.0         | 16,163.0             | (0.1)        | 1,782.0               | 1,782.1                   | (0.1)          |                            |  |                             |
| Fhs - Gms                        | 13,518.8               | 11,109.9            | 11,109.9         | 11,109.9             | 0.0          | 1,017.5               | 1,017.5                   | 0.0            |                            |  |                             |
| Fhs - Other                      | 13,813.6               | 11,522.7            | 11,522.7         | 11,522.7             | 0.0          | 1,207.2               | 1,207.2                   | 0.0            |                            |  |                             |
| Learn Dis - Community            | 640.0                  | 524.2               | 480.1            | 480.1                | 44.1         | 52.4                  | 46.5                      | 5.9            |                            |  |                             |
| Men Health - Adult Community     | 1,552.8                | 1,177.2             | 1,180.5          | 1,180.5              | (3.3)        | 117.5                 | 116.1                     | 1.4            |                            |  |                             |
| Men Health - Elderly Services    | 1,017.3                | 847.1               | 769.8            | 769.8                | 77.3         | 84.1                  | 78.9                      | 5.2            |                            |  |                             |
| Oral Health                      | 10,721.1               | 8,908.0             | 8,630.6          | 8,630.6              | 277.3        | 906.9                 | 1,042.7                   | (135.8)        |                            |  |                             |
| Administration & Management      | 2,937.1                | 1,491.5             | 1,612.3          | 1,612.3              | (120.7)      | 379.5                 | 362.1                     | 17.4           |                            |  |                             |
| Planning & Health Improvement    | 588.7                  | 447.4               | 472.9            | 472.9                | (25.4)       | 18.6                  | 113.0                     | (94.4)         |                            |  |                             |
| Resource Transfer - Local Auth   | 15,476.6               | 12,825.8            | 12,825.8         | 12,825.8             | 0.0          | 1,282.6               | 1,282.6                   | 0.0            |                            |  |                             |
| <b>Expenditure</b>               | <b>86,907.0</b>        | <b>70,636.6</b>     | <b>70,354.8</b>  | <b>70,354.8</b>      | <b>281.9</b> | <b>7,414.6</b>        | <b>7,567.0</b>            | <b>(152.4)</b> |                            |  |                             |
| Child Services - Community       | (0.5)                  | (0.5)               | (0.5)            | (0.5)                | 0.0          | (0.2)                 | (0.2)                     | 0.0            |                            |  |                             |
| Fhs - Other                      | (1,375.2)              | (1,146.1)           | (1,146.1)        | (1,146.1)            | 0.0          | (85.5)                | (85.5)                    | 0.0            |                            |  |                             |
| Men Health - Adult Community     | (235.9)                | (196.5)             | (196.5)          | (196.5)              | 0.0          | (19.7)                | (19.7)                    | 0.0            |                            |  |                             |
| Men Health - Elderly Services    | (141.1)                | (117.6)             | (117.6)          | (117.6)              | 0.0          | (11.8)                | (11.8)                    | 0.0            |                            |  |                             |
| Oral Health                      | (783.9)                | (658.4)             | (658.4)          | (658.4)              | 0.0          | (67.3)                | (67.3)                    | 0.0            |                            |  |                             |
| Administration & Management      | (110.5)                | (110.5)             | (110.5)          | (110.5)              | 0.0          | (110.5)               | (110.5)                   | 0.0            |                            |  |                             |
| Planning & Health Improvement    | 0.0                    | (18.2)              | (18.2)           | (18.2)               | 0.0          | (18.2)                | (18.2)                    | 0.0            |                            |  |                             |
| Resource Transfer - Local Auth   | (345.6)                | (288.0)             | (288.0)          | (288.0)              | 0.0          | (28.8)                | (28.8)                    | 0.0            |                            |  |                             |
| <b>Income</b>                    | <b>(2,992.7)</b>       | <b>(2,535.8)</b>    | <b>(2,535.8)</b> | <b>(2,535.8)</b>     | <b>0.0</b>   | <b>(342.0)</b>        | <b>(342.0)</b>            | <b>0.0</b>     |                            |  |                             |
| <b>East Dunbartonshire Hscsp</b> | <b>83,914.3</b>        | <b>68,100.8</b>     | <b>67,819.0</b>  | <b>67,819.0</b>      | <b>281.9</b> | <b>7,072.6</b>        | <b>7,225.0</b>            | <b>(152.4)</b> |                            |  |                             |

GENERAL FUND REVENUE MONITORING 2018/19  
SUMMARY FINANCIAL POSITION

| As at : 27 January 2019<br>Accounting Period 10                     | BUDGET        |                  | ACTUAL                |                  | VARIANCE     |                     | BUDGET             |            |
|---|---------------|------------------|-----------------------|------------------|--------------|---------------------|--------------------|------------|
|   | Annual Budget | Budget Period 10 | Expenditure Period 10 | Projected Annual | At Period 10 | Projected Period 12 | Annual Budget prev | Movements  |
|   |               |                  |                       |                  |              |                     |                    |            |
| <b>Integrated Health &amp; Social Care Partnership</b>              |               |                  |                       |                  |              |                     |                    |            |
| Community Health & Care Services                                    | 36,335        | 27,792           | 27,421                | 36,859           | (371)        | 525                 | 36,335             | 0          |
| Mental Health, Learning Disability, Addictions & Health Improvement | 20,300        | 15,891           | 15,482                | 20,665           | (409)        | 365                 | 20,300             | 0          |
| Children & Families and Criminal Justice                            | 11,844        | 9,697            | 9,569                 | 12,268           | (129)        | 424                 | 11,844             | 0          |
| Social Work Strategic / Resources                                   | (16,529)      | (12,985)         | (13,303)              | (14,430)         | (317)        | 2,099               | (16,527)           | (2)        |
| HSCP Overspend Position for Discussions at HSCP Board               |               |                  |                       |                  | 1,226        | (3,412)             |                    |            |
| <b>Total</b>  | <b>51,950</b> | <b>40,394</b>    | <b>39,169</b>         | <b>55,362</b>    | <b>0</b>     | <b>0</b>            | <b>51,952</b>      | <b>(2)</b> |



GENERAL FUND REVENUE MONITORING 2018/19  
DETAILED FINANCIAL POSITION as at Period 10: 27 January 2019

INTEGRATED HEALTH AND SOCIAL CARE

COMMUNITY HEALTH & CARE SERVICES  
ADULTS (Self Directed Support)

|  | Annual Budget £000 | Budget Period 10 £000 | Expenditure Period 10 £000 | Projected Annual £000 | Variation Period 10 £000 | Projected Year End Variation £000 |
|--|--------------------|-----------------------|----------------------------|-----------------------|--------------------------|-----------------------------------|
| <b>1 Employee Costs</b>  | 52                 | 42                    | 43                         | 54                    | 1                        | 3                                 |
| Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers in order to ascertain when vacancies will be filled. At this stage projections show that there will be a small variation to budget. This relates to unachievable staff turnover savings.   |                    |                       |                            |                       |                          |                                   |
| <b>2 Property Costs</b>  | 0                  | 0                     | 0                          | 0                     | 0                        | 0                                 |
| No variation on budget is expected   |                    |                       |                            |                       |                          |                                   |
| <b>3 Supplies and Services</b>   | 0                  | 0                     | 0                          | 0                     | 0                        | 0                                 |
| No variation on budget is expected   |                    |                       |                            |                       |                          |                                   |
| <b>4 Agencies and Other Bodies</b>   | 0                  | 0                     | 0                          | 0                     | 0                        | 0                                 |
| No variation on budget is expected   |                    |                       |                            |                       |                          |                                   |
| <b>5 Budget Savings</b>  | 0                  | 0                     | 0                          | 0                     | 0                        | 0                                 |
| No variation on budget is expected   |                    |                       |                            |                       |                          |                                   |
| <b>6 Transport and Plant</b>   | 0                  | 0                     | 0                          | 0                     | 0                        | 0                                 |
| No variation on budget is expected   |                    |                       |                            |                       |                          |                                   |
| <b>7 Admin and Other Costs</b>   | 0                  | 0                     | 0                          | 0                     | 0                        | 0                                 |
| No variation on budget is expected   |                    |                       |                            |                       |                          |                                   |
| <b>8 Health Board Resource Transfer Income</b>   | 0                  | 0                     | 0                          | 0                     | 0                        | 0                                 |
| No variation on budget is expected   |                    |                       |                            |                       |                          |                                   |
| <b>9 Other Income</b>  | 0                  | 0                     | 0                          | 0                     | 0                        | 0                                 |
| No variation on budget is expected   |                    |                       |                            |                       |                          |                                   |
| <b>Total - Adults</b>  | 52                 | 42                    | 43                         | 54                    | 1                        | 3                                 |
| <b>OLDER PEOPLE</b>  |                    |                       |                            |                       |                          |                                   |
| <b>1 Employee Costs</b>  | 8,100              | 6,445                 | 6,959                      | 8,695                 | 514                      | 595                               |
| At this stage projections show that there will be an unfavourable variation to budget. These projections no longer assume vacancies will be filled. This has reduced the pressure apart from where covered by agency staff. Projected overspends in overtime and other pay are based on average earnings over the first ten periods. Payroll variations will continue to be monitored as an area of recurring pressure especially within the Homecare service. |                    |                       |                            |                       |                          |                                   |
| <b>2 Property Costs</b>  | 3                  | 3                     | 51                         | 66                    | 49                       | 63                                |
| There is additional pressure through security at KHCC, this is hoped to only be an in year pressure and additional rates which have been reviewed for 2019/20.   |                    |                       |                            |                       |                          |                                   |
| <b>3 Supplies and Services</b>   | 138                | 114                   | 132                        | 139                   | 18                       | 1                                 |
| Budgets relate to Homecare PPE, telecare costs and homecare related disabled adaptations. No variation is expected.  |                    |                       |                            |                       |                          |                                   |
| <b>4 Agencies and Other Bodies</b>   | 24,385             | 18,458                | 18,239                     | 24,346                | -219                     | -40                               |
| At this stage there is an increase in the commitment against Residential Accommodation and a decrease in that for daycare, supported accommodation, supported living and homecare. These commitments include an estimation of all uplifts in respect of the Scottish Government's Living Wage for this financial year. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments.          |                    |                       |                            |                       |                          |                                   |
| <b>5 Budget Savings</b>  | 0                  | 0                     | 0                          | 0                     | 0                        | 0                                 |
| No variation on budget is expected   |                    |                       |                            |                       |                          |                                   |
| <b>6 Transport and Plant</b>   | 30                 | 23                    | 29                         | 35                    | 7                        | 5                                 |
| Transport costs are currently overspending. This pressure will continue to be monitored on an ongoing basis.   |                    |                       |                            |                       |                          |                                   |
| <b>7 Admin and Other Costs</b>   | 438                | 362                   | 75                         | 439                   | -287                     | 2                                 |



**GENERAL FUND REVENUE MONITORING 2018/19  
DETAILED FINANCIAL POSITION as at Period 10: 27 January 2019**

|  | Annual Budget £000 | Budget Period 10 £000 | Expenditure Period 10 £000 | Projected Annual £000 | Variation Period 10 £000 | Projected Year End Variation £000 |
|--|--------------------|-----------------------|----------------------------|-----------------------|--------------------------|-----------------------------------|
| Underspenders are due to late recharges for Care of Gardens and Fleet. These will be posted within the next period. The variation reported relates to membership fees and subscriptions.   |                    |                       |                            |                       |                          |                                   |
| <b>8 Health Board Resource Transfer Income</b>   | -7                 | -6                    | -6                         | -7                    | 0                        | 0                                 |
| No variation on budget is expected.  |                    |                       |                            |                       |                          |                                   |
| <b>9 Other Income</b>  | -1,123             | -1,039                | -1,097                     | -1,179                | -58                      | -57                               |
| Income from Service user recharges including those for telecare are expected to exceed budgeted levels by £0.032m. In addition to this we have received income of £0.016m for Social work student placements.  |                    |                       |                            |                       |                          |                                   |
| <b>Total - Older People</b>  | <b>31,965</b>      | <b>24,360</b>         | <b>24,383</b>              | <b>32,534</b>         | <b>23</b>                | <b>570</b>                        |
| <b>PHYSICAL DISABILITY</b>   |                    |                       |                            |                       |                          |                                   |
| <b>1 Employee Costs</b>  | <b>669</b>         | <b>539</b>            | <b>552</b>                 | <b>670</b>            | <b>13</b>                | <b>0</b>                          |
| At this stage projections show in year savings against payroll budgets in relation to vacancies.   |                    |                       |                            |                       |                          |                                   |
| <b>2 Property Costs</b>  | <b>0</b>           | <b>0</b>              | <b>0</b>                   | <b>0</b>              | <b>0</b>                 | <b>0</b>                          |
| No variation on budget is expected   |                    |                       |                            |                       |                          |                                   |
| <b>3 Supplies and Services</b>   | <b>630</b>         | <b>521</b>            | <b>345</b>                 | <b>629</b>            | <b>-176</b>              | <b>-1</b>                         |
| Spend on equipment and adaptations is tightly controlled within budget limits with critical and substantial criteria continuing to be applied in this area. This is being monitored through the Equipu contract. The current underspend is in relation to a backlog of invoices to be processed. An in year saving can now be projected in relation to supplies for clients.   |                    |                       |                            |                       |                          |                                   |
| <b>4 Agencies and Other Bodies</b>   | <b>2,992</b>       | <b>2,302</b>          | <b>2,078</b>               | <b>2,929</b>          | <b>-223</b>              | <b>-64</b>                        |
| At this stage there is an increase in the commitment against Residential Accommodation and Homecare and a reduction in Daycare, Supported Accommodation and Supported Living. These commitments include an estimation of all uplifts in respect of the Scottish Government's Living Wage for this financial year. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments. |                    |                       |                            |                       |                          |                                   |
| <b>5 Budget Savings</b>  | <b>0</b>           | <b>0</b>              | <b>0</b>                   | <b>0</b>              | <b>0</b>                 | <b>0</b>                          |
| No variation on budget is expected   |                    |                       |                            |                       |                          |                                   |
| <b>6 Transport and Plant</b>   | <b>5</b>           | <b>4</b>              | <b>-0</b>                  | <b>-0</b>             | <b>-4</b>                | <b>-5</b>                         |
| No transport spend is expected within the current financial year.  |                    |                       |                            |                       |                          |                                   |
| <b>7 Admin and Other Costs</b>   | <b>23</b>          | <b>19</b>             | <b>13</b>                  | <b>15</b>             | <b>-6</b>                | <b>-8</b>                         |
| A refund of PASIL fees (independent living) can now be reported.   |                    |                       |                            |                       |                          |                                   |
| <b>8 Health Board Resource Transfer Income</b>   | <b>0</b>           | <b>0</b>              | <b>0</b>                   | <b>0</b>              | <b>0</b>                 | <b>0</b>                          |
| No variation on budget is expected   |                    |                       |                            |                       |                          |                                   |
| <b>9 Other Income</b>  | <b>-77</b>         | <b>-57</b>            | <b>-38</b>                 | <b>-47</b>            | <b>19</b>                | <b>29</b>                         |
| Income from Service user recharges are expected to underachieve budgeted levels by £0.029m.  |                    |                       |                            |                       |                          |                                   |
| <b>Total - Physical Disability</b>   | <b>4,243</b>       | <b>3,327</b>          | <b>2,949</b>               | <b>4,195</b>          | <b>-378</b>              | <b>-48</b>                        |
| <b>OTHER</b>   |                    |                       |                            |                       |                          |                                   |
| <b>1 Employee Costs</b>  | <b>0</b>           | <b>0</b>              | <b>0</b>                   | <b>0</b>              | <b>0</b>                 | <b>0</b>                          |

GENERAL FUND REVENUE MONITORING 2018/19  
 DETAILED FINANCIAL POSITION as at Period 10: 27 January 2019

|   | Annual Budget £000 | Budget Period 10 £000 | Expenditure Period 10 £000 | Projected Annual £000 | Variation Period 10 £000 | Projected Year End Variation £000 |
|---|--------------------|-----------------------|----------------------------|-----------------------|--------------------------|-----------------------------------|
| No variation on budget is expected  |                    |                       |                            |                       |                          |                                   |
| <b>2 Property Costs</b>   | 0                  | 0                     | 0                          | 0                     | 0                        | 0                                 |
| No variation on budget is expected  |                    |                       |                            |                       |                          |                                   |
| <b>3 Supplies and Services</b>  | 0                  | 0                     | 0                          | 0                     | 0                        | 0                                 |
| No variation on budget is expected  |                    |                       |                            |                       |                          |                                   |
| <b>4 Agencies and Other Bodies</b>  | 75                 | 63                    | 46                         | 75                    | -16                      | 0                                 |
| This budget relates to payment made to East Dunbartonshire Women's Aid. No variation on budget is expected.   |                    |                       |                            |                       |                          |                                   |
| <b>5 Budget Savings</b>   | 0                  | 0                     | 0                          | 0                     | 0                        | 0                                 |
| No variation on budget is expected  |                    |                       |                            |                       |                          |                                   |
| <b>6 Transport and Plant</b>  | 0                  | 0                     | 0                          | 0                     | 0                        | 0                                 |
| No variation on budget is expected  |                    |                       |                            |                       |                          |                                   |
| <b>7 Admin and Other Costs</b>  | 0                  | 0                     | 0                          | 0                     | 0                        | 0                                 |
| No variation on budget is expected  |                    |                       |                            |                       |                          |                                   |
| <b>8 Health Board Resource Transfer Income</b>  | 0                  | 0                     | 0                          | 0                     | 0                        | 0                                 |
| No variation on budget is expected  |                    |                       |                            |                       |                          |                                   |
| <b>9 Other Income</b>   | 0                  | 0                     | 0                          | 0                     | 0                        | 0                                 |
| No variation on budget is expected  |                    |                       |                            |                       |                          |                                   |
| <b>Total - Other</b>  | 75                 | 63                    | 46                         | 75                    | -16                      | 0                                 |
| <b>COMMUNITY HEALTH &amp; CARE SERVICES (ALL)</b>   |                    |                       |                            |                       |                          |                                   |
| <b>1 Employee Costs</b>   | 8,822              | 7,026                 | 7,554                      | 9,420                 | 527                      | 598                               |
| Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers. At this stage projections show that there will be a variation to budget. These projections assume vacancies will not be filled in the current financial year. Projected overspends in overtime and other pay are based on average earnings over the first ten periods. Payroll variations will continue to be monitored as an area of recurring pressure especially within the Homecare service. |                    |                       |                            |                       |                          |                                   |
| <b>2 Property Costs</b>   | 3                  | 3                     | 51                         | 66                    | 49                       | 63                                |
| There is additional pressure through security at KHCC, this is hoped to only be an in year pressure and additional rates which have been reviewed for 2019/20.  |                    |                       |                            |                       |                          |                                   |
| <b>3 Supplies and Services</b>  | 767                | 635                   | 477                        | 767                   | -158                     | 0                                 |
| Budgets relate to Homecare PPE, telecare costs and disabled adaptations. Spend on equipment and adaptations is tightly controlled within budget limits with critical and substantial criteria continuing to be applied in this area. This is being monitored through the Equipu contract. The current underspend is in relation to a backlog of invoices to be processed through the IProc system. No variation on budget is expected.  |                    |                       |                            |                       |                          |                                   |
| <b>4 Agencies and Other Bodies</b>  | 27,453             | 20,822                | 20,363                     | 27,349                | -459                     | -103                              |

**GENERAL FUND REVENUE MONITORING 2018/19**  
**DETAILED FINANCIAL POSITION as at Period 10: 27 January 2019**

|  | Annual Budget £000 | Budget Period 10 £000 | Expenditure Period 10 £000 | Projected Annual £000 | Variation Period 10 £000 | Projected Year End Variation £000 |
|--|--------------------|-----------------------|----------------------------|-----------------------|--------------------------|-----------------------------------|
| <b>5 Budget Savings</b>  | 0                  | 0                     | 0                          | 0                     | 0                        | 0                                 |
| No variation on budget is expected   |                    |                       |                            |                       |                          |                                   |
| <b>6 Transport and Plant</b>   | 35                 | 27                    | 29                         | 35                    | 3                        | -0                                |
| Transport costs are currently overspending. This pressure is expected to reduce towards year end.  |                    |                       |                            |                       |                          |                                   |
| <b>7 Admin and Other Costs</b>   | 461                | 381                   | 88                         | 455                   | -293                     | -6                                |
| Underspend is due to late recharges for Care of Gardens and Fleet. These will be posted within the next period. The variation reported relates to membership fees and subscriptions and PASIL (independent living) fees. |                    |                       |                            |                       |                          |                                   |
| <b>8 Health Board Resource Transfer Income</b>   | -7                 | -6                    | -6                         | -7                    | 0                        | 0                                 |
| No variation on budget is expected.  |                    |                       |                            |                       |                          |                                   |
| <b>9 Other Income</b>  | -1,199             | -1,097                | -1,136                     | -1,227                | -39                      | -27                               |
| Income from Service user recharges including those for telecare are exceeding budgeted levels. In addition to this we have received income of £0.016m for Social work student placements.                                |                    |                       |                            |                       |                          |                                   |
| <b>Total - Community Health &amp; Care Services</b>  | <b>36,335</b>      | <b>27,792</b>         | <b>27,421</b>              | <b>36,859</b>         | <b>-371</b>              | <b>525</b>                        |

**MENTAL HEALTH, LEARNING DISABILITY, ADDICTIONS & HEALTH IMPROVEMENT (EDC only)**  
**ADDITIONS**

|  |     |     |     |     |    |     |
|--|-----|-----|-----|-----|----|-----|
| <b>1 Employee Costs</b>  | 438 | 365 | 366 | 460 | 1  | 21  |
| Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted. At this stage projections show that there will be a small variation to budget. This is mostly in relation to unachievable staff turnover savings and absence cover.   |     |     |     |     |    |     |
| <b>2 Property Costs</b>  | 0   | 0   | 0   | 0   | 0  | 0   |
| No variation on budget is expected   |     |     |     |     |    |     |
| <b>3 Supplies and Services</b>   | 9   | 7   | 4   | 10  | -4 | 1   |
| A small variation can be reported in relation to staff equipment.  |     |     |     |     |    |     |
| <b>4 Agencies and Other Bodies</b>   | 579 | 390 | 462 | 551 | 72 | -28 |
| At this stage there is a reduction in the commitment against Residential Accommodation and supported living. This, however, is partly offset by a higher than anticipated cost of Homecare and voluntary organisations. These commitments include an estimation of all uplifts in respect of the Scottish Government's Living Wage for this financial year. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments. |     |     |     |     |    |     |
| <b>5 Budget Savings</b>  | 0   | 0   | 0   | 0   | 0  | 0   |
| No variation on budget is expected   |     |     |     |     |    |     |
| <b>6 Transport and Plant</b>   | 0   | 0   | 0   | 0   | 0  | 0   |
| No variation on budget is expected   |     |     |     |     |    |     |
| <b>7 Admin and Other Costs</b>   | 5   | 4   | 1   | 2   | -3 | -3  |

**GENERAL FUND REVENUE MONITORING 2018/19  
DETAILED FINANCIAL POSITION as at Period 10: 27 January 2019**

|  | Annual Budget £000 | Budget Period 10 £000 | Expenditure Period 10 £000 | Projected Annual £000 | Variation Period 10 £000 | Projected Year End Variation £000 |
|--|--------------------|-----------------------|----------------------------|-----------------------|--------------------------|-----------------------------------|
| In year savings can be assumed in relation to conferences and courses.   |                    |                       |                            |                       |                          |                                   |
| <b>8 Health Board Resource Transfer Income</b>   | <b>-364</b>        | <b>-303</b>           | <b>-303</b>                | <b>-364</b>           | <b>-0</b>                | <b>0</b>                          |
| No variation on budget is expected.  |                    |                       |                            |                       |                          |                                   |
| <b>9 Other Income</b>  | <b>0</b>           | <b>-0</b>             | <b>30</b>                  | <b>0</b>              | <b>31</b>                | <b>0</b>                          |
| No variation on budget is expected   |                    |                       |                            |                       |                          |                                   |
| <b>Total - Additions</b>   | <b>667</b>         | <b>464</b>            | <b>561</b>                 | <b>659</b>            | <b>97</b>                | <b>-8</b>                         |
| <b>LEARNING DISABILITY</b>   |                    |                       |                            |                       |                          |                                   |
| <b>1 Employee Costs</b>  | <b>1,562</b>       | <b>1,258</b>          | <b>1,415</b>               | <b>1,800</b>          | <b>156</b>               | <b>238</b>                        |
| At this stage projections show that there will be a variation to budget in relation to the Pineview service. For this report it is assumed that this will be partly achieved as there will be a delay in the recruitment process, to fill a number of vacancies, while one client placement remains void.  |                    |                       |                            |                       |                          |                                   |
| <b>2 Property Costs</b>  | <b>30</b>          | <b>26</b>             | <b>21</b>                  | <b>27</b>             | <b>-5</b>                | <b>-2</b>                         |
| Savings can be assumed in relation to utility costs.   |                    |                       |                            |                       |                          |                                   |
| <b>3 Supplies and Services</b>   | <b>34</b>          | <b>28</b>             | <b>23</b>                  | <b>29</b>             | <b>-4</b>                | <b>-5</b>                         |
| This budget relates to supplies for clients within John Street and Pineview. A small variation can be reported in relation to Ihear training, however this has been offset by an underspend in food costs within John Street.  |                    |                       |                            |                       |                          |                                   |
| <b>4 Agencies and Other Bodies</b>   | <b>13,264</b>      | <b>10,307</b>         | <b>9,859</b>               | <b>13,520</b>         | <b>-448</b>              | <b>256</b>                        |
| At this stage there is a significant reduction in the Commitments against Care Packages for Supported Living. There is, however, increased commitment against Supported Accommodation, Residential Accommodation, Homecare and Daycare. These commitments include an estimation of uplifts in respect of the Scottish Government's Living Wage for this financial year. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments. |                    |                       |                            |                       |                          |                                   |
| <b>5 Budget Savings</b>  | <b>0</b>           | <b>0</b>              | <b>0</b>                   | <b>0</b>              | <b>0</b>                 | <b>0</b>                          |
| No variation on budget is expected   |                    |                       |                            |                       |                          |                                   |
| <b>6 Transport and Plant</b>   | <b>385</b>         | <b>288</b>            | <b>390</b>                 | <b>467</b>            | <b>101</b>               | <b>83</b>                         |
| Transport costs are currently overspending. This pressure will continue to be monitored on an ongoing basis.   |                    |                       |                            |                       |                          |                                   |
| <b>7 Admin and Other Costs</b>   | <b>1</b>           | <b>1</b>              | <b>1</b>                   | <b>1</b>              | <b>0</b>                 | <b>-0</b>                         |
| No variation on budget is expected   |                    |                       |                            |                       |                          |                                   |
| <b>8 Health Board Resource Transfer Income</b>   | <b>-83</b>         | <b>-70</b>            | <b>-70</b>                 | <b>-83</b>            | <b>0</b>                 | <b>0</b>                          |
| No variation on budget is expected.  |                    |                       |                            |                       |                          |                                   |
| <b>9 Other Income</b>  | <b>-339</b>        | <b>-261</b>           | <b>-273</b>                | <b>-342</b>           | <b>-12</b>               | <b>-3</b>                         |
| Additional income is included in relation to a prior year out of boundary charge for a client supported by John Street. This was under negotiation with West Dunbartonshire Health and Social Care Partnership and was recently agreed and backdated to 17/18. This has been offset by a reduction in anticipated recharges for transport, board and lodgings and support services   |                    |                       |                            |                       |                          |                                   |
| <b>Total - Learning Disability</b>   | <b>14,852</b>      | <b>11,578</b>         | <b>11,367</b>              | <b>15,419</b>         | <b>-211</b>              | <b>567</b>                        |
| <b>MENTAL HEALTH</b>   |                    |                       |                            |                       |                          |                                   |
| <b>1 Employee Costs</b>  | <b>486</b>         | <b>391</b>            | <b>421</b>                 | <b>563</b>            | <b>29</b>                | <b>77</b>                         |

**GENERAL FUND REVENUE MONITORING 2018/19  
DETAILED FINANCIAL POSITION as at Period 10: 27 January 2019**

|  | Annual<br>Budget<br>£000 | Budget<br>Period 10<br>£000 | Expenditure<br>Period 10<br>£000 | Projected<br>Annual<br>£000 | Variation<br>Period 10<br>£000 | Projected Year<br>End Variation<br>£000 |
|--|--------------------------|-----------------------------|----------------------------------|-----------------------------|--------------------------------|---|
| At this stage projections show that there will be a variation to budget. This assumes that staff turnover savings will not be achieved as Mental Health officer vacancies are being covered by agency staff.   |                          |                             |                                  |                             |                                |   |
| <b>2 Property Costs</b>  | 0                        | 0                           | -0                               | 0                           | -0                             | 0                                       |
| No variation on budget is expected   |                          |                             |                                  |                             |                                |   |
| <b>3 Supplies and Services</b>   | 0                        | 0                           | 0                                | 0                           | 0                              | 0                                       |
| No variation on budget is expected   |                          |                             |                                  |                             |                                |   |
| <b>4 Agencies and Other Bodies</b>   | 2,033                    | 1,661                       | 1,542                            | 2,021                       | -119                           | -12                                     |
| At this stage there is a significant reduction in the commitment against Residential Accommodation and Daycare. There is, however, increased commitment against Supported Accommodation, supported living and Homecare. These commitments include an estimation of uplifts in respect of the Scottish Government's Living Wage for this financial year. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments. |                          |                             |                                  |                             |                                |   |
| <b>5 Budget Savings</b>  | 0                        | 0                           | 0                                | 0                           | 0                              | 0                                       |
| No variation on budget is expected   |                          |                             |                                  |                             |                                |   |
| <b>6 Transport and Plant</b>   | 0                        | 0                           | 0                                | 0                           | 0                              | 0                                       |
| No variation on budget is expected   |                          |                             |                                  |                             |                                |   |
| <b>7 Admin and Other Costs</b>   | 0                        | 0                           | 0                                | 0                           | 0                              | 0                                       |
| No variation on budget is expected   |                          |                             |                                  |                             |                                |   |
| <b>8 Health Board Resource Transfer Income</b>   | -85                      | -71                         | -71                              | -85                         | 0                              | 0                                       |
| No variation on budget is expected.  |                          |                             |                                  |                             |                                |   |
| <b>9 Other Income</b>  | -32                      | -24                         | -21                              | -37                         | 3                              | -5                                      |
| At this stage a small increase is anticipated in relation to Service user recharges.   |                          |                             |                                  |                             |                                |   |
| <b>Total - Mental Health</b>   | <b>2,402</b>             | <b>1,958</b>                | <b>1,872</b>                     | <b>2,463</b>                | <b>-86</b>                     | <b>61</b>                               |
| <b>ADULT PROTECTION</b>  |                          |                             |                                  |                             |                                |   |
| <b>1 Employee Costs</b>  | 96                       | 77                          | 79                               | 101                         | 2                              | 5                                       |
| At this stage projections show that there will be a small variation to budget. This assumes that all staff turnover savings will be achieved.  |                          |                             |                                  |                             |                                |   |
| <b>2 Property Costs</b>  | 0                        | 0                           | 0                                | 0                           | 0                              | 0                                       |
| No variation on budget is expected   |                          |                             |                                  |                             |                                |   |
| <b>3 Supplies and Services</b>   | 0                        | 0                           | 0                                | 0                           | 0                              | 0                                       |
| No variation on budget is expected   |                          |                             |                                  |                             |                                |   |
| <b>4 Agencies and Other Bodies</b>   | 3                        | 2                           | 2                                | 3                           | -0                             | 0                                       |
| No variation on budget is expected   |                          |                             |                                  |                             |                                |   |
| <b>5 Budget Savings</b>  | 0                        | 0                           | 0                                | 0                           | 0                              | 0                                       |
| No variation on budget is expected   |                          |                             |                                  |                             |                                |   |
| <b>6 Transport and Plant</b>   | 0                        | 0                           | 0                                | 0                           | 0                              | 0                                       |
| No variation on budget is expected   |                          |                             |                                  |                             |                                |   |



**GENERAL FUND REVENUE MONITORING 2018/19  
DETAILED FINANCIAL POSITION as at Period 10: 27 January 2019**

|   | Annual Budget £000 | Budget Period 10 £000 | Expenditure Period 10 £000 | Projected Annual £000 | Variation Period 10 £000 | Projected Year End Variation £000 |
|---|--------------------|-----------------------|----------------------------|-----------------------|--------------------------|-----------------------------------|
| No variation on budget is expected  |                    |                       |                            |                       |                          |                                   |
| <b>7 Admin and Other Costs</b>  | 2                  | 2                     | 0                          | 2                     | -1                       | 0                                 |
| No variation on budget is expected  |                    |                       |                            |                       |                          |                                   |
| <b>8 Health Board Resource Transfer Income</b>  | 0                  | 0                     | 0                          | 0                     | 0                        | 0                                 |
| No variation on budget is expected  |                    |                       |                            |                       |                          |                                   |
| <b>9 Other Income</b>   | 0                  | 0                     | 0                          | 0                     | 0                        | 0                                 |
| No variation on budget is expected  |                    |                       |                            |                       |                          |                                   |
| <b>Total - Adult Protection</b>   | <b>101</b>         | <b>81</b>             | <b>82</b>                  | <b>106</b>            | <b>0</b>                 | <b>5</b>                          |
| <b>DAY SERVICES, OUTLOOK, OUTREACH &amp; BME (MILAN)</b>  |                    |                       |                            |                       |                          |                                   |
| <b>1 Employee Costs</b>   | <b>2,267</b>       | <b>1,823</b>          | <b>1,601</b>               | <b>2,046</b>          | <b>-222</b>              | <b>-221</b>                       |
| Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted. At this stage projections show that there will be a significant variation to budget as a result of a number of vacancies that have not been filled.  |                    |                       |                            |                       |                          |                                   |
| <b>2 Property Costs</b>   | <b>67</b>          | <b>59</b>             | <b>89</b>                  | <b>107</b>            | <b>30</b>                | <b>40</b>                         |
| There is a pressure in relation to unbudgeted costs for the cleaning service within Milan and also janitorial recharges within Kelvinbank.  |                    |                       |                            |                       |                          |                                   |
| <b>3 Supplies and Services</b>  | <b>94</b>          | <b>77</b>             | <b>57</b>                  | <b>88</b>             | <b>-19</b>               | <b>-6</b>                         |
| A review of supplies and services has identified in year savings in relation to food costs, supplies for clients etc.   |                    |                       |                            |                       |                          |                                   |
| <b>4 Agencies and Other Bodies</b>  | <b>34</b>          | <b>5</b>              | <b>3</b>                   | <b>34</b>             | <b>-2</b>                | <b>0</b>                          |
| There is currently a pressure within agencies and other bodies is in relation to the Meet & Greet Club at Kelvinbank. This, however, can be offset by in year savings in respect of the community care budget.  |                    |                       |                            |                       |                          |                                   |
| <b>5 Budget Savings</b>   | <b>0</b>           | <b>0</b>              | <b>0</b>                   | <b>0</b>              | <b>0</b>                 | <b>0</b>                          |
| No variation on budget is expected  |                    |                       |                            |                       |                          |                                   |
| <b>6 Transport and Plant</b>  | <b>4</b>           | <b>3</b>              | <b>0</b>                   | <b>0</b>              | <b>-3</b>                | <b>-4</b>                         |
| There is no anticipated transport expenditure for this service within the current financial year.   |                    |                       |                            |                       |                          |                                   |
| <b>7 Admin and Other Costs</b>  | <b>13</b>          | <b>10</b>             | <b>2</b>                   | <b>10</b>             | <b>-8</b>                | <b>-2</b>                         |
| A review of administrative costs has identified a small in year saving.   |                    |                       |                            |                       |                          |                                   |
| <b>8 Health Board Resource Transfer Income</b>  | <b>0</b>           | <b>0</b>              | <b>0</b>                   | <b>0</b>              | <b>0</b>                 | <b>0</b>                          |
| No variation on budget is expected  |                    |                       |                            |                       |                          |                                   |
| <b>9 Other Income</b>   | <b>-201</b>        | <b>-167</b>           | <b>-151</b>                | <b>-267</b>           | <b>16</b>                | <b>-66</b>                        |
| Additional income in relation to out of boundary recharges to other local authorities can now be reported.  |                    |                       |                            |                       |                          |                                   |
| <b>Total - Day Services, Outlook, Outreach &amp; BME (Milan)</b>  | <b>2,277</b>       | <b>1,810</b>          | <b>1,601</b>               | <b>2,018</b>          | <b>-209</b>              | <b>-259</b>                       |
| <b>MENTAL HEALTH, LEARNING DISABILITY, ADDICTIONS &amp; HEALTH IMPROVEMENT (ALL EDC only)</b>   |                    |                       |                            |                       |                          |                                   |
| <b>1 Employee Costs</b>   | <b>4,849</b>       | <b>3,915</b>          | <b>3,881</b>               | <b>4,970</b>          | <b>-33</b>               | <b>121</b>                        |
| Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers in order to ascertain when vacancies will be filled. It has been assumed that vacancies will not be filled this financial year. There is also a £400k budget saving allocated to the Pineview service. For this report it is assumed that this will be partly achieved as there will be a delay in the recruitment process, to fill a number of vacancies, while one client placement remains void. |                    |                       |                            |                       |                          |                                   |
| <b>2 Property Costs</b>   | <b>97</b>          | <b>85</b>             | <b>110</b>                 | <b>135</b>            | <b>25</b>                | <b>37</b>                         |

**GENERAL FUND REVENUE MONITORING 2018/19  
DETAILED FINANCIAL POSITION as at Period 10: 27 January 2019**

|  | Annual Budget<br>£000 | Budget<br>Period 10<br>£000 | Expenditure<br>Period 10<br>£000 | Projected<br>Annual<br>£000 | Variation<br>Period 10<br>£000 | Projected Year<br>End Variation<br>£000 |
|--|-----------------------|-----------------------------|----------------------------------|-----------------------------|--------------------------------|---|
| <p>There is a pressure in relation to unbudgeted costs for the cleaning service within Milan premise and also janitorial recharges within Kelvinbank. Savings can be assumed in relation to Utilities.</p>   |                       |                             |                                  |                             |                                |   |
| <b>3 Supplies and Services</b>   | 136                   | 112                         | 85                               | 127                         | -27                            | -9                                      |
| <p>This budget relates to supplies for clients within Day Services, John Street and Pineview. A small variation can be reported in relation to Ihear training, however this has been offset by an underspend in food costs within John Street. A review of supplies and services within Day Services has identified in year savings in relation to food costs, supplies for clients etc.</p>   |                       |                             |                                  |                             |                                |   |
| <b>4 Agencies and Other Bodies</b>   | 15,912                | 12,366                      | 11,868                           | 16,129                      | -498                           | 217                                     |
| <p>At this stage there is a significant reduction in the Commitments against Care Packages for Supported Living. There is, however, increased commitment against Residential Accommodation, Supported Accommodation, Homecare and Daycare. These commitments include an estimation of uplifts in respect of the Scottish Government's Living Wage for this financial year. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments. There is also pressure in relation to the Meet &amp; Greet club at Kelvinbank. This, however, can be offset by in year savings in respect of the community care budget. Also within payments to voluntary organisations in Addictions.</p> |                       |                             |                                  |                             |                                |   |
| <b>5 Budget Savings</b>  | 0                     | 0                           | 0                                | 0                           | 0                              | 0                                       |
| <p>No variation on budget is expected</p>  |                       |                             |                                  |                             |                                |   |
| <b>6 Transport and Plant</b>   | 388                   | 291                         | 390                              | 467                         | 98                             | 79                                      |
| <p>Transport costs are currently overspending. This pressure will continue to be monitored on an ongoing basis.</p>  |                       |                             |                                  |                             |                                |   |
| <b>7 Admin and Other Costs</b>   | 20                    | 16                          | 5                                | 14                          | -11                            | -6                                      |
| <p>In year savings can be assumed in relation to conferences and courses and other administrative costs.</p>   |                       |                             |                                  |                             |                                |   |
| <b>8 Health Board Resource Transfer Income</b>   | -532                  | -444                        | -443                             | -532                        | 1                              | 0                                       |
| <p>No variation on budget is expected.</p>   |                       |                             |                                  |                             |                                |   |
| <b>9 Other Income</b>  | -572                  | -451                        | -414                             | -646                        | 37                             | -75                                     |
| <p>Additional income is included in relation to a prior year out of boundary charge for a client supported by John Street. This was under negotiation with West Dunbartonshire Health and Social Care Partnership and was recently agreed and backdated to 17/18.</p>  |                       |                             |                                  |                             |                                |   |
| <b>Total - Mental Health, Learning Disability, Addictions &amp; Health Improvement</b>   | <b>20,300</b>         | <b>15,891</b>               | <b>15,482</b>                    | <b>20,665</b>               | <b>-409</b>                    | <b>365</b>                              |
| <b>CHILDREN &amp; FAMILIES AND CRIMINAL JUSTICE</b>  |                       |                             |                                  |                             |                                |   |
| <b>CHILDREN &amp; FAMILIES</b>   |                       |                             |                                  |                             |                                |   |
| <b>1 Employee Costs</b>  | 4,468                 | 3,599                       | 3,274                            | 4,161                       | -325                           | -307                                    |
| <p>Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers. At this stage projections show that there will be a significant underspend in this budget. This is due to a number of vacancies that remain unfilled.</p>  |                       |                             |                                  |                             |                                |   |
| <b>2 Property Costs</b>  | 48                    | 43                          | 33                               | 48                          | -10                            | 0                                       |
| <p>No variation on budget is expected</p>  |                       |                             |                                  |                             |                                |   |
| <b>3 Supplies and Services</b>   | 73                    | 61                          | 52                               | 71                          | -9                             | -3                                      |
| <p>An in-year food costs saving has been identified for Ferndale as the unit is currently under capacity. Current underspends are within Women's Services (Criminal Justice).</p>  |                       |                             |                                  |                             |                                |   |
| <b>4 Agencies and Other Bodies</b>   | 6,883                 | 5,676                       | 5,837                            | 7,575                       | 161                            | 692                                     |
| <p>At this point projections show reduced pressure on Foster Payments, Adoption, Custody, Shared Carer and also within Daycare. The Fostering decrease is in relation to a reduction in the number of external placements. A review of projections have also, however, identified pressures within residential and secure accommodation, flexible support, care at home, supported accommodation, supported living, respite and kinship care. There are also pressures in relation to under budgeted costs for the PACe / PCAS services and Functional Family Therapy service.</p>   |                       |                             |                                  |                             |                                |   |
| <b>5 Transport and Plant</b>   | 86                    | 64                          | 72                               | 87                          | 8                              | 1                                       |
| <p>This budget is currently overspending. At this stage we can report a small variation to budget, however, will continue to monitor in future periods.</p>  |                       |                             |                                  |                             |                                |   |
| <b>6 Admin and Other Costs</b>   | 114                   | 95                          | 68                               | 113                         | -27                            | -2                                      |

**GENERAL FUND REVENUE MONITORING 2018/19  
DETAILED FINANCIAL POSITION as at Period 10: 27 January 2019**

|  | Annual Budget £000 | Budget Period 10 £000 | Expenditure Period 10 £000 | Projected Annual £000 | Variation Period 10 £000 | Projected Year End Variation £000 |
|--|--------------------|-----------------------|----------------------------|-----------------------|--------------------------|-----------------------------------|
| A small variation is anticipated in relation to office equipment, legal expenses and other administrative costs.   |                    |                       |                            |                       |                          |                                   |
| <b>7 Income</b>  | <b>-85</b>         | <b>-10</b>            | <b>-3</b>                  | <b>-13</b>            | <b>7</b>                 | <b>72</b>                         |
| Income from other local authorities for out of boundary charges for Buttercup House can now be reported.   |                    |                       |                            |                       |                          |                                   |
| <b>Total - Children &amp; Families</b>   | <b>11,588</b>      | <b>9,528</b>          | <b>9,334</b>               | <b>12,041</b>         | <b>-194</b>              | <b>453</b>                        |
| <b>CRIMINAL JUSTICE</b>  |                    |                       |                            |                       |                          |                                   |
| <b>1 Employee Costs</b>  | <b>1,288</b>       | <b>1,003</b>          | <b>1,000</b>               | <b>1,281</b>          | <b>-3</b>                | <b>-7</b>                         |
| Detailed analysis of costs to date continue. At this point projections assume that there will be a small variation in relation some of the staff turnover savings being unachievable.  |                    |                       |                            |                       |                          |                                   |
| <b>2 Property Costs</b>  | <b>1</b>           | <b>0</b>              | <b>0</b>                   | <b>1</b>              | <b>-0</b>                | <b>0</b>                          |
| No variation on budget is expected   |                    |                       |                            |                       |                          |                                   |
| <b>3 Supplies and Services</b>   | <b>23</b>          | <b>19</b>             | <b>3</b>                   | <b>23</b>             | <b>-16</b>               | <b>-1</b>                         |
| No variation on budget is expected   |                    |                       |                            |                       |                          |                                   |
| <b>4 Agencies and Other Bodies</b>   | <b>17</b>          | <b>12</b>             | <b>2</b>                   | <b>42</b>             | <b>-10</b>               | <b>25</b>                         |
| The variation reported is in relation to Youth justice grant funded voluntary organisations expenditure.   |                    |                       |                            |                       |                          |                                   |
| <b>5 Transport and Plant</b>   | <b>0</b>           | <b>0</b>              | <b>0</b>                   | <b>0</b>              | <b>0</b>                 | <b>0</b>                          |
| No variation on budget is expected   |                    |                       |                            |                       |                          |                                   |
| <b>6 Admin and Other Costs</b>   | <b>14</b>          | <b>12</b>             | <b>2</b>                   | <b>4</b>              | <b>-10</b>               | <b>-10</b>                        |
| A small variation is anticipated in relation to conferences and courses, office equipment and stationary.  |                    |                       |                            |                       |                          |                                   |
| <b>7 Income</b>  | <b>-1,086</b>      | <b>-877</b>           | <b>-772</b>                | <b>-1,122</b>         | <b>105</b>               | <b>-37</b>                        |
| Increased income in respect of Scottish Government grant funding for Criminal Justice and also recharges to Strathclyde University for an external secondment are expected to over recover within this financial year. Budgets have been amended to reflect the additional income and expenditure expected. This also includes additional funding from the Scottish Government to reduce substance misuse in the Youth Justice system. The development of a Young Person's Champions Board will now slip into next financial year and therefore associated funding awarded by Life Changes Trust will not be received in the current year. |                    |                       |                            |                       |                          |                                   |
| <b>Total - Criminal Justice</b>  | <b>257</b>         | <b>169</b>            | <b>234</b>                 | <b>227</b>            | <b>65</b>                | <b>-29</b>                        |
| <b>CHILDREN &amp; FAMILIES AND CRIMINAL JUSTICE (ALL)</b>  |                    |                       |                            |                       |                          |                                   |
| <b>1 Employee Costs</b>  | <b>5,756</b>       | <b>4,602</b>          | <b>4,274</b>               | <b>5,442</b>          | <b>-328</b>              | <b>-314</b>                       |
| Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers. At this stage projections show that there will be an significant underspend in this budget. This is due to a number of vacancies that remain unfilled.  |                    |                       |                            |                       |                          |                                   |
| <b>2 Property Costs</b>  | <b>48</b>          | <b>43</b>             | <b>34</b>                  | <b>48</b>             | <b>-10</b>               | <b>0</b>                          |
| No variation on budget is expected, current underspends are due to rates in Ferndale which will come in as the year progresses.  |                    |                       |                            |                       |                          |                                   |
| <b>3 Supplies and Services</b>   | <b>97</b>          | <b>80</b>             | <b>55</b>                  | <b>93</b>             | <b>-25</b>               | <b>-3</b>                         |
| An in-year food costs saving has been identified for Ferndale as the unit is currently under capacity. Current underspends are within Women's Services (Criminal Justice).   |                    |                       |                            |                       |                          |                                   |
| <b>4 Agencies and Other Bodies</b>   | <b>6,900</b>       | <b>5,688</b>          | <b>5,839</b>               | <b>7,616</b>          | <b>151</b>               | <b>717</b>                        |
| At this point projections show reduced pressure on Foster Payments, Adoption, Custody, Shared Carer and also within Daycare. The Fostering decrease is in relation to a reduction in the number of external placements. A review of projections have also identified pressures within residential and secure accommodation, flexible support, care at home, supported accommodation, respite and kinship care. There are also pressures in relation to under budgeted costs for the PAcE / PCAS services and Functional Family Therapy service.  |                    |                       |                            |                       |                          |                                   |
| <b>5 Transport and Plant</b>   | <b>86</b>          | <b>64</b>             | <b>72</b>                  | <b>87</b>             | <b>8</b>                 | <b>1</b>                          |
| This budget is currently overspending. To date there is a small variation to budget, however, we will continue to monitor in future periods.   |                    |                       |                            |                       |                          |                                   |
| <b>6 Admin and Other Costs</b>   | <b>128</b>         | <b>106</b>            | <b>69</b>                  | <b>117</b>            | <b>-37</b>               | <b>-12</b>                        |



**GENERAL FUND REVENUE MONITORING 2018/19  
DETAILED FINANCIAL POSITION as at Period 10: 27 January 2019**

|  | Annual Budget £000 | Budget Period 10 £000 | Expenditure Period 10 £000 | Projected Annual £000 | Variation Period 10 £000 | Projected Year End Variation £000 |
|--|--------------------|-----------------------|----------------------------|-----------------------|--------------------------|-----------------------------------|
| <b>7 Income</b>  | <b>-1,171</b>      | <b>-887</b>           | <b>-775</b>                | <b>-1,135</b>         | <b>112</b>               | <b>35</b>                         |
| Increased income in respect of Scottish Government grant funding for Criminal Justice and also recharges to Strathclyde University for an external secondment are expected to over recover within this financial year. Budgets have been amended to reflect the additional income and expenditure expected. This also includes additional funding from the Scottish Government to reduce substance misuse in the Youth Justice system. The development of a Young Person's Champions Board will now slip into next financial year and therefore associated funding awarded by Life Changes Trust will not be received in the current year. |                    |                       |                            |                       |                          |                                   |
| <b>Total - Children &amp; Families and Criminal Justice</b>  | <b>11,844</b>      | <b>9,697</b>          | <b>9,569</b>               | <b>12,268</b>         | <b>-129</b>              | <b>424</b>                        |
| <b>SOCIAL WORK STRATEGIC / RESOURCES</b>   |                    |                       |                            |                       |                          |                                   |
| <b>1 Employee Costs</b>  | <b>603</b>         | <b>486</b>            | <b>494</b>                 | <b>588</b>            | <b>8</b>                 | <b>-15</b>                        |
| Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers.   |                    |                       |                            |                       |                          |                                   |
| <b>2 Property Costs</b>  | <b>0</b>           | <b>0</b>              | <b>0</b>                   | <b>0</b>              | <b>0</b>                 | <b>0</b>                          |
| No variation on budget is expected   |                    |                       |                            |                       |                          |                                   |
| <b>3 Supplies and Services</b>   | <b>6</b>           | <b>5</b>              | <b>3</b>                   | <b>6</b>              | <b>-2</b>                | <b>0</b>                          |
| No variation on budget is expected   |                    |                       |                            |                       |                          |                                   |
| <b>4 Agencies and Other Bodies</b>   | <b>1,385</b>       | <b>1,134</b>          | <b>826</b>                 | <b>1,430</b>          | <b>-309</b>              | <b>44</b>                         |
| The reported variation relates to an increase in anticipated costs to voluntary organisations.   |                    |                       |                            |                       |                          |                                   |
| <b>5 Budget Savings</b>  | <b>-2,310</b>      | <b>-225</b>           | <b>0</b>                   | <b>0</b>              | <b>225</b>               | <b>2,310</b>                      |
| This is the balance of savings and includes those identified as alternative packages through service reviews. This includes £2.04m which will be drawn down from reserves as required.   |                    |                       |                            |                       |                          |                                   |
| <b>6 Transport and Plant</b>   | <b>0</b>           | <b>0</b>              | <b>0</b>                   | <b>0</b>              | <b>0</b>                 | <b>0</b>                          |
| No variation on budget is expected   |                    |                       |                            |                       |                          |                                   |
| <b>7 Admin and Other Costs</b>   | <b>20</b>          | <b>16</b>             | <b>39</b>                  | <b>29</b>             | <b>23</b>                | <b>9</b>                          |
| Additional legal expenses have resulted in a small pressure against admin costs.   |                    |                       |                            |                       |                          |                                   |
| <b>8 Health Board Resource Transfer Income</b>   | <b>-10,256</b>     | <b>-8,547</b>         | <b>-8,547</b>              | <b>-10,256</b>        | <b>0</b>                 | <b>0</b>                          |
| No variation on budget is expected   |                    |                       |                            |                       |                          |                                   |
| <b>9 Other Income</b>  | <b>-5,976</b>      | <b>-5,854</b>         | <b>-6,117</b>              | <b>-6,226</b>         | <b>-263</b>              | <b>-250</b>                       |
| A review of income took place as part of the CCLS budget process for 2019/20. This identified additional income due from the Social Care Fund.   |                    |                       |                            |                       |                          |                                   |
| <b>Total - Social Work Strategic / Resources</b>   | <b>-16,529</b>     | <b>-12,985</b>        | <b>-13,303</b>             | <b>-14,430</b>        | <b>-317</b>              | <b>2,099</b>                      |
| <b>Total Integrated Health and Social Care Variances</b>   | <b>51,950</b>      | <b>40,394</b>         | <b>39,169</b>              | <b>55,362</b>         | <b>-1,226</b>            | <b>3,412</b>                      |



**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

|                        |  |
|------------------------|--|
| <b>Date of Meeting</b> | 21 <sup>st</sup> March 2019  |
| <b>Subject Title</b>   | Financial Planning 2019/20 Update  |
| <b>Report By</b>       | Jean Campbell, Chief Finance & Resources Officer<br>Tel: 0300 1234510 Ext 3221 |
| <b>Contact Officer</b> | Jean Campbell, Chief Finance & Resources Officer<br>Tel: 0300 1234510 Ext 3221 |

|                          |   |
|--------------------------|---|
| <b>Purpose of Report</b> | To update the Board on the financial planning for the partnership and agree the budget for 2019/20. |
|--------------------------|---|

|                        |   |
|------------------------|---|
| <b>Recommendations</b> | <p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> <li>a. Note the position on the financial planning assumptions for the partnership based on discussion and collaboration with representatives from the constituent bodies and the latest known position for both the Council and the NHS Board for 2019/20.</li> <li>b. On the basis of the planning assumptions outlined within the report (para.1.10), consider the indicative allocation from GG&amp;C NHS Board and the impact this will have on the Partnership's ability to deliver both the functions delegated to it under the integration scheme and the strategic priorities set out for the HSCP and agree to further discussions to deliver an improved offer in line with the Scottish Government uplift to NHS GG&amp;C.</li> <li>c. On the basis of the planning assumptions outlined within the report (para.1.12), consider the indicative allocation from East Dunbartonshire Council and the impact this will have on the Partnership's ability to deliver both the functions delegated to it under the integration scheme and the strategic priorities set out for the HSCP and agree to conditionally accept the indicative budget settlement for 2019/20 subject to the Council formally approving its budget on the 21<sup>st</sup> March 2019.</li> <li>d. Note the management actions outlined in Appendix 4 to mitigate the financial challenges to the partnership.</li> <li>e. Approve the transformation programme for 2019/20 to deliver a balanced budget position for the partnership outlined in Appendix 5.</li> <li>f. Note the anticipated reserves position for the partnership moving into 2019/20,</li> <li>g. Note the risks to the Partnership in meeting the service demands for health &amp; social care functions and in the delivery of the strategic priorities set out in the Strategic Plan</li> </ol> |
|------------------------|---|

|   |  |
|---|--|
| <b>Relevance to HSCP Board Strategic Plan</b> | 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

|                        |      |
|------------------------|------|
| <b>Human Resources</b> | None |
|------------------------|------|

|                    |      |
|--------------------|------|
| <b>Equalities:</b> | None |
|--------------------|------|

|                   |   |
|-------------------|---|
| <b>Financial:</b> | The financial landscape for the partnership is challenging for 2019/20 and beyond due primarily to the settlements for both Local Authorities and Health Boards, demand and cost pressures in relation to social care services. |
|-------------------|---|

|               |       |
|---------------|-------|
| <b>Legal:</b> | None. |
|---------------|-------|

|                         |      |
|-------------------------|------|
| <b>Economic Impact:</b> | None |
|-------------------------|------|

|                        |   |
|------------------------|---|
| <b>Sustainability:</b> | The financial position of the partnership is dependent on the settlements from the Local Authority and the Health Board. The level of reserves has been significantly eroded during 2017/18 and as a measure to balance the budget for 2018/19. In order to achieve a level of sustainability in the short to medium term, the partnership is reliant on a programme of service redesign and transformation to meet the financial challenges. |
|------------------------|---|

|                           |  |
|---------------------------|--|
| <b>Risk Implications:</b> | 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. |
|---------------------------|--|

|  |  |
|--|--|
| <b>Implications for East Dunbartonshire Council:</b> | The impact and risks to the services delivered through the partnership will be significant in the event of a poor financial settlement to meet the ongoing statutory and demand pressures for health and social care services. |
|--|--|

|  |   |
|--|---|
| <b>Implications for NHS Greater Glasgow &amp; Clyde:</b> | The impact and risks to the services delivered through the partnership will be significant in the event of a poor financial settlement to meet the ongoing statutory and demand pressures for health and social care services.. |
|--|---|

|  |   |          |
|--|---|----------|
| <b>Direction Required to Council, Health Board or Both</b> | <b>Direction To:</b>  |          |
|  | <b>1. No Direction Required</b>   |          |
|  | <b>2. East Dunbartonshire Council</b>                                   |          |
|  | <b>3. NHS Greater Glasgow &amp; Clyde</b>                               |          |
|  | <b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b> | <b>x</b> |

## MAIN REPORT

- 1.1** The Integration Scheme between East Dunbartonshire Council and NHS Greater Glasgow & Clyde sets out the arrangements for the determination of the amounts to be paid to the Partnership from the respective parties in furtherance of the delivery of the Strategic Plan and to support the effective delivery of the services delegated to it.
- 1.2** The Integration Joint Board (IJB) is required to set a balanced budget each financial year and to take a view as to whether the settlement from each constituent body is sufficient for it to be able to deliver on the services delegated to it and the priorities set out within the Strategic Plan.
- 1.3** The Scottish Government 2019-20 Budget was passed by the Scottish Parliament on Thursday 7<sup>th</sup> March 2019 which included the financial settlement and distribution for both local authorities and Health Boards for 2019/20.
- 1.4** A previous report to the IJB on the 15<sup>th</sup> November 2018 outlined the context for financial planning for 2019/20 and provided the national picture articulated through the Scottish Government's "Medium Term Health & Social Care Financial Framework" and the local context in terms of the projected demand and cost pressures as well as the work underway to deliver transformation and efficiencies to mitigate the impact of these financial pressures.
- 1.5** A further report on the 16<sup>th</sup> January 2019 outlined the outcome of work undertaken in partnership with finance colleagues within NHS GG&C and East Dunbartonshire Council and provided a detailed picture for the partnership on the extent of local pressures and what this will mean in terms of a financial challenge for ED HSCP in 2019/20. The Scottish Government (SG) had also announced its draft budget for 2019/20 and the report provided a breakdown of the indicative additional funding elements to partnerships in furtherance of the integration agenda.
- 1.6** An update on the financial pressures facing the partnership for 2019/20 are detailed in the table below:-

|                                 | Delegated Health Functions<br>(£000) | Delegated Social Work Functions<br>(£000) | TOTAL HSCP<br>(£000) |
|---------------------------------|--------------------------------------|---|----------------------|
| Pay Inflation                   | 414                                  | 1,031                                     | 1,445                |
| Contractual Inflation           | 192                                  | 1,349                                     | 1,541                |
| Demand Pressures                |                                      | 3,160*                                    | 3,160                |
| Prescribing Pressures           | 744                                  | -   | 744                  |
| Other Pressures                 | 303                                  | 818                                       | 1,121                |
| Total Anticipated financial Gap | 1,653                                | 6,358                                     | 8,011                |

\* Includes an amount of £2.04m relating to the use of one off reserves to address the demand pressures arising during the 2018/19 budget process.

