

For meeting on

18 NOVEMBER 2021

Agenda 2021

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 18 November 2021 at 9.00am** or via remote access during COVID Pandemic restriction arrangements to consider the undernoted business.

Chair: Jacqueline Forbes

East Dunbartonshire Health and Social Care Partnership
Integration Joint Board

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

A G E N D A

Sederunt and apologies

Topic Specific Seminar – Strategic Plan (Alan Cairns)

Any other business - Chair decides if urgent

Signature of minute of meeting for the HSCP Board held on; 16 September 2021

Item	Report by	Description		For Noting/ Approval
STANDING ITEMS				
1.	Chair	Declaration of interests	verbal	Noting
2.	Martin Cunningham	Minute of HSCP Board held on 16 September 2021	Paper 1 - 8	Approval
3.	Caroline Sinclair	Chief Officer's Report	verbal	Noting
STRATEGIC ITEMS				
4.	Caroline Sinclair	HSCP Strategic Plan	Paper 9 - 20	Approval
5.	Derrick Pearce	Winter Plan for Health and Social Care	Paper 21 - 48	Noting

6.	Alex Meikle	Third Sector update	Paper 49 - 54	Noting
7.	Claire Carthy	NHSGGC Specialist Children's Services Mental Health Recovery & Renewal CAMHS Funding	Paper 55 - 70	Approval
8.	David Aitken	Drug Related Death Report - 2020	Paper 71 - 76	Noting
9.	Caroline Sinclair	National Care Service Consultation – EDHSCP IJB Response	Paper 77 - 86	Approval
GOVERNANCE ITEMS				
10.	Caroline Sinclair	Chief Social Work Officer Annual Report 2020 – 21	Paper 87 - 130	Noting
11.	Jean Campbell	Financial Monitoring Report – Month 6	Paper 131 - 156	Approval
12.	Tom Quinn	Workforce Plan 2022 - 2025	Paper 157 - 166	Noting
13.	Tom Quinn	Staff Wellbeing	Paper 167 - 174	Noting
14.	Jean Campbell	Corporate Risk Register	Paper 175 - 180	Approval
15.	Jean Campbell	Draft Performance Audit and Risk Minutes held on 28 October 2021	Paper 181 - 190	Noting
16.	Paul Treon	Clinical and Care Governance Minutes held on 11 August 2021	Paper 191 - 202	Noting
17.	Derrick Pearce	Strategic Planning Group Minutes held on 19 August 2021	Paper 203 - 210	Noting
18.	Tom Quinn	Staff Forum Minutes held on 13 September 2021	Paper 211 - 218	Noting
19.	Gordon Cox	Public Service User and Carer Group Minutes held on 7 October 2021	Paper 219 - 228	Noting
20.	Caroline Sinclair	East Dunbartonshire HSCP Board Agenda Planner	Paper 229 - 232	Noting
21.	Chair	Any other competent business – previously agreed with Chair	Verbal	
FUTURE HSCP BOARD DATES				
<p>Date of next meeting – 9.30am to 1pm if Seminar schedule start time will be 9am.</p> <p style="text-align: center;">Thursday 20 January 2022</p> <p>All held in the Council Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT or via remote access during COVID Pandemic restriction arrangements</p>				



Minute of virtual meeting of the Health & Social Care Partnership Board held on **Thursday, 16 September 2021.**

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

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

Non-Voting Members present:

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

Jacquie Forbes (Chair) presiding

Also Present: D. Aitken	Interim Head of Adult Services
A. Cairns	Planning, Performance & Quality Manager
C. Carthy	Interim Head of Children's Services & Criminal Justice
M. Cunningham	Corporate Governance Manager – EDC
G. McConnachie	Internal Auditor
V. McLean	Corporate Business Manager – ED HSCP
D. Pearce	Head of Community Health and Care Services
T. Quinn	Head of Human Resources - ED HSCP
A. Willacy	Planning, Performance & Quality Manager

OPENING REMARKS

The Chair welcomed everyone to the meeting and in particular Councillor Jim Goodall who replaced Councillor Susan Murray. Council Goodall was appointed as Vice Chair of the ED HSCP IJB and Chair of the Performance, Audit & Risk Management Committee

APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Allan Robertson, MHS Trades Union Representative.

ANY OTHER URGENT BUSINESS

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD
16 SEPTEMBER 2021**

None

1. DECLARATION OF INTEREST

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

2. MINUTE OF MEETING – 24 JUNE 2021

There was submitted and approved a minute of the meeting of the Health & Social Care Partnership (HSCP) Board held on 24 June 2021.

3. INTERIM CHIEF OFFICER'S REPORT

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

- Recent impact of increased Covid transmission in the area and nationally
- 1st Annual Review – Children's Houses Project – Transformation project – very positive review
- Commencement of Flu vaccine and Third Covid booster rollout across the area and nationally.

Following questions the Board noted the information.

4. HSCP STRATEGIC PLAN

A Report by the Planning, Performance and Quality Managers, copies of which had previously been circulated, updated the update the HSCP Board on the outcome of the consultation on the development of a new HSCP Strategic Plan 2022-25 and sought agreement on a final set of priorities upon which the new Strategic Plan would be developed.

The report also invited the HSCP Board to consider an updated Joint Strategic Needs Assessment that set out the demographic profiles and health and social care needs and trends in East Dunbartonshire, in support of strategic planning. A joint Strategic Needs Assessment specific to children and young people was also included with this report for information, which was originally prepared last year to support the development of the Integrated Children's Services Plan. Full details were contained within the Report and attached Appendix.

In the ensuing discussion the Board heard the Planning, Performance & Quality Manager in response to questions. Members noted the substantial volume of useful information which the Board agreed would provide useful background and context for other areas of HSCP work. Thereafter the Board noted the content of the Report and noted of the summary of consultative finding as set out in Appendix 1.

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD
16 SEPTEMBER 2021**

5. UNSCHEDULED CARE DESIGN AND DELIVERY PLAN

A Report by the Head of Community Health & Care Services, copies of which had previously been circulated, presented the draft GG&C Unscheduled Care Design and Delivery Plan as the updated and refreshed NHS Board-wide strategic commissioning plan for unscheduled care. Full details were contained within the Report and attached Appendices.

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

- Approved in principle the draft Design & Delivery Plan 2021/22-2023/24 attached as the updated and refreshed Board-wide unscheduled care improvement programme, subject to further consideration across GG&C governance groups;
- Approved the financial framework outlined in section 7 of the Plan, noting specifically that the funding shortfall identified would require to be addressed to support full implementation of phase 1 and consider the future allocation of IJB resources to support this;
- Noted the performance management arrangements to report on and monitor progress towards delivery of the Plan, including the KPIs and projections for emergency admissions for 2022/23 outlined in section 8 of the plan;
- Approved the governance arrangements outlined in section 9 of the Plan to ensure appropriate oversight of delivery;
- Noted the ongoing engagement work with clinicians, staff and key stakeholders;
- Noted that a further update would be provided on the formal adoption of the plan across GG&C, specifying the delivery of the programme towards the end of 2021/22, including the financial framework; and,
- Noted that the Plan would be reported to all six IJBs and the Health Board Finance, Audit and Performance Committee during the next meeting cycle.

6. COMMUNITY TRANSPORT UPDATE

The Third Sector Representative / Chief Officer, East Dunbartonshire Voluntary Action (EDVA), provided a Report to the Board, copies of which had previously been circulated, informed IJB members of the progress of the East Dunbartonshire Community Transport Initiative. Full details were contained within the Report and Appendix 1: Community Transport Update September 2021

Following consideration, the Board noted the importance of establishing Community Transport and also noted the content of the Report.

Sederunt: Ian Ritchie left the meeting prior to consideration of the next item.

7. CARERS STRATEGY 2019 - 2022

HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD
16 SEPTEMBER 2021

The Interim Head of Adult Services, provided a Report to the Board, copies of which had previously been circulated, seeking Board agreement and authorisation to extend the current Carers' Strategy 2019-22 by one year to 31st March 2023.

Following questions and further discussion, the Board noted the contents of the Report and approved the extension of Carers Strategy by one year due to the Covid-19 pandemic to 31st March 2023.

8. NATIONAL CARE SERVICE CONSULTATION

A Report by the Interim Chief Officer and Chief Social Work Officer, copies of which had previously been circulated, made members aware of the launch, on 9 August 2021, by Scottish Government, of the National Care Service – Consultation.

Following discussion, the Board agreed that any response should be informed by the local information gathered under the Strategic Plan (Item 4 above refers) and thereafter noted the Report.

9. ANNUAL PERFORMANCE REPORT 2020-21

A Report by the Planning, Performance and Quality Manager, copies of which had previously been circulated, presented and sought approval for the HSCP Annual Performance Report for the year 2020-21 that details progress in line with the Strategic Plan and National Health and Wellbeing Outcomes. The Annual Performance report 2020-21 is set out at Appendix 1.

The Service User Representative revisited previous concerns regarding suitable premises for establishing a clinic in the West Locality area. The Chief Finance Officer provided an update on the next steps outlined by GG&C. The Head of Human Resources-ED HSCP provided an update regarding – staff exhaustion, staff wellbeing etc against the background of rising numbers of Covid in the area and the preparations for Winter planning

Following consideration, the Board considered and approved for publication the Annual Performance report 2020-21.

10. HSCP QUARTER 1 PERFORMANCE REPORT 2021-22

A Report by the Planning, Performance and Quality Manager, copies of which had previously been circulated, informed the HSCP Board of progress made against an agreed suite of performance targets and measures, relating to the delivery of the HSCP strategic priorities, for the period April to June 2021 (Quarter 1). Full details were contained within the Report and Appendix.

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

- a) to note the content of the Report; and
- b) to consider the Quarter 1 Performance Report 2021-22 at Appendix 1.

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD
16 SEPTEMBER 2021**

11. EAST DUNBARTONSHIRE HSCP CLINICAL AND CARE GOVERNANCE GROUP ANNUAL REPORT 2020-21

A Report by the Clinical Director, copies of which had previously been circulated, share the Annual Clinical and Care Governance Report 2020 to 2021. Full details were contained within the Report and Appendix 1.

Following questions comments and consideration, the Board noted the content of the Annual Clinical and Care Governance Report for period April 2020 to March 2021

12. CLINICAL AND CARE GOVERNANCE GROUP TERMS OF REFERENCE AND GOVERNANCE STRUCTURE

A Report by the Clinical Director, copies of which had previously been circulated, share the Terms of Reference for the East Dunbartonshire Clinical and Care Governance Group and Governance Structure. Full details were contained within the Report and Appendix 1 – Clinical and Care Governance Group Terms of Reference and Clinical and Care Governance Structure

Following consideration, the Board approved the Terms of Reference and Governance Structure for the Clinical and Care Governance Group.

13. FINANCIAL PERFORMANCE BUDGET 2020-21 – MONTH 4

A Report by the Interim Chief Finance & Resources Officer, copies of which had previously been circulated, update the Board on the financial performance of the partnership as at month 4 of 2021/22. Full details were contained within the Report and appended were: Appendix 1 – Budget Reconciliation 2021/22; Appendix 2 – Integrated HSCP Financial Performance at Month 4; Appendix 2a – NHS Financial Performance at Month 4; Appendix 2b – Social Work Financial Performance as at Period 4; Appendix 3a – NHS Budget Monitoring Report Month 4; Appendix 3b – Social Work Budget Monitoring Report Period 4; Appendix 4 – HSCP Savings Update 21/22; Appendix 5 – Direction Template.

Following consideration, the Board agreed as follows:-

- a) to note the projected Out turn position is reporting a year end under spend of £1.4m as at month 4 of 2021/22. This assumes a drawdown of earmarked reserves and full funding from Scottish Government (SG) to support Covid expenditure for the year over and above that held within HSCP reserves for this purpose;
- b) to note and approve the budget adjustments outlined within paragraph 3.2 (Appendix 1);
- c) to note the HSCP financial performance as detailed in (Appendix 2);

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD
16 SEPTEMBER 2021**

- d) to note the progress to date on the achievement of the current, approved savings plan for 2021/22 as detailed in (Appendix 4);
- e) to note the impact of Covid related expenditure during 2021/22; and
- f) to note the summary of directions set out within (Appendix 5).

14. HSCP DRAFT PERFORMANCE AUDIT AND RISK MINUTES HELD ON 28TH JUNE 2021

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

Following consideration, the Board noted the contents of the minutes of the HSCP Performance, Audit and Risk Committee meeting held on 28th June 2021

15. CLINICAL AND CARE GOVERNANCE GROUP MEETING HELD ON 2ND JUNE 2021

A Report by the Clinical Director, copies of which had previously been circulated, enclosed the minutes of the Clinical & Care Governance Group meeting held on 2nd June 2021.

Following consideration, the Board noted the minutes.

16. HSCP STRATEGIC PLANNING GROUP MINUTES HELD OF 22ND APRIL 2021

A Report by the Head of Community Health and Care Services, copies of which had previously been circulated, enclosed the minutes of the HSCP Strategic Planning Group held on 25th April 2021.

Following consideration, the Board noted the contents of the HSCP Strategic Planning Group held on 25th April 2021.

17. STAFF PARTNERSHIP FORUM MINUTES HELD OF 14TH JUNE 2021

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

Following consideration, the Board noted the contents of the Staff Forum meeting minute of 14th June 2021

18. PUBLIC SERVICE USER & CARER (PSUC) UPDATE

A Report by the Health Improvement & Inequalities Manager, copies of which had previously been circulated, outlined the processes and actions undertaken in the

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD
16 SEPTEMBER 2021**

development of the Public, Service User & Carer Representatives Support Group (PSUC). Full details were contained within the Report and Appendix 1: Public Service User and Carer Support Group of 2nd August 2021; and Appendix 2: PSUC Newsletter Summer 2021.

Following consideration, the Board noted the progress of the recent recruitment to the Public, Service User & Carer (PSUC) Representatives Support Group and congratulated the PSUC members.

19. EAST DUNBARTONSHIRE HSCP BOARD AGENDA PLANNER – JANUARY 2021 – MARCH 2022

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

20. ANY OTHER COMPETENT BUSINESS

None.

21. DATES OF NEXT MEETINGS

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

- Thursday, 18th November 2021 at 9.30 am.

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

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18TH NOVEMBER 2021

REPORT REFERENCE: HSCP/181121/04

CONTACT OFFICER: ALAN CAIRNS / ALISON WILLACY (J/S)
PLANNING, PERFORMANCE AND QUALITY
MANAGER

SUBJECT TITLE: HSCP STRATEGIC PLAN

1.1 PURPOSE

1.2 The purpose of this report is to bring forward for approval an outline programme of action in support of the agreed Strategic Priorities and Enablers that will form the framework of the new Strategic Plan 2022-25.

2.1 RECOMMENDATIONS

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

2.2 Note the content of this report;

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

2.4 Note the “Plan on a Page” at **Appendix 2**, which will also be further developed for inclusion in the draft Strategic Plan 2022-25.

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.1 **BACKGROUND/MAIN ISSUES**

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

3.3 At its meeting on 16 September 2021, the HSCP Board was apprised of the outcome of the consultation exercise and approved a final set of strategic priorities and enablers upon which the new Strategic Plan will be developed. The HSCP Board also noted that Public Protection would be considered as an addition to the list of strategic priorities, to ensure appropriate visible profile was given to this. Public Protection has now been added to the Strategic Priorities as a consequence of these considerations. The final set of strategic priorities and enablers is as follows

Strategic Themes	Strategic Enablers
Empowering People	Workforce and Organisational Development
Empowering Communities	
Prevention and Early Intervention	Medium Term Financial and Strategic Planning
Public Protection	
Supporting Carers and Families	Collaborative Commissioning
Improving Mental Health and Recovery	Infrastructure and Technology
Post Pandemic Renewal	
Maximising Operational Integration	

3.4 Further work has been undertaken to prepare an outline programme of action in pursuance of these strategic priorities and enablers. This proposed programme of action essentially constitutes an outline 3-year delivery plan and will be the subject of the topic specific seminar at the HSCP Board meeting of 18 November, in support of this report. The approach to bring forward this outline delivery plan is consistent with the iterative approach to the development of the new Strategic Plan that seeks to engage the HSCP Board members at each significant stage in its development. The feedback from Board members at the seminar session will contribute to the further refinement of this work.

3.5 It is recognised that this outline 3-year delivery plan will require further technical development to ensure it is SMART (Specific, Measurable, Achievable, Realistic and Timebound). With in-principle agreement of the HSCP Board on the parameters of the outline 3-year delivery plan and with feedback from the seminar session, the Chief Officer will build this programme of action into a substantive draft Strategic Plan 2022-25, for consideration by the HSCP Board at its January 2022 meeting.

4.1 **IMPLICATIONS**

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan;-

This report relates directly to the preparation of the next Strategic Plan for the period 2022-25.

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

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

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

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

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

4.7 Procurement – None.

4.8 ICT – None.

4.9 Corporate Assets – None.

4.10 Equalities Implications – The Strategic Plan aims to promote equality and address inequalities therefore there is a positive impact.

4.11 Sustainability – None.

4.12 Other – None.

5.1 **MANAGEMENT OF RISK**

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

5.2 None at this stage. A suite of impact assessments will be undertaken to support the development of the HSCP Strategic Plan later in the drafting process.

6.1 **IMPACT**

- 6.2 STATUTORY DUTY** – There is a legal requirement to prepare a Strategic Plan
- 6.3 EAST DUNBARTONSHIRE COUNCIL** – East Dunbartonshire Council is a partner of the HSCP and constituent body of the HSCP Board. The Council is also a prescribed consultee of the Strategic Plan, so will be directly engaged in the development of the plan. The approval of the Strategic Plan rests with the HSCP Board.
- 6.4 NHS GREATER GLASGOW & CLYDE** – Greater Glasgow and Clyde Health Board is a partner of the HSCP and constituent body of the HSCP Board. The Health Board is also a prescribed consultee of the Strategic Plan, so will be directly engaged in the development of the plan. The approval of the Strategic Plan rests with the HSCP Board.
- 6.5 DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required.
- 7.1 POLICY CHECKLIST**
- 7.2** This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and at this stage not a new policy or change to an existing policy document. When a draft Strategic Plan is prepared, it will be subject to full impact assessment.
- 8.1 APPENDICES**
- 8.2 Appendix 1:** HSCP Strategic Plan 2022-25: Outline Delivery Plan
- 8.3 Appendix 2:** Strategic Plan “Plan on a Page” (evolving draft)

HSCP Strategic Plan 2022-25: Proposed Programme of Action in Support of Strategic Priorities and Enablers

The following actions will apply to all ages unless otherwise stated.

PRIORITY / ENABLER	ACTION TITLE	OBJECTIVE(S)		DELIVERY MECHANISMS
		REDESIGN	IMPROVEMENT	
Strategic Priorities				
Empowering People	Improving personalisation	Embed and further develop digital solutions made during the pandemic, to support transition towards self-management in key areas (e.g. diabetes, COPD, CHD).	Further developing person centred, rights-based, outcome focused approaches	<ul style="list-style-type: none"> • SDS Improvement Plan • <i>NEW: Self-Management Framework and Action Plan</i> • Fair Access to Community Care Policy
	Reducing inequality and inequity of outcomes		Further reducing inequality of health outcomes and embedding fairness and consistency in service provision	<ul style="list-style-type: none"> • Locality Plans • Place Plans • Public Health Improvement Strategy
	Improving information and communication		Improving service information and public communication systems, advice, reflecting specific communication needs and preferences.	<ul style="list-style-type: none"> • HSCP Communications Strategy and Action Plan
Empowering Communities	Building informal support options	Working with communities to develop a network of assets and informal supports, to complement formal, statutory support options.		<ul style="list-style-type: none"> • <i>NEW: Empowering Communities Strategy and Action Plan (building informal support options, local integrated teams and locality access arrangements)</i> • Locality Plans • Place Plans

PRIORITY / ENABLER	ACTION TITLE	OBJECTIVE(S)		DELIVERY MECHANISMS
		REDESIGN	IMPROVEMENT	
	Building local integrated teams	Developing local, co-located services with integrated multi-disciplinary teams to improve services and reduce our carbon footprint.		<ul style="list-style-type: none"> • Primary Care Improvement Plan • Locality Plans • <i>NEW: Empowering Communities Strategy and Action Plan (as above)</i> • Accommodation strategy
	Modernising day services	Redesigning day services for older people and adults with learning disabilities, to create a wider range of informal and formal support options.		<ul style="list-style-type: none"> • Older People Day Services Strategy and action plan. • Adult Learning Disability Strategy and action plan. • Learning Disability Day Services Redesign Principles
Prevention and Early Intervention	Extending rehabilitation and reablement		Further developing rehabilitation services and reablement approaches to sustain people for longer in the community	<ul style="list-style-type: none"> • Framework for Supporting People through Recovery and Rehabilitation during and after the COVID-19 Pandemic – national strategy and local implementation plan.
	Supporting diversion from prosecution		Extend the range of options for diversion from prosecution available to the Procurator Fiscal Service to extend ability to address the underlying causes of offending, as an alternative to prosecution	<ul style="list-style-type: none"> • National Guidelines on Diversion from Prosecution in Scotland
	Improving school nursing services		Developing School Nursing Services in line with the GG&C overall improvement plan.	<ul style="list-style-type: none"> • The School Nursing Redesign Plan
Delivering our Key Social Work Public Protection Statutory Duties	Prioritising public protection		Ensuring the highest quality standards in identifying and responding to actual and potential social work public protection concerns.	<ul style="list-style-type: none"> • Adult Protection Committee Action Plan • Child Protection Committee Action Plan • Delivery of MAPPA duties • Engagement in MARAC processes • East Dunbartonshire Trauma Collaborative • North Strathclyde Joint Investigative Interviewing Pilot Project

PRIORITY / ENABLER	ACTION TITLE	OBJECTIVE(S)		DELIVERY MECHANISMS
		REDESIGN	IMPROVEMENT	
Supporting Families and Carers	Supporting carers with their own needs and in their caring role		Recognising better the contribution of informal carers and families in keeping people safe and supporting them to continue to care if that is their choice.	<ul style="list-style-type: none"> • Carers Strategy and action plan
	Implementing The Promise for children and young people		Ensuring that every care experienced child grows up loved, safe and respected, able to realise their full potential	<ul style="list-style-type: none"> • The Promise Scotland local delivery plan
	Strengthening corporate parenting		Strengthened corporate parenting, to improve longer term outcomes for care experienced young people, by community planning partners working collectively	<ul style="list-style-type: none"> • Implement the Corporate Parenting Action Plan • Delivery of Children's House Project
Improving Mental Health and Recovery	Improving adult mental health and alcohol and drugs recovery	Redesigning services for adult mental health and alcohol and drugs services to develop a recovery focussed service		<ul style="list-style-type: none"> • Mental Health & Alcohol and Drugs Recovery Strategy and Action Plan
	Improving mental health support for children and young people		The provision of faster, more responsive support for children and young people with mental health challenges	<ul style="list-style-type: none"> • NHSGGC CAMHS Improvement Plan • Delivery of the Children and Young People's Mental Health Framework through the Delivering for Children and Young People Partnership
	Improving post-diagnostic support for people with dementia		Implementation of strategy to increase the capacity of the post diagnostic support service	<ul style="list-style-type: none"> • East Dunbartonshire HSCP Dementia Strategy and Action Plan

PRIORITY / ENABLER	ACTION TITLE	OBJECTIVE(S)		DELIVERY MECHANISMS
		REDESIGN	IMPROVEMENT	
Post Pandemic Renewal	Understanding and responding to the impact of the pandemic	Understanding the impact of the pandemic on the health and wellbeing of our population (including those living in care homes), and the responses necessary to meet these needs and resource requirements.		<ul style="list-style-type: none"> • Undertaking analysis on the potential impacts (direct and indirect) of the pandemic on the health and social care needs of the population. • Remobilising services aligned to presenting and anticipated needs of the population, post pandemic.
Maximising Operational Integration	Right Care Right Place: urgent health care redesign	Improving patient experience, safety, clinical outcomes, and organisational efficiency in responding to and managing urgent health care needs		<ul style="list-style-type: none"> • Unscheduled Care Design and Delivery Plan • Primary Care Improvement Plan
	Developing integrated quality management arrangements		Further development of robust, quality-driven clinical and care governance arrangements that reflect the National Health and Social Care Standards and the Partnership's Quality Management Framework	<ul style="list-style-type: none"> • National Health and Social care Standards • HSCP Quality Management Framework • Clinical and Care Governance Group
Strategic Enablers of Change				
Workforce and Organisational Development	Supporting the wellbeing of the health and social care workforce	Responding to the pressures across all staff, independent contractors, commissioned services, partners and stakeholders due to the impact of the pandemic, with wellbeing support prioritised.		<ul style="list-style-type: none"> • Workforce Plan 22:25 • Organisational Development Plan • Covid-19 Staff Health and Wellbeing Support Strategy • National Workforce Strategy

PRIORITY / ENABLER	ACTION TITLE	OBJECTIVE(S)		DELIVERY MECHANISMS
		REDESIGN	IMPROVEMENT	
	Equipping the workforce and workplace during and after the pandemic	Ensuring that the workforce and the workplace is prepared and equipped to respond to the impact of the pandemic.		<ul style="list-style-type: none"> • Workforce Plan 22:25 • Organisational Development Plan
	Redesigning the Public Dental Service to support the new delivery model	The redesign of the Public Dental Service to enable the service to proceed to implement a new service delivery model		<ul style="list-style-type: none"> • Oral Health Improvement Plan • Moving Forward Together Strategy
	Implementing a skills framework for supporting children's mental health and wellbeing		Supporting the improvement of children's mental health and wellbeing, by implementing a national workforce knowledge and skills framework.	<ul style="list-style-type: none"> • Children and Young People's Mental Health & Wellbeing: A Knowledge and Skills Framework for the Scottish Workforce – and East Dunbartonshire Implementation Plan
Medium term Financial and Strategic Planning	Maximising available resources		Maximising available resources through efficiency, collaboration and integrated working.	<ul style="list-style-type: none"> • SMART Financial Planning, with annual articulation through the HSCP Annual Delivery Plan
	Balancing investment and disinvestment		Balancing investment and disinvestment to deliver HSCP priorities within the medium term financial plan	<ul style="list-style-type: none"> • SMART Financial Planning, with annual articulation through the HSCP Annual Delivery Plan
Collaborative Commissioning	Co-designing solutions with the third and independent sectors	Building collaborative commissioning through the development of a new Commissioning Strategy that focuses on improved efficiency, co-designed and co-produced solutions and better outcomes in collaboration with third and independent sector providers.		<ul style="list-style-type: none"> • Commissioning Strategy and Market Facilitation Plan, updated to reflect new Strategic Plan.

PRIORITY / ENABLER	ACTION TITLE	OBJECTIVE(S)		DELIVERY MECHANISMS
		REDESIGN	IMPROVEMENT	
	Supporting primary care improvement		Supporting primary care improvement and multi-disciplinary working through collaboration and development in line with the new General Medical Services Contract Memorandum of Understanding	<ul style="list-style-type: none"> • Primary Care Improvement Plan • GMS Memorandum of Understanding
Infrastructure and Technology	Modernising health and social care facilities	Progress towards the development of appropriate, modern facilities that enable co-location of team members and services as well as alignment with GP Practices;		<ul style="list-style-type: none"> • HSCP Property Strategy and action plan
	Maximising the potential of digital solutions	The delivery of a comprehensive Digital Health and Social Care Action Plan that maximises the potential of digital solutions, whilst ensuring equality of access for everyone		<ul style="list-style-type: none"> • Digital Health & Care Action Plan (linked to national strategy)

EAST DUNBARTONSHIRE HSCP STRATEGIC PLAN ON A PAGE (DRAFT)

OUR VISION
Caring Together To Make A Difference

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

Empowering People	Empowering Communities	Prevention and Early Intervention	Public Protection	Supporting Families and Carers	Improving Mental Health and Recovery	Post Pandemic Renewal	Maximising Operational Integration
Improving personalisation	Building informal support options	Extending rehabilitation and reablement	Prioritising our Key Public Protection Statutory Duties	Supporting carers with their own needs and in their caring role	Improving adult recovery services	Understanding and responding to the impact of the pandemic	Right Care Right Place: urgent health care redesign
Reducing inequality and inequity of outcomes	Building local integrated teams	Supporting diversion from prosecution		Implementing The Promise for children and young people	Improving mental health support for children and young people		Developing integrated quality management arrangements
Improving information and communication	Modernising day services	Improving school nursing services		Strengthening corporate parenting	Improving post-diagnostic dementia support		
Workforce and Organisational Development		Medium Term Financial and Strategic Planning		Collaborative Commissioning			Infrastructure and Technology
Supporting the wellbeing of the health and social care workforce		Maximising available resources		Co-designing solutions with the third and independent sectors		Modernising health and social care facilities	
Equipping the workforce and workplace during and after the pandemic		Balancing investment and disinvestment		Supporting primary care improvement		Maximising the potential of digital solutions	
Implementing a skills framework for supporting children's mental health and wellbeing				Redesigning the Public Dental Service			
HSCP Improvement Plans		Wider Partnership Improvement Plans		Council & Health Board Improvement Plans		Hosted Services Improvement Plans	

HSCP Strategic Priorities

Commitments in support of the Strategic Priorities

HSCP Strategic Enablers

Commitments in support of the Strategic Enablers

The "Engine Room": work that will deliver the changes

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18 NOVEMBER 2021

REPORT REFERENCE: HSCP/181121/05

CONTACT OFFICER: DERRICK PEARCE, HEAD OF COMMUNITY HEALTH AND CARE SERVICES, TELEPHONE NUMBER 0141 232 8233

SUBJECT TITLE: WINTER PLANNING FOR HEALTH & SOCIAL CARE – NATIONAL FUNDING £300M

1.1 PURPOSE

- 1.2** The purpose of this report is to update the board on a range of measures and new investment being put into place nationally to help sustain health and social care services over the winter period and to provide longer term improvement in service capacity across our health and social care systems. The report sets out what this will mean for East Dunbartonshire HSCP and seeks approval to these proposals.

2.1 RECOMMENDATIONS

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

- 2.2** Note the investment and priorities for funding from Scottish Government over the winter period;
- 2.3** Note that a detailed plan is in development, to be brought to a future meeting of the IJB, for East Dunbartonshire to invest the allocated funding to meet the priorities set out in response to the winter pressures as set out from paragraph 3.8 onwards;
- 2.4** Delegate authority to the Interim Chief Officer and the Chief Finance & Resources Officer to refine and progress the detailed plan as the funding allocations and priorities for investment are confirmed, within the financial framework available.
- 2.5** Approve the proposed pay uplift of 5.47% for workers in Adult Social Care commissioned services as outlined in 3.11, within the financial envelope available to deliver on this proposal; and

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.1 **BACKGROUND/MAIN ISSUES**

- 3.2 The Cabinet Secretary for Health and Social Care announced new investment of more than £300m nationally in recurring funding as a direct response to the intense winter planning and systems pressures across health and social care services. A copy of the letter received is attached as **Appendix 1**.
- 3.3 This included an allocation of £28m (£8m to be directed to tackle the backlog in routine dental care) to aid General Practice over the winter period. Access to this funding will be through a bidding process where certain criteria have been met up to each HSCP NRAC share of the funding. A letter outlining the proposal for this funding is included as **Appendix 2**.
- 3.4 The new funding will support a range of measures to maximise capacity in our health and social care system, ensuring that those in the community who need support receive effective and responsive care, that people can be cared for in the most appropriate setting for their needs, improve pay for social care staff, and maximise capacity in hospitals and primary care.
- 3.5 A further letter was received on the 4th November from the Scottish Government which provided individual HSCP allocations across a number of the funding streams and provided further detail on the key components to be delivered as part of the additional winter funding for 2021/22. This is attached as **Appendix 3**.
- 3.6 Winter Planning preparations are predicated on four key principles:
1. *Maximising capacity*– through investment in new staffing, resources, facilities and services.
 2. *Ensuring staff wellbeing* – ensuring that they can continue to work safely and effectively with appropriate guidance and line-management and access to timely physical, practical and emotional wellbeing support.
 3. *Ensuring system flow* – through taking specific interventions now to improve planned discharge from hospital, social work assessment, provide intermediate care and increase access to care in a range of community settings to ensure that people are cared for as close to home as possible.
 4. *Improving outcomes* – through our collective investment in people, capacity and systems to deliver the right care in the right setting.
- 3.7 The national NHS and Social Care Winter Packages of additional funding includes:
- £15m to support the immediate recruitment of health and care support staff to provide additional capacity across a variety of services both in the community and in hospital settings with a specific focus on Agenda for Change bands 3 and 4 staff.
 - £20m to enhance Multi-Disciplinary Teams which should support with social work and care assessment, hospital-to-home and rapid response in the community. This should support effective discharge from hospital, diversion towards community based services and prevention of hospital admissions.
 - £40m to provide interim care solutions which enable patients currently in hospital to move into care homes and other community settings on an interim basis to support their recovery in an appropriate setting.

- £60m to expand care at home capacity to help fulfil unmet need and respond to the current surge in demand and complexity of individual needs which in turn will ease pressures on unpaid carers.
- £48m to support an uplift in pay for the social care sector, enabling an increase from at least £9.50 per hour to at least £10.02 per hour effective from the 1st December 2021.
- £28m to underpin a range of measures including accelerated multi-disciplinary team (MDT) recruitment to aid General Practice and targeted funding to tackle the backlog in routine dental care.
- COVID-19 Financial Support for Social Care Providers will continue with costs related to COVID-19 to support remobilisation and adherence to public health measures, the Social Care Staff Support Fund continuing until 31 March 2022 – these are currently reflected within the HSCP LMP returns to SG.
- £4m to support the well-being of the health and social care workforce. An immediate priority is to address people’s basic practical and emotional needs with £2m of this funding to be made available immediately.
- There is a range of other funding to be made available to support other aspects of winter planning in relation to nationally co-ordinated recruitment in specialist areas of need, international recruitment, professional regulators’ emergency Covid-19 registers and healthcare students. We await further information on how these aspects will be delivered and what the role, if any, there will be for HSCP’s.

3.8 A breakdown of the funding is set out in the table below, with indicative allocations for ED HSCP. These indicative allocations have yet to be confirmed in full, however provide an initial basis on which immediate planning can be progressed. These will be refined as the funding allocations become clearer.

Funding Area	National Allocation - part year	Allocation Mechanism	Indicative GG&C Allocation	Indicative ED NRAC Allocation	GAE Allocation per Allocation letter 4 Nov 21	Total Indicative ED Allocation 21/22	National Indicative Allocation - Full Year	ED Indicative Allocation - Full Year 2022/23
Multi Disciplinary Working - Support Staff	15,000,000	NHS	3,331,500	278,180		278,180		
Multi Disciplinary Working - Enhance MDTs	20,000,000	LA			408,000	408,000	40,000,000	785,600
Providing Interim Care	40,000,000	LA			816,000	816,000	20,000,000	392,800
Expanding Care at Home Capacity	62,000,000	LA			1,265,000	1,265,000	124,000,000	2,435,360
Social Care Pay Uplift	48,000,000	LA			942,720	942,720	144,000,000	2,828,160
Covid-19 Financial Support to Social Care Providers		LA			-	-		
Additional Funding to Support Primary Care	28,000,000	NHS	4,442,000	370,907		370,907		
National Recruitment			-	-		-		
International Recruitment	1,000,000	NHS	222,100			-		
Healthcare Students			-			-		
Wellbeing	4,000,000	NHS	888,400	74,181		74,181		
	218,000,000		8,884,000	723,269	3,431,720	4,154,989	328,000,000	6,441,920

3.9 The plans for use of the funding in East Dunbartonshire are being refined to ensure maximum benefit and value for money. All areas of investment are in line with the previously agreed NHS GG&C Unscheduled Care Design and Delivery Plan, East Dunbartonshire HSCP Unscheduled Care Plan and the East Dunbartonshire Primary Care Improvement Plan (PCIP). Key areas of investment in line with the funding streams described above are as follows:

3.10 Health and Care Support Workers

- Increased capacity in the core District Nursing Service to meet increased demand and complexity, with consideration of extended hours of service.
- Increased capacity in the core Community Rehabilitation Service to meet increased demand and complexity, with consideration of extended hours of service.