- 1.7** This provides for a financial gap of £8m for the HSCP.



**1.8** The changes to the financial pressures from that previously reported relates to provisions for the re-grading of health visitors, pressures in respect of accommodation within KHCC and the full extent of new funding commitments in respect of the Scottish Living Wage, delivery of Frank's law, school counselling and implementation of the Carers Act.

**1.9** Financial Settlement 2019/20

The Scottish Government announced its draft budget on the 12<sup>th</sup> December 2018 and the final budget was approved through the Scottish Parliament on the 7<sup>th</sup> March 2019 agreeing associated funding allocations to both NHS Boards and Local Government. This provided for additional investment in health and social care partnerships in recognition of the continuing pressure on health and social care budgets in the delivery of the integration agenda, including delivery of the living wage, increases to free personal care (FPC) payments, development of school counselling services, continued implementation of the Carers (Scotland) Act 2016 and extending free personal care to those under 65.

**1.10** The letter issued from the Scottish Government to NHS Boards and Integration Authorities (attached as **Appendix 1**) specified that NHS payments to Integration Authorities must deliver a real terms uplift to baseline funding, before provision of funding for pay awards, over 2018/19 cash levels. The uplift from the Scottish Government to NHS Greater Glasgow & Clyde comprises a general uplift of 2.54%. NHS GG&C have provided the partnership with high level budget figures for 2019/20 and is subject to Health Board approval. The formal offer from the Health Board will not be received until April 2019. The expectation that the full uplift is passed through to partnerships would equate to an uplift to East Dunbartonshire HSCP of £1.255m. The indicative offer from NHS GG&C represents an overall uplift of 2.2% (a general uplift of 1.8% and an additional pay uplift of 0.8%). This would equate to an indicative uplift of £1.049m to the funding settlement from NHS GG&C to ED HSCP. This represents a differential of £0.206m and is subject to ongoing discussion with NHS GG&C.

**1.11** The letter issued to the President of COSLA (attached as **Appendix 2**) and finance circular issued to local authorities on the 17<sup>th</sup> December detailed the indicative allocation to local authorities which included specific provision in relation to funding for health and social care totalling £160m. This can be broken down as follows and would represent an additional £3.1m for ED HSCP:

| Area of Investment  | SG Allocation 2019/20 | ED Indicative Allocation 2019/20 |
|---|-----------------------|----------------------------------|
| Extension of Free Personal Care (FPC) to under 65 (Frank's Law)       | £30m                  | £0.562m                          |
| Continued implementation of the Carers Act                            | £10m                  | £0.195m                          |
| Health & Social Care Integration (incl SLW, increase to FPC payments) | £108m                 | £2.104m                          |
| School Counselling Services   | £12m                  | £0.234m                          |
| <b>TOTAL</b>  | <b>£160m</b>          | <b>£3.095m</b>                   |

**1.12** The letter from the Scottish Government specifies that the total additional funding of £160m allocated to Health and Social Care and Mental Health is to be additional to each Council's 2018/19 recurrent spending on social care and not substitutional. This means that taken together, Local Authority social care budgets for allocation to Integration

Authorities (plus those retained for non-delegated social care functions) and funding for school counselling services must be £160m greater than 2018/19 recurrent budgets. This would equate to an indicative minimum uplift to the Social Work budget of £3.095m from that provided in 2018/19 in order to be compliant with the Scottish Government circular.

- 1.13** The element of funding relating to school counselling of £12m has yet to be included in the Local Authority financial settlement and is expected to come through as a re-determination so there may be a delay in allocating this element of funding to the partnership. The nature of expenditure in this area has to be determined and may require to be allocated within schools budget, however for the purposes of satisfying the terms of the SG settlement, it has been assumed within the partnership budget.
- 1.14** The full extent of the commitments outlined within the SG circular has been reflected within the social work pressures detailed in paragraph 1.3.
- 1.15** A further letter received from the Scottish Government to the COSLA President on the 31<sup>st</sup> January 2019 (attached as **Appendix 3**), following representation on the draft budget settlement from SOLACE and COSLA detailed a level of flexibility for Local Authorities to amend the base budgets for Adult Social Care Services to HSCPs of up to 2.2%. This would equate to £0.88m for ED HSCP. At this stage there is not expected to be any adjustment from East Dunbartonshire Council in response to this letter given the collaboration, shared understanding and joint working to establish a transformation programme which meets to financial challenges originally set out in previous reports to the IJB and to the Council.
- 1.16** A summary of the indicative impact from the respective financial settlements is detailed below:-

|   | <b>Delegated Health Functions (£000)</b> | <b>Delegated Social Work Functions (£000)</b> | <b>TOTAL HSCP (£000)</b> |
|---|--|---|--------------------------|
| Expected Financial Gap (per Para. 1.3)          | 1,653                                    | 6,358   | 8,011                    |
| Indicative Financial Settlement per SG circular | (1,049)*                                 | (3,095)                                       | (4,144)                  |
| <b>Revised Financial Gap</b>                    | <b>604</b>                               | <b>3,263</b>                                  | <b>3,867</b>             |

*\*NHS Uplift based on 1.8% general uplift plus 1.3% uplift for pays.*

- 1.17** The overall financial gap for the partnership is £3.9m. Significant work has been progressed in partnership with our colleagues within NHS GG&C and EDC to identify management actions, efficiency and transformation plans to mitigate the expected financial gap for the HSCP. This has culminated in a range of management actions to mitigate the financial gap (detailed in **Appendix 4**) and further areas identified for service redesign and transformation activity over the next year (detailed in **Appendix 5**).
- 1.18** There have been a number of development sessions with IJB Board members to look in detail at the proposals to meet the financial challenge and consider the impact on service delivery from these proposals. This will be subject to further scrutiny as part of the oversight of the Transformation Programme for 2019/20 and regular updates and monitoring reports will be presented to future meetings of the Board and through the Performance, Audit and Risk Committee.



1.19 The summary of the financial position for the partnership for 2019/20 is set out below:-

|   | NHS GG&C<br>(£000) | East<br>Dunbartonshire<br>Council<br>(£000) | TOTAL HSCP<br>(£000) |
|---|--------------------|---|----------------------|
| Recurring Budget 2018/19<br>(Excl set aside)    | 77,315             | 52,059                                      | 129,374              |
| Financial Pressures                             | 1,653              | 6,358                                       | 8,011                |
| <b>Recurring Budget<br/>Requirement 2019/20</b> | <b>78,968</b>      | <b>58,417</b>                               | <b>137,385</b>       |
| Indicative Financial<br>Settlement              | 78,364             | 55,154                                      | 133,518              |
| <b>Financial Challenge</b>                      | <b>604</b>         | <b>3,263</b>                                | <b>3,867</b>         |
| Management Actions                              | 958                | 1,097                                       | 2,055                |
| Transformation Programme                        |                    | 1,696                                       | 1,696                |
| <b>Revised Financial Gap</b>                    | <b>(354)</b>       | <b>470</b>                                  | <b>116</b>           |

1.20 The financial gap has largely been closed with an outstanding balance of £116k still to be identified. Further work will be required in the initial quarter of the new financial year to finalise work to meet the full extent of the gap. The partnership expects to have some residual reserves (detailed below) to mitigate some of the risks and timing of transformation activity identified to address the financial challenge.

1.21 The Council meeting to formally agree the Budget 2019/20 is on the evening of the 21<sup>st</sup> March 2019, therefore the above position and financial assumptions underpinning the expected financial settlement from East Dunbartonshire Council are subject to formal ratification and may change following this meeting. In the event there is a change to the expected Council position then further work will be required to consider the partnership position and the impact any changes would have in the context of its ability to set a balanced budget for 2019/20.

1.22 NHS GG&C have provided the partnership with high level budget figures for 2019/20 and is subject to Health Board approval. The formal offer from the Health Board will not be received until April 2019. The interim position is set out in table 1.16 above and represents an overall 2.2% uplift on 2019/20. The indicative settlement from NHS GG&C falls below the partnership expectation of funding following the letter of 12<sup>th</sup> December 2018 from the Scottish Government. This letter set out the respective allocations to NHS Boards across Scotland and, as within other board areas, the partnership expectation is that this would pass through to HSCPs at this level. There is ongoing discussion with NHS GG&C to clarify the proposed allocation from NHS GG&C.

1.23 Further to the above there has been no formal offer received from NHS GG&C in respect of the set aside budget for 2019/20. The Scottish Government remain committed to implementing set aside arrangements and work is ongoing within GGC and across Scotland to determine how this will be implemented. It is expected that national guidance on implementation will be issued in due course.



## 2.0 Partnership Reserves

2.1 The expected partnership reserves at the year-end are set out below:-

| <b>2018/19</b>              |                                     |                  |                 | <b>2018/19</b>            |
|-----------------------------|-------------------------------------|------------------|-----------------|---------------------------|
| Balance at<br>31 March 2018 |                                     | Transfers<br>Out | Transfers<br>In | Balance at<br>30 Nov 2018 |
| £000                        |                                     | 2018/19<br>£000  | 2018/19<br>£000 | £000                      |
| (102)                       | Scottish Govt. Funding - SDS        | 50               |                 | (52)                      |
| (36)                        | Mental health Project               | 36               |                 |                           |
| (1,665)                     | Service Redesign / Transformation   | 1,572            |                 | (93)                      |
| (6)                         | Keys to Life Funding                | 6                |                 |                           |
| (523)                       | Integrated Care / Delayed Discharge |                  |                 | (523)                     |
| (198)                       | Primary Care Cluster funding        |                  |                 | (198)                     |
| (600)                       | Oral Health Funding                 | 450              |                 | (150)                     |
| <b>(3,130)</b>              | <b>Total Earmarked</b>              | <b>2,114</b>     | <b>0</b>        | <b>(1,016)</b>            |
| (957)                       | Contingency – General Reserve       | 1,631            | (1,100)         | (426)                     |
| <b>(4,087)</b>              | <b>General Fund</b>                 | <b>3,745</b>     | <b>(1,100)</b>  | <b>(1,442)</b>            |

2.2 The position set out provides for minimal general reserves of £0.4m and a residual earmarked reserve of £1m. This does not meet the requirements set out in the partnership reserves policy and leaves the partnership in a vulnerable position moving into 2019/20. Opportunities for management action throughout the course of 19/20 which seek to build up to a prudent level of reserve will be required. The risk that the partnership will have to rely on the constituent bodies in the event of further demand pressures and cost implications which are beyond the budget agreed for the HSCP.

## 3.0 Partnership Financial Risks

The most significant risks that will require to be managed during 2018/19 are;

- **Cost Pressures** – The assumptions built in for anticipated demand and cost pressures for social work are beyond that expected, particularly in relation to contractual uplifts relating to the care at home framework, the national care home contract and the implementation of the living wage.
- **Prescribing Expenditure** – Prescribing is singularly the most significant risk to the Partnership in terms of cost and demand volatility. This is particularly significant for medicines moving onto short supply which has been a concern over the last couple of year and is expected to continue.
- **Un Scheduled Care** - The pressures on Acute budgets remain significant with a large element of this relating to pressure from un-scheduled care. If there is no improvement in Partnership performance in this area (targeted reductions in occupied bed days / delayed discharges) then there may be financial penalties with these costs directed to Partnerships.
- **Achievement of Savings Targets** –There are elements of savings targets where further work has to be progressed to realise the efficiency / savings identified and this will be reliant on the resources required to take these initiatives forward. There are also risks attached to the delivery of these savings which have been detailed within individual savings proposals.

- **Service delivery** – the impact from savings proposals and service changes may have an unintended impact for other areas of service delivery across the partnership.
- **Partnership Reserves** – the general reserves for the partnership are expected to be exhausted during 2018/19 leaving the partnership with no ability to mitigate in year pressures during 2019/20 without further resort to earmarked reserve. This would undermine the IJB Reserves Policy and will significantly impact on the partnership's ability to deliver on the strategic priorities set out in the Strategic Plan as well as deliver any service redesign and transformation which would support sustainable services into the future.
- **Demographic Pressures** – Increasing numbers of older people, children transitioning from into Adult Services and increasing numbers of LAAC is placing significant additional demand on a range of services including residential placements, day care and home care. These factors increase the risk that overspends will arise and that the IJB will not achieve a balanced year end position.
- **Living Wage** – the costs associated with implementing further commitments in respect of the living wage are subject to on-going negotiation with service providers on the impact of these changes. This is an ongoing issue and the capacity and sustainability of care providers remains a concern to continue to deliver efficient and effective care services.
- **Delivery of Strategic Priorities** – work focussed on identifying areas of efficiencies to meet savings targets detracts from the agenda to redesign services to meet strategic priorities and national outcomes and focus on longer term sustainability
- **Brexit** – the risks arising from an EU exit and whether this will be subject to a deal or no deal scenario will have an impact on workforce, equipment supplies and the availability and cost of medicines.



T: 0131-244 3464  
E: christine.mclaughlin@gov.scot

Chief Executives, NHS Scotland

Copy to: NHS Chairs  
NHS Directors of Finance  
Integration Authority Chief Officers  
Integration Authority Chief Finance Officers

***Issued via email***

Our Ref: A22950623

12 December 2018

Dear Chief Executives

**Budget 2019-20 – Indicative Allocation**

Following the announcement of the Scottish Government's Budget for 2019-20 by the Cabinet Secretary for Finance, Economy and Fair Work in Parliament today, I am writing to provide details of the funding settlement for Health Boards. A breakdown of the total is provided in the annex to this letter.

A central component of the Portfolio settlement and approach taken is that the Budget will support the delivery of the core priorities set out in the Programme for Government, which focus on; waiting times improvement, investment in mental health and delivering greater progress and pace in the integration of health and social care, as well as evidencing a further shift in the balance of spend to mental health and to primary, community and social care.

**Baseline Funding**

Territorial Boards will receive a minimum baseline uplift of 2.5%, which includes funding for the 2019-20 pay award. In addition to this, those Boards furthest from NRAC parity will receive a share of £23 million, which will continue to mean that no Board is further than 0.8% from NRAC parity in 2019-20.

The four patient facing National Boards, (Scottish Ambulance Service, NHS 24, Golden Jubilee Foundation and The State Hospital) will each receive a minimum uplift of 1.7%, including funding for the 2019-20 pay award. In addition, the Scottish Ambulance Service will receive a further £6 million to support the implementation of their strategy. NHS National Services Scotland, Healthcare Improvement Scotland, NHS Education for Scotland and NHS Health Scotland will receive funding for the 2019-20 pay award.

The National Board savings requirement of £15 million is reflected in opening budgets, with final amendments to be agreed before the start of the financial year.

## Investment in Improving Patient Outcomes

In addition to the baseline funding uplift, a total of £392 million will be invested in reforming service delivery in 2019-20, as set out below:

| Improving patient outcomes | 2018-19 (£m) | 2019-20 (£m) | Increase for 2019-20 (£m) |
|----------------------------|--------------|--------------|---------------------------|
| Primary Care               | 120          | 155          | 35                        |
| Waiting Times Improvement  | 56           | 146          | 90                        |
| Mental Health and CAMHS    | 47           | 61           | 14                        |
| Trauma Networks            | 10           | 18           | 8                         |
| Cancer                     | 10           | 12           | 2                         |
| <b>TOTAL</b>               | <b>243</b>   | <b>392</b>   | <b>149</b>                |

When combining the £149 million increase in investment in reform with an increase of £281 million in baseline funding for frontline NHS Boards, the total additional funding for frontline NHS Boards will amount to £430 million (4.2 per cent) in 2019-20. Further detail is set out in the annex to this letter.

Full details of the method of allocation and evidence of delivering against agreed outcomes will be set out by individual policy areas in advance of the new financial year.

### Core Areas of Investment

#### Primary Care

Investment in the Primary Care Fund will increase to £155 million in 2019-20. This will support the transformation of primary care by enabling the expansion of multidisciplinary teams for improved patient care, and a strengthened and clarified role for GPs as expert medical generalists and clinical leaders in the community.

#### Waiting Times Improvement Plan

Investment of £146 million will be provided to support delivery of the trajectories set out in the Waiting Times Improvement Plan. Up to £40 million will be accelerated into 2018-19 to allow Boards to support immediate priorities.

#### Mental Health and CAMHS

To support the mental health strategy, in 2019-20 a further £14 million will be invested which will go towards the commitment to increase the workforce by an extra 800 workers; for transformation of CAMHS; and to support the recent Programme for Government commitments on adult and children's mental health services. In order to maximise the contribution from this direct investment, this funding is provided on the basis that it is in addition to a real terms increase in existing 2018-19 spending levels by NHS Boards and Integration Authorities. This means that funding for 2019-20 must be at least 1.8% greater than the recurrent budgeted allocations in 2018-19 plus £14 million. Directions regarding the use of £14 million will be issued in year.

#### Trauma Networks

This funding will increase by £8 million to £18 million, taking forward the implementation of the major trauma networks.

#### Cancer

This reflects continued investment in the £100 million cancer strategy.

## Health and Social Care Integration

In 2019-20, NHS payments to Integration Authorities for delegated health functions must deliver a real terms uplift in baseline funding, before provision of funding for pay awards, over 2018-19 cash levels.

In addition to this, and separate from the Board Funding uplift, will be two elements of funding for Social Care:

- £120 million will be transferred from the Health Portfolio to the Local Authorities in-year for investment in integration, including delivery of the Living Wage and uprating free personal care, and school counselling services; and
- £40 million has been included directly in the Local Government settlement to support the continued implementation of the Carers (Scotland) Act 2016 and extending free personal care to under 65s, as set out in the Programme for Government.

This funding is to be additional to each Council's 2018-19 recurrent spending on social care and not substitutional. This means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities (plus those retained for non-delegated social care functions) and funding for school counselling services must be £160 million greater than 2018-19 recurrent budgets.

The system reform assumptions in the Health and Social Care Medium Term Financial Framework include material savings to be achieved from reducing variation in hospital utilisation across partnerships. Planning across the whole unplanned care pathway will be key to delivering this objective and partnerships must ensure that by the start of 2019-20, the set aside arrangements are fit for purpose and enable this approach. The Scottish Government will work with Integration Authorities, Health Boards and Local Authorities to ensure the legislation and statutory guidance on hospital specialties delegated to Integration Authorities, particularly in relation to set aside budgets, is put into practice. This does not change the balance of risk and opportunity for this objective, which remains shared between Integration Authorities and Health Boards and can only be delivered in partnership, but it recognises the lead role of the Integration Authority in planning for the unscheduled care pathway set out in the legislation.

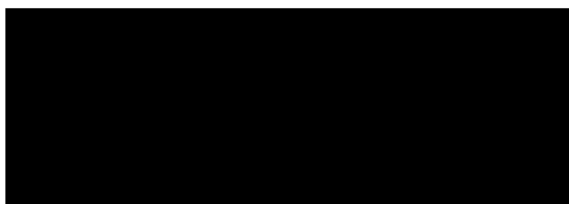
### Capital Funding

We will continue to prioritise funding for existing commitments and Boards should assume an unchanged initial capital formula allocation.

### 3 Year Financial Plan

We will shortly set out the requirements for the three year planning and performance cycle. This will set out a number of principles to be delivered in relation to finance and wider performance.

Yours sincerely



**CHRISTINE MCLAUGHLIN**

Director of Health Finance, Corporate Governance and Value  
Scottish Government

## Annex – Board Funding Uplifts

| NHS Territorial Boards             | Total 2018-19 Allocation<br>£m | Baseline uplift<br>£m | Uplift (exc 18-19 pay)<br>£m | Uplift (exc 18-19 pay)<br>% | NRAC & National Board adjs<br>£m | 2019-20 Total allocation<br>£m | Total uplift (exc 18-19 pay)<br>% |
|------------------------------------|--------------------------------|-----------------------|------------------------------|-----------------------------|----------------------------------|--------------------------------|-----------------------------------|
| Ayrshire and Arran                 | 695.3                          | 24.1                  | 17.8                         | 2.6%                        | 0.6                              | 720.0                          | 2.6%                              |
| Borders                            | 200.7                          | 7.0                   | 5.1                          | 2.6%                        | 0.0                              | 207.7                          | 2.6%                              |
| Dumfries and Galloway              | 289.3                          | 9.8                   | 7.3                          | 2.5%                        | 0.0                              | 299.1                          | 2.5%                              |
| Fife                               | 637.0                          | 22.2                  | 16.4                         | 2.6%                        | 2.2                              | 661.4                          | 2.9%                              |
| Forth Valley                       | 507.1                          | 17.7                  | 13.1                         | 2.6%                        | 2.2                              | 527.0                          | 3.0%                              |
| Grampian                           | 921.1                          | 32.6                  | 23.9                         | 2.6%                        | 4.2                              | 957.9                          | 3.1%                              |
| Greater Glasgow and Clyde          | 2,155.7                        | 75.4                  | 55.6                         | 2.6%                        | 0.0                              | 2,231.2                        | 2.6%                              |
| Highland                           | 604.7                          | 21.0                  | 15.5                         | 2.6%                        | 1.8                              | 627.5                          | 2.9%                              |
| Lanarkshire                        | 1,156.8                        | 40.4                  | 29.8                         | 2.6%                        | 2.2                              | 1,199.3                        | 2.8%                              |
| Lothian                            | 1,385.1                        | 48.7                  | 35.8                         | 2.6%                        | 7.7                              | 1,441.5                        | 3.1%                              |
| Orkney                             | 48.0                           | 1.6                   | 1.2                          | 2.5%                        | 0.0                              | 49.6                           | 2.5%                              |
| Shetland                           | 49.0                           | 1.6                   | 1.2                          | 2.5%                        | 0.0                              | 50.6                           | 2.5%                              |
| Tayside                            | 735.2                          | 25.6                  | 18.9                         | 2.6%                        | 2.1                              | 762.9                          | 2.8%                              |
| Western Isles                      | 73.4                           | 2.4                   | 1.8                          | 2.5%                        | 0.0                              | 75.7                           | 2.5%                              |
| <b>NHS National Boards</b>         | <b>9,458.4</b>                 | <b>330.2</b>          | <b>243.4</b>                 | <b>2.6%</b>                 | <b>22.9</b>                      | <b>9,811.4</b>                 | <b>2.8%</b>                       |
| National Waiting Times Centre      | 54.0                           | 2.3                   | 1.3                          | 2.5%                        | -2.1                             | 54.2                           | -1.4%                             |
| Scottish Ambulance Service         | 241.0                          | 9.2                   | 4.4                          | 1.8%                        | 9.6                              | 259.9                          | 5.8%                              |
| The State Hospital                 | 34.8                           | 0.9                   | 0.6                          | 1.7%                        | -0.3                             | 35.3                           | 0.7%                              |
| NHS 24                             | 66.4                           | 2.4                   | 1.5                          | 2.2%                        | -0.2                             | 68.6                           | 1.8%                              |
| NHS Education for Scotland         | 423.4                          | 6.5                   | 0.5                          | 0.1%                        | -4.0                             | 425.9                          | -0.8%                             |
| NHS Health Scotland                | 18.3                           | 0.4                   | 0.2                          | 1.1%                        | -0.4                             | 18.3                           | -1.1%                             |
| NHS National Services Scotland     | 332.3                          | 12.8                  | 10.3                         | 3.1%                        | -6.7                             | 338.5                          | 1.1%                              |
| Healthcare Improvement Scotland    | 24.7                           | 0.4                   | 0.2                          | 0.8%                        | -0.3                             | 24.9                           | -0.3%                             |
| <b>Total NHS Boards</b>            | <b>1,194.9</b>                 | <b>35.1</b>           | <b>19.1</b>                  | <b>1.6%</b>                 | <b>-4.5</b>                      | <b>1,225.6</b>                 | <b>1.2%</b>                       |
| <b>Total NHS Boards</b>            | <b>10,653.3</b>                | <b>365.3</b>          | <b>262.5</b>                 | <b>2.5%</b>                 | <b>18.4</b>                      | <b>11,037.0</b>                | <b>2.6%</b>                       |
| <b>Improving Patient Outcomes</b>  | <b>243.0</b>                   | <b>149.0</b>          | <b>149.0</b>                 | <b>-</b>                    | <b>-</b>                         | <b>392.0</b>                   | <b>-</b>                          |
| <b>Total Frontline NHS Boards*</b> | <b>10,097.5</b>                | <b>494.0</b>          | <b>400.2</b>                 | <b>3.9%</b>                 | <b>29.9</b>                      | <b>10,621.4</b>                | <b>4.2%</b>                       |

\*Frontline NHS Boards comprise the 14 NHS Territorial Boards, National Waiting Times Centre, Scottish Ambulance Service, State Hospital, and NHS 24.



Cabinet Secretary for Finance, Economy and Fair  
Work  
Derek Mackay MSP



Scottish Government  
Riaghaltas na h-Alba  
gov.scot

T: 0300 244 4000  
E: scottish.ministers@gov.scot

Councillor Alison Evison  
COSLA President  
Verity House  
19 Haymarket Yards  
Edinburgh  
EH12 5BH

Copy to: The Leaders of all Scottish local  
authorities

12 December 2018

*Dear Alison,*

Today I set out the Scottish Government's draft spending and tax plans for 2019-20. Further to my announcement I write now to confirm the details of the local government finance settlement for 2019-20.

As agreed with COSLA, details of the indicative allocations to individual local authorities for 2019-20 will be formally published on 17 December in a Local Government Finance Circular.

This settlement takes into account the fact that the finances I have at my disposal are constrained by continuing UK Government policies that do not meet Scotland's needs. Even after the additional Health consequential and other non-Barnett allocations in 2019-20 announced as part of the 2018 UK Budget, Scotland's fiscal resource block grant is still almost £2.0 billion (6.9%) lower in real terms than it was in 2010-11.

If the consequential for investment in the NHS are excluded, this year's block grant would be £340 million or 1.3% less in real terms than it was last year.

Nobody should underestimate the real financial challenges that has posed and the tough and difficult decisions that means for us, both collectively and individually. Despite that, I am absolutely clear that the Budget plans I have announced are ambitious for Scotland and continue to be targeted at providing value for tax payers and support our vital public services.

The total revenue funding to be provided through the settlement for 2019-20 will be £9,987 million, which includes distributable non-domestic rates incomes of £2,853 million.

The core Capital funding is set at £759 million but with the inclusion of the continuing expansion of Early Years provision, the addition of an extra £50 million Town Centre Fund and the repayment of the reprofiled capital this increases the Capital funding within the settlement to £1,084 million.

The total funding which the Scottish Government will provide to local government in 2019-20 through the settlement is therefore £11,071 million. This includes;

- Baseline from 2019-20 of the full £170 million additional revenue investment announced earlier this year at Stage 1 of the Budget Bill for 2018-19;
- An additional £210 million revenue and £25 million capital to support the expansion in funded Early Learning and Childcare (ELC) entitlement to 1,140 hours by 2020;
- In addition to the £66 million baselined provision from 2018-19, a further £40 million is included to support expansion of Free Personal and Nursing Care for under 65s, as set out in the Programme for Government, and implementation of the Carers Act;
- £120 million to be transferred from the health portfolio to the Local Authorities in-year for investment in integration, including delivery of the Living Wage and uprating free personal care, and includes £12 million for school counselling services;
- The ongoing additional £88 million to maintain the pupil teacher ratio nationally and secure places for all probationers who require one under the teacher induction scheme;
- An indicative allocation of £3.3 million for Barclay implementation costs;
- Repayment in full of the reprofiled £150 million capital funding; and
- A new £50 million Town Centre Fund to enable local authorities to stimulate and support place-based economic improvements and inclusive growth through a wide range of investments which contribute to the regeneration and sustainability of town centres.

Individual local authorities will, in return for this settlement, be expected to deliver certain specific commitments.

For 2019-20, local authorities will continue to have the flexibility to increase Council Tax by up to a maximum of 3%. This local discretion will preserve the financial accountability of local government, whilst also potentially generating around £80 million to support services.

The revenue allocation, including the additional resources to meet our commitments on the expansion of Early Years and support for social care and mental health, delivers a real terms increase for local government for 2019-20 compared to 2018-19. Taken together with the additional spending power that comes with the flexibility to increase Council Tax (worth around £80 million next year) the total funding (revenue and capital) delivers a real-terms increase in the overall resources to support local government services of £289 million or 2.7%.

The total additional funding of £160 million allocated to Health and Social Care and Mental Health is to be additional to each Council's 2018-19 recurrent spending on social care and not substitutional. It means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities (plus those retained for non-delegated social care functions) and funding for school counselling services must be £160 million greater than 2018-19 recurrent budgets.

In addition to this, the Scottish Government will work with Integration Authorities, Health Boards and Local Authorities to ensure the legislation and statutory guidance on hospital specialties delegated to Integration Authorities, particularly in relation to set aside budgets, is put into practice.



We will also continue to take forward our ambitious programme of educational reform that will deliver an education system led by communities, schools and teachers. The Scottish Government, in partnership with local authorities, will empower schools to make key decisions over areas such as the curriculum, budgets and staffing. In recognising that teachers are central to achieving our ambition of delivering excellence and equity in Scottish education we will continue to commit an overall funding package of £88 million in the local government finance settlement to support both maintaining the pupil teacher ratio at a national level and ensuring that places are provided for all probationers who require one under the teacher induction scheme. We recognise that discussions on teachers' pay are on-going through the tri-partite Scottish Negotiating Committee for Teachers and any additional allocation to fund a negotiated agreement will require to be agreed.

Each local authority area will continue to benefit from Pupil Equity Funding (PEF) which forms part of the overall commitment from the Scottish Government to allocate £750 million through the Attainment Scotland Fund, over the term of the Parliament to tackle the attainment gap. £120 million in Pupil Equity Funding is going directly to headteachers to provide additional support to help close the attainment gap and overcome barriers to learning linked to poverty. PEF is additional to the £62 million Attainment Scotland funding, which is outwith the local government finance settlement. Money from the Attainment Scotland Fund will continue to provide authorities and schools with additional means to provide targeted literacy, numeracy and health and wellbeing support for children and young people in greatest need.

The Scottish Government remains committed to a competitive non-domestic rates regime, underlined by the proposals outlined in this Scottish Budget. The poundage in Scotland has been capped below inflation at 49 pence, a 2.1 per cent increase, ensuring over 90 per cent of properties in Scotland pay a lower poundage than they would in other parts of the United Kingdom.

I believe that the outcome of the financial settlement for local government, presented in the measures set out in this letter, is the best that could be achieved in the circumstances and continues to provide a fair settlement to enable local authorities to meet our priorities of inclusive economic growth and investment in our vital health and social care and education services.



DEREK MACKAY





T: 0300 244 4000  
E: scottish.ministers@gov.scot

Councillor Alison Evison,  
COSLA President  
Verity House  
19 Haymarket Yards  
Edinburgh  
EH12 5BH

Copy to: Leaders of all Scottish local authorities

31 January 2019

Dear Alison,

I have listened carefully to the points you and other Leaders have raised with me following our consultation, and most recently in our meeting on 30 January, on the terms of the local government settlement and the issues you have sought to resolve as being important to you. The Scottish Greens have also raised many similar points in my discussions with them to secure support for the Budget.

In the Budget Bill Stage 1 debate in Parliament today I announced a package of further measures covering local taxation and local government finance which I consider will be the biggest empowerment of local authorities since devolution. I write now to confirm the details.

The Scottish Government has committed to make a number of changes to local government taxation between now and the end of this Parliament and clearly COSLA will have a key role as that works unfolds. These potential changes include:

- To consult, in 2019, on the principles of a locally determined tourist tax, prior to introducing legislation to permit local authorities to introduce a **transient visitor levy**, if it is appropriate for local circumstances;
- To support an agreed amendment from the Scottish Greens to the Transport (Scotland) Bill that would enable those local authorities who wish to use such a power, to introduce a **workplace parking levy**. Scottish Government support will be contingent on the exclusion of hospitals and NHS properties; and
- To devolve Non-Domestic Rates **Empty Property Relief** to local authorities in time for the next revaluation.

Both the Scottish Government and the Greens also supported the recommendation of the Commission on Local Tax Reform, which was co-chaired by the then COSLA President, that the present council tax system must end.

In order to make progress the Scottish Government will convene cross-party talks on its replacement with a view to publishing legislation, should cross-party agreement on a replacement be reached, by the end of this Parliament, with that legislation taken forward in the following Parliament.

While the Scottish Government maintains the position that money for education, social care and early learning and child care are core functions of local government, we have listened to the arguments that local government requires increased funding and flexibility for the 'core' local government settlement.

I have, therefore, agreed to make the following changes:

- An increase in the core resource local government settlement of £90 million;
- Continue to provide an earmarked £160 million from the Scottish Government for health and social care investment to support social care and mental health services – including those under the direction of Integration Authorities– whilst, as part of this package, allowing local authorities the flexibility to offset their adult social care allocations to Integration Authorities in 2019-20 by 2.2% compared to 2018-19, i.e. by up to £50 million across all local authorities to help them manage their own budgets
- Provide, as you have requested, local authorities with the flexibility to increase the Council tax by 3% in real terms, which equates to 4.79% next year.
- Bringing forward a three year funding settlement for local government from 2020-21 budget onwards; and to develop a rules based framework for local government funding in partnership with COSLA that would be introduced for the next Parliament.

Taken together, this enhanced package offers up to £187 million of increased funding and flexibility to local authorities.

In addition to this, and subject to the successful outcome of negotiations with teachers, the Scottish Government will fully fund its contribution to the cost of the Teachers' Pay deal, providing local authorities with the additional funding required to meet our share of the pay offer.

At our meeting on 30 January I also undertook to follow up and confirm the position on two further points.

Firstly, Local authorities, along with other public bodies, will face increased costs as a result of changes made by the UK Government to employer contributions for public sector pensions, including for Teacher pensions. The UK Government has committed to part fund these costs.

Local authorities were assuming a shortfall of 33% in the funding for these costs. Scottish Government analysis is that this shortfall is likely to be closer to 21%. This difference amounts to around £15 million for local authorities which they should no longer have to budget for.

We will not have formal confirmation of the impact of these changes to the Scottish Budget until the UK Spring Statement on 13 March 2019. However, we are committed to continue to press the UK Government to meet the full cost of these changes to avoid damaging impacts on the delivery of public services across Scotland. The Scottish Government will, however, commit to pass on to local government the consequential that we receive towards the employers' cost increase for local government Teachers' Pension schemes.

Secondly, I can confirm that I intend to bring forward as early as I can (early in the new financial year) changes to legislation which will allow Councils to vary loans fund repayments for advances made before 1 April 2016. Changes to repayments must be based on prudent principles and we will work with COSLA and Audit Scotland to reach a solution.

Throughout the Budget negotiations, I have endeavoured to engage constructively and openly with COSLA. As a result of the continuing UK austerity cuts forced upon us I know local authorities, along with the rest of the public sector, are still facing some difficult financial challenges, but I hope that you can recognise and welcome the significant package of additional measures I have confirmed today, which I truly do consider will be the biggest empowerment of local authorities since devolution.

Set out in the Appendix to this letter are details of the additional allocations to individual local authorities, through the normal formula distribution for the additional £90 million, to be spent at the discretion of individual councils. Subject to Parliamentary approval in the final stages of the Budget Bill, these sums will be added to the Local Government Finance (Scotland) Order 2019 to be presented to Parliament later in February.



**DEREK MACKAY**

| <b>Local Authority</b> | <b>Additional<br/>Stage 1<br/>Allocation:<br/>Core Grant</b> |
|------------------------|--|
|                        | £m   |
| Aberdeen City          | 3.161  |
| Aberdeenshire          | 4.352  |
| Angus                  | 1.967  |
| Argyll & Bute          | 1.626  |
| Clackmannanshire       | 0.834  |
| Dumfries & Galloway    | 2.678  |
| Dundee City            | 2.503  |
| East Ayrshire          | 2.051  |
| East Dunbartonshire    | 1.874  |
| East Lothian           | 1.719  |
| East Renfrewshire      | 1.787  |
| Edinburgh, City of     | 7.038  |
| Eilean Siar            | 0.691  |
| Falkirk                | 2.600  |
| Fife                   | 6.165  |
| Glasgow City           | 9.969  |
| Highland               | 4.228  |
| Inverclyde             | 1.355  |
| Midlothian             | 1.493  |
| Moray                  | 1.543  |
| North Ayrshire         | 2.398  |
| North Lanarkshire      | 5.702  |
| Orkney                 | 0.637  |
| Perth & Kinross        | 2.477  |
| Renfrewshire           | 2.941  |
| Scottish Borders       | 1.990  |
| Shetland               | 0.719  |
| South Ayrshire         | 1.890  |
| South Lanarkshire      | 5.388  |
| Stirling               | 1.585  |
| West Dunbartonshire    | 1.576  |
| West Lothian           | 3.063  |
|                        |  |
| <b>Scotland</b>        | <b>90.000</b>  |

# Budget Saving Proposals – Management Actions

|  |          |
|--|----------|
| • Review of Sleepovers                               | £50,000  |
| • Enhanced Daycare for Learning Disabilities         | £100,000 |
| • Review of Fostering                                | £60,000  |
| • Review of Smart Flat / TEC                         | £15,000  |
| • Review of Daycare East                             | £150,000 |
| • Review of Daycare West                             | £26,000  |
| • Fair Access to community care policy               | £100,000 |
| • Review of Respite                                  | £10,000  |
| • Blue Badges In House                               | £36,000  |
| • MHO Agency Spend (cost avoidance)                  |          |
| • HAT / Community care Agency Spend (cost avoidance) |          |
| • Maximising Use of Equipment                        | tbc      |

# Budget Saving Proposals – Management Actions (cont'd)

|  |            |
|--|------------|
| • Review of ordinary residence MH / OP | £100,000   |
| • Review of care home placements       | £300,000   |
| • Review of LAAC Residential           | £150,000   |
| • ASP Training                         | tbc        |
| • Review of Allotment provision        | £88,500    |
| • Vacancy Resourcing                   | £430,000   |
| • Review of LD RAM                     | £50,000    |
| • Review of MH / EDADs Commissioning   | £30,000    |
| • Continuing Care (one off)            | £260,000   |
| • Mainline Integrated Care Fund        | £100,000   |
| • TOTAL                                | £2,055,500 |



# Budget Savings Proposals - Transformation

|  |            |
|--|------------|
| • Review of Transitions                              | tbc        |
| • Review of Disabilities Function                    | £80,000    |
| • CM2000 – Private Providers                         | £300,000   |
| • Review of Homecare                                 | £825,000   |
| • Review of Children & Families                      | £150,000   |
| • Review of charging for Daycare / Transport         | £65,000    |
| • Review of Transport Policy                         | £52,500    |
| • Review of Out of School provision                  | tbc        |
| • Review of Payments to 3 <sup>rd</sup> Sector       | £185,000   |
| • Review of Charging for Community Alarms / Telecare | £38,000    |
| • Review of Integrated Management Structures         | tbc        |
| • TOTAL  | £1,695,500 |



## EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

|                        |  |
|------------------------|--|
| <b>Date of Meeting</b> | 21 March 2019  |
| <b>Subject Title</b>   | HSCP Equality and Diversity Interim Progress Report - 2019   |
| <b>Report By</b>       | Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions and Health Improvement and Interim Chief Social Work Officer |
| <b>Contact Officer</b> | Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions and Health Improvement                                       |

|                          |  |
|--------------------------|--|
| <b>Purpose of Report</b> | The purpose of this report is to update East Dunbartonshire HSCP Board on the mid-term progress against the activities contained within the East Dunbartonshire HSCP's Equalities Mainstream Report 2017 – 2021. |
|--------------------------|--|

|                        |  |
|------------------------|--|
| <b>Recommendations</b> | It is recommended that the HSCP Board note the content of this report. |
|------------------------|--|

|   |  |
|---|--|
| <b>Relevance to HSCP Board Strategic Plan</b> | This report relates to compliance with statutory duties and delivery of the HSCP's Strategic Priority 4 – Address inequalities and support people to have more choice and control. |
|---|--|

### Implications for Health & Social Care Partnership

|                        |                 |
|------------------------|-----------------|
| <b>Human Resources</b> | Not applicable. |
|------------------------|-----------------|

|                    |  |
|--------------------|--|
| <b>Equalities:</b> | The Equality and Diversity Mainstream Report 2017-2021 was subject to a full Equality Impact Assessment. |
|--------------------|--|

|                   |   |
|-------------------|---|
| <b>Financial:</b> | The fulfilment and success of the actions associated with the Equality and Diversity Mainstream Report are delivered from within the resources of the Health and Social Care Partnership. |
|-------------------|---|

|               |   |
|---------------|---|
| <b>Legal:</b> | Public authorities are subject to the general duties set out in the Equality Act 2010 (The Public Sector Equality Duty). Public authorities, which includes Health and Social Care Partnerships, are legally obligated to produce an Equalities and Diversity Mainstream Report every four years and to report on interim progress at the mid-point to their relevant Boards. |
|---------------|---|

|                         |                 |
|-------------------------|-----------------|
| <b>Economic Impact:</b> | Not applicable. |
|-------------------------|-----------------|

|                        |  |
|------------------------|--|
| <b>Sustainability:</b> | The fulfilment and success of the actions associated with the Equality and Diversity Mainstream Report are subject to available staffing and monetary resources. |
|------------------------|--|

|                           |   |
|---------------------------|---|
| <b>Risk Implications:</b> | There are no risk implications associated with this report. |
|---------------------------|---|

|  |     |
|--|-----|
| <b>Implications for East Dunbartonshire Council:</b> | N/A |
|--|-----|

|  |     |
|--|-----|
| <b>Implications for NHS Greater Glasgow &amp; Clyde:</b> | N/A |
|--|-----|

|  |   |                          |
|--|---|--------------------------|
| <b>Direction Required to Council, Health Board or Both</b> | <b>Direction To:</b>  |                          |
|  | <b>1. No Direction Required</b>   | <b>X</b>                 |
|  | <b>2. East Dunbartonshire Council</b>                                   | <input type="checkbox"/> |
|  | <b>3. NHS Greater Glasgow &amp; Clyde</b>                               | <input type="checkbox"/> |
|  | <b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b> | <input type="checkbox"/> |

|   |
|---|
| <b>1.0 MAIN REPORT</b>  |
| <p><b>1.1</b> Public authorities are subject to general duties under the Equality Act 2010 (The Public Sector Equality Duty). However, in Scotland, public authorities are further legally obligated to fulfil specific duties as legislated in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. The requirement applies to Health and Social Care Partnerships.</p> <p><b>1.2</b> The general duties requires the Partnership to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct, advance equality of opportunity between people who share a relevant protected characteristic and those who do not, and foster good relations between people who share a relevant characteristic and those who do not. The protected characteristics, marriage and civil partnership, pregnancy, maternity, religion or belief, and sex and sexual orientation.</p> <p>The specific duties relate to the following areas:</p> |

- Report on the mainstreaming equality duty;
- Public equality outcomes and report progress;
- Assess and review policies and practices;
- Gather and use employee information;
- Use information on members or board members gathered by Scottish Ministers;
- Public gender pay gap information;
- Public statements on equal pay;
- Consider award criteria and conditions in relation to public procurement;
- Publish in a manner that is accessible.

**1.3** The HSCP Board approved the Equalities and Diversity Mainstream Report 2017 – 2021 in March 2017, which was, as legally required, submitted to the Scottish Government.

**1.4** The attached appendix advises the Board on the mid-term progress of the actions contained within the 2017 – 2021 Equality Report and identifies our continued and future priorities for 2019 – 2021.





**EAST DUNBARTONSHIRE  
HEALTH & SOCIAL CARE PARTNERSHIP**

**EQUALITY & DIVERSITY MAINSTREAM REPORT  
AND OUTCOMES - 2017 to 2021**

**INTERIM PROGRESS REPORT  
MARCH 2019**

## 1. HSCP'S EQUALITY OUTCOMES AND PERFORMANCE MEASURES

East Dunbartonshire HSCP's proposed Equality Outcomes and Performance Measures were intimated in the Equality and Diversity Mainstreaming Report 2017 - 2021. In this, the HSCP's Interim Progress Report to the Board, we update our progress to meeting these outcomes and report on future planned activities.

|  |
|--|
| <b>Equality Duty:</b><br><b>Eliminate unlawful discrimination, harassment victimisation and other prohibited conduct by the Act</b>  |
| <b>Equality Outcome 1:</b><br><b>Barriers to HSCP services are removed for people with relevant protected characteristics.</b>   |
| <b>Protected Characteristics Covered: All</b>  |
| <b>Activities:</b><br>1.1 Meet and deliver the HSCP requirements for communication support, utilising the EDC Accessible Information Policy and NHS GG&C Clear to All interpreting and communication support policy guidelines.<br>1.2 Engage with HSCP service users and particularly those with a disability to assess accessibility and work with EDC and NHS GGC to make all reasonable adjustments to Health and Social Care Services.  |
| <b>Performance Measures:</b><br>1.1.a Update and disseminate the two constituent policies to the workforce and measure compliance through planned audits of service user and employee feedback on: systems (website, outward facing documents, patient/service user information).<br>1.1.b Monitor of NHS GG&C and EDC reports to the HSCP about Interpretation Services to gauge service user satisfaction.<br>1.2.a Complete one facilities/one service review per year and deliver associated improvement plans.                            |
| <b>What We Said We Would Do (2017 – 2021):</b><br>A. Develop a generic survey that will take place on an annual basis across all services within health and social care in East Dunbartonshire, including consultation with service users and carers regarding its content, design and methodology.<br>B. The Care at Home service is currently developing updated information leaflets regarding their Community Alarm and Sheltered Housing Services. This will involve consultation with their service users and sheltered housing tenants. |

C. Activity related to interpreting services utilised by EDC and NHS GG & C staff working within the HSCP will be monitored by those respective public bodies and reported to the HSCP annually.

D. The HSCP will be undertaking, over the next two years, a full service review of its Learning Disability and Mental Health Services.

E. EQIAs will be completed in relation to the refurbishment project for the Kirkintilloch Health and Social Care Centre.

F. An Accessibility Assessment, involving the Service User and Carer Group, will be undertaken in relation to the Kirkintilloch Health and Care Centre Refurbishment Programme.

### **Progress (2017 – 2019)**

A. Community Nursing Teams have developed health promotion literature, which is available in a variety of communications methods.

B. GG&C Health Board, ED Council and the ED HSCP have collaborated to produce a local area British Sign Language Plan.

C. Community and Social Work Mental Health Teams have undertaken, analysed, and acted upon, patient and service user surveys.

D. A Lead Officer has been appointed and is progressing a full-scale review of Learning Disability Services.

E. A Substance Misuse and Mental Health Needs Assessment are being commissioned to inform a review of Substance Misuse and Mental Health commissioned services.

F. The refurbishment of the second floor of Kirkintilloch Health and Care Centre has been completed.

G. Information is becoming more accessible and takes cognisance of people with protected characteristics.

H. Children and young people, via education, are becoming more aware of respect and responsibility.

I. The Care at Home service have updated the service user leaflets.

J. The Care at Home Service Review is progressing.

**What has been unachievable and why**

- A. Baseline figures for monitoring of interpreting services: Due to the different procurement information systems used by the respective organisations, it is not possible to produce statistical information relating to the use of interpreting services.
- B. A short life-working group explored the possibility of the HSCP undertaking an annual generic quality assurance survey across all services. However, it became apparent that this would not be viable for a number of reasons including resource intensiveness for administration, collation and analysis of the survey. It was also apparent that the generic survey could not replace legislative requirements for the HSCP's registered services to undertake their own quality assurance surveys that meet inspection requirements.

**Continuing and New Actions:**

- A. The HSCP will continue to progress the full service review of a number of its services including its Learning Disability Service, Mental Health Service, Home Care Service, and Children & Families Service.
- B. An Accessibility Assessment will be undertaken in relation to the refurbishment programme for Kirkintilloch Health and Care Centre.
- C. An Accessibility Assessment will be undertaken in relation to Woodlands Clinic and plans to improve the facilities will be progressed.
- D. Services will undertake activities to understand the wider barriers to service access and how we can address these for example financial inclusion and improving access for those in crises.
- E. Explore better use and promotion of service access using online technology.

**Equality Duty:**  
Eliminate unlawful discrimination, harassment victimisation and other prohibited conduct by the Act

**Equality Outcome 2:**  
Age discrimination in services is removed.

**Protected Characteristics Covered: Age**

**Activities:**

2.1 Review services to ensure that they are based on biological rather than chronological access unless objectively justified.

**Performance Measures:**

2.1.a Audit services where there is existing chronological inclusion/exclusion criteria and apply objective justification assessment for each.

**What We Said We Would Do (2017 – 2021)**

- A. Review the Social Work Services Eligibility Criteria.
- B. Woodlands Centre have identified a service gap for those service users diagnosed with young onset dementia. A pilot will be undertaken offering service users a group that will run simultaneously with a Carer's Group. The group will be evaluated and inform ongoing service provision.
- C. The Podiatry Service will undertake a local stakeholder engagement in consideration of a service re-organisation.

**Progress (2017 – 2019):**

- A. A Vulnerable Young Person's protocol has been developed and implemented.
- B. The Community Care 'Eligibility Criteria Policy' for Adults is under review as part of a wider policy review being undertaken relating to 'Fair Access to Community Care Services'.
- C. The Podiatry Service has been relocated.
- D. Services will examine pathways to ensure that any applied chronological inclusion/exclusion is relevant and appropriate.
- E. There is improved person centred dialogue and pathways taking place

between services.

- F. An Early Onset Dementia Group for carers and service users has been established.

**Continuing and New Actions:**

- A. Policies including Eligibility Criteria, Assessment and Care Management, and Self Directed Support will continue to be reviewed in line with the consultation and implementation of a 'Fair Access to Community Care' Policy.
- B. The transitions process experienced by young people and their families, between children and adult services, will be reviewed to help improve access to services. The review will involve all relevant services and teams.
- C. Access arrangements to sexual health services for young people will be reviewed to ensure better co-ordination with education services.
- D. Frank's Law (Free Personal Care for under 65s) will be implemented on 1<sup>st</sup> April 2019. The implementation will explore equity of customer contribution policies across all care groups.
- E. The Older People's Mental Health and Primary Care Mental Health Teams will scope out and design virtual group programmes which are dependent upon service users' needs, not chronological age.



**Equality Duty:**  
Eliminate unlawful discrimination, harassment victimisation and other prohibited conduct by the Act

**Equality Outcome 3:**  
The risk of homelessness amongst vulnerable individuals is reduced.

**Protected Characteristics Covered: All**

**Activities:**

3.1 EDC and NHS GG & C employees are trained to use homelessness risk assessment tools and address need more effectively.

**Performance Measures:**

3.1.a Determine baseline of staff equipped to use the Homelessness Risk Assessment Tool to determine improvements on baseline.

**What We Said We Would Do (2017 – 2021):**

- A. Audit Health and Social Care Services Teams to establish whether areas of homelessness are addressed within current assessment tools.
- B. Raise awareness of the Homelessness Risk Assessment Tool within all health and social care services.
- C. Consider the benefits of raising this tool with Third Sector providers.
- D. Consider ways of predicting possible future homelessness status for service users with a learning disability who live with older carers.

**Progress (2017 – 2019):**

- A. Work has been undertaken in partnership with the Homelessness Service to identify individuals experiencing or at risk of homelessness where short focused interventions, using small individualised budgets, have a positive effect on their homelessness status.
- B. A successful Income Maximisation Scheme, working in partnership with the local Citizens Advice Bureau has been developed.
- C. The outreach service provided by the local children's unit, Ferndale, has been instrumental in keeping families together.

- D. Work has been undertaken to analyse current service users living with older relatives to ensure forward planning takes place both individually and strategically.

**What has been unachievable and why**

- A. The Homelessness Risk Assessment Tool has not been adopted by the HSCP Service Teams. This additional paperwork was felt to be duplicative and places additional pressures on practitioners. Service Teams are confident that the issue of housing and homelessness is captured within their existing assessment and support planning tools.
- B. Homeless is not a delegated function on the HSCP; however, services, within their limited ability and scope, will work with individuals to try to prevent or address homelessness.