- Development of support capacity around frailty in care homes – falls prevention, equipment optimisation etc.
- Development of capacity to support health behaviour change and condition management for increased numbers of people living with Diabetes since lockdown.

3.11 Multidisciplinary Working

- Increased capacity in the Hospital Assessment Team to manage increased volume of demand around discharges from hospital and growing number of delayed discharges due to complexity and patients subject to the Adults with Incapacity Act.
- Increased capacity in locality social work teams to address demand increases and address initial assessment pressures.
- Increased registered nurse and Allied Health Professional capacity in core District Nursing and Community Rehabilitation Services to address patient backlog and increased complexity of presentations.
- Development of Frailty Practitioners to interface with the acute hospital front door to prevent avoidable admission to hospital.
- Development of weekend activity coordination support to better streamline access for patients and service users.

3.12 Interim Care Solutions

- To be scoped – potential to develop interim care at home service via a wraparound care at home model in lieu of bed based provision. This funding is non-recurring so a test of change to develop a longer term mainstream model is needed. East Dunbartonshire has no current evidence of need for additional bed capacity in care homes.

3.13 Care at Home

- Investment in specialist reablement capacity to help meet demand and complexity challenges.
- Increased Personal Carer capacity in core Care at Home service in Home For Me team to address increases in demand and complexity.
- Increased Senior Carer Capacity to free up Care at Home Supervisor time to undertake complex assessment and support plan review.
- Development of monitoring capacity to increase monitoring of purchased care to maximise capacity.
- Moving and Handling Assessment capacity to address backlogs.

3.14 Social Care Pay Uplift

- Funding has been made available to enable employers to update the hourly rate of Adult Social Care Staff offering direct care from £9.50 per hour to at least £10.02 per hour to take effect from the 1st December 2021. This will apply to commissioned services only.
- To ensure the policy can be delivered at speed, to tackle winter pressures as intended, the Scottish Government propose this is implemented using the same approach that was in development for the Annual Adult Social Care Workforce Uplift (AASCWU). This set out that a consistent % uplift should be applied to an agreed percentage of the full contract value, in line with typical workforce costs.
- The principles of this approach were agreed by COSLA Leaders on the 27th August 2021, with work underway to agree the weighting, based on evidence provided by Chief Finance Officers/Directors of Finance (24 returns were

received by the agreed delivery date, so analysis is based on evidence which is available).

- Based on the data collection exercise with Chief Finance Officers/Directors of Finance, that has taken place as part of the work being done for the AASCWU policy, the percentages are below:
 - Residential care – 71%
 - Non-residential – up to 86%
 - Personal Assistants – 89%
- This would therefore require a 5.47% uplift to the above percentages on the contact value, in order for providers to uplift pay for their eligible workforce from the 1st December 2021.
- Due to the nature of the implementation method, this may result in some providers having funds remaining once the policy intent has been fully delivered; consistent with the consequences of the agreed implementation for the AASCWU policy. Our expectation, following feedback from providers, is that this remaining funding would be limited. Similarly, some providers may find they do not have any additional funds. There is no evidence to suggest these providers will not have the funds available to pay the uplift for eligible staff, but they may find they have no additional funds to distribute across the wider workforce. Despite these points, this still remains the most balanced and practical delivery route.
- A requirement of funding would be that all funds are spent on uplifting workforce pay. There would be a condition that care workers delivering direct care would have their hourly rate lifted to at least £10.02, and any additional funds that may remain must be spent on improving pay for the directly employed workforce working within services (consistent with AASCWU).
- The funding is recurring and will be baselined into Local Government settlement from 2022/2023. The funding for 21/22 will be paid as the redetermination of the General Revenue Grant in March 2022.

3.15 Primary Care

- Investment to meet shortfalls in current funding levels in our Primary Care Improvement Fund allocation to delivery core Memorandum of Understanding commitments.
- Investment in primary care dental service and General Dental Practitioner support to address demand and capacity issues.

3.16 Wellbeing

- Investment in range of support for frontline staff, including wellbeing support, welfare packs and specialist input around reflective practice and resilience.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

- ### **4.2**
- The proposals in this paper have relevance to all aspects of the Board Strategic Plan, most particularly;
2. Enhance the quality of life and supporting independence for people, particularly those with long-term conditions
 3. Keep people out of hospital when care can be delivered closer to home
 5. People have a positive experience of health and social care services
 6. Promote independent living through the provision of suitable housing accommodation and support
 8. Optimise efficiency, effectiveness and flexibility
 9. Statutory Duty

- 4.3 Frontline Service to Customers – increased capacity across adult health and social care services will increase services to support vulnerable service users and respond to pressures in the system.
- 4.4 Workforce (including any significant resource implications) – Investment will be directed to increasing capacity across health and social care which will see a significant increase in staffing numbers and recruitment across a number of disciplines. The draft workforce plan will be refined and finalised in discussion with staff partnership colleagues.
- 4.5 Legal Implications – None
- 4.6 Financial Implications – significant investment has been provided through the Scottish Government to support winter planning and beyond on a recurring basis to increase capacity across the health and social care system. The funding allocations for East Dunbartonshire have been determined for 2021/22 with an expectation that the recurring funding allocations will be set out in the SG budget in December 2021 to support this agenda going forward.
- 4.7 Procurement – the uplifts to the pay for staff within our commissioned services across adult social work services will require an increase in the contractual values paid to care providers to support this pay uplift being passed onto impacted staff.
- 4.8 ICT – None.
- 4.9 Corporate Assets - None
- 4.10 Equalities Implications – None
- 4.11 Sustainability – funding will be provided on a recurring basis to increase capacity across adult health and social work services.
- 4.12 Other – none at this stage

5.1 **MANAGEMENT OF RISK**

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

- 5.2 Ability to recruit individuals to the areas required, at pace and in competition with other areas, will impact on ability to achieve desired outcomes to create additional capacity quickly. Early planning and recruitment to key roles will be required.
- 5.3 There is a risk that existing staff will move around the system as opportunities become available leaving other key areas of service delivery vulnerable as vacancies arise.
- 5.4 Timescales for recruitment will impact on ability to spend monies for the purpose intended in year which may result in monies being carried forward through reserves to be considered in future years on a non-recurring basis.
- 5.5 The basis of allocation of funding may result in shortfalls in certain areas, such as the pay uplift, which may compromise the delivery of aspects of policy as intended.

Continued dialogue through Scottish Government and COSLA to ensure a fair and robust allocation mechanism.

5.6 Capacity of external care providers to respond to increase in demand pressures will require working through current contractual frameworks to ensure capacity is maximised.

6.1 **IMPACT**

6.2 **STATUTORY DUTY** – None

6.3 **EAST DUNBARTONSHIRE COUNCIL** – significant increase in recruitment and number of posts, at pace, within adult social care services to create additional capacity to manage demand, particularly during the winter period and recurring into future years.

6.4 **NHS GREATER GLASGOW & CLYDE** - significant increase in recruitment and number of posts, at pace, within adult community health services to create additional capacity to manage demand, particularly during the winter period and recurring into future years.

6.5 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – East Dunbartonshire Council and NHS Greater Glasgow & Clyde (Directions template attached as **Appendix 4**)

7.1 **POLICY CHECKLIST**

7.2 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.1 **APPENDICES**

8.2 **Appendix 1:** Letter from John Burns and Donna Bell - 05.10.21

8.3 **Appendix 2:** Winter Support Funding Guidance – 22.10.21

8.4 **Appendix 3:** Letter from John Burns and Donna Bell – 04.11.21

8.5 **Appendix 4:** Direction template to East Dunbartonshire Council and NHS GG&C.

NHS Scotland Chief Operating Officer

John Burns



Director of Mental Wellbeing and Social Care

Donna Bell

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Local Authority Chief Executives

Chief Officers

Chief Social Work Officers

COSLA

Chairs, NHS

Chief Executives, NHS

Directors of Human Resources, NHS

Directors of Finance, NHS

Nurse Directors, NHS

By email

Dear colleagues,

Winter Planning for Health and Social Care

We are writing to confirm a range of measures and new investment being put into place nationally to help protect health and social care services over the winter period and to provide longer term improvement in service capacity across our health and social care systems.

This new investment of more than £300 million in recurring funding, as set out by the Cabinet Secretary for Health and Social Care in Parliament today (05 October 2021), is a direct response to the intense winter planning and systems pressures work that has taken place over recent weeks with stakeholders, including with health boards, local authorities, integration authorities, trade unions and non-affiliated staff-side representatives.

All of our winter planning preparations are predicated on four key principles:

1. *Maximising capacity* – through investment in new staffing, resources, facilities and services.



2. *Ensuring staff wellbeing* – ensuring that they can continue to work safely and effectively with appropriate guidance and line-management and access to timely physical, practical and emotional wellbeing support.
3. *Ensuring system flow* – through taking specific interventions now to improve planned discharge from hospital, social work assessment, provide intermediary care and increase access to care in a range of community settings to ensure that people are cared for as close to home as possible.
4. *Improving outcomes* – through our collective investment in people, capacity and systems to deliver the right care in the right setting.

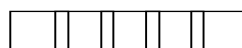
Collectively, these principles are designed to ensure the action we take now has a lasting and sustainable impact. We are not just planning to build resilience in our health and social care systems to see us through this winter; we are also building on the approach to recovery and renewal set out in the NHS Recovery Plan and through our continued efforts to improve social care support.

It is understood that collectively we continue to face significant demand across services and that current pressures are likely to further intensify over the winter period. We are grateful to you and your colleagues across the NHS, social work and social care who are working tirelessly to help us navigate through the on-going pandemic and to manage current demands.

You will already be aware that the NHS in Scotland will remain on an emergency footing until 31 March 2022. In connection with this, we are actively examining how we manage the volume of work connected with staff governance, staff experience and some on-going programmes of work over the winter period. This may include temporarily slowing or suspending some programmes – but this does not mean that the Scottish Government is no longer committed to completing those programmes. We are particularly mindful of the pressure on employer and staff time and wish to engage with you on how we manage work programmes that are not directly related to relieving winter service pressures, to enable us to support the objectives of maximising capacity and supporting staff wellbeing and, at the same time, progressing other Ministerial priorities.

The suite of new measures, and the actions now required of health boards, and in partnership with integration authorities and Local Authorities, is supported by significant new recurring investment. Further specific information on allocations to be made to individual areas will be provided to NHS Directors of Finance and IJB Chief Finance Officers in the coming days. Further discussions on Local Authority distribution mechanisms will take place urgently.

It is critical that we continue to work together to make progress at pace and we would like to offer our sincere thanks in advance for your collective efforts in implementing the suite of measures set out immediately below.



Multi-Disciplinary Working, including the recruitment of 1,000 Health and Care Support Staff

We are providing recurring funding to support the strengthening of Multi-Disciplinary Working across the health and social care system to support discharge from hospital and to ensure that people can be cared for as close to home as possible, reducing avoidable admissions to hospital. This includes up to £15 million for recruitment of support staff and £20 million to enhance Multi-Disciplinary Teams (MDTs) this year and recurring.

These MDTs should support with social work and care assessment, hospital-to-home and rapid response in the community. MDTs may encompass:

- Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers;
- Enabling additional resources for social work to support complex assessments, reviews and rehabilitation, as well as AWI work;
- Ensuring that people at home or in care homes have the most effective care and that care is responsive to changing needs;
- Rapid-response community MDTs to facilitate diversion away from GPs, Out of Hours services (OOH) and the Scottish Ambulance Service (SAS) into the community; and,
- Scaling up Hospital at Home to prevent or avoid admissions.

To further support this work, we are asking territorial health boards to recruit 1,000 new health care support workers, with a specific focus on Agenda for Change bands 3 and 4, immediately, to provide additional capacity across a variety of services both in the community and in hospital settings. Boards are also able to recruit to new band 2 roles in acute settings and to support progression of existing staff into promoted posts. These roles will support hospital services as well as support social care teams to enable discharge from hospital. Boards are asked to recruit staff to assist with the national programme of significantly reducing the number of delayed discharges.

It is essential that all of this increases capacity within local community systems and we are mindful that recruitment may inadvertently move staff from other sectors including Care at Home services and care homes. Decisions – including the decision to recruit new staff to MDTs – should be made in active consultation with H&SCP Oversight Groups, which have been stood up to manage community demand and the deployment of resources.

Boards should note that there will be a national recruitment campaign for social work and social care which will link in with activity being undertaken by Local Authorities.

Full details of the expected volume of staffing that each territorial board is expected to recruit, is set out at Annex A. It is expected that recruitment activity should be commenced immediately.

The Scottish Government has already provided £1 million of funding in-year across NHS Scotland to build capacity within recruitment teams and national health boards have offered to provide mutual-aid to territorial boards to manage new volume recruitment. Health boards have the flexibility to use recruitment agencies to assist with any aspect of the recruitment process.



NES has offered support with training and upskilling including residential fast-track induction in partnership with GJNH. This can take the form of developing 'Once for Scotland' induction and statutory and mandatory training at pace to allow mutual aid between boards on statutory and mandatory training and potential centrally coordinated Hub and Spoke training provision where boards would find this helpful.

Providing interim care

£40 million for 2021/22, and £20 million for 2022/23 has been provided to enable patients currently in hospital to move into care homes and other community settings, on an interim basis, to ensure they can complete their recovery in an appropriate setting. This is likely to be for a period of up to six weeks through an expedited process. Local teams will work with people and their families to explore options, maintaining choice and control. Multi-disciplinary teams will provide support to people in these interim settings to ensure they receive high quality, responsive healthcare and rehabilitation. Consent will, of course, be sought before discharge from hospital and safe clinical pathways, aligned with public health advice and guidance must be adhered to. Any placement is expected to be in their immediate locality or other suitable location. There will be no financial liability for the individual or their family towards the costs of the care home.

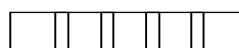
The offer of an interim placement should be made when the HSCP are unable to provide an appropriate care at home package immediately, or when the first choice care home is temporarily unavailable. A clear care plan for this period of interim care needs to be in place, with an agreed date for the placement to end, set out before the placement begins.

Expanding Care at Home capacity

£62 million for 2021/22, has been allocated for building capacity in care at home community-based services. This recurring funding should help to fulfil unmet need, and deal with the current surge in demand and complexity of individual needs, also helping to ease pressures on unpaid carers.

Therefore, this funding should be spent on:

- i. **Expanding existing services**, by recruiting internal staff; providing long-term security to existing staff; Enabling additional resources for social work to support complex assessments, reviews and rehabilitation; commissioning additional hours of care; commissioning other necessary supports depending on assessed need; enabling unpaid carers to have breaks.
- ii. **Funding a range of approaches to preventing care needs from escalating**, such as intermediate care, rehabilitation or re-enablement and enhanced MDT support to people who have both health and social care needs living in their own homes or in a care home.
- iii. **Technology-Enabled Care (TEC)**, equipment and adaptations, which can contribute significantly to the streamlining of service responses and pathways, and support wider agendas.



Social Care Pay Uplift

Up to £48 million of funding will be made available to enable employers to update the hourly rate of Adult Social Care Staff offering direct care. The funding will enable an increase from at least £9.50 per hour to at least £10.02 per hour, which will take effect from 1st December 2021. This funding is critical to support retaining and recruiting staff in the sector and to alleviate the immediate pressures in Social Care and NHS/ Community based health services.

COVID-19 Financial Support for Social Care Providers

The Scottish Government will continue to fund additional COVID-19 costs relating to remobilisation and adhering to public health measures, and the Social Care Staff Support Fund, until 31 March 2022. From 1 November 2021, the non-delivery of care and under-occupancy elements of financial support will only be available in exceptional circumstances where services are impacted for a sustained period due to COVID-19 outbreaks or following COVID-19 related Public Health guidance.

Nationally Coordinated Recruitment in Specialist Areas of Need

We know there are specific workforce shortages where Boards individually have struggled to achieve the numbers of workforce that they need. The Scottish Government is already providing marketing support for a nationally coordinated recruitment campaign for six Health Boards to deliver more midwives, predicated on a model developed for the nationally coordinated recruitment earlier this year of public health consultants, which was very successful.

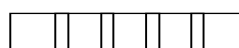
In addition to this, we will make available national marketing support for Band 5 recruitment across the Health Boards. In particular, we will take forward a marketing campaign for Band 5 nurses working in community health and social care. We will request shortly from you the number of vacancies you aim to fill and will work with you to agree the next stages of this process.

We have also approved funding to extend the my jobs Scotland recruitment website until March 2022 to all third and independent sector organisations, which will mean that all social care vacancies can be advertised at no additional cost to providers on one platform. We will be running a national marketing campaign to attract more people to the sector, focusing on social media, working with schools and colleges and linking to the work we're doing with the SSSC and NES on career pathways and learning and development.

International Recruitment

We know international recruitment is a useful lever to alleviate pressures and as such are supporting Boards to increase the use of international recruitment through a number of measures. The Scottish Government has provided new recurring funding of £1 million to develop capacity within recruitment teams to support international recruitment. A readiness checklist for international recruitment has also been shared with boards to allow self-assessment and identification of priority areas for action.

The development of partnerships with a range of agencies such as Yeovil District Hospital Trust has been established to build a pipeline supply of international staff. A Memorandum of Understanding is available for use by Boards to engage the services of Yeovil District Hospital Trust. We now require that Boards nationally work towards the recruitment of at least 200 registered nurses from overseas by March 2022.



To support this, in year funding of £4.5 million has been identified to offset direct recruitment costs and can be used to support prospective candidates, including the provision of temporary accommodation for incoming recruits, and other reasonable out-of-pocket expenses.

We are also establishing OSCE training provision and training support in Scotland which will offer a comprehensive training programme either directly to Boards or as facility to train local trainers to prepare candidates to sit their OSCE exam to gain NMC registration. This will expedite the process of gaining NMC registration and significantly reduce the burden of training and preparing a candidate to Boards.

In addition, we are establishing the NHS Scotland Centre for Workforce Supply based in NES to identify further labour markets, build relationships with a range of recruitment agencies, promote the use in Scotland of Government to Government agreements for international recruitment and support Boards and candidates where appropriate with on-boarding.

We will make contact with Board HR teams in the coming weeks to receive an update on the use of the funding provided and the plan to accelerate readiness to commence international recruitment.

Professional Regulators' Emergency Covid-19 Registers

The Scottish Government's chief health professions officers, including the Deputy Chief Medical Officer, Deputy Chief Nursing Officer, Chief Allied Health Professions Officer and Chief Pharmaceutical Officer wrote on 27 September to remaining registrants on the professional regulators' emergency Covid-19 registers. This communication encourages registrants to apply for vacancies on the NHS Scotland Jobs website and, where relevant, to consider returning to service via Board staff banks.

This communication has been issued in anticipation of further challenges in the upcoming winter months, to encourage experienced professionals to return and support services in their area of expertise.

We hope that this approach of directing emergency registrants to live vacancies will attract suitable candidates to professional opportunities, based on your current and future staffing needs. Boards are asked to consider how retirees might be flexibly deployed. Many are unlikely to be able to return to full-time work, but can be deployed on a part-time basis, or via Board staff banks across areas of need.

Healthcare Students

The utilisation of the skills and experience of healthcare students has been an important step in addressing some of the workforce challenges. Whilst the Scottish Government does not believe it is appropriate to disrupt healthcare students' programmes through authorising full-time student deployment at this time, we do believe the deployment of healthcare students (apart from dental students) in appropriate part-time support roles will be beneficial to support boards' workforce capacity.

A national offer via an open letter has been made to healthcare students – including nursing, midwifery, AHP students and undergraduate medics – through their colleges and universities signposting them to the availability of 3 or 6 month Less Than Full Time Fixed Term Contracts (LTFTFTC), with their nearest health board.



A Director's Letter, reaffirming the policy arrangements set out in the Director's Letter 02/2021 will be issued and will provide further detail on the employment and deployment of students.

Wellbeing

Of significant importance is the wellbeing of our health and social care workforce, wherever they work, and this remains a key priority. We are working to ensure that the right level of support is offered across the system.

We are actively listening to colleagues to understand where the pressures are and what actions can be taken to mitigate the resulting impact on staff. Now, more than ever, it is critical that staff look after staff wellbeing and take the rest breaks and leave to which they are entitled, as well as being given time to access national and local wellbeing resources at work.

We are committed to ensuring we collectively provide the strategic leadership and oversight of staff wellbeing. An immediate priority is to address people's basic practical and emotional needs, and we are also developing further practical support measures and additional resources for Boards as you respond to winter pressures.

In support of that ongoing engagement, £4 million is being made available in this financial year to help staff with practical needs over the winter, such as access to hot drinks, food and other measures to aid access to rest and recuperation, as well as additional psychological support. £2 million of this funding will be made available immediately, with the remainder being allocated following the conclusion of ongoing discussions with staff-side representatives and employers to understand how the investment can best support staff welfare needs.

Finally, we appreciate the pressure our services are facing and once again reiterate our gratitude for the hard work and dedication of all our colleagues across the health and social care sector for all they do to support us through this challenging period.

Yours sincerely,

John Burns
Chief Operating Officer,
NHS Scotland

Donna Bell
Director of Mental Wellbeing
and Social Care



Annex A

Volume of Staffing – NRAC Share

Allocations by Territorial Board 2021-22		
	Target share	NRAC Share
NHS Ayrshire and Arran	7.38%	74
NHS Borders	2.13%	21
NHS Dumfries and Galloway	2.99%	30
NHS Fife	6.81%	68
NHS Forth Valley	5.45%	54
NHS Grampian	9.74%	97
NHS Greater Glasgow & Clyde	22.21%	222
NHS Highland	6.59%	66
NHS Lanarkshire	12.27%	123
NHS Lothian	14.97%	150
NHS Orkney	0.50%	5
NHS Shetland	0.49%	5
NHS Tayside	7.81%	78
NHS Western Isles	0.67%	7





E: Naureen.Ahmad@gov.scot

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

22 October 2021

Dear Colleagues,

WINTER SUPPORT FUNDING

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

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

This funding will be made available to HSCPs who:

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

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

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

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

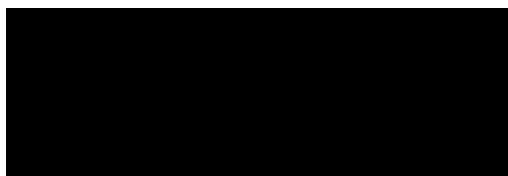
Applications for funding should be made to the Scottish Government by 12 November 2021. The Scottish Government will consider all applications and if successful a payment is expected to be made with December allocations.

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

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

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

Yours sincerely,



Naureen Ahmad

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

Health Finance, Corporate Governance & Value Directorate

Richard McCallum, Director



Mental Wellbeing, Social Care and NCS Directorate

Donna Bell, Director

Local Authority Chief Executives
HSCP Chief Officers
Chief Social Work Officers
COSLA
Chairs, NHS Territorial Boards
Chief Executives, NHS Territorial Boards
Directors of Finance, NHS Territorial Boards
Nurse Directors, NHS
HSCP Chief Finance Officers
Local Government Directors of Finance

via email

4th November, 2021

Colleagues

Further to John Burns' letter of 5 October, and following discussion at the Settlement and Distribution Group meeting on 18 October, this letter provides further detail on key components of the additional winter 2021-22 funding announced. Specifically it covers:

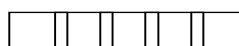
- £40 million for interim care arrangements,
- £62 million for enhancing care at home capacity,
- Up to £48 million for social care staff hourly rate of pay increases, and
- £20 million for enhancing Multi-Disciplinary Teams (MDTs).

Purpose of Funding

The funding is part of measures being put in place to support current system pressures. It is expected that NHS Boards, Integration Authorities and Local Authorities will work collaboratively to ensure a whole system response. In particular, this funding is available for the following purposes:

- standing up interim care provision to support significant reductions in the number of people delayed in their discharge from hospital;
- enhancing multi-disciplinary working, including strengthening Multi-Disciplinary Teams and recruiting 1,000 band 3s and 4s; and,
- expanding Care at Home capacity.

The spend will be monitored against the above measures in the form of expected quarterly reports using outcomes and Key Performance Indicators contained in the **Schedule 1-3** attached to this letter. A template will be provided to enable this to be done consistently and as easily as possible.



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Ministers are seeking significant reductions in delayed discharge, with an early return to the levels that were sustained in the nine-month period up to August this year.

Distribution of Funding 2021-22

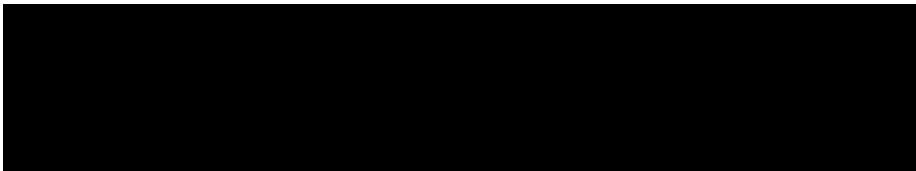
Annex A to this letter sets out the distribution of £40 million for interim care, £62 million for expansion of care at home capacity and £20 million to enhance multi-disciplinary teams to cover the period from 1 October 2021 to 31 March 2022. This additional funding will be distributed to local authorities on a GAE basis and will require to be passed in full to Integration Authorities. Distributions will be made as redeterminations of the General Revenue Grant in March 2022.

In addition, we plan to make up to £20 million available for providing interim care in 2022-23, while support for expansion of care at home capacity will be made available on a recurring basis to support permanent recruitment and longer term planning. Further detail will be set out as part the Scottish Budget for 2022-23 to be published on 9 December.

Funding for pay uplifts for staff will be discussed further with HSCP CFOs to agree the most appropriate distribution method, with the final distribution methodology and guidance to be covered in a separate note.

It will be up to Chief Officers, working with colleagues, to ensure this additional funding meets the immediate priorities to maximise the outcomes for their local populations according to the most pressing needs. The overarching aim must be managing a reduction in risks in community settings and supporting flow through acute hospitals. Advice provided in **Schedule 2** is intended to provide further detail on how that funding should be utilised.

Yours sincerely



Richard McCallum
Director of Health Finance and Governance

Donna Bell
Director of Mental Wellbeing, Social Care and NCS



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Page

Annex A – Winter 2021-22: System Pressures – additional funding

Local Authority	All Adult Social Work GAE %	Interim care (£)	Care at home capacity (£)	Multi-Disciplinary Teams (£)	Total (£)
Aberdeen City	3.77%	1,507,000	2,337,000	754,000	4,598,000
Aberdeenshire	4.24%	1,698,000	2,632,000	848,000	5,178,000
Angus	2.39%	954,000	1,479,000	477,000	2,910,000
Argyll & Bute	1.82%	728,000	1,129,000	364,000	2,221,000
Clackmannanshire	0.90%	359,000	556,000	179,000	1,094,000
Dumfries & Galloway	3.27%	1,306,000	2,025,000	653,000	3,984,000
Dundee City	2.88%	1,153,000	1,787,000	577,000	3,517,000
East Ayrshire	2.32%	929,000	1,439,000	464,000	2,832,000
East Dunbartonshire	2.04%	816,000	1,265,000	408,000	2,489,000
East Lothian	1.92%	767,000	1,188,000	383,000	2,338,000
East Renfrewshire	1.76%	703,000	1,089,000	351,000	2,143,000
City of Edinburgh	8.92%	3,567,000	5,530,000	1,784,000	10,881,000
Na h-Eileanan Siar	0.62%	248,000	384,000	124,000	756,000
Falkirk	2.84%	1,134,000	1,758,000	567,000	3,459,000
Fife	6.92%	2,768,000	4,291,000	1,384,000	8,443,000
Glasgow City	11.16%	4,464,000	6,919,000	2,232,000	13,615,000
Highland	4.40%	1,761,000	2,730,000	881,000	5,372,000
Inverclyde	1.68%	670,000	1,039,000	335,000	2,044,000
Midlothian	1.51%	603,000	934,000	302,000	1,839,000
Moray	1.83%	734,000	1,137,000	367,000	2,238,000
North Ayrshire	2.77%	1,109,000	1,719,000	555,000	3,383,000
North Lanarkshire	5.80%	2,321,000	3,597,000	1,160,000	7,078,000
Orkney Islands	0.44%	175,000	271,000	88,000	534,000
Perth & Kinross	3.18%	1,271,000	1,969,000	635,000	3,875,000
Renfrewshire	3.31%	1,323,000	2,051,000	662,000	4,036,000
Scottish Borders	2.35%	938,000	1,454,000	469,000	2,861,000
Shetland Islands	0.38%	151,000	234,000	76,000	461,000
South Ayrshire	2.51%	1,002,000	1,554,000	501,000	3,057,000
South Lanarkshire	5.91%	2,362,000	3,661,000	1,181,000	7,204,000
Stirling	1.66%	666,000	1,032,000	333,000	2,031,000
West Dunbartonshire	1.68%	673,000	1,043,000	336,000	2,052,000
West Lothian	2.85%	1,140,000	1,767,000	570,000	3,477,000
Totals	100.00%	40,000,000	62,000,000	20,000,000	102,000,000



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Schedule 1

Interim Care

Overview: Delayed discharges are rising to unacceptable levels due to care, primarily care at home, being unavailable. Remaining unnecessarily in hospital after treatment is complete can lead to rapid deterioration in physical and mental well-being among older people, particularly people with dementia. In addition, the occupancy of acute hospital beds by those who no longer need clinical care means these beds will not be available to those who do need them.

Funding allocation: £40 million for 2021-22

Outcome: More appropriate care and support for people who are unnecessarily delayed in hospital. An interim solution should be provided until the optimum care and support is available (noting that remaining in hospital cannot be one of the options). Short-term capacity issues are affecting care at home services and long-term care home placements, (meaning an individual's choice of care home might not readily be available). People should not remain inappropriately in hospital after treatment is complete. This is detrimental to their own health and well-being as well as unnecessarily occupying a hospital bed. Partnerships must come up with alternative short-term solutions that provide an appropriate level of care and support for people until their long-term assessed needs can be fully met. These should include alternative care and support at home (alternative to formal care at home services), including extended use of self-directed support options or short-term interim placements in a care home. Either scenario should provide a rehabilitating element with a professionally led rehabilitation programme.

In achieving this outcome:

- There will be no financial liability for the cost of care to the individual, with interim care services provided free of charge to the service recipient.
- Each individual should have a care plan that takes account of the interim arrangements, with expected timescales for moving on.
- Interim care should have a clear focus on rehabilitation, recovery and recuperation.
- Where appropriate, each individual should have a professionally led rehabilitation plan. Professional input will be required from Allied Health Professionals so that care home staff are able to follow a programme of rehabilitation aimed at improving physical and cognitive abilities, particularly focussed on activities for daily living (ADLs).
- Individuals should not be forced to move to an interim placement and must consent to a move. Where individuals do not have capacity to give consent but have someone who can do that for them such as Powers of Attorney or court-appointed guardians the consent of that person should be sought.
- Existing guidance on choice of accommodation should be followed for those assessed as needing a care home placement.
https://www.sehd.scot.nhs.uk/mels/CEL2013_32.pdf
- Under this guidance, individuals are expected to make three choices of care homes, which must be suitable, available and willing to accept the person. Under normal circumstances, they must also be at the usual weekly rate, but partnerships may choose to pay a supplement for a short period.
- No one should be moved from hospital to a care home on an interim basis against their explicit wishes. Where someone lacks capacity to consent, the views of those with lawful authority to make decisions on their behalf should be consulted.



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Page

- Choosing to remain in hospital is not an option.
- Leaving hospital and not going home can be a very emotive issue and should be carefully and sensitively managed in discussion with families. Staff should be supported to carry out these discussions.
- Ideally, interim beds will be in dedicated sections of care homes and block booked for this purpose, although it is acknowledged that some partnerships will need to spot purchase individual beds where available.
- Interim placements should be accessible, flexible and responsive to the needs of families to visit and remain in close contact with their relative.
- Multi-Disciplinary Teams should conduct regular reviews of each individual in interim care to ensure that individuals are able to be discharged home or to their care home of choice as quickly as possible
- If a patient is assessed as requiring a permanent placement in a care home after the initial 6 week period, then the normal financial assessment should be undertaken and the Local Authority and/or individual will become liable for payment of care home fees in the usual manner, with the initial 6 week period wholly disregarded from the usual procedures set out in [CCD 1/2021 - Revised guidance on charging for residential accommodation \(scot.nhs.uk\)](https://www.scot.nhs.uk/ccd/1/2021-revised-guidance-on-charging-for-residential-accommodation)
- If the interim care home placement goes beyond 6 weeks and the person is ready to go home but cannot safely be discharged home due to a lack of a care package, then the Integration Authority will remain liable for all care home fees.

Key Performance Indicators:

- Number of people delayed in their discharge from hospital.
- Hospital bed days associated with delays and overall length of stay in hospital.
- Number of people who have been discharged to an interim care home.
- Number of people who have moved on from the interim placement by the agreed date for the placement to end.
- Average length of interim care placements.



Schedule 2

Multi-Disciplinary Working

Overview: The development of Multi-Disciplinary Team has been a key factor of integration, bringing together members of different professional groups to improve person centred planning and increase efficiency in assessment, review and resource allocation. Members generally include Social Workers, Healthcare Professionals, Occupational Therapists, as well as voluntary sector organisations who bring an additional level of local expertise, particularly in the art of the possible. Good MDTs will also have effective links with other relevant teams such as housing and telecare colleagues.

Territorial health boards are being asked to recruit 1,000 staff at AfC bands 3 - 4 over the next 3-4 months, to provide additional capacity across a variety of health and care services.

Boards are being asked to recruit staff, to assist with the national programme of significantly reducing the number of delayed discharges. New recruits, principally at bands 3 and 4, can be allocated to roles across acute and community services, working as part of multi-disciplinary teams providing hospital-to-home, support with care assessment and bridging care services. Where required, Boards can take forward some Band 2 roles to support acute health care services.

Recurrent funding is being provided to support and strengthen multi-disciplinary working across the health and social care system, to support timely discharge from hospital and prevent avoidable admissions to hospital, ensuring people can be cared for at home or as close to home as possible.

Funding allocation: £20 million for MDTs, and £15m for Band 3&4 recruitment for 2021-22

Outcome: Expanding a fully integrated MDT approach to reduce delayed discharges from hospital and to meet the current high levels of demand in the community and alleviate the pressure on unpaid carers.

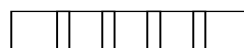
In achieving this outcome:

- MDTs should support social care assessments and augment hospital-to-home, transition and rapid response teams in the community.
- Integrated Discharge Teams and Hubs should be established to support hospital discharge.
- Dedicated hospital-to-home teams, involving third sector organisations where appropriate, to support older people home to be assessed in familiar surroundings, avoiding assessing people's long-term needs in an acute hospital.
- Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers
- Enable additional resources for social work to support complex care assessments and reviews.
- Additional support to speed up the process associated adults with incapacity legislation.
- Creating or expanding a rapid community response to prevent avoidable presentation to hospital.
- Provide support to care homes and care at home services so that they are responsive to changing needs.



Key Performance Indicators:

- Significant reductions in delayed discharge and occupied bed days
- Number of NHS staff recruited at bands 3 and 4, to roles across community services and acute.
- Increase in assessments carried out at home rather than hospital.
- Evidence of a reduction in the number of people waiting for an assessment.
- Evidence of a reduction in the length of time people are waiting for an assessment.



Schedule 3

Expanding Care at Home Capacity

Overview: The current pressures on social care support are caused in part by increased need and acuity. It is important that this funding also supports services and interventions to prevent this trend from continuing, supporting people to maintain or even reduce their current levels of need. This will also help to ease the pressure on unpaid carers and prevent their caring roles intensifying.

Funding allocation: £62 million for 2021-22

Outcome: To decrease the number of people who are waiting for a care at home service, ensuring people have the correct level and types of provision to meet their need in a safe and person centred way.