**Continuing and New Actions:**

- A. Services which undertake a review of their assessments tools will explore how protected characteristics are considered as part of the assessment.
- B. Services will ensure that their assessment tools consider housing, homelessness and factors that increase likelihood of homelessness.
- C. Re-establish a HSCP/Housing liaison meeting.
- D. Continue expansion of the income maximisation project.
- E. Care experienced young people need to be considered in the activities associated with meeting equality outcomes.
- F. Partnership working between Mental Health, EDADS, Throughcare and

Homelessness Teams identifying short-term interventions to address homelessness or risk of homelessness to continue in Year 2.

**Equality Duty:**

**Eliminate unlawful discrimination, harassment victimisation and other prohibited conduct by the Act**

**Equality Outcome 4:**

**A service users' public engagement group which is inclusive of people with protected characteristics co-produces and works collaboratively with the HSCP to shape service development.**

**Protected Characteristics Covered: All**

**Activities:**

- 4.1 Further develop methods to meaningfully engage with people who have protected characteristics and those socially and economically disadvantaged.
- 4.2 Engage service users and carers to implement the engagement model as approved by East Dunbartonshire HSCP.

**Performance Measures:**

- 4.1.a Audit representation of service users in involvement of HSCP strategic planning.
- 4.1.b Monitor participation of service users in equalities learning.
- 4.1.c Establish systematic process to demonstrate involvement of people living in areas of multiple deprivation.
- 4.2.a Engagement model is implemented and participation standards complied with.

**What We Said We Would Do (2017 – 2021):**

- A. Consideration of the Community Engagement Officer running workshops to rollout the engagement model and participation standards to HSCP staff involved in consultation and engagement.
- B. Explore consideration of the Community Engagement Officer liaising with all service user groups to bring a wider voice to consultation and engagement

including further development of the service user and carer public network.

**Progress (2017 – 2019):**

- A. The Public, Service User and Carer Group (PSUCG) induction pack has been completed and includes an equalities questionnaire to be returned by the service user and carer representatives. This provides an understanding of the breadth of representation and identifies opportunities to engage representation from service users identified with protected characteristics.
- B. Staff have been provided with information briefings and workshops introducing the HSCP Service User engagement plan.
- C. An audit of HSCP engagement approaches with service users has been undertaken and will be reported annually to the HSCP Board.
- D. Community consultation events have been held towards shaping the HSCP Strategic Plan. Invitations were extended via a range of approaches and were targeted at priority groups including those with protected characteristics.
- E. The Public, Service User and Carer Group is established and meets regularly.
- F. Members of the PSUCG have a wide attendance at a range of strategic groups including the HSCP Board, Strategic Planning Group, Transformation Board and Locality Planning Group meetings.
- G. A Community Engagement Officer has been appointed.
- H. An annual review of the PSUCG membership is undertaken to identify the range of protected characteristics represented.
- I. Members of the PSUCG group have access to training workshops and a knowledge hub website.

**Continuing and New Actions:**

- A. Increase awareness about the PSUCG amongst all staff teams within the HSCP.
- B. Explore care group representation in the PSUCG to include care experienced young people and kinship carers.

- C. Community Engagement Officer to attend community groups to raise awareness about the PSUCG.
- D. Any service redesign or reviews should ensure that consideration is given to appropriate mechanisms for engaging service users and carers.
- E. Any building refurbishment/redesign projects should consider the appropriateness of the service user space i.e. service user friendly, autism aware etc.

**Equality Duty:**

**Advance equal opportunity between people who share a relevant protected characteristic and those who do not share it.**

**Equality Outcome 5:**

**East Dunbartonshire Council and NHSGGC employees understand the needs of people with different protected characteristics and promote diversity in the work that they do.**

**Protected Characteristics Covered: ALL**

**Activities:**

- 5.1 Workforce learning and development plans reflect staff needs in terms of increased knowledge and understanding.
- 5.2 Equality Impact Assessment is further developed as an online tool; training delivered to managers/lead reviewers and the process is embedded in practice.

**Performance Measures:**

- 5.1.a Respective corporate inductions (with equality learning components) are undertaken by all HSCP staff.
- 5.1.b Increased opportunities for shared learning where appropriate for HSCP staff.
- 5.1.c Audit staff self-reported equality L&E need (via staff surveys) and uptake of learning.
- 5.2.a HSCP Lead Reviewers embed and quality assure EQIAs of policies, plans and service developments (recording on GGC e-system).

**What We Said We Would Do (2017 – 2019):**

- A. Explore further opportunities for multi-agency training.
- B. Increase the opportunities for team learn and share sessions across all HSCP services.

- C. Monitor the completion of Equality Impact Assessments (EQIA) via Greater Glasgow and Clyde Health Board Equalities Team.
- D. Work will continue to engage with and involve the workforce on the continued development of the visions, values and behaviours throughout 2017.

**Progress (2017 – 2019):**

- A. The Community Mental Health Team continues to share 'Team Time'.
- B. Service equality leads and members of their teams have taken part in integrated EQIA training.
- C. Mental health services are exploring human rights training sessions as part of the wider approach for HSCP staff, service users and carers.
- D. All policies, plans and service changes require an EQIA prior to receiving approval by the HSCP board.
- E. GG&C employees are required to mandatorily complete an on line equalities training module. EDC staff receive equalities training via the Council's induction training module.
- F. Multi-agency training is being incorporated across service teams.
- G. Values and Behaviours training has been rolled out across the HSCP.
- H. From April 2017 to December 2018 there have been 11 EQIAs completed by the HSCP relating to a variety of service changes and policy reviews.

**Continuing and New Actions:**

- A. Explore further opportunities for multi-agency training including awareness sessions relating to equalities and protected characteristics and EQIAs.
- B. Increase the opportunities for team learn and share sessions across all HSCP services.
- C. Continue to complete EQIAs for any service changes or policy reviews and monitor the completion of EQIAs via Greater Glasgow and Clyde Health



Board Equalities Team.

- D. Work will continue to engage with and involve the workforce on the continued development of the visions, values and behaviours throughout 2017.
- E. Consultation and engagement sessions will be undertaken to discuss and analyse health and wellbeing profiles.

**Equality Duty:**

**Advance equal opportunity between people who share a relevant protected characteristic and those who do not share it.**

**Equality Outcome 6:**

**The likelihood of people with different protected characteristics accessing service appointments is maximized.**

**Protected Characteristics Covered: ALL**

**Activities:**

- 6.1 Review attendance and waiting times to identify barriers to access and develop improvement plans.
- 6.2 Set out mechanisms that enable service users and carers to have a voice in service planning and development.

**Performance Measures:**

- 6.1.a Attendance data analysed to identify patterns of service uptake and corresponding action plans put in place in forthcoming years to address deficits if applicable.
- 6.2.a HSCP services have robust equality proofed service user engagement process in place for service planning and development.

**What We Said We Would Do (2017 – 2019):**

- A. Primary and Community Mental Health Services to explore ways of engaging with reluctant potential service users.
- B. Services to explore recording of wait time for new referrals.
- C. Services to explore and report availability of providing appointments outwith Monday to Friday 9.00am to 5.00pm traditional models.
- D. Report on the work undertaken by the recently appointed HSCP Community

Engagement Officer who will be supporting service user involvement.

- E. Analyse Accident and Emergency data in respect of SIMD (Scottish Index of Multiple Deprivation).
- F. Explore service user and carer consultation during the review of Learning Disability and Mental Health services.
- G. Develop generic service user feedback mechanisms across all HSCP services.

**Progress (2017 – 2019):**

- A. There has been a provision of additional funding to increase fluoride varnish programmes to a wider audience
- B. Feedback from parents is routinely embedded at Child Protection Case Conferences. The feedback is collected, analysed, and reported quarterly.
- C. Mental Health Teams have started to risk assess 'did not attend' patients and service users and explore alternative options.
- D. Addictions and Mental Health Teams have started to analyse Accident and Emergency data to identify patients and service users, supporting the development of action plans.
- E. Criminal Justice services are providing late evening appointments for service users who work and run squad placements over the weekends.
- F. The Primary Care Mental Health Team provide an evening appointment service.
- G. Consultation has been undertaken in relation to the review of Learning Disability services and the 'Fair Access to Community Care' policy.
- H. A range of access options have been reviewed for young onset dementia patients.
- I. In April 2017, coverage of the national 'Childsmile' oral health improvement programme was extended to reach more people particularly in deprived

communities. The programme has a record of accomplishment in improving oral health amongst children and helps to mitigate long-standing oral health inequalities.

**What has been unachievable and why:**

- A. A short life working group explored the possibility of the HSCP undertaking an annual generic quality assurance survey across all services. However, it became apparent that this would not be viable for a number of reasons including resource intensiveness for administration, collation and analysis of the survey. It was also apparent that the generic survey could not replace legislative requirements for the HSCP's registered services to undertake their own quality assurance surveys which meet inspection requirements.
- B. Analysing Accident and Emergency data by SIMD (Scottish Index of Multiple Deprivation) is difficult to action and target. Analysing the Accident and Emergency data is more beneficial if analysed by target groups.

**Continuing and New Actions:**

- A. Mental Health Teams will continue to risk assess 'did not attend' patients and service users and explore alternative options.
- B. Addictions and Mental Health Teams will continue to analyse Accident and Emergency data to support the development of action plans.
- C. The review of Substance Misuse and Mental Health commissioned services will incorporate service user and staff consultation.
- D. The PSUCG will host an annual event to raise awareness.
- E. Primary and Community Mental Health Services will continue to explore ways of engaging with reluctant potential service users.
- F. Services will continue to explore recording of wait time for new referrals.
- G. Services will continue to explore and report availability of providing appointments outwith Monday to Friday 9.00am to 5.00pm traditional models.
- H. East Dunbartonshire has seen a recent decline in the National Dental Inspection Programme (NDIP) results. The HSCP are going to review the establishments within the Scottish Index of Multiple Deprivation (SIMD) 1 and

2 to ensure that the highest level of NDIP Category A letters are disseminated. The outcome of this will inform what level of input is required in the nurseries and schools in East Dunbartonshire to benefit the children.

**Equality Duty:**

**Advance equal opportunity between people who share a relevant protected characteristic and those who do not share it.**

**Equality Outcome 7:**

**Protected characteristics and wider circumstances that affect health and wellbeing are effectively addressed in HSCP services.**

**Protected Characteristics Covered: ALL**

**Activities:**

- 7.1 Prioritised employee groups are trained and supported to carry out routine sensitive enquiry.
- 7.2 Work with Community Planning Partners through multi-agency groups to increase understanding and address poor health outcomes relating to gender-based violence, unemployment/underemployment and low levels of resilience.
- 7.3 Develop and deliver health & wellbeing interventions through PLACE approach.
- 7.4 Strengthen pathways and referrals to financial inclusion services and employability opportunities.

**Performance Measures:**

- 7.1.a Establish baseline in HSCP for staff numbers trained in routine sensitive enquiry.
- 7.1.b Identify and prioritise frontline staff to undertake training.
- 7.1.c Introduce sample audit to determine compliance.
- 7.2.a Evidence of health improvement policy, plans and interventions within

the Local Outcome Improvement Plan as a result of multi-agency working.

7.3.a Evidence of contributions to the delivery of targeted interventions/services to meet the needs of areas experiencing higher levels of inequality (PLACE).

7.4.a Provide multi-agency training to raise awareness of referral pathways and collate and analyse uptake to determine gaps and improvement plan.

**What We Said We Would Do (2017 – 2021):**

- A. Police Scotland, in partnership with EDC and the HSCP is currently progressing a Multi-Agency Risk Assessment Conferencing (MARAC) Co-ordinator who will take forward multi-agency domestic abuse, stalking and honour violence (DASH) risk identification training.
- B. Establish a baseline of delivered targeted health improvement interventions/services across PLACE communities.
- C. Establish a baseline of referrals to the local Citizens Advice Bureau in relation to financial inclusion services/welfare rights. The baseline will provide details including quarterly numbers of referrals and referring teams in order that gaps can be determined and improvement plans developed.

**Progress (2017 – 2019):**

- A. MARAC has been established and is under review.
- B. Health and wellbeing outcomes are a central tenant in the East Dunbartonshire Community Planning Partnership Local Outcome Improvement Plan. The Plan takes cognisance and identifies approaches that support health and wellbeing needs of the population with targeted actions to be delivered within the PLACE communities.
- C. The local Citizens Advice Bureau provides quarterly statistical and qualitative updates on the progress of their financial inclusion services. HSCP staff are encouraged to target the service to their vulnerable service users.
- D. A Citizens Advice Clinic is held in KHCC on a weekly basis to encourage a multi-agency approach.
- E. A dedicated funded post has been established within the Citizens Advice

Bureau to take forward targeted work in conjunction with MacMillan.

- F. An ACES (Adverse Childhood Experience) group was established and a questionnaire was piloted within East Dunbartonshire, which contributed to a national study on ACES.
- G. Criminal Justice staff and service users have been provided with CPR training in an effort to promote saving lives.
- H. Criminal Justice and Youth Justice staff have received training on the domestic violence perpetrators programme.
- I. Mental Health Services and the Adult Autism Team undertake specific ADHD and Autism assessments.

**Continuing and New Actions:**

- A. Fire skills training, delivered by the Fire Service, is commencing in January 2019 for service users providing unpaid work to promote safety issues, reduce risks and contribute to public safety.
- B. The HSCP will continue to explore shared language and training opportunities.
- C. Progress on PLACE activities in line with the Local Outcome Improvement Plan and PLACE profiles will be monitored.
- D. Training opportunities for service users will consider the parity of training and awareness sessions across all age ranges and service user groups.
- E. Quantitative and qualitative data supplied by the Citizens Advice Bureau will continued to be monitored and reported.
- F. Health and wellbeing training opportunities across staff and service user groups will continued to be explored and promoted.

**Equality Duty:**

**Foster Good relations between people who share a protected characteristic and those who do not.**

**Equality Outcome 8:**



**Positive attitudes and interactions with everyone, regardless of their characteristics, are increased among employees, service users and communities.**

**Protected Characteristics Covered: ALL**

**Activities:**

- 8.1 Through commissioned services monitor participation levels for people with different characteristics.
- 8.2 Increase the understanding of the Public Service User & Carer Group (PSUCG) members about enhancing good relations between people who share a protected characteristic and those who do not.

**Performance Measures:**

- 8.1.a All third sector community engagement contracts will be equality proofed to ensure explicit reference to the need to engage with protected characteristic groups.
- 8.1.b Volunteers reflect the population profile/service user profile.
- 8.2.a Participants in HSCP PSUCG participate in equality training and increase their understanding of their responsibilities.
- 8.2.b Monitoring of disaggregated data in relation to community participation.

**What We Said We Would Do (2017 – 2019):**

- A. Undertake an audit of third sector contracts to determine inclusions/exclusions of protected characteristics.
- B. Undertake an audit of third sector organisations working with volunteers.
- C. Undertake a further training needs assessment for each PSUCG member.
- D. Review membership activity to include capturing of equality data fields.

**Progress (2017 – 2019):**

- A. The PSUCG induction pack has been completed and includes an equalities questionnaire. This provides an understanding to the breadth of representation and identifies opportunities to encourage representation from service users identified with protected characteristics.
- B. Service review and contract management processes includes an overview of the Providers' policies and procedures including equalities to ensure adherence to HSCP values and strategic fit.
- C. A training needs assessment has been undertaken for members of the PSUCG.
- D. A review of the membership of the PSUCG has been undertaken.

**What has been unachievable and why?**

- A. Auditing of the third sector organisations working with volunteers is not within the remit of the HSCP. The monitoring of this activity belongs with the Community Planning section of East Dunbartonshire Council.

**Future Actions:**

- A. Membership review and identification of protected characteristics within the PSUCG will be ongoing.
- B. Commissioned services should be accessed via an inclusive needs led assessment.
- C. Increase knowledge about the PSUCG across the HSCP service teams to encourage staff promotion to service users and carers.

Paper number: 7

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

|                        |  |
|------------------------|--|
| <b>Date of Meeting</b> | 21 <sup>st</sup> March 2019  |
| <b>Subject Title</b>   | Draft Records Management Plan and update on General Data Protection Rules (GDPR) |
| <b>Report By</b>       | Jean Campbell, Chief Finance and Resource Officer                                |
| <b>Contact Officer</b> | Louise Martin , Head of Administration, 0141 355 2322                            |

|                          |   |
|--------------------------|---|
| <b>Purpose of Report</b> | This report introduces the IJB's Records Management Plan (RMP) and seeks the IJB's approval for its content as well as onward submission to the Keeper of the Records of Scotland for agreement. The report also provides an update on the changes to the Data Protection Laws as they apply to the HSCP. |
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| <b>Recommendations</b> | <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> <li>• Approve the content of the attached Draft Records Management Plan and give approval that this can now be formally submitted to the Keeper of the Records of Scotland for agreement by 19<sup>th</sup> April 2019, subject to any further minor amendments.</li> <li>• Note the implications to the partnership in relation to changes to the Data Protection Laws.</li> </ul> |
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|   |       |
|---|-------|
| <b>Relevance to HSCP Board Strategic Plan</b> | None. |
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**Implications for Health & Social Care Partnership**

|                        |    |
|------------------------|----|
| <b>Human Resources</b> | No |
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| <b>Equalities:</b> | No |
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|-------------------|--|
| <b>Financial:</b> | Potential financial implications for the organisation if new act is not administered as it will lead to fines. |
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| <b>Legal:</b> | The legal requirements are embedded within the Public Records (Scotland) Act 2011. |
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| <b>Economic Impact:</b> | No |
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|------------------------|----|
| <b>Sustainability:</b> | No |
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|---------------------------------------|--|
| <b>Implications for NHS GG&amp;C:</b> | The HSCP will be relying on NHS GG&C for the delivery of sound information governance in support of delivery of a robust records management approach and delivery of the HSCP Records Management Plan. |
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| <b>Implications for East Dunbartonshire Council:</b> | The HSCP will be relying on East Dunbartonshire Council for the delivery of sound information governance in support of delivery of a robust records management approach and delivery of the HSCP Records Management Plan. |
|--|---|

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|--|---|---|
| <b>Direction Required to Council, Health Board or Both</b> | <b>Direction to:</b>  |   |
|  | <b>1. No Direction Required</b>   | ✓ |
|  | <b>2. NHS Greater Glasgow &amp; Clyde</b>                                   |   |
|  | <b>3. East Dunbartonshire Council</b>                                       |   |
|  | <b>4. NHS Greater Glasgow &amp; Clyde &amp; East Dunbartonshire Council</b> |   |

## 1. Background

- 1.1 Data Protection laws changed on 25<sup>th</sup> May 2018. EU General Data Protection Regulations (GDPR) came into force on that date. A new UK Data Protection Bill is currently under parliamentary scrutiny. When enacted this will repeal and replace the existing Data Protection Act (1998) however GDPR do take immediate effect in U.K law when enacted.
- 1.2 The legislation introduced new rules on how we collect and process personal data to ensure individuals have greater control and privacy rights for their information we hold. It shortens timescales for certain processes and significantly increases penalties for failure to comply.
- 1.3 The new legislation also notably changed the fundamental relationship between data subjects and statutory authorities that are responsible for Health and Social care such that consent is no longer the legal basis for processing in most cases and instead specific statutory duties, powers and the need to manage health and social care systems (a new and specific provision) forms the fundamental legal basis for processing of personal data.
- 1.4 This is balanced by a need for greater transparency. Formal notifications of the nature of, reason for and parties involved in data processing and data sharing are mandatory. These are referred to as Privacy notices.
- 1.5 As a consequence, the IJB is a statutory authority and Data Controller and is therefore subject to the new regulations (and the new Data Protection Act when that is enacted). However, the IJB in practice handles very little personal data and the impact on the IJB specifically, as opposed to the constituent bodies, is anticipated to be limited.
- 1.6 A wide range of activities across the NHS and Council family aimed at putting suitable arrangements in place in readiness for these changes. These are being progressed within the Partnership.
- 1.7 A more limited range of activities will require to be progressed for the IJB itself to ensure compliance with the new legislation. All members should have awareness of these changes.

## 2. Summary of changes for the NHS and Council

Within both organisations the following changes will be implemented to ensure compliance with the new legislation. A range of activities have been progressed include internal communications, staff awareness and training, review of all documentation and the creation of Privacy Statements for all key services.

- 2.1 **Breach notifications** – Breaches of personal data must be notified to the Data Protection Regulator within 72 hours and if high risk then also the subject.
- 2.2 **Fines** – Higher fines apply if the rights of individuals are breached.
- 2.3 **Rights of the data subject** – There are new rights for individuals to have their personal data erased entirely. We are required to justify any refusal.
- 2.4 **Subject Access requests** – We need to respond within 1 month (currently 40 days) and we can be fined if late in responding.
- 2.5 **Privacy by design** – Explicit principles are introduced for the minimum collection of personal data and strict rules on the collection, storage and recording of information. There will be a requirement for us to review and change all paper and electronic forms and to ensure standardisation of processes to minimise risk. These changes will link to document management and file retention procedures. New and existing processes may be subject to ‘Data Protection Impact Assessments’.
- 2.6 **Consent** – We must be clear whether relying on consent, contractual obligations or statutory functions as a basis for processing. We should not however seek consent if there is a ‘power imbalance’ that restricts the subject’s free choice but should instead look to our statutory functions as the fundamental legal basis for processing. If relying on consent it must be explicit, freely given and informed.
- 2.7 **Fair processing notices (Privacy Statements)** – Data must be processed fairly and lawfully. We will need an explicit and extensive process of informing the public of what personal data we process, why and with whom we share the data. Privacy Statement has been created for both by NHS GG&C and East Dunbartonshire Council.
- 2.8 **Data Protection Officer** – There is a new mandatory requirement for all public authorities to create a post of DPO. Both the NHS and East Dunbartonshire Council will be separately appointing such a position.

2.9 **Clear reporting processes and management of our systems** – We must establish clear reporting, governance and compliance arrangements to evidence adherence to the act.

### 3. **Key actions for IJB**

3.1 **Records Management Plan** – Integration Joint Boards (IJBs) are required to submit a Records management Plan (RMP) to the Keeper of the Records of Scotland. The RMP sets out how East Dunbartonshire IJB's records will be created and managed in line with national policy. This is a responsibility which all public bodies must comply with.

3.2 Every authority to which Part 1 of the Public Records (Scotland) Act 2011 applies must:

- Prepare a plan setting out proper arrangements for the management of the authority's public records,
- Submit the plan to the Keeper for agreement, and
- Ensure that its public records are managed in accordance with the plan as agreed with the Keeper.

3.3 NHS GG&C and East Dunbartonshire Council already have agreed Records Management plans in place. These support the proper management of staff, patient and other non IJB records. Integration Joint Boards were added to the Act's schedule by the Public Bodies (Joint Working)(Scotland) Act 2014.

3.4 As the IJB does not hold any personal information about patients / customers or staff, the RMP relates to the IJB and sub committees and plans and policies of the partnership, such as the Strategic Plan and the Annual Performance Plan. All of this information is already in the public domain via the HSCP pages on the East Dunbartonshire Council's website.

3.5 Formal notification was received from National Records Scotland that the Keeper was inviting the IJB to submit its Records management Plan by the 19<sup>th</sup> April 2019.

3.6 The RMP and Memorandum of Understanding (MOU) sets out the arrangements for the management of the IJB's records and the relationship with NHS GG&C and East Dunbartonshire Council's respective RMPs. This is attached as **Appendix 1**.

3.7 **Fair processing notice** - a Privacy Statement must be created for the IJB which will outline what personal data the IJB processes and why, the legal basis for



processing, how this information is stored and retained and with whom it is shared.

- 3.8 **Data Protection Officer** – A Data protection Officer has been appointed and meets certain criteria. There is no barrier to a Data Protection Officer acting for more than one statutory body. Given that any personal data processed by IJB is likely to be held on East Dunbartonshire Council Information systems and one of the primary roles of the DPO is the handling of Data Breaches then it is proposed that the IJB Data Protection Officer should be Karen Donnelly (Chief Monitoring Officer East Dunbartonshire Council) who will also act as DPO for East Dunbartonshire Council.
- 3.9 **Clear reporting and data handling processes and management of our systems** – given that the records managed with the IJB Records Management Plan will be hosted on East Dunbartonshire Council systems and that (if accepted) the Data Protection Officer will also act for East Dunbartonshire Council as regards any personal data being processed, it is further proposed that (a) the arrangements for records management and execution of the DPO role would follow processes established by East Dunbartonshire Council (b) any actions or functions arising (such as breach reporting or exercise of data subject rights) would be discharged according to those procedures, following the council process.
- 3.10 It is anticipated that there will be a minimal requirement to discharge such functions given the limited handling of personal data by IJB.

**Appendix 2**

**East Dunbartonshire Health and Social Care Integration  
Joint Board**

**DRAFT Records Management Plan**

**Submitted in accordance with the Public Records (Scotland) Act 2011**

This plan is fully endorsed by the Chief Officer of East Dunbartonshire Integrated Joint Board who will ensure compliance with the Public Records (Scotland) Act 2011 through the corporate implementation of this Records Management Plan.

Signed by:

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Susan Manion, Chief Officer, East Dunbartonshire Integrated Joint Board

**Document Control Information**

| Revision  | Date    | Revision Description  |
|-----------|---------|---|
| Version 1 | 12/3/19 | Final version will be submitted to Keeper of Records of Scotland by 19 April 2019 |

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## **Records Management Plan**

### **Summary**

This Records Management Plan (RMP) conforms to the model Records Management Plan as set out by the Keeper of the Records of Scotland, in accordance with the provisions of the Public Records (Scotland) Act 2011. This RMP covers East Dunbartonshire Integration Joint Board, referred to as 'the IJB' throughout.

The RMP outlines and evidences the IJB's policies and procedures regarding the creation, use, management and disposal of the public records it creates and uses in pursuance of its statutory functions.

### **In line with the model plan, the IJB's RMP addresses 14 elements:**

Element 1: Senior management responsibility

Element 2: Records manager responsibility

Element 3: Records management policy statement

Element 4: Business classification

Element 5: Retention schedule

Element 6: Destruction arrangements

Element 7: Archiving and transfer arrangements

Element 8: Information security

Element 9: Data protection

Element 10: Business continuity and vital records

Element 11: Audit trail

Element 12: Competency framework for records management staff

Element 13: Assessment and review

Element 14: Shared Information

The IJB is fully committed to compliance with the requirements of the Public Records (Scotland) Act, 2014 which came into force on 1<sup>st</sup> January 2016. The IJB will therefore follow procedures that aim to ensure that all of its officers employees of constituent authorities supporting its work, contractors, agents, consultants and other trusted third parties who create public records on behalf of the authority, or manage public records held by the authority, are fully aware of and abide by this plan's arrangements.

## **About the Public Records (Scotland) Act 2011**

The Public Records (Scotland) Act 2011 (the act) came fully into force in January 2013. The Act requires names public authorities to submit a Records Management Plan (RMP) to be agreed by the Keeper of the Records of Scotland. Integration Joint Boards were added to the Act's schedule by the Public Bodies (Joint Working) (Scotland) Act was passed by the Scottish Parliament in February 2014. This document is the Records Management Plan of East Dunbartonshire Integrated Joint Board.

This RMP sets out and evidences proper arrangements for the management of the IJB's public records and is submitted for agreement by the Keeper of the Records of Scotland under Section 1 of the Public Records (Scotland) Act 2011. It will be reviewed by the IJB annually.

<http://www.nas.gov.uk/recordKeeping/publicRecordsActIntroduction.asp>

<http://www.scottish.parliament.uk/parliamentarybusiness/Bills/22476.aspx>

## **About Integration Joint Boards**

The integration of health and social care is part of the Scottish Government's programme of reform to improve care and support for those who use health and social care services. It is one of the Scottish Government's top priorities.

The Public Bodies (Joint Working) (Scotland) Act (2014) February 2014. provides the legislative framework for the integration of health and social care services in Scotland.

It will put in place:

- Nationally agreed outcomes, which will apply across health and social care, in service planning by Integration Joint Boards and service delivery by NHS Boards and Local Authorities.
- A requirement on NHS Boards and Local Authorities to integrate health and social care budgets.
- A requirement on Partnerships to strengthen the role of clinicians and care professionals, along with the third and independent sectors, in the planning and delivery of services.

## **About East Dunbartonshire Integrated Joint Board**

The East Dunbartonshire Integration Joint Board was established under the Public Bodies (Joint Working) Scotland Act 2014. It was established by Parliamentary Order on 27<sup>th</sup> July 2015 following approval of the East Dunbartonshire Integration Scheme by the Scottish Ministers.

From 3<sup>rd</sup> September 2015 East Dunbartonshire IJB became responsible for the planning and oversight of delivery of health and social care functions delegated to it

by NHS Greater Glasgow and Clyde Health (“The NHS Board”) and East Dunbartonshire Council (the Council”).

These include adult social care services and criminal justice services and adult health community and some hospital services. The area covered by the IJB is coterminous with the East Dunbartonshire Local Authority.

The IJB is a body corporate (a separate legal entity). The parties to the IJB are the Council and the NHS Board. The parties agreed the Integration Scheme for East Dunbartonshire, which sets out the delegation of functions by the Council and the NHS Board to the IJB. The IJB is commonly referred to as the East Dunbartonshire Health and Social Care Partnership (HSCP) – this is the public facing aspect of the IJB. The IJB consists of six voting members appointed in equal number by the NHS Board and the Council, with a number of representative, non-voting members who are drawn from the third sector, independent sector, staff, carers and service users. The IJB is advised by a number of professionals including the Chief Officer, Clinical Director, Chief Nurse and Chief Social Work Officer.

The IJB’s key functions are to:

- Prepare a Plan for integrated functions that is in accordance with national and local outcomes and integration principles
- Allocate the integrated budget in accordance with the Plan
- Oversee the delivery of services that are within the scope of the Partnership.

Information underpins the IJB’s over-arching strategic objective and helps it meet its strategic outcomes. Its information supports it to:

- Demonstrate accountability.
- Provide evidence of actions and decisions.
- Assist with the smooth running of business.
- Help build organisational knowledge.

Good recordkeeping practices lead to greater productivity as less time is taken to locate information. Well managed records will help the IJB make:

- Better decisions based on complete information.
- Smarter and smoother work practices.
- Consistent and collaborative workgroup practices.
- Better resource management.
- Support for research and development.
- Preservation of vital and historical records.

In addition we are more accountable to the public now than ever before through the increased awareness of openness and transparency within government. Knowledge and information management is now formally recognised as a function of government similar to finance, IT and communications. It is expected that the Board is fully committed to creating, managing, disclosing, protecting and disposing of information effectively and legally.



## **Review**

Section 5 (1) of the Act requires authorities to keep their plans under review to ensure its arrangements remain fit for purpose.

## **RMP Principles**

### **What does the Records Management Plan cover?**

Records management covers records of all formats and media. This includes paper and computer records; cassette, video and CD records. Records management is needed throughout the lifecycle of a record, and the process begins when the decision to create the record is taken.

### **Why is records management important?**

Records are vital for the effective functioning of the IJB: they support the decision-making; document its aims, policies and activities; and ensure that legal, administrative and audit requirements are met.

For records to perform their various functions, some form of management is needed. Management includes control over what is created, development of effective and efficient filing systems to store records, and procedures for retention of records.

### **Records management principles**

Security – Records will be secure from unauthorised or inadvertent alteration or erasure, that access and disclosure will be properly controlled and audit trails will track all use and changes. Records will be held in a robust format which remains readable for as long as records are required.

Accountability – Adequate records are maintained to account fully and transparently for all actions and decisions in particular:

- To protect legal and other rights of staff or those affected by those actions
- To facilitate audit or examination
- To provide credible and authoritative evidence

Quality – Records are complete and accurate and the information they contain is reliable and its authenticity can be guaranteed.

Accessibility – Records and the information within them can be efficiently retrieved by those with a legitimate right of access, for as long as the records are held by the organisation.

Retention and disposal – There are consistent and documented retention and disposal procedures, including provision for permanent preservation of archival records.

Training – that all staff are informed of their record-keeping responsibilities through appropriate training and guidance and if required further support as necessary.

### **East Dunbartonshire IJB Records Management Plan**

The context of this plan is that most records including employment, service user and internal policies and procedures will continue to be managed within the parent body organisations, i.e. the NHS Board and the Council. Therefore, the RMP relates to records held directly by the IJB and records produced as part of a delegated function as such will be covered by the respective Record Management Plans of the NHS Board and the Council.

As such, this RMP relates to the IJB committees (Integration Joint Board, Performance Audit and Risk Committee and Strategic Planning Group) and plans and policies such as the Annual Performance Report and the, Strategic Plan. All of this information is already in the public domain via the IJB's pages on East Dunbartonshire Council Website. This statement refers only to papers which are published on the Website.

<https://www.eastdunbartonshire.gov.uk/Council/Committees-Councillors>

The East Dunbartonshire IJB Records Management Plan (RMP) is effective from 29<sup>th</sup> April 2019. An Information Governance Steering group will be developed and the plan will be continuously reviewed and updated on a yearly basis at a formal presentation to the Integration Joint Board.

| RMP Element Description  | East Dunbartonshire Integration Joint Board (IJB) Compliance Statement  | Evidence   |
|--|---|--|
| <p><b>Element 1: Senior management responsibility:</b><br/>Section 1(2)(a)(i) of the Act specifically requires a RMP to identify the individual responsible for the management of the authority's public records. An authority's RMP <u>must</u> name and provide the job title of the senior manager who accepts overall responsibility for the RMP that has been submitted.</p> <p>It is vital that the RMP submitted by an authority has the approval and support of that authority's senior management team. Where an authority has already appointed a Senior Information Risk Owner, or similar person, they should consider making that person responsible for the records management programme. It is essential that the authority identifies and seeks the agreement of a senior post-holder to take overall responsibility for records management. That person is unlikely to have a day-to-day role in implementing the RMP, although they are not prohibited from doing so.</p> <p>As evidence, the RMP could include, for example, a covering letter signed by the senior post-holder. In this letter the responsible person named should indicate that they endorse the authority's record management policy (See Element 3).</p> <p><a href="http://www.nas.gov.uk/recordKeeping/PRSA/guidanceElement1.asp">Read further explanation and guidance about element 1 - http://www.nas.gov.uk/recordKeeping/PRSA/guidanceElement1.asp</a></p> | <p>The Chief Officer, Susan Manion has senior responsibility for all aspects of the IJB's Records Management, and is the corporate owner of this document.</p> <p>The Chief Officer Chairs the Senior Management Team, which has strategic responsibility for the Health and Social Care Partnership.</p> | <p>Job profile and objectives of Chief Officer, Susan Manion</p> <p>Board Records Management Policy, which identifies roles and responsibilities.</p> <p>Roles and responsibilities of the SIRO; Senior Management responsibility for Records Management within Dunbartonshire Council covered by the Records Management Plan</p> <p>lies with:</p> <p>Martin Cunningham,<br/>Corporate Governance Manager</p> |

| RMP Element Description  | East Dunbartonshire Integration Joint Board (IJB) Compliance Statement  | Evidence   |
|--|---|--|
| <p><b>Element 2: Records manager responsibility:</b> Section 1(2) (a)(ii) of the Act specifically requires a RMP to identify the individual responsible for ensuring the authority complies with its plan. An authority's RMP must name and provide the job title of the person responsible for the day-to-day operation of activities described in the elements in the authority's RMP. This person should be the Keeper's initial point of contact for records management issues. It is essential that an individual has overall day-to-day responsibility for the <u>implementation</u> of an authority's RMP. There may already be a designated person who carries out this role. If not, the authority will need to make an appointment. As with element 1 above, the RMP must name an individual rather than simply a job title. It should be noted that staff changes will not invalidate any submitted plan provided that the all records management responsibilities are transferred to the incoming post holder and relevant training is undertaken. This individual might not work directly for the scheduled authority. It is possible that an authority may contract out their records management service. If this is the case an authority may not be in a position to provide the name of those responsible for the day-to-day operation of this element. The authority must give details of the arrangements in place and name the body appointed to carry out the records management function on its behalf. It may be the case that an authority's records management programme has been developed by a third party. It is the person operating the programme on a day-to-day basis whose name should be submitted.</p> <p><a href="http://www.nas.gov.uk/recordKeeping/PRSA/guidanceElement2.asp">Read further explanation and guidance about element 2 - http://www.nas.gov.uk/recordKeeping/PRSA/guidanceElement2.asp</a></p> | <p>Each Operational officer for the NHS and EDC will have responsibilities which include;</p> <p>Responsibilities include:</p> <ul style="list-style-type: none"> <li>• Managing the IJB's records;</li> <li>• Reviewing and implementing operational policies and procedures in line with the RMP;</li> <li>• Ensuring relevant health and social care staff have records management training</li> </ul> | <p>The MoU accompanying this document nominates each of these roles within the partner bodies of NHS GG&amp;C and East Dunbartonshire Council, as the leads with operational responsibility.</p> <p>Job descriptions for each role are included as evidence to demonstrate that the named individuals have the skills required and can access all IJB records.</p> <p>The MoU sets out that the IJB's records are created and managed by the Constituent body, East Dunbartonshire Council. It indicates that the CO is satisfied that the Constituent body has appropriate records management arrangements in place.</p> <p>The MoU confirms that the partner authority, East Dunbartonshire Council creates, holds and manages into disposal all the IJB's records</p> |

| RMP Element Description   | East Dunbartonshire Integration Joint Board (IJB) Compliance Statement   | Evidence  |
|---|--|---|
| <p><b>RMP Element 3: Records management policy statement:</b></p> <p>The Keeper expects each authority's plan to include a records management policy statement. The policy statement should describe how the authority creates and manages authentic, reliable and useable records, capable of supporting business functions and activities for as long as they are required. The policy statement should be made available to all staff, at all levels in the authority. The statement will properly reflect the business functions of the public authority. The Keeper will expect authorities with a wide range of functions operating in a complex legislative environment to develop a fuller statement than a smaller authority. The records management statement should define the legislative, regulatory and best practice framework, within which the authority operates and give an overview of the records management processes and systems within the authority and describe how these support the authority in carrying out its business effectively. For electronic records the statement should describe how metadata is created and maintained. It should be clear that the authority understands what is required to operate an effective records management system which embraces records in all formats.</p> <p>The records management statement should include a description of the mechanism for records management issues being disseminated through the authority and confirmation that regular reporting on these issues is made to the main governance bodies. The statement should have senior management approval and evidence, such as a minute of the management board recording its approval, submitted to the Keeper. The other elements in the RMP, listed below, will help provide the Keeper with evidence that the authority is fulfilling its policy.</p> <p><a href="http://www.nas.gov.uk/recordKeeping/PRSA/guidanceElement3.asp">Read further explanation and guidance about element 3 – http://www.nas.gov.uk/recordKeeping/PRSA/guidanceElement3.asp</a></p> | <p>East Dunbartonshire Council and NHS GG&amp;C work in partnership, governed by the East Dunbartonshire Integration Joint Board (IJB).</p> <p>East Dunbartonshire IJB is responsible for strategic planning of health and care services for the population of East Dunbartonshire.</p> <p>The context of this plan is that most records including employment, service user and internal policies and procedures will continue to be managed in the constituent body organisations, i.e. East Dunbartonshire Council and NHS GG&amp;C and as such will be covered by their respective record management plans.</p> <p>The records covered by this plan constitute IJB business in terms of:</p> <ul style="list-style-type: none"> <li>• IJB Meetings- agendas and papers, including Directions</li> <li>• IJB Strategies and Policies, including the Annual Report, Strategic Plan and Delivery Plan</li> </ul> | <p><b>NHS GG&amp;C:</b></p> <p><a href="http://live.nhs.gov.uk/me-dia/243288/nhs-ggc-rmp-v21-july-2017.pdf">http://live.nhs.gov.uk/me-dia/243288/nhs-ggc-rmp-v21-july-2017.pdf</a></p> <p><a href="https://www.eastdunbarton.gov.uk/health-and-social-care/east-dunbartonshire-health-and-social-care-partnership">https://www.eastdunbarton.gov.uk/health-and-social-care/east-dunbartonshire-health-and-social-care-partnership</a></p> <p><b>EDC Evidence</b></p> <p>Information and Records Management, Preservation of Archives Policy</p> <p>Screen Shot of Information and Records Management, Preservation of Archives Policy on IBM Connections page for employee access</p> |



|   |   |  |
|---|---|--|
|   | <p>All of this information is already in the public domain via the IJB's pages on East Dunbartonshire Council website <a href="https://www.eastdunbartonshire.gov.uk/meetings/committees-councillors">https://www.eastdunbartonshire.gov.uk/meetings/committees-councillors</a>.</p>  |  |
| <p><b>RMP Element Description</b></p>   | <p><b>East Dunbartonshire Integration Joint Board (IJB) Compliance Statement</b></p>  | <p><b>Evidence</b></p>   |
| <p><b>Element 4: Business classification</b><br/> The Keeper expects an authority to have properly considered business classification mechanisms and its RMP should therefore reflect the functions of the authority by means of a business classification scheme or similar.<br/> A business classification scheme usually takes the form of a hierarchical model or structure diagram. It records, at a given point in time, the informational assets the business creates and maintains, and in which function or service area they are held. As authorities change the scheme should be regularly reviewed and updated.<br/> A business classification scheme allows an authority to map its functions and provides a structure for operating a disposal schedule effectively.<br/> Some authorities will have completed this exercise already, but others may not. Creating the first business classification scheme can be a time-consuming process, particularly if an authority is complex, as it involves an information audit to be undertaken. It will necessarily involve the cooperation and collaboration of several colleagues and management within the authority, but without it the authority cannot show that it has a full understanding or effective control of the information it keeps.<br/> Although each authority is managed uniquely there is an opportunity for colleagues, particularly within the same sector, to share</p> | <p>As the IJB has only been in operation since 3<sup>rd</sup> September 2015, the type and volume of record keeping specific to the IJB is evolving rapidly.</p> <p>The IJB will follow the corporate Business Classification Scheme (BCS) adopted by East Dunbartonshire Council which identifies its high-level functions and activities. These functions cut across the divisional structures of the Council, enabling the BCS to remain relevant in the event of structural changes to the organisation.</p> <p>The BCS is a localised version of the model BCS published by the Scottish Council on Archives for use by all Scottish local authorities.</p> <p>This has been discussed and agreed as a sensible approach by NHS GG&amp;C and East Dunbartonshire Council</p> | <p><b>NHSGG&amp;C BCS</b><br/> <a href="http://www.nhsggc.org.uk/media/236761/nhsggcbsv0-3.pdf">http://www.nhsggc.org.uk/media/236761/nhsggcbsv0-3.pdf</a></p> <p><b>EDC evidence</b><br/> The link to East Dunbartonshire Councils business classification and retention schedules<br/> <a href="https://www.scottisharchive.org.uk/resources/scarrs/">https://www.scottisharchive.org.uk/resources/scarrs/</a></p> |

knowledge and experience to prevent duplication of effort.  
All of the records an authority creates should be managed within a single business classification scheme, even if it is using more than one record system to manage its records. An authority will need to demonstrate that its business classification scheme can be applied to the record systems which it operates.

[Read further explanation and guidance about element 4 - http://www.nas.gov.uk/recordKeeping/PRSA/guidanceElement4.asp](http://www.nas.gov.uk/recordKeeping/PRSA/guidanceElement4.asp)

IJB records are part of the Committee Management System and as such have permanent retention status.



| RMP Element Description   | East Dunbartonshire Integration Joint Board (IJB) Compliance Statement   | Evidence   |
|---|--|--|
| <p><b>Element 5: Retention schedules</b></p> <p>Section 1(2) (b)(iii) of the Act specifically requires a RMP to include provision about the archiving and destruction or other disposal of the authority's public records.</p> <p>An authority's RMP <u>must</u> demonstrate the existence of and adherence to corporate records retention procedures. The procedures should incorporate retention schedules and should detail the procedures that the authority follows to ensure records are routinely assigned disposal dates, that they are subsequently destroyed by a secure mechanism (see element 6) at the appropriate time, or preserved permanently by transfer to an approved repository or digital preservation programme (See element 7).</p> <p>The principal reasons for creating retention schedules are:</p> <ul style="list-style-type: none"> <li>to ensure records are kept for as long as they are needed and then disposed of appropriately</li> <li>to ensure all legitimate considerations and future uses are considered in reaching the final decision.</li> <li>to provide clarity as to which records are still held by an authority and which have been deliberately destroyed.</li> </ul> <p>"Disposal" in this context does not necessarily mean destruction. It includes any action taken at the agreed disposal or review date including migration to another format and transfer to a permanent archive.</p> <p>A retention schedule is an important tool for proper records management. Authorities who do not yet have a full retention schedule in place should show evidence that the importance of such a schedule is acknowledged by the senior person responsible for records management in an authority (see element 1). This might be</p> | <p>A retention schedule is a list of records for which pre-determined disposal dates have been established.</p> <p>The IJB must, however, be able to demonstrate it remains responsible for its records under the constituent bodies' schedule. It must be able to demonstrate that disposal periods set against its records under the partner schedule were taken by the Board, in collaboration with the partner body. The partner body's retention policies and procedures (and records manager(s)) will assist the Board in making business-based disposal decisions against its records. These must take into consideration the IJB's statutory obligations.</p> <p>The corporate records including formal IJB reports and minutes will be managed in accordance with the IJB Board Servicing Committee Protocol.</p> | <p><b><u>NHS GG&amp;C</u></b></p> <p>NHS GG&amp;C Record Management Plan includes Retention and Destruction of Records Policy.</p> <p>NHS Code of Practice</p> <p><a href="http://www.gov.scot/Publications/2012/01/10143104/0">http://www.gov.scot/Publications/2012/01/10143104/0</a></p> <p>Retention and Destruction of Records Guidance</p> <p><a href="http://www.nhs.gov.uk/media/236728/record-retention-guidance-v2-03-08-2015.docx">www.nhs.gov.uk/media/236728/record-retention-guidance-v2-03-08-2015.docx</a></p> <p>Greater Glasgow &amp; Clyde Archive Policy</p> <p><a href="http://www.nhs.gov.uk/media/236728/record-retention-guidance-v2-03-08-2015.docx">www.nhs.gov.uk/media/236728/record-retention-guidance-v2-03-08-2015.docx</a></p> |

done as part of the policy document (element 3). It should also be made clear that the authority has a retention schedule in development.

An authority's RMP must demonstrate the principle that retention rules are consistently applied across all of an authority's record systems.

Read further explanation and guidance about element 5\_ <http://www.nas.gov.uk/recordKeeping/PRSA/guidanceElement5.asp>

### EDC evidence

- SCARRS V2 -  
Endorsed by P&R  
Committee 4 June  
2015 Committee  
Report number  
FSS/027/15/JC/KW  
<http://www.scottisharchives.org.uk/scarrs/schedules>
- Policy and  
Resources  
Committee Report  
June 2015
- <https://www.eastdunbarton.gov.uk/council/committees-/councillors/search-documents/archive-committee-documents-search>
- Policy and  
Resources  
Committee Report  
September 2015  
<https://www.eastdunbarton.gov.uk/council/committees->

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|---|--|--|
|   |  | <p><a href="#">councillors/search-documents/archive-committee-documents-search</a></p> <ul style="list-style-type: none"> <li>• Screen Shot of link to SCARRS on Hub Archives Collection Policy</li> </ul>   |
| <p><b>RMP Element Description</b></p> <p><b>Element 6: Destruction arrangements</b></p> <p>Section 1(2) (b)(iii) of the Act specifically requires a RMP to include provision about the archiving and destruction, or other disposal, of an authority's public records.</p> <p>An authority's RMP <u>must</u> demonstrate that proper destruction arrangements are in place.</p> <p>A retention schedule, on its own, will not be considered adequate proof of disposal for the Keeper to agree a RMP. It must be linked with details of an authority's destruction arrangements. These should demonstrate security precautions appropriate to the sensitivity of the records. Disposal arrangements must also ensure that all copies of a record – wherever stored – are identified and destroyed.</p> <p><a href="http://www.nas.gov.uk/recordKeeping/PRSA/guidanceElement6.asp">Read further explanation and guidance about element 6 - http://www.nas.gov.uk/recordKeeping/PRSA/guidanceElement6.asp</a></p> | <p><b>East Dunbartonshire Integration Joint Board (IJB) Compliance Statement</b></p> <p>It is not always cost-effective or practical for an authority to securely destroy records in-house. Many authorities engage a contractor to destroy records and ensure the process is supervised and documented.</p> <p>As such, the destruction of IJB records, in all formats, will be undertaken by East Dunbartonshire Council.</p> <p>All IJB Records will be held electronically on East Dunbartonshire Council's system so no hard copies will require destruction.</p> <p>At this stage there is only a limited volume of records specific to the IJB.</p> | <p><b>Evidence</b></p> <p><b>NHS GG&amp;C</b></p> <p>NHS GG&amp;C Record Management Plan includes Retention and Destruction of Records Policy</p> <p>Scottish Government Records Management NHS Code of Practice (Scotland 2012)</p> <p><a href="http://www.gov.scot/publications/2012/01/1014310">http://www.gov.scot/publications/2012/01/1014310</a></p> <p><a href="http://www.staffnet.ggc.scot.nhs.uk/Corporate%20services/eHealth/Policies/andProcedures/documents/">http://www.staffnet.ggc.scot.nhs.uk/Corporate%20services/eHealth/Policies/andProcedures/documents/</a></p> |

[PROCEDURE%20FOR%20RETENTION%20AND%20DESTRUCTION%20\(NOV%202018\).PDF](#)

**EDC evidence**

East Dunbartonshire  
Corporate Retention  
Schedule:

<https://www.scottisharchives.org.uk/resources/sca-rs/>

| RMP Element Description  | East Dunbartonshire Integration Joint Board (IJB) Compliance Statement   | Evidence  |
|--|--|---|
| <p><b>Element 7: Archiving and transfer arrangements</b></p> <p>Section 1(2)(b)(iii) of the Act specifically requires a RMP to make provision about the archiving and destruction, or other disposal, of an authority's public records.</p> <p>An authority's RMP <u>must</u> detail its archiving and transfer arrangements and ensure that records of enduring value are deposited in an appropriate archive repository. The RMP will detail how custody of the records will transfer from the operational side of the authority to either an in-house archive, if that facility exists, or another suitable repository, which <u>must</u> be named. The person responsible for the archive should also be cited.</p> <p>Some records continue to have value beyond their active business use and may be selected for permanent preservation. The authority's RMP <u>must</u> show that it has a mechanism in place for dealing with records identified as being suitable for permanent preservation. This mechanism will be informed by the authority's retention schedule which should identify records of enduring corporate and legal value. An authority should also consider how records of historical, cultural and research value will be identified if this has not already been done in the retention schedule. The format/media in which they are to be permanently maintained should be noted as this will determine the appropriate management regime.</p> <p><a href="http://www.nas.gov.uk/recordKeeping/PRSA/guidanceElement7.asp">Read further explanation and guidance about element 7 - http://www.nas.gov.uk/recordKeeping/PRSA/guidanceElement7.asp</a></p> | <p>All IJB Records will be held electronically on East Dunbartonshire Council's system so no hard copies will be archived.</p> <p>At this stage there is only a limited volume of records specific to the IJB.</p> | <p>The agreed arrangement between the Board and East Dunbartonshire Council for IJB records to be included in the archiving and transferring arrangements established by East Dunbartonshire Council.</p> <p><b><u>EDC evidence</u></b></p> <p>Archives Collection Policy</p> <p>Archives Deposit Agreement</p> <p>Archives Transfer form</p> <p>Burness Service Agreement</p> <p>Burness Collections Agreement</p> <p>Archives Appraisal Sheet</p> <p>Collection Care Statement</p> <p>Selection Appraisal Statement</p> <p>Digital Preservation Statement</p> |

| RMP Element Description   | East Dunbartonshire Integration Joint Board (IJB) Compliance Statement   | Evidence   |
|---|--|--|
| <p><b>Element 8: Information Security</b></p> <p>Section 1(2) (b)(ii) of the Act specifically requires a RMP to make provision about the archiving and destruction or other disposal of the authority's public records.</p> <p>An authority's RMP <u>must</u> make provision for the proper level of security for its public records.</p> <p>All public authorities produce records that are sensitive. An authority's RMP <u>must</u> therefore include evidence that the authority has procedures in place to adequately protect its records. Information security procedures would normally acknowledge data protection and freedom of information obligations as well as any specific legislation or regulatory framework that may apply to the retention and security of records.</p> <p>The security procedures <u>must</u> put in place adequate controls to prevent unauthorised access, destruction, alteration or removal of records. The procedures will allocate information security responsibilities within the authority to ensure organisational accountability and will also outline the mechanism by which appropriate security classifications are linked to its business classification scheme.</p> | <p>Information security is the process by which an authority protects its records and ensures they remain available. It is the means by which an authority guards against unauthorised access and provides for the integrity of the records. Robust information security measures are an acknowledgement that records represent a risk as well as an asset. A public authority should have procedures in place to assess and contain that risk.</p> <p>The IJB will rely on NHS GG&amp;C and East Dunbartonshire Council arrangements in terms of systems, devices, information sharing platforms.</p> <p>All staff will remain employees of either NHS GG&amp;C or East Dunbartonshire Council. As such they will be subject to the policies and procedures of their employer, i.e. NHSGG&amp;C Information Security Policy or East Dunbartonshire Security policies.</p> | <p><b>NHS GGC Information Security Policy</b></p> <p>NHSGGC IT Security Policy</p> <p><a href="http://www.nhsggc.org.uk/me/dfa/236731/it-security-policy.pdf">http://www.nhsggc.org.uk/me/dfa/236731/it-security-policy.pdf</a></p> <p><b>East Dunbartonshire Council Information Management Group Remit:</b></p> <p><b><u>EDC evidence</u></b></p> <p>Corporate ICT Security Policy – Acceptable Use Policy</p> <p>Mobile Device Policy</p> <p>Data Protection Policy</p> <p>ICT Strategy</p> <p>Best Practice Guide for Email (HUB)</p> <p>FOI Policy</p> <p>ICT Theft or Loss</p> |

Procedures (HUB)

SMART Working Guidance  
Note – ICT (HUB)