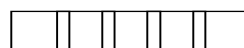
In achieving this outcome:

- Existing services should be expanded by measures including, recruiting internal staff; providing long-term security to existing staff; enabling additional resources for social work to support complex assessments, reviews and rehabilitation; enabling unpaid carers to have breaks.
- Resource should be put into a range of preventative and proactive approaches as rehabilitation, re-enablement and community based support.
- Increasing the use of community equipment and Technology-Enabled Care (TEC) where appropriate supporting prevention and early intervention.

Key Performance Indicators:

Reductions in:

- Those waiting for an assessment for care.
- Those waiting for a care at home service.
- Unmet hours of care
- Evidence of the types of services and activity funded, and the number of people supported by these.
- % increase in the use of community equipment and technology to enable care, or other digital resources to support care provision.
- Evidence of resource to support the use of technology and digital resources.



TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	181121-05 Agenda Item Number 5
2	Report Title	WINTER PLANNING FOR HEALTH & SOCIAL CARE – NATIONAL FUNDING £300M
3	Date direction issued by Integration Joint Board	18 th November 2021
4	Date from which direction takes effect	18 th November 2021
5	Direction to:	East Dunbartonshire Council and NHS Greater Glasgow and Clyde
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	Adult health and social care services involved in response to winter planning pressures
8	Full text of direction	NHS Greater Glasgow and Clyde and East Dunbartonshire Council are directed to recruit to the finalised workforce plan, to be refined under delegated authority, in line with the financial framework available through the SG funding allocated to deliver specific programmes of work to support winter planning pressures across health and social care services.
9	Budget allocated by Integration Joint Board to carry out direction	As per the financial framework set out in paragraph 3.7.
10	Details of prior engagement where appropriate	Engagement will be required through relevant staff partnership forums and with other HSCPs and Acute services more widely to ensure plans dovetail with work across the system.
11	Outcomes	Increased capacity across adult health and social care services will increase services to support vulnerable service users and respond to pressures across the system.
12	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the East Dunbartonshire Integration Joint Board.
13	Date direction will be reviewed	November 2022

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18th NOVEMBER 2021

REPORT REFERENCE: HSCP/181121/06

CONTACT OFFICER: ALEX MEIKLE, CHIEF OFFICER, EAST
DUNBARTONSHIRE VOLUNTARY ACTION
(EDVA)

SUBJECT TITLE: THIRD SECTOR RESPONSE TO PANDEMIC
AND MOVING FORWARD

1.1 PURPOSE

1.2 The purpose of this report is to inform IJB members of the results of a recent survey on how third sector organisations in East Dunbartonshire have responded to the Pandemic along with developments going forward.

2.1 RECOMMENDATIONS

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

2.2 Note the content of the report.

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.1 **BACKGROUND/MAIN ISSUES**

3.2 As with all sectors, the Third Sector has faced many challenges during the Pandemic, not least maintaining and delivering services during lockdown and ongoing restrictions. To get an overview of how the sector dealt with these and related issues EDVA conducted an in-depth survey of **24** third sector organisations in East Dunbartonshire during September and October 2021. The main report will focus on the findings from this survey.

3.3 **Survey Focus**

The survey focused on 4 main themes:

1. How rapidly COVID19 related funding was able to be allocated to groups in comparison to conventional funding and what lessons can be learned from this.
2. The ways in which groups adapted to using digital technology to continue service delivery particularly interaction with their client groups and overcoming social isolation for vulnerable people.
3. Going forward as restrictions ease, will organisations continue to adopt a 'blended' approach combining a mix of home working and office working and what impact will this have on such things as premises and costs?
4. Finally, the pandemic had a major impact on all services. What effects did the frenetic pace which organisations had to work within have on staff in terms of morale, 'burnout' etc., and what can be learned for working and dealing with future emergencies?

3.4 **Survey Results**

Thirty Five senior officers/managers of local third sector services were sent an online survey using Survey Monkey of whom **twenty-four (68%)** responded. The organisations were a representative cross section of small-to-medium size agencies in the area. The main results were:

3.3.1 **Funding**

- 14 (62%) of the organisations who responded had received additional COVID related funding.
- Of these, 12 or 85% responded they had received additional funding "faster than usual." In addition, all of them reported that their experience of how the funding was administered was "very good."
- Respondents reported receiving funding from a total of 17 different funding streams of whom the four most frequent to have received funding from were *Connecting Scotland* (7) followed by *National Emergency Trust* (4), *Supporting Communities Fund* (4) and *Third Sector Resilience Fund* (4).
- Respondents receiving additional funding used it for a variety of purposes, the most common of which was for "IT adaptations for Home Working and Virtual Meetings" (8).
- Asked what impact government restrictions being relaxed with less additional COVID related being available would have on their finances, 14 reported their financial position would "broadly be the same", 4 reported their position was "likely to remain the same, while another 4 reported it was "likely to improve."

3.3.2 Adaptation to New Conditions

- Twenty of the 24 organisations had adapted to using digital technology to deliver services and continue operation during the pandemic. 4 reported that adapting to digital technology was “not applicable to our organisation.” Of those where it was, half (10) reported they “adapted well” to the use of digital technology. 9 reported they were “coping”, while 1 reported they “were struggling.”
- Asked what the advantages of working digitally were, the four most frequent responses were: 14 (58%) reported it allowed for the “continuation of services; 11 (46%) that it allowed “homeworking for staff and volunteers;” 8 (33%) that it allowed “faster information available at any time” and 5 (21%) that it assisted to “overcome social isolation and loneliness.” Incidentally, 3 organisations (12%) reported “no advantage” in adapting to digital technology.

3.3.3 Going Forward and Blended Working

- Going forward, 12 organisations (50%) reported they would be adopting a combined “blended approach to home and office working.” However, 8 (33%) reported they would “revert back to their previous way of working.” No organisation reported they were considering moving “due to costs.”
- Organisations were asked if they expected their general costs to increase or decrease over the next 12 months. Respondents were evenly split on this with 10 (42%) reporting they expected costs to generally increase, and another 10 reporting they expected costs to remain the same.

3.3.4 Pandemic Working: Effects on Staff and Volunteers

- 14 organisations (58%) reported that “staff and volunteers have been under severe pressure to maintain the service.” In contrast 7 (29%) reported that “staff had found the workload manageable.” A further 3 (11%) reported “little or no change.”
- Asked if they had concerns about staff and volunteers’ mental and physical health and wellbeing over the past 18 months, a total of 19 organisations (79%) reported they were “very or somewhat concerned” about the impact on staff. Only 3 (21%) reported “not being concerned.”
- Asked if they perceived their organisation to be more sustainable and resilient to cope with a future emergency 15 (63%) responded “yes”, while 6 (25%) were “unsure.” 3 organisations (12%) responded they were “not” in a better position to cope with a future emergency.
- Asked what additional measures organisations had put in place to help staff and volunteers during the transition period, 14 (58%) had put in place changes to working practices. 8 (33%) had provided additional training, 7 (29%) had put in increased supervision. Only 4 (17%) had made no additional measures for staff and volunteers.

3.4 Conclusion: Summary of Findings & Recommendations

Overall, third sector organisations, as with statutory organisations, adapted very well to the Pandemic and associated severe disruption as evidenced by this survey. The main findings were:

- For most organisations, emergency COVID related funding, from a plethora of sources, was targeted at organisations rapidly, effectively and much quicker than normal
- The vast majority of organisations were able to adapt to both home working and delivering services by using digital technology in a fast-learning curve. Most importantly, this allowed them to continue to employ staff and maintain contact with their service users.
- Most third sector organisations will be adopting a “blended approach” to operations going forward, combining home working with the social interaction, creative spark and vitality that can arise from working together in an office environment.
- Most organisations reported they had concerns about staff’s wellbeing arising from the pressures of lockdown and pandemic working and most had put in place measures to cope with and alleviate stress.

3.5 Recommendations

- Given that funding was targeted far more quickly than in normal circumstances, it is important that a dialogue be set up with funders to look at the lessons from the Pandemic to speed up how funding gets to organisations who need it without compromising on accountability and governance.
- It is vital that third sector organisations are given the resources to continue to digitally adapt to future emergencies to provide continuity of service delivery, maintain contact with service users (including groupwork), and overcome social isolation among our most vulnerable citizens.
- The pace of work throughout the Pandemic has been and continues to be frenetic. It is vital that third sector organisations, as with their public sector counterparts, are provided with the resources to ensure staff’s mental health and wellbeing are safeguarded. It is also important that funders recognize this crucial element is built into funding packages.

EDVA and the wider TSI Network will advocate on behalf of the third sector to ensure these recommendations are implemented to improve the sector’s response to the ongoing and future emergencies.

From the evidence of the Survey, the Third Sector in East Dunbartonshire, as with statutory partners, has responded to the pandemic with alacrity and professionalism in fast-moving, uncertain, and exceptional circumstances.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan;-

PRIORITY 1. Promote positive health and wellbeing,

PRIORITY 4. Address inequalities and support people to have more choice and control

4.3 Frontline Service to Customers – The services referred to in this report provide support and service to the people of East Dunbartonshire and therefore contribute to services to customers.

- 4.4 Workforce (including any significant resource implications) – None.
- 4.5 Legal Implications – None.
- 4.6 Financial Implications – None.
- 4.7 Procurement – None.
- 4.8 ICT – None.
- 4.9 Corporate Assets – None.
- 4.10 Equalities Implications – None
- 4.11 Sustainability – None.
- 4.12 Other – None.

5.1 **MANAGEMENT OF RISK**

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

- 5.2 None.

6.1 **IMPACT**

- 6.2 **STATUTORY DUTY** – None
- 6.3 **EAST DUNBARTONSHIRE COUNCIL** – None.
- 6.4 **NHS GREATER GLASGOW & CLYDE** – None.
- 6.5 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required.

7.1 **POLICY CHECKLIST**

- 7.2 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.1 **APPENDICES**

- 8.2 None.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	18TH NOVEMBER 2021
REPORT REFERENCE:	HSCP/181121/07
CONTACT OFFICER:	CAROLINE SINCLAIR, INTERIM CHIEF OFFICER, TELEPHONE NUMBER 0141 304 7435
SUBJECT TITLE:	NHSGGC SPECIALIST CHILDREN'S SERVICES MENTAL HEALTH RECOVERY & RENEWAL CHILD AND ADOLESCENT MENTAL HEALTH SERVICES FUNDING

1.0 PURPOSE

The purpose of this paper is to update the Integration Joint Board on proposals for the planned use of the first and second tranche of the new Scottish Government Mental Health Recovery and Renewal Fund 2021/22 and 2022/23 specifically in relation to Specialist Children's Services (SCS) Child and Adolescent Mental Health Services (CAMHS).

2.1 RECOMMENDATIONS

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

- 2.2** Note the priorities and funding made available by the Scottish Government for Phase 1 and Phase 2 Mental Health Recovery & Renewal priorities for CAMHS;
- 2.3** Agree to a centralised whole GGC approach to increasing the workforce, undertaken in the initial stages, the approach similar to that which is used for Action 15 monies in Adult Mental Health with budget delegated thereafter. Recruitment decisions will follow governance arrangements within each IJB;
- 2.4** Approve the proposed spending priorities identified for Phase 1 funding as outlined in Appendix 2 for Glasgow City as part of the wider plan;
- 2.5** Approve the allocation of East Dunbartonshire funding (£509,312 for Phase 1 as set out in paragraph 3.6) to Glasgow City HSCP to progress the recruitment of staff to Tier 3 CAMHS services for the purposes intended for the funding; and
- 2.6** Note that funding proposals for Phase 2 funding will be the subject of a future report.

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

BACKGROUND/MAIN ISSUES

- 3.1 Scottish Government wrote to Health Boards and IJB's on the 5 May 2021 outlining Mental Health Recovery & Renewal - Phase 1 funding for CAMHS of £6.1m to focus on three areas for improvement. Funding has also now been confirmed to be on a recurring basis with the exception of the funding linked to the waiting list initiative which is for two years.

Element	Health Board Allocation
Full implementation of the CAMHS specification – Community CAMHS. <i>Focusing on meeting waiting times standards and gaps in the Service specification</i>	£3,286,109
Expansion of transition timescales for CAMHS from age 18 up to the age of 25yrs old for targeted groups and those who wish it. <i>Focusing on joint planning and transitions with adult services initially for Eating Disorders Trauma/Looked After, Learning Disabilities and Neurodevelopmental patient cohorts.</i>	£1,876,899
Clearance of CAMHS waiting list backlog. <i>Supporting extension of the existing fixed term waiting list staffing in HSCP teams with substantive enhancement based on demand and capacity modelling and development of workforce plan.</i>	£938,449
Total Phase 1	£6,101,457

3.2 **Phase 2 funding**

Scottish Government have subsequently written to Boards and IJB's on the 14 September outlining Phase 2 funding allocations (**Appendix 1**) to deliver the following further elements:

Element	Health Board Allocation 2021/22	Health Board Allocation 2022/23
Establish capacity to provide access to specialist neurodevelopmental professionals to support the implementation of the recently published National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care.	£679,703	£1,166,157
Creation of three regional CAMHS Intensive Psychiatric Care Units (IPCU) adjacent to the	£366,507	£733,013

Element	Health Board Allocation 2021/22	Health Board Allocation 2022/23
existing Adolescent inpatient facilities (IPCU) Intensive Home Treatment Teams.		
Establishment of regional Child and Adolescent Mental Health Services (CAMHS) services for children and young people with learning disabilities, forensic needs and those who are in secure care and prison.	£155,488	£266,550
Establish capacity to provide Child and Adolescent Mental Health Services (CAMHS) Intensive Home Treatment Services planned regionally and integrated with regional adolescent inpatient pathways.	£444,250	£666,376
Establish Child and Adolescent Mental Health Services (CAMHS) Unscheduled Care provision planned regionally and integrated with regional adolescent inpatient pathways.	£259,886	£444,250
Establish capacity and provision of Child and Adolescent Mental Health Services (CAMHS) Liaison Services delivered by paediatric acute inpatient and outpatient services.	£388,719	£666,376
Establish a national data gathering and research facility in NHSGGC	£500,000	£1,000,000
Emergency funding for financial year 2021/2022, has also been identified to support management of the increase presentations for Eating Disorders across all age ranges.	£988,457	£988,457
Total Phase 2	£3,783,010	£5,931,179

3.3 Approach and Governance

A CAMHS Mental Health Recovery and Renewal Programme Board has been convened which will oversee the significant work plan associated with the utilisation of the funding. The programme Board is chaired by the Chief Officer with strategic responsibility for CAMHS, with representatives from all HSCP's, Board managed Tier 4 services, Partnership and HR and Finance.

3.4 The existing CAMHS Waiting List Initiative group chaired by the Head of Specialist Children's Services and the CAMHS Workforce planning group chaired by the CAMHS Clinical director will report in to the Programme Board. Other working groups will need to be formed to plan for each work stream and the development of proposals for Phase 2 funding. Detailed proposals for Phase 2 will be the subject of a future report to the IJB.

3.5 Principles

The funding will require a large scale increase in staffing in order to deliver the improvements and expanded services. The following principles should apply to the funding;

- Usage of funding will be aligned to CAMHS services.
- Provision of direct clinical care and case holding posts will be maximised.
- Supervision per profession will be built into workforce plans
- Posts will be aligned to Tier 3 CAMHS teams within HSCPS and Tier 2 Board and regional services.

3.6 Finance - CAMHS Phase 1 funding; Board wide Greater Glasgow & Clyde NRAC split per HSCP.

NRAC will be used to allocate funding to the six HSCP's. There are a number of longstanding agreements in terms of the delivery of CAMHS that will then require further alignment of funding, specifically East Dunbartonshire's residents are served through the Glasgow City CAMHS teams and the East Renfrewshire CAMHS teams delivers to a number of South Glasgow residents. This has been reflected in the allocations below:

	NRAC %	CAMHS Spec	CAMHS Up to 25	CAMHS WLI	TOTAL CAMHS
GG&C Allocation		£3,286,109	£1,876,899	£938,449	£6,101,457
NRAC Split by HSCP (adjusted for 3.2% of Glasgow postcodes serviced by East Ren)					
Glasgow City	50.51%	£1,659,867	£948,052	£474,026	£3,081,946
East Dun	8.35%	£274,304	£156,672	£78,336	£509,312
Glasgow Total		£1,934,172	£1,104,724	£552,362	£3,591,258
East Ren	10.36%	£340,581	£194,527	£97,263	£632,372
Inverclyde	7.34%	£241,250	£137,793	£68,896	£447,939
Renfrew	15.29%	£502,543	£287,034	£143,517	£933,093
West Dun	8.14%	£267,563	£152,822	£76,411	£496,795
TOTAL		£3,286,109	£1,876,899	£938,449	£6,101,457

3.7 Work Force Planning Process for Phase 1

The workforce planning group is facilitating engagement with each HSCP, via Service Managers, to produce both an initial plan for utilising the funding and the development of a 3-5 years' sustainable workforce plan for CAMHS. CAMHS Professional leads, for Psychiatry, Psychology, Nursing, Psychotherapy, Family Therapy and Allied Health Professionals have prepared assessment reports for their specific professional groups proposing increases in staffing and potential new ways of working aligned to achieving the outcomes specified. A centralised recruitment approach will be taken supported by the Professional Leads. The professional lead recommendations have been shared with each HSCP to support local decision making.

3.8 Each HSCP in consultation with their CAMHS teams have prepared an initial costed draft workforce plan aimed to address gaps, reduce backlog, and meet ongoing demand. (**Appendix 2**) provides detail of the proposed spend. A range of posts will be created at Health Board level i.e. Medical, to deliver services and support the programme across and on behalf of HSCP's. Each HSCP has submitted their proposed workforce (East Dunbartonshire is within Glasgow City proposals).

- 3.9 The draft workforce plan shows variation across each programme of work but within the overall financial framework available. A number of workforce proposals will deliver across a number of these work streams. There are also variations across the years to reflect expectations on the pattern of recruitment of staff, this moves into a balanced position in the final year. These variations across year will require to be managed within the overall financial envelope available to the HSCP for this programme of work.
- 3.10 It is anticipated that the following will be indicators of progress against achieving the requested outcomes:

Outcome 1: Full implementation of the CAMHS service specification.

This funding will be aligned to increasing case holding capacity in CAMHS teams and focused on expanding staffing to address any internal waits for specific MDT members i.e. Occupational Therapy/Speech and Language Therapy and on meeting the standards of *'Offer a first appointment to all children and young people who meet the CAMHS Scotland referral criteria. This first appointment, unless in unscheduled or urgent care, should be as soon as possible and no later than 4 weeks'* and *'Provide interventions and treatments, where required and agreed with children, young people and families/carers, as soon as possible, and no later than 18 weeks from first referral, with the median experienced wait for treatment being no longer than 12 weeks'*.

Performance against this outcome will be measured against delivery of the waiting time standards. In addition, our workforce plans indicate that we should aim to increase our staffing to be at 20 wte per 100,000 population. Our current position is approx. 14 WTE. It is unlikely that sufficient staff will be available to recruit on the scale needed to meet demand in GG&C within this financial year. The workforce plan will aim to increase staffing based on qualification and recruitment windows for key professional groups such as Nursing and Psychology

Outcome 2: Expansion of CAMHS to support targeted groups of young people should they wish to remain in CAMHS up to age 25yrs and to improve transitions for young people.

This funding will be utilised to support posts who work across CAMHS and Adult services providing a bridge and improving the transition experience of Young people where there are particularly vulnerabilities i.e. Looked After children, Learning Disability, Eating Disorders and Neurodevelopmental disorders. Performance against this will be measured through the joint working and implementation of the transition care planning guidance in GG&C.

Outcome 3: Clearance of backlogs on waiting lists for CAMHS

Scottish Government have recognised in some Board areas that this may take up to two years, with funding provided for year 1 in 2021-22. This funding will be utilised to provide case holding capacity to see and treat children who have been waiting longest first. Performance will be measured through: Number of children on the waiting list: 18 week Referral to Treatment target, and the numbers of first treatment appointments delivered. Additional staff are already recruited via the GG&C waiting list initiative.

3.11 **Data**

The funding allocation for East Dunbartonshire is assigned to Glasgow City HSCP who deliver on the priorities on their behalf. However, performance information for the delivery of CAMHS services within East Dunbartonshire is provided weekly to the Head of Service and Chief Officer which is analysed and actively discussed with the

link Glasgow City Service Manager ensuring the East Dunbartonshire population requirements are being met. The table below sets out the performance on waiting times for access to CAMHS services for East Dunbartonshire children.

Specialist Children's Services HSCP CAMHS Weekly Report as at: 20th October 2021 CHILDREN WAITING AT END OF WEEK	0-16 weeks	17-18 weeks	19-20 weeks	> 20 weeks	> 26 weeks	> 40 weeks	> 52 weeks	TOTAL
East Dunbartonshire Appointed to Partnership Appointment	15	0	1	0	3	8	1	28
East Dunbartonshire Awaiting Partnership Appointment	104	22	16	55	81	58	2	338
East Dunbartonshire Grand Total	119	22	17	55	84	66	3	366
East Dunbartonshire % Completion against RTT Target of 18 weeks	32.51%	6.01%	4.64%	15.03%	22.95%	18.03%	0.82%	

4 **IMPLICATIONS**

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Board Strategic Plan –

Promote positive health and wellbeing, preventing ill-health, and building strong- Funding will be used to increase access to mental health services and to support pathways from universal services

Enhance the quality of life and supporting independence for people, particularly those with long-term conditions – Funding will be used to increase staffing capacity to see more children sooner specifically to reduce waiting list backlogs.

People have a positive experience of health and social care services – waiting times will be reduced through funding utilisation improving access to therapy and supporting timely interventions.

4.2 Frontline Service to Customers – Improved access and experience of CAMHS.

4.3 Workforce (including any significant resource implications) – Workforce will be expanded in terms of numbers and skill mix/MDT.

4.4 Legal Implications – None

4.5 Financial Implications – The proposals have been developed to fit within the allocation from SG. Given that proposal are linked to recruitment the ability to spend allocations this year will be limited. SG have confirmed elements of the funding will be recurring which will support permanent recruitment to the roles required.

4.6 Procurement – None

4.7 ICT – None

4.8 Corporate Assets – None

4.9 Equalities Implications – Current waiting list issues means those at greatest risk are prioritised. The increased staffing resource will support all children and young people being seen within the 18 week referral to treatment standard.

4.10 Sustainability – as in 4.5

4.11 Other – N/A

5.1 **MANAGEMENT OF RISK**

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

5.2 Inability to recruit sufficient staff in key case holding professions i.e. nursing and Psychology. Control: a wider range of professional groups are being recruited. Senior nursing roles are being created to secure and bring in nurses. Unqualified roles such as clinical support workers are being created. Social media is being used to sell the benefits of working for NHSGGC.

5.3 Funding remains non-recurring creating a financial risk. Control: SG have committed to elements of funding be recurring.

5.4 East Dunbartonshire do not have operational responsibility for CAMHS services delivered to East Dunbartonshire residents, the service is delivered through Glasgow HSCP. Controls: robust performance monitoring and service level reviews with Glasgow HSCP

6.1 **IMPACT**

6.2 **STATUTORY DUTY** – None.

6.3 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.4 **NHS GREATER GLASGOW & CLYDE** – the funding will facilitate improvements in the delivery of CAMHs services across GG&C.

6.5 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – Direction required to Health Board (attached as **Appendix 3**).

7.1 **POLICY CHECKLIST**

7.2 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.1 **APPENDICES**

8.2 **Appendix 1:** Mental Health Recovery & Renewal Fund – Phase 2 Child and Adolescent Mental Health Services Improvement.

8.3 **Appendix 2:** Draft Workforce Plan

8.4 **Appendix 3:** Direction to NHS GG&C.



Directors of Finance, NHS Boards
Chief Finance Officers, Integration Joint Boards

Copy to:
Chief Executives, NHS Boards
Chief Officers, Integration Joint Boards
Chairs, NHS Boards
Directors of Regional Planning
Chairs of Regional Planning Groups
COSLA

By Email

14 September 2021

Dear Colleague,

**MENTAL HEALTH RECOVERY & RENEWAL FUND – PHASE 2
CHILD AND ADOLESCENT MENTAL HEALTH SERVICES IMPROVEMENT**

I am writing to provide you with an overview of phase 2 allocations from the Scottish Government's Mental Health Recovery & Renewal Fund which will be provided to improve Child and Adolescent Mental Health Services (CAMHS). This will be followed up with specific allocation letters.

The previous Minister for Mental Health wrote to all NHS Boards, and partners, on 24 March 2021. This letter outlined the intention to make around £40 million available to take forward dedicated packages of CAMHS improvement work, based on gap analysis undertaken as part of the implementation of the National CAMHS Services Specification. I hope the following information is helpful in outlining these packages of work.

The Fund supports the delivery of actions set out in the [Mental Health Transition and Recovery Plan](#) to respond to the mental health need arising from the Covid-19 pandemic. It will also benefit the full agenda for mental health and wellbeing in line with the four areas of key need set out on page 9 of the Plan.

We appreciate colleagues' concerns around the issue of non-recurring funding as the £120 million Fund – allocated as a result of Barnett Covid-19 consequential funding – is for 2021-22 only. However, Ministers recognise that if we are to deliver real transformation, a significant amount of this investment will need to be made on a recurring basis. We hope that the commitments to increase direct mental health investment, contained in both the NHS Recovery Plan and this year's Programme for Government, will provide sufficient comfort that recurring funding will be available where it is required and would encourage you to plan on that basis, recognising the funding will need to be confirmed at the next Spending Review. We will continue to discuss with our stakeholders the extent of that requirement over the next few months.



Phase 1 Board Allocations 2021-22

Following on from the Minister's initial letter in March, in May 2021, you received a letter from Hugh McAloon, Mental Health Deputy Director, including details of allocations from the first phase of Recovery & Renewal funding of **£29.15 million** for CAMHS improvement as set out in the table below.

CAMHS Improvement	Allocation 2021-22 (£m)
CAMHS Service Specification	16.4
CAMHS up to age 25	8.5
CAMHS backlog	4.25
Total	29.15

Phase 2 Board Allocations 2021-22

As indicated in the initial March letter, I can now confirm that a further total part-year effect funding of **£10.83 million** for 2021-22 (£18.75 million full year-effect) is being allocated for other packages of CAMHS improvement work, as set out below. Allocations have been calculated using the National Resource Allocation Committee (NRAC) mechanism. For 2021-22, funding has been allocated on a part-year basis, taking into account that we are now in Q2 of the financial year. The table below provides a breakdown of this funding, providing the full-year equivalent.

CAMHS Improvement	2021-22 Part-year equivalent (£m)	Full-year equivalent (£m)	Allocated to
CAMHS Neurodevelopmental Standards and Specification	3.06	5.25	Territorial Boards (NRAC).
CAMHS Intensive Psychiatric Care Units (IPCU)	1.65	3.3	Territorial Boards (NRAC) but delivered regionally by NHS Greater Glasgow and Clyde, Tayside & Lothian (implementing recommendations in IPCU Review).
Intensive Home Treatment Teams	2.0	3.0	Territorial Boards (NRAC) but planned regionally and integrated with regional adolescent inpatient pathways.
Learning Disabilities, Forensic and Secure CAMHS	0.7	1.2	Territorial Boards (NRAC) but delivered regionally.
Out of Hours unscheduled care	1.17	2.0	Territorial Boards (NRAC) but planned regionally and integrated with



			regional adolescent inpatient pathways.
CAMHS Liaison Teams	1.75	3.0	Territorial Boards (NRAC) but delivered by paediatric acute inpatient and outpatient services.
Data gathering, research and evaluation	0.5	1.0	NHS Greater Glasgow and Clyde on behalf of National e-Health Director Group.
Total	10.83	18.75	

Separate allocation letters will issue for each package of funding. We recognise that there is a mixed picture in terms of delegation of children's services to Integration Joint Boards (IJB) and letters setting out with Board allocations will provide indicative IJB allocations.

It is for Regional Planning Groups, local Boards and IJBs to work together to ensure that the funding outlined above is used for the purposes intended and achieves best value.

Other CAMHS-related funding in 2021-22

Finally, I would like to make you aware that **up to £750,000** will be allocated to other bodies (e.g. Third Sector) in 2021-22 for a national programme to support partnership and collaboration with children, young people and families. This is a commitment in the National CAMHS Service Specification and this allocation will fund engagement teams to enable the design, delivery and evaluation of CAMHS to draw on lived experience at a local and regional level.

In order to support the implementation of the work packages outlined in the table above, a National Implementation Support resource will be established to assist Boards in their work to implement the National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care and the National CAMHS Service Specification. This will not be allocated to NHS Boards at this stage.

I hope that this letter has been helpful, and I would be grateful if you could pass this letter on to any relevant interests within your organisations.

If you have any questions, please contact Della Robb in the Scottish Government's Mental Health Division at della.robb@gov.scot.

Gavin Gray
Deputy Director, Mental Health & Social Care Directorate, Scottish Government



Mental Health Recovery & Renewal - CAMHS - Summary - breakdown by HSCP per year

Page 66

Project Bids	Start Date	2024/25			2024/25			2024/25			2024/25		
		£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
New Commitments		CAMHS Spec			CAMHS up to 25			CAMHS WLI			TOTALS		
		Forecast	Budget	Variance	Forecast	Budget	Variance	Forecast	Budget	Variance			
Glasgow City inc East Dun	01-Jan-22	2,591	1,934	(657)	400	1,105	705	0	0	0	2,991	3,039	48
East Renfrewshire	01-Jan-22	506	341	(165)	70	195	124	0	0	0	576	535	(41)
Inverclyde	01-Jan-22	312	241	(71)	50	138	88	0	0	0	362	379	17
Renfrewshire	01-Jan-22	681	503	(178)	104	287	183	0	0	0	785	790	5
West Dunbartonshire	01-Jan-22	384	268	(117)	55	153	98	0	0	0	440	420	(19)
Variance		4,474	3,286	(1,188)	679	1,877	1,198	0	0	0	5,153	5,163	10

Assumptions

1. Inflation increase of 3% has been applied as a planning assumption at this stage to future years for pay, contractual etc
2. Costs are currently based on high level estimates. Full costings still to be done.
3. Assumes CAMHS Spec & Up to 25 funding becoming recurring
4. Assumes CAMHS WLI funding received for 2 years - 21/22 & 22/23

Mental Health Recovery & Renewal - CAMHS - Boardwide

Project Bids	Funding	Who	WTE	Start Date	End Date	2021/22 £000's	2022/23 £000's	2023/24 £000's	2024/25 £000's
New Commitments									
CAMHS Specification									
Psychiatry - Consultant	Recurring	GGC Wide	1.00	01-Jan-22		33	134	138	142
Psychiatry - SAS grade	Recurring	GGC Wide	1.80	01-Jan-22		37	154	158	163
Pharmacy (Test of Change)	Recurring	GGC Wide	1.00	01-Jan-22		18	75	77	80
Development of digital therapy	Non Recurring	GGC Wide	1.00	01-Jan-22	31-Dec-22	20	63		
Programme management	Non Recurring	GGC Wide	3.00	01-Jan-22	31-Dec-23	63	258	199	
CAMHS Specification Total						138	549	435	243
CAMHS Up to 25									
Transition support posts (4 SCS + 4 Adult)	Recurring	GGC Wide	6.0	01-Jan-22		109	450	464	478
Band 7 - OT (LD Pathway)	Recurring	GGC Wide	0.5	01-Jan-22		8	33	34	35 Approved MHR&R PB 4/11/21
Band 7 - SLT (LD Pathway)	Recurring	GGC Wide	0.5	01-Jan-22		8	33	34	35 Approved MHR&R PB 4/11/21
Band 7 - Nurse (LD pathway)	Recurring	GGC Wide	0.5	01-Jan-22		8	33	34	35 Approved MHR&R PB 4/11/21
Band 8A - Clinical Psychologist (LD pathway)	Recurring	GGC Wide	0.5	01-Jan-22		9	38	39	40 Approved MHR&R PB 4/11/21
Trauma	Recurring	GGC Wide	0.5	01-Jan-22		13	54	56	58
CAMHS Up to 25 Total						155	640	659	679
CAMHS WLI									
No Boardwide proposals									
GRAND Total						294	1,189	1,094	922

CAMHS Specification		2021/22 £000's	2022/23 £000's	2023/24 £000's	2024/25 £000's
East Dunbartonshire	8.35%	12	46	36	20
East Renfrewshire	10.36%	14	57	45	25
Glasgow City	50.51%	70	277	220	123
Inverclyde	7.34%	10	40	32	18
Renfrewshire	15.29%	21	84	66	37
West Dunbartonshire	8.14%	11	45	35	20
Total		138	549	435	243

CAMHS Up to 25		2021/22 £000's	2022/23 £000's	2023/24 £000's	2024/25 £000's
East Dunbartonshire	8.35%	13	53	55	57
East Renfrewshire	10.36%	16	66	68	70
Glasgow City	50.51%	78	323	333	343
Inverclyde	7.34%	11	47	48	50
Renfrewshire	15.29%	24	98	101	104
West Dunbartonshire	8.14%	13	52	54	55
Total		155	640	659	679

GRAND TOTAL		2021/22 £000's	2022/23 £000's	2023/24 £000's	2024/25 £000's
East Dunbartonshire	8.35%	25	99	91	77
East Renfrewshire	10.36%	30	123	113	96
Glasgow City	50.51%	148	601	553	466
Inverclyde	7.34%	22	87	80	68
Renfrewshire	15.29%	45	182	167	141
West Dunbartonshire	8.14%	24	97	89	75
Total		294	1,189	1,094	922

Assumptions

1. Inflation increase of 3% has been applied as a planning assumption at this stage to future years for pay, contractual etc
2. Costs are currently based on high level estimates. Full costings still to be done.
3. Assumes CAMHS Spec & Up to 25 funding becoming recurring
4. Assumes CAMHS WLI funding received for 2 years - 21/22 & 22/23

Mental Health Recovery & Renewal - CAMHS - Glasgow City/ East Dunbartonshire

Project Bids	Band	Funding	Who	WTE	Start Date	End Date	2021/22 £000's	2022/23 £000's	2023/24 £000's	2024/25 £000's
New Commitments										
CAMHS Specification										
Contribution to NHSGG&C Wide services & developments		Recurring	GGC Wide		01-Jan-22		81	323	256	143
Clinical Co-ordinator (8A)	8a	Recurring	Local	2.40	01-Jan-22		44	180	186	191
Leadership post (8A)	8a	Recurring	Local	1.00	01-Jan-22		18	75	77	80
Principal Clinical Psychologist (8A)	8a	Recurring	Local	4.00	01-Jan-22		73	300	309	319
ANP (7)	7	Recurring	Local	4.00	01-Jan-22		63	260	268	276
OT	7	Recurring	Local	1.00	01-Jan-22		16	65	67	69
SLT	7	Recurring	Local	2.00	01-Jan-22		32	130	134	138
Nursing/ SLT/ OT? (6)	6	Recurring	Local	12.00	01-Jan-22		161	664	684	704
Clinical Support Workers (4)	4	Recurring	Local	8.00	01-Jan-22		68	279	287	295
Admin (3)	3	Recurring	Local	8.00	01-Jan-22		61	252	260	267
Admin (4)	4	Recurring	Local	1.73	01-Jan-22		15	60	62	64
Accommodation		Recurring	Local							
Non-Pay		Recurring	Local					44	44	44
Total Costs				44.13			631	2,633	2,634	2,591
Funding							1,934	1,934	1,934	1,934
Variance							1,303	(699)	(700)	(657)
CAMHS Up to 25										
Contribution to NHSGG&C Wide services & developments		Recurring	GGC Wide		01-Jan-22		91	377	388	400
Total Costs							91	377	388	400
Funding							1,105	1,105	1,105	1,105
Variance							1,013	728	717	705
Variance CAMHS Spec + up to 25							2,316	29	17	48
CAMHS WLI										
Psychology (8A)	8A	Non-Recurring	Local	0.20	01-Jan-22	31-Dec-22	4	11		
Nurse (7)	7	Non-Recurring	Local	0.50	01-Apr-22	31-Mar-23		33		
Psychology (6)	6	Non-Recurring	Local	4.36	01-Apr-22	31-Mar-23		241		
Psychology (6)	6	Non-Recurring	Local	0.20	01-Oct-21	30-Sep-22	5	6		
Assistant Psychologist (4)	4	Non-Recurring	Local	7.00	01-Dec-21	30-Nov-22	79	244		
Nurse (6)	6	Non-Recurring	Local	3.00	01-Apr-22	31-Mar-23		166		
Nurse (3)	3	Non-Recurring	Local	1.00	01-Apr-22	31-Mar-23		31		
Admin (4)	4	Non-Recurring	Local	0.73	01-Apr-22	31-Mar-23		25		
Admin (2)	2	Non-Recurring	Local	1.60	01-Jun-22	31-May-23		38	8	
Total Costs				18.59			88	795	8	0
Funding							552	552		
Variance							465	(242)	(8)	0
GRAND Total Costs							811	3,805	3,030	2,991
GRAND Total Funding							3,591	3,591	3,039	3,039
GRAND Total Variance							2,781	(214)	9	48

Assumptions

1. Inflation increase of 3% has been applied as a planning assumption at this stage to future years for pay, contractual etc
2. Costs are currently based on high level estimates. Full costings still to be done.
3. Assumes CAMHS Spec & Up to 25 funding becoming recurring
4. Assumes CAMHS WLI funding received for 2 years - 21/22 & 22/23

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	181121-07 Agenda item number 7
2	Report Title	NHSGGC SPECIALIST CHILDREN'S SERVICES MENTAL HEALTH RECOVERY & RENEWAL CAMHS FUNDING
3	Date direction issued by Integration Joint Board	18 th November 2021
4	Date from which direction takes effect	18 th November 2021
5	Direction to:	NHS Greater Glasgow and Clyde
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	NHS GG&C Mental Health Recovery & Renewal CAMHS funding
8	Full text of direction	NHS Greater Glasgow and Clyde are directed to recruit to the workforce plan set out in Appendix 2 in line with the financial framework available through the SG funding allocated to deliver specific programmes of work to improve the delivery of CAMHS services to the children of East Dunbartonshire.
9	Budget allocated by Integration Joint Board to carry out direction	As per the financial framework set out in Appendix 2.
10	Details of prior engagement where appropriate	Engagement will be required through relevant staff partnership forums and with Children's Services more widely to ensure plans dovetail with work across the system. Links with Glasgow City as the delivery vehicle for Tier 3 services for East Dunbartonshire will continue to ensure improvements to the areas outlined within the report.
11	Outcomes	Improved access and experience for young people seeking to access CAMHS services.
12	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the East Dunbartonshire Integration Joint Board.
13	Date direction will be reviewed	November 2022

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18 NOVEMBER 2021

REPORT REFERENCE: HSCP/181121/08

CONTACT OFFICER: DAVID AITKEN
INTERIM HEAD OF ADULT SERVICES
0141 232 8218

SUBJECT TITLE: DRUG RELATED DEATHS – EAST
DUNBARTONSHIRE 2020

1.1 PURPOSE

- 1.2** The purpose of this report is to provide a summary of drug related deaths (DRD's) in East Dunbartonshire for the year 2020, including additional analysis broken down by age, sex, substances implicated in death and location. Additional information at a national and Greater Glasgow and Clyde board wide level will also be utilised in this report where appropriate.
- 1.3** Information contained in this report has been prepared from the 'Drug-related deaths in Scotland in 2020' report and associated papers which can be accessed utilising the link below.

[NRS Scotland Statistic Drug Related Deaths](#)

2.1 RECOMMENDATIONS

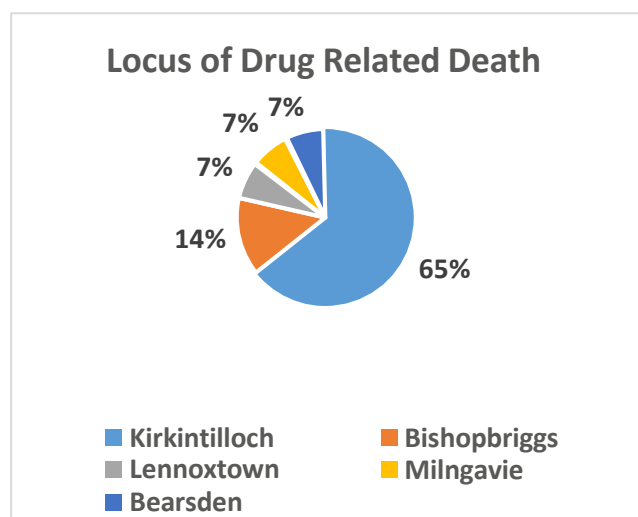
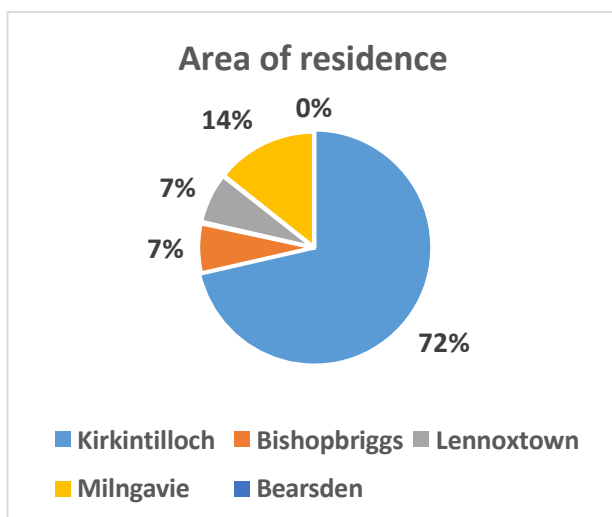
It is recommended that the Health & Social Care Partnership Board:

- 2.2** Note the contents of the report.

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.1 BACKGROUND/MAIN ISSUES
DRUG RELATED DEATHS – NATIONAL AND LOCAL ANALYSIS

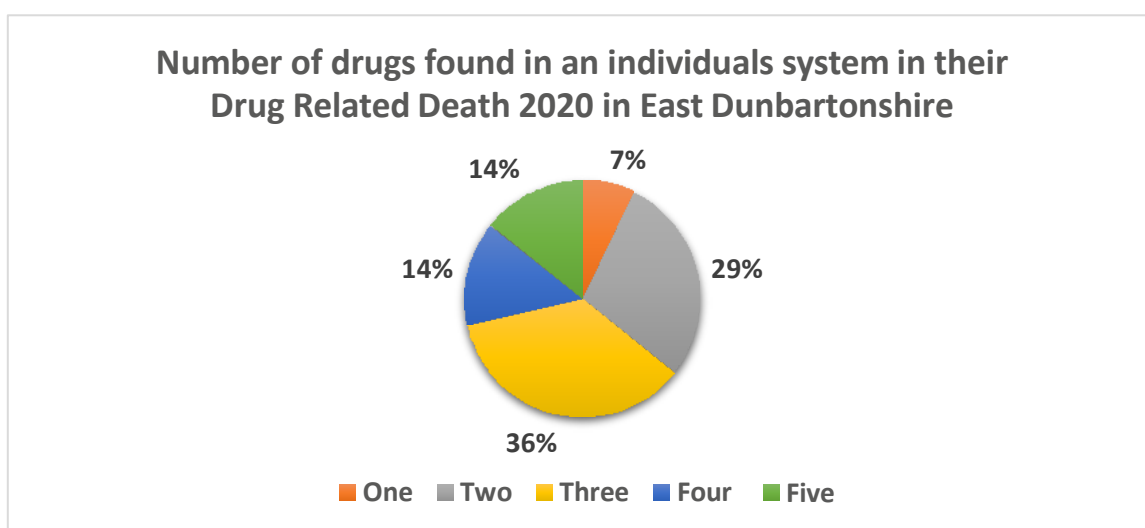
- 3.2** In 2020, there were 1,339 drug-related deaths registered in Scotland. This represented a 5% increase on 2019 and the highest number of drug related deaths recorded since records began in 1996.
- 3.3** Greater Glasgow and Clyde health board has seen the greatest increase in drug related deaths per 1000,000 population from 8.9 per year in the period 2000-2004 to 30.8 per 100,000 population in 2016-2020.
- 3.4** Local authority comparison shows that Dundee City had the highest drug related death rate for 2016–2020 at 43.1 per 100,000 population, followed by Glasgow City 39.8, and Inverclyde 36.7. The lowest drug related death rates for council areas were East Renfrewshire 8.8, Aberdeenshire 9.3 and East Dunbartonshire 9.5.
- 3.5** Nationally by local authority area East Dunbartonshire has the third lowest drug related death rate, and within a Board wide context East Dunbartonshire and East Renfrewshire have the lowest reported drug related deaths within NHS GGC.
- 3.6** In 2020 deaths reported in East Dunbartonshire increased from 7 drug related deaths in 2019 to 14 in 2020 which is a concerning rise and the highest recorded figures for East Dunbartonshire. The five year trend data also shows a consistent increasing trajectory; albeit numbers remain comparatively low.
- 3.7** In East Dunbartonshire in 2020 drug related deaths mainly occurred within the Kirkintilloch area (65%) with lowest numbers occurring in Bearsden, Milngavie and Lennoxton (7%). Locus of death in comparison to area lived provided a marginally different picture, with 71% of deaths occurring within the individuals home and 29% in a different location.



- 3.8** The average age of a drug related death in Scotland has increased over the last 20 years from aged 32 to an average age of 43 in 2020. Data for 2020 in relation to the age ranges of drug related deaths in East Dunbartonshire shows that age group 35 – 44 was the most prevalent for drug related deaths, and within East Dunbartonshire ages 45 – 54 are the second highest. In summary most drug related deaths in East Dunbartonshire (and the wider GGC area) in 2020 were between the ages of 35 – 54, which again reflects the national findings.

3.9 According to the national Drug Related Deaths report in 2020, males were 2.7 times more likely to die from drug related death than females. In East Dunbartonshire in 2020 the majority were male; 71%, with 29% female, which is in line with national reporting and with referral rates to East Dunbartonshire Alcohol & Drug Recovery Service.

3.10 The Drug Related Deaths report highlighted that nationally in 93% of drug related deaths; more than one drug was present in the body. In East Dunbartonshire, toxicology showed that in 64% of drug related deaths, individuals had three or more drugs in their system, only 7% had one drug and 29% had two drugs in their system during toxicology.



3.11 In Scotland in 2020 the following substances were implicated in drug related deaths:

- Opiates / opioids (heroin, morphine, methadone) – 89%
- Benzodiazepines (diazepam, etizolam) – 73%
- Gabapentin and/or pregabalin – 37%
- Cocaine – 34%

3.12 There have been significant increases in the last five years in the number of drug related deaths where the drugs mentioned above have been implicated, trends which are reflected locally.

3.13 From the analysis already completed in respect of the 14 people who lost their lives to drug related death in East Dunbartonshire, 28% were open cases to East Dunbartonshire's Alcohol and Drug Recovery Service at the time of their death, the same figure of 28% were open to local Mental Health Services and 44% of individuals were either open to other teams such as criminal justice or not open to, or known to, services.

3.14 Of the 14 drug related deaths in East Dunbartonshire, only 14% were on opioid replacement therapy (ORT) at the time of their death. The lower number of drug related deaths occurring in individuals in treatment is thought to be a good indicator of the success of treatment and that people receiving medically assisted treatment are safer particularly when retained within services for longer periods.

3.15 There is also a need to reinforce the links and interfaces between other services such

as the Community Mental Health Team (CMHT), Criminal Justice and Children and Families Services to ensure services are as integrated in their response as possible and individuals are being fully supported and are aware of available treatment.

REDUCING DRUG DEATHS AND HARM IN EAST DUNBARTONSHIRE

- 3.16** Currently the Alcohol and Drug Partnership (ADP) is in the process of working to develop an updated Action Plan to reduce drug related harm and death in East Dunbartonshire.
- 3.17** The work of the ADP is supported by three subgroups which are engaged in the development of multi-agency proposals to reduce drug related deaths and harm, and a significant amount of work has already commenced in 2020 and 2021 in response to the Covid pandemic to support those engaged with our Alcohol and Drug Recovery Services.
- 3.18** More detailed analysis of each drug related death in East Dunbartonshire is additionally being completed including developing much more detailed histories and analysis of the circumstances of each death to identify if there are any further common local issues or areas for learning which we need to take into account.
- 3.19** Recurring funding and additional investment has been allocated to the ADP as reported at prior board meetings by the Scottish Government to support the reduction of drug deaths and harm, to areas including Medication Assisted Treatment and increasing the use of residential rehabilitation.
- 3.20** To continue supporting the reduction of drug deaths and harm in East Dunbartonshire, our action plan and future investment will be targeted in areas such as:
- Increased prescribing sessions to allow for same day prescribing
 - Increasing the reach of Naloxone including working with prisoners on release and sourcing Nyxoid as well as injectable Naloxone, and promoting the local postal service
 - Increasing the use of residential rehab where appropriate and working with other ADP areas in GGC regarding crisis, stabilisation and after care
 - Increased support around non-fatal overdose, including a new initiative with Turning Point Scotland and West Dunbartonshire ADP
 - Allowing individuals to remain in treatment longer by seeking to increase the capacity of the ADRS team
 - Developing a service user lead forum to feed into ongoing service development
 - Supporting a whole family approach and family inclusive practice in drug and alcohol service provision
 - Ensuring services are trauma informed and staff have adequate training, working on environmental factors to ensure areas are trauma friendly;

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan;-

1. Promote positive health and wellbeing, preventing ill-health, and building strong communities
2. Enhance the quality of life and supporting independence for people, particularly those with long-term conditions
3. Keep people out of hospital when care can be delivered closer to home
4. Address inequalities and support people to have more choice and control
5. People have a positive experience of health and social care services

4.3 Frontline Service to Customers – Reducing drug related deaths and harm supports stronger communities, and enhances the quality of life of the individuals living locally.

4.4 Workforce (including any significant resource implications) – None.

4.5 Legal Implications – None.

4.6 Financial Implications – None. Additional funding has been provided by the Scottish Government to support service development to reduce drug related deaths and associated harm.

4.7 Procurement – None.

4.8 ICT – None.

4.9 Corporate Assets – None.

4.10 Equalities Implications – Equalities impact assessments will be undertaken as required as part of any future redesign process.

4.11 Sustainability – None.

4.12 Other – None.

5.1 MANAGEMENT OF RISK

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

5.2 East Dunbartonshire drug related deaths remain comparatively low; risks are mitigated by the partnership activity of ADP and statutory and third sector services.

6.1 IMPACT

6.2 **STATUTORY DUTY** – None

6.3 **EAST DUNBARTONSHIRE COUNCIL** – Updated Action Plan will be supported by the ADP, East Dunbartonshire ADRS, Mental Health, Criminal Justice and Children and Families Services.

6.4 **NHS GREATER GLASGOW & CLYDE** – Updated Action Plan will be supported by the ADP, East Dunbartonshire ADRS, Mental Health, Criminal Justice and Children and Families Services.

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

7.1 POLICY CHECKLIST

7.2 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.1 APPENDICES

8.2 None

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18 NOVEMBER 2021

REPORT REFERENCE: HSCP/181121/09

CONTACT OFFICER: CAROLINE SINCLAIR, INTERIM CHIEF OFFICER, TELEPHONE NUMBER 0141 304 7435

SUBJECT TITLE: NATIONAL CARE SERVICE CONSULTATION

1.1 PURPOSE

1.2 The purpose of this report is to enable members to formally ratify the East Dunbartonshire Integration Joint Board's response to the National Care Service – Consultation.

2.1 RECOMMENDATIONS

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

2.2 Approve the content of this report.

**CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.1 BACKGROUND/MAIN ISSUES

- 3.2** On 1 September 2020 the First Minister announced that there would be an Independent Review of Adult Social Care in Scotland as part of the Programme for Government. The Review was chaired by Derek Feeley, a former Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland. Mr Feeley was supported by an Advisory Panel of Scottish and international experts.
- 3.3** The principal stated aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. The review took a human-rights based approach.
- 3.4** The Independent Review concluded at the end of January 2021 and its report, together with an accompanying short film, was published on 3 February 2021. These can be accessed on the following link [Independent Review of Adult Social Care](#)
- 3.5** The Independent Review was not, in itself, a Scottish Government programme for change, but its recommendations, of which there were 53, formed the foundations of reform proposals currently being considered by Scottish Government.
- 3.6** Following conclusion of the Scottish Government elections the First Minister set out a commitment to start formal consultation for the new National Care Service in the first 100 days of the Parliament with a view to introducing legislation in the first year of the Parliament. The stated goal of the programme of work is to ensure the delivery of consistent, high standards of care for everyone across Scotland. Listening to people with lived and living experience to design the systems and services supporting them to live happy and fulfilled lives is also stated to be key.
- 3.7** The consultation went live on 9 August 2021, and can be accessed on the following link [A National Care Service for Scotland - Scottish Government - Citizen Space \(consult.gov.scot\)](#). The consultation closed on 2 November 2021.
- 3.8** The East Dunbartonshire Integration Joint Board members developed a consultation response through a virtual development session and a number of subsequent email engagements, reaching agreement to and approval of a final submission by email on 1 November 2021. This enabled the East Dunbartonshire Integration Joint Board submission to be made by the deadline of 2 November 2021. This report now seeks to ratify that response, which is attached as appendix 1 to this report.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

- 4.2** Relevance to HSCP Board Strategic Plan; - None at this consultation stage.
- 4.3** Frontline Service to Customers – None at this consultation stage.
- 4.4** Workforce (including any significant resource implications) – None at this consultation stage.
- 4.5** Legal Implications – None at this consultation stage.

- 4.6 Financial Implications – None at this consultation stage.
- 4.7 Procurement – None at this consultation stage.
- 4.8 ICT – None.
- 4.9 Corporate Assets – None.
- 4.10 Equalities Implications – None at this consultation stage.
- 4.11 Sustainability – None at this consultation stage.
- 4.12 Other – None at this consultation stage.

5.1 **MANAGEMENT OF RISK**

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

- 5.2 None.

6.1 **IMPACT**

- 6.2 **STATUTORY DUTY** – None
- 6.3 **EAST DUNBARTONSHIRE COUNCIL** – None at this consultation stage.
- 6.4 **NHS GREATER GLASGOW & CLYDE** – None at this consultation stage.
- 6.5 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required.

7.1 **POLICY CHECKLIST**

- 7.2 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.1 **APPENDICES**

- 8.2 **Appendix 1** - East Dunbartonshire Integration Joint Board National Care Service Consultation Response.

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
A NATIONAL CARE SERVICE FOR SCOTLAND – CONSULTATION
INTEGRATED JOINT BOARD – FEEDBACK**

East Dunbartonshire Integration Joint Board (EDIJB) welcomes the opportunity to contribute to this consultation and seeks to engage positively in the outcomes of the consultation process.

EDIJB is supportive of a range of the principles and aspirations laid out in the original Feeley recommendations following the independent review of adult social care, many of which resonate with the overall strategic priorities of the IJB and HSCP, and their key local partners in East Dunbartonshire. The following areas of the recommendations are areas the IJB would support in principle and would commit to working with the Scottish Government to seek a plan to progress:

- Focus on prevention and early intervention
- Commitment to person centred care
- Empowering people
- Valuing the workforce
- Focus on equalities and human rights
- Focus on consistency of service provision
- National standards

The view of EDIJB is that many of the improvements and aspirations recommended and sought in the independent review of adult social care could be delivered without major structural reconfiguration.

EDIJB very much welcomes the ambition to strengthen social care provision in Scotland, driven from a human rights perspective, and to strengthen a respected and equipped social care workforce to deliver this. The focus on, and capacity for, improvement and better whole system planning are welcome.

The position of EDIJB is that operationally, health and social care services such as those outlined in this consultation as being within the scope of the National Care Service are most effective when located and managed within the localities in which such services are provided.

There are a number of proposals within the consultation document that EDIJB suggest could be progressed through existing structures and would highlight activity taking place not only within East Dunbartonshire, but also across the Health Board area and Scotland, that demonstrates current ways of working. These activities are well placed to achieve the aspirations set out in this consultation document.

EDIJB felt that it was not clear whether the consultation describes the new IJBs as a commissioning body, or a delivery body. Without knowing what the intention is, it is

difficult to provide detailed feedback. Whatever comes next, we would appreciate the opportunity for ongoing dialogue to inform future plans.

EDIJB felt that this consultation could reflect and learn from previous national approaches developed in other public sector areas that are directed by the 'centre' such as education. Currently a lack of clarity causes a risk that a Board may be held accountable for failure where it is actually an issue of underfunding, unrealistic expectations or issues out with the control of the Board itself.

1. National Care Service (Principle)

1.1 The scope of the National Care Service (NCS) does not extend the delegated functions already in place in East Dunbartonshire, in fact it may reduce it, but it does suggest changes to the way some are managed. For example, although primary care services are already within our scope the move to make the Integration Authorities responsible for GP contractual arrangements is new.

1.2 Is the proposal for a NCS and a move away from integration as we know it currently an indication that the Scottish Government is of the view that integration has failed/is failing? The EDIJB would strongly disagree with that and hope that the intention is to build from 'that's good', to 'even better if'. The huge success of the local responses to the pandemic through our health, care and partners services working together in East Dunbartonshire is testament to how powerful a locally led approach can be.

1.3 EDIJB would suggest that there may be a more simple solution on how to build better integrated services, particularly in areas where fewer functions are delegated to IJBs. The powers already contained within the Public Bodies (Joint Working) (Scotland) Act (The Act) could be used to encourage, if not mandate, integration authorities to increase delegation of functions within their Partnerships to acknowledge, as the consultation does, that the more successful integration authorities are those with greater delegation of functions. This has the potential to achieve the desired outcomes without the structural change proposed.

1.4 EDIJB recommends that ministers should be accountable for enabling effective delivery of social care by providing sufficient funding to deliver on the standards that are set. That would be the single biggest change impact there could be.

1.5 The potential risk of focussing on structure and structural change is the shift of focus towards the new structure and away from continuing to work towards developing innovative service solutions around prevention and early intervention, locally based and led. The time and complexity that would emerge during planning and implementation of a new structure would almost inevitably impact on that work with likely significant consequences for transformational change activity and the associated outcomes

1.6 The Scottish Government has taken responsibility for securing certain outcomes – consequences could be challenging. In making ministers accountable you make

the delivery of service a political matter which changes the context within which these services are delivered. The consequences of decisions are not considered. Ministers need to be held accountable, where they are accountable.

1.7 A consistent planned approach for all services will be required to ensure that services don't fall through the cracks when / if IJBs are disbanded or changed. This is particularly important in any scenario where some services currently in an IJB are not to be included in the new NCS.

1.8 Community Health & Social Care Boards (CHSCBs) require enhanced resources to support delivery, funding therefore needs to be increased. If the funding remains the same nothing will change. One model – with a basic structure should be the same across Scotland, but the delivery of this locally may change significantly based on different areas make up rural vs urban, scale and size. This needs to be enabled, if we are going to be able to focus on local needs for local people.

1.9 Unison broadly welcomes the principles surrounding the creation of the NCS, and welcomed the Feeley report when it emerged, but note the scope is significantly broader in the NCS consultation and much more detail would be required in order to offer clear views

2. Reformed Integration Joint Boards: Community Health & Social Care Boards

Voting and membership

2.1 With regard to the proposal to have reformed Community Health and Social Care Boards (CHSCBs) with all voting members, we acknowledge that Boards need to hear voices and these voices need to represent communities as widely as possible.

2.2 One of the areas of discussion for EDIJB was how Members representing large, varied and possibly complex networks or communities could manage a singular voice and vote on the Board. We wanted to understand more about the infrastructure that would be required to support and facilitate meaningful representation and ensure all Members are sufficiently briefed and prepared in the event a vote should be called on any given subject (which might not be expected). For example to what extent would a Member require to be briefed in order to make an informed decision on approving the budget, or any other complicated area of business where a lack of knowledge or understanding might lead to a decision being made which could have lasting effects on the services provided to people in East Dunbartonshire, or the financial sustainability of the IJB itself. EDIJB considers that much more detail on how this could be implemented is required before any decisions could be made.

2.3 Another issue of concern in relation to widening voting rights is the risk that where Boards may currently run on the basis of discussion, debate and consensus may lead to greater disruption as an increased number of Members with a vote seek to exercise that right. There is a concern that the culture within the Board will suffer

as a result. EDIJB would also point to the fact that during the first 6 years of integration the IJB has very rarely had to vote. The vast number of decisions are achieved through discussion and consensus.

2.4 EDIJB fully supports the principle that people with lived and living experience need to have a greater voice in IJBs, and that there should be greater (or better) representation from members of the public on the Boards. How this would be achieved requires discussion and clarification. Community membership on Boards (whether with a vote or not) is simply one element of community engagement. It is arguably more important to reflect the principles and standards of engagement more widely in all of the work we do.

2.5 The proposals as they are contain little information on how greater representation would be achieved in a manner which would achieve a representative Board without having Boards which are too large to be effective. Whilst there is no disagreement in the principle of better representation and the inclusion of those with lived and living experience it is simplistic to suggest this could happen without running the risk that Boards become too large and unwieldy to perform their roles efficiently and effectively.

2.6 The proposals similarly are insufficiently detailed on the officer membership on Boards, with no detail on the requirement for section 95 officers to be Members. Given the consideration to directly fund Boards from central government this seems to have been omitted from the plans and Boards would need someone with financial accountability and responsibility. It would be essential that Section 95 Officers remain members on governance structures.

2.7 NHS Non-executives, as it stands, are not currently necessarily aligned to IJB local areas where they actually live i.e. have a vested interest in. How this will work will need to be clarified in the new Boards. Is it appropriate to sit on a Board in an area where you have no direct interest?

2.8 Supportive of the voting rights for employee representative on the Board. Support the adoption of the principles of Fair Work and do see issues in the system around commissioning that does not align with the Fair Work agenda and would welcome standardisation and better terms and conditions

2.9 Although the consultation does not make explicit reference to NHS Non Execs and TSIs on the new Boards we are making an assumption that they are to be included, as a development of the IJB approach, but would appreciate clarification of that.

Role of the CHSCBs

2.10 The proposals lack detail for an informed judgement to be made. There continues to be confusion regarding service delivery arrangements and whether Boards simply become commissioning bodies on behalf of the NCS?

2.11 The suggestion that the new Boards would be accountable to ministers gives an impression that HSCPs and IJBs are not accountable at the moment when they are.

2.12 The current IJBs have more responsibilities than the scope of the new NCS/CHSCBs would suggest. The consultation makes no reference, for example, to Health Improvement in its scope. Where would Health Improvement therefore sit? The omission of this is at odds with the tone of the Feeley recommendations and with the strategic priorities of EDIJB which seek to focus on early and effective intervention and the addressing of inequalities and promotion of equalities.

2.13 EDIJB welcome the direct resourcing to the new Boards but if successful delivery is dependent on the structures and systems we currently have, and the quantities of these that we have, then it will not succeed. Systems and structures need reformed to be enabling for Boards.

2.14 Consistency around the core of the proposals is fine, but will still need some local flexibility on how it operates, to reflect local need

2.15 The proposal needs to take account of the fact that there will still be significant variation in the size of the new Boards. EDIJB is a reasonable size, big enough to be sustainable but not so big as to be hard to hold onto the edges of, so to speak. However, as it is unclear if the task of the new Board is to be a commissioning body, or a commissioning and service delivery body, it is difficult to know what the right fit would be. We need to retain the ability to have variation in order to shape services that fit actual local needs, not a one size fits all approach. Resourcing needs to be sufficient to deliver on these aspirations.

2.16 Key is shared principles and values, a single model may be taking it a step too far. We need to allow for local appropriate variation.

2.17 There is a concern that description of ethical commissioning implies current commissioning is all bad, not necessarily the case.

Employment of staff

2.18 There continues to be considerable lack of clarity regarding which staff are considered to be in scope for direct employment by the reformed Boards. Which staff are considered to be part of the Chief Officer's planning team? Does this include commissioning staff, given the focus on Boards becoming responsible for commissioning and procurement at local level? To what level/grade of staff would you extend that scope? Would it be just the senior staff or would it be the operational staff as well?

2.19 There are concerns around accountability and where staff would sit, as well as the impact on the relationship between Council and Health staff.

2.20 There are legal implications that need to be looked at regarding whether staff carrying out statutory duties require to be employed by the Council or can be part of the NCS. If you remove the responsibility for statutory responsibilities from the local authorities can you still employ the staff carrying out those duties? The proposals as

they currently stand create more confusion in what is already a complex staffing situation.

2.21 If some staff come into the NCS for certain functions but others remain within the Council/HB (subject to decisions about the scope of functions delegated), how do you manage a situation where some staff are still employed by the Council and others are employed by the NCS and have national pay bargaining and terms and conditions?

2.22 EDIJB would point out that in relation to the proposal around employment status, staff do not understand the intentions or the implications, and indeed already struggle to understand the current structure. When employment status or employer changes are raised this is when people start to listen, a change in employer will be a significant concern for some staff at a time when staff are exhausted from their efforts during the pandemic. Is such a structural reform in the best interests of these staff at this time? This does not give the signal that staff and their mental and physical health and wellbeing are being considered and valued.

3. Commissioning of Services

3.1 It is unclear why we require a NCS to improve the approach to commissioning and how the market functions, and a feeling that the infrastructure is already in place to do this but is not being used effectively enough. For example we already have national contracts and frameworks, a light touch regime which is poorly understood or used

3.2 EDIJB considers that a national approach to commissioning would undermine the locality planning activity which is central to the development of Strategic Plans and set out in the guidance for strategic planning as crucial. This is also potentially at odds with the Christie recommendations in relation to bottom up planning and devolution of responsibility.

3.3 EDIJB think it might be useful to consider how the commissioning undertaken by the proposed NCS would operate and how those accepting the commissions would be held accountable and by whom. There is a need to also look at how the funds supporting the commissioning of services will move through the proposed system. It might also be useful to look at how the proposed arrangements can be justified in terms of subsidiarity and related concepts.

4. Scope of National Care Service

4.1 If you are going to do it right then do it from the start. In order to achieve a person centred approach there is a need to improve the current position of speaking to multiple people to organise support - collaboration is happening but not integration. Collaboration is not integration, collaboration does not deliver the aspirations of integration. Whatever comes next needs to build on where are now to

deliver actual integration if it is to be genuinely better and more streamlined for people accessing services and their carers. It must not unpick what has been done, rather it needs to move forwards towards better service delivery.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18 NOVEMBER 2021

REPORT REFERENCE: HSCP/181121/10

CONTACT OFFICER: CAROLINE SINCLAIR, INTERIM CHIEF OFFICER, TELEPHONE NUMBER 0141 304 7435

SUBJECT TITLE: CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2020 - 2021

1.1 PURPOSE

1.2 The purpose of this report is to present the Chief Social Work Officer's (CSWO) Annual Report for the period 2020 – 2021.

2.1 RECOMMENDATIONS

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

2.2 Note the content of this report;

**CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.1 BACKGROUND/MAIN ISSUES

- 3.2** Each year, the Chief Social Work Officer (CSWO) is required to produce a summary report advising the Council of performance in relation to the discharge of statutory duties and responsibilities, as well as the functions of the CSWO. With the commencement of the Public Bodies (Joint Working) (Scotland) Act 2014, this reporting arrangement was extended to include Integration Authorities.
- 3.3** The Chief Social Work Advisor to the Scottish Government developed a standardised framework for reporting in order to ensure consistency across Scotland. This report is broadly structured around that framework and provides the annual report for the period 1 April 2020 to 31 March 2021. (Appendix 1).
- 3.4** Local Authorities are legally required to appoint a professionally qualified CSWO under section 3 of the Social Work (Scotland) Act 1968. The overall objective of the CSWO is to ensure the provision of effective professional advice to Local Authorities and Integration Authorities in relation to the delivery of social work services as outlined in legislation. The statutory guidance states that the CSWO should assist Local Authorities, Integration Authorities, which in the case of East Dunbartonshire is the East Dunbartonshire Health and Social Care Partnership, and their partners in understanding the complexities and cross-cutting nature of social work service delivery, as well as its contribution to local and national outcomes.
- 3.5** Key matters such as child protection, adult protection, and the management of high risk offenders are covered in this report. The report also provides information relating to the following:
- Summary of Performance – Key Challenges, Developments and Improvements;
 - Partnership Working - Governance and Accountability Arrangements;
 - Social Services Delivery Landscape;
 - Resources;
 - Service Quality, Performance and Delivery of Statutory Functions; and
 - Workforce Planning and Development.
- 3.6** The information contained within the report reflects the key matters affecting Social Work Services over the reporting period and, this year, reflects on aspects of the unique context of delivering these services, and a range of additional requirements, during a pandemic.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan;-

9. Statutory Duty

4.3 Frontline Service to Customers – This report reflects a summary of performance in relation to front line services to customers.

4.4 Workforce (including any significant resource implications) – This report includes reflections on matters relating to the social work and social care workforce and as such is relevant to ongoing workforce planning processes.

- 4.5 Legal Implications – This report relates to the delivery of statutory duties.
- 4.6 Financial Implications – The work described in this report is carried out within the financial resources allocated to social work and social care services.
- 4.7 Procurement – None.
- 4.8 ICT – None.
- 4.9 Corporate Assets – None.
- 4.10 Equalities Implications – None.
- 4.11 Sustainability – None.
- 4.12 Other – None.

5.1 **MANAGEMENT OF RISK**

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

- 5.2 There are no risks and control measures relating to this report.

6.1 **IMPACT**

- 6.2 **STATUTORY DUTY** – Requirement for annual report as per the Social Work (Scotland) Act 1968.

- 6.3 **EAST DUNBARTONSHIRE COUNCIL** – Noted above in Section 4.0

- 6.4 **NHS GREATER GLASGOW & CLYDE** – None.

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

7.1 **POLICY CHECKLIST**

- 7.2 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and at this stage not a new policy or change to an existing policy document. When a draft Strategic Plan is prepared, it will be subject to full impact assessment.

8.1 **APPENDICES**

- 8.2 **Appendix 1: Chief Social Work Officer Report 2020 - 2021**

Chief Social Work Officer's Annual Report

1 April 2020 – 31 March 2021

Contents

1. Introduction	1
2. Summary of Performance - Key challenges, Developments and Improvements	2
3. Partnership Working - Governance and Accountability Arrangements.....	5
4. Social Services Delivery Landscape.....	7
5. Resources	11
6. Service Quality, Performance and Delivery of Statutory Functions.....	13
7. Workforce Planning and Development.....	37

1. Introduction

I am pleased to present the Chief Social Work Officer's Annual Report for East Dunbartonshire for the period 1 April 2020 to 31 March 2021.

The purpose of this report is to provide East Dunbartonshire Council and other key stakeholders, including the East Dunbartonshire Health and Social Care Partnership Board, staff and people who use services, with information on the statutory work undertaken during the period 1 April 2020 to 31 March 2021.

The Local Government (Scotland) Act 1994 requires every local authority to appoint a professionally qualified Chief Social Work Officer. The Chief Social Work Officer (CSWO) provides professional governance, leadership and accountability for the delivery of social work and social care services whether these are provided by the local authority or purchased from the third or independent sector. The Chief Social Work Officer is also responsible for duties and decisions relating to the curtailment of individual freedom and the protection of both individuals and the public. The specific role and functions of the CSWO are set out in guidance issued by Scottish Ministers, first issued in 2009, and updated in July 2016, for which a link is provided here <https://www.gov.scot/publications/role-chief-social-work-officer/>

Social work and social care services enable, support, care for and protect people of all ages in East Dunbartonshire, by providing or purchasing services designed to promote their safety, dignity and independence and by contributing to community safety by reducing offending and managing the risks posed by known offenders. Those services, which are required to meet national standards and provide best value, are delivered within a framework of statutory duties and powers. Where possible, services are delivered in partnership with a range of stakeholders, including people who use them.