Staff Awareness – Online  
Training Packs FOI / DP /  
RM & Info Security

Information Security Poster  
Major Incident Process

Personal Use of the Internet  
Guidelines

Clear Desk Policy

Child Protection Policy

Adult Protection Procedures  
Information and Records  
Preservation of Archives



| RMP Element Description   | East Dunbartonshire Integration Joint Board (IJB) Compliance Statement   | Evidence  |
|---|--|---|
| <p><b>Element 9: Data protection</b></p> <p>The Keeper will expect an authority's RMP to indicate compliance with its data protection obligations. This might be a high level statement of public responsibility and fair processing.</p> <p>If an authority holds and process information about stakeholders, clients, employees or suppliers, it is legally obliged to protect that information. Under the Data Protection Act, an authority must only collect information needed for a specific business purpose; it must keep it secure and ensure it remains relevant and up to date. The authority <u>must</u> also only hold as much information as is needed for business purposes and only for as long as it is needed. The person who is the subject of the information <u>must</u> be afforded access to it on request.</p> <p><a href="http://www.nas.gov.uk/recordKeeping/PRSA/guidanceElement9.asp">Read further explanation and guidance about element 9 - http://www.nas.gov.uk/recordKeeping/PRSA/guidanceElement9.asp</a></p> | <p>The Information Commissioner has confirmed that the IJB can be a data controller albeit that it will not hold any personal records of service users/patients.</p> <p>The IJB is a public body which is subject to the Freedom of Information (Scotland) Act 2002 and has its own Publication Scheme and FOI policy. Most requests will be addressed directly by the parent bodies.</p> <p>The GDPR and Data Protection Act 2018 came into force in 2018 which increased the rights of individuals and increased fines for data breaches.</p> <p>IJB Complaints- Louise Martin is first point of contact.</p> <p>IJB records are properly managed for the purposes of Data Protection.</p> | <p>ICO Registration details</p> <p>East Dunbartonshire IJB is not registered as a Data Controller on the ICO website</p> <p>Board data controller/data processor policies and procedures- FOI, complaints, subject access requests</p> <p>East Dunbartonshire Council's Privacy Policy is available on the Website</p> <p><a href="https://www.eastdunbarton.gov.uk/council/privacy-statement">https://www.eastdunbarton.gov.uk/council/privacy-statement</a></p> <p>NHS GG&amp;C Data Protection Policy</p> <p><a href="http://www.staffnet.ggc.scot.nhs.uk/Acute/Diagnostics/All%20Laboratory%20Medicine/Mortuary%20Services/SGP/athology/Documents/17%20Feb%2024%20Confidentiality%20and%20Data%20Protection%20Policy%20V2%201.pdf">http://www.staffnet.ggc.scot.nhs.uk/Acute/Diagnostics/All%20Laboratory%20Medicine/Mortuary%20Services/SGP/athology/Documents/17%20Feb%2024%20Confidentiality%20and%20Data%20Protection%20Policy%20V2%201.pdf</a></p> <p><b>EDC evidence</b></p> <p>DP guidance EDWeb</p> |

|  |  |  |
|--|--|--|
|  |  | Employability and People Development<br>Online RMT Training pack |
|--|--|--|

| RMP Element Description   | East Dunbartonshire Integration Joint Board (IJB) Compliance Statement   | Evidence   |
|---|--|--|
| <p><b>Element 10: Business continuity and vital records</b></p> <p>The Keeper will expect an authority's RMP to indicate arrangements in support of records vital to business continuity. Certain records held by authorities are vital to their function. These might include insurance details, current contract information, master personnel files, case files, etc. The RMP will support reasonable procedures for these records to be accessible in the event of an emergency affecting their premises or systems.</p> <p>Authorities should therefore have appropriate business continuity plans ensuring that the critical business activities referred to in their vital records will be able to continue in the event of a disaster. How each authority does this is for them to determine in light of their business needs, but the plan should point to it.</p> <p><a href="http://www.nas.gov.uk/recordKeeping/PRSA/guidanceElement10.aspx">Read further explanation and guidance about element 10 - http://www.nas.gov.uk/recordKeeping/PRSA/guidanceElement10.aspx</a></p> | <p>A business continuity and vital records plan serves as the main resource for the preparation for, response to, and recovery from, an emergency that might affect any number of crucial functions in an authority.</p> <p>The IJB's records will be subject to the policies and procedures of the partner body in relation to business continuity.</p> <p>The MoU sets out that the IJB's records are managed in accordance with East Dunbartonshire Council's Business Continuity and vital records arrangements.</p> <p>All services will continue to be provided or commissioned directly by NHS GG&amp;C or East Dunbartonshire Council. As such there is no direct requirement for the IJB to have its own arrangements for business continuity of vital records.</p> <p>Both NHS GG&amp;C and East Dunbartonshire Council have adequate business continuity arrangements to ensure the sustainability of health and social care services for which the IJB has</p> | <p><b><u>NHS GG&amp;C</u></b></p> <p>Business Continuity Management Strategy 2015</p> <p><a href="http://www.nhs.gov.uk/media/236564/strategy-bcp-april-2015-v1-3-final-pdf.pdf">www.nhs.gov.uk/media/236564/strategy-bcp-april-2015-v1-3-final-pdf.pdf</a></p> <p>NHS GG&amp;C Major Incident Plan December 2015</p> <p><a href="http://www.nhs.gov.uk/media/236564/strategy-bcp-april-2015-v1-3-final-pdf.pdf">http://www.nhs.gov.uk/media/236564/strategy-bcp-april-2015-v1-3-final-pdf.pdf</a></p> <p><b><u>EDC evidence</u></b></p> <p>ICT Major Incident Process</p> <p>Business Continuity Work Package</p> <p>Records management Improvement Action Plan</p> |

|  |                         |  |
|--|-------------------------|--|
|  | overall responsibility. | 2015-18<br>Harwell Priority Subscription<br><a href="http://www.hdrs.co.uk/priority.html">http://www.hdrs.co.uk/priority.html</a><br>Social Work Example BC Plan |
|--|-------------------------|--|

| RMP Element Description   | East Dunbartonshire Integration Joint Board (IJB) Compliance Statement   | Evidence  |
|---|--|---|
| <p><b>Element 11: Audit trail</b></p> <p>The Keeper will expect an authority's RMP to provide evidence that the authority maintains a complete and accurate representation of all changes that occur in relation to a particular record. For the purpose of this plan 'changes' can be taken to include movement of a record even if the information content is unaffected. Audit trail information must be kept for at least as long as the record to which it relates.</p> <p>This audit trail can be held separately from or as an integral part of the record. It may be generated automatically, or it may be created manually.</p> <p>Read further explanation and guidance about element 11 - <a href="http://www.nas.gov.uk/record/Keeping/PRSA/guidance/Element11.a">http://www.nas.gov.uk/record/Keeping/PRSA/guidance/Element11.a</a></p> <p><u>SP</u></p> | <p>An audit trail is a sequence of steps documenting the movement and/or editing of a record resulting from activities by individuals, systems or other entities.</p> <p>The IJB's records are created by NHS GG&amp;C and East Dunbartonshire Council and are managed via East Dunbartonshire Council. All IJB records held on the constituent bodies systems will be subject to the policies and procedures of both authorities.</p> <p>Personal records, policies and procedures and all other corporate records will be accessed by employees through the constituent bodies' information systems. As the IJB develops its own internal and external information systems consideration will be given to the need for audit trail arrangements.</p> | <p>The MoU sets out the IJB's Audit Trail arrangements</p> <p>As per Element 2</p> <p><b><u>EDC evidence</u></b></p> <p>Information and Records Management, Preservation of Archives Policy</p> <p>IMSIP Programme –</p> <p>Champions Work Package</p> <p>Carefirst Screen-Shot of Audit Trail and File location details</p> <p>Screen shot from Central Records Store Database</p> <p>Records management Improvement Action Plan 2015-18</p> |

| RMP Element Description  | East Dunbartonshire Integration Joint Board (IJB) Compliance Statement   | Evidence  |
|--|--|---|
| <p><b>Element 12: Competency framework for records management staff</b></p> <p>The Keeper will expect an authority's RMP to detail a competency framework for person(s) designated as responsible for the day-to-day operation of activities described in the elements in the authority's RMP. It is important that authorities understand that records management is best implemented by a person or persons possessing the relevant skills.</p> <p>A competency framework outlining what the authority considers are the vital skills and experiences needed to carry out the task is an important part of any records management system. If the authority appoints an existing non-records professional member of staff to undertake this task, the framework will provide the beginnings of a training programme for that person.</p> <p>The individual carrying out day-to-day records management for an authority might not work for that authority directly. It is possible that the records management function is undertaken by a separate legal entity set up to provide functions on behalf of the authority, for example an arm's length body or a contractor. Under these circumstances the authority must satisfy itself that the supplier supports and continues to provide a robust records management service to the authority.</p> | <p>A competency framework lists the core competencies and the key knowledge and skills required by a records manager. It can be used as a basis for developing job specifications, identifying training needs, and assessing performance.</p> <p>The IJB will rely upon the records manager of the constituent body for compliance under this element.</p> <p>Training for records management staff will remain the responsibility of the employing bodies NHS GG&amp;C and East Dunbartonshire Council.</p> | <p>The Board's plan must refer to the Competency framework arrangements and evidence under the agreed partner body plan.</p> <p><b><u>NHS GG&amp;C</u></b></p> <p>NHS wide training available via Learnpro – e-learning training available</p> <p><b><u>EDC evidence</u></b></p> <p>Council-wide training available</p> |

| RMP Element Description   | East Dunbartonshire Integration Joint Board (IJB) Compliance Statement   | Evidence   |
|---|--|--|
| <p><b>Element 13: Assessment and review</b><br/>Section 1(5) (i)(a) of the Act says that an authority must keep its RMP under review.</p> <p>An authority's RMP <u>must</u> describe the procedures in place to regularly review it in the future.</p> <p>It is important that an authority's RMP is regularly reviewed to ensure that it remains fit for purpose. It is therefore vital that a mechanism exists for this to happen automatically as part of an authority's internal records management processes.</p> <p>A statement to support the authority's commitment to keep its RMP under review must appear in the RMP detailing how it will accomplish this task.</p> <p>Read further explanation and guidance about element 13 – <a href="http://www.nas.gov.uk/recordKeeping/PRSA/guidanceElement13.a">http://www.nas.gov.uk/recordKeeping/PRSA/guidanceElement13.a</a></p> | <p>The IJB relies on the partner authority to ensure that the systems, policies and procedures that govern its records are being regularly assessed.</p> <p>This record management plan will be reviewed and updated through the Joint Management Team. During the first year any gaps in this plan will be identified as issues arise and solutions agreed.</p> | <p><b><u>NHS GG&amp;C</u></b><br/>Remits of the identified groups</p> <p><a href="http://www.nhsggc.org.uk/medi a/236580/ceo-whole-system-directors-group-remit-jan-2016-2.docx">http://www.nhsggc.org.uk/medi a/236580/ceo-whole-system-directors-group-remit-jan-2016-2.docx</a></p> <p><a href="http://www.nhsggc.org.uk/medi a/236581/ig-steering-group-remit.doc">http://www.nhsggc.org.uk/medi a/236581/ig-steering-group-remit.doc</a></p> <p><a href="http://www.nhsggc.org.uk/medi a/239085/element-13-rm-learn-pro-module-screen-shot.docx">http://www.nhsggc.org.uk/medi a/239085/element-13-rm-learn-pro-module-screen-shot.docx</a></p> <p><b><u>EDC evidence</u></b><br/>Information and Records, Preservation of Archives Policy<br/>IMSIP – Champions work Package<br/>Records Management Improvement Plan 2015-18</p> |



| RMP Element Description  | East Dunbartonshire Integration Joint Board (IJB) Compliance Statement   | Evidence   |
|--|--|--|
| <p><b>Element 14: Shared Information</b></p> <p>The Keeper will expect an authority's RMP to reflect its procedures for sharing information. Authorities who share, or are planning to share, information must provide evidence that they have considered the implications of information sharing on good records management.</p> <p>Information sharing protocols act as high level statements of principles on sharing and associated issues, and provide general guidance to staff on sharing information or disclosing it to another party. It may therefore be necessary for an authority's RMP to include reference to information sharing protocols that govern how the authority will exchange information with others and make provision for appropriate governance procedures.</p> <p>Specifically the Keeper will expect assurances that an authority's information sharing procedures are clear about the purpose of record sharing which will normally be based on professional obligations. The Keeper will also expect to see a statement regarding the security of transfer of information, or records, between authorities whatever the format.</p> | <p>Under certain conditions, information given in confidence may be shared. Most commonly this relates to personal information, but it can also happen with confidential corporate records.</p> <p>The IJB may well be sharing data or information with its partner bodies that must be managed in accordance with the guidance issued by the Information Commissioner under the Data Protection Act 1998.</p> | <p>Caldicott Report</p> <p><a href="http://www.imi.org.uk/file/download/3707/CaldicottGuardianManualScotland-June2012.pdf">http://www.imi.org.uk/file/download/3707/CaldicottGuardianManualScotland-June2012.pdf</a></p> <p>Information Sharing Protocol between NHSGGC and Local Authorities</p> <p><a href="http://www.nhsggc.org.uk/media/236748/124-nhsggc-protocol-for-sharing-information.pdf">http://www.nhsggc.org.uk/media/236748/124-nhsggc-protocol-for-sharing-information.pdf</a></p> <p>SCI (Scottish Care Information) Access Protocol</p> <p>Information Sharing Protocol training – e-learning module covering the sharing of information</p> <p><a href="http://www.nhsggc.org.uk/media/236749/information-sharing-">www.nhsggc.org.uk/media/236749/information-sharing-</a></p> |

[protocol.docx](#)

Information Sharing template for use by the NHS, Local Authorities and the Integrated Joint Boards

<http://www.isdscotland.org/Health-Topics/Health-and-Social-Care/Health-and-Social-Care-Integration/docs/ISP-TEMPLATE.pdf>

Scottish Prison Service

<http://www.nhsggc.org.uk/media/236582/information-sharing-protocol-nhs-scotland-and-sps1.pdf>

**Sharing Data with Third Parties**

<http://www.nhsggc.org.uk/media/238819/data-processing-agreement-it-dept-use.doc>

Information Sharing template for use by the NHS, Local Authorities and the Integrated

Joint Boards

DPA Confidentiality Clauses

<http://www.nhsggc.org.uk/media/239084/dpa-confidentiality-clauses-revised-jan16.doc>

**EDC evidence**

Greater Glasgow and Clyde Protocol

ICT Acceptable Use Policy

UK Government Data sharing Guide

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/307156/data-sharing-guide-april-14.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/307156/data-sharing-guide-april-14.pdf)

ICO Data Sharing Code of Practice

<https://ico.org.uk/media/for-organisations/documents/2664/leadership-data-protection-checklist.pdf>

Social work Information Sharing Mandate

HSCP Information Sharing Protocol

An information sharing protocol has been agreed between NHS GGC and East Dunbartonshire Council to enable the safe and effective sharing of information



Overarching Memorandum of Understanding (MoU)

Between

East Dunbartonshire Integration Joint Board

NHS Greater Glasgow & Clyde

And

East Dunbartonshire Council

In relation to the IJB's Records Management Plan

**DRAFT: Dated 13th March 2019**

**Ratification Date**

**Review Date**

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## 1. PARTIES, SCOPE AND PURPOSE

### 1.1 Name and details of the parties

| Legal name of parties                       | Short name of the party | Head Office address  | ICO Registration |
|---|-------------------------|--|------------------|
| East Dunbartonshire Integration Joint Board | "IJB"                   | 10 Saramago Street,<br>Kirkintilloch, G66 3BF  | Not registered   |
| NHS Greater Glasgow & Clyde                 | "Board"                 | J B Russell House<br>Gartnavel Royal Hospital<br>Campus<br>1055 Great Western Road<br>GLASGOW<br>G12 0XH | Z8522787         |
| East Dunbartonshire Council                 | "Council"               | 12 Strathkelvin Place<br>Kirkintilloch<br>G66 3BW  | Z7136359         |

### 1.2 Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 was passed by the Scottish Parliament in February 2014 and came into force on 1<sup>st</sup> April 2016 and provides the framework for the integration of health and social care services in Scotland. Roles and responsibilities of IJBs, including the need for a Records Management Plan are set out here: <https://www.gov.scot/Publications/2015/09/8274/2>

East Dunbartonshire IJB operates as a body corporate (a separate legal entity), acting independently of NHS GG&C Health Board and East Dunbartonshire Council.

Each of the Parties listed above are obliged to submit and maintain a Records Management Plan as defined in and in accordance with the Public Records (Scotland) Act 2011.



The Act requires named public authorities to submit a Records Management Plan (RMP) to be agreed by the Keeper of the Records of Scotland. NHS Greater Glasgow and Clyde Board and East Dunbartonshire Council already have agreed Record Management Plans in place. IJBs were added to the Act's schedule by the Public Bodies (Joint Working) (Scotland) Act 2014 and this Memorandum of Understanding sets out how each of these RMPs relate to each other.

### **1.3 Context**

The majority of records including employment, service user and internal policies and procedures will continue to be managed in the parent body organisations, i.e. East Dunbartonshire (the Council) and NHS Greater Glasgow & Clyde Health Board (the Board) and as such will be covered by their respective record management plans.

The records covered by the IJB's records management plan constitute IJB business in terms of:

- IJB Meetings and related committees- agendas and papers, including Directions, Audit and Risk Committee and Strategic Planning
- IJB Strategies and Policies, including the Annual Report, Strategic Plan and Delivery Plan

### **1.4 Purpose**

This Memorandum of Understanding sets out the agreement between the IJB and the Council and the Board on how the process of depositing, storing and accessing the IJB's records of enduring value will operate.

### **1.5 Records Management**

The Parties acknowledge and agree that the responsibility for creating and maintaining the IJB's records will be delegated to the Council.

The IJB will follow the corporate Business Classification Scheme (BCS) adopted by the Council and the Council's BCS has been updated to include IJB records. This has been discussed and agreed as a sensible approach by the Board and the Council.

As such, the IJB's Records Management Plan evidences compliance via referencing both the Council's and the Board's Records Management Plans.

### **1.6 Parties' Responsibilities**

All of the IJB's records will be subject to the policies and procedures of the Council. The nominated officers within the Council and the Board will have operational responsibility and are able to access these policies and procedures, as well as undergo appropriate training, e.g. Data Protection, Information Security, etc.

IJB records are part of the Committee Management System and as such have permanent retention status, which comply with statutory obligations set out under the Public Records (Scotland) Act 2011 and all other relevant legislation. The IJB's records are managed in accordance with the Council's Business Continuity and vital records arrangements. The Council's Audit Trail arrangements will ensure that records are retrievable and offer certainty around version control.

The IJB will rely on the Council to ensure that the systems, policies and procedures that govern its records are being regularly assessed. An annual review will be undertaken by a group nominated by the IJB to ensure this is being done effectively.

## 2. CORPORATE RESPONSIBILITY

### Corporate Responsibility

The IJB's Chief Officer has senior responsibility for all aspects of the IJB's Records Management and is also the IJB's Senior Information Risk Owner (SIRO). The Chief Officer is content that all IJB Records will be managed by East Dunbartonshire Council in line with Council policies. All relevant records management arrangements agreed under the Council's RMP apply to the IJB records in its keeping. This is facilitated by this Memorandum of Understanding. In addition, the IJB's Chief Officer is satisfied that the Council and the Board has appropriate records management arrangements in place and that each has already been approved by the Keeper.

## 3. SIGN-OFF AND RESPONSIBILITIES

### 3.1 Name of Accountable Officer (S)

The Accountable Officers for the Parties are:

| Accountable Officer Name | Post title      | Organisation                                |
|--------------------------|-----------------|---|
| Susan Manion             | Chief Officer   | East Dunbartonshire Integration Joint Board |
| Gerry Cornes             | Chief Executive | East Dunbartonshire Council                 |
| Jane Grant               | Chief Executive | NHS GG&C Health Board                       |

|                  |                          |                       |
|------------------|--------------------------|-----------------------|
| Margaret McGuire | Executive Nurse Director | NHS GG&C Health Board |
|------------------|--------------------------|-----------------------|

### 3.2 Leads for Records Management

The lead for Records Management at each of the Parties is:

| Name            | Post title  | Organisation   |
|-----------------|---|--|
| Louise Martin   | Lead for Records Management                         | East Dunbartonshire & Health & Social Care Partnership |
| To be confirmed | Strategic Programme Manager                         | NHSGG&C  |
| Karen Watt      | Records, Archives and Document Management Team Lead | East Dunbartonshire Council                            |

### 3.3 Signatories

The following individuals (being authorised signatories) will sign this Memorandum of Understanding on behalf of the Parties:

|                        |   |                             |
|------------------------|---|-----------------------------|
| Name of Party          | East Dunbartonshire Integration Joint Board |                             |
| Authorised signatories | Title /Name                                 |                             |
|                        | Role  | Chief Officer, Susan Manion |
| Head Office address    | 10 Saramago Street, Kirkintilloch, G66 3BF  |                             |

|                        |  |                 |
|------------------------|--|-----------------|
| Name of Party          | East Dunbartonshire Council , Gerry Cornes   |                 |
| Authorised signatories | Title /Name  |                 |
|                        | Role   | Chief Executive |
| Head Office address    | <p>East Dunbartonshire Council</p> <p>12 Strathkelvin Pl, Kirkintilloch, G66 3BW</p> |                 |

|                        |  |                 |
|------------------------|--|-----------------|
| Name of Party          | NHS GG&C Health Board, Jane Grant  |                 |
| Authorised signatories | Title /Name  |                 |
|                        | Role   | Chief Executive |
| Head Office address    | <p>J B Russell House</p> <p>Gartnavel Royal Hospital Campus</p> <p>1055 Great Western Road</p> <p>GLASGOW</p> <p>G12 0XH</p> |                 |

### 3.4 Sign off

"We the undersigned agree to the details recorded in this Overarching Memorandum of Understanding; are satisfied that our representatives have carried out the necessary work to ensure that the IJB complies with the Public Records (Scotland) Act 2011. The IJB will submit and maintain a Records Management Plan to the Keeper. We agree to review this document on an annual basis.

|   |  |  |  |
|---|--|--|--|
| Signature.....  |  | Signature.....                                   |  |
| For and on behalf of East Dunbartonshire Health & Social Care Joint Board |  | For and on behalf of East Dunbartonshire Council |  |
| Name  |  | Name   |  |
| Date  |  | Date   |  |

|  |  |
|--|--|
| Signature.....                             |  |
| For and on behalf of NHS GG&C Health Board |  |
| Name                                       |  |
| Date                                       |  |

**Review Date: March 2020**

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

|                        |  |
|------------------------|--|
| <b>Date of Meeting</b> | 21 <sup>st</sup> March 2019  |
| <b>Subject Title</b>   | Ministerial Strategic Group (MSG) targets 2019/20  |
| <b>Report By</b>       | Derrick Pearce, Head of Community Health and Care Services   |
| <b>Contact Officer</b> | Fiona Munro, Team Manager/ Lead for Unscheduled Care<br>Tel: 0141 232 8233 Email: <a href="mailto:Fiona.Munro@ggc.scot.nhs.uk">Fiona.Munro@ggc.scot.nhs.uk</a> |

|                          |   |
|--------------------------|---|
| <b>Purpose of Report</b> | The purpose of this report is to present HSCP Board Members with the proposed 2019/20 Ministerial Strategic Group (MSG) targets for East Dunbartonshire HSCP and outline the high level actions intended to facilitate delivery of these targets. |
|--------------------------|---|

|                        |   |
|------------------------|---|
| <b>Recommendations</b> | <p>i) HSCP Board members are asked to approve the 2019/20 Ministerial Strategic Group (MSG) targets</p> <p>ii) HSCP Board members are asked to note the actions intended to deliver on the targets and the development of an Unscheduled Care Work Plan for 2019/20</p> |
|------------------------|---|

|   |  |
|---|--|
| <b>Relevance to HSCP Board Strategic Plan</b> | <p>The MSG targets and Unscheduled Care Work plan have relevance across the Strategic Plan, particularly to the following key priorities:</p> <ul style="list-style-type: none"> <li>• Priority 3 – Keep people out of hospital when care can be delivered closer to home</li> <li>• Priority 5 – People have a positive experience of health and social care services</li> <li>• Priority 6 – Promote independent living through the provision of suitable housing, accommodation and support</li> <li>• Priority 8 – Optimise efficiency, effectiveness and flexibility</li> </ul> |
|---|--|

**Implications for Health & Social Care Partnership**

|                        |      |
|------------------------|------|
| <b>Human Resources</b> | None |
|------------------------|------|

|                    |      |
|--------------------|------|
| <b>Equalities:</b> | None |
|--------------------|------|

|                   |  |
|-------------------|--|
| <b>Financial:</b> | The HSCP Delayed Discharge budget for 2019/20 is fully committed to the delivery of the MSG targets and HSCP Unscheduled Care Work Plan. |
|-------------------|--|

|               |      |
|---------------|------|
| <b>Legal:</b> | None |
|---------------|------|

|                         |      |
|-------------------------|------|
| <b>Economic Impact:</b> | None |
|-------------------------|------|

|                        |      |
|------------------------|------|
| <b>Sustainability:</b> | None |
|------------------------|------|

|                           |      |
|---------------------------|------|
| <b>Risk Implications:</b> | None |
|---------------------------|------|

|  |      |
|--|------|
| <b>Implications for East Dunbartonshire Council:</b> | None |
|--|------|

|  |   |
|--|---|
| <b>Implications for NHS Greater Glasgow &amp; Clyde:</b> | The delivery of the MSG is a whole system issue shared across HSCPs, primary care and the acute sector/ corporate arm of NHSGG&C. |
|--|---|

|  |   |                                     |
|--|---|-------------------------------------|
| <b>Direction Required to Council, Health Board or Both</b> | <b>Direction To:</b>  |                                     |
|  | <b>1. No Direction Required</b>   | <input checked="" type="checkbox"/> |
|  | <b>2. East Dunbartonshire Council</b>                                   | <input type="checkbox"/>            |
|  | <b>3. NHS Greater Glasgow &amp; Clyde</b>                               | <input type="checkbox"/>            |
|  | <b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b> | <input type="checkbox"/>            |

|   |
|---|
| <b>1.0 MAIN REPORT</b>  |
| <p>1.1 Unscheduled Care is a cornerstone priority of the integrated health and social care integration agenda. Increasing numbers of older people in our population and longer life expectancy for those with life limiting illness and disability is to be celebrated. There is, however, a resultant increase in demand both in terms of numbers and complexity across the health and social care economy of this demographic change. In order to mitigate against the impact of this concerted effort across the whole system is needed to ensure person centred, safe, efficient and effective care.</p> <p>1.2 East Dunbartonshire HSCP broadly works to the 6 Essential Actions for Unscheduled Care adopted by the Scottish Government. The 6EA areas are:</p> <ul style="list-style-type: none"> <li>• Clinically focussed and Empowered Hospital Management</li> <li>• Capacity and patient flow realignment</li> <li>• Patient rather than bed management</li> <li>• Medical and Surgical processes arranged to pull patients from ED</li> <li>• 7 day services</li> <li>• Ensuring patients are cared for in their own homes</li> </ul> <p>1.3 The HSCP Board was presented with a comprehensive overview of Unscheduled Care in East Dunbartonshire at the November 2018 meeting. Further time is planned for members to explore the topic in detail at the April 2019 HSCP Board Members Development Session. Time is also planned for the HSCP Performance, Audit and Risk Committee to scrutinise performance and understand issues.</p> |

- 1.4 The Unscheduled Care Work Plan for East Dunbartonshire HSCP for 2019/20 is currently being developed. This will comprehensively describe the suite of actions being taken across the whole system, including a number of measures of improvement.
- 1.5 Key areas of action which the HSCP Board should note include:
- The development of our 'Home for Me Service' – an integrated admission avoidance and discharge facilitation service that will include dedicated care at home staff, social workers, social work assistants, AHPs and pharmacy input. The service will focus on focus on stepping up care at home for people we wish to help avoid admission. The service will also facilitate their speedy discharge back home or to an alternative care setting. This service will go live in April 2019.
  - Develop further our 'Caring Together' enhanced multidisciplinary care homes support team. This virtual team strives to jointly support improved care in care homes and prevent hospital admission for care home residents.
  - The further implementation of the 'Home First' principles – we already work to the Scottish Government' Home First principles for managing unscheduled care and will further strengthen these, in partnership with colleagues in secondary care, in 2018/19. We will do this, specifically, in relation to;
    - the roll out of *Anticipatory Care Planning* across all community teams and in Primary Care, seeking to prevent admission and helping to improve the availability of information at secondary care via the *Electronic Emergency Key Information Summary* (eKIS).
    - application of the *eFrailty Pathway* to ensure we are responsive to changes in people's ability allowing us to tailor support more appropriately and timeously
    - Explore the potential to deliver *Hospital at Home* models of care for people who require medical intervention but who could have this at home with the right professionals and governance in place
    - Explore the potential for increased use of Day Hospitals for people who require short term medical intervention in a medical setting and/or those who require investigation (requiring specialist medical/ diagnostic equipment in a medical facility).
    - Increased use of *Technology Enabled Care* (TEC) and equipment solutions.
- 1.6 Each HSCP is required to set annual targets in relation to the Ministerial Strategic Group (MSG) objectives around unscheduled care. The targets proposed for 2019/20 for East Dunbartonshire HSCP, and our performance against those let for 2018/29 are appended to this report (at Appendix 1).
- 1.7 The targets proposed for East Dunbartonshire HSCP are based on the anticipated performance in 2018/19. At the time of setting the targets only some data is available for the year, thus projections have been made based on average monthly figures. As a result of this, for those areas of performance where levels are expected to be in excess of the 2015/16 baseline, we intend to apply a target that takes back to that baseline level.





Ministerial Strategic Group (MSG)  
Targets 2019/20

|                                       | 2015/16<br>Baseline | East Dun HSCP<br>Target 18/19<br>%/N reduction | Indicative performance<br>2018/19<br>(avg. Per month of data to<br>date) | East Dun HSCP<br>Proposed Target 19/20<br>%/N reduction |
|---------------------------------------|---------------------|--|--|---|
| Emergency Admissions                  | 11,754              | -4% (11,284)                                   | 10,536   | -7% (9,918)   |
| Unscheduled hospital<br>bed days      | 83,220              | -4% (79,892)                                   | 73,536   | -5% (76,927)  |
| A&E Attendances                       | 27,122              | -4% (26,037)                                   | 28,872   | 0% (16,674)   |
| Bed days lost to<br>delayed discharge | 4,838               | -20% (3,870)                                   | 5,184  | 0% (4,833)  |

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

|                        |  |
|------------------------|--|
| <b>Date of Meeting</b> | Friday 1 <sup>st</sup> March 2019  |
| <b>Subject Title</b>   | ED HSCP Corporate Risk Register  |
| <b>Report By</b>       | Jean Campbell<br>Chief Finance and Resources Officer   |
| <b>Contact Officer</b> | Jean Campbell<br>0141 232 8237<br><a href="mailto:Jean.campbell@ggc.scot.nhs.uk">Jean.campbell@ggc.scot.nhs.uk</a> |

|                          |  |
|--------------------------|--|
| <b>Purpose of Report</b> | To provide the Board with an update on the Corporate Risks and how they are managed. |
|--------------------------|--|

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|------------------------|--|
| <b>Recommendations</b> | The HSCP Board is requested to review the Corporate Risk Register and approve the content. |
|------------------------|--|

|   |   |
|---|---|
| <b>Relevance to HSCP Board Strategic Plan</b> | High level risks may impact on certain areas within the Board Strategic Plan. |
|---|---|

**Implications for Health & Social Care Partnership**

|                        |   |
|------------------------|---|
| <b>Human Resources</b> | The Senior Management Team are required to review the Corporate Risk Register twice per year. |
|------------------------|---|

|                    |     |
|--------------------|-----|
| <b>Equalities:</b> | Nil |
|--------------------|-----|

|                   |     |
|-------------------|-----|
| <b>Financial:</b> | Nil |
|-------------------|-----|

|               |   |
|---------------|---|
| <b>Legal:</b> | The H&SCP Board is required to develop and review strategic risks linked to the business of the Board twice yearly. |
|---------------|---|

|                         |     |
|-------------------------|-----|
| <b>Economic Impact:</b> | Nil |
|-------------------------|-----|

|                        |     |
|------------------------|-----|
| <b>Sustainability:</b> | Nil |
|------------------------|-----|

|                           |   |
|---------------------------|---|
| <b>Risk Implications:</b> | This risk register is an aggregate of all service specific Risk Registers and control measures must be reviewed and updated regularly to reduce risk. |
|---------------------------|---|

|  |   |
|--|---|
| <b>Implications for East Dunbartonshire Council:</b> | The H&SCP Board Risk Register contributes to East Dunbartonshire Council Corporate Risk Register and ensures the management of the risks with robust control measures which are in place. |
|--|---|

|  |  |
|--|--|
| <b>Implications for NHS Greater Glasgow &amp; Clyde:</b> | The H&SCP Board Risk Register contributes to NHS GG&C Corporate Risk Register and ensures the management of the risks with robust control measures which are in place. |
|--|--|

|  |   |                                     |
|--|---|-------------------------------------|
| <b>Direction Required to Council, Health Board or Both</b> | <b>Direction To:</b>  |                                     |
|  | <b>1. No Direction Required</b>   | <input checked="" type="checkbox"/> |
|  | <b>2. East Dunbartonshire Council</b>                                   | <input type="checkbox"/>            |
|  | <b>3. NHS Greater Glasgow &amp; Clyde</b>                               | <input type="checkbox"/>            |
|  | <b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b> | <input type="checkbox"/>            |

|  |
|--|
| <b>1.0 MAIN REPORT</b>   |
| <b>1.1</b> The HSCP Corporate Risk register (attached as <b>Appendix 1</b> ) reflects the HSCP Board's Commitment to a culture of improved performance in the management of Corporate Risks.   |
| <b>1.2</b> Individual Service Risk Registers are reviewed and updated on a quarterly basis by the Operational Leads within the HSCP.   |
| <b>1.3</b> The Corporate Risk Register is reviewed twice per year by the Senior Management Team and updated.   |
| <b>1.4</b> The Risk Register provides full details of all current risks, in particular high level risks, and the control measures that are in place to manage these. The Corporate Risk register at February 2019 has been approved by the Senior Management Team. |
| <b>1.5</b> There are a total of 11 risks included within the HSCP Corporate Risk register, 8 are considered as High risks (Priority 2) and 3 considered as medium risks (Priority 3).  |
| <b>1.6</b> The Corporate Risk Register has been considered by the Performance, Audit and Risk Committee on the 1 <sup>st</sup> March 2019 and is now for consideration for the HSCP Board.   |

## EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

**Completed by**

Jean Campbell

**Date created/  
updated**

February 2019

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 | Extreme         | 20 - 25    | Priority 1: VERY HIGH |
| Likely         | Major           | 12 - 16    | Priority 2: HIGH      |
| Possible       | Moderate        | 6 - 10     | Priority 3: MEDIUM    |
| Unlikely       | Minor           | 1 - 5      | Priority 4: LOW       |
| Rare           | Negligible      |            |                       |

The Boards Shared Risk Register comprises those risks that have been assessed as being high or very high.

| Risk Reference | Risk Event   | Cause   | Effect  | Category of risk    | Control Measures  | Residual Likelihood | Residual Impact | Rank (Equals L*) | Priority | Strategy for Risk | Risk Management Actions   | Acceptable Likelihood | Acceptable Impact | Rank (Equals L*) | Priority | Risk Owner                       |
|----------------|--|---|---|---------------------|---|---------------------|-----------------|------------------|----------|-------------------|---|-----------------------|-------------------|------------------|----------|----------------------------------|
| HSCP1          | Inability to achieve financial balance   | Rising demand for services due to demographics, new legislation, new national policy, changing societal profile due to economic downturn, increasing public expectations re service provision, end of risk share agreement re Prescribing, budgetary financial challenges resulting in requirements to make financial efficiencies  | Reduced ability to maintain service levels leading to service reductions and potential risk of poor service/turn to other providers<br>Reputational risk to the HSCP  | Financial           | Annual budget setting process undertaken in discussion with Finance Leads for Council and Health Board<br>Financial Budget Committee Management Review and regular communication with Council and NHS Finance Leads<br>Programme of efficiency plans established for coming year.   | 4                   | 4               | 16               | 2        | Treat             | Liaison with other Chief Finance Officers network Monitoring or delivery of efficiency plans for the coming year.   | 3                     | 4                 | 12               | 2        | Chief Officer                    |
| HSCP2          | Failure to deliver adequate levels of Adult Support and Protection training to ensure in-house and commissioned local services have received appropriate support to meet their statutory duties  | Insufficient capacity to deliver sufficient levels of training in-house and insufficient funding available to buy in training to meet capacity shortages. Lack of clarity around roles and responsibilities<br>Inadequate training. Inconsistent assessment and application of protection procedures.   | Death or harm to Service User. Failure to meet statutory adult support and protection duties.<br>Reputational risk to the HSCP.   | Health and Safety   | Chief Officers' Group and Adult Protection Committees structure in place and overseeing training delivery.<br>Progressive multi-agency ASP learning and development programme in place. Mandatory Levels 1-3 training delivered by partner agencies, including Level 3 for SW Council Officers and managers responsible for leading statutory investigations and protective interventions. Elected Level 2 multi-agency training. HSCP and partner agency staff including commissioned services, participate in annual care life audit and improvement task groups.   | 3                   | 4               | 12               | 2        | Treat             | Business case developed to in-source ASP training through recruitment of additional social work capacity creating more capacity at the same cost as current arrangements. Requires consideration by Council through HR processes.   | 2                     | 4                 | 8                | 3        | Protection Chief Officers' Group |
| HSCP3          | Failure to comply with General Data Protection Regulations - loss of sensitive personal data (this risk and mitigation relates to personal data held which is the data controller responsibility of NHS GG&C or ED Council)                            | Structural changes require new and more sophisticated forms of data management.<br>Lack of understanding and awareness of Data Protection legislation<br>Increasing demand and competing priorities cause workers to have decreased awareness and lessened regard for information Security.<br>Inadequate training for staff and use of technologies.   | Breach of information management legislation.<br>Harm or reputational risk to individuals whose data is lost or inappropriately shared.<br>Financial penalty<br>Increased external scrutiny<br>Reputational damage to NHS GG&C, ED Council or the HSCP<br>Litigation  | Data Protection     | Professional Codes of Practice<br>Procedures are in place on all sites for use/release of data.<br>Monitoring of Information Governance Standards and agencies' Security Policy, Caldicott Guardian responsibilities, NHSGGC-wide Information Governance Steering Group.<br>Information Sharing Protocol (endorsed by the Information Commissioner) in place for HSCP. An on-going programme of awareness and training will continue.<br>Policies updated to reflect GDPR and new e-mail policies in place to meet governments secure email standards. All laptops (now including University equipment) encrypted.<br>Extended use of electronic records. A programme of work re the extended use of electronic records is being extended beyond the Emergency Case Summary.<br>Access to health records is controlled via a role based access protocol signed off by senior clinicians and the Caldicott Guardian. | 3                   | 4               | 12               | 2        | Treat             | SMT implements and reviews governance arrangements to comply with legislative requirements.<br>Action plan in place to manage staff's adherence to GDPR including Information Asset register and Information Management Liaison Officer (IMLO) role. Digital GDPR training now mandatory for staff with network access. | 2                     | 4                 | 8                | 3        | Chief Officer                    |
| HSCP4          | Failure to comply with General Data Protection Regulations - failure to destroy records in line with schedule of destruction dates   | Errors in patient information<br>Poor or inadequate communication<br>Inadequate medication storage, stock, standardization, and distribution<br>Drug device acquisition, use, and monitoring<br>Staff education and competency<br>Patient education   | Breach of information management legislation.<br>Financial penalty<br>Increased external scrutiny<br>Reputational damage to NHS GG&C, ED Council or the HSCP<br>Litigation  | Data Protection     | A programme of work to catalogue, assign destruction dates to, and destroy records has been developed. This is implemented as when staff capacity allows. IMLO reports to SMT on status of work.  | 5                   | 2               | 10               | 3        | Treat             | New retention and destruction protocols for social work records (integrating paper and electronic records) being rolled out.  | 2                     | 2                 | 4                | 4        | Chief Officer                    |
| HSCP5          | Failure in service delivery through failure of Business Continuity arrangements in the event of a civil contingency level event  | Poor/ineffective Civil contingencies planning.<br>Lack of suitably trained resources.<br>Disjointed partnership working.  | Reputational damage<br>Legislative requirements not being complied with.<br>Disruption to services. Loss of life or injury to public and or staff across the HSCP. We do not fully meet the requirements of the Civil Contingency (Scotland) act 2005.  | Business Continuity | Regular testing and updating of emergency plans (multi-agency response) and Business Continuity Plans.<br>Comprehensive plans for a Pandemic outbreak.  | 2                   | 5               | 10               | 3        | Tolerate          | Business Continuity plans. Multi-agency working. Compliance with national alerts. Civil contingency. Prevent training. Winter planning.   | 2                     | 5                 | 10               | 3        | Chief Officer                    |
| HSCP6          | Failure to secure effective and sufficient support from NHS GG&C and ED Council to plan, monitor, commission, oversee and review services as required. Functions delivered by business support services.   | Limited resources across NHS GG&C and ED Council to manage increasing demands and competing priorities<br>HSCP reliance on NHS GG&C and ED Council IT infrastructure and systems<br>Frequency of change demands for CareFirst and NHS GG&C systems such as EMIS high and outwith our control, arising from new reporting requirements.<br>The reduction in numbers of registered staff in post. Aged workforce able to retire. Limited numbers of staff in training to take up post requiring a secondary qualification, lack of remuneration for specialist qualifications (MHOs) leading to inability to retain staff after training. | Failure to effectively and securely store and retrieve records - case management systems become outdated<br>Inability to effectively and timeously share information<br>Failure to accurately assess and respond to risk.<br>Unable to provide/arrange care services<br>Inability to meet statutory requirements/duties<br>Service is reduced<br>Increased complaints<br>Service user detriment<br>Reputational damage<br>Inability to meet statutory requirements/duties<br>Inability to support the transformation change agenda in relation to GMS contract, unscheduled | Service Delivery    | Engaged in Board wide process to ensure proportionate allocation. Chief Officer attend constituent body/CMT/ SMT meetings.  | 3                   | 3               | 9                | 3        | Tolerate          | Ongoing collaborative work with NHS GG&C and ED Council to share understanding of support requirements and reach agreement as to how this is delivered  | 3                     | 3                 | 9                | 3        | Chief Officer                    |
| HSCP7          | Inability to recruit and retain the appropriate numbers of trained staff to meet requirements resulting in reduction in service or failure to meet statutory duties. Specific workforce pressure areas are Community Nursing and Mental Health Officer | Collapsing of Care Provider, care homes and practice failures. Capacity of market, staff recruitment issues, impact of living wage changes, failure of business continuity procedures, contractual negotiations through procurement. Potential for negative impact of Brexit on workforce.  | Fragmented services<br>Increased complaints<br>Service user detriment<br>Reputational damage<br>Inability to meet statutory requirements/duties<br>Service is reduced<br>Increased complaints<br>Service user detriment through lack of services or information<br>Reputational risk to the HSCP<br>Physical and Emotional Harm to staff  | Service Delivery    | Local workforce plan in place. Vacancy management process in place. Business case developed for MHO remuneration. Work with Chief Nurse to raise concerns corporately and nationally re community nursing workforce.  | 4                   | 3               | 12               | 2        | Treat             | Develop workforce plan for 2018-21 in line with HSCP Strategic Plan. Revised recruitment protocol in place to support SMT overview of workforce issues.   | 2                     | 3                 | 6                | 3        | Chief Officer                    |
| HSCP8          | Failure of external care provider to maintain delivery of services.  | Collapsing of Care Provider, care homes and practice failures. Capacity of market, staff recruitment issues, impact of living wage changes, failure of business continuity procedures, contractual negotiations through procurement. Potential for negative impact of Brexit on workforce.  | Fragmented services<br>Increased complaints<br>Service user detriment through lack of services or information<br>Reputational risk to the HSCP<br>Physical and Emotional Harm to staff  | Service Delivery    | Contract Management Framework<br>Regulation/Inspection framework  | 3                   | 4               | 12               | 2        | Treat             | Support to providers. Provider Forums. Care home liaison. Contract Management Framework liaison post.   | 2                     | 4                 | 8                | 3        | Chief Officer                    |
| HSCP9          | Failure to effectively manage health and safety needs of staff when lone working   | Not all services have an established, checked in, or tracking process in place for staff undertaking lone visits outside office hours   | Physical and Emotional Harm to staff  | Health and Safety   | Lone Working policy in place. Enhanced use of technology within EDC (CCTV, Buzzers, Panic alarms, Mobile phones) Warming Management system in place in Carefirst Reporting of all incidents and near misses in accordance with procedures and undertaking of appropriate follow up action.  | 3                   | 4               | 12               | 2        | Treat             | Training and induction on De-escalation training. Monitoring through Datax.   | 2                     | 4                 | 8                | 3        | Chief Officer                    |

Agenda Item Number: 11

## EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

|                 |   |
|-----------------|---|
| Date of Meeting | 21 <sup>st</sup> March 2019   |
| Subject Title   | Clinical & Care Governance Sub Group minutes of 30 <sup>th</sup> January 2019 (draft) |
| Report By       | Lisa Williams, Clinical Director, Tel: 0141 304 7425                                  |
| Contact Officer | Lisa Williams, Clinical Director, Tel: 0141 304 7425                                  |

|                   |  |
|-------------------|--|
| Purpose of Report | To provide the Board with an update of the work of the Clinical & Care Governance Sub Group. |
|-------------------|--|

|                 |  |
|-----------------|--|
| Recommendations | The health and Social Care Partnership Board is asked to: <ol style="list-style-type: none"> <li>a. Note the contents of the draft minute of the Clinical &amp; Care Governance Sub Group held on the 30<sup>th</sup> January 2019.</li> </ol> |
|-----------------|--|

|  |  |
|--|--|
| Relevance to HSCP Board Strategic Plan | This group support the clinical & care delivery aspects of the Strategic Plan. |
|--|--|

### Implications for Health & Social Care Partnership

|                 |      |
|-----------------|------|
| Human Resources | None |
|-----------------|------|

|             |  |
|-------------|--|
| Equalities: | To oversee clinical & care services provided to service users and carers of East Dunbartonshire and ensure all are treated fairly and equally. |
|-------------|--|

|            |       |
|------------|-------|
| Financial: | None. |
|------------|-------|

|        |       |
|--------|-------|
| Legal: | None. |
|--------|-------|

|                  |      |
|------------------|------|
| Economic Impact: | None |
|------------------|------|

|                 |      |
|-----------------|------|
| Sustainability: | None |
|-----------------|------|

|                    |   |
|--------------------|---|
| Risk Implications: | Group has a responsibility to review complaints received and manage any appropriate outcomes, review all incidents to ensure learning and change is taken forward to manage risk and maintain proper governance arrangements. |
|--------------------|---|

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| Implications for East | N/A |
|-----------------------|-----|

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| <b>Dunbartonshire Council:</b> |  |
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| <b>Implications for NHS Greater Glasgow &amp; Clyde:</b> | N/A |
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| <b>Direction Required to Council, Health Board or Both</b> | <b>Direction To:</b>  |          |
|  | <b>1. No Direction Required</b>   | <b>x</b> |
|  | <b>2. East Dunbartonshire Council</b>                                   |          |
|  | <b>3. NHS Greater Glasgow &amp; Clyde</b>                               |          |
|  | <b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b> |          |

**Chief Officer: Susan Manion**

**Clinical & Care Governance Sub Group  
30<sup>th</sup> January 2019, 2pm  
Corporate Meeting Room, OHD HQ, Stobhill**

**Members Present**

| <b>Name</b>        | <b>Designation</b>                       |
|--------------------|--|
| Lisa Williams      | Clinical Director                        |
| Paul Treon         | Associate Clinical Director              |
| Leanne Connell     | Senior Nurse, Adult Nursing              |
| Raymond Carruthers | Operational Service Manager, Oral Health |
| Lorraine Currie    | Operations Manager, Mental Health        |
| David Aitken       | Joint Adult Services Manager             |
| Michael McGrady    | Consultant in Dental Public Health       |
| Lorna Hood         | Senior Nurse, Children & Families        |
| Fiona Munro        | Manager, Rehab & Older Peoples Services  |
| Suzanne Greig      | Interim Fieldwork Manager                |

**In Attendance**

| <b>Name</b> | <b>Designation</b>                  |
|-------------|-------------------------------------|
| Dianne Rice | Clinical Governance Support Officer |

**Apologies**

| <b>Name</b>         | <b>Designation</b>                               |
|---------------------|--|
| Susan Manion        | Chief Officer                                    |
| Caroline Sinclair   | Head of Community Mental Health, LD & Addictions |
| Carolyn Fitzpatrick | Lead for Clinical Pharmacy and Prescribing       |
| Alex O'Donnell      | Criminal Justice Service Manager                 |
| Gillian Notman      | Change & Redesign Manager                        |
| Derrick Pearce      | Head of Community Health and Care Services       |
| Stephen McLeod      | Head of Specialist Children's Services           |
| Fraser Sloan        | Clinical Risk Analyst                            |



| No. | Topic  | Action       |
|-----|--|--------------|
| 1   | <b>Apologies and attendance</b>  |              |
|     | Apologies and attendance are detailed on page 1<br><br>Lisa Williams welcomed all attendees to the group.  |              |
| 2   | <b>Minutes of Previous Meeting – 28<sup>th</sup> November 2019</b>   |              |
|     | The following changes were requested: <ul style="list-style-type: none"> <li>• Pg 1 – Designation for Michael McGrady was incorrect. DR to update correct designation.</li> <li>• Pg1 – Change “Adult Nursing” to “District Nursing”.</li> </ul>   | DR<br><br>DR |
| 3   | <b>Rolling Action List</b>   |              |
|     | The group viewed the outstanding actions from the previous meeting. Dianne will update the document to reflect updates.  | DR           |
| 4   | <b>Matters Arising</b>   |              |
|     | <u>HSE Audit – Building User Group progress</u><br>Derrick Pearce was unfortunately unable to attend the meeting and it was agreed that this item would be deferred to the April meeting.<br><br><u>Homecare Inspection Update</u><br>Derrick Pearce was unfortunately unable to attend the meeting and it was agreed that this item would be deferred to the April meeting. | DP/DR        |
| 5   | <b>Governance Leads Update / Reports</b>   |              |
| a.  | <u>Core Audit Reports</u><br>No issues were noted in relation to the core audits. It was agreed that Children & Families will report annually and Adult Nursing will report quarterly.   |              |

**b. Adult Services****LD**

David Aitken advised that the LD Review is still ongoing. The review includes looking at the access to Social Care Service eligibility. Caroline Sinclair and Alan Cairns are working on fair access to the resources policy and that this will feature in the March HSCP Board meeting with the intention to implement in summer 2019.

**Mental Health**

Lorraine Currie provided 3 papers for information which were circulated prior to the meeting.

- **PCMHT Service User feedback results**  
The group reviewed the questionnaire. Positive feedback was received in relation to the questionnaire with it showing 100% had accessed the Individual Therapy provision required.
- **CBT Pilot**  
The pilot aims to provide CBT electronically to service users via an electronic form and then 1:1 phone appointment which provides users with improved accessibility and convenience.

Overall the pilot feedback from service users and staff was positive with 86% of the service users rating their experience as excellent or good. Staff reported that the model is structured, has a focussed approach and takes less clinical time to implement. There were some IT issues noted which will be addressed. All aims of the pilot were met and next steps have been identified and agreed.

- **MH Update**  
Lorraine informed the group of a 4/5 review in relation to a death which she had investigated but will not progress to an SCI. The investigation showed that all treatment, care and medication were appropriate.

One complaint was received by the Mental Health service in relation to a service user being unhappy with the treatment and care provided. The complaint was investigated and not upheld. The service provided was found to be acceptable and highlighted that the service user was not engaging with the service.

- **Waiting Times**  
Lorraine advised that CMHT are currently breaching the 18 week referral to treatment time due to staffing issues, however, recruitment for posts are underway.

**Adult Nursing**

Leanne Connell advised that they are in the process of recruiting Band 5 Nursing staff.

Due to retirement the Diabetic Nursing service is short and is unable to cover the shortage. Interviews for a Diabetic Specialist Nurse have taken place.

A Care Home Liaison Nurse has been appointed. Leanne informed the group that a virtual Care Home Support Team has been established who are looking at challenges in relation to accessing data.

**EDADS**

Lorraine Currie advised that she had attended the Drug Death meeting and

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|    | <p>informed the group that they are currently looking at interface. The SCI group will devise a newsletter to identify commonalities and learning. It was noted that there are issues around individuals not engaging with the service.</p> <p><u>Adult Social Work</u><br/>The group were informed that the Adult Services Inspection was still ongoing. Once produced, the outcome of the inspection will be brought through the Clinical &amp; Care Governance Group.</p>   |  |
| c. | <p><b><u>Older People's Services</u></b></p> <p><u>Older People's Mental Health</u><br/>Fiona Munro advised that due to Maternity Leave that Older People's Mental Health are short of a Psychologist. Cover is currently being provided from the Bearsden &amp; Milngavie allocation.</p> <p><u>Older People's Social Work</u><br/>There was no relevant update to provide.</p> <p><u>CRT</u><br/>CRT is currently in the process of developing the "Home for Me" service. This service will include the Hospital Assessment Team, Homecare &amp; the Rapid Alert Team. The service aims to target avoidable hospital delays, develop anticipatory care plans and will include a pharmacy resource.</p> <p>Recruitment for a team lead is underway and Fiona advised that there will be no change for GPs in relation to referring.</p> |  |

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| <p>d.</p> | <p><b><u>Children's Services</u></b><br/> <b><u>Children &amp; Families SW</u></b><br/> Suzanne Grieg advised that at present they have currently appointed a Senior full time post, however, in the process of recruiting 2 x full time permanent &amp; 2 x part time temporary posts.</p> <p><b><u>Children &amp; Families Health</u></b><br/> Lorna Hood advised that they have 1 WTE on maternity leave and 1 WTE advertised.</p> <p>Vaccination Treatment Programme – Lorna advised that the transition of Band 5 nurses is complete and that the current job description will be reviewed. 39 out of 40 clinics have been established, however, there are issues regarding accommodation in the Bishopbriggs area. Lorna will keep the group updated.</p> <p>The Children &amp; Families Team currently has an excess of 300 children on their caseload and require additional resource. Lorna advised that an SBAR has been completed and has been sent to the Programme Manager Healthy Children Programme.</p> <p>Childsmile – There is currently 1 Dental Health Support worker within East Dunbartonshire. Lorna advised that they are currently working with OHD to develop a pathway for a joint role for nursery tooth brushing, registration and provision of a home visit after requests from Health Visiting Team.</p> <p><b><u>Specialist Children's Service</u></b><br/> Stephen McLeod was unable to attend the meeting today, however, provided an update which was circulated previously with the agenda. The paper included the following updates;</p> <ul style="list-style-type: none"> <li>• Development of risk assessment template for SCS</li> <li>• Care Planning Audit was completed and findings will be shared</li> <li>• ESQ Evaluation - Comments from families are positive with the exception of accommodation.</li> <li>• ESQ – Online Version - An application has been made to the Technology Enabled Care Fund to support development of an online version of ESQ.</li> <li>• Information sharing between EMIS Organisations - Content of data set or sharing to be agreed</li> </ul> <p>Documents out for consultation, comment or agreement</p> <ul style="list-style-type: none"> <li>• Subject Access Requests – Guidance for Staff</li> <li>• Governance arrangements across NHSGGC Specialist Children's Services</li> <li>• CAMHS Operational Standards</li> <li>• Complex Trauma Pathway</li> <li>• CAMHS Non Medical Practitioner and Advanced Nurse Practitioner roles</li> </ul> |  |
| <p>e.</p> | <p><b><u>Oral Health</u></b><br/> Michael McGrady provided an update which was circulated previously with the agenda.</p> <p>Michael advised that there are still ongoing concerns in relation to Hep B Vaccine status; R4 Clin+ software.</p> <p>Antibiotic Stewardship has seen a small rise in 4C prescribing<br/> Scrutiny of benzodiazepine prescribing (10mg Diazepam). Prescribing data</p>   |  |



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|    | <p>continues to be monitored and letters will be sent to clinicians</p> <p>Discussion took place at a previous meeting in relation to a shortage of QI projects available for GDPs. GDPs are required to complete 15hrs of QI work. Michael has agreed to provide this as a Boardwide project.</p> <p>Childsmile reporting Q1 – the report highlighted staff providing treatment were being subjected to a high exposure Nitrogen Dioxide. Michael advised that OHD have purchased monitoring equipment to measure this to ensure a safe working environment.</p> <p>SEA – Public Dental Services are gaining knowledge through Datix incidents reporting using the NES model of activity / model / environment and patient experience received.</p> <p>OHD have 3 PDS poster abstract to the NHS Scotland Event 2019.</p> |    |
| f. | <p><b><u>Criminal Justice update</u></b><br/>Alex O'Donnell submitted apologies for the meeting today. Unfortunately there was no update available for Criminal Justice.</p>   |    |
| g. | <p><b><u>Primary Care &amp; Community Partnership Governance Group update</u></b><br/><u>Involvement of Public Partner Volunteers in Clinical Governance Forums - Guidance</u><br/>This document was circulated previously with the agenda. Lisa advised that this was discussed at the PCCPG and disseminated to local CCGG forums for discussion. It was agreed that as the meeting did not have full membership attending, the paper would be deferred to the next meeting along with the Terms of Reference and membership.</p>  | DR |
| h. | <p><b><u>Board Clinical &amp; Care Governance Forum update</u></b><br/>Lisa Williams advised that it had been highlighted that there was a shortfall for SCS e.g. Autistic Spectrum Disorder. Lisa has contacted Stephen McLeod regarding this and it will be discussed at a future meeting.</p>   |    |

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| i.  | <p><u>Service Inspections</u><br/><u>Fostering &amp; Adoption Service</u><br/>Formal feedback was given on 12 December 2018.</p> <p><b>Fostering</b> - The Inspector found good improvement overall and has assessed the service as Very Good for Care and Support and Staffing and Good for Management and Leadership. All Recommendations and Requirements from inspection in 2017 have been met.</p> <p>The Inspector found very good practice in respecting Foster Carers and children and that their views and involvement in care planning were evident. Foster Carers encouraged children to reach their full potential and there were good examples of working alongside birth families.</p> <p>Supervising Social Workers were found to be flexible and responses proportionate to Foster Carers needs.</p> <p>Very good quality assurance mechanisms had been introduced and have improved practice.</p> <p>Staff were well supported by the Manager and professional development facilitated.</p> <p><b>Adoption</b> – The Inspector added that the team felt enthusiastic and motivated. Within Adoption the service was found to be good for care and support and management and leadership and very good on Staffing.</p> <p>The Inspector viewed the level of care and support was experienced as supportive and positive by Adopters and that Supervising Social Workers were prompt and responsive. There was good preparation of Adopters for transitions and in post adoption support.</p> <p>The Adoption Panel members reported that the Panel worked well, they received development opportunities and the Inspector found the annual report was good. It was noted that joint working between CPPT and Fieldwork had improved and the Manager was leading on developing joint working.</p> <p>The Inspectors advised there will be no recommendations or requirements from this inspection.</p> |  |
|     | <b>Risk Management</b>   |  |
| 6a. | <p><u>Care Home Update</u><br/>Previously discussed under item 5b(iii)</p>   |  |

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| b. | <p><b><u>Clinical Risk update</u></b><br/>Fraser Sloan was unable to attend the meeting today, however, provided the quarterly which was circulated previously with the agenda.</p> <p>The group reviewed the report and the following was highlighted;</p> <ul style="list-style-type: none"> <li>• 460032 – Leanne Connell to action</li> <li>• 411112 – This incident had since been finally approved.</li> <li>• 520477 – This incident had since been finally approved.</li> </ul> <p>It was highlighted that some incidents categorised 4 / 5 did not have relevant documents included within the incident. All members to remind staff to upload all relevant documents.</p> <p>Leanne Connell raised an issue in Pressure Ulcer reporting within the report provided by Fraser. Leanne advised that it should only be “inherited from Community” that should be reported and that this is done through the micro strategy dashboard. Leanne will contact Fraser regarding this.</p> | <p>LC</p> <p>All</p> <p>LC</p> |
| c. | <p><b><u>HSCP Incident Report – 15/11/18 – 16/01/19</u></b><br/>The group reviewed the incident report. The following actions were identified in relation to the incidents reported.</p> <p><b>543293</b> – This incident was in relation an error in the processing and strength of medication prescribed. Lisa Williams will discuss this with Carolyn Fitzpatrick.<br/><b>539832</b> – This was in relation to mistreatment of a patient. Dianne Rice to add permissions to Leanne Connell in order that she can view and investigate the incident.</p>  | LW                             |
| d. | <p><b><u>OHD Incident report – 15/11/18 – 16/01/19</u></b><br/>Raymond Carruthers advised that they had a total of 28 incidents within OHD. One of these incidents were categorised as 3 and that an SCI will be completed in relation to this incident. Raymond will provide the final report for the SCI at the next meeting.</p> <p>Raymond advised that they are currently doing some analyses on trends within incident report and that one of the trends highlighted had been in relation to radiation exposure within x-ray.</p> <p>OHD are also currently looking at the timing of processing incidents.</p>  | RC                             |
| e. | <p><b><u>Service Risk Registers</u></b><br/>The group reviewed the risk register. Discussion took place around work that has been ongoing in relation to the register and the need for more work to be done in relation to commonalities within the service / corporate risk register. The SMT are responsible for reviewing the Corporate Risk Register. The group agreed that the Head of Admin / Health &amp; Safety Lead should identify these issues which should then be reviewed at the SMT. The group also agreed that after the Corporate Risk Register is reviewed at the SMT, and if any clinical risks are identified then this should come to the CCGG. Dianne will discuss this will Head of Admin / Health &amp; Safety Lead.</p>  | DR                             |
| f. | <p><b><u>Datix Update –</u></b><br/>There was no relevant update available as the meeting fell out with reporting timeframe.</p>  |                                |

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|      | <b>Reducing Harm from Medicines</b>  |       |
| 7.   | <p><u>Trachea Training</u><br/>It has been highlighted that there is a gap in training which is a risk for individuals requiring a Trachea, their carers and the opportunities and respite services received. David Aitken advised that he will be attending a meeting w/b 4<sup>th</sup> Feb in the hope of resolving the situation and will feedback and the April meeting.</p>  | DA/DR |
| 8.   | <p><u>Public Health Reports / Prescribing updates</u><br/>Lisa advised that they had received a report that shows that East Dunbartonshire is approximately £200k overspent on the prescribing budget. Each HSCP is now responsible for managing their budget. Discussions have taken place and reserves have been identified within the HSCP.</p>   |       |
|      | <b>Clinical Effectiveness / Quality Improvement</b>  |       |
| 9a.  | <p><u>Quality Improvement Monitoring</u><br/>Dianne Rice to devise a quality improvement summary template. This will show quality improvement projects which are planned / taking place within the HSCP. This will then be reviewed at the Clinical &amp; Care Governance group and included within the annual report.</p>   | DR    |
|      | <b>Scottish Patient Safety Programme</b>   |       |
| 10a. | <p><u>SPSP</u><br/>Lisa advised that this group has now established themselves as the Primary Care Quality Improvement &amp; Governance Group and includes SPSP within the scope. Current work streams of the group are;</p> <ul style="list-style-type: none"> <li>• DMARDS</li> <li>• COPD</li> <li>• Red bags in care homes – This was a pilot carried out within Glasgow City and is now being rolled out across all partnerships. East Dunbartonshire is currently only focussing on emergency admissions. This will be evaluated and built upon.</li> </ul>              |       |
| b.   | <p><u>SPSO update – December 2018</u><br/>The SPSO report was circulated previously with the agenda for information.</p>   |       |
|      | <b>Enabled to Deliver Person Centred Care</b>  |       |
| 11.  | <p><u>Complaints Report- 15/11/18 – 16/01/19</u></p> <p>The group reviewed the reports.</p> <p>i) Health – Two complaints were received during this period and were being treated at stage 2. One complaint was in relation to dissatisfaction with the services received. This complaint was not upheld due to lack of engagement from the service user. One complaint was withdrawn.</p> <p>ii) Social Work – One complaint was received during this period. The complaint was treated at stage 1. The complaint was in relation to services / standards and was upheld.</p> |       |



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|      | <b>Vulnerable Children &amp; Adults</b>  |            |
| 12a. | <b><u>Child Protection</u></b><br>Suzanne advised that there are currently 65 children / young people on the Child Protection Register. It was noted that this has reduced from previous report of 73.   |            |
| b.   | <b><u>Child Protection Case Conference Attendance</u></b><br>The attendance report was circulated previously with the agenda. It was noted that HSCP (Health only) staff attended 53% of conferences they were invited to. GP attendance remains low; however, there was an increase in reports provided from both Health staff and GPs.<br><br>Lorna Hood advised that the single point of access mailboxes have been established and that there will be a pilot using the Children & Families inbox taking place mid February. |            |
| c.   | <b><u>Looked After &amp; Accommodated</u></b><br>Looked After & Accommodated Children – Suzanne gave an overview of current position within LAAC. It was highlighted that referrals from SCRA have increased significantly from Police. This raises pressure within the department to produce quality and timely reports. Some analysis has been done and the increased referrals seem to follow training.<br><br>The Lead Professional Worker has been appointed and will link with the Police.                                 |            |
| d.   | <b><u>Child Protection Forum Minutes –</u></b><br>The minutes from the Child Protection Form were unavailable.   |            |
|      | <b>Infection Control</b>   |            |
| 14.  | <b><u>Partnership Infection Control minutes</u></b><br>The minutes were circulated previously for information. East Dunbartonshire HSCP currently has no representation at the meeting due to the Professional Nurse Advisor retiring.   |            |
|      | <b>General Business</b>  |            |
| 19   | <b><u>Any other business</u></b><br><b><u>Sandyford Service</u></b><br>Lisa advised that there would be no Sandyford services within East Dunbartonshire as it has been suspended for 3 months. There is a reduction in service at other satellite sites due to staffing shortages and a service review taking place.<br><br>Lisa asked if anyone experienced issues during this time in relation to no service being provided, to feed this back to herself.  | <b>All</b> |
| 20   | <b><u>Schedule of meetings 2019</u></b><br>The schedule 2019 was circulated previously with the agenda for information.  |            |
| 21   | <b>Date and time of next meeting</b><br><b>Wednesday 3<sup>rd</sup> April 2019, 2pm, Room F33A/B, KHCC</b>   |            |

Agenda Item Number: 12

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

|                        |   |
|------------------------|---|
| <b>Date of Meeting</b> | 21 March 2019   |
| <b>Subject Title</b>   | Minutes of Staff Partnership Forum - 21 January 2019 (Draft)                          |
| <b>Report By</b>       | Tom Quinn, Head of People and Change  |
| <b>Contact Officer</b> | Tom Quinn, Head of People and Change<br>Tel:078011302947<br>Tom.Quinn@ggc.scot.nhs.uk |

|                          |  |
|--------------------------|--|
| <b>Purpose of Report</b> | <p>To provide the re-assurance that Staff Governance is monitored and reviewed within the HSCP.</p> <p>Key topics covered within the minute include:</p> <ul style="list-style-type: none"> <li>- An update on the Strategic Inspection of Adult Services, with the Inspectors attending</li> <li>- An update on the outcomes from the Health &amp; Well-being Survey undertaken in October 2018 as part of the on-going commitment to Healthy Working Lives.</li> <li>- An overview of the work presently underway both Locally and Nationally on Excellence in Care</li> <li>- An update on the forthcoming public consultation on the Fair access to Community Care policy</li> </ul> |
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| <b>Recommendations</b> | Note for information |
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| <b>Relevance to HSCP Board Strategic Plan</b> |  |
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**Implications for Health & Social Care Partnership**

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| <b>Human Resources</b> | Information is cascaded to staff through the partnership via Our News |
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| <b>Equalities:</b> | N/A |
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| <b>Financial:</b> | N/A |
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| <b>Legal:</b> | Meets the requirements set out in the 2004 NHS Reform legislation with regard to Staff Governance |
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| <b>Economic Impact:</b> | N/A |
|-------------------------|-----|

|                        |     |
|------------------------|-----|
| <b>Sustainability:</b> | N/A |
|------------------------|-----|

|                           |     |
|---------------------------|-----|
| <b>Risk Implications:</b> | N/A |
|---------------------------|-----|

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| <b>Implications for East Dunbartonshire Council:</b> | N/A |
|--|-----|

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| <b>Implications for NHS Greater Glasgow &amp; Clyde:</b> | Included within the overall Staff Governance Framework |
|--|--|

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| <b>Direction Required to Council, Health Board or Both</b> | <b>Direction To:</b>  |                          |
|  | <b>1. No Direction Required</b>   | <b>X</b>                 |
|  | <b>2. East Dunbartonshire Council</b>                                   | <input type="checkbox"/> |
|  | <b>3. NHS Greater Glasgow &amp; Clyde</b>                               | <input type="checkbox"/> |
|  | <b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b> | <input type="checkbox"/> |

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| <b>1.0 MAIN REPORT</b>                                    |
| <b>1.1 Minute of meeting of 21 January 2019 attached.</b> |

**Minutes of East Dunbartonshire Staff Forum Meeting  
Monday 21<sup>st</sup> January 2019 at 2pm in F33A&B, Kirkintilloch Health & Care Centre**

**PRESENT**

|                        |  |
|------------------------|--|
| Susan Manion (SM)      | ED HSCP Chief Officer - Chairing   |
| Lyndsay Ovenstone (LO) | British Dental Association Area Representative                             |
| Gary McNally (GMcN)    | Unison Rep   |
| Simon McFarlane (SMcF) | Unison Regional Organiser  |
| Claire Carthy (CC)     | Interim Chief Social Worker & Head of Children & Criminal Justice Services |
| Caroline Sinclair (CS) | Head of Community Mental Health, Learning Disability & Addictions          |
| Derrick Pearce (DP)    | Head of Community Health and Care  |
| Caroline Smith (CSm)   | HR Business Partner  |
| David Radford (DR)     | Health Improvement Team Manager  |
| Leanne Connell (LC)    | Senior Nurse - District Nurses   |
| Lorna Hood (LH)        | Senior Nurse - Children and Families                                       |
| Billy McLeod (BM)      | Homecare Unison  |
| Alan Cairns (AC)       | Service Redesign Officer (Until point 8).                                  |
| Jean Campbell (JCa)    | Chief Finance and Resource Officer   |
| Linda Tindall (LT)     | Senior Organisational Development Advisor                                  |
| Marie Lowe (ML)        | RCN Steward  |
| Anne McDaid (AMc)      | RCN SPF Joint Secretary  |
| Tom Quinn (TQ)         | Head of People & Change  |
| Margaret Hopkirk (MH)  | People and Change Manager  |
| Frances McLinden (FMc) | General Manager Oral Health  |
| Karen Gillespie (KG)   | Minute Taker   |
| Sarah Hogg (SH)        | Clerical Officer (Shadowing KG)  |
| Taf Madziva            | Care Inspectorate (Observing)  |
| Colin McCracken        | Care Inspectorate (Observing)  |

| ITEM | SUBJECT  | ACTION |
|------|--|--------|
| 1.   | <p><b><u>Welcome &amp; Apologies</u></b></p> <p>SM opened the meeting by welcoming everyone present and requested roundtable introductions for the benefit of staff attending for the first time.</p> <p>Apologies were submitted on behalf of Andrew McCready (co-chair), Brian McGinty and Craig Bell.</p> |        |
| 2.   | <p><b><u>Minutes of previous meeting</u></b></p> <p>Minutes of meeting held on 19<sup>th</sup> November 2018 were agreed as an accurate reflection of discussions.</p>   |        |

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| <p><b>3.</b></p> | <p><b><u>Matters Arising</u></b></p> <p><b><u>Flu Immunisation</u></b></p> <p>TQ advised 56% of staff have been immunised, an increase of 16% from the previous year. A review is currently taking place as how to increase uptake for future year vaccinations.</p> <p>SM asked for any reflections on the past year vaccinations programme. TQ advised with the exception of the vaccination delivery being late it went as well as it could have.</p> <p><b><u>Letter of Congratulations</u></b></p> <p>SMcF asked if the congratulatory letter to Ferndale staff has been completed. SM advised rather than a letter to specific services a section in Our News advising of teams achievements and recognising of good practice will be published instead.</p>   |  |
| <p><b>4.</b></p> | <p><b><u>Strategic Inspection of Adult Services</u></b></p> <p>CS advised the inspection had begun. Onsite visits have taken place with further visits and meetings planned for the remainder of the inspection. CS advised an initial staff survey return rate of 45% had been received and a detailed presentation will be brought to a future SPF. SM enquired regarding the date of publication for the full results of the survey. CS advised this should happened around March/April time.</p> <p>SM expressed thanks on behalf of the HSCP to staff for their continued participation in this inspection.</p>   |  |
| <p><b>5.</b></p> | <p><b><u>Finance Update</u></b></p> <p>JC spoke to the paper that had been submitted to the IJB on 7<sup>th</sup> January 2019 providing an update on the financial performance of the board as at period 8. The papers reported on the projected overspend of £1.4m for this period and also the actions being taken to mitigate pressures around the use of reserves to achieve a balanced budget for 2018/2019.</p> <p>JC gave an update on the financial planning for 2019/2020 and advised the draft settlement is awaiting parliamentary approval. A continued shared approach and further work will be completed for the next financial year.</p> <p>SMcF enquired regarding the pressure on Homecare Services. JC advised Homecare Services are heavily reliant on agency staff and use of overtime. Both issues will be addressed through the current Homecare Review.</p> <p>SMcF enquired about the delay in recruiting to vacant posts. DP advised although delay in filling posts can create some saving there had been no delay in recruiting to vacancies in the last 6 months. Reduction in agency staff and a focus on efficiency have both been factored into the Homecare Service Review.</p> |  |

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|    | <p>AMcD asked if staff were included in the review process, DP reassured that staff are represented in meetings and would welcome any feedback or suggestions from staff. LT advised the last Staff Engagement Event held in December 2018 a section was dedicated for staff ideas.</p>   |  |
| 6. | <p><u>Fair Access to Community Care Policy</u></p> <p>AC gave a brief overview of the paper. The consultation period began on the 15<sup>th</sup> November 2018 and will run to the 8<sup>th</sup> February 2019, after which public engagement events have been organised and the paper will then be taken to the IJB on the 21<sup>st</sup> March 2019 for approval.</p> <p>SMcF enquired regarding the impact on the standard of care and bringing clients into the new standard of care. He also enquired about the staff being involved and the support for staff having the conversations with clients. AC advised the eligibility of the service has not changed, it is the where and how these services may be delivered that has changed. A clear policy with greater consistency will be implemented over 18 months with training and support for staff along with a proposed policy framework.</p> |  |
| 7. | <p><u>Health Social Care Integration Audit Scotland Report – Nov 2018</u></p> <p>SM advised the paper attached was for information and gave a brief overview of the report. The attached paper is the 3<sup>rd</sup> paper of a series of reports from Audit Scotland. SM advised the paper gives helpful background information and will form part of the business plan in the coming year.</p>  |  |
| 8. | <p><u>HR Update</u></p> <p>MH spoke to the paper that was circulated with the agenda and advised the report focussed on the November 2018 period.</p> <p>MH reported the absence rate has gone down in the November 2018 period although the Council is sitting at 8.97% and NHS at 5.23%, an absence rate which is higher than the target of 4%. MH noted that although the absence rates are improving managers must ensure return to work meetings and absence review meetings are taking place on time in line with Policy.</p> <p>SM asked regarding the issue of statutory and mandatory training. TQ advised the December 2018 figures look better than previous, TURAS is still an issue but due to improve before the next SPF.</p>  |  |
| 9. | <p><u>Home Care Review</u></p> <p>DP advised the Home Care Review commenced on 18<sup>th</sup> September 2018 and the baseline stages 1-5 have now been completed. Staff engagement sessions have been taking place to look at options and appraise. Locality alignment for teams is one area that may be tested.</p> <p>BM raised concerns that from the last three intakes the recruitment is lower than expected. DP spoke about how posts can be made more attractive and</p>   |  |

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|     | flexible. SM asked for clarity around timescales, DP confirmed the option appraisal should go to the IJB In March and if approved will be fully implemented by summer 2019.  |  |
| 10. | <p><u>Staff Governance</u></p> <p>TQ advised the paper has not been received in time for the SPF. A further update will be brought to the next SPF and the paper will be circulated for information on receipt of the paper.</p>   |  |
| 11. | <p><u>Staff Experience Report</u></p> <p>LT gave a brief overview of the paper. LT advised a survey return rate of 86% from the HSCP and Oral Health return rate of 81%. The information gathered from the previous reports will be analysed and will be taken forward for future reports. LT spoke briefly around the first Staff Engagement event held at Kelvinbank Resource Centre on the 18<sup>th</sup> December 2018. An article in Our News will be published. LT advised the coming years process has started and is always looking for ideas from staff.</p>                                       |  |
| 12. | <p><u>Public Health Review</u></p> <p>DR advised a new Public Health body has been formed and a Public Health Review is underway. The review will focus on six main priorities and regular updates will be brought to the SPF.</p> <p>SMcF asked if staff side representation has been sought. DR advised it is likely but not confirmed. DR also confirmed there is no indication of change to any Public Health Staff.</p>   |  |
| 13. | <p><u>Excellence in Care</u></p> <p>LC gave background to the Excellence and Care work that is being undertaking on the back of the recent Vale of Leven enquiry. LC advised within Greater Glasgow Clyde sub groups have been set up and each nursing family will have their own indicators on the dashboard. The general public will be able to view the dashboard, however this will be rolled out in stages throughout Greater Glasgow and Clyde. LC advised Excellence in Care now sits under the quality assurance workstream and the HSCP will be represented by the Chief Nurse at these groups.</p> |  |
| 14. | <p><u>Stress Survey</u></p> <p>MH advised the survey is now completed and results have been collated. This is to maintain the Healthy Working lives gold award and is a requirement every three years. Focus Groups have been set up and the results are due to go to the Healthy Working lives Group on the 24<sup>th</sup> January 2019.</p> <p>Staff are to be encouraged to participate in focus groups which will be supported by the Healthy Working Lives group and staff side representation. SM spoke about key themes and how we engage staff for better outcomes.</p>                             |  |

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| 15. | <p><u>Moving Forward Together – Staff Sessions</u></p> <p>TQ advised two local sessions, KHCC 8<sup>th</sup> February and The Glasgow Dental Hospital 20<sup>th</sup> February have been organised. Details of further sessions across Greater Glasgow and Clyde will be circulated when available</p> <p>SMcF enquired how this is linked to EDC Staff. TQ advised a meeting had taken place on the 14<sup>th</sup> December 2018 around future delivery of care in an integrated setting. SMcF spoke about importance for local authority input to fully appreciate the benefits of integrated services. SM recognised the landscape of services has changed by moving forward together will support this.</p> |  |
| 16. | <p><u>Workforce Plan Update</u></p> <p>TQ advised the draft guidance from the Scottish Government will be circulated. The plan mirrors a lot of what East Dunbartonshire does already. The plan is on a 3 year cycle and is due to be taken back to the HSCP board in March 2019. A further update will be brought to the next SPF.</p>  |  |
| 17. | <p><u>SCS - Redesign Group Minute</u></p> <p>The minutes have been circulated for information purposes only.</p>   |  |
| 18. | <p><u>AOCB</u></p> <p><u>Key Themes - Our News</u></p> <ul style="list-style-type: none"> <li>• Stress Survey</li> <li>• Update on Strategic Inspection of Adult Services</li> <li>• Fair Access to Community Care Policy</li> <li>• Homecare Review Update</li> <li>• Excellence in Care.</li> </ul>  |  |
| 19. | <p><b>Date and Time of Next Meeting</b></p> <p>18<sup>th</sup> March 2019, F33 A&amp;B, Kirkintilloch Health Care Centre.</p>  |  |





**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

|                        |  |
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| <b>Date of Meeting</b> | 21 <sup>st</sup> March 2019  |
| <b>Subject Title</b>   | East Dunbartonshire Draft Performance, Audit & Risk Committee Minutes of 19 <sup>th</sup> December 2018 and 1 <sup>st</sup> March 2019 (Draft) |
| <b>Report By</b>       | Jean Campbell, Chief Finance & Resources Officer   |
| <b>Contact Officer</b> | Jean Campbell, Chief Finance & Resources Officer<br>Tel: 0141 232 8216,<br>Jean.Campbell2@ggc.scot.nhs.uk                                      |

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| <b>Purpose of Report</b> | To provide the Board with an update on the business of the Performance, Audit & Risk Committee held on the 19 <sup>th</sup> December 2018 and 1 <sup>st</sup> March 2019. |
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| <b>Recommendations</b> | The Integration Joint Board is asked to: <ol style="list-style-type: none"> <li>a. Note the contents of the minute Performance, Audit &amp; Risk Committee held on the 19<sup>th</sup> December 2018 and the draft minute of the 1<sup>st</sup> March 2019.</li> </ol> |
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| <b>Relevance to HSCP Board Strategic Plan</b> | 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.. |
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**Implications for Health & Social Care Partnership**

|                        |      |
|------------------------|------|
| <b>Human Resources</b> | none |
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| <b>Equalities:</b> | N/A |
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|                   |       |
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| <b>Financial:</b> | None. |
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|               |       |
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| <b>Legal:</b> | None. |
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| <b>Economic Impact:</b> | None |
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| <b>Sustainability:</b> | None |
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| <b>Risk Implications:</b> | N/A |
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| <b>Implications for East Dunbartonshire Council:</b> | N/A |
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| <b>Implications for NHS Greater Glasgow &amp; Clyde:</b> | N/A |
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| <b>Direction Required to Council, Health Board or Both</b> | <b>Direction To:</b>  |          |
|  | <b>1. No Direction Required</b>   | <b>x</b> |
|  | <b>2. East Dunbartonshire Council</b>                                   |          |
|  | <b>3. NHS Greater Glasgow &amp; Clyde</b>                               |          |
|  | <b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b> |          |

**Minutes of  
East Dunbartonshire HSCP Performance, Audit & Risk Committee Meeting  
held at 9am on Wednesday 19 December 2018  
in Meeting Rom G5, Southbank Marina, Strathkelvin Place, Kirkintilloch**

**Present:**

|                                       |               |                            |
|---------------------------------------|---------------|----------------------------|
| <b>Cllr Susan Murray (Chair)</b>      | <b>(SM)</b>   | <b>Cllr Alan Moir (AM)</b> |
| <b>Jacqueline Forbes (Vice Chair)</b> | <b>(JF)</b>   | <b>Peter Lindsay (PL)</b>  |
| <b>Susan Manion</b>                   | <b>(SMan)</b> |                            |
| <b>Kenneth McFall</b>                 | <b>(KM)</b>   |                            |
| <b>Jean Campbell</b>                  | <b>(JC)</b>   |                            |
| <b>Gillian McConnachie</b>            | <b>(GM)</b>   |                            |
| <b>Derrick Pearce</b>                 | <b>(DP)</b>   |                            |

**In attendance:**

**Karen Gillespie (Minutes)**      **(KG)**

| No.       | Topic   | Action by |
|-----------|---|-----------|
| <b>1.</b> | <b>Welcome and Apologies</b>  |           |
|           | Susan Murray welcomed those present. Apologies were noted on behalf of Cllr Meechan, Ian Ritchie and Mags Maguire.  |           |
| <b>2.</b> | <b>Minutes of previous meeting – 21 September 2018</b>  |           |
|           | The minute of the meeting held on 21 September 2018 was approved and noted as an accurate record of discussions. SM highlighted the need for consistent naming convention of attendees i.e. the use of Mr/Mrs or initials throughout.   |           |
| <b>3.</b> | <b>Internal Audit progress Update 2018</b>  |           |
|           | GM gave an update on the plan previously submitted to the Council's Audit Committee. SM enquired if future updates would be brought to Committee meetings; GM advised that due to timescales there maybe a delay in bringing papers back to Committee. SM requested that verbal updates be provided at future meetings to ensure the Committee is kept up to date on progress being made. Committee noted report. |           |
| <b>4.</b> | <b>Scott-Moncrieff NHS GG&amp;C Internal Audit Plan 2018-21</b>   |           |

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|    | <p>GM gave an overview of the paper that had been produced by Scott-Moncrieff and advised that the Committee may want to consider the implications of the risks identified and logged on the GG&amp;C Risk Register and the impact this may have on the HSCP. SMan spoke from previous experience with Scott-Moncrieff and advised she found they were very willing to work with and eager to share as much information as they possibly could for the best outcome. SM enquired what systems and process were in place for financial planning and delivery monitoring, JC advised that this was some early financial planning assumptions in respect of health and social work budgets and further discussion and amendments are likely to be made. JF advised she is a member of the GG&amp;C Board Audit and Risk Committee and will raise the issue of sharing audit reports there.</p>  |  |
| 5. | <p><b>Audit Scotland – Health &amp; Social Care Integration</b></p>  |  |
|    | <p>JC gave an overview of the report and highlighted areas of relevance to the Committee</p> <ul style="list-style-type: none"> <li>• There were varying financial positions across HCSP's. East Dunbartonshire HSCP is not alone in attempting to deliver a balanced budget through the use of a financial recovery plan and reserves and are currently looking at actions taken by other HCSP's and how they are delivering their recovery plans.</li> <li>• The scale of savings expected for HSCPs across Scotland is variable and challenges to IA's as to how these significant savings can be met while continuing to deliver services.</li> <li>• The level of reserves held by the HSCPs varies across Scotland, ED is currently sitting 8<sup>h</sup> in the reserve table across Scotland and consideration is required on how best to utilise reserves if required.</li> </ul> <p>JC advised that the HSCP is considering an action plan to identify actions required locally to progress the recommendations within the report and these would be brought to both IJB and Audit and Risk Committee for monitoring of delivery.</p> <p>SM and JF both commented that they felt this was a very useful document that highlights a process that is not in anyway straight forward.</p> <p>AM enquired how the action plans would be taken forward, SMan responded that this Committee would be instrumental in this process and suggested a development session to look at taking forward resolutions.</p> <p>AM spoke about the difficulties with the year to year financial planning experienced by HSCP's and enquired if a longer term plan could reduce officer's time and relieve burdens. SM expressed that budgets need to be aligned across Health and Social Work to allow performance to be supported through local action plans.</p> <p>SMan advised that there is a Financial Monitoring Group in place that both James Hobson and Jamie Robertson attend to ensure close working together to develop a common understanding of partnership pressures and service redesign plans which will avoid any financial shocks.</p> |  |
| 6. | <p><b>Inspection Reports undertaken by Care Inspectorate – John Street House, Meiklehill and Pineview</b></p>  |  |

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|           | <p>DP gave background to the Care Inspectorate inspections and advised that registered services inspections were unannounced and the level of scrutiny is proportionate to the services being provided. The report previously circulated with the agenda focused on four key areas, quality of care and support, the environment, staffing and management. Each key area is graded on a scale of 1-6, with 6 being excellent. The report showed the high performance of John Street House had continued and both Micklehill and PineView had improved on their grades and performance.</p> <p>SM commented on the positive comments received from patients/services users and carers contained within the report.</p>  |  |
| <b>7.</b> | <b>Commissioned Spend 2017/18 – 2018/19</b>  |  |
|           | <p>JC gave an overview of the paper that had been submitted to the Committee to provide an update on commissioned spending across the HSCP over the last five years. JC highlighted a number of areas contained within the report</p> <ul style="list-style-type: none"> <li>• HomeCare - the demand on HomeCare had increase over the last five years mainly due to the local demand and demographic pressures for the 75+/85+ age group. An increase in the Scottish Living Wage also had an impact on Homecare budgets.</li> <li>• Foster Care – the increase in fostering allowance is due to the increasing numbers of children being accommodated and the need for parity across allowances for fostering and kinship agreements.</li> <li>• Daycare, Homecare, Residential, Supported Accommodation and Supported living - with the greatest increase being across older people and learning disability and this will continue to be an area of pressure for the HSCP.</li> </ul> <p>In relation to Daycare, JC advised that the transition planning for children with disabilities needs to be developed to support the use of in-house services and reduce the need to utilise external placements outwith the area.</p> <p>SM asked if foster care was an issue across all HSCP's and if we had seen any benefits with the increase in kinship agreements. JC advised that due to the change in allowances being in place for kinship arrangements and the increase in demand for this option, there are no financial gains.</p> <p>AM asked about actual costs for fostering across the HSCP. JC advised the HSCP has employed an experienced Foster Care Manager and anticipates a financial benefit once local provision has increased.</p> <p>SM inquired if we are seeing an increase in people moving to East Dunbartonshire Care Homes and requiring support. DP responded that as an HSCP we are not funding these places and therefore this is not an issue until the resident seeks "normal" residency.</p> <p>It was agreed that the key areas should become future agenda items to allow for lengthier discussion.</p> |  |
| <b>8.</b> | <b>HSCP Transformational Plan 2018/19 – update</b>   |  |

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|            | <p>JC provided an update on the Transformational Plan that set out the priorities to be delivered by the HSCP during 2018/19. The plan was approved by the IJB Board at the December 2018 meeting, where an overview of the priorities either meeting or breaching was given.</p> <p>There are a total of 41 priorities within the plan 27 of which are on track to be delivered, 12 are currently on amber status meaning work is underway with some risk or delay to delivery, 2 are considered as red status with significant risks/delays to delivery.</p> <p>JF asked if it would be possible to include service user's numbers within the plan to give indication if services are being delivered and directed appropriately.</p> |  |
| <b>9.</b>  | <b>Future Agenda Items</b>  |  |
|            | <ul style="list-style-type: none"> <li>• Set Aside Report – update</li> <li>• Financial Planning - update</li> <li>• Monitoring Report on Commissioned Services</li> <li>• Inclusion of best value – update</li> <li>• Financial Values of Key areas e.g. Fostering</li> <li>• Delayed Discharge Implications</li> <li>• Care @ Home – risks in line with the review</li> <li>• Audit Report – update</li> </ul>  |  |
| <b>10.</b> | <b>A.O.C.B.</b>   |  |
|            | <p>Facilities – AM requested overview of assets held within the HSCP that are no longer fit for purpose and overview of facilities and services delivered from there.</p>   |  |
| <b>11.</b> | <b>Date of Next Meeting</b>   |  |
|            | <p>Next meeting of the group is to be confirmed.</p>  |  |

**Minutes of  
East Dunbartonshire HSCP Performance, Audit & Risk Committee Meeting  
held at 1.30pm on Friday 1<sup>st</sup> March 2019  
in S1, Kirkintilloch Health & Care Centre**

**Present:**

|                             |             |                       |              |
|-----------------------------|-------------|-----------------------|--------------|
| <b>Susan Murray (Chair)</b> | <b>(SM)</b> | <b>Alan Moir</b>      | <b>(AM)</b>  |
| <b>Jacqueline Forbes</b>    | <b>(JF)</b> | <b>Jean Campbell</b>  | <b>(JC)</b>  |
| <b>Derrick Pearce</b>       | <b>(DP)</b> | <b>Peter Lindsay</b>  | <b>(PL)</b>  |
| <b>Ian Ritchie</b>          | <b>(IR)</b> | <b>Kenneth McFall</b> | <b>(KMc)</b> |
| <b>Gillian McConnachie</b>  | <b>(GM)</b> |                       |              |

**In attendance:** **Kirsty Gilliland (Minutes) (KG)**  
**Linda Ferrigno (Shadow Minutes) (LF)**

| No. | Topic  | Action by |
|-----|--|-----------|
| 1.  | <b>Welcome and Apologies</b>   |           |
|     | Susan Murray welcomed those present. Susan Manion, Mags McGuire and Sheila Meechan's apologies were noted.   |           |
| 2.  | <b>Minutes of previous meeting – 19<sup>th</sup> December 2018</b>   |           |
|     | PL advised that he was not in attendance at the above meeting. The minute of the meeting held on 19 <sup>th</sup> December 2018 was approved as an accurate record.  |           |
| 3.  | <b>EDC Internal Audit Plan 2019/20</b>   |           |
|     | <p>GM gave an update on the plan and advised that this was approved at the Council's Audit Committee on Tuesday 26<sup>th</sup> February 2019.</p> <p>IR referred to the use of directions to the NHS Board in Appendix 1 and asked where these directions go to. SM clarified that the agreed plan becomes a direction and provides an audit trail.</p> <p>JF indicated that it is not clear where the directions go specifically but it would be useful to have confirmation that the sums of money allocated and directions tie up.</p> <p>DP highlighted that the Officers would also feed back to the HSCP Board on what was or was not delivered as a result of directions being given and funding being allocated.</p> <p>The Committee noted the report.</p> |           |
| 4.  | <b>EDC Interim Follow Up Report 2018/19</b>  |           |



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|           | <p>GM provided a summary of outstanding audit issues, focusing on 14 overdue high risk areas which include: Homecare review, Business Continuity, Direct Payments &amp; Self Directed Support, Social Work Contract Monitoring, Carefirst Payments and Cash Collection at Hubs.</p> <p>JF referred to 1.6 in the report which highlights that these figures should be nil and asked for suggestions of how these could be tackled.</p> <p>GM advised that they are working closely with management to look at ways of closing off outstanding risks and accepting residual risk. She informed the committee that the format of the plan had changed which will help and there are plans to introduce a new process with follow up reminders on a quarterly basis.</p> <p>DP reassured the Committee that in respect of homecare the service will accept the residual risk following the outcome of the review when controls will be put in place ruling out all but the residual risk.</p> <p>JF highlighted that it was reassuring that progress had been made.</p> <p>The Committee noted the report.</p> |  |
| <b>5.</b> | <b>EDC Internal Audit Progress Update 2018/19</b>   |  |
|           | <p>GM gave an overview of progress against the agreed 2018/19 audit and risk plan covering the four months to the end of December 2018. She asked the Committee to note the updated Internal Audit Charter and the Consultancy Notes issued, which include: Brexit – Financial Risks. The Council has set up a working group and risk register in response to this.</p> <p>JF queried about the resource risks. GM advised that this was not within the scope of the review, however, the Council have identified that there are a relatively small number of EU Nationals employed in EDC. JC advised that the HSCP Planning and Commissioning Team are also linking in with providers when factoring in any risk.</p> <p>The Committee noted the update.</p>  |  |
| <b>6.</b> | <b>Audit Scotland – Audit Plan 2019/20</b>  |  |
|           | <p>PL gave an overview of the Annual Audit Plan for 2018/19 and highlighted areas of relevance to the Committee.</p> <p>IR noted that the plan was standard across the HSCP's and queried how often Audit Scotland have identified problems.</p> <p>PL advised that no significant issues have been identified. There have been technical accounting issues and mainly changes to format.</p> <p>SM referred to page 5 where the projected year end reserves balance is in breach of the IJB's reserve policy. The word 'breach' seems quite strong as we won't build reserves. The majority of these are earmarked for ongoing projects or for projects which are running late.</p> <p>The Committee noted the report.</p>   |  |
| <b>7.</b> | <b>Progress Update – Audit Scotland 2017/18 East Dunbartonshire IJB Annual Audit Action Plan</b>  |  |

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|    | <p>JC updated the Committee on the delivery of the action plan developed in response to the Audit Scotland Annual Audit report for 2017/18.</p> <p>The report sets out a number of areas for improvement across the HSCP financial landscape. The work is ongoing and quality assurances will be developed as part of the annual accounts next year. JC highlighted that work is underway to develop a recharge for NHS GG&amp;C services used by neighbouring partnerships.</p> <p>In East Dunbartonshire HSCP we deliver services in the Northern Corridor on behalf of North Lanrkshire, for example which falls into this category.</p> <p>IR queried whether there had been discussion with the Health Board around the budget aligned. JC advised that work is ongoing to look at how we align performance reports against financial performance.</p> <p>The papers are available on the website.</p> <p>The Health Records Management plan is due to be submitted by April 2019.</p> <p>The Committee noted the update.</p> |  |
| 8. | <p><b>ED HSCP Foster and Kinship Care</b></p>  |  |
|    | <p>JC / DP gave an overview of the report submitted by Claire Carthy which provides information about foster and kinship care within East Dunbartonshire. This was on the back of the discussion at the last Committee.</p> <p>SM highlighted that it was an interesting paper and this was well received.</p> <p>JF queried if the fees and allowances were for both Foster Care and Kinship. DP confirmed this was correct.</p> <p>AM queried why there was an implication for East Dunbartonshire Council and none for the Health Board. DP advised that technically there is an implication for the Health Board as they have a responsibility as a Corporate Parent of East Dunbartonshire's children and young people.</p> <p>The Committee noted the report.</p>  |  |
| 9. | <p><b>Commissioned Spend Performance 2018/19</b></p>   |  |

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|------------|--|--|
|            | <p>JC gave an overview of the paper that had been submitted to the Committee to provide an update on commissioned spending across the HSCP over the last five years with an increasing reliance on the third and independent sectors to deliver services across the HSCP. Some of the key areas include; Residential Placements; Daycare; Homecare and Fostercare.</p> <p>JF highlighted that the spend exceeds the budget within Disclosure and asked if this could be looked into too.</p> <p>DP advised that the pressures in Daycare relate to Learning Disabilities as there is an increase in the number of children transitioning from children's to adult learning disability services.</p> <p>The Committee noted the report.</p>   |  |
| <b>10.</b> | <b>HSCP Corporate Risk Register</b>  |  |
|            | <p>JC provided an update to the Committee of the corporate risks and how they are managed. The focus is on the high and medium risks. There are currently 11 risks included within the HSCP Corporate risk register, 8 high risk and 3 medium risks. The Senior Management Team reviews the register twice a year.</p> <p>IR queried whether the risks around staffing were related to Brexit. DP clarified that these are related to the Care at Home sector and specific professional roles such as SPQ District Nurses and Mental Health Officers, not in relation to Brexit.</p> <p>SM highlighted the risk related to the failure to manage H&amp;S needs for staff. DP clarified that this was due to a high number of lone workers and community staff delivering care in people's own homes.</p> <p>The Committee noted the report.</p>      |  |
| <b>11.</b> | <b>HSCP Transformational Plan 2018/19 – Update</b>   |  |
|            | <p>JC provided an update on the delivery of the Annual Business Development Plan for the HSCP for 2018/19.</p> <p>This is very positive as there are a total of 40 priorities and within the plan 21 are on track or have been delivered, 17 of these have work underway with some risk or delay to delivery and 1 has a more significant risk or delays to delivery. The red risk is the Implementation of the new model of childhood immunisations programme, however, work is currently ongoing and options for accommodation is being explored.</p> <p>IR congratulated the HSCP on their good work.</p> <p>JF highlighted that the plan was transparent which was positive</p> <p>SM queried whether changes would be sustainable in relation to the funding earmarked from the Scottish Government.</p> <p>The Committee noted the update.</p> |  |
| <b>12.</b> | <b>Future Agenda Items</b>   |  |
|            | No future agenda items tabled  |  |

|     |  |  |
|-----|--|--|
| 13. | <b>A.O.C.B.</b>  |  |
|     | <p>IR asked if dates for future meetings could be arranged and agreed in advance to ensure availability. JC will take this forward.</p> <p>DP asked the Committee what they expect to see from the item respected on delayed discharge implications.</p> <p>IR would like an understanding of the step down beds, whether there will be a good effect or bad effect and if there will be enough Homecare supply.</p> |  |
| 14. | <b>Date of Next Meeting</b>  |  |
|     | June 2019 – date to be confirmed   |  |



**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

|                        |  |
|------------------------|--|
| <b>Date of Meeting</b> | 21 <sup>st</sup> March 2019  |
| <b>Subject Title</b>   | Carers (Scotland) Act 2016 – Carers Strategy 2019-22   |
| <b>Report By</b>       | Caroline Sinclair, Interim Chief Social Work Officer,<br>Head of Mental Health, Learning Disability, Addictions & Health Improvement<br>Tel: 0141 304 7435 |
| <b>Contact Officer</b> | David Aitken, Joint Services Manager<br>David.Aitken@edc.gov.uk  |

|                          |   |
|--------------------------|---|
| <b>Purpose of Report</b> | To provide a summary briefing to HSCP Board on the updated Carers Strategy 2019-22. |
|--------------------------|---|

|                        |   |
|------------------------|---|
| <b>Recommendations</b> | It is recommended that the Board notes the report and considers strategic direction and implications. |
|------------------------|---|

|   |   |
|---|---|
| <b>Relevance to HSCP Board Strategic Plan</b> | The Carers Strategy is relevant across the eight priorities within the HSCP Strategic Plan and most directly linked to Priority 7 to improve support for carers enabling them to continue in their caring role. |
|---|---|

**Implications for Health & Social Care Partnership**

|                        |     |
|------------------------|-----|
| <b>Human Resources</b> | N/A |
|------------------------|-----|

|                    |     |
|--------------------|-----|
| <b>Equalities:</b> | N/A |
|--------------------|-----|

|                   |     |
|-------------------|-----|
| <b>Financial:</b> | N/A |
|-------------------|-----|

|               |  |
|---------------|--|
| <b>Legal:</b> | In accordance with the Carers (Scotland) Act 2016 Statutory Guidance, the preparation of a local Carers Strategy is a requirement for each local authority and relevant health board, delegated to Integration Joint Boards under the Public Bodies (Joint Working) (Scotland) Amendment (No.2) Regulations 2017 |
|---------------|--|

|                         |     |
|-------------------------|-----|
| <b>Economic Impact:</b> | N/A |
|-------------------------|-----|

|                        |     |
|------------------------|-----|
| <b>Sustainability:</b> | N/A |
|------------------------|-----|

|                           |      |
|---------------------------|------|
| <b>Risk Implications:</b> | .N/A |
|---------------------------|------|

|  |  |
|--|--|
| <b>Implications for East Dunbartonshire Council:</b> | Implications in respect of Strategic Priority 7 within HSCP Strategic Plan 2018-21 and in respect of LOIP 5 and 6. |
|--|--|

|  |           |
|--|-----------|
| <b>Implications for NHS Greater Glasgow &amp; Clyde:</b> | As above. |
|--|-----------|

|  |  |             |
|--|--|-------------|
| <b>Direction Required to Council, Health Board or Both</b> | <b>Direction To:</b>   | <b>Tick</b> |
|  | 1. No Direction Required   | √           |
|  | 2. East Dunbartonshire Council                                   |             |
|  | 3. NHS Greater Glasgow & Clyde                                   |             |
|  | 4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde |             |

|  |
|--|
| <b>1.0 MAIN REPORT</b>   |
| <p>1.1. East Dunbartonshire HSCP Carers Strategy has been prepared in accordance with Carers (Scotland) Act 2016 Statutory Guidance.</p> <p>1.2. The Carers (Scotland) Act came in to effect on the 1<sup>st</sup> April 2018 and as part of the statutory guidance, the HSCP is required to prepare and publish a local Carers Strategy in respect of both adult and young carers.</p> <p>1.3. In order to ensure a consistency of approach the Statutory Guidance sets clear guidelines as to the content of each strategy, which must contain information about the same things to ensure a consistency of approach with regard to content and presentation of local carer strategies, whilst ensuring that local needs and priorities can be reflected</p> |

- 1.4. As part of the development of East Dunbartonshire HSCP Carers Strategy a series of carer engagement sessions were held within both localities. These sessions were well attended and the priorities identified formed and clarified the local priorities which are identified within our local Carers Strategy.
- 1.5. The Strategy has also been informed by the work of the Carers Partnership Group, and local carer organisation; Carers Link, through both their work with adult and young carers, and the strategy has developed over time with the support of these groups.
- 1.6. The final consultation process has been completed with provision of the draft strategy to HSCP Strategic Planning Group, HSCP Public Service User and Carer Group and Locality Planning Groups as well as local Carer organisation and Carer Partnership Groups.
- 1.7. The Carers Strategy sets our strategic direction with a structure in place to identify priorities for work to be taken forward by the Carer Partnership Group which has representation from carers, third sector, carers support organisation and statutory partners across education, social work and health. The Partnership Group will develop the work plan to ensure actions are implemented and taken forward within East Dunbartonshire.
- 1.8. Section 33(3) of the Statutory Guidance requires the HSCP to review the local Carer Strategy at least every three years and it is recommended that review arrangements fall into cycle with the HSCP Strategic Plan thereafter.





# ***Carers Strategy: 2019 - 2022***



## **Adult Carers and Young Carers**

**March 2019**

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## Foreword

I am very pleased to introduce East Dunbartonshire Health and Social Care Partnership Carers' Strategy 2019-2022. We have welcomed the Carers (Scotland) Act 2016 and are fully committed to its objectives to ensure that adult carers and young carers are supported to manage their caring responsibilities that is with timely and appropriate support to enable them to care in good health. To have a life alongside caring and for our young carers to have a childhood similar to other children in East Dunbartonshire with the same future opportunities. ■

East Dunbartonshire Health and Social Care Partnership is committed to delivering the best outcomes for adult carers and young carers and for the person they care for. We recognise that caring for family and friends can be a natural part of all of our lives but can be both emotionally, financially and physically challenging. We recognise the role and contribution carers make both to the person they support and within their communities within East Dunbartonshire.

The strategy is the result of more than a year of consultation and engagement with carers, carers representatives and the involvement of partners across the third sector, Education and from the Health and Care Partnership.

East Dunbartonshire Carers' Strategy 2019 establishes how we hope to achieve our aims and focuses upon six key strategic priorities and outcomes. This includes the timely provision of information and support, ensuring that carers physical, emotional and wellbeing is supported with breaks from caring for those who need this service and a focus upon our young carers.

The challenges are significant particularly when considered against current uncertainties, rising demand upon health and social care services and requirements for efficiency. However we are confident that working together in genuine partnership we can achieve what we have set out to do.

Finally, I would like to thank everyone who has given of their time to attend meetings and events and to those who have shared their experiences, and offered their expertise and commitment to improving the lives of carers in East Dunbartonshire. I would also like to thank all of our statutory and voluntary partners for their commitment and support to the implementation of the Carers (Scotland) Act 2016 within East Dunbartonshire.

Susan Manion  
Chief Officer  
East Dunbartonshire Health and Social Care Partnership



# Introduction

## 1. Introduction

There are around seven million carers in the United Kingdom. Approximately one in ten people are carers, and three in five people will become carers at some point in their lives, with these figures expected to rise.

As of June 2017, estimations were that approximately 788,000 people in Scotland are caring for a relative, friend or neighbour. This includes 44,000 carers who are under the age of 18.

Locally the 2011 Census recorded that there are 11,347 individuals in East Dunbartonshire who identified themselves as unpaid carers.

Carers play an essential role in the provision of care, and it is estimated that, in Scotland, the value of the care provided is more than £10.8 billion each year.

This strategy describes the future development of services for carers across East Dunbartonshire.

The Health and Social Care Partnership is fully committed to delivering the best outcomes for carers and the person they care for. Our strategy has been developed in full recognition of the role and contribution of both adult and young carers in East Dunbartonshire, not only to the person they support but also within our communities.

The strategy reinforces our commitment to work collaboratively and to build upon existing initiatives and has been developed in partnership with carers, carers' representatives, Carers Link and East Dunbartonshire Health and Social Care Partnership.

Our strategy focuses upon six outcomes and strategic priorities, which have been developed from our consultations with carers and local partners including:

1. Adult and Young Carers are identified and can access information and support;
2. Adult and Young Carers are empowered and enabled to manage their caring role;
3. Adult and Young Carers are supported to promote and maintain their own physical, emotional and mental wellbeing;
4. Carers are engaged in planning and shaping services;
5. Young carers are specifically supported to have a life outside of their caring role;
6. Breaks from Caring.

The strategy sets out the key policy drivers and local context and challenges within East Dunbartonshire and outlines the consultative process taken and the specific and measurable actions we will take to implement the outcomes listed above.





# Key Policy Drivers / National Policy

## 2. Key Policy Drivers / National Policy Context

There have been a number of key strategies and legislation over recent years, which have sought to empower and develop choice. Through Self Directed Support (SDS), people have far greater choice and control of the services they receive and the management of their support. The Carers (Scotland) Act 2016 was implemented on 1st April 2018. The legislation is designed to support carers' health and wellbeing and help make caring more sustainable.

The Act seeks to consolidate carers existing rights and recognises carers as equal partners. The Act includes duties for Local Authorities, Health, and Social Care Partnerships to provide support to carers, based on the carer's identified needs, which meet the local eligibility criteria.

The Carers (Scotland) Act 2016 has been introduced in a context of legislation and policies including:

- Public Bodies (Joint Working) (Scotland) Act 2014
- Children & Young People (Scotland) Act 2014
- Getting it Right for Every Child (GIRFEC)
- Social Care (Self Directed Support) (Scotland) Act 2013

A range of local strategies have been implemented or are under development within East Dunbartonshire and will incorporate planning for Dementia, Mental Health, Suicide Prevention, Learning Disabilities, Primary Care, Education Service Parental Engagement Strategy, and Including *Every Learner*; A Policy and Provision for Children and Young People with Additional Supports in East Dunbartonshire. Although the Carers Strategy has been produced as a document in its own right, there will be common themes and interlinking goals across these strategies that consider the needs of carers and outline any specialist support carers require.





# Who is a 'Carer'?

### 3. Who is a 'Carer'?

The Carers (Scotland) Act 2016 defines a carer as “*an individual who provides or intends to provide care for another individual (the 'cared-for person')*”. The Act defines a “Young Carer” as someone who is under the age of 18, or over 18 but still at school and an “Adult Carer” as someone over the age of 18, and not a young carer.

Carers are people of all ages, including children, and from all walks of life. Carers are people in employment, in education, retired, or those who care full time. Care may be provided a few times a week or for more significant periods, each carer, and their role is unique. Many carers report that their role can have significant positive features and rewards but it is recognised that caring can have a significant impact upon a carer's health, wellbeing, finance and relationships.

Young carers are young people and children and whilst many may value and enjoy the role they fulfil within their families, they may also experience much less opportunities to access social, recreational or educational opportunities and may experience greater disruption and anxiety for the person they care for.

The duty to provide support to carers is intended to ensure that it is delivered in a more consistent way across Scotland. The duty is subject to a carer having needs, which meet the local eligibility criteria, and the Health and Social Care Partnership will work with carers to provide timely support, or to help to plan ahead and consider future needs or contingency plans in response to changes in caring circumstances.

Many people who provide care may not see themselves as a 'carer'. They are first and foremost a partner, wife, husband, son, daughter or any other family member or friend providing care.



# Assessment of Demand for Support

#### 4. Assessment of Demand for Support

Carers provide an important role in the provision of care and support in the community. As equal partners in the delivery of care, they enable people to remain in their own home and community through contributing to the overall health and wellbeing of the person they look after; preventing avoidable hospital or long-term care admission.

In the 2011 Census, 11,347 individuals in East Dunbartonshire identified themselves as unpaid carers, of which

- 10.8% of the population are carers;
- 21.9% of these carers are over 65 years;
- 1.8% of these carers are under 16 years;
- 59.5% of these carers are female;
- 21.9% are providing care for 50 hours or more per week;
- 63.5% are providing care from 1 hour to 19 hours per week.

Providing unpaid care can have a negative effect on the carer's health. The 2011 census data showed that those adults who identified themselves as carers were less likely to report their health as 'good' or 'very good' (79%) than those who provided no care (84.9%).

The Area Profile for East Dunbartonshire shows that there is an ageing population and projections suggest a near 6% increase over the next 20 years with estimates that by 2039 over 30% of the population will be aged 65 and over, with over 18% aged 75 plus. Over the same period, the number of people aged 85+ is projected to increase from 2,819 to 8,282 (an increase of 5.9%).

In East Dunbartonshire it is therefore important to ensure that services are provided that enable older adults to increasingly prevent and self-manage their health and wellbeing, and to remain socially connected, independent and actively engaged in their communities. The role of carers in this regard will be significant in providing care and support to older siblings, parents, friends and relatives as well as providing a vital element in adding value to other care and support services. Inevitably, this will place a great demand on carers, making it imperative that there be support services in place for carers who are contributing this vital role in looking after a rapidly increasing ageing population.

The 2014 East Dunbartonshire schools' survey reported that 8.4% of the 2907 pupils surveyed were providing care. The survey found that these young carers tended to be from deprived households, and were more likely to live within lone parent families. The young carers surveyed were more likely to report physical, emotional and behavioural conditions, as well as a higher total difficulties score than their peers, and were also less likely to think they would go on to higher education after leaving school.

East Dunbartonshire's carer support organisation 'Carers Link' actively provided a service to 1326 carers in East Dunbartonshire in 2017/18. Forty two per cent of this were aged over 65 with young carers accounting for just under eight per cent. Consistently Carers Link is contacted by almost four hundred new carers each year in East Dunbartonshire.



# Achievements/ Successes from Previous Carers' Strategy



## 5. Achievements/Successes from Previous Carers' Strategy

- East Dunbartonshire Council established, and latterly East Dunbartonshire HSCP preserved a multi-disciplinary Carers Working Group/Carers Engagement Group. The membership includes HSCP, Education, Carers Link, Third sector, and carers to inform the development of Carers Services within East Dunbartonshire.
- Carers Engagement Events were completed in 2018 within both localities in East Dunbartonshire.
- Continued to involve carers in the planning of services at a strategic level through their representation on various HSCP strategic groups.
- Developed and published a local Carers Eligibility Criteria.
- Developed and published a local Short Breaks Statement.
- Developed templates for Adult Carer Support Plans and Young Carers Statements, which consider and identify carers' needs.
- Continued to increase the provision of short breaks, respite and support services for carers based on identified needs.
- Raised knowledge and awareness of carers and the Carers Act.
- Staff training and briefing sessions were arranged in 2018 and offered to all staff across social work, health, education and third sector partners.
- There was a targeted seminar about East Dunbartonshire's Young Carers Statement in 2018 delivered to all children's services. This event launched the commencement of an annual suite of staff training opportunities specifically in relation to young carers.
- Hospital Discharge Leaflet; the HSCP worked alongside the Public, Service User and Carer (PSUC) representatives group to develop a consistent approach prior to the patient/service user's point of discharge from hospital. The discharge leaflet provides local patients and carers with information covering key issues such as patient transport; valuables and belongings, medication and any follow up appointments and/or home care requirements, combining as an aid to a more seamless and cohesive discharge. Its success has been such that East Dunbartonshire HSCP were approached by NHS Greater Glasgow and Clyde asking if they could stock the leaflet in their patient information centres, and requested permission to produce a regional/board wide version of the leaflet.