Social work and social care services are always delivered within a complex landscape of increasing demands, high levels of public expectation, economic uncertainty and a constantly evolving legislative and policy landscape. However, this report covers a unique period of time during which, along with colleagues in other sectors and services, and our communities, we have been working hard to protect those most at risk from the spread of Covid-19. Our social work and social care services have been doing this alongside their core business of providing services to the most vulnerable people in our communities and I have been struck by the efforts, commitment, compassion and flexibility our staff have shown, drawing on all their strengths and experience, and supporting each other, to help keep children and adults safe and well. I would like to personally thank everyone for their hard work and for their clear commitment to the values of their chosen professions.



Caroline Sinclair
Interim Chief Social Work Officer
East Dunbartonshire Council



2. Summary of Performance - Key challenges, Developments and Improvements

The task in the last year has been to achieve a balance between a focus on responding to Covid and the need to continue to provide core social work and social care services to those in need, sometimes in different ways, despite the pandemic. In order to shape our work we developed a pandemic specific Business Continuity Plan and Risk Register, supported by a range of monitoring and reporting processes, including specific sections focussed on our public protection duties. This helped us to ensure we were deploying our resources where they were most needed, at times when they were stretched.

Good practice example – keeping in touch during the pandemic

In response to the pandemic a new 'Vulnerable Persons, Classification of Risk and Contact Arrangements Procedure' was developed in March and implemented in April 2020 to provide a clear protocol to ensure that our most vulnerable citizens were safeguarded. This protocol set out clear expectations regarding contact during the pandemic to ensure that our most vulnerable citizens continued to be supported and receive the assistance they required at this time. A Vulnerable Persons List for Adult and Older People Services was prepared, refreshed, and provided every day to all Social Work team managers which identified more than 3000 individual adults and a risk categorisation was quickly applied and expected frequency of contact from social work services during the pandemic was established. Arrangements for telephone, digital and face to face contact where essential were set out within these protocols.

The protocols also established enhanced recording and weekly reporting arrangements to the Senior Management Team. Reporting was additionally supported by East Dunbartonshire's Corporate Performance and Research team which provided a weekly report on the individual contacts undertaken by our Social Work Teams, broken down by team and risk categories. This provided valuable management oversight and indicated that our social work teams maintained very high levels of contact with of our most vulnerable citizens.

On average between March 17th 2020 and the 31st March 2021 1,611 individual contacts were made with those most at risk each week by our Social Work staff, and overall numbers indicated that there were 104,225 individual contacts recorded with 12,689 individual people, with the majority within our most vulnerable Critical and Substantial risk categories. These protocols successfully established the framework to support our work during the pandemic to ensure that our most vulnerable citizens continued to be safely and adequately supported, and that further risks and concerns could be identified and timeous and appropriate action taken.

During the year we moved at pace to put in place a range of new types of service or supports to services that we had not previously had. This included our Personal Protective Equipment Hub, providing to our own staff and to local services, which we supported with a range of comprehensive guidance and training. We introduced a Community Assessment Centre, for people experiencing symptoms of Covid, and contributed to the development and staffing of a Mental Health Assessment Unit, offering a direct route to urgent Mental Health assessment, care and treatment, delivered by our colleagues in Glasgow City. We rolled out Covid testing to all of our social work and social care staff, regardless of which client group they worked with, and we delivered a substantial element of the local vaccination programme. We also provided a very high level of support to the 17 care homes in our area, fulfilling our scrutiny and assurance role in a supportive manner. While some elements of this suite of actions sound more relevant to health services than those within the remit of the Chief Social Work Officer, in reality, all of the above was achieved by all disciplines within the health and social care partnership working together and if there is one strong message to take away from the year, it is that together we can achieve a great deal more than the sum of our parts.

Despite the substantial challenges that our services face, or in some cases because of them, we have continued to make good progress on a number of practice fronts.

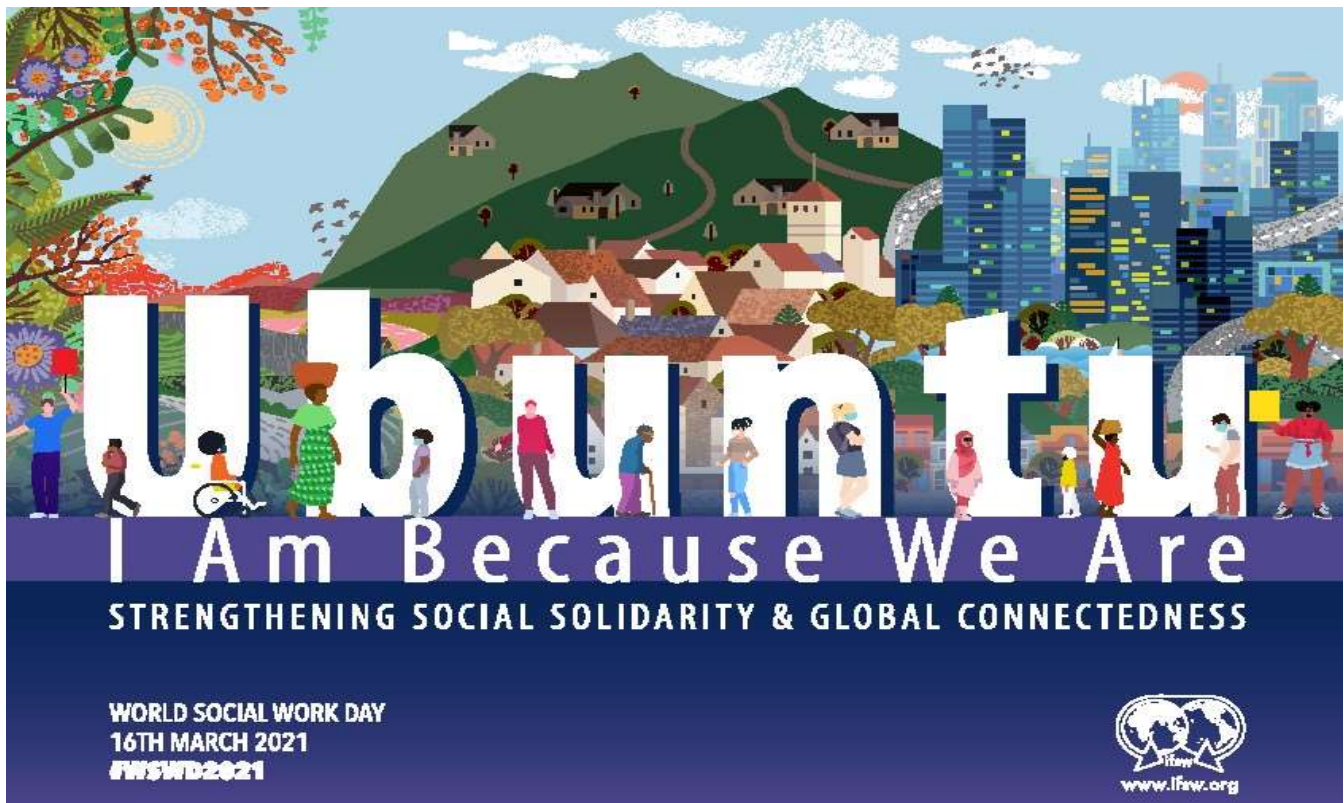
Notably, in the past year we have;

- ✓ Been successful in forming a partnership working approach with the Life Changes Trust to develop a move on programme for young people who are looked after and accommodated, to support them to transition into independent living
- ✓ Working with Macmillan Cancer Support developed a Strategic Cancer Partnership for the area, aimed at providing advice and support to those affected by cancer, the first time this model, which is operational in a number of other areas, has been delivered via a Health and Social Care Partnership, rather than a Health Board or Local Authority
- ✓ Developed and implemented a way of collating individual level data on how well services are supporting people to achieve their personal outcomes, which will enable us to better track how this relates to different types and models of service delivery, and inform future planning in a new way
- ✓ Seen work commence on the build of our new day service for people with learning disabilities which will be integrated, by design, into a community facility, giving us a modern, fit for the future facility
- ✓ Rolled out NearMe to a wide range of services enabling virtual ways of connecting with people accessing services and evaluated how staff and people who use services find that
- ✓ Successfully formed an ACES and Trauma Collaborative to progress the local vision to create a trauma informed and responsive Health and Social Care Partnership and workforce, in partnership with East Dunbartonshire Council, in line with the national direction and pledge
- ✓ Commissioning the Safe and Together Model to support ongoing systemic change to address domestic abuse and coercive control, especially in response to COVID-19 generated risk.
- ✓ Successfully introduced the role of CBT therapist into our MH teams, improving waiting times and introducing a different type of skill mix to our services. This development has been evaluated and found to be working very well for staff and people who use the service.
- ✓ Developed a Care Leavers Champions Board to ensure the views of people with direct experience of service are heard, and inform service development and delivery
- ✓ Undertaken a community-wide needs assessment in relation to mental health and drug and alcohol services which will inform development of a new recovery focussed approach
- ✓ Completed a refreshed Integrated Children's Services Plan and refreshed the structure of our collaborative children's services planning groups to support delivery of our aspirations
- ✓ Implemented a locality based approach to intake into our services for older adults as a step towards our commitment to locally led working
- ✓ Developed a Quality Strategy for implementation in 2021 – 2022 and refreshed our approach to Quality Assurance within our child protection service to make it more group led and learning focused.
- ✓ Developed a multi-agency reintegration group, supporting those being released from custody to transition back into the community, taking account of their individual circumstances
- ✓ Sustained delivery of care at home services throughout the pandemic without having to reduce care to anyone, where this was not what they, or their family, wanted
- ✓ Developed a new communication and engagement strategy, and participation strategy which will support our work in the coming years, ensuring we engage and involve others

The examples above are just a few of our achievements. More information on social work and social care services, including our performance report, can be found on the Council and the HSCP website <https://www.eastdunbarton.gov.uk/>

During the year we also responded to a range of external factors.

In March 2021 we marked World Social Work Day with a newsletter sharing and showcasing our achievements. This was in place of the planned conference we had originally aspired to hold.



Scottish Child Abuse Inquiry – In the year we have continued to provide records and responses to the Scottish Child Abuse Inquiry in line with requests, as will all areas of Scotland. Requested records can range back to 1930 making the process very challenging but to date we have complied with all requests.

Scottish Government – During the year the Scottish Government brought forward legislation specific to the pandemic through the Coronavirus (Scotland) Act 2020. The Act 2020 made provision to respond to an emergency situation and manage the effects of the pandemic. Amongst other things, it allowed for an easing of health and social care assessment duties in relation to adult social care, carer support and children's services in Scotland. This allowed for dispensing with assessment duties where complying would not be practical or would cause unnecessary delay in providing urgent care and support to people. The aim was to allow the focus to be on meeting the most urgent needs and protecting the lives of the most vulnerable members of society. Locally, we did not find that we needed to make use of this easement, but we welcomed the pragmatism it offered where required.

Care Inspectorate – The Care Inspectorate published a report in September 2020 in relation to care at home and housing support service provision during the pandemic which we contributed to through a process of reflection and remote interviews. We considered the outcome of the report and were satisfied that our decision making had been appropriate. A link to the report can be found here <https://www.careinspectorate.com/images/documents/5816/Delivering%20CAH%20and%20HSS%20during%20the%20COVID-19%20pandemic%20-%20%20FINAL%202092020.pdf>

Withdrawal from the European Union (Brexit) - The UK left the EU on the 31st January 2020 under the agreed Withdrawal Agreement with a 12 month transitional period to 31st January 2021. To date, the impact of this withdrawal has had limited impact on the services delivered through the HSCP, however this continues to be monitored as time elapses.

Independent Review of Adult Social Care – In September 2020, the First Minister announced that there would be an Independent Review of Adult Social Care in Scotland as part of the Programme for Government. The Review was chaired by Derek Feeley, a former Scottish Government Director General

for Health and Social Care and Chief Executive of NHS Scotland. Mr Feeley was supported by an Advisory Panel of Scottish and international experts. The principal stated aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. The review took a human-rights based approach. The Independent Review concluded at the end of January 2021 and its report, together with an accompanying short film, was published on 3 February 2021. <https://www.gov.scot/groups/independent-review-of-adult-social-care/> The recommendations of the Independent Review, of which there are 53, were broadly accepted by the Scottish Government and, at the time of writing, are being translated into a programme of legislative change with a commitment to implementation within the current term of government. While many of the details and implications are yet to be fully outlined or understood, it is clear that this potentially represents a very significant change in the near future to how social work and social care services are governed, organised and delivered. This will remain a matter of high profile and close attention in the coming year.

Mental Welfare Commission for Scotland – During the year the Mental Welfare Commission (MWC) for Scotland undertook an investigation into decision making for, and the legal underpinning of, the transfer of people from hospitals to care homes, where the individual lacked the capacity to make the transfer decision themselves. A sample period of 1 March 2020 to 31 May 2020 was used. Within that time period there were 731 transfers to care homes across Scotland. Of those, 457 were of people who lacked capacity. The Commission's report was published after the conclusion of the year to which this report relates, in June 2021, but before the time of writing. The inquiry found examples of unlawful moves and identified a range of factors contributing to these. The final report includes 11 recommendations, aimed at addressing the issues identified. The inquiry did not find any unlawful moves to have taken place in East Dunbartonshire, where a robust approach to the application of The Adults with Incapacity (Scotland) Act 2000 is taken. The report can be found here [Publications | Mental Welfare Commission for Scotland \(mwccscot.org.uk\)](https://www.mwccscot.org.uk/publications)

Scotland's Children's Commissioner – National Secure Care Investigation. During 2019 - 2020, all local authorities in Scotland were asked to provide the Children's Commissioner with details relating to the local use of, and decision-making in relation to, secure accommodation for children and young people. Concerns had been raised with the Commissioner's office that young people's views were not consistently taken into account and their right to appeal not routinely communicated. A response to the request for evidence was submitted in January 2020, and during the year further clarification and comments were submitted. The Commission's report was published after the conclusion of the year to which this report relates, in June 2021, but before the time of writing. The Commission concluded practice across Scotland was inconsistent and the approach to recording and evidencing action to meet legal duties could be improved. Having reviewed local records and local processes for submission to the Commission we had already identified that improvements in providing written information could be made and local procedures were revised in 2020 to take account of those improvements. The report can be found here [Statutory Duties in Secure Accommodation: Unlocking Children's Rights - The Children and Young People's Commissioner Scotland \(cypcs.org.uk\)](https://www.cypcs.org.uk/statutory-duties-in-secure-accommodation)

3. Partnership Working - Governance and Accountability Arrangements

Within East Dunbartonshire, the duties of the CSWO were discharged during the year by the Interim Chief Officer of the Health and Social Care Partnership with a deputy role being discharged by the Interim Head of Joint Adult Services. This somewhat unusual allocation of roles came about as a result of the secondment of the HSCP's substantive Chief Officer to a role within the local Health Board in January 2020, with consequent 'acting' arrangements being put in place within East Dunbartonshire. The onset of the pandemic in March 2020 changed the focus of efforts for all involved towards pandemic response and recovery, resulting in a delay in what would have been the usual process of confirming roles and

putting in place established arrangements. It is anticipated that this will be addressed within the coming year.

The CSWO has a key role to play in shaping the planning agenda for social work within the Council, the Health and Social Care Partnership and the Community Planning Partnership. The CSWO has also had the opportunity to influence budgetary decisions to ensure the needs of vulnerable people within our community are met, and resources are deployed effectively.

Within the Council and the Health and Social Care Partnership there are clear structures and processes that have enabled the CSWO to fulfil their role and function.

The CSWO attends a range of key internal and external partnership meetings including;

- East Dunbartonshire's Health and Social Care Partnership Board – the CSWO is a non-voting member of the HSCP Board
- East Dunbartonshire's Child Protection Committee – the CSWO is the Chair of the Committee
- East Dunbartonshire's Adult Protection Committee
- East Dunbartonshire's Public Protection Chief Officers' Group, which brings together the highlights of the work of the Child Protection Committee, the Adult Protection Committee, the Alcohol and Drugs Partnership, Multi Agency Public Protection Arrangements, Multi Agency Risk Assessment Conferences, statutory Mental Health work and any Prevent (safeguarding people from radicalisation) activity.
- East Dunbartonshire's Multi Agency Public Protection Arrangements (MAPPA) Level 3 Meetings - the CSWO is the Chair
- The Community Planning Partnership's Executive Group and Board
- East Dunbartonshire's Community Justice Partnership - the CSWO is the Chair of the partnership Board
- East Dunbartonshire's Delivering for Children and Young People Partnership (Integrated Children's Services Plan steering group) – the CSWO is the Chair
- The CSWO also meets regularly with the Chief Executive of East Dunbartonshire Council

Some of these meetings or engagement opportunities were stood down, or delivered differently during the year, as a result of the pandemic, however a return to more business as usual processes is anticipated during 2021 – 2022.

The CSWO is also a key member of the HSCP's Clinical and Care Governance Group (CCGG). The Chair of the CCGG is the HSCP's Clinical Director and membership includes the Chief Officer and a range of senior health and social work professionals. The role of the CCGG is to provide the HSCP Board with assurance that services are delivering safe, effective, person-centred care to the residents of East Dunbartonshire. The CCGG group meets on a bi-monthly basis and has covered a variety of diverse issues including; the reviewing of significant clinical incidents, complaints, quality improvements and the reviewing of quality improvement activity undertaken within teams. Within the CCGG we have been working hard to develop a balanced approach that provides scrutiny and assurance in equal measure across health, social work and social care services and believe we have made good progress in that area. Notably, the CCGG is now routinely provided with information on the performance of registered care services, as assessed by the Care Inspectorate, to enable scrutiny of this area of work. The CCGG Annual Report 2019-20, which details the range of work undertaken, can be found on the Council and HSCP website.

In April 2017, East Dunbartonshire Council amended the Administrative Scheme to disestablish the Social Work Committee and to create an Integrated Social Work Services Forum (ISWSF), in line with the revised integration and governance arrangements. This forum provided the opportunity for Elected Members to have sight of, and provided comment on, a range of social work and social care issues such as inspection outcomes, policy development considerations, service review issues and quality improvement work. The forum has now been further revised, becoming the Housing, Health and Care

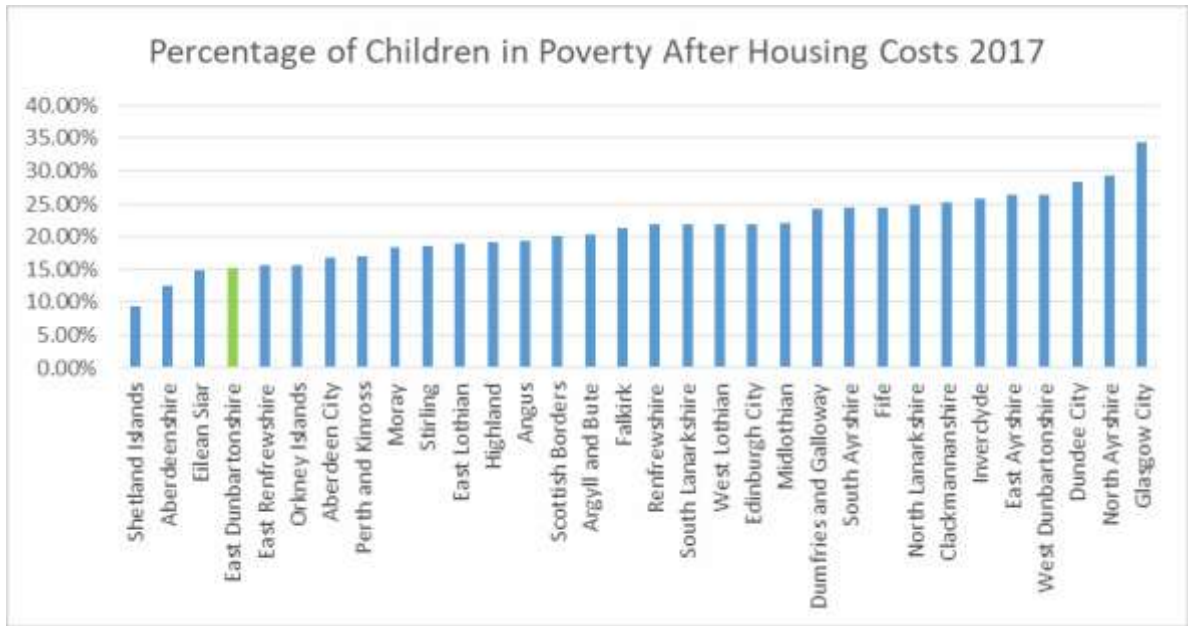
forum. This is a welcome development that reflects the importance of considering these complimentary and mutually supportive agendas together. The debate and discussion that takes place in the forum contributes to the final shape of policy and strategy, while recognising and respecting the overall accountability and governance of the Health and Social Care Partnership Board itself.

4. Social Services Delivery Landscape

East Dunbartonshire has a population of approximately 108,640 (based on 2019 estimates, an increase of 0.3% on 2018 estimates) and is a mix of urban and rural communities. It has frequently been reported in quality of life surveys as one of the best areas to live in Scotland based on people's health, life expectancy, employment and school performance. Economic activity and employment rates are high and the level of crime is significantly below the Scottish average. Despite this, inequalities exist across the authority and there are pockets of deprivation where the quality of life falls well below the national average.

The Council has a relatively diverse community, the sixth most diverse community by local authority area at the time of the 2011 census, with 4.2% of the population regarding themselves as being from a Black/Minority Ethnic Community (BME). The Asian population was the largest minority ethnic group (3.3%) however recent area assessment work indicates this is a growth area.

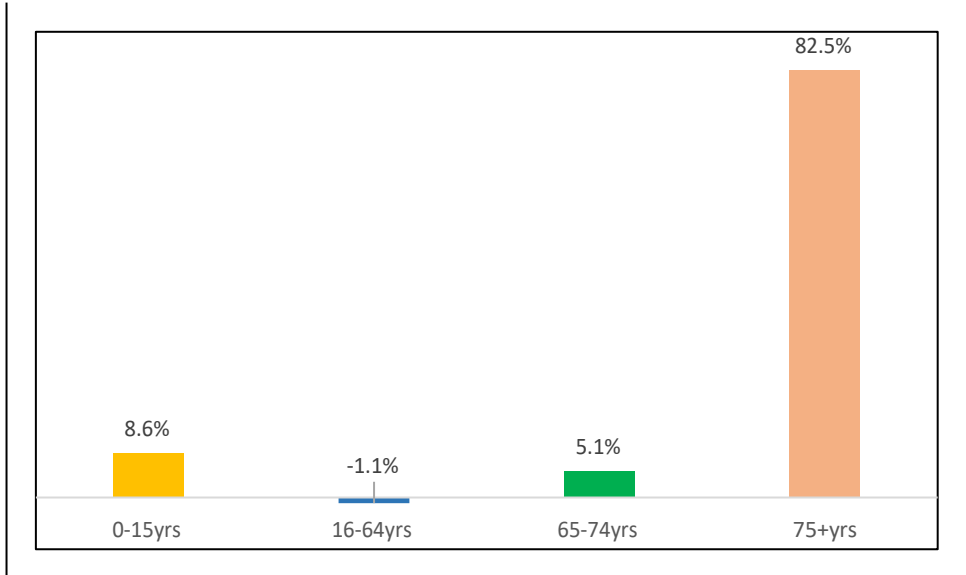
East Dunbartonshire is, in the main, a prosperous area where employment rates are high and levels of crime significantly below the Scottish average. That said, there are pockets of deprivation where major inequalities exist and the quality of life falls below the national average. Within the authority, seven data zones fall into the top 25% most deprived in Scotland. These data zones are located in Hillhead, Lennoxton, Auchinairn and Kirkintilloch West. The Scottish Index of Multiple Deprivation (SIMD) ranks in the Hillhead area have improved with two datazones moving out of the 5% most deprived in Scotland and the majority of datazones showing less deprivation than in SIMD 2012. However, Hillhead remains the most deprived area in East Dunbartonshire, with one datazone in the top 10% most deprived in Scotland; the same datazone also appears in the top 5% most deprived in the Health domain. Child poverty rates had been falling in Scotland for many years, but have recently started to rise again. East Dunbartonshire is at the lower end of the table below which captures the percentage of children living in poverty once housing costs have been removed from the calculation but there is significant variation in this figure across different areas in East Dunbartonshire. For example Hillhead has the highest percentage of children in low income families in East Dunbartonshire, at 27.8%, although it must be noted that there will be similar area by area variations within many of the overall figures noted below.



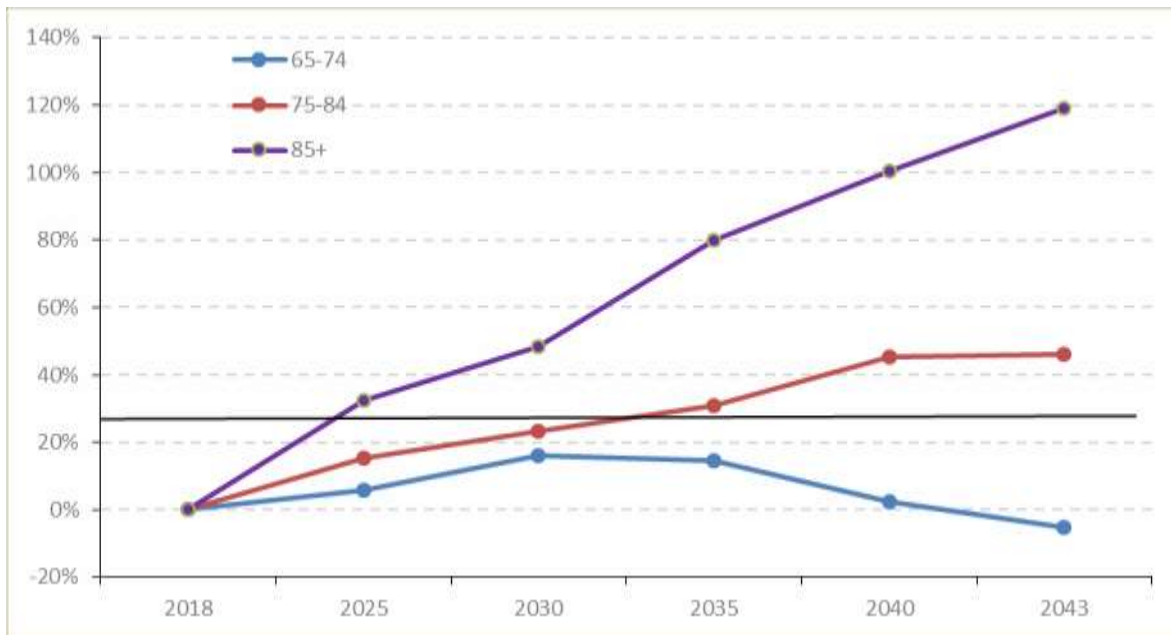
The National Records of Scotland (NRS) population projections suggest there will be an increase of 7.6% in the overall population of East Dunbartonshire from 2018 – 2043 due to significant estimated rise in the population aged over 65yrs.

The figure below shows the proportion of increase projected in the older population from 2018-2043. The largest increase is in individuals aged over 85yrs, which is projected to rise by over 100% from 3203 to 7,017 people. This projected rise in East Dunbartonshire’s older population, many of whom will be vulnerable with complex needs, suggests that demand for health and social care services will rise accordingly.

Projected % Population Change 2016 – 2041



East Dunbartonshire population projection % by age group for over 65s 2018-2043



The projected demographic changes indicate challenges for health and social care services in a number of areas. The reduction in working age population may lead to workforce challenges across the health and social care labour market, potentially compounding the recruitment and retention challenges already experienced in a range of areas such as home care and care home staffing, affecting not just in-house services, but also third and independent sector providers.

The NRS publication showed that East Dunbartonshire continued to have the highest life expectancy at birth in Scotland for males and the second highest for females. The life expectancy of females at birth in East Dunbartonshire is around 3 years higher than males. Life expectancy at the age of 65 years was also higher than Scotland for both male and females in East Dunbartonshire. Life expectancy and healthy life expectancy provide useful measures for planning services.

Healthy life expectancy estimates the number of years an individual will live in a healthy state. Therefore, the number of years people are expected to live in 'not healthy' state is the difference between life expectancy and healthy life expectancy. In East Dunbartonshire males can be expected to live in a not healthy state for 10.7 years, and females for 17.2 years, both slightly better than the Scottish average. There is however a significant difference between the life expectancy in our most, and least, deprived areas, meaning that not all of our residents benefit from this positive difference.

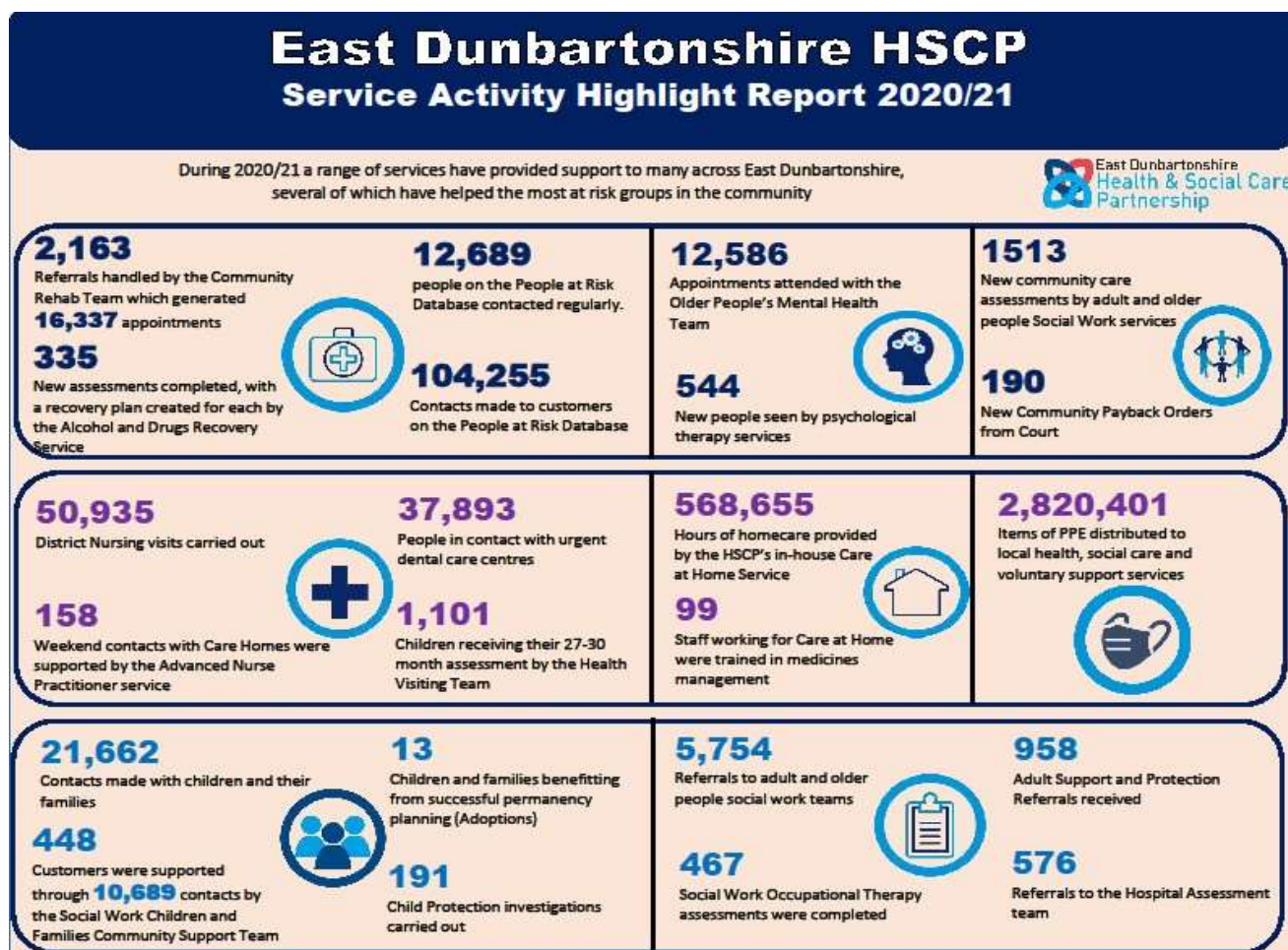
It is also worth noting that it is now estimated, according to Age UK, that around a fifth of people alive today will live to see their 100th birthday. The higher up the age range you go, the closer the correlation between numbers of people in the community and numbers of people who require care. By the age of 85 the ratio, on average, approaches one to one, meaning that an increase in the population aged over 85 means a direct increase in service requirements. At present, the average age of service users in contact with the older people's service case management team is 85. These people have often had no involvement with care services prior to experiencing a significant health incident, such as a fall, suggesting many older people in the East Dunbartonshire area are looking after their own health and wellbeing effectively up until this point.

While the above presents a fairly positive picture of life expectancy and relatively healthy life expectancy there are specific areas of concern from a health perspective. East Dunbartonshire has a higher proportion of people with long term conditions such as cancer, arthritis and coronary heart disease than average. This contributes to an elective hospital admissions rate around 20% higher than Greater Glasgow and Clyde as a whole, and 50% higher compared with Scotland.

Outpatient attendance rate is around 10% higher than Greater Glasgow and Clyde and Scotland and

East Dunbartonshire has the highest rate of falls resulting in hospital admission, in Greater Glasgow and Clyde. The Hospital Assessment Team, which supports people being discharged from hospital back home or to a suitable care setting, saw an increase of referrals between 2008 and 2018 of 162% and the care and support needs of people leaving hospital are increasingly complex. In part, this is an inevitable consequence of the success in increasing levels of care in the community however the impact on services is significant, and to a large degree, unfunded or under resourced.

On top of this already complex picture, we are yet to see what the longer term impact of covid and the covid response will be for our communities. Some elements, such as the direct impact of long covid, can be quite clearly tracked and monitored however other areas are more difficult to assess. The impact deconditioning on people, through the stay at home approach, the increased anxiety and mental health impact of the pandemic, the consequences of financial uncertainty impacting family life, and the consequences for people who have either not come forward for, or not been able to access, a health intervention at an early stage in their developing condition all remain to be seen.



Social care and social work services had been working with key partners through the Community Planning Partnership through place based initiatives to ensure that our collective contributions can help tackle inequality and improve the life chances for individuals in these communities. While the focus on this work was much reduced during the year, as efforts were redirected to covid response, this place based approach will be resuming in the coming year.

The Social Care/Social Work Marketplace

In the current reporting period, social care service provision continued to be a mixture of in-house delivery and commissioned provision. 70% was provided by the third and independent sectors, with the remainder provided in-house by the Council on behalf of the Health and Social Care Partnership. Although the current focus across the commissioned market is clearly on recovery and sustainability, moving forward, the HSCP intends to update its Commissioning & Market Facilitation Plan to align and support delivery of the next Strategic Commissioning Plan (2022 – 2025).

During the year we worked to prepare to transfer its Care at Home and Supported Living business onto Scotland Excel's National Flexible Framework. The benefits of the framework include: attracting a wider range of providers into the local market resulting in increased availability and capacity to meet growing demand, transparent costs, inclusion of Self Directed Support Option 2 contracts and opportunities to explore and develop different contracting arrangements. On the 1st April 2021, the HSCP completed this transfer.

Advocacy

Social work services recognise the importance of independent advocacy for service users and their families and carers. Advocacy is often focused on individuals who require support in their engagement with public bodies. However, advocacy also plays an important part in our engagement with service users and carers in respect of helping shape the social care marketplace.

We have in place long standing arrangements for advocacy services for adults and in addition, the National Practice Model for Children's Hearing has seen the introduction of an advocacy service for all children attending Hearings. The practice model has four main principles:

- Advocacy puts the child or young person first
- Advocacy seeks to understand and explain what is going on
- Advocacy workers only work with the child or young person
- Advocacy is for all children and young people who wish to take up the offer of Advocacy

In EDC, Partners In Advocacy (PIA) were successful in their bid to be the primary provider for Children's Hearings, with local implementation from October 2020. The service provides support for all children between 5-18 years old for all new or review Hearings.

Advocacy will engage with the child/young person on a voluntary basis, using age appropriate resources to illicit the child/young person's views. They will support the child/young person through all stages of the Hearing process. Together PIA and Children & Families social work service have worked collaboratively to promote this service amongst our children and young people to ensure all have equitable access to this service. This has included PIA attending managers meetings, our team meetings as well as completing a whole service briefing. This way, our children and young people will receive independent support to have their direct views shared at Hearings while having decisions explained to them by someone independent from the Hearing process.

5. Resources

As previously noted, managing public sector austerity and reducing financial resources within a climate of increasing demand for services is a key risk area for the Council and the Health and Social Care Partnership. Like other local authorities, East Dunbartonshire Council has faced increasingly difficult financial challenges over recent years, and the reduction in public sector budgets will continue over at least a medium term financial planning period. In addition, covid has created a wide range of cost

pressure in-year, which have been met by Scottish Government, and uncertainties for the future, with no clarity as to any further funding.

Our demographics present a challenge through our ageing population and increased populations of people with learning and / or physical disabilities and multiple long term health conditions, which now include the impacts of covid recovery, long covid and the deconditioning, stress and distress that the covid restrictions have brought. This challenge is seen in community settings and also in our ageing prison population, for whom the increasing needs for what would otherwise have been community care support and community equipment, is a growing issue for consideration.

There is also a growing challenge to support people's mental health and wellbeing, to address Scotland's significant drug related deaths, and to respond to increasingly sophisticated types of offending and abuse including an increased rate of on-line causes of harm, and issues such as trafficking and child sexual exploitation. Responses are essential but can be complex and costly.

There are also areas of government policy change that bring service demand costs, and while they are welcome from the point of view of what they seek to achieve, they are unfunded, leading to questions as to how they can be applied. Examples include the extension of rights to aftercare support for looked after and accommodated young people from 21 to 26 years of age, and the presumption against prison sentences of less than 12 months, which results in increasing demand on criminal justice services to manage increasing numbers of offenders in the community.

Coming into the year, the scale of the financial challenge was so significant that it was clear it would not be possible to meet it without consideration of different ways of working for the future. The journey through the year, the impact of covid, and the funding that has been made available to respond to covid, has created a significant level of uncertainty. It is a sad reality that the impact of covid reduced the base line of people in East Dunbartonshire accessing services. In addition, the Scottish Government committed to providing funding to meet the direct covid related costs that were incurred. Both of these factors eased the immediate financial pressure somewhat. However, it is unclear what the longer term impact of the pandemic will be, in terms of increased demand for services and therefore increased costs in the very near future.

The financial performance of the Health & Social Care Partnership is regularly reported to the Health and Social Care Partnership Board and to both East Dunbartonshire Council and NHS Greater Glasgow and Clyde, as the key funding partners. For the year 2020 – 2021 there was a year-end underspend position and the partnership was able to create a small reserve to meet future unforeseen service demand and set aside some earmarked funds to deliver specific priorities in the coming year around mental health, primary care and service redesign.

Looking Ahead

In the coming year we will be working to deliver local services in line with our 2021 – 2022 Delivery Plan which can be viewed on the Council website. In developing the one year delivery plan each main action was assessed against the following criteria:

- ✓ Delivery of statutory obligations
- ✓ Alignment with ED HSCP's Vision and Values
- ✓ Equality focussed
- ✓ Quality focussed
- ✓ Consideration of the whole system impact and opportunities
- ✓ Accessibility
- ✓ Partner, stakeholder and community views

Every main action was also assessed to ensure it contributes to one or more of the ED HSCP interim design principles set out below.

- ✓ Contributes to delivery of the Strategic Plan priorities
- ✓ Maximises opportunities for integration and collaboration, where this results in improved processes, services and efficiency
- ✓ Maximises the use of technology/digital delivery
- ✓ Maximises the potential for informal supports and community assets
- ✓ Maximises community-based care
- ✓ Localises services wherever possible
- ✓ Commits to Best Value
- ✓ Meets statutory obligation

During the year we will also be undertaking development, consultation and engagement on the partnership's new three year strategic plan which will cover the period 2022 – 2025 and we will consider the implications of the Independent Review of Adult Social Care as it develops.

6. Service Quality, Performance and Delivery of Statutory Functions

East Dunbartonshire Council and the Health and Social Care Partnership have robust performance monitoring, management and quality assurance systems in place. Social work services report on a monthly, quarterly, six monthly and annual basis.

There are a range of fora within which performance data or management information was reported or discussed in 2020 - 2021.

These included;

- The Health and Social Care Partnership Senior Management Team and Board
- Public Protection Chief Officers' Group supported by an officers' leadership group
- The Delivering for Children and Young People Partnership (DCYPP)
- The Child Protection Committee (CPC)
- The Adult Protection Committee (APC)
- The MAPPA Strategic Oversight Group (MAPPA SOG)
- Our staff partnership forum
- A range of forums within NHS Greater Glasgow and Clyde including forums focussed on children's services, services for older people, mental health forums, drug and alcohol forums, and learning disability service forums amongst others.
- East Dunbartonshire Council's Corporate and Strategic Management Team meetings and forums
- East Dunbartonshire Council's Policy and Resources Committee through the Business Improvement Plan

Performance management systems utilised a range of data that informed the deployment of resources and the development of services. This included:

- statistical data highlighting patterns and trends
- outcomes from quality assurance activity
- the outcome of case file audits – both thematic and case specific
- consultation activity involving service users and carers
- benchmarking activity
- the outcome of external inspection by the Care Inspectorate and joint inspections

Aspects of our established performance framework were placed on hold during the intense response stage of the pandemic but have now being brought back into play for 2021 – 2022.

Additionally, work was undertaken pre-pandemic to develop an ED HSCP Quality Framework to complement and sit alongside the Performance Framework however, active implementation was delayed by the pandemic. Before the end of the year it was agreed to refresh and refocus on implementation which will also be taken forward during 2021 – 2022. This work reports into the Clinical and Care Governance forum.

We have also continued to deliver a programme of systematic case file audits and quality assurance processes using a number of tools which have contributed to improved standards. We consider this to be a robust and valuable process, reflecting our commitment to continuous improvement and a culture of sharing learning to support improvement.

Supervision and training also remains a key priority to ensure our staff are supported to maintain the knowledge and understanding required to deliver on our statutory functions. By necessity, much of this activity was moved to on-line but it continues to be delivered.

Children's services

Child Protection

As noted earlier, the CSWO chairs East Dunbartonshire's Child Protection Committee, although in 2021 – 2022 we will transition to the introduction of joint independent convener role, shared with the Adult Protection Committee. We welcome this development which will enhance independent scrutiny of the work of the Committee.

The Committee consists of representatives from a range of agencies including education, social work and housing services, Police Scotland, NHS Greater Glasgow and Clyde, the Scottish Children's Reporter's Administration and the third sector.

The Chair and Committee are supported by the Council's Child Protection Lead Officer. Working in partnership, the Committee carries out its core functions include continuous improvement, strategic planning and public information & communication. The multi-agency Committee produces an annual business plan and manages the required work through three standing sub-groups:

- Management Information & Self-evaluation
- Public Information & Communication
- Joint Learning & Development (shared with the Adult Protection Committee)

In addition, during the year the Committee commissioned one complex case learning review, a formal Significant Case Review, which is expected to report in 2021 - 2022

Key national developments that have been considered by the Committee and by services throughout the year include The Promise, the adoption into law of the United Nations Convention on the Rights of the Child, the development of a National 'Minimum Dataset' for child protection work, and our role as part of the North Strathclyde pilot of the revised approach to the Joint Investigative Interviewing of children. These are all positive developments focussed on ensuring a child-centred, rights focussed approach to service delivery.

The tables below provide a broad overview on the number of children and young people with whom East Dunbartonshire's Child Protection Services have had contact over the past three reporting periods.

	2018 - 2019	2019 - 2020	2020 - 2021
Child Protection Investigations	215	170	191
Children subject to Case Conference	336	353	249
Child Protection Registrations	102	84	62
Child Protection De-registrations	101	71	54
Total on CP Register at Year End	41	54	35

Type of Case Conference	Number of Children Subject to Case Conference
Pre-birth	8
Initial	90
Review	151
Transfer In	0
TOTAL	249

Case Management

A review of our performance over time shows the following:

Performance Indicator	Target	2018 – 2019	2019 - 2020	2020 - 2021
% of assessments (ICAs) requested by the Scottish Children's Reporter completed on time (20 days)	75%	64%	87%	85%
% of first Child protection review case conferences taking place within 3 months of registration	95%	96%	89%	91%
% of first Looked After & Accommodated reviews taking place within 4 weeks of the child being accommodated	100%	94%	100%	100%
% of first Child Protection review case conferences taking place within 3 months of registration	89%	85%	87%	86%

The above information shows consistently strong performance in the last year despite the challenges faced. As with last year, all first Looked After and Accommodated Reviews have taken place within target timescale. Integrated Comprehensive Assessments completed in line with the National target of 20 days continued to be high and above target. Ensuring that reports are available to Scottish Children's Reporter Administration on time supports the best assessment of children and young people's needs and delivery of actions to ensure they have access to the right support at the right time.

The majority of Child Protection Review Case Conferences took place within target timescales and those that did not were only slightly out with timescale and at the start of the initial lockdown period when arrangements were being made for conferences to take place virtually.

The balance of care shifted slightly towards fewer community placements, however this is only a slight reduction in % and the actual numbers of young people in residential placements has stayed the same. Overall there has been a slight reduction in the numbers of looked after children since last year.

Commentary on the profile of service demand over the year. East Dunbartonshire has, for a number of years, seen a relatively high number of referrals to the NHSGGC Child and Adolescent Child and Adult Mental Health Service (CAMHS), and there is a long standing challenge for the CAMHS service to meet the target waiting times of seeking young people within 18 weeks of referral. While work is underway

within the CAMHS service to seek to address this challenge, it is of concern that over the course of the last year the service reports increasing levels of referral and increasing levels of urgent referrals. It would be too simplistic to opt to attribute all these changes directly to the changes in education and social lives that children and young people have experienced over the year, but it would also be naïve not to assume some direct correlation. Within the social work service there has also been an overall rise in the number of referrals received regarding both Child Welfare and Child Protection. Mental Health has featured as a regular risk indicator with both parents and children suffering from increased anxiety, low mood and eating disorders.

During the year Scottish Government introduced a unique round of data collection aimed at ensuring those most at risk i.e. in touch with protective services, continued to be supported effectively. Consideration of the data over the year provided assurance that in East Dunbartonshire children with a child protection plan, children with a multi-agency plan, and those entitled to throughcare support were provided with a very high level of contact from services, above national average. We were able to achieve this in East Dunbartonshire through effective joint working between social work, education and health services and a strong sense of shared ownership and commitment to the task

Performance Indicator – Looked After Children, Balance of Care

	2018 – 2019	2019 - 2020	2020 - 2021	% change over 3 year
At home with parents	33	45	42	+27%
Semi-Independent Living / Supported Accommodation	*	*	*	
With Friends/Relatives	41	47	49	
With Foster Carers	48	44	36	
With prospective adopters	*	*	*	
Total Community	123	137	129	+5%

	2018 – 2019	2019 - 2020	2020 - 2021	% change over 3 year
Close Support Unit	0	0	0	
Hospital	0	0	0	
Custody	0	0	0	
LA Children's Home	7	6	6	
Residential School	*	*	5	
Secure Accommodation	*	*	0	
Children's Home – other sector	10	11	10	
Total Non Community	22	21	21	-5%
Balance of Care - % of Children in community	85%	87%	86%	

Note - * denotes a number <5. Details are not further disclosed in the interests of protection of confidentiality

The number of children Looked After At home has increased over the last 3 years, this may be attributed to our early intervention approach and the continued development of the Community Support Team. Additionally, the number of Kinship Care placements has increased, this is evidence that when a child needs to be looked after safely out with their home, family options are fully explored and utilised. We have developed robust assessment, review and support for our Kinship Carers and have supported some to transition to Continuing Kinship Carers for our older young people.

Good practice example – Supporting Children Who Live with Vulnerability at Christmas - The Children & Families Christmas Project

To ensure children who live with vulnerability in East Dunbartonshire aren't forgotten about at Christmas, and particularly in this difficult year, the Community Support Team gratefully collected donations from the community which included presents, food parcels and vouchers for fresh produce, and, working with the Criminal Justice Service and East Dunbartonshire Council, distributed them to people in need in the community. Recipients include children and young people, families, homeless units, care-experienced young people and small local community groups.

Joint Leader of the Council, Councillor Vaughan Moody, said, "Unfortunately this time of year can be very difficult for some of our local residents and the unprecedented events this year have resulted in even more people facing financial uncertainty. This project ensures that everyone can enjoy a little festive cheer after what has been an extremely challenging year."

Despite the coronavirus restrictions, there has been overwhelming support from all sectors of the community. Joint Leader of the Council, Councillor Andrew Polson, added, "The large number of donations received and offers of support are testament to the goodwill and generosity of local voluntary organisations, businesses, residents and Council employees. Our dedicated Social Work Community Support Team has done a fantastic job in organising the collection and delivery of the contributions safely whilst restrictions to manage the pandemic are in place. I'd like to thank everyone involved for their efforts in making this Christmas a special time for everyone in East Dunbartonshire."



Community Justice

The CSWO chairs the Community Justice East Dunbartonshire Partnership. The community justice service has continued to collaborate and play a key role within the partnership with a shared vision that creates a safer East Dunbartonshire.

In 2020/21 the partnership:

- introduced and developed The Reintegration Group which was established to address the needs of residents returning to East Dunbartonshire from a period of custody in prison.
- submitted our 2nd Community Justice Outcome Improvement Plan for the three-year period 2018-2021.

Criminal Justice Service

The three national outcomes for justice social work services inform the service in East Dunbartonshire. To meet the public's needs for safety, justice, and social inclusion all three should be addressed in unison.

1. Community safety and public protection
2. The reduction of re-offending
3. Social inclusion to support desistance from offending

During the year the Criminal Justice Service furnished local Courts with 189 full Criminal Justice Court reports (240 previous year) including LSCMI assessments of risk and need. The service continues to exceed targets when providing reports to Court by due date. These reports, the assessment of risk to the individual and community they outline, and the assessment of the suitability of the full range of sentencing options available, assist the sentencing process. While this was a 21% decrease due to the Sheriff Court summary trials being suspended during lockdown periods, it is predicted this will return to normal levels as Court recommence and increase by a further 22% in the coming year as a result of backlog to be addressed.

Community Payback Orders have increased by 65% since they were introduced in 2011 and during the year the justice service managed 194 individuals on community payback orders with a full assessment of health, needs and risks. This 19% downturn is again due to the limited functioning of Sheriff Courts however it should be noted that the complexity and intensity of these orders increased significantly due to mental health, drug and alcohol addiction and isolation, which were all factors exacerbated by the COVID crisis. Therefore, while the numbers reduced, this resource demand greatly increased.

Justice Unpaid Work and Summary Sheriff Courts ceased for the majority 2020/21 in line with Government Guidance, bar a very short period over the Summer and Autumn months in 2020. This required the Supervisors in the Unpaid Work Team to have their roles diversified and they undertook different duties during that time in the form of creating a small foodbank within the workshop and they delivered food parcels to our most vulnerable clients. In addition to this, other staff undertook Diversion from Prosecution assessments and Home Detention Curfew Assessments and undertook this work remotely.

The Justice Analytical Services (JAS) report that nationally, the number of outstanding trials continues to increase each month and recent statistical analysis highlighted that in February 2021, there were over 29,000 scheduled trials in the Sheriff Summary Courts and over 35,000 forecast scheduled trials. JAS have forecast that the court backlog will take 36 months before it will return to normal levels.

At the end of January 2021, Justice Unpaid Work had accrued a backlog of 13700 UPW hours outstanding. This was reduced to 10500 UPW hours on March 15 when Scottish Parliament reduced each order by 35% (with some exceptions). The purpose of the regulation was to reduce pressure on Justice Services arising from the COVID-19 pandemic.

The service diversified and implemented a number of specific actions to address the backlog during lockdown, which included commissioning of online workshops via third sector services and mailing out learning packs to individuals to complete some of their hours. These adjustment in line with government reduction reduced the backlog to 9,500 hours as of 31st March 2021.

The service has since implemented an additional range of measures since lockdown was lifted to further address the backlog, which include increasing the workforce capacity and commissioning SACRO to increase service delivery to meet the expected 22% increase in the coming year.

The ongoing monitoring of Justice Unpaid Work remains a key priority to measure the impact of the additional resources on mitigating backlog. This includes quarterly reporting to the Senior Management Team to provide assurance.

A review of our performance over time shows the following:

Performance Indicator	Target	2018 – 2019	2019 - 2020	2020 - 2021
% of Criminal Justice Social Work Reports submitted to Court by due date	95%	95%	100%	98%
The % of individuals beginning a work placement within 7 working days of receiving a Community Payback Order	80%	80%	80%	0% as the Service was ceased in line with guidance
The % of cases allocated within 2 working days	100%	100%	97%	99%

Multi Agency Public Protection (MAPPA) (snapshot 31st March 2021)

MAPPA was essential throughout COVID-19 and Criminal Justice continued to fulfil their full responsibilities with respect to registered sex offenders (RSO), category 3 (high risk) offenders and MAPPA arrangements. During COVID, Justice also developed personal 'Keep Safe plans' for each person to continue to promote public protection in the face of COVID, which was subsequently adopted nationally.

There was a minor 2% increase in this year's reporting but COVID 19 crisis has not resulted in a significant spike on registered sex offenders within East Dunbartonshire. In line with national trends, cases continue to increase, albeit minimally, and are mainly technologically mediated crimes. The greatest proportion of MAPPA cases are managed at the lowest level of MAPPA, Level 1, with a very small number of cases (3) falling in the two higher categories. MAPPA Level 3 cases are chaired by the CSWO. These cases require intensive planning and risk management strategies, reflecting the higher levels of risk presented to the community. The table below is a snapshot on 31st March 2021

	2016 - 2017	2017 - 2018	2018 - 2019	2019 - 2020	2020 - 2021
Number (RSO)	37	44	34	49	50
Change from previous year	-7	+7	-11	+15	+1

Performance remains excellent in this critical area of work. 100% of Level 2 MAPPA cases were reviewed within twelve weeks. MAPPA level 2 meetings were held within 20 days of receipt of referral by the MAPPA Coordinator and MAPPA Level 3 within 5 working days of receipt of referral by the MAPPA Coordinator. All stage 1 notifications were made within 3 working days of receipt of community sentences, stage 2 referrals were made within 5 working days.

Prison Based Social Work

Prison Based Social Work has continued to provide a full and comprehensive essential Criminal Justice Social Work service throughout the pandemic. Our Prison Social Work (PSW) Team in HMP Low Moss were supported to vacate Low Moss as a physical work base in-line with government guidance, with remote access to Scottish Prison Service IT systems in place. Staff attended prison only where necessary in terms of public protection. The PSW team continued to meet the key performance criteria in-line with

the new shared Memorandum of Understanding. This included submitting 217 reports to the Parole Board for Scotland which was a 4.7% increase in this year (209 previous year) with 100% of reports was submitted on time.

In addition to the specific service areas noted above, the service also commissioned the Safe and Together Model to further address domestic abuse and coercive control, especially in response to changes in legislation and COVID generated risk, developed a COVID 'Wellbeing Resource Pack' for service users to support their mental health and wellbeing. The resource was later rolled out by Community Justice Scotland across all local authorities. Submitted a successful bid to the Corra Foundation to set up a Justice Peer Navigator Service aimed at reducing drug deaths and supporting desistance for clients with addiction issues, and commissioned a Women's Support Worker to reduce female remand and provide intensive support for vulnerable females at risk of self-harm and custody within the Justice system.

Public protection has remained paramount with Prison Based Social Work at Low Moss instigating and attending Multi Agency Public Protection Arrangement meetings with various local authorities.

Other matters of note

We submitted three Serious Incident Reviews to the Care Inspectorate during the year, two linked to a serious offence, and one linked to a sudden death. Our recommendation in each case was that further review was not necessary, as all potential actions had already been identified and there was no indication of a systemic issue with the support that had been provided. The Care Inspectorate considered the reviews, noted the work we had undertaken including improvements we had identified, as well as areas of good practice, and agreed that no further review was required.

Good practice example – Reintegration Working Group – collective multi agency work to support people being released from prison during the pandemic

During the pandemic, it was recognised that people being released from custody may face particular challenges in reintegrating back into their community and may find it difficult to navigate covid specific approaches to services, without significant support.

Through a partnership approach involving colleagues in the Council, Police Scotland and the Third Sector, the Community Justice Partnership took a multi-agency approach to planning for the reintegration of residents on release from prison back to East Dunbartonshire, through one of its working groups. The Reintegration Working Group, previously known as the Prisoner Release Operational Group. It is a multi-agency group involving:

- Justice Services
- Alcohol and Drugs Recovery Services
- Homelessness
- Youth Justice and Young People
- Police Scotland
- Scottish Prison Service
- The Wise Group 'New Routes' mentoring service
- Families Outside
- Prison Healthcare

This group was set up to address any needs highlighted through analysis of the information on scheduled releases from prisons around Scotland, for those who will be returning to East Dunbartonshire. This allows partners to work together and to case manage people's support needs and plan for their release, ensuring adequate support has been identified and referrals have been made prior to liberation where required (i.e. housing, mental health, employability, welfare, addictions).

This ensures that all people leaving custody have the best opportunity to reintegrating back into East Dunbartonshire with a bespoke packages of care, and screened to ensure any adult or child protection issues are addressed.

From the 15th April 2020 to 29th March 2021 the group has case managed: 54 people on release from a custodial sentence – the vast majority being male.

Adult and Older People's Services

Adult Support & Protection

Work around adult protection is grounded in the Adult Support and Protection (Scotland) Act 2007. There is a statutory duty to set up and support East Dunbartonshire's Adult Protection Committee; to make inquiries where an adult is suspected to be at risk of harm; and to apply for protection orders where these are required to safeguard the adult. Qualified social workers and occupational therapists continue to be trained and authorised to carry out "Council Officer" duties in East Dunbartonshire, as required by the legislation.

The Adult Protection Committee is independently chaired and has representation from all key agencies. The convenor and Committee are supported by the Council's Adult Protection Coordinator. A report on the Committee's activity is submitted to the Scottish Government on a biennial basis, most recently on 31 October 2020. Key points highlighted in the report include noting that referrals numbers increased by 33% in the two years to 31 March 2020, continuing the upwards trend seen over the past few years.

The Adult Protection Committee's strategic planning framework transitioned to a three-year cycle to align with the Child Protection Committee, and four standing sub-groups have now been established in respect of its statutory functions:

- Continuous Improvement
- Quality and Development Partnership
- Joint Learning & Development (shared with the Child Protection Committee)
- Joint Public Information & Communication (shared with the Child Protection Committee)

Membership of the Quality & Development Partnership sub-group expanded to include the Scottish Ambulance Service and the Department of Work & Pensions.

A Significant Case Review sub-group is convened when required. It has not been required during the year.

Key Developments in Adult Support and Protection

Key national developments that have been considered by the Committee and by services throughout the year include the Mental Health legislation review, the Independent Review of Adult Social Care, new Care Inspectorate notification requirements associated with Adult Protection Significant Case Reviews, and proposals for a National 'Minimum Dataset' for adult support and protection work. All these developments have potential to assist services to work more effectively in partnership with adults to secure their safety and wellbeing, and prevent future harm.

Locally the Herbert Protocol was implemented during the year. The Herbert Protocol is an information gathering tool to assist the Police to find a person living with dementia who has gone missing, as quickly as possible. The tool is populated by people who know the individual well, and includes up to date pictures and information that may help police in finding the individual, and supporting them safely when they do find them. Post-diagnostic support processes have been amended to alert adults and carers to the tool as part of their anticipatory care planning.

During the year, work also continued on the one recommendation that was made during the Care Inspectorate's inspection of our Adult Support and Protection services. The action was focussed on ensuring good quality chronologies were in place in all cases. In the coming year a case file audit will be undertaken which will enable us to establish whether the practice improvements that were made have translated into established practice and, if so, work to deliver on the recommendation will be considered to be complete.

The performance of the social work service in respect of ASP activity is reported regularly via the Adult Protection Committee and its structures, providing a reliable indicator of demand on and the efficiency of our systems and processes.

Adult Support and Protection Statutory Activity 2020 - 2021

Nature of Activity	Number 2017/18	Number 2018/19	Number 2019/20	Number 2020/21
Referral Screenings	N/A	688	790	960
Duty to Inquire	571	434	452	493
Planning meetings (including those convened under the Repeat Referrals Protocol)	10	5	7	8
Investigations	19	34	22	31
Case conferences	15	18	20	25
Review case conferences	20	10	7	9
Protection plans initiated	6	6	7	8
Temporary Banning Orders	0	*	0	0
Banning Orders	0	0	0	0

Note - * denotes a number <5. Details are not further disclosed in the interests of protection of confidentiality.

A review of our performance over time shows the following.

Concerns about people living with dementia comprise over 50% of our referrals, reflecting the significant demographic trend within East Dunbartonshire in terms of an "aging population" which is having an increasingly influential impact on local services.

Performance Indicator	Target	2018/19 Delivery	2019/20 Delivery	2020/21 Delivery
% of Adult Protection cases where the required timescales have been met	95%	86%	92%	92%
% of customers (65+) meeting the target of 6 weeks from completion of community care assessment to service delivery	95%	99%	99%	98.5%
Percentage of people 65+ indicating satisfaction with their social interaction opportunities	94%	95%	95%	95%
Percentage of service users satisfied with their involvement in the design of their care packages	95%	98%	97%	100%

A detailed breakdown of additional information is available via the Adult Support and Protection Committee information on the Council website.

Brief commentary on performance

Despite the extraordinary pressures on services, ASP performance levels were sustained at pre-pandemic levels during 2020-21. Although much of this can be credited to the significant work undertaken by partners to improve referral screening processes in 2018, it does not account for the sustained improvement seen this year. It is believed that the pandemic's "working from home" arrangements allow workers to undertake the analytical recording and administrative aspects of the professional task more efficiently.

Other matters to note

During the year one Large Scale Investigation was undertaken in relation to care and support being provided at a care facility within the area. The investigation is now concluded. It was an effective and positive example of joined up multi-agency working involving social work, health, Police and Care Inspectorate staff. Our local Appropriate Adult service was also brought into to support the joint investigatory process.

Adult and Older People's Social Work and Social Care

We will report our overall performance against the national core indicators in our annual performance review for the year 2020 – 2021. This report is scheduled for consideration by the HSCP Board in September 2021, thereafter it can be found in the Health and Social Care Partnership pages of East Dunbartonshire Council's website. It is difficult to draw comparison between this year's performance and previous years, or the applicability of many targets in a number of areas, because of the unique impact of the pandemic. However, in summary, most targets were met or exceeded, with the exception of those services which were directly impacted by the covid response restrictions such as delivery of unpaid work services. Our unscheduled hospital care performance met all of their targets and were above average for Greater Glasgow and Clyde across all metrics except in relation to unscheduled bed days which was marginally above average for the year. As in previous years, a key area of challenge is around the rate of falls people over the age of 65, which is the highest in Greater Glasgow and Clyde. This reflects particular demographic changes in East Dunbartonshire, which has the fastest growing population of people aged over 85 in Scotland and associated increasing levels of frailty and complexity of care needs. East Dunbartonshire has a higher proportion of people with long term conditions such as cancer, arthritis and coronary heart disease. This contributes to an elective hospital admissions rate around 20% higher than Greater Glasgow and Clyde as a whole and 50% higher compared with Scotland. We have experienced a 162% increase in referrals to the HSCP's Hospital Assessment Team between 2008 and 2018. This is expected to continue, with a 40% increase in unscheduled older people care projected to 2025 (from 2018).

During the year we have been working hard to ensure that people of East Dunbartonshire don't get admitted to, or remain in hospital, unnecessarily. It was a unique year with the impact of covid affecting how people access health services significantly, with a pattern of use unlike any other year. The impact of the Covid-19 pandemic reduced emergency hospital admissions for most of the year. This was reflective of a substantial reduction in non-Covid-related emergency hospital activity during this period. This may be due partly to public messaging at the time to protect the NHS in its efforts to treat people with Covid-19 and community reaction to avoid public areas where transmission levels may be higher. Certainly, emergency admissions reduced most particularly during both the first and second waves of the pandemic.

Services linked to hospital admissions and discharges

The experience of the HSCP in 2020 - 2021 in relation to supporting people to avoid an unnecessary admission to hospital and facilitating their discharge from hospital was atypical of any other year. Access to intermediate care for rehab and palliative care was limited due to restrictions in care home admissions and because of rehab staff not being permitted to practice in care homes in line with Scottish Government

guidance on care home visiting. 66 people were, however admitted to intermediate care beds in the year. Community rehabilitation continued throughout the pandemic, using a digital first approach wherever possible. There were 2163 referrals to the community rehab service. The Hospital Assessment Team continued to facilitate discharge for 576 people throughout the pandemic, and changed their practice approach to accommodate restrictions on hospital visiting. On average 36 people from East Dunbartonshire were delayed in their discharge each month over the course of year, resulting in 5141 bed days lost to delayed discharge. All services engaged in prevention of admission and supporting discharge reported higher levels of acuity amongst their patients/customers in 2020/21 as a result of individuals refusing appropriate hospital admission and delaying their presentation for support. The care at home service received 17483 referrals in the year and delivered 141,059 hours of care. At no point during the pandemic was care and support stopped unless at the request of the customer or their family.

Services for people with dementia

Older People's Mental Health Services were impacted by the pandemic during the year. Many patients of the service were shielding and did not wish home visits. The service continued to respond to any urgent visits and changed service models to include an enhanced MDT duty response. There were 788 referrals to the service in the year resulting in 15911 contacts. Efforts to deploy digital replacement for face to face assessment was tried in the OPMHS from April 2020 to June 2020. This proved very challenging for the patients involved given the nature of their presentation. The nursing element of the service resumed delivering Memory Assessment Clinic work face to face and routine domiciliary service in June 2020 (at the lifting of the first lockdown). The medical service, however, was halted across GG&C from March 2020 to December 2021. This has resulted in a delay in people receiving a formal diagnosis of dementia from the responsible medical clinician. Maintaining the Memory Assessment Clinic, however, enabled risk management plans and therapeutic intervention to be delivered. Post Diagnostic Support was delivered remotely wherever possible. The HSCP continues to build on the experience of the pathfinder approach to care co-ordination used in Inverclyde, and develop a care co-ordination pathway, as an integral part of the service.

Social Work and Assessment and Care Management Services

Social Work Assessment and Care Management services had to very quickly adapt to the Covid-19 pandemic. Home based working from March 2020 was established for all social work staff and a fast change process to develop alternative means for assessment and care management evolved. Initiatives to support staff were quickly developed and use of MS Teams and Webex were rapidly embedded within all of our Social Work Teams which ensured that our staff were consistently supported and that an interim process for management support and communication was similarly established which was essential given the pace and scale of change during this period.

Our assessment and case management work continued, focussed upon emergency and critical responses during the earlier part of the pandemic and was aligned to our persons at risk based focus upon ensuring consistency of support to those most vulnerable within our communities. Services continued to receive new and urgent referrals, these were risk assessed and allocated as required. Our Hospital Assessment Team and management team moved quickly to seven day working to ensure that this critical area of service delivery was maintained and that appropriate support to hospital discharge continued without disruption.

New assessments were completed utilising telephone and digital measures and where necessary face to face contact with all, mitigating safety protocols applied to safeguard both our staff teams and members of our community. Measures were made available to allow local authorities to dispense with particular social care assessment duties under Sections 16 and 17 of the Coronavirus (Scotland) Act 2020 however, we did not utilise the available measures and sought to ensure that we maintained our assessment and care management procedures in their fullest terms and at no point during the pandemic were these measures utilised within East Dunbartonshire. Whilst numbers fell compared to previous years, for the

year 2020 - 2021 our Adult and Older People's team received 5,754 new referrals and total of 1,513 new assessments were completed during this year.

Day services for older people provide purposeful day time activity, and care for people who need this and are a source of respite and support for families and unpaid carers. Day services have been significantly impacted over the course of the pandemic, with building based services having been closed for much of the year. While every effort has been made to find alternative ways of offering support, by the very nature of the pandemic and the national lockdown response to it, it has not been possible to find ways to fully mitigate the impacts. While services are now able to resume, they are still constrained a great deal with much reduced capacity and this is likely to remain the case well into 2021. We continue to look at different ways of providing support.

Good practice example – Support to Care Homes

East Dunbartonshire HSCP established a daily Care Home Support Group in April 2020 in response to the COVID-19 pandemic and its impact on residents in Care Homes. The group was amended in line with changing guidance from Scottish Government for Multi-Professional enhanced clinical and care oversight in May 2020.

Nursing assurance and support visits were undertaken between May and July 2020 and the associated recommendations were implemented by Care Home Managers. In January 2021, in response to the new emerging variant of concern and the impact on Care Homes, the then Cabinet Secretary for Health and Sport requested further actions be taken that included joint Nursing and Social Work assurance visits of all Care Homes. These were undertaken in East Dunbartonshire between March and April 2021. The visits gave recommendations for areas of improvement where required, which were followed up. All visit findings were shared and jointly signed off with the Care Homes. The Care Homes Support Group oversaw the findings of the visits and responses to the recommendations. The overall process and its findings and impacts, was reported through the Health and Social Care Partnership's Clinical and Care Governance Forum.

At a local level we reflected on the whole process, recognising that it treads a fine line between support and scrutiny and if not handled in a sensitive and collaborative manner, could result in a fracturing of relationships across the system, at what was a highly pressured period of time. As a result of taking a collaborative approach, Care Homes managers reported finding the visits supportive and helpful. The joint visits between nursing and social work staff were reported to offer a holistic view, and the chance for staff to support the care homes and during that process, to learn from each other, across professional boundaries.

Alcohol and Drug Recovery Services

The Alcohol and Drug Recovery Service has seen a year on year increase in referrals in recent years with a sharp upturn in the last quarter of 2020 – 2021, with new referrals in that three month period on a scale that is usually seen across a full year. We will continue to monitor service demand over the coming year. It is not yet known if the upturn in referrals will be sustained.

There is a target of 90% of people waiting no longer than 3 weeks from referral to treatment for drug and alcohol services, which was established to ensure more people recover from drug and alcohol problems so that they can live longer, healthier lives. Throughout the year the service has performed just under target, in the mid to high 80% having been impacted by staff shortages.

The service has changed the way it delivers its service in response to the pandemic. Many of the changes to service delivery, including; 28 day prescription delivery to the pharmacies, extended collection and supervision arrangements, video and telephone assessments as standard with face to face assessments if required (depending on risk). The service has worked on a staff rota basis to establish a blended approach to essential office working and home based working wherever possible. The Team has adapted well to these changes and are in positive agreement to continue operating in this way going forward. The impact of the changes will have a positive impact upon service delivery models going forward. There were significant concerns regarding the potential for much increased drug related harm and death and illicit or dangerous use of prescribed medication given the rapid change to 28 day prescribing and absence of regular in-office clinics; however, developing evidence suggests that those engaged with our services have been better able to manager their recovery and manage their medication than was anticipated which has led to developments to establish a much more targeted and risk focussed approaches which we believe will deliver much greater and more personalised opportunities for recovery and better outcomes for those using these services. The much anticipated new national Drug and Alcohol Information System (DAISy) came into effect in East Dunbartonshire in April 2021, and all new referrals will be transferred over to the new system. This will improve case reporting for the future.

	2019	2020	2021
Open Cases at any one time (snapshot)	487	522	543

The work of the service is part of the delivery of the overall Alcohol and Drugs Partnership. During the year, The Alcohol and Drug Partnerships set out a refreshed strategic plan and delivery plan 2020 – 2023. It was drafted in partnership with stakeholders, based on priorities from the national strategy; ‘Rights, Respect and Recovery’ and the Alcohol Framework 2018. In addition to the strategic work, the Partnership reviews all confirmed and suspected drug and alcohol deaths and suicides and takes a focus on issues of treatment and recovery, substance use prevention and suicide prevention.