A word cloud of various carer support services and organizations arranged in a speech bubble shape. The words are in different colors and orientations, including: Young Carers, Education Services, Citizens Advice, Balance, EDAMH, Care Advice Bureau, OPAL, CEARTAS, CarersLink, Post Diagnostic Support, National Carer Support Organisation, Community Health Services, Self Directed Support, Support, Universal Services, Help Community Carers, and Social Work.

# Information and Services for Adult Carers and Young Carers



- **OPAL:** Provides a single point of contact for all adult service users and carers (16+) living in East Dunbartonshire. The dedicated OPAL telephone line puts people in contact with a wide variety of information, advice and support services, from social and leisure activities through to voluntary sector, social work and social care support services.
- **CEARTAS:** Provides Independent Advocacy to adults (16+) who are normally a resident in East Dunbartonshire. Independent Advocacy is independent of any other service provider, like Social Work or Health, and works on the adult's behalf to make their voice stronger.
- **Citizens Advice Bureau:** Provides information, advice and support to adults on a variety of issues including: money and debt advice, employment rights, access to welfare benefits and support with housing issues.
- **East Dunbartonshire Association for Mental Health (EDAMH):** Offers one to one support to adults (16+) experiencing mild to moderate mental ill health and their family and carers.
- **East Dunbartonshire Community Assets Map:** Provides an online directory of local support, wellbeing and activities run across East Dunbartonshire. It lists over 400 places, resources, activities and businesses in the area. Users can browse the community assets by town or by categories such as outdoor, physical exercise, or health and wellbeing. Groups and individuals can add their own community asset onto the map. The directory makes it easier for people to find and access support and wellbeing services from numerous organisations, all in one place. The Asset Map is available at [www.eastdunassets.org.uk](http://www.eastdunassets.org.uk)
- **National Carer Support Organisations:** Provides carer specific information, advice and support usually through web based information and phone helplines for example: Carers Scotland and the Scottish Young Carers Service Alliance however, national organisations may have limited knowledge of local services.
- **Universal Services:** Universal services could include peer support groups, forums, libraries, youth clubs, leisure centres, activity classes, and voluntary organisations which can be accessed independently without the need for an agreed Support Plan. These services are frequently advertised in the local media or library.



# Strategic Priorities for Adult Carers and Young Carers in East Dunbartonshire

## 7. Strategic Priorities for Adult Carers and Young Carers in East Dunbartonshire

### CARERS OUTCOME 1

**Carers across East Dunbartonshire are identified and can access information and support.**

#### WHAT MATTERS TO CARERS:

- Raise awareness through greater publicity and information in public places, schools and across the community, particularly during National Carers Week.
- Raise awareness in health, social care and education to create a culture that provides opportunities to identify carers.
- Opportunities for people to identify themselves as carers through meaningful conversations.

#### WHAT WE INTEND TO DO:

- Develop mechanisms to better identify adult carers and young carers in order to meet their needs and monitor the impact of their caring role.
- Work in partnership with carers' organisations and other third sector organisations to raise awareness about the carers' legislation and rights, and develop services that support carers to continue in their caring role.
- We will work to promote and enhance awareness of support available to carers by better publicising our local carer organisations within our communities through a range of social media, websites, leaflets and carers events.
- We will continue our work with schools in East Dunbartonshire to increase identification of young carers and to highlight resources available to them.
- We will provide further training and briefing sessions which will form part of core training within schools and children's services to incorporate the identification of young carers and, where appropriate, into the Child's Planning Process.
- We will work with health and social care in East Dunbartonshire to raise awareness of carers, provide briefings on clear referral pathways, and ensure that carers are integrated into hospital discharge planning processes. This will ensure that carers are identified at an early stage and are included in any discussions about the discharge of the person they care for.
- We will fully implement future legislative timescales relating to adult carers and young carers support when caring for terminally ill persons.

- Carers among ethnic minority groups may experience additional difficulty in accessing carer services which may be attributed to language barriers in accessing these. We will therefore ensure that carers information will be made available across a range of languages.
- We will ensure that our services, carer support services and partner organisations recognise those carers with protected characteristics.

**WHAT MATTERS TO CARERS:**

- Being valued in their role as carers and involved in discussions with the cared for person.
- Proactive provision of information and advice to make it easier for carers to get the correct help and support when they need it.
- Improved telecare and telehealth provision and support.
- Having choices that support, enable and empower them in their caring role.

**WHAT WE INTEND TO DO:**

- We will monitor, evaluate and review the Adult Carer Support Plan and Young Carers Statements.
- We will identify Carers' needs via the Adult Carer Support Plan and Young Carers Statement in line with the local Carers Eligibility Policy.
- Maintain an accessible information and advice service for carers.
- Where a Carer's Support Plan/Young Carers Statement identifies needs that meet the Carers' Eligibility Criteria, Self Directed Support options will be discussed to ensure the fullest flexibility, choice and control for carers and families.
- We will ensure that carers and families can access independent information, advice and support about Self Directed Support.
- We will provide briefing sessions/workshops, in partnership with local third sector organisations, to ensure that carers are fully informed and aware about Self Directed Support and the options for choice and flexibility.
- Monitor, evaluate and review the local Carers' Eligibility Policy.
- Monitor, evaluate and review the local Carers' Short Breaks Statement.
- We will ensure carers have information about and are able to access short breaks, providing choice, control and flexibility, which is personalised to their needs and outcomes, as well as the needs and outcomes of the person they care for.

- We will prepare Adult Carer Support Plans and Young Carer Statements in accordance with the recommended timescales already established within our services.
- Continue to provide Carers Training Sessions run by Carers Link.
- As part of this Strategy, we will undertake work to raise the profile of the Carer's Emergency Plans prepared by Carers Link. These plans can ensure that the carer's knowledge and views of the person they care for can be shared with others and can prevent an emergency becoming a crisis. This work will be taken forward by the Carers Partnership Group.

**WHAT MATTERS TO CARERS:**

- Improved support during transition periods and key milestones, including post caring support and bereavement.
- Opportunities for community links to reduce isolation.
- Opportunities for support and training to continue caring role.

**WHAT WE INTEND TO DO:**

- We will review our policies, procedures and pathways for young people transitioning from Children to Adult Services to ensure that carers are provided with and signposted to the right information and advice at each point along the caring journey.
- We will develop Adult Carer Support Plans and Young Carers Statements in line with Carers legislation for terminally ill persons; the Act defines terminal illness as where, “the person suffers from a progressive disease and death in consequence of that disease can reasonably be expected within six months”.
- Planning for Adult or Young Carers who are caring for terminally ill person will take into account the urgency of needs for support.
- We will recognise that communities are one of our greatest resources and the values of support from friends and neighbours should not be overlooked. We will work to raise awareness locally of the support available to carers by enhancing the provision of information by our local carer organisations and through a range of social media, websites, leaflets and carer events.

**WHAT MATTERS TO CARERS:**

- Improved engagement with carers.
- Engagement and involvement is meaningful; encourages carers to speak; and values carers' input.
- Carers can see that their contribution makes a difference.

**WHAT WE INTEND TO DO:**

- We will continue to support and develop carer representation on the HSCP Board, Strategic Planning group and Locality Planning Groups through the Public, Service User and Carer Group.
- We will review and develop the publicising of opportunities for carer engagement in the planning and shaping of our services through a range of social media, websites, leaflets and carer events.
- We will develop ways to seek the views of Young Carers and build their voices into the planning and shaping of services. Representatives from Education, Social Work Children's Services, Health and Carers Link will take this forward.



**CARERS OUTCOME 5****Young carers**

**Young carers are specifically supported to have a life outside of their caring role and can achieve a balance between caring and other aspects of their lives.**

**WHAT MATTERS TO YOUNG CARERS:**

- Having someone to talk to about their caring role.
- Being supported at school.
- Recognition of issues surrounding attendance, learning, bullying, and stigma associated with the caring role.
- Being able to access the same activities and social opportunities as their friends.
- Feeling safe about asking for help.

**WHAT WE INTEND TO DO:**

- We will work within schools to improve identification of Young Carers to ensure that they are aware of their entitlement to a Young Carers Statement and be supported to complete one if they wish to do so.
- Young Carers will be supported by their named person or local Carer's Organisation to access appropriate supports.
- Schools and Carers Link will work to deliver awareness raising to pupils and education staff.
- Where appropriate, an Education Support Plan will be developed for individual Young Carers.
- We will ensure that Young Carers are included and have access to extra-curricular activities, seeking support and specialist services from other agencies where required.
- Schools will encourage Young Carers to become involved with the local Carer's Organisation to support their families' wellbeing.

- Continue the 'Linked Up' service in East Dunbartonshire to ensure the best opportunities for Young Carers to have the chance to talk individually and participate in groups with other young people who share similar experiences and to build new friendships.
- We will support the development of feedback from Young Carers groups and forums.
- We will work with Young Carers and their families to build on strengths and improve wellbeing and reduce levels of inappropriate or harmful caring.
- We will work in partnership to improved points of transition to ensure that young carers receive the right supports at the right time.

**WHAT MATTERS TO CARERS:**

- Breaks from caring are essential to allow carers to continue to care longer and in better health.
- Breaks are available in a number of ways that are personalised to the carer and the person they care for.
- Carers have expressed anxiety about the impact on their relationships with the cared for person or feelings of guilt at leaving the person they care for.

**WHAT WE INTEND TO DO:**

- We have developed and published a Short Breaks Statement in 2018 and will ensure that there is a range of flexible local opportunities for replacement care/respite in a variety of settings to suit the individual's circumstances.
- We will ensure that breaks continue to form part of the support plans for both the cared for person and the carer including regular planned respite in accordance with published Carers Eligibility Criteria.
- Carers Link will continue to develop and provide opportunities for Young Carers to receive time out and breaks from their caring role.
- Carers will be encouraged to access Self Directed Support options to ensure maximum flexibility, choice and control when developing their Adult Carer Support Plan or Young Carer Statement.
- We will continue to work with partners such as Carers Link, Ceartas Advocacy and Take Control to support communities, families and informal supports to enable carers to secure a break from caring.



# Acknowledgements and Appendices

## 8. Acknowledgements

The Health & Social Care Partnership would like to thank all of the carers who have given of their time over recent years to attend meetings and events and to those who have shared their experiences, and offered their expertise.

In particular, we would like to thank those who have participated directly to the work of the Partnership and those who have contributed directly or indirectly to the work of the Carers Working/Engagement Group.

We would also like to thank all of our statutory and voluntary partners for their commitment and support to the implementation of the Carers Act (Scotland) within East Dunbartonshire.

## 9. Appendixes

- [East Dunbartonshire Carers Act Eligibility Criteria](#)
- [East Dunbartonshire Health and Social Care Strategic Plan](#)
- [East Dunbartonshire Health and Social Care Strategic Children's Service Plan](#)
- [East Dunbartonshire Council 'Including Every Learner; A Policy and Provision for Children and Young People with additional supports in East Dunbartonshire](#)
- [Carers Link](#)
- East Dunbartonshire Short Breaks Statement

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

|                        |  |
|------------------------|--|
| <b>Date of Meeting</b> | 21 <sup>st</sup> March 2018  |
| <b>Subject Title</b>   | Prescribing Update   |
| <b>Report By</b>       | Derrick Pearce<br>Head of Community Health & Care Services   |
| <b>Contact Officer</b> | Carolyn Fitzpatrick<br>Lead for Prescribing and Clinical Pharmacy<br>Email: <a href="mailto:Carolyn.fitzpatrick@ggc.scot.nhs.uk">Carolyn.fitzpatrick@ggc.scot.nhs.uk</a><br>Tel. 0141 304 7433 |

|                          |   |
|--------------------------|---|
| <b>Purpose of Report</b> | The purpose of this report is to provide the HSCP Board with an update on prescribing within East Dunbartonshire HSCP |
|--------------------------|---|

|                        |   |
|------------------------|---|
| <b>Recommendations</b> | It is recommended that the Health and Social Care Partnership Board note the contents of the report |
|------------------------|---|

|   |   |
|---|---|
| <b>Relevance to HSCP Board Strategic Plan</b> | Prescribing has relevance to the whole HSCP Strategic Plan and in particular in relation to the safe, effective and efficient delivery of services. |
|---|---|

**Implications for Health & Social Care Partnership**

|                        |      |
|------------------------|------|
| <b>Human Resources</b> | None |
|------------------------|------|

|                    |      |
|--------------------|------|
| <b>Equalities:</b> | None |
|--------------------|------|

|                   |   |
|-------------------|---|
| <b>Financial:</b> | Financial implications are detailed in the report |
|-------------------|---|

|               |      |
|---------------|------|
| <b>Legal:</b> | None |
|---------------|------|

|                         |      |
|-------------------------|------|
| <b>Economic Impact:</b> | None |
|-------------------------|------|

|                        |      |
|------------------------|------|
| <b>Sustainability:</b> | None |
|------------------------|------|

|                           |  |
|---------------------------|--|
| <b>Risk Implications:</b> | Prescribing risks cover both cost and patient safety implications. There are risks to financial performance of overspending on medicines and/or of waste in prescribing. Additionally there are risks to individuals of incorrect or inappropriate prescribing which are mitigated against by routine prescribing governance controls. |
|---------------------------|--|

|  |      |
|--|------|
| <b>Implications for East Dunbartonshire Council:</b> | None |
|--|------|

|  |   |
|--|---|
| <b>Implications for NHS Greater Glasgow &amp; Clyde:</b> | Any prescribing initiatives or action plans developed for East Dunbartonshire HSCP need to take into account the implications for the entire Health Board population to help protect against inequalities between one partnership areas and another in respect to medicine availability and prescribing practice. |
|--|---|

|  |   |             |
|--|---|-------------|
| <b>Direction Required to Council, Health Board or Both</b> | <b>Direction To:</b>  | <b>Tick</b> |
|  | <b>1. No Direction Required</b>   | <b>X</b>    |
|  | <b>2. East Dunbartonshire Council</b>                                   |             |
|  | <b>3. NHS Greater Glasgow &amp; Clyde</b>                               |             |
|  | <b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b> |             |



## MAIN REPORT

### 1.0 Background

Following on from the Prescribing paper presented to the Board in September 2018, this paper provides an update on the current situation in respect to local prescribing practice, actions to ensure patient safety; efficiency and best value in relation to prescribing and the prescribing spend.

### 2.0 Current Prescribing Budget Position

2.1 The table below shows most recent prescribing data which is up to and including December 2018. East Dunbartonshire has an overspend of £437,409. The HSCP has £500,000 contingency to cover the overspend so that cost neutral position can be reported at the end of the financial year.

#### NHS GGC Expenditure Performance April 2018 to December 2018

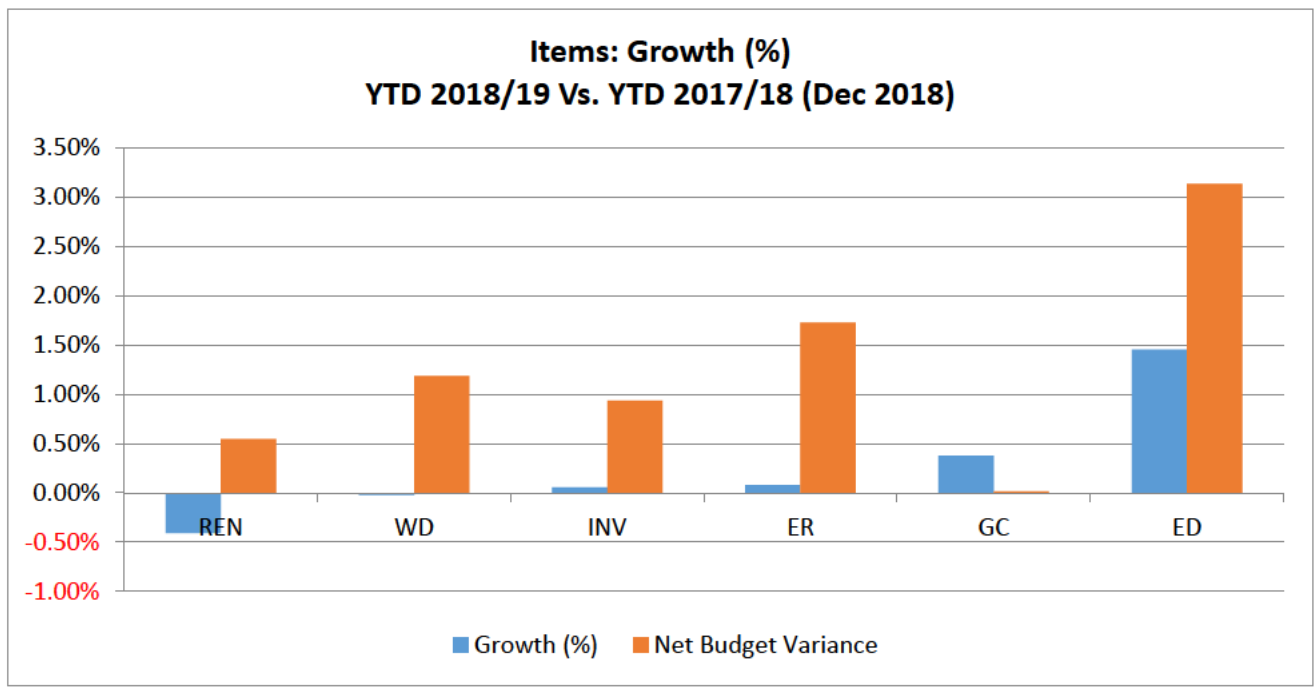
| CHP   | GG&C Phased Projected Expenditure | Expenditure (adjusted for errors and misallocations) | Performance £     | Performance % |
|---|-----------------------------------|--|-------------------|---------------|
| EAST DUNBARTONSHIRE COMMUNITY HEALTH PARTNERSHIP      | £13,956,625                       | £14,394,034  | £437,409          | 3.13%         |
| EAST RENFREWSHIRE COMMUNITY HEALTH & CARE PARTNERSHIP | £11,755,215                       | £11,958,160  | £202,945          | 1.73%         |
| GLASGOW NORTH EAST                                    | £29,994,397                       | £29,659,627  | -£334,770         | -1.12%        |
| GLASGOW NORTH WEST                                    | £28,903,219                       | £29,006,745  | £103,527          | 0.36%         |
| GLASGOW SOUTH   | £34,421,095                       | £34,668,214  | £247,119          | 0.72%         |
| INVERCLYDE COMMUNITY HEALTH PARTNERSHIP               | £13,615,791                       | £13,743,227  | £127,437          | 0.94%         |
| RENFREWSHIRE COMMUNITY HEALTH PARTNERSHIP             | £26,318,888                       | £26,462,526  | £143,638          | 0.55%         |
| UNKNOWN CHP - NHS GREATER GLASGOW & CLYDE             | £4,676,142                        | £5,082,119   | £405,978          | 8.68%         |
| WEST DUNBARTONSHIRE COMMUNITY HEALTH PARTNERSHIP      | £14,318,451                       | £14,488,262  | £169,812          | 1.19%         |
| <b>Total NHS Greater Glasgow and Clyde</b>            | <b>£177,959,822</b>               | <b>£179,462,915</b>                                  | <b>£1,503,093</b> | <b>0.84%</b>  |

2.1 The graphs below show the recent prescribing trends over the past year both in terms of numbers of prescriptions dispensed and the costs.

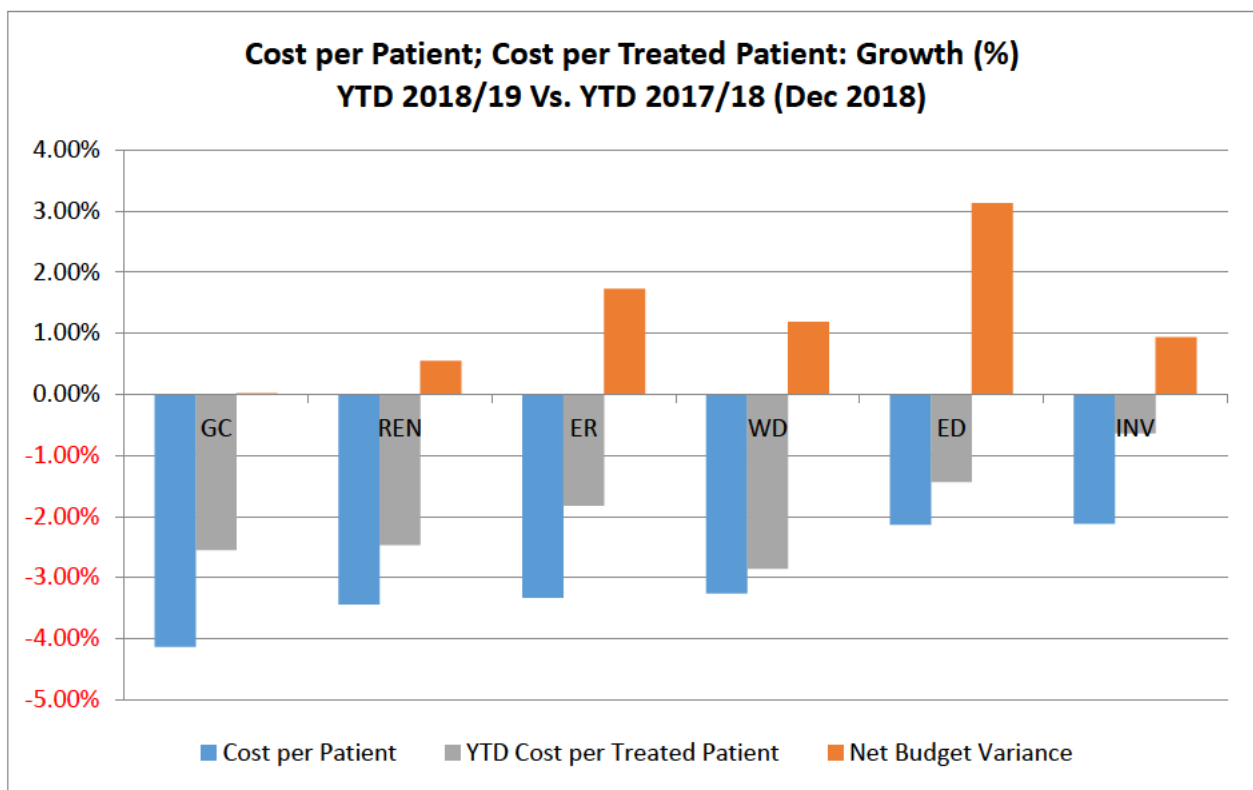
2.2 Graph 1 shows a significantly higher growth (1.45%) in the numbers of prescriptions dispensed in East Dunbartonshire than in other HSCPs across Greater Glasgow and Clyde.



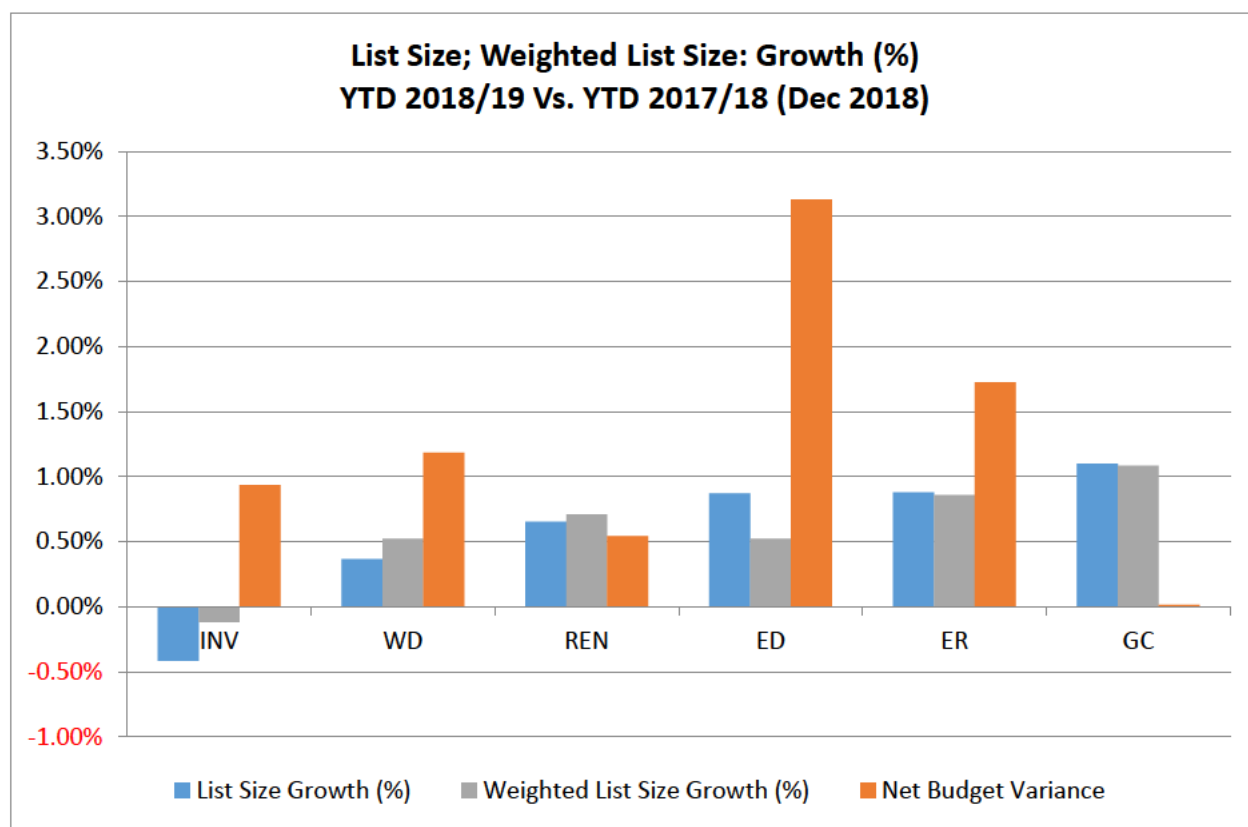
**Graph 1**



**Graph 2** shows that cost per patient and cost per treated patient continue to reduce since the same period last year



**Graph 3** shows the growth in list size both on a weighted and not weighted basis.



2.3 We can conclude that although there are more prescriptions being dispensed in East Dunbartonshire since the same period last year, the cost per patient is reducing so it seems that there is a greater demand for prescriptions but that cost effective options are being prescribed. The demographics of East Dunbartonshire with an ever growing older population mean that demand for prescriptions is increasing every year but prescribing efficiencies ensure that we keep the costs contained as much a possible

### **3.0 Prescribing Efficiencies**

As described in the previous paper to the Board, cost savings are achieved through the following methods.

- Prescribing Initiatives including switching patients to more cost effective alternatives in the areas of respiratory medicines, diabetic glucose strips and oral anticoagulants
- GP Local Enhanced Services
- IT Software (Scriptswitch)
- Community Pharmacy Initiatives
- Waste reduction (care homes)
- Closer working with secondary care  
Polypharmacy reviews

#### **4.0 Realistic Medicine and Deprescribing**

4.1 Given the prescribing trends in East Dunbartonshire and the demographics, we will be considering realistic medicine and de-prescribing. There is a general approach to realistic medicine and self care across the health and social care economy and prescribing very much has a part to play in that.

4.2 This is evidenced by the Chief Medical Officer's third annual report, Practising Realistic Medicine, published in 2018.

[www.gov.scot/publications/practising-realistic-medicine](http://www.gov.scot/publications/practising-realistic-medicine)

*Realistic medicine puts the person receiving health and social care at the centre of decisions made about their care. It encourages health and care workers to find out what matters most to you so that the care of your condition fits your needs and situation. Realistic medicine recognises that a one size fits all approach to health and social care is not the most effective path for the patient or the NHS.*

4.3 In addition the following guidance supports this view

Polypharmacy Guidance Realistic Prescribing, 3<sup>rd</sup> edition 2018

[www.therapeutics.scot.nhs.uk/wp-content/uploads/2018/09/Polypharmacy-Guidance-2018.pdf](http://www.therapeutics.scot.nhs.uk/wp-content/uploads/2018/09/Polypharmacy-Guidance-2018.pdf)

*“The case for effective polypharmacy management is quite clear, but in a complex healthcare setting with many competing priorities it is useful to outline the quality and economic reasons why it should be prioritised. A holistic polypharmacy patient review has the potential to address all six dimensions of quality: efficacy, safety, efficiency, timely, equity and acceptability.<sup>3</sup> Including discussion of the relative clinical effectiveness of commonly used medicines or identifying safety issues can help empower patients, families and their carers to become actively involved and engaged with their treatment and care decisions. A holistic polypharmacy review will often result in an element of deprescribing, but stopping medicines should not be the primary driver.”*

4.4 There is significant work already ongoing in this area through polypharmacy reviews and pharmacist led medication review clinic. In addition the Pharmacy First scheme provides new treatment pathways so that patients with uncomplicated urinary tract infections and impetigo can access treatment direct from their community pharmacy and promotes self management.

The investment in the new GP Contract has allowed for the recruitment of additional pharmacists and technicians to relieve some of the pressures on GPs. Realistic medicine can be delivered and incorporated in this service. There is more work that can be done in the area of realistic medicine and deprescribing and we plan to consider how we can change local culture in relation to medicines use.

Agenda Item Number: 16

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

|                        |   |
|------------------------|---|
| <b>Date of Meeting</b> | 21 <sup>st</sup> March 2019   |
| <b>Subject Title</b>   | Update on Integration; Analysis of Implications of the Ministerial Strategic Group for Health and Community Care Report and Audit Scotland. |
| <b>Report By</b>       | Susan Manion, Chief Officer   |
| <b>Contact Officer</b> | Susan Manion, Chief Officer<br>0141 232 8216<br><a href="mailto:Susan.manion@ggc.scot.nhs.uk">Susan.manion@ggc.scot.nhs.uk</a>              |

|                          |   |
|--------------------------|---|
| <b>Purpose of Report</b> | The purpose of the report is to present the MSG Review and outline how we will take forward the proposals |
|--------------------------|---|

|                        |  |
|------------------------|--|
| <b>Recommendations</b> | The HSCP Board is asked to:<br><br>a) Note the content of the report<br>b) Agree to consider further reports on the proposals<br>c) Note the proposals will be considered alongside the 'Audit Scotland Report – Health and Social Care Integration; Update on progress' which was presented to the HSCP Board on the 17 <sup>th</sup> January 2019. |
|------------------------|--|

|   |  |
|---|--|
| <b>Relevance to HSCP Board Strategic Plan</b> | Appropriate strategic and financial planning, governance, leadership and operational arrangements are essential to the integration of health and social care services and the delivery of the Strategic Plan |
|---|--|

**Implications for Health & Social Care Partnership**

|                        |     |
|------------------------|-----|
| <b>Human Resources</b> | n/a |
|------------------------|-----|

|                    |     |
|--------------------|-----|
| <b>Equalities:</b> | n/a |
|--------------------|-----|

|                   |     |
|-------------------|-----|
| <b>Financial:</b> | n/a |
|-------------------|-----|

|               |     |
|---------------|-----|
| <b>Legal:</b> | n/a |
|---------------|-----|

|                         |     |
|-------------------------|-----|
| <b>Economic Impact:</b> | n/a |
|-------------------------|-----|

|                        |     |
|------------------------|-----|
| <b>Sustainability:</b> | n/a |
|------------------------|-----|

|                           |     |
|---------------------------|-----|
| <b>Risk Implications:</b> | n/a |
|---------------------------|-----|

|  |   |
|--|---|
| <b>Implications for East Dunbartonshire Council:</b> | East Dunbartonshire Council are being asked to consider specific proposals in the Report in relation to their contribution to shared responsibility |
|--|---|

|  |  |
|--|--|
| <b>Implications for NHS Greater Glasgow &amp; Clyde:</b> | Greater Glasgow and Clyde Health Board Council are asked to consider specific proposals in the Report in relation to their contribution to shared responsibility |
|--|--|

| <b>Direction Required to Council, Health Board or Both</b> | <b>Direction To:</b>  | <b>Tick</b> |
|--|---|-------------|
|  | <b>1. No Direction Required</b>   | <b>X</b>    |
|  | <b>2. East Dunbartonshire Council</b>                                   |             |
|  | <b>3. NHS Greater Glasgow &amp; Clyde</b>                               |             |
|  | <b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b> |             |

|  |
|--|
| <b>1.0 MAIN REPORT</b>   |
| <p><b>1.1</b> The Ministerial Strategic Group (MSG) was established, following the implementation of the legislation, to oversee the delivery of integration across Scotland. While there are the 9 national outcomes which inform how we deliver our Strategic plans, it must also be noted that at the outset there were 4 key objectives for integration:-</p> <ul style="list-style-type: none"> <li>• Health and social care services should be firmly integrated around the needs of individuals, their carers and other family members</li> <li>• Health and social care services should be characterised by strong and consistent clinical and care professional leadership</li> <li>• The providers of services should be held to account jointly and effectively for improved delivery</li> <li>• Services should be underpinned by flexible, sustainable financial mechanisms that give priority to the needs of the people they service, rather than the organisations through which they are delivered.</li> </ul> <p><b>1.2</b> In May 2018, the then Cabinet Secretary for Health and Sport undertook to review the progress by Integration Authorities on the basis that the pace and effectiveness of integration needed to increase. The review was undertaken by the MSG and the final report was published in February 2019 (<b>Appendix1</b>)</p> |

**1.3** The proposals in the report recognise the joint and mutual responsibility to achieve the agreed outcomes across Councils, NHS Boards and IJBs. The specific proposals are framed in that context. This position was reiterated when, on the 6<sup>th</sup> March, we received a letter from the Interim Director General of Health and Social Care and the Chief Executive of COSLA asking all partners to individually and collectively consider changes, actions or issues to be taken forward (**Appendix 2**). A suggested self evaluation framework is about to be distributed to assist us.

**1.4** The proposals fall under the headings of :-

- Collaborative leadership and building relationships
- Integrated finances and financial planning
- Effective strategic planning for improvement
- Governance and accountability arrangements
- Ability and willingness to share information
- Meaningful and sustained engagement

**1.5** As an IJB it is proposed we will set up a development session for Board members specifically to consider the proposals in detail and shape our issues and actions.

**1.6** While we do need to consider these proposals as an IJB, the attached letter, appropriately, asks that we should determine and articulate agreed shared insights across the system. There will therefore be a mechanism agreed between the IJB, the Council and the NHS Board to facilitate the coming together of a mutually agreed view which will convert into specific actions for change.

**1.7** This will sit alongside the recent Audit Scotland report so, while clearly responding to the very specific expectations of that Report, we will come back to the HSCP Board in May with a set of reflections and actions that will be our response to both reports.



# **Ministerial Strategic Group for Health and Community Care**

## **Review of Progress with Integration of Health and Social Care**

### **Final Report**

February 2019





# REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE

## Introduction

Since 2016, work has been underway across Scotland to integrate health and social care services in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. By integrating the planning and provision of care, partners in the public, third and independent sectors are improving people's experience of care along with its quality and sustainability. Evidence is emerging of good progress in local systems. Audit Scotland's<sup>1</sup> report on integration that was published on 15 November 2018 highlights a series of challenges that nonetheless need to be addressed, in terms particularly of financial planning, governance and strategic planning arrangements and leadership capacity.

The pace and effectiveness of integration need to increase. At a health debate in the Scottish Parliament on 2 May 2018, the then Cabinet Secretary for Health and Sport undertook that a review of progress by Integration Authorities would be taken forward with the Ministerial Strategic Group for Health and Community Care, and that outputs arising from any further action stemming from such a review would be shared with the Health and Sport Committee of the Scottish Parliament.

## Why has Scotland integrated health and social care?

We have integrated health and social care so that we can ensure people have access to the services and support they need, so that their care feels seamless to them, and so that they experience good outcomes and high standards of support. We are also looking to the future: integration requires services to be redesigned and improved, with a strong focus on prevention, quality and sustainability, so that we can continue to maintain our focus on reforming and improving people's experience of care. In undertaking this review we have built upon Audit Scotland's observation that integration can work within the current legislative framework, but that Integration Authorities are operating in an extremely challenging environment and there is much more to be done: our focus is on tackling the challenges rather than revisiting the statutory basis for integration.

As part of the review, it is important to acknowledge fully the key importance of staff working across the entirety of health and social care. People working in health and social care services are driving forward many improvements in the experience of care, every day and often in challenging and difficult circumstances. Without the insight, experience and dedication of the health and social care workforce we will simply not be able to deliver on our ambitions for integration. This review does not make recommendations about the health and social care workforce: that work is being undertaken through the National Workforce Plan for health and social care. We nonetheless felt it important to emphasise here the importance of our shared ambitions to develop and support the workforce for integration.

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<sup>1</sup> [Health and social care integration: update on progress](#)

## Reviewing progress with integration

As we have reviewed our progress to date, our approach has been to focus on the key questions that matter most to people who use services and the systems we have put in place in order to better support those priorities. We have asked ourselves where we are making progress and where the barriers are that may prevent professionals and staff across health and social care from using their considerable skills and resources to best effect. When the Scottish Government first consulted upon plans for integration<sup>2</sup>, it focused on four key objectives, which remain central to our aims:

- Health and social care services should be firmly integrated around the needs of individuals, their carers and other family members
- Health and social care services should be characterised by strong and consistent clinical and care professional leadership
- The providers of services should be held to account jointly and effectively for improved delivery
- Services should be underpinned by flexible, sustainable financial mechanisms that give priority to the needs of the people they serve, rather than the organisations through which they are delivered

The legislation for integration, the Public Bodies (Joint Working) (Scotland) Act 2014, sets out principles and outcomes, which sit at the centre of our ambitions:

### **Principles of integration:** services should<sup>3</sup>:

1. Be integrated from the point of view of service-users
2. Take account of the particular needs of different service-users
3. Take account of the particular needs of service-users in different parts of the area in which the service is being provided
4. Take account of the particular characteristics and circumstances of different service-users
5. Respect the rights of service-users
6. Take account of the dignity of service-users
7. Take account of the participation by service-users in the community in which service-users live
8. Protect and improve the safety of service-users
9. Improve the quality of the service
10. Be 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)
11. Best anticipate needs and prevents them arising, and
12. Makes the best use of the available facilities, people and other resources.

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<sup>2</sup> [Integration of Adult Health and Social Care in Scotland: Consultation on Proposals \(May 2012\)](#)

<sup>3</sup> [http://www.legislation.gov.uk/asp/2014/9/pdfs/asp\\_20140009\\_en.pdf](http://www.legislation.gov.uk/asp/2014/9/pdfs/asp_20140009_en.pdf)

## **National health and wellbeing outcomes<sup>4</sup>**

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 wellbeing
7. People using 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

The purpose of this review is to help ensure we increase our pace in delivering all of these objectives.

### Review process

At its meeting on 20 June 2018, the Ministerial Strategic Group agreed that the review would be taken forward via a small “leadership” group of senior officers chaired by Paul Gray (Director General Health and Social Care and Chief Executive of NHS Scotland) and Sally Loudon (Chief Executive of COSLA). A larger group of senior stakeholders has acted as a “reference” group to the leadership group.

Membership of the review leadership group is as follows:

- Paul Gray (co-chair) (Director General for Health and Social Care and Chief Executive of NHSScotland)
- Sally Loudon (co-chair) (Chief Executive of COSLA)
- Paul Hawkins (Chief Executive of NHS Fife, representing NHS Chief Executives)
- Andrew Kerr (Chief Executive of Edinburgh City Council, representing SOLACE)
- David Williams (Chief Officer of Glasgow City IJB and Chair of the Chief Officers’ network, representing IJB Chief Officers)
- Annie Gunner Logan (Chief Executive of CCPS, representing the third sector)
- Donald MacAskill (Chief Executive of Scottish Care, representing the independent sector)

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<sup>4</sup> [http://www.legislation.gov.uk/ssi/2014/343/pdfs/ssi\\_20140343\\_en.pdf](http://www.legislation.gov.uk/ssi/2014/343/pdfs/ssi_20140343_en.pdf)

The work of the review leadership group followed this timetable:

| <b>Meeting date</b> | <b>Topics for discussion</b>   |
|---------------------|--|
| 24/09/18            | Finance: agreeing, delegating and using integrated budgets   |
| 23/10/18            | Governance and commissioning arrangements, including clinical and care governance  |
| 27/11/18            | Delivery and improving outcomes including consideration of the Audit Scotland report on integration (published 15/11/18) |
| 19/12/18            | Conclusions and agreement on recommendations, to be reported to the MSG on 23/01/19                                      |

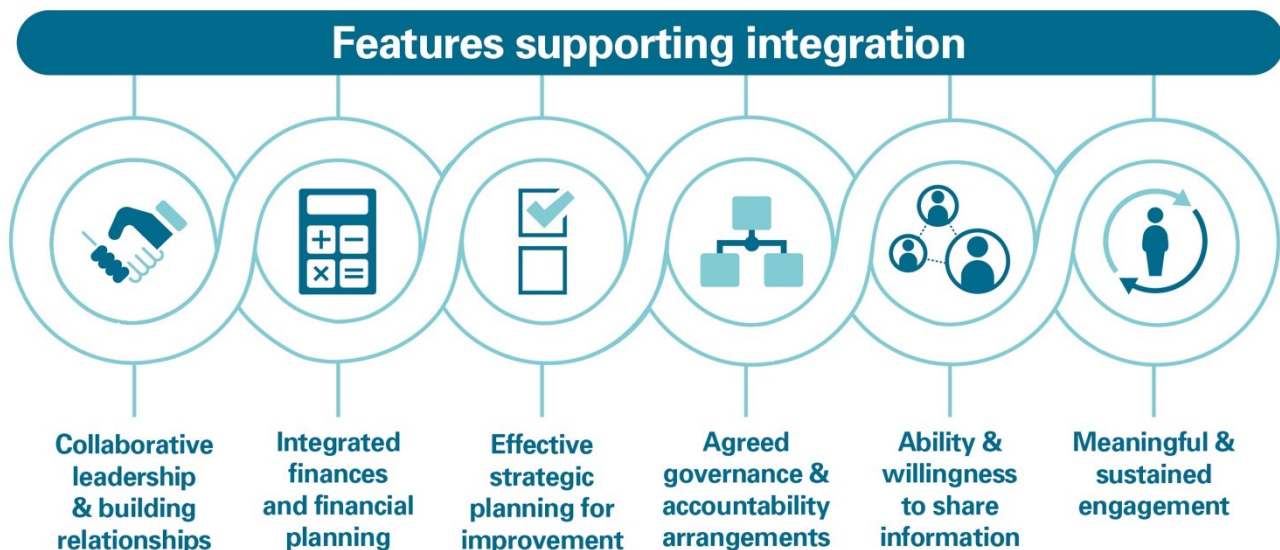
This report draws together the group's proposals for ensuring the success of integration. It builds upon the first output of our review, the joint statement issued on 26 September 2018, which is at Annex A of this report.

Integration Review Leadership Group  
4 FEBRUARY 2019

## Audit Scotland report

1. The group recognised that the Audit Scotland report on integration that was published in November 2018 provides important evidence for changes that are needed to deliver integration well. The group noted their agreement with Audit Scotland’s recommendations. The group recommends that these recommendations should be acted upon in full by the statutory health and social care partners in Scotland. In addition, the group noted that workforce issues were not considered in any detail in the audit, but recommends that those should be a key focus for statutory and non-statutory partners taking forward integration.

2. Within a broad context of focussing on improving outcomes for people who use services and delivering sustainable, high quality services, the group noted specifically that exhibit 7 from the Audit Scotland report, reproduced below, provides a helpful framework within which to make progress. The group agreed to set out its proposals, in this report, under the headings identified in the exhibit, each of which was considered fully in turn.



3. As a group, we decided to set out “proposals” in this report rather than “recommendations” to underline that the commitments our proposals make are a shared endeavour, which we are each signed up to on a personal level as senior leaders and on behalf of our respective organisations. We have used “we” throughout the proposals set out in this document to further emphasise this.

4. In our review work, we recognised, as the Audit Scotland report does, that there is good practice developing, both in terms of how Integration Joint Boards (IJBs) are operating, and in how services are being planned and delivered to ensure better outcomes. However, this is not yet the case in all areas. We know there are challenges we must address and want to make use of good practice to drive forward change and reform to truly deliver integration for the people of Scotland.

## Leadership Group Proposals

Our proposals focus on our joint and mutual responsibility to improve outcomes for people using health and social care services in Scotland. They are a reflection of our shared commitment to making integration work, set out in our joint statement from September 2018.

### **1. Collaborative leadership and building relationships**

Shared and collaborative leadership must underpin and drive forward integration.

#### **We propose that:**

1. (i) **All leadership development will be focused on shared and collaborative practice.** An audit of existing national leadership programmes will be undertaken by the Scottish Government and COSLA to identify gaps and areas of synergy to support integration of health and social care. Further work will be delivered on cross-sectoral leadership development and support.

**Timescale:** 6 months

1. (ii) **Relationships and collaborative working between partners must improve.** Statutory partners in particular must seek to ensure an improved understanding of pressures, cultures and drivers in different parts of the system in order to promote opportunities for more open, collaborative and partnership working, as required by integration.

**Timescale:** 12 months

1. (iii) **Relationships and partnership working with the third and independent sectors must improve.** Each partnership will critically evaluate the effectiveness of their working arrangements and relationships with colleagues in the third and independent sectors, and take action to address any issues.

**Timescale:** 12 months

## 2. Integrated finances and financial planning

Money must be used to maximum benefit across health and social care. Our aim for integration has been to create a system of health and social care in Scotland in which the public pound is always used to best support the individual at the most appropriate point in the system, regardless of whether the support that is required is what we would traditionally have described as a “health” or “social care” service. Our proposals for integrated finances and financial planning focus on the practicalities of ensuring the arrangements for which we have legislated are used fully to achieve that aim, and to support the Scottish Government’s Medium Term Framework for Health and Social Care<sup>5</sup>.

### **We propose that:**

2. (i) **Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration.** In each partnership area the Chief Executive of the Health Board and the Local Authority, and the Chief Officer of the IJB, while considering the service impact of decisions, should together request consolidated advice on the financial position as it applies to their shared interests under integration from, respectively, the NHS Director of Finance, the Local Authority S95 Officer and the IJB S95 Officer.

**Timescale:** By 1<sup>st</sup> April 2019 and thereafter each year by end March.

2. (ii) **Delegated budgets for IJBs must be agreed timeously.** The recently published financial framework for health and social care sets out an expectation of moving away from annual budget planning processes towards more medium term arrangements. To support this requirement for planning ahead by Integration Authorities, a requirement should be placed upon statutory partners that all delegated budgets should be agreed by the Health Board, Local Authority and IJB by the end of March each year.

**Timescale:** By end of March 2019 and thereafter each year by end March

2. (iii) **Delegated hospital budgets and set aside requirements must be fully implemented.** Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published in June 2015. These arrangements must be in place in time for Integration Authorities to plan their use of their budgets in 2019/20. The Scottish Government Medium Term Financial Framework includes an assumption of efficiencies from reduced variation in hospital care coupled with 50% reinvestment in the community to sustain improvement. The set aside arrangements are key to delivering this commitment.

**Timescale:** 6 months

2. (iv) **Each IJB must develop a transparent and prudent reserves policy.** This policy will ensure that reserves are identified for a purpose and held against planned expenditure, with timescales identified for their use, or held as a general reserve as a

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<sup>5</sup> [Scottish Government Medium Term Health and Social Care Financial Framework](#)

contingency to cushion the impact of unexpected events or emergencies. Reserves must not be built up unnecessarily.

**Timescale:** 3 months

**2. (v) Statutory partners must ensure appropriate support is provided to IJB S95 Officers.** This will include Health Boards and Local Authorities providing staff and resources to provide such support. Measures must be in place to ensure conflicts of interest for IJB S95 Officers are avoided – their role is to provide high quality financial support to the IJB. To ensure a consistent approach across the country, the existing statutory guidance should be amended by removing the last line in paragraph 4.3 recommendation 2, leaving the requirement for such support as follows:

*It is recommended that the Health Board and Local Authority Directors of Finance and the Integration Joint Board financial officer establish a process of regular in-year reporting and forecasting to provide the Chief Officer with management accounts for both arms of the operational budget and for the Integration Joint Board as a whole. It is also recommended that each partnership area moves to a model where both the strategic and operational finance functions are undertaken by the IJB S95 officer: and that these functions are sufficiently resourced to provide effective financial support to the Chief Officer and the IJB.*

**Timescale:** 6 months

**2. (vi) IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.** Local audits of the Health Board and Local Authority must take account of the expectation that money will be spent differently. We should be focused on outcomes, not which public body put in which pound to the pot. It is key that the resources held by IJBs lose their original identity and become a single budget on an ongoing basis. This does not take away from the need for the IJB to be accountable for these resources and their use.

**Timescale:** from 31<sup>st</sup> March 2019 onwards.



### 3. Effective strategic planning for improvement

Maximising the benefit of health and social care services, and improving people's experience of care, depends on good planning across all the services that people access, in communities and hospitals, effective scrutiny, and appropriate support for both activities.

#### **We propose that:**

3. (i) **Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.** This will include Health Boards and Local Authorities providing staff and resources to provide such support. The dual role of the Chief Officer makes it both challenging and complex, with competing demands between statutory delivery partners and the business of the IJB. Chief Officers must be recognised as pivotal in providing the leadership needed to make a success of integration and should be recruited, valued and accorded due status by statutory partners in order that they are able to properly fulfil this "mission critical" role. Consideration must be made of the capacity and capability of Chief Officers and their senior teams to support the partnership's range of responsibilities.

**Timescale:** 12 months

3. (ii) **Improved strategic inspection of health and social care is developed to better reflect integration.** As part of this work, the Care Inspectorate and Healthcare Improvement Scotland will ensure that:

- As well as scrutinising strategic planning and commissioning processes, strategic inspections are fundamentally focused on what integrated arrangements are achieving in terms of outcomes for people.
- Joint strategic inspections examine the performance of the whole partnership – the Health Board, Local Authority and IJB, and the contribution of non-statutory partners – to integrated arrangements, individually and as a partnership.
- There is a more balanced focus across health and social care ensured in strategic inspections.

**Timescale:** 6 months

3. (iii) **National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work.** These bodies include Healthcare Improvement Scotland, the Care Inspectorate, the Improvement Service and NHS National Services Scotland. Improvement support will be more streamlined, better targeted and focused on assisting partnerships to implement our proposals. This will include consideration of the models for delivery of improvement support at a national and local level and a requirement to better meet the needs of integration partners.

**Timescale:** 3 - 6 months

3. (iv) **Improved strategic planning and commissioning arrangements must be put in place.** Partnerships should critically analyse and evaluate the effectiveness of their strategic planning and commissioning arrangements, including establishing capacity and

capability for this. Local Authorities and Health Boards will ensure support is provided for strategic planning and commissioning, including staffing and resourcing for the partnership, recognising this as a key responsibility of Integration Authorities.

**Timescale:** 12 months

**3. (v) Improved capacity for strategic commissioning of delegated hospital services must be in place.** As implementation of proposal 2 (iii) takes place, a necessary step in achieving full delegation of the delegated hospital budget and set aside arrangements will be the development of strategic commissioning for this purpose. This will focus on planning delegated hospital capacity requirements and will require close working with the acute sector and other partnership areas using the same hospitals. This should evolve from existing capacity and plans for those services.

**Timescale:** 12 months

#### 4. Governance and accountability arrangements

Governance and accountability must be clear and commonly understood for integrated services.

##### **We propose that:**

4. (i) **The understanding of accountabilities and responsibilities between statutory partners must improve.** The responsibility for decisions about the planning and strategic commissioning of all health and social care functions that have been delegated to the IJB sits wholly with the IJB as a statutory public body. Such decisions do not require ratification by the Health Board or the Local Authority, both of which are represented on the IJB. Statutory partners should ensure duplication is avoided and arrangements previously in place for making decisions are reviewed to ensure there is clarity about the decision making responsibilities of the IJB and that decisions are made where responsibility resides. Existing committees and groups should be refocused to share information and support the IJB.

**Timescale:** 6 months

4. (ii) **Accountability processes across statutory partners will be streamlined.** Current arrangements for each statutory partner should be scoped and opportunities identified for better alignment, with a focus on better supporting integration and transparent public reporting. This will also ensure that different rules are not being applied to different parts of the system particularly in circumstances of shared accountability.

**Timescale:** 12 months

4. (iii) **IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.** There are well-functioning IJBs that have adopted an open and inclusive approach to decision making and which have gone beyond statutory requirements in terms of memberships to include representatives of key partners in integration, including the independent and housing sectors. This will assist in improving the effectiveness and inclusivity of decision making and establish IJBs as discrete and distinctive statutory bodies acting decisively to improve outcomes for their populations.

**Timescale:** 12 months

4. (iv) **Clear directions must be provided by IJBs to Health Boards and Local Authorities.** Revised statutory guidance will be developed on the use of directions in relation to strategic commissioning, emphasising that directions are issued at the end of a process of decision making that has involved partners. Directions must be recognised as a key means of clarifying responsibilities and accountabilities between statutory partners, and for ensuring delivery in line with decisions.

**Timescale:** 6 months

4. (v) **Effective, coherent and joined up clinical and care governance arrangements must be in place.** Revised statutory guidance will be developed based on wide ranging consultations with local partnerships, identifying good practice and involving all sectors.

The key role of clinical and professional leadership in supporting the IJB to make decisions that are safe and in accordance with required standards and law must be understood, coordinated and utilised fully.

**Timescale:** 6 months

## 5. Ability and willingness to share information

Understanding where progress and problems are arising is key to implementing learning and delivering better care in different settings.

### We propose that:

5. (i) **IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.** Chief Officers will work together to consider, individually and as a group, whether their IJBs' annual reports can be further developed to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure that, as a minimum, all statutorily required information is reported upon.

**Timescale:** By publication of next round of annual reports in July 2019

5. (ii) **Identifying and implementing good practice will be systematically undertaken by all partnerships.** Chief Officers will develop IJBs' annual reports to enable partnerships to identify, share and use examples of good practice, and lessons learned from things that have not worked. Inspection findings and reports from strategic inspections and service inspections should also provide a clear means of identifying and sharing good practice, based on implementation of the framework outlined below at 5 (iii) and the national health and social care standards.

**Timescale:** 6 - 12 months

5. (iii) **A framework for community based health and social care integrated services will be developed.** The framework will be key in identifying and promoting best practice in local systems to clearly illustrate what good looks like in community settings, which is firmly focused on improving outcomes for people. This work will be led by Scottish Government and COSLA, involving Chief Officers and other key partnership staff to inform the framework.

**Timescale:** 6 months

## 6. Meaningful and sustained engagement

Integration is all about people: improving the experience of care for people using services, and the experience of people who provide care. Meaningful and sustained engagement has a central role to play in ensuring that the planning and delivery of services is centred on people.

### We propose that:

6. (i) **Effective approaches for community engagement and participation must be put in place for integration.** This is critically important to our shared responsibility for ensuring services are fit for purpose, fit for the future, and support better outcomes for people using services, carers and local communities. Revised statutory guidance will be developed by the Scottish Government and COSLA on local community engagement and participation based on existing good practice, to apply across health and social care bodies. Meaningful engagement is central to achieving the scale of change and reform required, and is an ongoing process that is not undertaken only when service change is proposed.

**Timescale:** 6 months

6. (ii) **Improved understanding of effective working relationships with carers, people using services and local communities is required.** Each partnership should critically evaluate the effectiveness of their working arrangements and relationships with people using services, carers and local communities. A focus on continuously improving and learning from best practice will be adopted in order to maximise meaningful and sustained engagement.

**Timescale:** 12 months

6. (iii) **We will support carers and representatives of people using services better to enable their full involvement in integration.** Carers and representatives of people using health and social care services will be supported by partnerships to enable meaningful engagement with their constituencies. This will support their input to Integration Joint Boards, strategic planning groups and locality arrangements for integration. This would include, for example, receipt of IJB papers with enough time to engage other carers and people using services in responding to issues raised. It would also include paying reasonable expenses for attending meetings.

**Timescale:** 6 -12 months

**In support of these proposals we will:**

- Provide support with implementation;
- Prepare guidance and involve partners in the preparation of these;
- Assist with the identification and implementation of good practice;
- Monitor and evaluate progress in achieving proposals;
- Make the necessary links to other parts of the system, such as workforce planning;
- Continue to provide leadership to making progress with integration;
- Report regularly on progress with implementation to the Ministerial Group for Health and Community care.