During the year we received the result of the strategic needs assessment work that was commissioned to support our plans to refocus our drug, alcohol and mental health services towards a recovery orientated and joined up, system of care. In the coming year we will consult and engage with people who use services and the local service providers, to set the strategy for the future.

Good Practice Examples - Naloxone

One of the areas of focus, in the face of Scotland’s high drug death figures, has been the prevention of death by accidental opioid overdose. Naloxone is a medication used to reverse opioid overdose. Since 2015 this medication has been made increasingly widely available in the UK as a ‘take home’ emergency medication. It can be made available to people who use drug services, to family members and friends, and more widely in the community.

In order to keep promoting availability of this potentially lifesaving medication, the ADRS postal Naloxone service went live on 23 November 2020. Requests for postal Naloxone can be made on line on the following link.

<https://www.eastdunbarton.gov.uk/webform/postal-naloxone-service-application>.


The service was promoted via the HSCP Twitter as well as across Alcohol and Drug Partnership networks. The launch of the postal service coincided with Police Scotland piloting the carriage and use of a naloxone nasal



spray across three identified areas in 2021. Naloxone training has been provided for HSCP staff to widen the distribution of this life saving measure.

According to national reporting 385 naloxone kits have been distributed across East Dunbartonshire between 2011 and 2020. These kits have been provided via the drug and alcohol service, prisons and pharmacies. The diagram below shows the naloxone kits provided specifically through the drug and alcohol service. In 2019, there were 56 naloxone kits distributed, increasing to 64 in 2020, but dropped in 2021, reflecting the change to distribution via prescription from the service during the Covid pandemic.

Additional resources to promote the postal naloxone service have been developed for partners; these pocket size resources (shown below) will be provided to GP surgeries, third sector partners and statutory staff, as well as other stakeholders.

<p>Local Services:</p> <p>GCA (Glasgow Council on Alcohol) www.glasgowcouncilonalcohol.org 0808 802 9000</p> <p>GRACE (Group Recovery Aftercare Community Enterprise) www.graceaftercare.net 07401 799874</p> <p>SAMH (Scottish Association for Mental Health) www.samh.org.uk 0141 530 3574</p> <p>SFAD (Scottish Families Affected By Alcohol & Drugs) www.sfad.org.uk 0808 010 1011</p> <p>We Are With You www.wearewithyou.org.uk 07740 755735</p>	<p>Useful Contacts:</p> <p>AA 0845 749 7555</p> <p>Breathing Space 0800 83 85 87</p> <p>NHS24 111</p> <p>Samaritans 08457 90 90 90</p> <p>Know the Score www.knowthescore.info 0800 587 5879</p> <p>Talk to Frank www.talktofrank.com 0300 123 6400</p> <p>CREW https://www.crew.scot/ 0131 220 3404</p>	<p>East Dunbartonshire Alcohol and Drugs Recovery Service - Postal Naloxone Service</p> <p>Naloxone is a medication that is used to temporarily reverse the effects of an opioid overdose (such as heroin, methadone or morphine)</p> <p></p>
<p>Who can be supplied with take-home naloxone?</p> <p>Anyone in East Dunbartonshire who is aged 16 and over, including:</p> <ul style="list-style-type: none"> • Person at risk of opioid overdose • Carer, friend or family member of a service user at risk • Any individual working in an environment where there is a risk of overdose for which the naloxone may be useful • Anyone with an expired naloxone kit. 	<p>How to use naloxone postal service</p> <p>You can order postal naloxone online. Visit www.eastdunbarton.gov.uk/naloxone-request and complete the application form. You will also need to complete a free Scottish Drugs Forum (SDF) e-learning course or contact 0141 232 8211 to access local training (if available).</p>	<p>Naloxone directly from East Dunbartonshire Alcohol and Drugs Recovery Service</p> <p>You can also request a supply of naloxone directly from the East Dunbartonshire Alcohol and Drugs Recovery Service by contacting the Kirkintilloch Health and Care Centre on 0141 232 8211.</p> <p>For additional information on ADRS and Naloxone please go to www.eastdunbarton.gov.uk/ADRS or call ADRS on 0141 232 8211.</p>

Naloxone provides a real life intervention to prevent drug related death and overdose. An example of which occurred within the Kirkintilloch Health and Care Centre this year when staff demonstrated skilled, risk based and person centred care to an adult attending the service who presented significantly under the influence of substances and was fluctuating in and out of possible overdose. Constant staff supervision was required over an extended period of time before the person was able to be safely transferred to the care of family members who were provided with a lifesaving Naloxone kit and given the necessary information to use this, if required. The person involved called the next morning to thank staff for their support.

This is only one of many incidences of staff keeping someone safe and well on their recovery journey during the pandemic.

Mental Health Services

There is a target of 90% of people waiting no longer than 18 weeks from referral to treatment for mental health services, recognising the importance of a timely intervention. Throughout the year the service has achieved the target, in the low to mid 90%, utilising a range of virtual and alternative ways of interacting with individuals. Delivery of the target has also been supported by the successful introduction of a more skill mixed approach to the team.

Mental Health Social Work Services have also seen a rise in demand during the pandemic, with demands on our Mental Health Officer (MHO) service in particular experiencing significant pressures. Statutory

work over the past year in terms of requests for detentions under the Mental Health (Care and Treatment) Scotland Act 2003 has significantly increased which is reflective of the much greater levels of community mental distress and illness. Over the year from the 1st April 2020 to end of March 2021, Mental Health Officers have consented to 80 Short Term Detention Certificates (STDC), which is an increase from the previous year, where the total of Short Term Detentions were 61. Subsequently, this has resulted in an increase of statutory reports, in respect of Social Circumstances Reports and Compulsory Treatment Order Applications; 36. There has also been 6 Transfer for Treatment Direction and Assessment Orders, under the Criminal Procedures Scotland Act 1995, with subsequent reports being completed for court.

The Mental Health Social Work team adapted quickly to the pandemic with home working arrangements successfully established. Mental Health Officers have continued to respond to duty calls as necessary and have attended Mental Health Tribunals by telephone / digital arrangements. Essential visits to hospitals, care homes and customers' homes have been very carefully considered and risk assessed in accordance with Covid restrictions, appropriate PPE and lateral flow testing. As a direct consequence of the Covid pandemic and lockdown restrictions, the Mental Health service has seen an increased complexity to both their preventative and statutory work. These challenges have incorporated homelessness/housing issues, significant self-neglect, drug and alcohol misuse, suicide prevention/self-harm, dementia and young people with eating disorders/psychosis. There has also been an increase in new referrals to the service who have not previously been known to mental health services in the past. This has placed additional challenges on the social work mental health service in terms of statutory work, whilst also ensuring that our Adults with Incapacity work and assessment and care management procedures to support appropriate discharges from hospital which are in the fullest accordance with legislation and the principles of the Adults with Incapacity (Scotland) 2000 Act.

In terms of the provision of MHO suitability reports as part of our responsibilities under the Adults with Incapacity (Scotland) Act 2000, there has been a significant decrease in demand during this year. When the COVID pandemic was announced we saw a significant reduction in requests for MHO Suitability Reports which was not surprising given the impact particularly on our elderly and care home population and as a consequence of the enactment of emergency powers which allowed for existing orders to be continued for up to 147 days. This arrangement stopped in December 2020 and we are now beginning to see a corresponding increase in requests since that time which will shortly bring us back to pre-pandemic levels.

As Chief Social Work Officer I can report that as at June 2021 within East Dunbartonshire there are currently 251 Welfare Guardianship Orders established, of which 22 are Local Authority CSWO Welfare Guardianship Orders.

Good practice example – supporting people to live well in their communities

As outlined above, there have been challenges for our Social Work Mental Health team as a consequence of the pandemic and the difficulties many have experienced coping during the pandemic and with mental distress.

In this instance a person previously unknown to mental health services was admitted to psychiatric hospital due to significant concerns in relation to suicidal ideation. When home circumstances were explored by Social Work staff, it came to light that home and living conditions had significantly deteriorated over the pandemic period and that the home was in a significantly unhygienic state which had further adversely affected their mental health and wellbeing.

The person had faced challenges maintaining their home and looking after themselves which had previously not been known to their GP. Following assessment, the psychiatrist confirmed that person was medically ready for discharge. In view of the wider social circumstances and issues which needed to be improved to enable the person to return safely home and sustain that without an immediate negative

impact on their mental health, community supports needed to be put in place. The Social Worker / Mental Health Officer successfully negotiated a further two weeks of inpatient care in order to put in place supports and access the Scottish Welfare Fund and charity monies to re-furnish the flat to an acceptable standard, and ensure that the discharge from hospital could progress successfully.

The focus of the support provided was to ensure that the person could maintain their home and attend to issues such as the management of finances and self-care more broadly. Putting these relatively small steps in place minimises the risk of a future deterioration and need for hospital care.

This case study reflects much of the previously unseen mental distress which has been exacerbated by the pandemic to the point where an individual felt suicidal, unable to cope with the basics of living independently and needed to be admitted to hospital as a consequence. The cost to the NHS is around £1300 for an emergency admission detention to an acute ward. The cost of a weekly support plan in this instance is £85.00 and this example demonstrates the potential success of integrated and timely interventions which focus holistically upon both the medical and social needs and how effective a small package of support can be in keeping this person well and appropriately supported within the community.

Services for People with Learning Disabilities and/or Autism

As with services to older people, day services for people with learning disabilities and autism, provide purposeful day time activity, structure, and care for people who need this and are a source of respite and support for families and unpaid carers. They have been significantly impacted over the course of the pandemic, with building based services having been closed for much of the year and outreach services limited in what they could provide with the usual range of community activities they support people to access closed, or very limited in their offer. While services are now able to resume they are still constrained and will likely remain so well into 2021.

The Joint Learning Disability Team had to make rapid changes to service delivery in response to the Covid-19 pandemic. A primary focus for the team's work related to support to carers. There were considerable concerns at the start of the pandemic that there would be a significant number of carers who would not be able to cope with the demands placed upon them during particularly the first lock-down period. Provision of emergency services to support carers was a consistent theme during 2020 – 2021 and additional supports were provided on a crisis / emergency basis utilising daycare staff, additional third/voluntary sector supports and developing more creative and flexible use of Self Directed Support. One to one supports were maintained to individuals living independently within the community. In order to respond to crisis situations, the team adopted a duty approach to social work interventions which they sought to undertake on a time limited intervention basis, and to ensure that service provision was fairly and equitably shared with consistent workload and resources available to service users.

Transition processes for 2020 and 2021 have been challenging for the team in terms of the implementation of good practice and addressing the need to ensure a smooth transition of young people into adult services.

The impact of the pandemic affected all areas of society including our partners in the private and voluntary sectors. Provider services including day care and respite services have been severely affected with closure of many services that historically provided the bulk of social care services to our most vulnerable individuals. As a result, it is undeniable that carers did experience additional stresses and people were not able to access the types of services they usually had.

On a very positive note, during the year work began on the construction of the new Allander Leisure Centre, which will also be the host of our new building based day service, providing a modern, inclusive and fit for purpose setting for people to access. We look forward to completion in late 2022.

Good practice example – connecting people on-line

At the beginning of 2020 Local Area Coordinators (LACs) secured funding from Creative Scotland to run a Festival of Celebration to promote the creative work of people with autism and learning disability. This was to have been the third such annual festival however the Covid-19 meant that public performances could not be staged and our LACs, in collaboration with the adults involved, agreed to look to the possibility of sharing creative work online, using the Council's social media presence. We asked for submissions from some of our regular partners and we received significant and powerful contributions from Creative Spark Theatre Arts, Limelight, Sonic Bothy, GRACE, Ceartas Advocacy, Campsie View School, and our own Sounds of the Gallery Band. The creative output was then provided online and have been a real source of pride for those involved and demonstrate the vitality of the local scene and the importance of the creative and performing arts in the lives of the contributors with autism and learning disability, and their families. The videos are still available on East Dunbartonshire Council's YouTube channel.

A further example of creative use of digital resources to support adults with learning disabilities and autism during the pandemic has been the 'Plant to Plate and Soil to Soup' group. Pre-pandemic the LACs supported a small gardening group and supper club. Funding for these projects was originally sourced through the Scottish Government's 'Keys to Life' development fund. Both of these opportunities allowed those with a mild learning disability and/or a diagnosis on the autistic spectrum to build on their social skills as well as broaden their opportunities for building independent living skills.

When the pandemic caused these groups to stop abruptly, some of the group members were able to connect online. At the end of last year it was clear that the group members, as well as some of the other LAC customers, had been spending some of their time at home cooking with family members and helping in their gardens. LACs successfully applied for funding through The Big Lottery's Food for Life Big Get Togethers to put together a "reconnector" gardening and cooking project to build on the skills they had learned during the original face-to-face groups, but also act as a platform to help individuals reconnect with each other again. We worked with the garden tutor and volunteer of the gardening group to create a video, and a printed step by step guide so that individuals could plant and care for their own coriander and basil seeds. The LAC team then filmed themselves making a carrot and coriander soup and a tomato and basil pasta. Again, these were made available as a video and a printed step by step guide.

The funding allowed 21 adults to take part in the project in which participants were given the resources to grow their own plants from seed and cook the soup and pasta dishes. Risk assessments, hygiene prompts and ensuring individuals had support were all provided and undertaken before the project commenced. The feedback has been overwhelmingly positive with all individuals and their families commenting how much they enjoyed the experience. Here are a few direct quotes from the feedback:

"It was good for them to have something to look after and watch grow and good to see what seeds looked like," a parent

"I really enjoyed planting the seeds and am excited to see them grow!" a participant

"It created an interest for my son as he got to plant the type of herb he was cooking with," a parent

"I enjoyed making the pasta," a participant

"Everything – making the pasta, it was easy to follow, instructions were easy to follow – the numbers and boxes and pictures, made it very easy to follow," a participant

The participants were able to connect to each other using a safe online platform in which they could share their pictures of what they have made and continue to share pictures of their growing plants. The project

has now received further funding through the Scotmid Community fund and another eight week project is due to start at the end of July 2021.



Support for Carers

It is estimated that there are around 788,000 people in Scotland who are caring for a relative, friend or neighbour. This includes 44,000 who are under the age of 18. The contribution of unpaid carers to the overall health and care service delivery landscape across Scotland can therefore not be underestimated and supporting carers and valuing their skills, abilities and opinions, is therefore a key area for all Health and Social Care partnerships.

Carers experienced particular stress and significant challenges throughout 2020 and 2021, with many carers moving in with the persons they care for in order to keep them safe and provide care for them throughout the pandemic period. Many carers took this decision to limit the footfall of visitors attending the cared for person's house, fearing that visitors to the house even while following stringent health, safety and infection control guidelines, could place the cared for person and the carer, where they had underlying health conditions, at much greater risk and vulnerability to developing Covid-19.

The closure of congregate services such as respite and short breaks facilities as well as day centres meant that many carers did not receive the same break from their caring role for much of 2020-21.

Contingency measures were established to ensure that contact with our most vulnerable carers was maintained within the management of our persons-at-risk based work and service responses were provided where these were needed. Additionally, wherever possible, carers who wished to continue to receive or urgently required additional community care services as a replacement for congregate respite and day centre services throughout the pandemic period were supported to explore the available choices through the use of self-directed support options, and flexibility in the use of self-directed support was encouraged wherever possible in response to the needs of carers within in East Dunbartonshire.

The pandemic also significantly limited the strategic activities that the HSCP planned to undertake in line with the Carers' Strategy 2019 - 2022, and our strategic partnership working with carers, and our third sector organisations supporting carers has just resumed with the re-establishment of our Carers Engagement Group.

The Carers (Scotland) Act 2016 was enacted on 1st April 2018. The legislation places a number of legal duties on Council and HSCPs which supports unpaid carers to maintain their caring role and to ensure that carers are identified and offered the preparation of an Adult Carer Support Plan or Young Carers Statement. Within East Dunbartonshire we have continued to ensure that we have completed these assessments wherever possible. The year prior to the pandemic we prepared 169 Adult Carer Support Plans and although this figure fell in 2020 – 2021, there were a further 105 Adult Carer Support Plans prepared during the pandemic, with a further adult 79 carers eligible for support. A further 76 Young Carers Statements were prepared in 2020 - 2021.

Good practice example – supporting carers with PPE and vaccination

Throughout the Covid 19 pandemic the strength of partnership working has been evident across East Dunbartonshire, and links with the third and voluntary sector have been strengthened as we have sought collectively to support those most vulnerable and in need during 2020 and 2021. An example where this has been evident has been in our work with our local Carers Centre; Carers Link. Throughout the pandemic, relevant changes in legislation and updated procedures were shared and we sought to identify where carers were experiencing extreme challenges and most in need of support. In May 2020 the HSCP established a Protective Personal Equipment (PPE) referral pathway for unpaid carers to ensure that they too could receive the required equipment to continue to deliver care in a safe manner, to protect them and the people they care for. The HSCP worked in partnership with Carers Link to establish a quick and simple method of requesting PPE, which included the provision of masks, gloves, aprons, eye visors and hand sanitiser from the local PPE Hub at a time when such equipment was extremely difficult for carers to source.

Social Work Services also worked closely in partnership with Carers Link and NHS GGC to ensure that the Covid-19 vaccination programme was rolled out for Carers Link staff and that carers within East Dunbartonshire were prioritised appropriately in line with guidance and a number of previously unknown carers have been identified and offered support as part of this process and, has reinforced the benefits of partnership working the positive outcomes which can be achieved when working collaboratively in the face of such an extreme challenge.

Self-directed support

2020 - 2021 for Self Directed Support (SDS) saw East Dunbartonshire in the final year of its current SDS Strategy which expired on 31st March 2021. However, the activities planned for 2020-2021 were significantly curtailed because of the COVID-19 pandemic. While we did continue to promote choice and control for people in how they organise their care, the uptake of the different options slowed, particularly in SDS Option 1 (Direct Payments) and SDS Option 2 (Individual Service Fund).

This was indicative of a year that saw Day Centres and Community Assets closing and Personal Assistants employed by direct payment recipients being furloughed as families took on more of a support role for the cared for persons in an attempt to limit the number of people entering houses.

While one to one support services continued for many, the social support needs and outcomes had difficulty being achieved via any of the SDS options. Some local community groups provided opportunities for cared for persons and carers to access peer support and stimulation via virtual methods, i.e. Zoom, however groups reported a low uptake, particularly from older people.

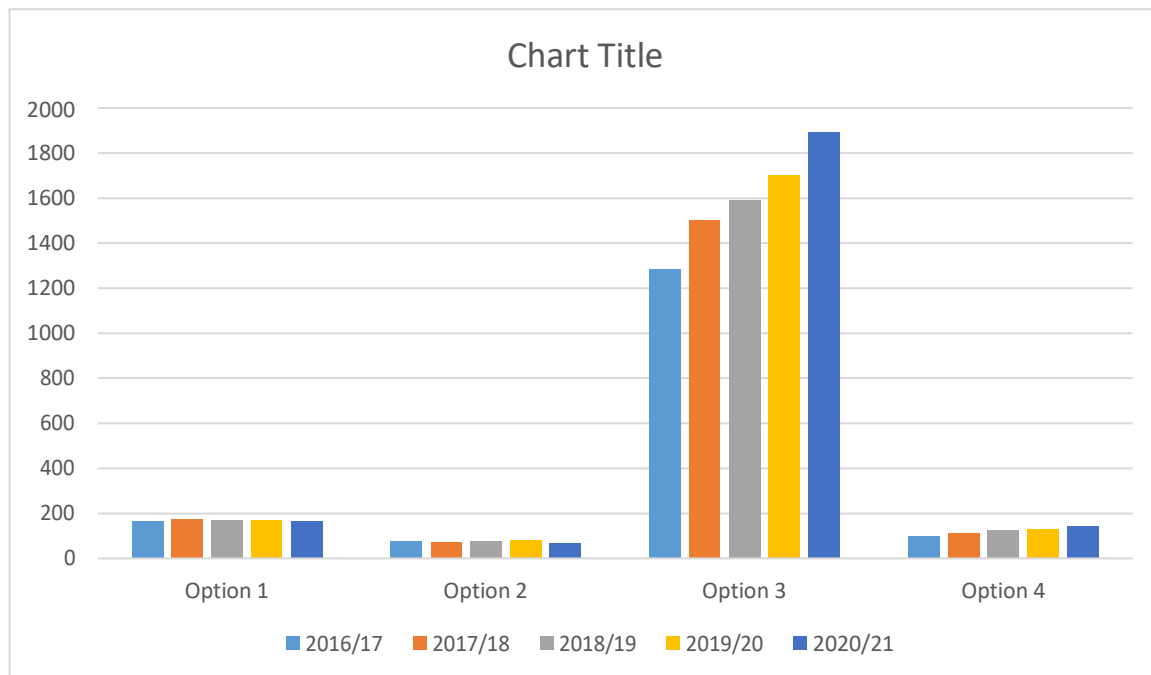
For those customers and carers who did choose to pursue SDS Options 1 and 2, we introduced electronic models of information and contracting activities for those who were able to access email. The local SDS independent information and advice service also supported Personal Assistant employers to recruit staff using virtual methods, which gathered a mixed response from all parties.

Despite the pandemic, the HSCP were able to successfully develop a SDS Implementation Plan for 2021 to 2024, to replace the outgoing Strategy, with consultation taking place with stakeholders during February and March 2021 via telephone and on line methods.

The HSCP continued to offer training and information sessions about SDS to staff and other stakeholders via on line group sessions.

The statistical data shown below shows the impact that the COVID-19 pandemic has had on the uptake of the SDS Options with the only Option showing an increase being SDS Option 3 (HSCP/Council

arranged services). This is reflective of the crisis' that carers and cared for persons found themselves in during the pandemic which required immediate input from Social Work.



Option 1 – Direct Payment

Option 2 – Individual Service Fund

Option 3 – HSCP/Council arranged services

Option 4 – A mix of any of the above

Performance of Registered Services

The partnership commissions and provides a range of registered care services to meet assessed care needs. All registered care services are regulated and evaluated by the Care Inspectorate. The following grading system is used;

Grade 6 – Excellent	Grade 3 – Adequate
Grade 5 – Very good	Grade 2 – Weak
Grade 4 – Good	Grade 1 – Unsatisfactory

The grades of the services delivered by the Council and those purchased by the partnership are set out below. The grades below are the most recent assessed by the Care Inspectorate for services based in East Dunbartonshire.

IN HOUSE SERVICES - NEW INSPECTION MODEL:

Service	Wellbeing (previously Care & Support)	Leadership (previously Management Leadership) &	Staffing	Setting (previously Environment)	Care Planning (new Category)	Covid (new Category)
Ferndale Care Home (C&YP)	5	Not Assessed	Not Assessed	Not Assessed	6	Not Assessed
John Street House	5	Not Assessed	Not Assessed	Not Assessed	5	Not Assessed

IN HOUSE SERVICES - PREVIOUS INSPECTION MODEL

Service	Care and Support	Environment	Staffing	Management & Leadership
Milan Day Service	5	Not Assessed	5	Not Assessed
Kelvinbank Day Service	5	Not Assessed	Not Assessed	Not Assessed
Homecare Service	3	Not Assessed	3	3
Meiklehill & Pineview	5	Not Assessed	Not Assessed	5
Fostering Service	5	Not Assessed	5	4
Adoption Service	4	Not Assessed	5	4
Community Support for C&F	5	Not Assessed	Not Assessed	6
Ferndale Outreach for C&YP	5	Not Assessed	5	Not Assessed

COMMISSIONED CARE HOMES – NEW INSPECTION MODEL

Care Homes	Wellbeing (previously Care & Support)	Leadership (previously Management Leadership) &	Staffing	Setting (previously Environment)	Care Planning (new Category)	Covid (new Category)
Abbotsford House	5	Not Assessed	Not Assessed	Not Assessed	5	4
Antonine House	5	4	5	5	4	Not Assessed
Ashfield	5	Not Assessed	Not Assessed	Not Assessed	5	Not Assessed
Birdston	5	Not Assessed	Not Assessed	Not Assessed	5	Not Assessed
Buchanan House	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed

Care Homes	Wellbeing (previously Care & Support)	Leadership (previously Management Leadership)	Staffing	Setting (previously Environment)	Care Planning (new Category)	Covid (new Category)
Buchanan Lodge	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed
Campsie View	3	3	3	3	3	Not Assessed
Lillyburn	6	Not Assessed	Not Assessed	Not Assessed	5	Not Assessed
Mavisbank	3	3	3	3	3	3
Milngavie Manor	5	Not Assessed	Not Assessed	Not Assessed	5	Not Assessed
Mugdock	6	Not Assessed	Not assessed	Not assessed	5	Not Assessed
Springvale	3	3	3	4	3	3
Westerton	4	Not Assessed	Not Assessed	Not Assessed	3	3
Whitefield Lodge	4	4	4	4	3	3

COMMISSIONED RESPITE – NEW INSPECTION MODEL

Care Homes	Wellbeing (previously Care & Support)	Leadership (previously Management Leadership)	Staffing	Setting (previously Environment)	Care Planning (new Category)	Covid (new Category)
Buttercups House	5	Not Assessed	Not Assessed	Not Assessed	5	Not Assessed
Twechar	6	Not Assessed	Not Assessed	Not Assessed	5	Not Assessed

COMMISSIONED SUPPORTED ACCOMODATION SERVICES – PREVIOUS INSPECTION MODEL

Service	Care Support and Environment	Staffing	Management and Leadership
Key Housing	5	Not Assessed	5
Living Ambitions	5	Not Assessed	4
Orems Care Services	4	Not Assessed	Not Assessed
Quarriers (Phase 3)	4	Not Assessed	Not Assessed
Quarriers (Phase 2)	4	Not Assessed	4
Quarriers (Phase 1)	5	Not Assessed	5

Real Life Options	5	Not Assessed	5	Not Assessed
The Richmond Fellowship	5	Not Assessed	Not Assessed	5
Cornerstone Community Care	5	5	Not Assessed	Not Assessed

During the course of the year the Care Inspectorate focussed their inspection attention on care homes and their ability to safely manage the pandemic using a new covid-19 specific key question area. Priority was placed on inspecting homes where there appeared to be concerns. As a result of this revised approach, most other forms of registered care services did not experience an inspection during the year, therefore grades referred to are from the most recent inspection.

Campsie Neurological Care Unit, provided by Lifeways Ltd, advised of its intention to close during the year. As lead and host area, we have been working with all other placing authorities to ensure all 19 residents achieve an appropriate alternative case setting in good time for the final closure date of 26 May 2021. This work was successfully concluded.

Complaints and Duty of Candour

We take complaints seriously and have a robust process for investigating and responding to complaints about social work and social care services.

Complaints during the year were as follows

	Total	Outcome	Escalated
Stage 1	14	8 not upheld	0
		3 partially upheld	
		3 upheld	
Stage 2	16	11 not upheld	4
		4 partially upheld	
		1 upheld	
Stage 2 Extended	4	4 partially upheld	1
Total	34		

Complaint themes broadly covered access to services/timeliness service standards, attitude or behaviours of staff and disagreement with service decisions.

In some cases, complainants are unhappy with the outcome of their complaint investigation and opt to refer the case on to the Scottish Public Services Ombudsman for further investigation. During the year the Ombudsman did not uphold any complaints referred on.

During the year there were no duty of candour incidents to report.

7. Workforce Planning and Development

It has been a unique year and one in which our workforce has pulled together to continue to deliver services to people in need in our community in an incredible manner. Some services have continued to work nearly unchanged, some services have worked differently, and some services have been redirected towards different activities entirely. During the year, we have seen progress on developing remote ways of working accelerate at a pace we could hardly have imagined previously. While that has been a huge benefit to us, it has also required many staff to adapt to new ways of working at pace, with the pros and cons related to that. As we look to the year ahead we consider which new ways of working we can keep, which need modified, and what needs to return to what we used to think of as 'normal' as soon as it can. During the year, we also completed the required HSCP's 2021 – 2022 Workforce Plan for Scottish Government.

We have tried hard to keep staff in touch with what has been happening, and to include their views and opinions in our service planning. We increased the frequency of our newsletters and introduced a specific public protection focussed newsletter, to keep people updated on changes to guidance. We provided access to the full range of guidance, training and support on implementing new practices around the wearing of Personal Protective Equipment, undertaking Covid testing, booking a vaccination and we used virtual forums to enable teams to reflect on how they were delivering services and how best to support each other over the year.

In response to the emerging pandemic, the HSCP quickly established a "Wellbeing" group to support and build on the work already being undertaken by the Health Working Lives Group. This Partnership group with trade union colleagues, promoted many new activities to staff, including our weekly newsletter "Something for the weekend", the National Wellbeing Hub and the suitability of various activities and apps freely available, the dedicated NHS24 Health and Social Care Helpline, in addition we provided guidance and support about supporting staff working from home, including the end of day checkout activity.

As we prepared to move out of the first "lockdown" we undertook a survey of staff to gain their views on what had changed for them both for the better and what they deemed to be less effective.

We have also engaged in and promoted the National "Everyone Matters" staff survey and the local Health & Social Care Mental Health Check-in.

Although it was a challenging year, we also continued to make use of staff training as a way of supporting service developments and redesigns. During the year we focussed on the following areas, in addition to the established programme of training related to essential training for staff providing direct care services and targeted training for staff in relation to protection functions:

Just enough support

This training opportunity was delivered by an external training organisation through a virtual platform to over 40 Social Work practitioners. The training provided practitioners with the methods and knowledge to work with customers to develop alternatives to just paid support and develop individually designed services at a time of reduced budgets whilst staying true to the self-directed support values and principles.

Safe and Together

The Safe and Together model seeks to keep children who have experienced domestic abuse, safe and together with the non-abusing parent. At the same time, supporting and acknowledging non-abusing parents' protective efforts and ensuring perpetrators are held accountable for their abuse. Training workers in this approach will improve practice and develop how we work together with families where there is domestic abuse and concerns about children.

The model provides concrete strategies and meaningful tools to promote real change for the families we work with. This model is used globally and is supported by Scottish Government as part of their Equally Safe delivery plan.

This training will be rolled out in EDC over the next few months. It will target the workforce across the HSCP to ensure a common language is used to support those involved in child welfare to become domestic-violence informed.

Trauma Informed Practice

East Dunbartonshire ACES and Trauma Collaborative will continue to progress the vision to build a trauma informed and responsive HSCP. In the year ahead this will include workforce development as one of the key drivers and work to ensure all staff receive the appropriate level of training in line with the NES skills framework.

Social Work student placements during covid

All placements were halted at the onset on the pandemic. Despite the particular challenges that the pandemic presented for students and practice teachers, we were able to provide two placements in the autumn term, with both students advising of a positive experience. We targeted two teams with a strong track record of providing placements to offer students a blended home-working/office-based experience. Subsequently, we were asked by the SSSC to contribute to their digital stories outlining how we supported a student placement during the Covid 19 pandemic. We built on our initial experiences to offer a further five placements in the spring term.

Social Work post qualifying awards

In terms of local professionally qualified social work workforce challenges the key issue remains the recruitment and retention of Mental Health Officers. Mental Health Officers are qualified social workers who have undertaken a formal post qualifying award to enable them to undertake the statutory functions set out in a range of legislation. Mental Health Officer numbers are of national concern and succession planning for them is a key issue, recognising the age profile of the existing Mental Health Officer workforce. East Dunbartonshire has a good track record of successfully recruiting potential Mental Health Officers to the training course and through their qualification process, however, retention is a significant issue as nearby areas offer enhanced levels of pay for those holding the award. We had hoped to have developed an option, working with our human resources colleagues, to mitigate this issue however, with the changed focus of work over the year this has not been taken forward. We look forward to resolution in the year 2021 – 2022.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18 NOVEMBER 2021

REPORT REFERENCE: HSCP/181121/11

CONTACT OFFICER: JEAN CAMPBELL, CHIEF FINANCE & RESOURCES OFFICER, TELEPHONE NUMBER 0141 232 8216

SUBJECT TITLE: FINANCIAL PERFORMANCE BUDGET 2021/22 – MONTH 6

1.1 PURPOSE

1.2 The purpose of this report is to update the Board on the financial performance of the partnership as at month 6 of 2021/22.

2.1 RECOMMENDATIONS

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

- 2.2 Note the projected Out turn position is reporting a year end under spend of £1.9m as at month 6 of 2021/22. This assumes a drawdown of earmarked reserves and full funding from Scottish Government (SG) to support Covid expenditure for the year over and above that held within HSCP reserves for this purpose.
- 2.3 Note and approve the budget adjustments outlined within paragraph 3.2 (Appendix 1).
- 2.4 Note the HSCP financial performance as detailed in (Appendix 2).
- 2.5 Note the progress to date on the achievement of the current, approved savings plan for 2021/22 as detailed in (Appendix 4).
- 2.6 Note the impact of Covid related expenditure during 2021/22.
- 2.7 Note the summary of directions set out within (Appendix 5).

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Budget 2021/22

The budget for East Dunbartonshire HSCP was approved by the IJB on the 25 March 2021. This provided a total net budget for the year of £176.791m (including £33.712m related to the set aside budget). This included £0.676m of agreed savings to be delivered through efficiencies, service redesign and transformation and a £1.1m financial gap which required the identification of additional transformation activity to deliver a balanced budget for the year and moving forward into future financial years. Given the focus of leadership and management capacity remains on the response to and recovery from the Covid-19 pandemic, the IJB agreed to the creation of a transformation reserve of £1.1m to under write the financial gap until such times as work can resume to identify and deliver transformation activity.

3.2 There have been a number of adjustments to the budget since the HSCP Board in March 2021 which has increased the annual budget for 21/22 to £183.273m. A breakdown of these adjustments are included as **Appendix 1**. These adjustments along with recurring funding streams identified during the year end process for 20/21 and in the initial monitoring periods of the budget for 21/22 have reduced the financial gap to £0.936m.

3.3 Partnership Performance Summary

The overall partnership position is showing a projected year end under spend on directly managed partnership budgets of £1.9m at this point in the financial year. This assumes a drawdown on earmarked reserves at this point in the financial year of £8.485m (of which £6.2m relates to Covid) and that there will be a full funding allocation from the SG to support all Covid related expenditure beyond the levels of earmarked reserves held by the HSCP for this purpose, as identified within the quarterly LMP returns.

3.4 The HSCP has submitted a Quarter 2 return (as at 30 September 2021) to SG for total anticipated Covid related expenditure for 2021/22. The totality of the Local Mobilisation Plan expenditure for East Dunbartonshire is expected to be £7.9m – a reduction of £1.7m since the Qtr. 1 submission. This is largely due to the inclusion of offsetting cost savings across some social work budget lines, related to Covid, a reduction in the loss of income expected as services start to resume and a reduction in care provider support claims based on the level of claims received to date. This continues to be an evolving picture as the requirements for a continued response and recovery from the pandemic emerge.