**In support of these proposals we expect:**

- Every Health Board, Local Authority and IJB will evaluate their current position in relation to this report and the Audit Scotland report, and take action to make progress using the support on offer.
- Partnerships to initiate or continue the necessary “tough conversations” to make integration work and to be clear about the risks being taken, and ensure mitigation of these is in place.
- Partnerships to be innovative in progressing integration.

## Annex A – Joint Statement



Cabinet Secretary for Health and Sport  
Jeane Freeman MSP

T: 0300 244 4000  
E: scottish.ministers@gov.scot



NHS Board Chairs  
Local Authority Leaders  
Integration Joint Board Chairs and Vice Chairs  
NHS Board Chief Executives  
Local Authority Chief Executives  
Integration Joint Board Chief Officers  
Chief Executive, SCVO  
Chief Executive, Health and Social Care Alliance  
Chief Executive, CCPS  
Chief Executive, Scottish Care

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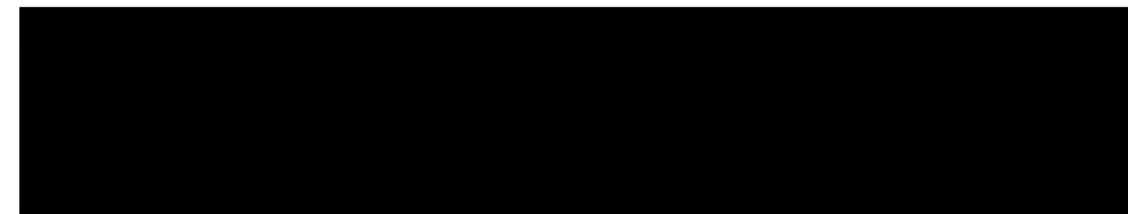
26 September 2018

Dear colleagues

The Scottish Government, NHS Scotland and COSLA share responsibility for ensuring the successful integration of Scotland's health and social care services. We are therefore delighted to send to you today a joint statement, attached to this letter, setting out our shared commitment to integration as leaders in the public sector.

This statement is the first output from our review of integration, which is now underway via the Ministerial Strategic Group for Health and Community Care. It frames our joint ambitions for integration and sets the context for recommendations that will follow from the review.

We look forward to continuing to work with you all to deliver integration, and, through it, better care for people using health and social care services in Scotland.



**JEANE FREEMAN**  
Cabinet Secretary for Health and Sport

**COUNCILLOR ALISON EVISON**  
COSLA President



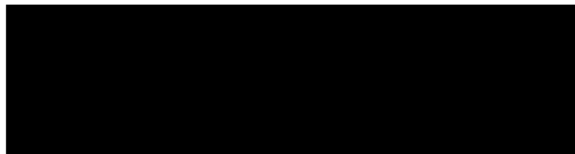
## **DELIVERING INTEGRATION**

We need to step up the pace of integrating health and social care. Truly integrated services, focused on the needs of citizens – individuals, carers and families, and on the health and wellbeing of local communities – require our leadership and personal commitment. We need to act together and in our individual roles to accelerate progress.

There are challenges that we must address. We will work together, and with our local populations as well as partners in the third and independent sectors, to understand public expectations and better meet needs for health and social care, which go hand-in-hand with improvements in life expectancy and the availability of new medicines and technologies. We are already making progress. We recognise that we are jointly responsible for tackling these challenges and that we need to adapt, compromise and support one another to deliver integration for the people of Scotland.

The Public Bodies (Joint Working) Act 2014 puts in place governance and financial arrangements, and a set of outcomes, for us to work within to achieve integration. We share a duty to empower Integration Authorities, to hold ourselves and one another to account in order to make integration work. We will learn from one another and adopt good practice. We will also work collaboratively and in partnership beyond the statutory sector to deliver improvements.

We commit to delivering together because that is the right way to deliver better services for our citizens.



**CABINET SECRETARY FOR HEALTH AND SPORT**



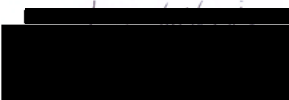
**COSLA PRESIDENT**



**DIRECTOR GENERAL, SCOTTISH GOVERNMENT HEALTH AND SOCIAL CARE  
DIRECTORATES AND CHIEF EXECUTIVE, NHSSCOTLAND**



**CHIEF EXECUTIVE, COSLA**



**CHAIR, SOLACE**

26 SEPTEMBER 2018



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Integration Authority Chief Officers  
NHS Board Chief Executives  
Local Authority Chief Executives  
Integration Leadership Group members

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6 March 2019

Dear colleagues

Following publication of the Ministerial Strategic Group for Health and Community Care's (MSG) report on the review of progress with integration on 4 February, we reconvened the Leadership Group on the 12 February. This group will now take on a new role of driving forward and supporting implementation of the review, and we will continue to jointly chair with the MSG receiving reports on progress. Our first priority has been to initiate the development of a delivery plan, which we shall share with you. We have also agreed to meet every 6 weeks to maintain momentum and ensure that this work is given on-going high priority.

Included in the review report is the expectation that Health Boards, Local Authorities and Integration Joint Boards should take this important opportunity to evaluate their current position in relation to the review report's findings and the Audit Scotland report on integration published in November 2018, and take action to make progress. To assist with this, and using examples of local work, we are working on a self-evaluation template, which we hope can be used by local partners to support shared insights, and which we will circulate in the next week. It is our intention that the information from local self-evaluations will support useful discussion in your localities, sharing of good practice between localities, and enable the Leadership Group, which we chair, to gain an insight into progress locally. We would greatly appreciate your assistance in ensuring completion of this self-evaluation tool and would emphasise the importance of partnership and joint ownership of the actions taken at a local level.

We look forward to working with you on successfully delivering integration throughout Scotland, which is firmly rooted in improving outcomes for people who use services and delivering sustainable, high quality and seamless services.

Yours sincerely



Malcolm Wright  
**DIRECTOR GENERAL, SCOTTISH GOVERNMENT  
HEALTH AND SOCIAL CARE DIRECTORATES  
AND CHIEF EXECUTIVE, NHSSCOTLAND**

Sally Loudon  
**CHIEF EXECUTIVE, COSLA**



**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

|                        |   |
|------------------------|---|
| <b>Date of Meeting</b> | 21 March 2019   |
| <b>Subject Title</b>   | Learning Disability Day Services – Vision and Redesign Principles: Proposal to Consult  |
| <b>Report By</b>       | Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions and Health Improvement, Interim Chief Social Work Officer |
| <b>Contact Officer</b> | Alan Cairns, Service Redesign Officer<br><a href="mailto:Alan.cairns2@ggc.scot.nhs.uk">Alan.cairns2@ggc.scot.nhs.uk</a>             |

|                          |  |
|--------------------------|--|
| <b>Purpose of Report</b> | To update the HSCP Board on the progress of the Learning Disability Strategic Review, to set out the vision and proposed principles for day service redesign and to seek approval to consult on these proposals. |
|--------------------------|--|

|                        |  |
|------------------------|--|
| <b>Recommendations</b> | <p>It is recommended that the HSCP Board:</p> <ul style="list-style-type: none"> <li>• Notes the progress of the overall Learning Disability Review process;</li> <li>• Notes the proposed day services vision and redesign principles;</li> <li>• Agrees to the HSCP engaging with the public and stakeholders on these initial proposals, in line with the processes set out in this report; and</li> <li>• Notes the intention to involve service users, carers and other stakeholders in developing the detail of new services;</li> <li>• Requests a further report to the HSCP Board at the conclusion of the consultative process, outlining responses and recommendations for further action.</li> </ul> |
|------------------------|--|

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

## Implications for Health & Social Care Partnership

|  |  |             |
|--|--|-------------|
| <b>Human Resources:</b>                                    | The Council's Executive Officer – Organisational Transformation and the HR Business Partner to the HSCP is a member of the Strategic Review Group so is fully sighted of on relevant issues and will report on any implications as the review proceeds.  |             |
| <b>Equalities:</b>   | A full Equality Impact Assessment (EQIA) of the overarching Learning Disability Strategy has been assessed and approved. Additional impact assessment may be necessary to support detailed service proposals once these have been developed.   |             |
| <b>Financial:</b>  | The implementation of the strategic review will operate within existing Capital and Revenue financial parameters.  |             |
| <b>Legal:</b>  | None at this stage in the strategic review process.  |             |
| <b>Economic Impact:</b>                                    | None at this stage in the strategic review process.  |             |
| <b>Sustainability:</b>                                     | Financial and service sustainability are key objectives within these redesign proposals.   |             |
| <b>Risk Implications:</b>                                  | Initial impact assessments have been completed as part of the Strategic Review process. Additional risk assessments will be necessary as the redesign proposals are further developed.   |             |
| <b>Implications for East Dunbartonshire Council:</b>       | As the provider and contractor of social care services and employer of staff delivering in-house social care services, the Council has significant interests in the policy framework and supporting associated Directions. Council officers are closely involved in the leadership of the Strategic Review process |             |
| <b>Implications for NHS Greater Glasgow &amp; Clyde:</b>   | The consultative process will include engagement with key NHSGGC stakeholders.   |             |
| <b>Direction Required to Council, Health Board or Both</b> | <b>Direction To:</b>   | <b>Tick</b> |
|  | <b>1. No Direction Required (<i>at this stage</i>)</b>   |             |
|  | <b>2. East Dunbartonshire Council</b>  | <b>X</b>    |
|  | <b>3. NHS Greater Glasgow &amp; Clyde</b>  |             |
|  | <b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>  |             |

## 1.0 MAIN REPORT

### Introduction

- 1.1 At its meeting of 10 May 2018, the HSCP Board approved an East Dunbartonshire Adult Learning Disability Strategy 2018-23, which set the context for a planned review and redesign project and wider service development and modernisation. The vision established by the strategy “Working together to deliver better outcomes for people with learning disabilities, and their families and carers”, is supported by a set of Improvement Themes as follows:
1. To improve the planning for young people with learning disabilities transitioning from childhood to adulthood, with early involvement of parents, carers and the young people themselves;
  2. To review and redesign accommodation-based and day support services (including employability), to modernise them, provide them locally wherever possible, make them fit for purpose and of high quality for the people who need them and ensure they are sustainable for the future;
  3. To work in partnership to ensure that specialist NHS services for people with learning disabilities are improved and developed in line with the Health Board’s improvement programmes “A Strategy for the Future” and “Designing an Effective Assessment and Treatment Model”;
  4. To continue to embed the principles of personalisation and Self-Directed Support, to encourage choice and independence within a framework that ensures fairness and consistency;
  5. To continue to follow the principles and recommendations set out in “Keys to Life”, to ensure that the best possible outcomes are being met for people with learning disabilities, their families and carers, within the resources available, and;
  6. To ensure that our resource allocation processes are fair and consistent, and that we maximise efficiencies to secure Best Value for the people we support and the wider community.
- 1.2 The strategy committed to the preparation of an associated implementation plan to be taken forward as part of the HSCP’s business planning processes, as follows:
- i. To develop of a Fair Access to Community Care (Adults) Policy (Business Plan Action ADSP06). A separate report has been prepared for consideration by the HSCP Board at this meeting, on the progress with this improvement action;
  - ii. To improve transition arrangements for young people moving to adult services (Business Plan Action CHSP05);
  - iii. To develop redesigned day services and accommodation-based support services for people with learning disabilities (Business Plan Action ADSP01);
  - iv. To work in partnership with other HSCPs across the Greater Glasgow and Clyde health board area to take forward Improvement Theme 3, led by East Renfrewshire as host HSCP.
- 1.3 The particular focus of this report is to report progress with action area (iii) above, and to seek approval to consult on a vision and set of redesign principles for day services.



## **Day and Accommodation-based Service Redesign**

- 1.4 The process of strategic review and redesign of adult day and accommodation-based services is being undertaken by the HSCP facilitated by the Council's Executive Officer – Organisational Transformation and supported by Human Resource and Organisational Transformation teams. The exercise has followed an established 10-Stage Strategic Review process, a summary of which is attached as **Appendix 1** to this report.
- 1.5 We have separated the review into two work streams: day services and accommodation based services, due to the complexity of scope. The review of day services has reached a stage where we can outline the proposed key principles for redesigning services and consult on these. The process to reach this point has included:
- Extensive data gathering;
  - Service scoping;
  - Internal and external benchmarking;
  - Stakeholder analysis;
  - SWOT analysis;
  - PEST analysis;
  - Demand, delivery and expenditure analysis;
  - Preparation of detailed baseline reports that reflect all of the above analysis.
- 1.6 The focus of this report is to outline the proposed vision and redesign principles that we believe offer the basis for modern, fit-for-purpose day services now and in the future.
- 1.7 A future report will provide an equivalent update on the accommodation-based support services.

## **Proposed Day Services Vision and Redesign Principles**

- 1.8 The proposed vision and redesign principles for learning disability day services is attached at **Appendix 2**. A summary of the main features are:
- Providing a wider range of day services in the local area, in line with the principles of the national Learning Disability Strategy *Keys to Life*;
  - Placing in-house HSCP services at the heart of local provision with a strong third, independent and voluntary sector presence, together providing complementary and sustainable services;
  - Delivering a new in-house service from a single main location providing a wider range of support than at present, including specialist support for people with more complex and profound disabilities, supported by skilled staff. This would be supplemented by shared spaces across the localities.
  - Reflecting national strategies and drawing from good practice examples elsewhere, we would favour the integration of this service within a shared community resource rather than a standalone building, given the considerable additional benefits this is known to bring. This means we would look to replace the current provision at Kelvinbank Resource Centre with a new, modern environment best able to meet the needs and outcomes of service users.
  - Delivering both centre-based and community-based services to meet individual

needs and outcomes. People with mild and the lower end of moderate learning disabilities would be supported within community settings, as far as possible and in line with their needs;

- Commissioning a wider range of informal community assets, social enterprise developments, supported and substantive employment opportunities and volunteering services. This would be an area of significant growth and improvement, in partnership with local organisations;
- Provision of choice and self-determination through Self-Directed Support, informed by fair and equitable mechanisms for determining personal budgets.

In pursuance of the above principles, the HSCP will work closely with East Dunbartonshire Council on the capital requirements associated with the replacement of the current HSCP in-house service provision which is delivered at and from the Kelvinbank Resource Centre.

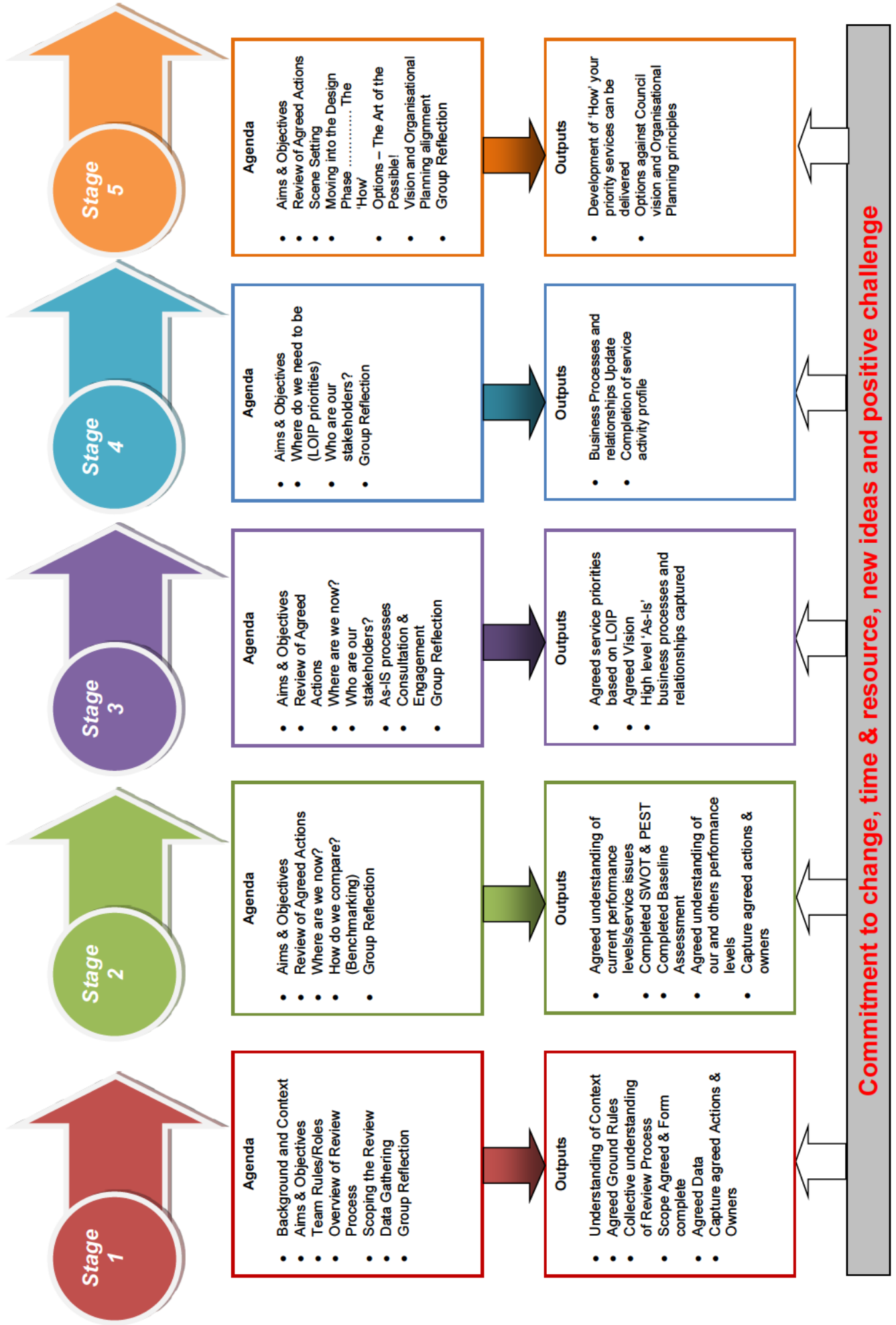
### **Consultation on Proposed Day Service Redesign Principles**

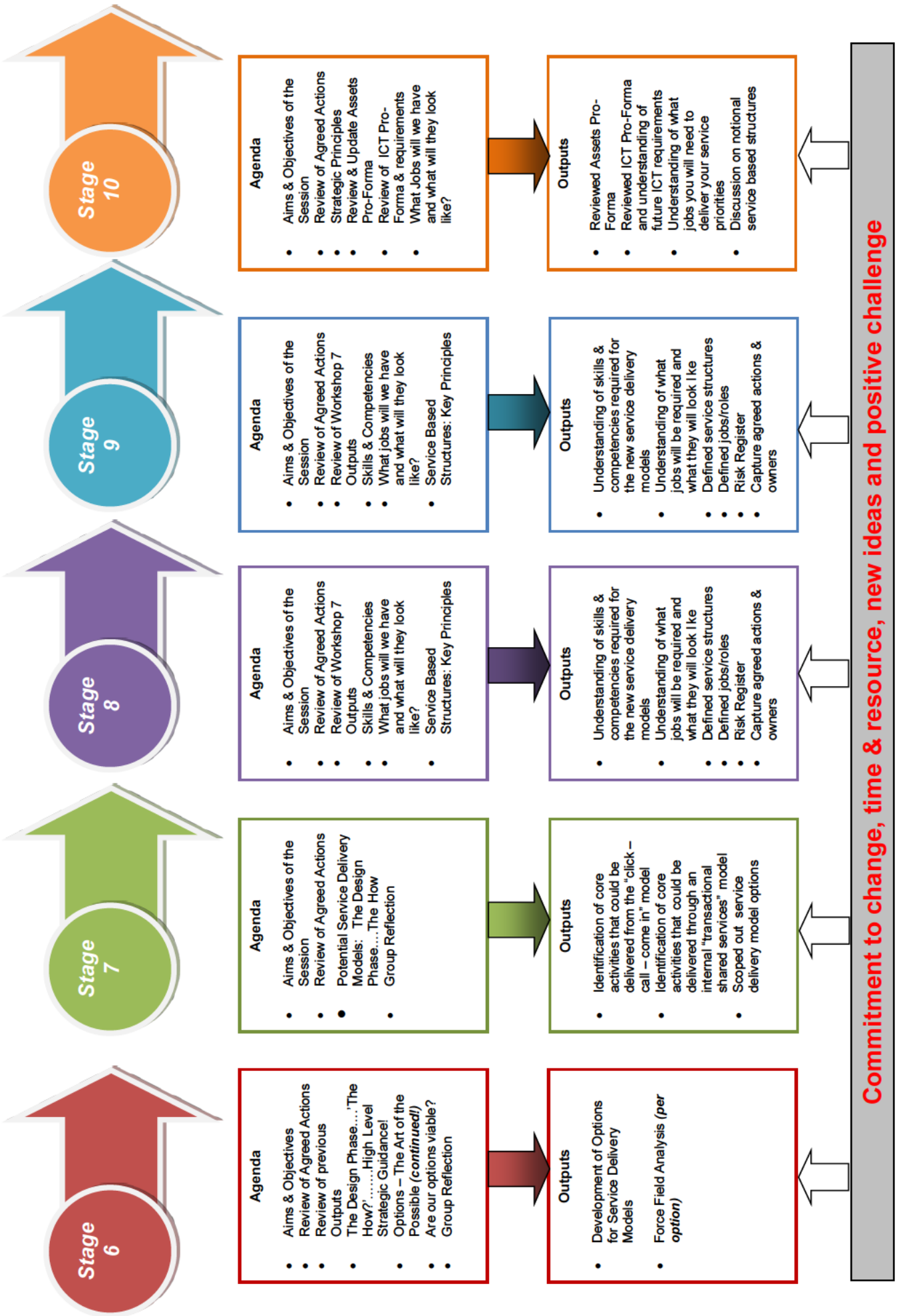
- 1.9 Having set out a proposed vision and redesign principles for learning disability day services, we wish to engage in a period of consultation with partners and stakeholders on these. The consultation will be focused on the principles rather than the detail of redesign. If the consultative process validates the proposed direction of travel, then more comprehensive engagement opportunities will be established to ensure service-user and other stakeholder involvement in the detailed redesign of the new services.
- 1.10 It is proposed that the consultation period commences from 22 March 2019 with a report brought back to the HSCP Board at its next meeting outlining the consultative findings and recommendations for further action.
- 1.11 The process of consultation will be informed by a Communication and Consultation Plan, and will be designed to be as accessible and meaningful as possible for service-users, carers, families, partners and other stakeholders.

**Appendix 1 – Summary of the 10-Stage Strategic Review process**

**Appendix 2 – Proposed Vision and Redesign Principles**







## Learning Disability Day Services Proposed Vision and Redesign Principles

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### 1 NATIONAL POLICY AND PRACTICE BACKGROUND

1.1 Day services are a key element in community care provision for learning disabled adults and their carers. They help to maintain people in their own homes and in their communities; they provide opportunities for the development of a range of skills; they promote independence within the capacities of service users; and they facilitate social interaction and the forming of friendships with peers. Day services also provide an element of respite for the unpaid carers of learning disabled adults.

1.2 Traditionally, day services were building-based, segregated and inflexible. In 2000, the national Learning Disability Strategy “*Same As You*” was launched, which was clear about the need for modernisation:

*“The role of day centres should change. They should increasingly become resource centres, offering only some in-house activities and support. They need to use more community resources and help people with learning disabilities get continuing education and development, real jobs and more involved in sport and leisure activities.”*

1.3 “*Same As You*” stated that day centres or support services should become more community focused by helping people with learning disabilities to access continuing education and development, real jobs, achieve their desired outcomes and become more involved in their communities.

1.4 In 2013, a new national Learning Disability Strategy “*Keys to Life*” reported a gradual decline in the number of people with learning disabilities attending building-based day services (day centres), with a corresponding increase in the number of adults with learning disabilities receiving community-based alternatives.

1.5 “*Keys to Life*” also noted that day services are now much more person-centred and based around the assessed needs and wishes of people with learning disabilities themselves, taking into account the views of their carers. The introduction of the Social Care (Self-Directed Support) (Scotland) Act in 2014 has also seen some individuals and their carers taking control and making their own individual day caring arrangements.

1.6 However, “*Keys to Life*” acknowledged that for people with profound learning disabilities and complex needs there are limited options available to access alternative day opportunities. For these individuals day centres will continue to be an important part of their overall support arrangements, while it being essential that person-centred approaches are promoted to ensure choice, meaningful activities and alternative opportunities where possible.

### 2 THE EAST DUNBARTONSHIRE CONTEXT AND CURRENT SERVICES

2.1 East Dunbartonshire has a range of day services, delivered both in-house and purchased. At its heart is Kelvinbank. Built in 1973, Kelvinbank Resource Centre was viewed as a model of how day service support should be provided, i.e. via a dedicated building-based service on the outskirts of Kirkintilloch and containing

space and resources for the provision of an Adult Training Centre (ATC) model of service. Over the years, particularly since “*Same As You*”, Kelvinbank has been modernised and its use reflecting a shift towards a Resource Centre model and a hub for community-based services.

2.2 In line with the findings of “*Same as You*” and “*Keys to Life*” a range of services has grown locally, including:

- Centre-based support for people with multiple and complex needs, now comprising a third of Kelvinbank service-users;
- Therapeutic and skills development activities, based at Kelvinbank and also in the community;
- Complementary Outlook and Outreach services to enable in-house provision during evenings and weekends;
- Entirely community-based services, incorporating sport, leisure, skills development and enablement supports;
- Vocational training and employability services;
- Personal assistance to support independent living;
- Local Area Coordination to support people (particularly with autism) on the margins of formal services, to promote resilience, sustainability and risk management;
- A range of structured, centre-based day services by local third and independent sector providers, including Unity Enterprise, RNIB and Silverbirch;
- Day services support by third sector providers to access and participate in a variety of shared and individual activities, often as part of supported tenancy packages.

2.3 In addition to local services, sometimes out of area services are purchased if it has been assessed that local services are not able to provide the type of support required, or if a service-user has decided to do this directly via Self Directed Support.

2.4 Over this period, Kelvinbank has sought to continue to meet the needs of centre-based provision and to also act as a base for accessing wider opportunities in the community. Staff and management have been imaginative and energetic in maximising the potential of the environment. The service is consistently rated very highly by the Care Inspectorate. However the limitations of the building are increasingly evident:

- Physical isolation from the community with poor pedestrian and public transport links to local services and amenities, making its role as a community-integrated hub very limiting;
- The large rooms and workspaces unsuitable for service-users with complex autism and sensory sensitivity, resulting in these services being purchased at high cost out-of-area;
- Ageing fabric and facilities;
- Lack of social connectedness with the wider community;
- Constraints on the days and hours of operation;
- Care Inspectorate qualitative feedback on the increasing unsuitability of the environment for delivering modernised day services.

2.5 A great many service-users and their families have used Kelvinbank for years and enjoy the high quality services delivered from there. There is a strong attachment to

the service by many. However, the dated nature of the environment can put some people off, particularly younger service users who are looking for more modern, age-appropriate services. This can create an early resistance to use Kelvinbank by some younger people (and their families) during transition from childhood services by these service users, and a desire to look for alternatives elsewhere.

- 2.6 At present our framework of provision (provided and purchased) does not have sufficient local capacity to meet the needs of all people with profound and multiple learning disabilities, complex needs, challenging behaviour and complex autism. This means that we currently have to purchase these services out of the East Dunbartonshire area. These placements are often very costly (DoH 2007), so also inflate equivalent personal budget calculations for Self Directed Support. It is also apparent (Pritchard and Roy (2006) that when out of area placements are used there are often difficulties with monitoring the quality of service provision and a tendency towards using congregate models of care. The use of expensive out of area placements also often involves long daily commutes for service-users, which can compound musculoskeletal conditions and adds considerable transport costs. “Same as You” and “Keys to Life” promote development of local services and repatriation wherever possible.

### **3 CURRENT AND FUTURE SUPPORT NEEDS ANALYSIS**

- 3.1 The population of people with a learning disability is changing. We have growing demand due to a number of factors. Advances in care mean that pre-natal survival rates are increasing and improvements in health and social care services mean that people with a learning disability are living longer. We have a growing population of children and young adults with profound learning and multiple disabilities including complex autism. We also have a growing number of adults with a learning disability living into older age and experiencing the associated health needs of ageing. This in turn leads to an increasing population with more complex needs than previously seen, commonly comprising of multiple coexisting conditions.
- 3.2 We know that compared to the general population people with a learning disability experience a different pattern and higher frequency of health disorders including respiratory disease, cardiovascular, gastric, neurological, haematological, musculoskeletal disorders, sensory impairment and mental illness. It is common for people with a learning disability to present with multiple complex physical and mental health needs; coupled with communication challenges this leads to a particularly vulnerable group in terms of accessing and receiving care and support.
- 3.3 It has become apparent that current learning disability services need continuing development to provide appropriate levels of care and support to people with complex care needs. There is a small but increasing number of people who require specialist service models to ensure that their needs are effectively met in the future. Children who are born with complex needs now, are more likely to live into adulthood and adults with complex needs also have greater life expectancy. This means that these more intensive services will be increasingly required.

### **4 VISION AND REDESIGN PRINCIPLES FOR FUTURE LEARNING DISABILITY DAY SERVICES**

- 4.1 It is proposed that future learning disability day services should as far as possible be local, modern, accessible and person-centred. Support should be therapeutic, enabling, meaningful and of high quality. Services should be designed to meet individual needs and personal outcomes, with a focus on encouraging health and wellbeing and independent living.



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

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

## **5 CONSULTATION ON PROPOSED DAY SERVICE REDESIGN PRINCIPLES**

5.1 Having established a proposed vision and redesign principles for learning disability day services, we wish to engage in a period of consultation with partners and stakeholders on these. The consultation will be focused on the principles rather than the detail of redesign. If the consultative process validates the proposed direction of travel, then more comprehensive engagement opportunities will be established to ensure service-user and other stakeholder involvement in the detailed redesign of the new services.

5.2 It is proposed that the consultation period commences from 22 March 2019 with a report brought back to the HSCP Board at its next meeting outlining the consultative findings and recommendations for further action.

5.3 The process of consultation will be informed by a Communication and Engagement Plan, which is currently in preparation and will be designed to be as accessible as possible for service-users, carers, families, partners and other stakeholders.

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

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| <b>Date of Meeting</b> | 21 March 2019  |
| <b>Subject Title</b>   | Fair Access to Community Care (Adults) and associated Eligibility Criteria Policies  |
| <b>Report By</b>       | Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions and Health Improvement and Interim Chief Social Work Officer |
| <b>Contact Officer</b> | Alan Cairns, Service Redesign Officer<br><a href="mailto:Alan.cairns2@ggc.scot.nhs.uk">Alan.cairns2@ggc.scot.nhs.uk</a>                |

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| <b>Purpose of Report</b> | The purpose of this report is to advise the HSCP Board of the outcome of consultation on the proposed new Fair Access to Community Care (Adults) Policy and a revised Eligibility Criteria for Community Care (Adults) and to make recommendations for implementation. |
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| <b>Recommendations</b> | <p>It is recommended that the HSCP Board:</p> <ol style="list-style-type: none"> <li>i. Notes the process and impact of the consultative process undertaken to support the development of the new Fair Access to Community Care (Adults) Policy and the revised Eligibility Criteria for Community Care (Adults) Policy attached at <b>Appendix 1</b> to this report;</li> <li>ii. Approve the Fair Access to Community Care (Adults) Policy and the revised Eligibility Criteria for Community Care (Adults) Policy, as set out at <b>Appendices 2 and 3</b> respectively for implementation;</li> <li>iii. Approve the phasing of implementation over a three year period, commencing 3 June 2019, and proceeding as outlined in section 1.24 of this report; and</li> <li>iv. Notes the implementation plan as outlined at section 1.25 of this report.</li> </ol> |
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| <b>Relevance to HSCP Board Strategic Plan</b> | <p>This report supports the achievement of the HSCP Board's Strategic Priorities as follows:</p> <p><b>PRIORITY 2.</b><br/>Enhance the quality of life and supporting independence for people, particularly those with long term conditions</p> <p><b>PRIORITY 4.</b><br/>Address inequalities and support people to have more choice and control</p> <p><b>PRIORITY 6.</b><br/>Promote independent living through the provision of suitable housing accommodation and support.</p> |
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|  | <p><b>PRIORITY 8.</b><br/>Optimise efficiency, effectiveness and flexibility</p> |
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### Implications for Health & Social Care Partnership

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| <b>Human Resources:</b> | Nil |
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| <b>Equalities:</b> | A full Equality Impact Assessment (EQIA) of the draft policies has been prepared and submitted to the NHSGGC EQIA Quality Assurance team, where it has been assessed and approved. Copies are available in various formats, on request. |
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| <b>Financial:</b> | The implementation of the Strategy will operate within existing financial parameters. |
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| <b>Legal:</b> | These policies are informed by and accord with a range of legislative instruments, as outlined within. Legal Services advice has been sought from the Council to ensure compliance. |
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| <b>Economic Impact:</b> | After reviewing the proposed purpose, objectives and outcomes of the Policy through the Policy Development Checklist, the Council's Sustainability Policy Team has determined that the Policy is unlikely to have significant environmental effects, and therefore a Pre-Screening only will be undertaken in accordance with the Environmental Assessment (Scotland) Act 2005. This has been submitted to the SEA Gateway and statutory Consultation Authorities in line with the legislative requirements for their information. |
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| <b>Sustainability:</b> | Financial and service sustainability and fair resource distribution are key objectives within these policies. |
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| <b>Risk Implications:</b> | A policy development checklist has been completed, with full EQIA undertaken and SEA pre-screening undertaken and assessed. The parameters of these policies would operate within the existing risk register and management plan of the HSCP. Additional risk assessment may be required to support aspects of the subsequent implementation plans. |
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| <b>Implications for East Dunbartonshire Council:</b> | As the provider, assessor and contractor of social care services and employer of staff delivering in-house social care services, the Council has significant interests in the policy framework supporting associated Directions. The consultative process for the draft policies and implementation options included a report to the full Council meeting of 15 November 2018, full engagement with officers of the Council, an Elected Member briefing event and discussion at the Council's Integrated Social Work Services Forum. |
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| <b>Implications for NHS Greater Glasgow &amp; Clyde:</b> | NHSGGC is instrumental to the successful implementation of the Strategic Plan and associated policy development. NHSGGC staff may also act in the role of assessor for eligibility to access provided services. The consultative process for the draft policies and implementation options included full engagement with key NHSGGC stakeholders. |
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| <b>Direction Required to Council, Health Board or Both</b> | <b>Direction To:</b>  | <b>Tick</b> |
|  | <b>1. No Direction Required (<i>at this stage</i>)</b>                  |             |
|  | <b>2. East Dunbartonshire Council</b>                                   | <b>X</b>    |
|  | <b>3. NHS Greater Glasgow &amp; Clyde</b>                               | <b>X</b>    |
|  | <b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b> |             |

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| <b>1.0 MAIN REPORT</b>   |
| <p><b><u>Introduction</u></b></p> <p>1.1 At its meeting on 15 November 2018, the HSCP Board considered a report that set out a new and updated draft policy framework that comprised two components: firstly a new Fair Access to Community Care (Adults) Policy, and secondly an updated Eligibility Criteria for Community Care (Adults) Policy. The HSCP Board agreed to support in principle the objectives of the policies and approved the commencement of a period of consultation with health and social care partners, other stakeholders and the general public, on the proposed policy provisions.</p> <p>1.2 A period of full consultation followed the HSCP Board meeting of 15 November 2018, and ran until 8 February 2019. A report on the consultative programme, its findings and its direct and meaningful impact on the further development of the policy framework is outlined at <b>Appendix 1</b>.</p> <p>1.3 Following consideration of all comments received during the consultative process, the draft Fair Access to Community Care (Adults) Policy and updated draft Eligibility Criteria for Community Care (Adults) Policy were revised and are set out at <b>Appendices 2 and 3</b> respectively.</p> <p><b><u>Context</u></b></p> <p>1.4 East Dunbartonshire Health and Social Care Partnership (HSCP) provides a range of Community Care support services to adults with varying levels of support needs. Access to this support is determined by individual assessment of and application of agreed Eligibility Criteria, with funding being prioritised where an individual has been assessed as having needs that represent critical or substantial risk. The HSCP has a</p> |

responsibility to provide or arrange suitable services to a standard satisfactory to meet eligible needs and also to ensure there is fair and equitable allocation of the available resources.

- 1.5 The existing Eligibility Criteria Policy for Adults and Community Care Services was approved by the HSCP Board on 23 March 2017. The updated (draft) version of this policy is designed:
- To more clearly link to the associated and wider draft Fair Access to Community Care (Adults) Policy, to form a coordinated policy framework for the HSCP's approach to eligibility and allocation of social care support;
  - To take account of the separate Carers Eligibility Criteria;
  - To more clearly reflect the important role for early intervention and prevention;
  - To streamline and simplify operational processes
- 1.6 The draft updated Eligibility Criteria for Community Care (Adults) Policy does not change the existing thresholds for eligibility, which normally limits statutory support to reducing critical or substantial risk to a moderate level.
- 1.7 Where an individual has complex needs<sup>1</sup> there can be significant variation in the costs of support depending upon the model of care used to provide the support.
- 1.8 The combined policy framework represented by the overarching draft Fair Access to Community Care (Adults) Policy and the supporting Eligibility Criteria for Community Care (Adults) Policy for service-user and carers are designed to ensure that the HSCP Board:
- Meets its statutory duties in relation to care provision and the Equality Act 2010;
  - Operates a fair, equitable and transparent allocation of resources to individuals with complex needs who require significant levels of community care support; and
  - Meets increasing demand within the overall allocation of resources in a way that is financially sustainable and operates within agreed budgets.

### **Increasing Demands**

- 1.9 The demand on social care services for adults is increasing year on year. 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. Demand on services for other adult care groups and children's services due to disability and progressive illness have also increased, both numerically and in terms of complexity.
- 1.10 The population of people with physical and learning disability is changing. We have growing demand due to a number of factors. Advances in health care mean that pre and post natal survival rates are increasing and improvements in health and social care services mean that people with a profound and complex disabilities are living longer. The incidence of children and adults with a learning disability is also increasing. The evidence also indicates increases in substance abuse, foetal alcohol spectrum disorder, attention deficit disorder, and autistic spectrum disorder (Blackburn et al. 2010; MacKay

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<sup>1</sup> As a general rule, someone will be assessed as having complex needs when in addition to support with specific tasks to meet their outcomes; an individual requires support on a regular or ongoing basis for their safety and wellbeing or the safety and wellbeing of others.

et al. 2010). We have a growing population of children and young adults with profound learning and multiple disabilities (Mansell, 2010; Parrott et al. 2008). We also have a growing number of adults with significant disabilities living into older age and experiencing the associated health needs of ageing (Torr & Davis, 2007). This in turn leads to an increasing population of people with more complex needs than previously seen, often comprising of multiple coexisting conditions.

- 1.11 We know that compared to the general population, people with a learning disability experience a different pattern and higher frequency of health disorders (Cooper et al. 2004), including respiratory disease, cardiovascular, gastric, neurological, haematological, musculoskeletal disorders, sensory impairment and mental illness (NHS Health Scotland, 2004). It is common for people with a learning disability to present with multiple complex physical and mental health needs; coupled with communication challenges this leads to a particularly vulnerable group in terms of accessing and receiving care and support (Royal College of Nursing, 2011).
- 1.12 Children who are born with complex needs now, are more likely to live into adulthood and adults with complex needs also have greater life expectancy (Emerson 2009, Emerson and Hatton 2009). This means that these more intensive services will be increasingly required. It has become apparent that disability services need continuing development to provide appropriate levels of care and support to people with complex care needs. There is a small but increasing number of people who require specialist service models to ensure that their needs are effectively met in the future.
- 1.13 These are challenges that the HSCP is aiming to meet through a combination of robust strategy, policy and service redesign.

### **Challenges for Fair and Consistent Resource Allocation**

- 1.14 Resource allocation arrangements for social care have evolved over time, in response to the increasing demands outlined above, the changing policy environment, growing financial pressures and other internal and external pressures. This has resulted in a landscape with the following characteristics:
- Historically variable resource allocation;
  - Need for greater clarity on application of Eligibility Criteria for adult services;
  - Ambiguities around the relationships between need, risk, personal outcomes and eligible support;
  - Historical variations on service package costs;
  - Variable approaches to Self Directed Support personal budget calculations;
  - Over-use of out-of-area placements, incurring excessive travelling burden, reduced scrutiny and high costs;
  - Under utilisation of shared support;
  - Challenge to meeting our obligations under the Equality Act to treat disabled people consistently and fairly;
  - Budget overspends and financial unsustainability.

### **Proposed Solutions – Policy Scope**

- 1.15 A programme of service redesign is underway across the HSCP as can be demonstrated in the Strategic Plan and supporting Business Plan. To support service redesign, it is essential that the Partnership's policy frameworks also evolve to ensure

that redesigned services are accessed appropriately and their benefits maximised. The draft Fair Access to Community Care (Adults) Policy and draft updated Eligibility Criteria for Community Care (Adults) Policy have been designed to establish a more consistent, fair and sustainable approach to resource allocation, specifically:

- To set out legislative obligations;
- To clarify impact of Eligibility Criteria on assessment and support prioritisation;
- To further develop and embed existing resource allocation policy on personal budgets and customer choice;
- To establish new policy on the types and levels of support provided and basis for calculating individual budgets;
- To establish new policy on the levels of support-types that the HSCP will provide, with cost ceilings;
- To establish new policy on Self Directed Support in some supported living arrangements;
- To establish new policy on the use of out-of-area services;
- To be clearer on funding responsibilities for support with education and learning;
- To be clearer about the HSCP's approach to supporting early intervention, prevention and independent living skills;
- To outline the approach to reassessment and review of support, in support of these policy revisions.

### **Impact of Proposed Policy Revisions**

- 1.16 The proposed policy framework, if approved, would bring greater consistency and fairness to resource allocation for the people we support. However, in order to achieve consistency and fairness, there may be an impact in one or more of the following ways for some people we support:
- Service Level
  - Service Type
  - Service Cost
- 1.17 As indicated above, some people receive support services at levels above those that are currently eligible for statutory support. They may have been in receipt of these for many years, for a number of reasons. It is also important to acknowledge that some people we support may be receiving support at a level that is less than would be indicated by their levels of eligible need, due to changed circumstances and heightened risk. Other people we support do receive services at a level consistent with eligible need, but the costs of the services are disproportionately high. This may be due to the type or unit cost of the service provider used, or the geographical location of the services that result in high transport costs.
- 1.18 Establishing a strong policy framework around eligibility and resource allocation is a key tool in addressing issues of inconsistency, fairness and financial sustainability. The levels of demand for care services for people of all ages are increasing year on year, set against increasing year-on-year pressures on available resources. A sustainable policy framework will allow us to ensure that future service users (as well as people we currently support) can receive statutory support when they need it.
- 1.19 The draft Fair Access to Community Care (Adults) Policy would introduce new mechanisms to more consistently and fairly manage demand and maximise the use of

available resources, now and in the future. These mechanisms may impact on some people we already support and may potentially result in adjustment to service type or associated personal budget. The policy proposes to do this in a way that preserves eligible service levels but delivers this service in a way that is fairer, more consistent and more sustainable in the long term.

- 1.20 As indicated above, the focus of the new policy framework is not to reduce service levels for people, but to maximise shared support models and benchmarked service costs to manage available resources more equitably. Any change to support levels would only be proposed if, through review or reassessment, individual care packages were found to be out with pre-existing eligibility criteria that normally limit statutory support to reduce critical and substantial risk to a moderate level.
- 1.21 Until individual reviews are undertaken using the new policy framework, it is difficult to quantify the level of potential impact. The review process would be expected to take approximately 18 months to complete for all service-users, subject to operational capacity. However, application of the policy thereafter, at an individual level, would be dependent on a range of factors, including availability of shared support alternatives and service availability at relevant rates. For this reason, the policy will provide a direction of travel and an enabler to support fair, equitable and consistent approaches to resource allocation and commissioning strategies, rather than a mechanism to deliver quick change.

### **Options for Implementation**

- 1.22 In the report of 15 November 2018, a number of options were outlined and were included in the consultation process. These were a full immediate implementation from a fixed date, application of the policy for new service users only or a phased implementation, over a total period of three years.
- 1.23 Further consideration of the implementation options indicated that a full implementation from a fixed date is impractical to apply and cannot be achieved, and application of the policy for only new service users is inappropriate as it maintains the existing inequalities in the system indefinitely.
- 1.24 It is proposed therefore that, having regard for the issues outlined at 1.21 and 1.24 above, the implementation of the policies would be applied over a 3 year period, linked to pre-existing processes for service user assessment and review, with the impact and phasing of any reductions of service level assessed at an individual level. In these circumstances, any changes to bring existing service users in line with the HSCP's Eligibility Criteria would be fully impact assessed, with proper regard for any risks to service-level changes fully considered along with any opportunities for enhancement to independent living. Any transitions would therefore be planned and implemented at an individual level and in line with individual needs, rather than a blanket approach take to implementation. The Fair Access Policy has also been amended to stress the importance of impact assessment for all existing service-users who may be affected by the policy's implementation.

### **Implementation Plan**

- 1.25 Implementation of the policies in the terms outlined above will require a programme of planning and preparation, with implementation commencing from 3 June 2019. An implementation plan would include:
- Preparation of a stakeholder communication plan;
  - Preparation of performance metrics for monitoring and reporting progress of



implementation and outcomes to SMT;

- Preparation and delivery of initial team briefings on policies and implementation plans;
- Preparation of practical, easily understood and accessible explanatory information for stakeholders;
- Identification and updating of other policy cross-dependencies and consequences;
- Development and updating of procedures, guidance and operational standards;
- Identification and resolution of operational capacity issues;
- Preparation of a Schedule of Rates and establishment of annual updating routine;
- Updates to operational practitioner tools and templates;
- Updates to electronic management information systems (particularly Carefirst);
- Preparation and delivery of training for staff;
- Updates to the HSCP Website;
- Staff discussion and support forums;
- Collation of outputs to inform the HSCP Commissioning Strategy.

**Appendix 1 – Consultative Responses**

**Appendix 2 – Fair Access to Community Care (Adults) Policy**

**Appendix 3 – Eligibility Criteria for Community Care (Adults) Policy**

## 1 CONSULTATIVE APPROACH

1.1 The consultation approach taken to support the Fair Access to Community Care and Eligibility Criteria Policy framework was comprehensive and wide-ranging. The process was led by a detailed consultation plan and was channelled through the following mechanisms:

- HSCP Board initial consideration – 15 November 18
- East Dunbartonshire full Council meeting – 15 November 18
- East Dunbartonshire Voluntary Action – 3 December 18
- Strategic Planning Group – 4 December 18
- Public, Service User and Carer Group – 10 December 18
- OPAL members – 20 December 18
- Joint Staff Partnership Forum – 21 January 19
- Elected Member Briefing – 25 January 2019
- Public drop-in x2 – 24 January 19 (Bearsden) and 29 January 19 (Kirkintilloch)
- HSCP Development Session – 8 February 19
- Staff Team Briefings – various
- Website presence and social media – various

1.2 A range of comments was gathered from staff, stakeholders and members of the public through each of these mechanisms. The consultative website attracted 211 visits. In addition, three emails were received with comments.

## 2 COMMENTS RECEIVED

2.1 In general the principles of the proposed policy development were viewed positively, in terms of its objectives of improving fairness, equity and sustainability. Some respondents were surprised that there had been gaps in these policy provisions until now. Staff responded favourably to having clearer guidelines to support discussions with service-users and their families. Concerns were expressed by some people about the potential impact on service continuity for service-users, with the importance of meaningful discussions and risk assessments to support any potential impact. Many respondents expressed the need for there to be a greater range of local services.

2.2 The comments received have been grouped into themes:

(i) **Impact on care and support:**

- Need to stress importance of working with families to review the design of support packages first, if costs of particular service types in excess of thresholds. This would also prevent early and unnecessary escalation to complaints stage;
- Will there be protection for existing service users;
- Importance of assessing risk for moving people from long-standing services – must be individualised and sensitive to potential impact;
- Redesign of services must consider public transport and accessibility;

- Increased role for preventative services during childhood and adolescence is essential to reduce dependency on services into adulthood;
  - Important to ensure that Self Directed Support options 1 and 2 budgets are used to reduce risk at least as well as Option 3;
  - Concerns that initial risk screening is letting people fall through the net;
  - Concern that service changes may increase pressure on informal carers;
  - Importance of new or changed services to be of a high enough quality to meet needs;
  - Importance of transitional period to help managed potentially difficult service changes.
- (ii) **The role of the voluntary and third sectors:**
- Important to embed the role of advocacy to support the implementation process;
  - Needs to be a better way of sign-posting and supporting people who are not eligible for services, to maximise personal, community and family assets;
  - Need to acknowledge pressure on care providers – particularly in areas of recruitment and retention;
- (iii) **Need for training, information and guidance:**
- Important for more accessible explanatory information to be provided to help people understand the policy provisions;
  - Important for staff to be training in policy provisions and supported by senior management on impact of difficult conversations;
- (iv) **Technical amendments and style changes:**
- The policy is overly finance/resource focused;
  - Important to reflect that some people have very high level needs and will always need substantial levels of support;
  - Important to bring values of person-centred care and support more into the document;
  - Query as to whether 6-weeks is an adequate standard period for preventative reablement / enablement services?
  - Various suggested wording changes to reflect terminology preferences and technical application.

### **3 IMPACT OF CONSULTATIVE COMMENTS**

3.1 The comments received have helped to strengthen the policy in a number of ways. Amendments to the draft policy have been made in particular to:

- Stress the importance of working with service users and families, to attempt to redesign support packages to come within cost ceilings in the first instance, through maximising assistive technologies and improved coordination of support;
- Stress the importance of assessing and managing potential impact of any changes in services, through careful assessment of individual circumstances;
- To frame the policy from a values perspective more strongly, to stress the importance of personalisation and needs-led approaches;

- To amend some detail aspects to reflect terminology preferences and technical accuracy.
- 3.2 In terms of the preparation for implementation, the consultative comments have helped to stress the importance of:
- Information and guidance for service-users and their families;
  - Training and guidance for staff, including updated support planning tools;
  - Access to advocacy for service-users and carers.
- 3.3 The consultative process has also raised a number of issues that will be taken forward through the process of service redesign and service commissioning:
- The importance of developing more local service options, particularly those that offer high quality support for people with more complex needs;
  - The importance of developing the best possible way of sign-posting and supporting people who are not eligible for services, to maximise personal, community and family assets;
  - To work closely with local service providers to improve the sustainability of local provision;
  - To ensure that our services are accessible and that the experience of engaging with statutory support is positive, easily understood and navigable.





## Fair Access to Community Care (Adults) Policy

March 2019

|                             |  |
|-----------------------------|--|
| <b>Lead Officer:</b>        | Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions and Health Improvement |
| <b>Policy Approved By:</b>  | HSCP Board   |
| <b>Date Approved:</b>       | 21 March 2019  |
| <b>Implementation Date:</b> | 3 June 2019  |
| <b>Review Date:</b>         | 3 June 2022  |

**SECTION A - INTRODUCTION****1 POLICY OBJECTIVES**

- 1.1 These policy objectives are underpinned by the East Dunbartonshire Health and Social Care Partnership (HSCP) vision and values. The HSCP's vision statement is: "Caring together to make a positive difference". The HSCP's values are:
- Respect
  - Honesty
  - Integrity
  - Professionalism
  - Empathy & Compassion
- 1.2 The HSCP provides a range of Community Care support services to individuals with varying levels of support needs. A person-centred assessment is undertaken to establish support needs. The HSCP is committed to maximising personal independence so will assess what individuals are able to do for themselves and any informal support they have from family or friends. It will also consider support that is available in local communities. Access to formal support is determined by agreed Eligibility Criteria, with funding being made available where an individual has been assessed as having critical or substantial needs and where the reduction of these risks requires formal support in part or in whole. The HSCP has a responsibility to provide or secure suitable services to a standard satisfactory to meet eligible needs, through this collaborative approach. It also has a responsibility to ensure there is fair and equitable allocation of the available resources.
- 1.3 The HSCP supports over four thousand adults with formal support, ranging from low-level advice and support to extremely intensive round-the-clock care and support with specialist health input. Where an individual has certain complex needs<sup>1</sup> there can be significant variation in the costs of supporting the individual depending upon the model of care used to provide the support. This policy aims to ensure there is a fair and financially sustainable allocation of resources to individuals who require support and the models of care that will be considered, particularly when an individual requires a significant amount of support in their daily living. The policy does not in itself impact on eligible service levels, but focuses on the service types and approaches to providing this support.

**2 POLICY APPLICATION**

- 2.1 The policy applies to all service users over the age of 16 but excludes young people over the age of 16 where a designated children's service continues to be provided (with due regard to the Adult Support and Protection (Scotland) Act 2007). The policy applies to planning for children and young people who are leaving school and will subsequently be subject to the adult community care policy environment.

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<sup>1</sup> As a general rule, someone will be assessed as having complex needs when in addition to support with specific tasks to meet their outcomes, an individual requires support on a regular or ongoing basis for their safety and wellbeing or the safety and wellbeing of others.

### 3 RELATED LEGISLATION, POLICIES AND PROCEDURAL MECHANISMS

3.1 East Dunbartonshire Health and Social Care Partnership's responsibilities to adults (aged 16 and over) and older people are set out in the following legislation, policies and operational mechanisms, which are subject to change:

- The Social Work Scotland Act 1968
- The NHS and Community Care Act 1990
- Community Care and Health (Scotland) Act 2002
- Chronically Sick and Disabled Persons Act 1970
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Adults with Incapacity (Scotland) Act 2000
- The Regulation of Care (Scotland) Act 2001
- The Adult Support and Protection (Scotland) Act 2007
- Children (Scotland) Act 1995
- Data Protection Act 1998
- Freedom of Information (Scotland) Act 2002
- The Human Rights Act 1998 and Equality Legislation
- The Social Care (Self Directed Support) (Scotland) Act 2013
- The Equality Act 2010
- The Mental Health (Scotland) Act 2015
- The Carers (Scotland) Act 2016

3.2 Other related policies and mechanisms:

- Single Shared Assessment Form
- Outcome Focused Support Plan
- Review of Support Plan
- Assessment and Support Management Procedures
- Risk Enablement and Working with Risk Procedures
- Non Residential Charging Policy
- Fair Access to Community Care (Adults) Policy (2018)
- Eligibility Criteria for Adults and Young Carers Support (2018)

### 4 LEGISLATIVE CONTEXT

4.1 The main duty to provide community care services derives from Section 12A of the Social Work (Scotland) 1968 Act:

*“Where it appears to the local authority that any person for whom they are under a duty, or have a power, to provide community care services may be in need of any such services the local authority shall:*

- *make an assessment of the needs of that person for those services; and*
- *decide, having regard to the results of that assessment, whether the needs of the person being assessed call for the provision of any such services, taking account of:*
  - ♦ *care provided by [an adult or young] carer,*



- ♦ *the views of the person whose needs are being assessed (provided that there is a wish, or as the case may be a capacity, to express a view)”*

- 4.2 The Social Care (Self Directed Support) (Scotland) Act 2013 introduced choice and control in the provision of community care support. The Act places a duty on local authorities to offer people who are eligible for community care a range of choices over how they receive their community care and support. It allows people in many circumstances to choose how their support is provided to them, and enables people, if they wish to do so, to organise this support themselves. It also requires that the local authority must provide information, including the available budget, to individuals to assist with their decision. If an individual chooses options 1 or 2, the local authority must make available a relevant amount to enable them to make choices about their support. It should be noted that payment made available by the Local Authority should be an amount that the local authority considers to be a reasonable estimate of the cost of securing the provision of support.
- 4.3 The Equalities Act 2010 was passed on 8 April 2010. The Act protects the following characteristics (referred to in the Act as “protected characteristics”):
- age;
  - disability;
  - gender reassignment;
  - marriage and civil partnership;
  - pregnancy and maternity;
  - race;
  - religion or belief;
  - sex;
  - sexual orientation.
- 4.4 The Act prohibits discrimination (whether direct or indirect) against people who possess one of the protected characteristics. Direct discrimination takes place where a person treats another person who has a protected characteristic less favourably than he or she treats or would treat others not possessing the protected characteristic. Indirect discrimination occurs where a provision, criterion or practice is applied which would put a person possessing a protected characteristic at a particular disadvantage.
- 4.5 Individuals who are assessed as needing Community Care supports often do so due to disability. While assessment of need is individualised and person-centred (and eligible services so provided), the HSCP has an obligation to ensure that it treats people fairly and equitably in terms of levels of support with which they are provided.
- 4.6 The HSCP Board is delegated with the powers and duties of the Council and Health Board through an “Integration Scheme”, which is established by Parliamentary Order, in relation to a wide range of health and social care functions. The HSCP is accordingly required to perform its statutory duties under the terms of the 1968 and 2013 Acts, while exercising its discretion in performing these duties. It must also ensure that policy and practice is fair and equitable in line with the Equality Act 2010.
- 4.7 The HSCP has a duty to assess needs and must ensure that assessed eligible needs are being met, but they do not have to fund the support requested by an individual or their guardian, attorney or carer if the assessed need can be met in a more cost effective manner. The HSCP is not required to fund more expensive models of care where support can be provided effectively by alternative models of care.

## SECTION B - FAIR ACCESS TO COMMUNITY CARE (ADULTS) POLICY

### 5 ASSESSMENT OF NEED AND ELIGIBILITY FOR COMMUNITY CARE SERVICES

- 5.1 The East Dunbartonshire HSCP takes a person-centred, outcomes-based approach to needs assessment and support planning.
- 5.2 Not all assessed needs will meet eligibility criteria for statutory funding. Normally, only outcomes that reduce risks to a moderate level<sup>2</sup> can be allocated funding for support.
- 5.3 Outcomes not associated with eligible needs will be used to inform and shape how eligible support is best provided.

### 6 RESOURCE ALLOCATION

- 6.1 The Social Work (Scotland) Act 1968 requires local authorities to ensure that resources are made available to meet eligible needs to a standard that will satisfy the local authority that the individual's needs are being met.
- 6.2 The allocation of resources is determined to be a "relevant amount", as defined in the Social Care (Self Directed Support) (Scotland) Act 2013 as "the amount that the local authority considers is a reasonable estimate of the cost of securing the provision of support for the supported person".
- 6.3 In East Dunbartonshire, we have adopted an 'equivalency model' to determine this relevant amount for the allocation of resources under self-directed support. This means that through assessment the HSCP decides what support it would normally provide to a person with social care needs and then monetise that service so that it can be offered in the form of a personal budget. The equivalency calculation is applied whichever one of the four SDS options is chosen, meaning that no individuals will be placed at a disadvantage. Following completion of the assessment an individual will be made aware of the resources available to them. This will ensure that the individual is clear about resources as they begin the support planning process.
- 6.4 Any individual who is not satisfied with the level of resources they have been allocated should in the first instance discuss this with the practitioner and their manager. If agreement cannot be reached, the individual should be made aware of the Health and Social Care Partnership's Complaints Policy and Procedure.
- 6.5 A 'Schedule of Rates' equivalent to the costs of delivering or arranging services in the traditional way (SDS Option 3) will be established and maintained. This will be used in the first instance to determine the relevant amount to deliver or purchase the support required to meet the needs of the service user and to determine the personal budget under SDS.
- 6.6 Where the service user chooses a more expensive support service with hourly rates exceeding the relevant amount it will be necessary to make adjustments within their Individual Budget either to:
- Reduce the total hours of support purchased; or
  - Make alternative arrangements to meet any resulting unmet need arising from any reduction in support hours purchased e.g. support from family,

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<sup>2</sup> East Dunbartonshire Eligibility Criteria Policy for Adults and Community Care Services



service user/carer 'topping up' support costs from their own financial resources.

- 6.7 In exceptional circumstances, application of the Schedule of Rates may be insufficient to identify or purchase a suitable service for some people with very specific needs and/or circumstances, either for the HSCP to directly arrange, or as the basis for calculating an equivalent personal budget value.
- 6.8 In any such exceptional situation, consideration must be based on the whole circumstances of the service user including:
- His or her assessed needs e.g. level of complexity, unpredictability of behaviour;
  - Reference to the HSCP's eligibility criteria in relation to critical or substantial priority/risk.
  - Other relevant factors evidencing that assessed needs cannot be met by a support provider at the relevant rate e.g. difficulty recruiting or purchasing, need for support staff with specific additional skills who would be unavailable at the standard rates.
- 6.9 In the event of any departure from the Schedule of Rates being proposed, commissioning officers must be involved to identify a service to a standard that will satisfy the local authority that the individual's eligible needs are being met, at an amount as close to standard application of the Schedule of Rates as is available. This service will either be delivered or arranged by the local authority, or will be used to establish an equivalent amount for the purposes of an individual budget, in line with the Social Care (Self Directed Support) (Scotland) Act 2013.
- 6.10 Any decision to make payments above the normal application of the Schedule of Rates must be authorised by the appropriate Head of Service, who will also approve:
- The agreed rate;
  - The period during which the agreed rate will apply and be reviewed.
- 6.11 Any services delivered or arranged at a rate higher than the normal application of the Schedule of Rates will normally be considered temporary. At the time of review, the service-user's needs should be reassessed and re-engagement with commissioning officers must take place to seek to identify a service to a standard that will satisfy the local authority that the individual's eligible needs are being met, at an amount as close to standard application of the Schedule of Rates as is available, at that time.

## **7 TYPES AND LEVELS OF SUPPORT**

- 7.1 In line with the HSCP's "Eligibility Criteria Policy for Adults and Community Care Services", the purpose of providing support to an individual is primarily to reduce risk to a moderate level. Finite resources mean that the local authority may not be able to provide the level of support an individual or their family may wish. There is an inherent risk in all aspects of daily life and therefore it is not always possible (or indeed appropriate), to completely reduce or eliminate risk in every situation.
- 7.2 East Dunbartonshire HSCP will aim to maximise the use of shared support<sup>3</sup> to ensure it can deploy available resources for people with eligible need for services, on a fair and equitable basis. We will consequently also use shared support

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<sup>3</sup> Shared support is where one or more members of staff provide support to more than one service-user.

approaches when calculating a relevant rate to apply budget equivalence for Self Directed Support.

- 7.3 There is a general principle that all eligible support to reduce risks to a moderate level must also have a secondary objective to contribute to outcomes relating to the promotion of wellbeing, social development and independent living.<sup>4</sup> In addition to reducing presenting risk, eligible support should be designed to maximise the potential for individuals to develop the skills and confidence to safely manage with less support over time. Capacity for enablement (or reablement) will vary from person to person, but should always be promoted as an ongoing desired outcome of the support provided.
- 7.4 Formal services should be seen as only one component of a co-produced, community asset-based approach to community care. Maximising community, universal and informal supports and assistive technology is essential to building and sustaining independent living. The HSCP will work with service-users, families and communities in partnership to achieve this.

## 8 TYPES OF LIVING ARRANGEMENTS

Where an individual requires support at home, this will usually be in one of four types of living arrangement:

- (i) Living with family
- (ii) Independent living with support
- (iii) Supported living models

### 8.2 Living with Family

- 8.2.1 Many people with disabilities continue to live in the family home with family members providing informal support. The HSCP will always aim to work in partnership with families in these circumstances, to try to sustain these arrangements when this is agreed to be in the best interests of the individual and where family members can be supported to continue to provide informal care of this nature.
- 8.2.2 Where an individual is living with family, statutory support may be provided at times when support cannot be provided by family members, or to give family members a break from their caring role, in line with the Carers (Scotland) Act 2016 and subject to the preparation of an Adult Carer Support Plan<sup>5</sup>. In such circumstances, the type and arrangement of support provided should be designed to contribute to the achievement of the personal outcomes set out in their support plans of both the individual and their carer(s).
- 8.2.3 Consequently, in some cases individuals living with family, who meet Eligibility Criteria, will receive support to engage in meaningful activity and to participate in community life, in order to achieve the personal outcomes set out in their support plan, as well as to provide carer support.
- 8.2.4 We will support adults with disabilities to live at home with their families unless the cost of doing this exceeds the cost of the most appropriate supported living model. In this event, the HSCP would review the support plan with the service-user and/or his or her guardian or attorney, to consider the options for bringing the support plan

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<sup>4</sup> This principle is extended to a duty for people with a mental disorder as defined in the Mental Health (Care & Treatment) (Scotland) Act 2003. In the 2003 Act "mental disorder" means "any mental illness, personality disorder, or learning disability, however caused or manifested".

<sup>5</sup> Eligibility Criteria for Adults and Young Carers Support (2018)



cost within the threshold level. If this can be achieved through redesign, collaborative support networks and maximisation of assistive technology, whilst still meeting the service-user's eligible needs and reducing risks to a moderate level, then the service-user would be transitioned over to the new support plan. If service redesign is unable to achieve this outcome, then the service user would be placed on a waiting list for a Supported Living alternative (see 8.6), or the equivalent relevant rate being used to inform a personal budget amount for Self Directed Support 1 or 2. Any change of service type would be impact assessed with a view to identifying any risks and for these risks to be handled appropriately.

### Leaving the Family Home

- 8.2.5 Should an individual, or a Power of Attorney / Guardian acting on their behalf, decide the individual should make plans to leave a family home, they may wish to contact East Dunbartonshire Council's Housing Services and register an application for local authority housing. They should also make a referral to East Dunbartonshire HSCP for an assessment of the most appropriate housing options and support required for daily living. Making a housing application does not necessarily mean that care and support will be provided in any preferred housing option.
- 8.2.6 Any housing application to Housing Services will be progressed in line with the Local Authority's housing allocation policy and will take into consideration factors such as the age of the individual, housing need, type of accommodation requested and their support needs. Concurrently a community care assessment will be conducted to determine the level of support an individual requires, whether there is a need for supported living, and the appropriate model of care. As there will be a need to match to suitable housing, the allocation of housing may take some time. All requests for housing with support will be considered jointly by the HSCP and Housing Services before an allocation is made.
- 8.2.7 The individual or their guardian may choose to find their own or privately rented property, however, this should be discussed with East Dunbartonshire HSCP to ensure their assessed care and support needs can be met in any potential property and within eligibility and cost ceiling policies of the HSCP. Unsuitable property may preclude the delivery of care and support due to reasons of safety.
- 8.2.8 Any urgent housing requests, including circumstances where an individual has been advised they must leave the family home, would require the individual to present as homeless in order to access priority housing.

### 8.3 Independent Living with Support

- 8.3.1 This relates to individuals living in single occupancy arrangements, or living independently in houses of multiple occupation (HMOs). They may be single tenants, owner-occupiers or living on their own in accommodation owned by family or another person.
- 8.3.2 An individual is considered to be living independently when it is assessed that they do not require significant amounts of support, and can manage on their own for significant periods of time.
- 8.3.3 Where eligible support is required it would be for specific tasks. General support to keep risks to a moderate level would normally be incorporated into this support, with Assistive Technology being provided where an individual requires immediate access to support.

- 8.3.4 We will support people with disabilities to live independently with eligible support in these circumstances unless the cost of doing this exceeds the cost of the most appropriate Supported Living model that includes aspects of shared support. In this event, the individual would be placed on a waiting list for a Supported Living alternative (see 8.6), or the equivalent relevant rate being used to inform a personal budget amount for Self Directed Support 1 or 2.
- 8.3.5 In the event that an Independent Living with Support option is the service-user's strong preference, a detailed examination of support options should be undertaken to explore if eligible services can be delivered within the cost threshold through collaborative support networks and maximisation of assistive technology, whilst still reducing presenting risks to a moderate level. If this proved not possible, then 8.3.4 would apply.
- 8.3.6 A caveat to 8.3.4 above would be when an individual is assessed as not being able to share a social space with others due to consistent and substantial stress, distress or aggression in the company of others.
- 8.3.7 Any change of service type would be impact assessed with a view to identifying any risks and for these risks to be handled appropriately.

#### 8.4 **Supported Living Models**

8.5 There are four models of care for the provision of Supported Living that are detailed below. These models are characterised by the need for more significant levels of support to keep an individual or others safe, compared to Independent Living with Support described above.

- (i) Shared or clustered living – this is the default model of support, where an individual will share a property with others or live in a property in such close proximity to other individuals who require similar support, so that substantial or all support can be shared. This would include extra care housing;
- (ii) Dedicated 1:1 single occupancy tenancies or owner occupation – supporting an individual in a single occupancy tenancy or owner occupation would only be considered in the circumstances outlined at 8.3.6 above;
- (iii) Specialist care – the individual's needs are such that a specialist team is required to provide support to the individual;
- (iv) Residential care - residential and nursing care would not normally be considered unless the individual required care over a 24 hour period in a specialist setting due to medical, behavioural or age-related physical or sensory needs that cannot be met in a non-residential environment. Deteriorating conditions that require increasing reliance on high levels of support are usually best provided in a residential care setting. This should also include people whose needs are volatile and fluctuate and are at risk of frequent hospital admissions.

#### 8.6 **Non-Community-based Supported Living Options**

8.7 Additional detail on the circumstances and uses of accommodation-based care and support options that are not community-based is contained at Appendix 1. This includes:

- Residential care
- Nursing care
- NHS In-patient care



**9 ASSESSMENT OF SUPPORTED LIVING CARE MODEL: CHOICE AND SELF-DIRECTED SUPPORT (SDS)**

- 9.1 An individual's assessment will determine the appropriate Supported Living care model that would be funded by the HSCP.
- 9.2 Supported living models that are based upon shared care arrangements are not suitable for SDS Options 1 or 2 (and so far as relating to those options, Option 4). This is due to the potential impact upon the tenancy rights of other tenants and the overall coordination of care, support and safety within the accommodation or cluster.
- 9.3 While principles of choice and control should be considered within the assessment, the HSCP cannot provide desired support irrespective of cost due to the finite resources available. Assessments should reflect the views and wishes of individuals and, where appropriate, their carers and legal guardians. However the HSCP will take the cost of providing any support requested by the family into consideration in its decision making. If that request is more expensive than the individual is assessed as requiring then the HSCP will not ordinarily meet the request. The HSCP will determine the funding available based on the most appropriate shared or clustered living model that will meet needs in a cost effective manner, in line with this policy.
- 9.4 As an alternative to a proposed supported living model, service-users (or their legal guardians, as appropriate) may exercise their right to opt for an SDS Option 1 or 2. In this event, the individual budget will reflect the relevant equivalent rate, which will ordinarily be based upon the cost of the proposed supported living model. Using SDS Option 1 or 2, this funding may be used to develop a support package based on an alternative model providing it is safe, meets individual needs, and can be sustained in the long term. Should an individual wish to fund extra support, or have regular informal support provided as part of their care package, they are able to do so, provided that they are aware that funding for this extra support cannot be made by the HSCP.

**10 EXISTING CARE PACKAGES**

- 10.1 Changing circumstances and historical decision-making may mean that individuals are provided with a level of support that exceeds their eligible needs, as assessed at point of review<sup>6</sup>. In these circumstances an individual's updated assessment and support plan should identify the appropriate model of care in line with this Fair Access to Community Care (Adults) Policy and the need to transition to this model (*enter transition period, depending on HSCP Board's decision on implementation*)
- 10.2 Where existing support services are provided to an individual that do not exceed their eligible needs, but are provided in a way that operate outwith the terms of this Fair Access to Community Care (Adults) Policy and/or exceeds the Schedule of Rates, a review of the overall care and support package should be undertaken and support services transitioned to align with the policies set out in this document. This will normally be undertaken at the time of routine review but may be brought forward to promote fairness, consistency and equity in line with the Policy's aims. In the pursuance of the provisions of this policy, any service transition should be handled carefully, sensitively and appropriately risk assessed.

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<sup>6</sup> The East Dunbartonshire Assessment & Care Management Procedures & Standards (2013) provide that support plan reviews should be undertaken as a minimum annually (Standard 10).

## 11 OUT OF AREA PLACEMENTS

11.1 The HSCP will not normally consider out of area placements. This is both because of an overarching principle that people should be supported to live in East Dunbartonshire wherever possible, and also to mitigate specific risks to individuals that arise from out of area placements. The risks are:

- Individuals may become disconnected from their local community (this risk increases with the length of time the individual is in an out of area placement);
- Distance from family, friends and peer support networks leaving individuals socially isolated;
- Additional direct and indirect costs related to the provision of support;
- Supervision of support being provided can be less rigorous due to geographic distance;
- It can lead to inequity of service provision due to variable costs.

11.2 There are certain circumstances where an out of area placement may be appropriate for consideration:

- There is an assessed need for a specialist service to provide support or care that cannot be provided locally;
- The service cannot be provided economically locally;
- An emergency placement is required and the need cannot be met locally. (In these cases there should be a plan to provide an alternative placement within East Dunbartonshire as soon as is reasonably practical);
- There is an assessed need for the individual to move from the local area because of specific risks to themselves or others as a result of them continuing to live in East Dunbartonshire;

11.3 Where an out of area accommodation placement is arranged because of the lack of available or economic alternatives locally, this will be kept under review and efforts made to transition to a local alternative wherever possible. Any subsequent move back to the East Dunbartonshire area would be subject to service-user (or welfare guardian) agreement. For out-of-area day services, [Section 6](#) of this policy will apply.

11.4 East Dunbartonshire HSCP recognises that individuals may wish to move to other areas and the services that may be available in another area may be part of their decision in relation to this. The HSCP would consider a decision to relocate as a personal decision and would provide assistance, but not necessarily funding, to facilitate this. Normally the local authority in which a person is ordinarily resident is financially responsible for the community care services for that person. Scottish Government guidance provides additional information on the responsibilities for providing and funding care and in these circumstances.

## 12 SUPPORT WITH EDUCATION AND LEARNING

12.1 Local authorities have responsibility for education provision up until school leaving age. Provision of education beyond school leaving age is the responsibility of further education bodies not funded by East Dunbartonshire HSCP. Access to courses is determined by colleges themselves. Where, due to a disability, additional support is needed for learning within the classroom setting this should be provided by the education establishment. East Dunbartonshire HSCP may still have responsibility for funding personal care (e.g. personal care support at lunchtimes).



- 12.2 Support will normally only be provided to attend colleges local to the area. Individuals or families choosing not to attend a local college would be required to meet additional support and travel costs themselves. In the case of higher (university) education it is accepted that there may be a need move away from the local area to access specific courses. Any such requests will be considered on a case by case basis, subject to eligibility and resource allocation criteria.

### **13 PREVENTION AND INDEPENDENT LIVING SKILLS DEVELOPMENT**

- 13.1 It is recognised that individuals with disabilities will require support with informal learning and development of independent living skills throughout their lives. Furthermore, the provision of preventative support or support to build an individual's resilience and independence can result in reduced risk and significantly improved quality of life. This can also reduce dependency on (and expenditure by) statutory service providers in the longer term. However, if this type of support is not dynamic, progressive and regularly reviewed, it can lose its connection to personal outcomes and become ineffective. Often this type of support is most effective over well-defined periods of planned enablement activity.
- 13.2 Preventative work and independent living skills development must therefore be relevant, specific, effective and regularly reviewed. To be funded, any such support will be associated with the mitigation of critical or substantial risk, it must be clearly reflected in the customer's outcome-focused support plan; it must be regularly reviewed, progressed and demonstrate positive benefit.
- 13.3 The provisions of the Eligibility Criteria state that where eligibility is determined to fall into the Moderate category, the response of social work services will be to provide the individual with advice/information and/or to signpost towards direct access to community resources. Exceptions can be made where the absence of statutory social work involvement will lead to an aggravation of the individual's needs resulting in greater expense to the local authority on a later occasion. In these circumstances a short term intervention focussed on rehabilitation and enablement can be offered.

### **14 COST LIMITATIONS AND CEILINGS**

- 14.1 Consideration as to whether any cost limitations (or ceilings) may apply to an individual's support package (or equivalent personal budget) will take place after the assessment, application of eligibility criteria and support planning processes have been completed. This ensures that individuals, where they are able and choose to do so, can augment any cost limitations with informal supports and other personal resources.
- 14.2 References to cost ceilings are included at the relevant places within this document. The information in this section relates to more general policy provisions.
- 14.3 The HSCP normally operates a cost threshold for community-based support for people who develop frailty and deterioration to their health (whether due to age or other reason) that require increasing reliance on high levels of support. This would include people whose needs are volatile and fluctuate and are at risk of frequent hospital admission. This cost threshold is normally equivalent to the approved rates (net of the customer's contribution) for residential/nursing home places including day activities there at the current rate at the time of calculation.
- 14.4 Individuals with a pre-existing diagnosed learning or multiple disability who develop such frailty and deterioration to their health (whether due to age or other reason), and where care costs associated with supporting these specific care needs exceed the approved rate for residential/nursing care (net), this will normally act as the cost

ceiling in these circumstances. This would generally not apply to palliative care or the additional costs of 2:1 (or greater) support. Other support and environment-related factors will also be taken into account to ensure the wellbeing of the individual and others concerned.

- 14.5 Cost limitations and ceilings should be applied consistently, to ensure fairness and equity. Discretion to depart from these would apply in exceptional circumstances only and would apply on a case-by-case basis only.
- 14.6 It should be noted that contract standing orders state that any support service costing more than £15,000 per annum has to be approved by Council Committee on behalf of the HSCP and the requirement to tender the contract has to be considered.

**Supports to be included:**

- 14.7 The calculation for the overall cost of a support package should include:
- All supports delivered within the home;
  - Day care/day activities delivered either within or outwith the home;
  - Transport/escort costs associated with the provision of home-based and day supports;
  - Any other costs identified within the support package.

**Costs to be excluded:**

- 14.8 The cost of the following should be excluded from the cost limitations:
- Periods of residential or home based respite care where the primary assessed purpose is to assist the carer rather than to benefit the customer and where this is based on a formal carer's assessment;
  - Aids and adaptations plus maintenance costs of adaptations;
  - A limited Community Alarm service;
  - Services provided by other statutory services that are non-social care related.

**Funding sources to be excluded:**

- 14.9 Support financed through the following funding sources should be excluded in the calculation of support package costs:
- Supports funded by another agency i.e. voluntary organisation; Independent Living Fund;
  - Non-recurring 'start up' costs for support packages;
  - Support funded for community health care services.
- 14.10 Where two or more people with individually assessed needs reside within the same family unit, each person should be treated separately for the purposes of the cost limitation calculation.
- 14.11 The cost of carers' services should also be considered separately where their needs have been separately assessed through carers' assessments and the support provided is aimed primarily or solely to meet carers' needs.

**15 CONTRIBUTIONS BY CUSTOMERS**

- 15.1 Where a contribution is made by the customer for a support service in the community, this will not be taken into account in calculating whether the cost limitation has been reached i.e. the calculated cost of the support package is the

gross cost of the services before contributions. Although the levying of customer contributions will reduce the cost to the Partnership, this approach will ensure greater fairness to all customers, in terms of the actual size of the support package received, rather than giving an advantage to better off customers with higher contributions.

- 15.2 Identical support packages may therefore impact very differently on budgets as a result of differential contributions, but this should not have any influence on either the process of assessment or prioritisation.

## 16 CHOICE AND RISK

- 16.1 It is recognised that most people will wish to remain at home. The HSCP encourages the creative and innovative use of eligible funding, personalised to the customer's individual circumstances and lifestyle.

- 16.2 As well as considering the use of paid supports the practitioner, customer and their carer/family should also consider other assets as ways of meeting the customer's assessed needs and helping them to achieve their identified outcomes:

- Personal – skills, knowledge, own financial resources;
- Community – clubs, peer groups, forums;
- Informal Care and Support – family, friends and circles of support;

- 16.3 However, any choice by the individual (or his/her proxy) around care/support and the setting in which this is received needs to be exercised in the full knowledge of the amount of eligible statutory support that can be provided. The Partnership retains a duty of care and is required to take into consideration any risks it identifies from such a choice, including the decision for the adult to remain at home. Social work and health practitioners and their managers will be expected to consider in all such cases the need for a multi-disciplinary case conference to establish a customer's capacity to make informed decisions and/or consider any risks that could arise from those decisions.



**SECTION C – FURTHER DETAIL AND PROCEDURAL PROCESSES**

**17 ASSESSMENT OF NEED AND ELIGIBILITY FOR COMMUNITY CARE SERVICES**

- 17.1 East Dunbartonshire HSCP takes an outcomes-based approach to assessment, support planning and review. An outcomes-based approach focuses on delivering improved results (outcomes) for people with assessed needs. Traditionally, support was service-led, with formal structured services seen in isolation as being the most effective way to support people. Now the view nationally and locally is that results are more successful if they are outcomes-led. This involves everyone working together to achieve the best possible impact on the individual's life. The philosophy of this approach is one that emphasises the strengths, capacity and resilience of individuals, builds upon informal support systems and includes consideration of wider community based resources.
- 17.2 An outcomes-based approach will assess needs and identify a range of associated outcomes for an individual, not all of which will meet eligibility criteria for statutory funding. The eligibility criteria in East Dunbartonshire are based on reducing substantial or critical risks. The needs (and associated outcomes) that can be met through reducing these risks to a moderate level can be allocated funding for support. Assessment may also identify other outcomes that are important for the individual, but would not specifically be associated with the reduction of substantial or critical risks, so would not attract statutory funding. However, these should be used to inform and shape how eligible support is best provided and can help to indicate where informal and community support may contribute to improved quality of life.
- 17.3 There are five main categories of community care support that the HSCP will, where eligibility criteria are met, provide resource to meet risk mitigation outcomes. These categories of community care support are set out below, with reference to the risk types that they are designed to mitigate:

| Community Care Support   | Risk Mitigation (from Eligibility Criteria)  |
|--|--|
| <ul style="list-style-type: none"> <li>• Support to be safe during the day</li> <li>• Support to be safe during the night</li> </ul> | <ul style="list-style-type: none"> <li>• Risks relating to neglect or physical or mental health</li> </ul>             |
| <ul style="list-style-type: none"> <li>• Personal Care</li> <li>• Housing Support</li> </ul>   | <ul style="list-style-type: none"> <li>• Risks relating to personal care/domestic routines/home environment</li> </ul> |
| <ul style="list-style-type: none"> <li>• Support to engage in meaningful activity to participate in community life</li> </ul>        | <ul style="list-style-type: none"> <li>• Risks relating to participation in community life</li> </ul>                  |

- 17.4 Eligibility Criteria for carer support are also part of the HSCP's policy framework. The risk categories for carers are:
- Health and wellbeing
  - Relationships
  - Living environment
  - Finance
  - Access to breaks / life balance
  - Future planning

17.5 Eligibility for carer support operates in a similar way to that for individuals requiring direct support. Carers outcomes set out in an Adult Carer's Support Plan that can be met through reducing these risks to a moderate level can be allocated funding for support. For young carers, the outcomes in the Young Carer's Statement eligible for support should be to reduce risks to a low level.

## 18 TYPES AND LEVELS OF SUPPORT

18.1 In line with the HSCP's Eligibility Criteria, the purpose of providing support to an individual is primarily to reduce risk to an acceptable, moderate level. Finite resources mean that the local authority may not be able to provide the level of support an individual or their family may wish. There is an inherent risk in all aspects of daily life and therefore it is not always possible (or indeed appropriate), to completely reduce or eliminate risk in every situation.

18.2 Community care support can be divided into two main types:

(i) **Task Based Support:** this type of support is focused on assisting people to undertake particular tasks, such as:

- Personal care
- Housing support
- Therapeutic interventions
- Enabling, re-enabling and skills development
- Support to engage in meaningful activity

(ii) **Support to stay safe and well:** this type of support is principally concerned with mitigating risk to the individual, or others, that would arise if an individual was left on their own (for example, risks relating to neglect or physical or mental health).

18.3 Community care is often a combination of these main types, as separating them in practical terms could often be artificial and duplicative. However, it is important to be clear about the main purpose of the support, as this can affect how it is delivered.

18.4 Task based support (such as support with personal care) may require dedicated 1:1 staff deployment during its provision, whereas at other times support needs might be less intensive or supervisory in nature, so can be delivered via shared support. This would occur where one or more members of staff provide support to more than one service-user. This can include the provision of 1:1 (or more) support when required, but not on a dedicated basis at all times. East Dunbartonshire HSCP will aim to maximise the use of shared support to ensure we can deploy available resources for people with eligible need for services, on a fair and equitable basis. We will therefore use shared support equally when calculating a relevant rate to apply budget equivalence for Self Directed Support.

18.5 There is a general principle that all eligible support to reduce risks to a moderate level must also have a secondary objective to contribute to outcomes relating to the promotion of wellbeing, social development and independent living. This principle is extended to a duty for people with a mental disorder as defined in the Mental Health (Care & Treatment) (Scotland) Act 2003. In the 2003 Act "mental disorder" means any mental illness, personality disorder, or learning disability, however caused or manifested. Eligible support should also be designed to maximise the potential for individuals to develop the skills and confidence to safely manage with less support over time. Capacity for enablement (or reablement) will vary from person to person, but should always be promoted as an ongoing desired outcome of the support provided.

18.6 For clarity, there are a number of ways that support can be provided:

- **Community activities**: support that is available through clubs and activities in the community;
- **Universal resources**: support that is available to all citizens. This would include services such as health and education, as well as some more specific services that individuals can refer themselves to;
- **Informal support**: support provided by family, friends and neighbours. This can range from very intensive to occasional, depending on needs and circumstances;
- **Voluntary sector support** (broad range of support delivered by national and local voluntary organisations and charitable bodies, including lunch-clubs, advice, advocacy and befriending)
- **Assistive technology**: Assistive technology is any product or service designed to enable independence for disabled and older people. It includes telehealthcare services which are health and social care services that can operate at a distance using a range of digital and mobile technologies. East Dunbartonshire HSCP will aim to maximise the appropriate use of assistive technologies. Deployed thoughtfully and appropriately as part of service redesign, assistive technology can:
  - ♦ support people to have greater choice, control and confidence in their care and wellbeing;
  - ♦ enable safer, effective and more personalised care and deliver better outcomes for the people who use our health, housing, care and support services;
  - ♦ help generate efficiencies and add value through more flexible use of our workforce capacity and skill mix and by reducing wasteful processes, travel and minimising access delays.
- **Shared support**: support (including intensive support), where dedicated 1:1 (or more) support is not needed at all times. Shared support is when one or more members of staff provide support to more than one service-user.
- **Dedicated 1:1 support (or more, e.g. 2:1, 3:1)**: support where an individual's needs are such that they need dedicated support on a one-to-one basis. Indeed, with certain moving and handling or bariatric care, 2:1 or even 3:1 may be assessed as being needed to undertake these specific tasks. However, this type of dedicated support is generally for *task-based support*, rather than *support to stay safe and well*, and would usually be part of a package of both 1:1 and shared support for the individual.

Exceptionally, dedicated 1:1 (or more) support may be needed at all times for certain profound and multiple disabilities and/or with complex challenging behaviour. Assessments and support plans that call for continuous 1:1 (or more) support will be subject to specialist, multi-disciplinary and Head of Service oversights and approval.

18.7 Formal services should be seen as only one component of a co-produced, community asset-based approach to community care. Maximising community, universal and informal supports and assistive technology is essential to building and sustaining independent living. The HSCP will work with service-users, families and communities in partnership to achieve this.



## APPENDIX 1

## Non-Community-based Supported Living Options

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### 1 RESIDENTIAL CARE

1.1 A residential care placement may be considered when a combination of the following applies:

- The customer is unable to care for him/herself and to carry out the tasks essential to daily living, even with substantial support from community services, up to the cost limitations set;
  - The customer's behaviour presents a risk of physical or mental harm to him/herself or others, or makes them vulnerable to exploitation and this cannot be managed in his/her own home;
  - Existing caring arrangements have irretrievably broken down to the extent that a carer is unable or unwilling, even with the support of others, to care for someone unable to care for him/herself, and that this care cannot reasonably be provided by other means;
  - The physical environment is unsafe and cannot appropriately be made safe through the provision of equipment or adaptations and suitable community housing provision is not available;
  - The cost of support services at home exceeds the cost limitations set.
- And
- Health care needs do not exceed those that should normally be met by community health services, providing services on the same basis to people in their own homes.
  - Where there is any doubt of this, a health care needs assessment will be carried out by health personnel before a placement decision is made.
- And
- The needs of the customer do not fall within the criteria for NHS funded care.
- And
- Following assessment and discussion of the available options, the customer's choice is to seek residential care.

1.2 A residential home placement will also be considered in other very exceptional circumstances where, for clearly documented reasons, the assessment of the care manager and team manager is that this constitutes the most appropriate response to the customer's support needs.

### 2 NURSING HOME CARE

2.1 A nursing home placement may be considered when the customer concerned has nursing needs requiring skilled general nursing care, and/or skilled psychiatric nursing care, at a frequency beyond that normally met by community health services. However, the customer does not have health care needs requiring NHS in-patient treatment.

- And

Circumstances described in the criteria for residential care exist and the requirement for skilled general nursing care arises from circumstances such as the following:

## OFFICIAL - SENSITIVE

- Where the customer's physical or mental health has deteriorated to a level that needs 24 hour on-site nursing care;
  - Where the customer's health is such that one or more of the following technical procedures (the list is not exhaustive) is required on more than one occasion in 24 hours:
    - ♦ Administration of medication by injection or syringe driver;
    - ♦ Application of sterile dressings;
    - ♦ Basic nursing care of the type given to people confined to bed for long periods e.g. prevention of pressure sores;
    - ♦ The care and management of incontinence (double or single) which has been assessed as requiring skilled nursing action;
    - ♦ Catheter care – insertion, removal and monitoring;
    - ♦ Stoma care – review, monitoring and occasional practical intervention;
    - ♦ Management of complex prostheses or appliances including artificial feeding;
    - ♦ Where the person suffers from a complex psychological, aggressive or difficult to manage state requiring supervision of qualified psychiatric nursing staff.
- And
- Following assessment and discussion of available options, the customer's choice is to seek nursing home care, or the cost of the comparable home based care exceeds the cost limitations.
- And
- The person is not assessed as needing continuing health care.
- And
- The assessment is backed up by General Practitioner/Consultant certification of the appropriateness of nursing home care.

### 3 CONTINUING INPATIENT HEALTH CARE

- 3.1 The consultant (or GP in some community hospitals) will decide, in consultation, with the multi-disciplinary team, whether the patient:
- Needs in-patient care arranged and funded by the NHS;
  - Needs a period of rehabilitation or recovery, arranged and funded by the NHS;
  - Or should be discharged from in-patient care.
- 3.2 Continuing in-patient care should be provided where there is a need for on-going and regular specialist clinical supervision of the patient as a result of:
- The complexity, nature and intensity of the patient's health needs, being the patient's medical, nursing and other clinical needs overall;
  - The need for frequently, not easily predictable, clinical interventions;
  - The need for routine use of specialist health care equipment or treatments which require the supervision of specialist NHS staff; or
  - A rapidly degenerating or unstable condition requiring specialist medical or nursing supervision.



3.3 The decision is fundamentally a professional clinical decision, based on the outcome of the multi-disciplinary assessment. The consultant or GP, in consultation with the multi-disciplinary team, will decide whether the individual is eligible for NHS continuing health care, taking into account the matters raised above.

3.4 The large majority of people, after a stay in hospital, will be able to return to their own homes and will not have any on-going care needs; however some individuals may require on-going care. The individual may need a period of rehabilitation or recovery arranged by the NHS or social work services to prevent discharge arrangements breaking down, they may need to receive a package of care in a care home, arranged and funded by social work services, or they may need a package of social and health care support to allow them to return to their own home.

(Ref: Circular CEL 6 (2008))

3.5 Health boards and local social work services should have in place clear agreements on how they will resolve disputes (between themselves as purchasers) about responsibility for individual cases for meeting continuing care needs. These arrangements will be within the context of joint planning agreements. In the first instance, concerns should be discussed with team managers, who should in turn raise unresolved disputes with the line managers.

3.6 Revised Scottish Government guidance on Hospital Based Complex Clinical Care has been produced following an Independent Review conducted in 2014-15. This guidance, contained in Circular DL (2015)11, replaces the previous Circular (CEL6 (2008)). The overall objectives of the revised guidance are to:

- Promote a consistent basis for the provision of Hospital Based Complex Clinical Care.
- Provide simplification and transparency to the current system;
- Maintain clinical decision making as part of a multi-disciplinary process;
- Ensure entitlement is based on the main eligibility question “can this individual’s care needs be properly met in any setting other than a hospital?”
- Ensure a formal record is kept of each step of the decision process.
- Ensure that patients, their families, and their carers have access to relevant and understandable information (particularly if the individual does not need to be in hospital but rather an alternative setting in the community).



## Eligibility Criteria for Community Care (Adults) Policy

**March 2019**

|                             |  |
|-----------------------------|--|
| <b>Lead Officer:</b>        | Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions and Health Improvement |
| <b>Policy Approved By:</b>  | HSCP Board   |
| <b>Date Approved:</b>       | 21 March 2019  |
| <b>Implementation Date:</b> | 3 June 2019  |
| <b>Review Date:</b>         | 3 June 2022  |

## **1 POLICY OBJECTIVES**

- 1.1 East Dunbartonshire Health and Social Care Partnership (HSCP) is responsible for determining where there is a need for the provision of community care support and how such need should be met. Assessment of need is a two-stage process: first the assessment of needs and then, having regard to the results of that assessment, whether the needs of that person call for the provision of services.
- 1.2 The use of eligibility criteria applies to this second stage of the assessment process. They are used to determine whether a person assessed as needing community care requires a statutory service to be put in place in order to meet those needs. Eligibility criteria are also used as a means of managing overall demand for community care within the finite resources available.
- 1.3 The purpose of this policy is to establish clarity on how eligibility criteria operate in East Dunbartonshire. The policy also aims to serve as a guide for staff and as a reference document for elected members, customers and members of the public.
- 1.4 This policy should be viewed within the overall context of the Fair Access to Community Care (Adults) Policy.

## **2 POLICY APPLICATION**

- 2.1 This policy applies to all service users over the age of 16 but excludes young people over the age of 16 where a designated children's service continues to be provided. The policy applies to planning for children and young people who are leaving school and will subsequently be subject to the adult community care policy environment.
- 2.2 This policy does not apply to carers, as defined by the Carers (Scotland) Act 2016, for whom a separate Carers Eligibility Criteria Policy applies.

## **3 RELATED LEGISLATION, POLICIES AND PROCEDURAL MECHANISMS**

- 3.1 East Dunbartonshire Health and Social Care Partnership's responsibilities to adults (aged over 16) and older people are set out in the following legislation, policies and operational mechanisms, which are subject to change:
  - The Social Work Scotland Act 1968
  - The NHS and Community Care Act 1990
  - Community Care and Health (Scotland) Act 2002
  - Chronically Sick and Disabled Persons Act 1970
  - Mental Health (Care and Treatment) (Scotland) Act 2003
  - Adults with Incapacity (Scotland) Act 2000
  - The Regulation of Care (Scotland) Act 2001
  - The Adult Support and Protection (Scotland) Act 2007
  - Children (Scotland) Act 1995
  - Data Protection Act 1998

- Freedom of Information (Scotland) Act 2002
- The Human Rights Act 1998 and Equality Legislation
- The Social Care (Self Directed Support) (Scotland) Act 2013
- The Equality Act 2010
- The Mental Health (Scotland) Act 2015
- The Carers (Scotland) Act 2016

### 3.2 Other related policies and mechanisms:

- Single Shared Assessment Form
- Outcome Focused Support Plan
- Review of Support Plan
- Assessment and Support Management Procedures
- Risk Enablement and Working with Risk Procedures
- Non Residential Charging Policy
- Fair Access to Community Care (Adults) Policy (2018)
- Eligibility Criteria for Adults and Young Carers Support (2018)

## 4 CONTEXT AND GENERAL APPROACH

- 4.1 Eligibility criteria are a method for deploying limited resources in a way that ensures that resources are targeted to those in greatest need, while also recognising circumstances where lower level intervention can sometimes halt the deterioration of people in less urgent need of support.
- 4.2 These eligibility criteria recognise 'risk' as the key factor in the determination of eligibility for community care services. Where a customer is eligible, the urgency of that risk should be kept in focus in determining how and when to respond to their support needs.
- 4.3 The principles guiding practice in this policy are that supports provided or funded by East Dunbartonshire Health and Social Care Partnership are intended to:
- Retain, support and promote maximum independence;
  - Intervene no more than absolutely necessary;
  - Compensate for the absence of alternative support or complement existing support;
  - Take full account of the risk to the customer if the support is not provided;
  - Take account of the individual's personal, community and family assets – personal: financial, skills, experience; community: clubs, libraries, church; family: friends, informal carers, circles of support.



- 4.4 Consideration should only be given to providing support when:
- The customer is unable to meet the need themselves and they do not have access to adequate support from the assets described above;
  - No other statutory agency has a duty to meet that need;
  - Failure to respond to that need would place the customer in a situation of unmanageable or unreasonable risk.
- 4.5 The eligibility criteria address both the severity of risks and the urgency of intervention to respond to risks. Some levels of risk will call for services or other resources as a high priority whilst others may call for some services/resources, not as a high priority but managed and prioritised either as a short term intervention or on an ongoing basis. Some may not call for any social care intervention as engagement in local community activities or services provided by the third sector may be the most appropriate way of addressing the need. In other circumstances the assessment may indicate a potential requirement for service provision in the longer term which requires to be kept under review. As part of the assessment and care planning process, it is for relevant practitioners undertaking assessment to consider how each individual's needs match against eligibility criteria in terms of severity of risk and urgency for intervention. The eligibility framework prioritises risks into four categories: *critical*, *substantial*, *medium* and *low*.
- 4.6 It is not appropriate simply to place customers who require support in a date order queue. Response to need will be informed by the continuing systematic review of each customer's needs, including consideration of how urgently service provision is called for and what interim measures may be appropriate pending a more permanent response.
- 4.7 In managing access to finite resources, the Health and Social Care Partnership will focus first on those people assessed as having the most significant risks to their independent living or wellbeing. Where people are assessed as being in the *critical* or *substantial* risk categories their needs will generally call for the immediate or imminent provision of support. Those customers will receive that support as soon as reasonably practicable and, in the case of older people in need of personal or nursing care services, not later than six weeks from the confirmation of need for the service.
- 4.8 Where eligibility is determined to fall into the *moderate* category, the response of Social Work Services will be to provide the individual with advice/information and/or to signpost towards direct access to community resources. Exceptions can be made where the absence of statutory social work involvement will lead to an aggravation of the individual's needs resulting in greater expense to the local authority on a later occasion. In these circumstances a short term intervention focussed on rehabilitation and enablement can be offered. Interventions of this nature will not normally continue beyond a six-week period, but this may be extended if the benefits for so doing are demonstrable, explicitly time-limited and authorised by senior management.
- 4.9 Where eligibility is determined to fall into the *low* category, the response of Social Work Services will be to provide the individual with advice/information and/or to signpost towards direct access to community resources.

4.10 The effect of the HSCP's eligibility criteria is that only services that reduce an individual's risk to a moderate level will normally be subject to statutory funding.

4.11 The arrangement of any services will continue to depend on the availability of budget and resources. Therefore, if an individual is to be given priority within the eligibility criteria, and the cost of the support package is below the cost limitations, those authorising the provision of supports will still be required to have assurance that resources are available to meet the eligible need. Practitioners are required to submit 'Additional Expenditure Required' forms (AERs) to management where it is deemed there are insufficient resources within the budget.

## 5 PRIORITY RISK MATRIX

5.1 This policy adopts the four categories of risk within the Scottish Government's National Eligibility Framework.

| RISK LEVEL               |   |
|--------------------------|---|
| <b>Critical risk:</b>    | Indicates that there are <u>major</u> risks to an individual's independent living or health and well-being likely to call for immediate or imminent intervention and/or provision of social care support.   |
| <b>Substantial risk:</b> | Indicates there are <u>significant</u> risks to an individual's independence or health and well-being likely to call for immediate or imminent intervention and/or provision of social care support.  |
| <b>Moderate risk:</b>    | Indicates there are <u>some</u> risks to an individual's independence or health and well-being. These may call for the provision of some social care support managed and prioritised on an on-going basis or they may simply be manageable over the foreseeable future support provision with appropriate arrangement for review.                       |
| <b>Low risk:</b>         | Indicates there may be some quality of life issues but low risks to an individual's independence or health and well-being with very limited, if any, requirement for the provision of social care support. There may be some need for alternative support or advice and appropriate arrangements for review over the foreseeable future or longer term. |
| URGENCY                  |   |
| Immediate                | required now or within approximately 1 to 2 weeks   |
| Imminent                 | required within 6 weeks   |
| Foreseeable future       | required within next 6 months   |
| Longer Term              | required within the next 12 months or subsequently  |

## 6 DEFINITION OF RISK FACTORS

6.1 The following table provides definitions of risk factors for each of the bands in the national eligibility framework adopted by the Partnership.

**Risks relating to neglect or physical or mental health:**

| <b>Critical</b>   | <b>Substantial</b>   | <b>Moderate</b>  | <b>Low</b>  |
|---|--|--|---|
| Serious harm or neglect has occurred or is strongly suspected and client needs protective intervention by social care services. | Harm or neglect has occurred or is strongly suspected  | Adult at risk needs to raise their awareness to potential risks of harm  | Preventative measures including reminders to minimise potential to risk of harm                                   |
| Major health problems which cause life threatening harm or danger to client or others   | Significant health problems which cause significant risks of harm or danger to client or others. | Some health problems<br>Indicating some risk to Independence and/or<br>Intermittent distress – potential to maintain health with minimum interventions | Few health problems indicating low risk to independence – potential to maintain health with minimum interventions |
| <b>Risks relating to personal care/domestic routines/home environment</b>   |  |  |   |

| <b>Critical</b>  | <b>Substantial</b>   | <b>Moderate</b>   | <b>Low</b>  |
|--|--|---|---|
| Unable to do vital or most aspects of personal care causing major harm or danger to customer or others or major risks to independence                | Unable to do many aspects of personal care causing significant risk of danger or harm to customer or others or there are significant risks to independence | Unable to do some aspects of personal care indicating some risk to independence         | Difficulty with one or two aspects of personal care, domestic routines and/or home environment indicating little risk to independence |
| Unable to manage the most vital or most aspects of domestic routines causing major harm or danger to client or others or major risks to independence | Unable to manage many aspects of domestic routines causing significant risk or harm or danger to client or others or significant risk to independence      | Able to manage some aspects of domestic activities indicating some risk to independence | Able to manage most aspects of basic domestic activities  |
| Extensive / complete loss of choice and  | Substantial loss of choice and control managing home environment   | Able to manage some aspects of home   | Able to manage most basic aspects of home   |



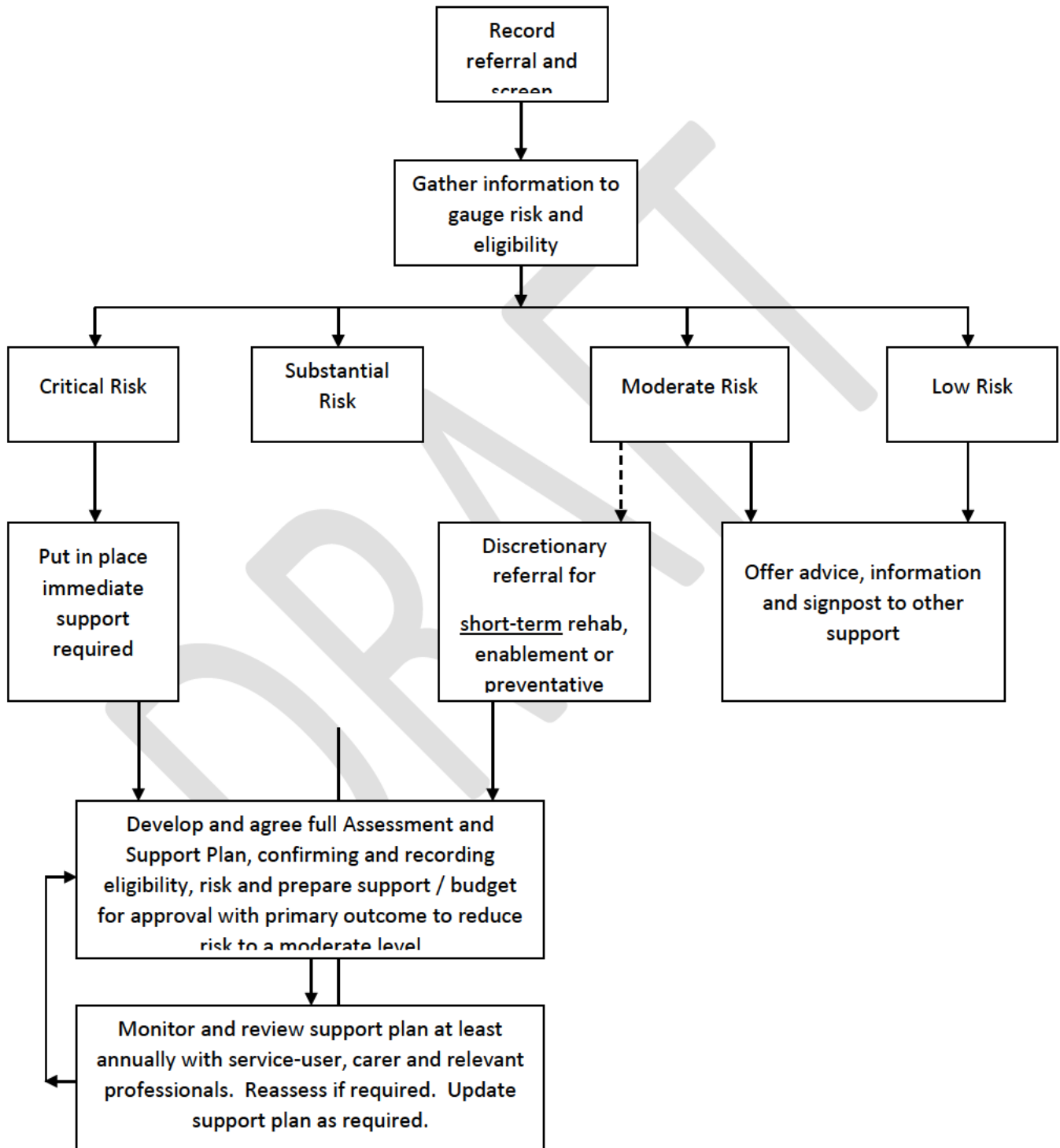
|  |  |   |             |
|--|--|---|-------------|
| control over vital aspects of home environment causing major harm or danger to customer or others or there are major risks to independence | causing a significant risk of harm or danger to client or others or significant risk to independence | environment leaving some risk to independence | environment |
|--|--|---|-------------|

**Risks relating to participation in community life**

| <b>Critical</b>  | <b>Substantial</b>  | <b>Moderate</b>   | <b>Low</b>  |
|--|---|---|---|
| Unable to sustain involvement in vital aspects of work/ education/learning causing serious loss of independence  | Unable to sustain involvement in many aspects of work/ education/learning causing a significant risk to losing independence   | Unable to manage several aspects of involvement in work/ education/learning and this will in the foreseeable future pose a risk to independence | Has difficulty undertaking one or two aspects of work/ education/family and/or social networks indicating little risk to independence |
| Unable to sustain involvement in vital or most aspects of family/ social roles and responsibilities and social contact causing severe loss of independence | Unable to sustain involvement in many aspects of family/social roles and responsibilities and social contact causing significant distress and/or risk to independence | Able to manage some aspects of family/ social roles and responsibilities and social contact that poses some risk to independence                | Able to manage most aspects of family/ social roles and responsibilities and social contact indicating little risk to independence    |

## 7 ASSESSMENT PROGRESSION FLOW CHART

7.1 The following chart indicates the progression from initial referral to the provision of support. It indicates where the process of determining eligibility falls within the process and illustrates how the intensity of risk and access to support services is determined using the eligibility criteria.



**East Dunbartonshire HSCP**  
**Agenda Items for HSCP Board meeting**  
**May 2019 – March 2020**

**Half Day HSCP Board Development Sessions**

26<sup>th</sup> April 2019 – Unscheduled Care

3<sup>rd</sup> October 2018 - Review of Business Plan and Future Priorities

**HSCP Board agenda items for - 10<sup>th</sup> May 2019**

The Learning Disability Review

Update on the Home Care review

**HSCP Board agenda items for 27<sup>th</sup> June 2019**

**Topic Specific Seminar - Children's Services**

Draft Annual Performance Report

Quarterly Performance Report Q3 and Q4

Review of Winter Plan18/19

Oral Health – Public Dental Service review

Workforce Plan update

Clinical Governance Annual report 18/19

Strategic Inspection of Adult Services – outcome and response

Community Care (Personal Care and Nursing Care) (Scotland) Amendment (No. 2) Regulations 2018 (Frank's Law)

**HSCP Board agenda items for 5<sup>th</sup> September 2019**

Progress report on Primary Care Improvement Plan

Climate change report

Autism Strategy 2014 – 2024 Refresh

Chief Social Work Officer's Annual Report 2018 – 2019

Oral Health Performance report

**HSCP Board agenda items for 14<sup>th</sup> November 2019**

**Topic Specific Seminar - Public Health Reform**

Quarterly Performance Report

|   |
|---|
| Winter Plan -2019/20  |
| <b>HSCP Board agenda items for 23rd January 2020</b>          |
| Quarterly Performance report Q2                               |
| <b>HSCP Board agenda items for 26<sup>th</sup> March 2020</b> |
| Topic Specific Seminar - to be agreed                         |



ED HSCP Board distribution list at February 2019

| ED HSCP BOARD MEMBERS - VOTING             |   |                            |
|--|---|----------------------------|
| Name                                       | Designation   |                            |
| Jacqueline Forbes                          | Chair - NHS non-executive Board Member                  | 1                          |
| Margaret McGuire                           | NHS non-executive Board Member                          | 1                          |
| Susan Murray                               | Vice Chair -EDC Elected member                          | 1                          |
| Sheila Mechan                              | EDC Elected member                                      | 1                          |
| Alan Moir                                  | EDC Elected member                                      | 1                          |
| Ian Ritchie                                | NHS non-executive Board Member                          | 1                          |
| ED HSCP BOARD MEMBERS - NON VOTING         |   |                            |
| Susan Manion                               | Chief Officer   | 1                          |
| Jean Campbell                              | Chief Finance & Resources Officer                       | 1                          |
| Gordon Thomson                             | Voluntary Sector Representative                         | 1                          |
| Martin Brickley                            | Service User Representative                             | 1                          |
| Jenny Proctor                              | Carers Representative                                   | 1                          |
| Andrew McCready                            | Trades Union Representative                             | 1                          |
| Thomas Robertson                           | Trades Union Representative                             | 1                          |
| Lisa Williams                              | Clinical Director for HSCP                              | 1                          |
| Adam Bowman                                | Acute Services Representative                           | 1                          |
| Paolo Mazzoncini                           | Chief Social Work Officer / Head of Children's Services | 1                          |
| ED HSCP SUPPORT OFFICERS - FOR INFORMATION |   |                            |
| Linda Tindall                              | Organisational Development Lead                         | <b>e-copy only</b>         |
| Caroline Sinclair                          | Head of Mental Health, LD, Addictions and HI            | 1                          |
| Derrick Pearce                             | Head of Adult and Primary Care Services                 | 1                          |
| Gillian McConnachie                        | Chief Internal Auditor HSCP                             | <b>e-copy only</b>         |
| Karen Donnelly                             | EDC Chief Solicitor and Monitoring Officer              | <b>e-copy only</b>         |
| Martin Cunningham                          | EDC Corporate Governance Manager                        | 3                          |
| Jennifer Haynes                            | Interim Corporate Services Manager                      | <b>e-copy only</b>         |
| Louise Martin                              | Head of Administration, ED HSCP                         | <b>e-copy only</b>         |
| Frances McLinden                           | General Manager, Oral Health Directorate                | <b>Paper copy / e-copy</b> |
| Tom Quinn                                  | Head of Human Resources                                 | <b>e-copy only</b>         |
| Caroline Smith                             | Human Resources   | <b>e-copy only</b>         |
| Elaine Van Hagen                           | Head of NHS Board Administration                        | <b>e-copy only</b>         |
| For information only (Substitutes)         |   |                            |
| Councillor Mohrag Fischer                  | EDC Elected member                                      | <b>e-copy only</b>         |
| Councillor Graeme McGinnigle               | EDC Elected member                                      | <b>e-copy only</b>         |
| Councillor Rosie O'Neil                    | EDC Elected member                                      | <b>e-copy only</b>         |
| A. Jamieson                                | Carers Representative                                   | <b>1 copy</b>              |