3.5 A breakdown of Covid related expenditure captured within the Quarter 2 Local Mobilisation Plan (LMP) submission is set out in the table below:

Total Covid-19 Costs			
	2021-22 Revenue Total Qtr2	2022-23 Non- recurring	2022-23 Recurring
Additional PPE	677,482	0	672,294
Contact Tracing	0	0	0
Testing	0	0	0
Covid-19 Vaccination	0	0	0
Flu Vaccination	345	0	359
Scale up of Public Health Measures	76,301	0	79,353
Additional Community Hospital Bed Capacity	0	0	0
Community Hubs	252,777	0	294,728
Additional Care Home Placements	0	0	0
Additional Capacity in Community	240,375	0	245,589
Additional Infection Prevention and Control Costs	3,108	0	3,232
Additional Equipment and Maintenance	18,450	0	8,788
Additional Staff Costs	1,073,210	0	968,314
Staff Wellbeing	0	0	0
Additional FHS Prescribing	84,962	0	88,360
Additional FHS Contractor Costs	80,236	0	83,445
Social Care Provider Sustainability Payments	1,192,348	0	0
Social Care Support Fund Claims	1,498,740	0	2,107,585
Payments to Third Parties	0	0	0
Homelessness and Criminal Justice Services	0	0	0
Children and Family Services	1,129,456	0	1,033,090
Loss of Income	425,716	0	427,669
Other	22,532	0	4,713
Total Covid-19 Costs	6,776,038	0	6,017,521
Unachievable Savings	1,100,327	0	1,100,327
Offsetting Cost Reductions	(900,327)	0	0
Total Covid-19 Costs - HSCP - NHS	6,976,038	0	7,117,848
	- 0	-	0
Total Remobilisation Costs			
	2021-22 Revenue Total	2022-23 Non- recurring	2022-23 Recurring
Adult Social Care	302,373	0	520,834
Reducing Delayed Discharge	0	0	0
Digital & IT costs	40,000	0	41,600
Primary Care	557,271	0	1,106,614
Other	0	0	0
Total Remobilisation Costs	899,644	0	1,669,048
	-	-	-
Total HSCP Costs	7,875,682	0	8,786,896
Use of Reserves / Anticipated Income	0	-	-
Earmarked Covid Reserves	(6,128,439)		
SG Income Received to Date -			
General - Qtr 1 plus 70% Qtr 2-4 less Reserves	(18,000)		
PPE - Qtr 1 plus 40% Qtr 2-4	(377,000)		
SG Anticipated Funding	(1,352,243)		
Total Net Covid Expenditure	(0)		

3.6 Work continues through the regular LMP returns to SG to evidence the ongoing impact from Covid including any initiatives required to support service recovery / re mobilisation such as addressing backlogs or reducing waiting times for community services. At this stage no funding has been provided for unachieved savings with SG seeking assurances from HSCPs that they are doing everything to deliver on current year savings programmes. This will be reviewed later in the year with an expectation that further funding to support unachieved savings will be provided where needed. At

this stage ED HSCP is making a range of offsetting savings which will cover any in year unachieved savings.

3.7 The projected year end underspend across each care group area is set out in the table below:

Care Group	Annual Budget Total (£000)	Projected Variance Total (Mth 6)	Reserves Adjustment	Revised Actual Variance (Mth6)	Revised Actual Variance (Mth4)	Movement
Mental Health, Learning Disability, Addictions & Health Improvement	28,222	557	(764)	1,321	1,470	(149)
Community Health & Care Services	46,429	(242)	(909)	667	274	393
Children & Criminal Justice Services	14,337	(707)	(229)	(478)	(506)	28
Business Support	(2,047)	(1,140)	(51)	(1,089)	(1,031)	(58)
Other Non SW - PSHG / Care & Repair/Fleet/COG	1,348	284	0	284	144	140
FHS- Prescribing	20,632	260	0	260	4	256
FHS- GMS / Other	29,756	0	0	0	0	0
Oral Health - hosted	12,934	(16)	(403)	388	471	(83)
Set Aside	33,712	0	0	0	0	0
Covid	(326)	(5,780)	(6,314)	534	565	(31)
Projected Year End Variance	184,998	(6,783)	(8,671)	1,888	1,391	497

3.8 The main variances to budget identified at this stage in the financial year relate to:

- a) Mental Health, Learning Disability, Addiction Services (projected £1.32m under spend, a slight negative movement since that reported at month 4 of £0.1m) – the underspend relates to a downturn in the number of care packages across residential, daycare, homecare and supported living for learning disability and to a lesser extent within mental health services. Daycare budgets were based on approx. 1000 hrs of care services per week and are currently averaging 741hrs per week (a slight upward trend in activity on that reported at month 4). SG guidance sets out arrangements to support care providers where services have reduced / stopped as a result of Covid with the host authority making sustainability placements to compensate for reduced placement numbers - this is being claimed by host authorities through SG Covid funding. This guidance is in place up until the end of September and if SG remove sustainability payments to providers and as these services move to re-mobilise we will see a significant increase in projections in this area. This continues to impact daycare and respite placements, particularly those outwith our local area. In addition we are experiencing some positive payroll variations due to reduced staffing levels within our Pineview service, which supports young adults with complex autism, due to a void placement and within our community mental health and health improvement teams due to vacancies across psychology and nursing.
- b) Community Health & Care Services (projected underspend of £0.7m, a positive movement since that reported at month 4 of £0.3m) –There are significant cost pressures in this area related to the delivery of our in house homecare service due to a combination of increased overtime to cover vacancies, absence and demand pressures within the service and continuing to funds posts that are no longer part of the structure following a service redesign. Work is underway to understand the increasing demand in the context of a downward trend in care home placements, people attending daycare and capacity within purchased care at home services. This is supported by a review of overtime usage with a tightening up on procedures for approving overtime and a review of the impact of the service redesign with a potential increase required in the number of carers to free up the role of the seniors to undertake administrative tasks allowing supervisors to support the process of customer reviews

to ensure service levels align with need. There are also pressures in equipment purchases to support people to remain at home. These pressures are being offset by a downturn in care home placements (709 service users per week assumed at budget setting compared to an average of 681 placements per week based on current numbers – a further reduction in numbers since that reported at month 4) and a downturn in purchased homecare provision (9,936 hours per week at budget setting compared to 9,037 hrs per week based on current levels – a further reduction since that reported at month 4). There are also some positive payroll variations across the rehabilitation team, psychology and nursing to support elderly mental health services. Overall this is providing a favourable variance at this stage in the financial year.

- c) Children & Criminal Justice Services (projected £0.5m overspend, no movement since that reported at month 4) – There are payroll pressures across Children’s Services due to challenging turnover savings as vacancies move to be filled, however these are expected to be achieved in full by the year end. This is compounded by significant pressures on residential placement (18 placements assumed at budget setting with 23 placements currently in place (excluding those which are Covid related, an additional 5 placements since the start of the financial year) and increases in costs as the education funding element ceases for children aged 16+. Some of these costs are Covid related and being set against this funding, however there has been an overall increase in demand across Children’s services.
- d) Prescribing (projected underspend of £0.3m, a positive movement of £0.3m since that reported at month 4) – There is a downturn in the volumes of medicines being prescribed based on budgeted projections and this is continuing over the latest period, however this is met by an increase in the price for some medicines. The price increases associated with paracetamol and sertraline have been attributed to Covid supply issues and included within the HSCP LMP return.
- e) Business Support (projected overspend of £1m, no movement since that reported at month 4) – The pressure in this area relates to the financial gap (£0.9m) which remained at the time of setting the 2021/22 budget requiring the identification of additional transformation activity to deliver a balanced budget for this year and moving forward into future financial years. This will be mitigated in year through the positive performance on budgets within older people and adult services and work to identify recurring savings forms part of the financial planning work already underway through the HSCP Leadership Team as part of consideration of the 2022/23 budget process. There are also some recurring accommodation cost pressures related to KHCC and additional costs associated with the interim management structure currently in place.
- f) Housing Aids and Adaptations and Care of Gardens (projected underspend of £0.3m, a positive movement of £0.14m since that reported at month 4) - there are a number of other budgets delegated to the HSCP related to private sector housing grants, care of gardens, care and repair and fleet provision. These services are delivered within the Council through the Place, Neighbourhood & Corporate Assets Directorate. The positive variance relates to a vacancy within the care and repair service which is planned to be incorporated within the wider in house team to provide some resilience and also a downward trend in the number of private sector housing grants to be awarded which may increase as work to progress tenders is underway.
- g) Oral Health (projected underspend of £0.4m, a slight negative movement from that reported at month 4) – Underspend as a result of vacancies not recruited to as services not running at full capacity and reduced non-pay costs. As services return to normal

activity vacancies will be recruited. There are plans being considered to look at test of change and non-recurring equipment requirements which may reduce the under spend in this area. .

- h) Covid Expenditure (projected underspend of £0.5m, no movement since that reported at month 4) – this relates to costs captured across other care group areas with full anticipated funding to cover these costs reflected here. The variance relates to elements such as loss of income from charging, which has reduced slightly as services resume, and some un achieved savings.

3.9 The consolidated position for the HSCP is set out in **Appendix 2**. The detailed budget monitoring reports for the NHS budgets and SW budgets delegated to the partnership are provided in **Appendix 3**.

3.10 Savings Programme 2021/22

There is a programme of service redesign and transformation which was approved as part of the Budget 2021/22. Progress and assumptions against this programme are set out in **Appendix 4**.

3.11 Partnership Reserves

The indicative position projected to 31 March 2022, with regard to partnership reserves is set out below;-

HSCP Reserve 2021/22	Balance at 31st March 2021	Proposed Use of Reserves	Projected Balance at 31st March 2022
	£000	£000	£000
HSCP Transformation	(1,100)		(1,100)
Aproprate Adults	(4)		(4)
Review Team	(170)		(170)
Children's MH & Wellbeing Programme	(25)	25	0
Children's MH & Emotional Wellbeing - Covid	(201)	201	0
Scottish Govt. Funding - SDS	(77)		(77)
SG - Integrated Care / Delayed Discharge Funding	(282)		(282)
Oral Health Funding	(403)	403	0
Infant Feeding	(13)	13	0
CHW Henry Programme	(15)	15	0
SG - GP Out of Hours	(39)		(39)
SG - Primary Care Improvement	(878)	878	0
SG – Action 15 Mental Health	(572)	572	0
SG – Alcohol & Drugs Partnership	(112)	112	0
SG – Technology Enabled Care	(11)		(11)
GP Premises	(118)		(118)
PC Support	(27)		(27)
Prescribing	(185)		(185)
Covid	(6,128)	6,128	0
Community Living Change Funding	(341)		(341)
Psychological Therapies	(60)		(60)
District Nursing	(31)	31	0
Chief Nurse	(51)	51	0
Health & Wellbeing	(55)	55	0
Specialist Children - SLT	(3)		(3)
Woodland Garden Project	(7)		(7)
Total Earmarked	(10,909)	8,485	(2,424)
Contingency / General	(1,935)		(1,935)
General Fund	(12,844)	8,485	(4,358)

3.12 This will provide a general / contingency reserve moving into 2022/23 in the region of £1.9m. Depending on the final year end position there may be an opportunity to further this reserves position with any underspend that materialises at year end. This will move the partnership nearer to compliance with the HSCP Reserves policy, approved in August 2016 and the actions set out through Audit Scotland to demonstrate a level of financial sustainability for the partnership into future years. This provides for a prudent reserve of 2% of net expenditure in the context of the size, scale and volatility of HSCP budgets which equates to approx. £3m.

3.13 The ear marked reserves position will be updated for any spending plans that emerge against these specific areas as the year progresses along with specific funding streams made available during 2021/22.

3.14 Financial Risks - The most significant risks that will need to be managed during 2021/22 are:

- A new pay deal was agreed in May for NHS staff which effectively offered an average 4% uplift across the Agenda for Change (AfC) pay scales. The Scottish Government committed to fully fund the additional cost of the base 4% however the funding would not cover the additional incremental pressure of the revised AfC pay scale. Health

Boards have received an allocation of funding in July and the six local CFOs are working with NHSGGC finance colleagues on individual allocations and the likelihood that there will be an incremental gap.

- Negotiations on the pay uplift for local authority staff has yet to be concluded – there was an assumption of 2% built into budget plans, however the ask is higher than this which will cause a pressure on budget if agreed at above the 2%.
- The ongoing impact of managing Covid as we move through the recovery phase and the recurring impact this may have on frailty for older people, mental health and addiction services moving forward.
- Delivery of a recurring savings programme identified as part of the budget process for 2021/22.
- Un Scheduled Care - The pressures on acute budgets remains significant with a large element of this relating to pressure from un-scheduled care. If there is no continued improvement in partnership performance in this area (targeted reductions in occupied bed days) then there may be financial costs directed to partnerships in delivery of the board wide financial improvement plan. There is an Un-scheduled Care Commissioning Plan which sets out the key areas for investment across HSCP areas to improve delayed discharge and hospital attendance figures, however there remains a financial gap for East Dunbartonshire which requires consideration of recurring / non-recurring funding.
- Children's Services - managing risk and vulnerability within Children's Services is placing significant demand pressures on kinship payments, external fostering placements and residential placements which will increase the risk of overspend which will impact on achieving a balanced year end position.
- Funding allocations for PCIP and Action 15 have been updated for revised NRAC shares across Scotland – this has had a positive impact for East Dunbartonshire, however other HSCP areas are making representation to the SG for these monies to be allocated on historic NRAC shares as commitments have been based on previous indicative funding allocations.
- Financial Systems – the ability to effectively monitor and manage the budgets for the partnership are based on information contained within the financial systems of both partner agencies. This information needs to be robust and current as reliance is placed on these systems for reporting budget performance to the Board and decisions on allocation of resources throughout the financial year.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan –

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

The Strategic Plan is dependent on effective management of the partnership resources and directing monies in line with delivery of key priorities within the plan.

- 4.3 Frontline Service to Customers – None.
- 4.4 Workforce (including any significant resource implications) – None.
- 4.5 Legal Implications – None.
- 4.6 Financial Implications – The financial performance to date is showing that the budget is projected to underspend at year end by £1.9m. A £1.1m Transformation reserve was approved at the time of agreeing the Annual Budget for 21/22 to under write the financial gap on the premise that further transformation activity would be identified to meet this gap on a recurring basis. As things stand currently, this reserve would not be required in this financial year and can be considered towards any future year pressures. This position could change as the year progresses given the volatility of these demand led budgets which are seeing an increase in activity as demand levels resume back to anticipated levels. This will continue to be monitored as the year progresses. The position is also dependent on the SG providing full funding to cover all Covid related expenditure. The current position would enable the HSCP to further its general reserve in line with the HSCP Reserves policy to provide a contingency to manage in year pressures and support ongoing financial sustainability.
- 4.7 Procurement – None.
- 4.8 Economic Impact – None.
- 4.9 Sustainability – The sustainability of the partnership in the context of the current financial position and potential to create general reserves will support ongoing financial sustainability. In order to maintain this position will require a fundamental change in the way health and social care services are delivered within East Dunbartonshire going forward in order to meet the financial challenges and deliver within the financial framework available to the partnership on a recurring basis.
- 4.10 Equalities Implications – None.
- 4.11 Other – None.

5.1 **MANAGEMENT OF RISK**

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

- 5.2 There are a number of financial risks moving into future years given the rising demand in the context of reducing budgets which will require a radical change in way health and social care services are delivered which will have an impact on services users / carers, third and independent sector providers and staffing. The risks are set out in paragraph 3.17.

6.1 **IMPACT**

- 6.2 **STATUTORY DUTY** – None.

- 6.3 EAST DUNBARTONSHIRE COUNCIL** – Effective management of the partnership budget will give assurances to the Council in terms of managing the partner agency’s financial challenges.
- 6.4 NHS GREATER GLASGOW & CLYDE** – Effective management of the partnership budget will give assurances to the Health Board in terms of managing the partner agency’s financial challenges.
- 6.5 DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – East Dunbartonshire Council and NHS Greater Glasgow & Clyde (Directions template attached as appropriate)
- 7.1 POLICY CHECKLIST**
- 7.2** This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.
- 8.1 APPENDICES**
- 8.2** Appendix 1 – Budget Reconciliation 2021/22
- 8.3** Appendix 2 – Integrated HSCP Financial Performance at Month 6
- 8.4** Appendix 2a – NHS Financial Performance at Month 6
- 8.5** Appendix 2b – Social Work Financial Performance as at Period 6
- 8.6** Appendix 3a – NHS Budget Monitoring Report Month 6
- 8.7** Appendix 3b – Social Work Budget Monitoring Report Period 6
- 8.8** Appendix 4 – HSCP Savings Update 21/22
- 8.9** Appendix 5 – Direction Template

East Dunbartonshire HSCP

Consolidated Budget Reconciliation 2021/22

APPENDIX 1

	NHS £000	Local Authority £000	Total £000
2021/22 Budget Reconciliation			
Budget Approved at HSCP Board on 25th March 2021	84,678	58,401	143,079
Set Aside approved at HSCP Board on 25th March 2021	33,712		33,712
TOTAL Budget Approved	118,390	58,401	176,791
Period 3 Budget Adjustments			
Rollover Budget Adjustment	455		455
PSHG / Care & Repair Adjustment to HSCP		664	664
SG - Scottish Living Wage Contribution			0
Covid Funding			0
AfC Additional Uplift	378		378
Covid Funding - FHS	54		54
MH Strategy - Action 15	297		297
ADP	250		250
PCIF including GP Premises	1,463		1,463
Outcomes Framework Uplift 3% (Dental, HepC, BBV)	76		76
FHS Adjustments	1,606		1,606
Smoking Prevention	41		41
District Nursing	84		84
Ventilation Improvement Allowance (GDPs)	1,111		1,111
Revenue to Capital Transfer (Dental Equipment)	(11)		(11)
Dental transfer - Homeless post	15		15
Period 6 Budget Adjustments			
Covid Funding - FHS	(54)		(54)
Smoking Prevention	1		1
Electric Handpieces (GDPs)	1,666		1,666

Revenue to Capital Transfer (Dental Equipment)	(95)		(95)
Silverbirch RT transfer from East Ren	89		89
Infant Feeding	69		69
SESP - LD to HSCPs	13		13
School Nursing	37		37
Workforce Wellbeing	37		37
Apemilast from acute	29		29
Restatement of set aside based on refinement of budgets for delivery of prescribed acute functions			0
Transfer Specific Funding from Children & Families to Education		(67)	(67)
Revised 2021/22 Budget	126,000	58,998	184,998
<i>Anticipated Covid Funding Outstanding</i>			<i>0</i>
<i>Anticipated 2021/22 Budget</i>	<i>126,000</i>	<i>58,998</i>	<i>184,998</i>

Care Group Analysis	Annual Budget 2021/22 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Reserves Adjustment	Revised Actual Variance	Variance %age
Strategic & Resources	(2,047)	(357)	156	(512)	(907)	(1,140)	(51)	(1,089)	53.20%
Older People & Adult Community Services	41,541	18,645	17,989	655	41,682	(141)	(909)	769	1.85%
Physical Disability	4,888	2,331	2,125	206	4,990	(101)	0	(101)	-2.07%
Learning Disability	21,007	9,403	8,579	824	20,113	894	0	894	4.26%
Mental Health	5,371	2,084	1,890	194	5,633	(262)	(572)	310	5.78%
Addictions	1,263	418	308	110	1,341	(78)	(137)	59	4.66%
Planning & Health Improvement	581	229	180	49	578	3	(55)	58	9.99%
Childrens Services	13,985	6,790	7,478	(688)	14,742	(758)	(229)	(529)	-3.78%
Criminal Justice Services	352	222	261	(38)	301	51	0	51	14.45%
Other Non Social Work Services	1,348	674	136	538	1,064	284	0	284	21.08%
Family Health Services	29,756	14,966	14,966	0	29,756	0	0	0	0.00%
Prescribing	20,632	10,261	10,085	177	20,372	260	0	260	1.26%
Oral Health Services	12,934	4,855	4,661	194	12,950	(16)	(403)	388	3.00%
Set Aside	33,712	16,856	16,856	0	33,712	0	0	0	0.00%
Covid Expenditure	(326)	260	2,257	(1,997)	5,454	(5,780)	(6,314)	534	-164.03%
Net Expenditure	184,998	87,636	87,926	(290)	191,781	(6,783)	(8,671)	1,888	1.02%

Subjective Analysis	Annual Budget 2021/22 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Reserves Adjustment	Revised Actual Variance	Variance %age
Employee Costs	48,608	23,461	23,364	97	49,748	(1,140)	(1,105)	(35)	-0.07%
Property Costs	330	168	155	14	312	18	0	18	5.31%
Supplies and Services	1,241	1,567	1,216	352	1,549	(308)	(672)	364	29.37%
Third Party Payments (care providers)	59,415	27,206	26,562	644	59,842	(426)	(2,166)	1,740	2.93%
Transport & Plant	728	371	261	110	731	(4)	0	(4)	-0.50%
Administrative Costs	3,406	1,123	846	277	3,078	328	0	328	9.64%
Family Health Services	30,479	15,214	15,213	1	30,479	0	0	0	0.00%
Prescribing	20,632	10,361	10,085	277	20,373	260	0	260	1.26%
Other	(1,186)	(602)	0	(602)	0	(1,186)	(936)	(250)	21.10%
Resource Transfer	18,875	9,437	9,438	(0)	18,875	1	0	0	0.00%
Set Aside	33,712	16,856	16,856	0	33,712	0	0	0	0.00%
Gross Expenditure	216,240	105,162	103,995	1,167	218,698	(2,458)	(4,879)	2,421	1.12%
Income	(31,242)	(17,526)	(16,069)	(1,457)	(26,918)	(4,324)	(3,792)	(532)	1.70%
Net Expenditure	184,998	87,636	87,926	(290)	191,780	(6,782)	(8,671)	1,889	1.02%

Care Group Analysis	Annual Budget 2021/22 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Forecast Full Year Spend £000	Forecast Full Year Variance £000	Reserves Adjustment	Revised Actual Variance	Variance %age
Strategic & Resources	£14,643	£7,949	£7,915	34	£14,627	16	(51)	67	0.46%
Older People & Adult Community Services	£7,105	£3,171	£3,250	(79)	£8,173	(1,068)	(909)	(158)	-2.23%
Learning Disability	£670	£336	£341	(4)	£681	(12)		(12)	-1.72%
Mental Health	£2,918	£926	£792	133	£3,292	(374)	(572)	199	6.81%
Addictions	£617	£81	£95	(15)	£757	(141)	(112)	(29)	-4.74%
Planning & Health Improvement	£581	£229	£180	49	£578	3	(55)	58	9.99%
Childrens Services	£2,431	£1,161	£1,164	(3)	£2,485	(54)	(28)	(26)	-1.06%
Family Health Services	£29,756	£14,966	£14,966	0	£29,756	0		0	0.00%
Prescribing	£20,632	£10,261	£10,085	177	£20,372	260		260	1.26%
Oral Health Services	£12,934	£4,855	£4,661	194	£12,950	(16)	(403)	388	3.00%
Set Aside	£33,712	£16,856	£16,856	0	£33,712	0		0	0.00%
Covid Expenditure		£424	£424	0	£1,661	(1,661)	(1,661)	(0)	#DIV/0!
Net Expenditure	126,000	61,215	60,729	486	129,045	(3,045)	(3,792)	747	0.59%

Subjective Analysis	Annual Budget 2021/22 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Forecast Full Year Spend £000	Forecast Full Year Variance £000	Reserves Adjustment	Revised Actual Variance	Variance %age
Employee Costs	£25,956	£12,676	£12,398	278	£25,435	521		521	2.01%
Property Costs	£323	£161	£152	9	£305	18		18	5.52%
Supplies and Services	£72	£971	£830	141	£24	96		96	132.69%
Third Party Payments (care providers)	£451	£186	£211	(26)	£502	(51)		(51)	-11.40%
Transport & Plant				0		0		0	
Administrative Costs	£2,407	£565	£633	(69)	£2,253	154		154	6.40%
Family Health Services	£30,479	£15,214	£15,213	1	£30,479	0		0	0.00%
Prescribing	£20,632	£10,361	£10,085	277	£20,373	260		260	1.26%
Other	£250	£125	£0	(125)	£0	(250)		(250)	100.00%
Resource Transfer	£18,875	£9,437	£9,438	(0)	£18,875	0		0	0.00%
Set Aside	£33,712	£16,856	£16,856	0	£33,712	0		0	0.00%
Gross Expenditure	132,656	66,301	65,816	486	131,910	747	0	747	0.56%
Income	£6,657	£5,086	£5,086	0	£2,865	(3,792)	(3,792)	0	0.00%
Net Expenditure	126,000	61,215	60,729	486	129,045	(3,045)	(3,792)	747	0.59%

Care Group Analysis	Annual Budget 2021/22 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Reserves Adjustment	Revised Actual Variance	Variance %age
Strategic & Resources	(16,691)	(8,305)	(7,760)	(546)	(15,534)	(1,156)		(1,156)	6.93%
Older People & Adult Community Services	34,436	15,473	14,739	734	33,509	927		927	2.69%
Physical Disability	4,888	2,331	2,125	206	4,990	(101)		(101)	-2.07%
Learning Disability	20,337	9,067	8,238	828	19,431	906		906	4.45%
Mental Health	2,453	1,158	1,098	60	2,341	112		112	4.55%
Addictions	647	338	213	124	584	63	(25)	88	13.62%
Childrens Services	11,554	5,629	6,314	(686)	12,258	(704)	(201)	(503)	-4.35%
Criminal Justice Services	352	222	261	(38)	301	51		51	14.45%
Other Non Social Work Services	1,348	674	136	538	1,064	284		284	21.08%
Covid Expenditure	(326)	(164)	1,833	(1,997)	3,793	(4,119)	(4,653)	534	-164.03%
Net Expenditure	58,999	26,421	27,197	(776)	62,736	(3,737)	(4,879)	1,142	1.94%

Subjective Analysis	Annual Budget 2021/22 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Reserves Adjustment	Revised Actual Variance	Variance %age
Employee Costs	22,652	10,784	10,966	(181)	24,314	(1,661)	(1,105)	(556)	-2.46%
Property Costs	7	7	2	5	8	(0)		(0)	-3.93%
Supplies and Services	1,169	597	386	211	1,572	(403)	(672)	269	22.98%
Third Party Payments (care providers)	58,965	27,021	26,351	669	59,339	(375)	(2,166)	1,791	3.04%
Transport & Plant	728	371	261	110	731	(4)		(4)	-0.50%
Administrative Costs	999	558	213	346	825	174		174	17.44%
Family Health Services	0	0	0	0	0	0		0	
Prescribing	0	0	0	0	0	0		0	
Other	(936)	(477)	0	(477)	0	(936)	(936)	(0)	0.03%
Set Aside	0	0	0	0	0	0		0	
Gross Expenditure	83,583	38,861	38,179	682	86,789	(3,205)	(4,879)	1,674	2.00%
Income	(24,585)	(12,440)	(10,983)	(1,457)	(24,053)	(532)		(532)	2.16%
Net Expenditure	58,999	26,421	27,197	(776)	62,736	(3,737)	(4,879)	1,142	1.94%

NHSGG&C - East Dunbartonshire HSCP - Period Ending 30th September 2021 (Month 6)

Care Group	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000	Reserves Adjs Drawdown (Income) £'000	Forecast Spend £'000	Forecast Variance £'000	Forecast Variance %	Summary Variance Analysis
Alcohol+drugs Recovery Service	728.3	192.2	206.8	(14.6)		757.5	(29.2)	-4.0%	Pressure from unfunded Band 6 Care & Treatment post - agreed by Andy Martin/ Saket approx 4 or 5 years ago? Assumes ADP + additional drug death funding fully spent or balance allocated to earmarked reserve.
Adult Community Services	8,014.3	4,080.4	4,159.5	(79.2)		8,172.7	(158.4)	-2.0%	Equipu pressure estimated at £230k full year, continuing care pressure estimated at £33k as a result of prior year price increase. Some of pressures offset by current vacancies, assumed turnover continues throughout the year. Assumed Full PCIP allocation spent or balance to be carried forward via EMR.
Child Services - Specialist	512.1	256.1	219.1	36.9		458.3	53.8	10.5%	Underspend as a result of non-recurring mat leave savings and reduced non-pay costs.
Child Services - Community	2,233.5	1,081.2	1,121.0	(39.8)		2,313.1	(79.6)	-3.6%	Pressure 2 x Band 7 posts £126k - under review to identify funding source. Discussions ongoing re HV trainees and potential cost pressure to be picked up by HSCPs (not currently factored into forecast).
Fhs - Prescribing	20,633.2	10,261.8	10,085.0	176.9		20,373.2	260.0	1.3%	Assumes breakeven on GIC at present. Volumes currently down with prices up, awaiting further in year data to inform updated forecast. Underspend from central GIC
Fhs - Gms	14,929.4	7,540.3	7,540.3	0.0		14,929.4	0.0	0.0%	
Fhs - Other	15,484.0	7,709.4	7,709.4	0.0		15,484.0	0.0	0.0%	
Learn Dis - Community	669.9	336.3	340.7	(4.4)		681.4	(11.5)	-1.7%	Pressure as a result of £50k unachieved saving to be achieved from LD review
Men Health - Adult Community	2,616.2	1,060.8	993.9	66.9		2,550.4	65.8	2.5%	Non-recurring slippage in year from psychology/ nursing vacancies. Nursing vacancies now filled with psychology recruitment progressing.
Men Health - Elderly Services	1,281.1	640.6	574.2	66.4		1,148.3	132.8	10.4%	Slippage in recruitment, nursing vacancies now filled leaving psychology vacancy ongoing.
Oral Health	14,430.7	5,700.4	5,506.5	193.9		14,042.9	387.8	2.7%	Underspend as a result of vacancies not recruited as services not running at full capacity and reduced non-pay costs. As services return to normal activity vacancies will be recruited. Review of current wte in post v funding required. Non-recurring funding Dental Bundle £4.6m anticipated from SG. Plans for use of underspend being discussed to look at test of change and non-recurring equipment requirements.
Administration + Management	1,610.7	767.2	833.5	(66.4)		1,743.5	(132.8)	-8.2%	Pressure in accommodation budget from KHCC service charge
Planning & Health Improvement	648.1	296.6	247.5	49.0		590.1	58.0	8.9%	Underspend as a result of mat leave savings and reduced non-pay spend as a result of covid. Information Officer vacancy slippage to be used to fixed term post for 1 year from Oct 21.
Resource Transfer - Local Auth	17,846.4	8,923.2	8,923.2	0.0		17,846.4	0.0	0.0%	
Financial Planning + Reserves	(2,693.3)	598.9	498.9	100.0		(2,893.3)	200.0	7.4%	Projected £200k underspend from prescribing savings (currently excluded from RT to Council until clear if saving will be achieved within prescribing). Assumes £155k financial planning balance allocated to medical/ dental pay uplift still to be paid. Assumes no further funding received from SG. Assumes ADP funding offsetting legacy savings £245k (risk if funding doesn't continue). Assumes £4.6m anticipated funding from SG for Dental received.
Expenditure	98,944.6	49,445.4	48,959.5	485.6	0.0	98,197.9	746.7	0.8%	
Alcohol+drugs Recovery Service	(111.7)	(111.7)	(111.7)	0.0	111.7	(0.0)	(111.7)	100.0%	
Adult Community Services	(909.2)	(909.2)	(909.2)	0.0	909.2	0.0	(909.2)	100.0%	
Child Services - Specialist	(286.9)	(148.3)	(148.3)	0.0		(286.9)	0.0	0.0%	
Child Services - Community	(28.0)	(28.0)	(28.0)	0.0	28.0	0.0	(28.0)	100.0%	
Fhs - Prescribing	(0.8)	(0.4)	(0.4)	0.0		(0.8)	0.0	0.0%	
Fhs - Other	(657.2)	(283.6)	(283.6)	0.0		(657.2)	0.0	0.0%	
Men Health - Adult Community	(825.8)	(699.1)	(699.1)	0.0	572.4	(253.4)	(572.4)	69.3%	
Men Health - Elderly Services	(153.2)	(76.6)	(76.6)	0.0		(153.2)	0.0	0.0%	
Oral Health	(1,496.3)	(845.8)	(845.8)	0.0	403.5	(1,092.8)	(403.5)	27.0%	
Administration + Management	(111.4)	(81.2)	(81.2)	0.0	51.2	(60.2)	(51.2)	46.0%	
Planning & Health Improvement	(67.5)	(67.5)	(67.5)	0.0	55.0	(12.5)	(55.0)	81.5%	
Resource Transfer - Local Auth	(348.0)	(174.0)	(174.0)	0.0		(348.0)	0.0	0.0%	
Financial Planning + Reserves	(1,661.0)	(1,661.0)	(1,661.0)	0.0	1,661.0	0.0	(1,661.0)	100.0%	
Income	(6,657.0)	(5,086.4)	(5,086.4)	0.0	3,792.0	(2,865.0)	(3,792.0)	57.0%	
East Dunbartonshire Hscp	92,287.6	44,359.0	43,873.1	485.6	3,792.0	95,332.9	(3,045.3)	-3.3%	

NHSGG&C - East Dunbartonshire HSCP - Period Ending 30th September 2021 (Month 6)

Care Group	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000	Period Budget £'000	Period Actuals £'000	Period Variance £'000
Alcohol+drugs Recovery Service	728.3	192.2	206.8	(14.6)	32.5	35.4	(2.9)
Adult Community Services	8,014.3	4,080.4	4,159.5	(79.2)	700.0	694.3	5.7
Child Services - Specialist	512.1	256.1	219.1	36.9	42.7	34.4	8.3
Child Services - Community	2,233.5	1,081.2	1,121.0	(39.8)	180.0	188.1	(8.1)
Fhs - Prescribing	20,633.2	10,261.8	10,085.0	176.9	1,823.0	1,679.4	143.6
Fhs - Gms	14,929.4	7,540.3	7,540.3	0.0	1,458.9	1,458.9	0.0
Fhs - Other	15,484.0	7,709.4	7,709.4	0.0	1,203.3	1,203.3	0.0
Learn Dis - Community	669.9	336.3	340.7	(4.4)	61.2	54.1	7.1
Men Health - Adult Community	2,616.2	1,060.8	993.9	66.9	176.3	176.9	(0.6)
Men Health - Elderly Services	1,281.1	640.6	574.2	66.4	106.8	85.0	21.8
Oral Health	14,430.7	5,700.4	5,506.5	193.9	950.1	1,012.5	(62.4)
Administration + Management	1,610.7	767.2	833.5	(66.4)	130.0	139.8	(9.8)
Planning & Health Improvement	648.1	296.6	247.5	49.0	49.4	41.8	7.6
Resource Transfer - Local Auth	17,846.4	8,923.2	8,923.2	0.0	1,524.1	1,524.1	0.0
Financial Planning + Reserves	(2,693.3)	598.9	498.9	100.0	139.7	(235.7)	375.5
Expenditure	98,944.6	49,445.4	48,959.5	485.6	8,578.0	8,092.3	485.8
Alcohol+drugs Recovery Service	(111.7)	(111.7)	(111.7)	0.0	(111.7)	(111.7)	0.0
Adult Community Services	(909.2)	(909.2)	(909.2)	0.0	(909.2)	(909.2)	0.0
Child Services - Specialist	(286.9)	(148.3)	(148.3)	0.0	(74.1)	(74.1)	0.0
Child Services - Community	(28.0)	(28.0)	(28.0)	0.0	(28.0)	(28.0)	0.0
Fhs - Prescribing	(0.8)	(0.4)	(0.4)	0.0	(0.1)	(0.1)	0.0
Fhs - Other	(657.2)	(283.6)	(283.6)	0.0	(47.9)	(47.9)	0.0
Men Health - Adult Community	(825.8)	(699.1)	(699.1)	0.0	(593.6)	(593.6)	0.0
Men Health - Elderly Services	(153.2)	(76.6)	(76.6)	0.0	(12.8)	(12.8)	0.0
Oral Health	(1,496.3)	(845.8)	(845.8)	0.0	(482.8)	(482.8)	0.0
Administration + Management	(111.4)	(81.2)	(81.2)	0.0	(66.3)	(66.3)	0.0
Planning & Health Improvement	(67.5)	(67.5)	(67.5)	0.0	(55.0)	(55.0)	0.0
Resource Transfer - Local Auth	(348.0)	(174.0)	(174.0)	0.0	(29.0)	(29.0)	0.0
Financial Planning + Reserves	(1,661.0)	(1,661.0)	(1,661.0)	0.0	(1,661.0)	(1,661.0)	0.0
Income	(6,657.0)	(5,086.4)	(5,086.4)	0.0	(4,071.5)	(4,071.5)	0.0
East Dunbartonshire Hscp	92,287.6	44,359.0	43,873.1	485.6	4,506.5	4,020.8	485.8

NHSGG&C - East Dunbartonshire HSCP - Period Ending 30th September 2021 (Month 6)

Expenditure

Expense	4AC - Level 4 Acco	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000	Period Budget £'000	Period Actuals £'000	Period Variance £'000	Current WTE	Ave WTE
Senior Managers	PA0	200.8	99.8	121.2	(21.4)	16.6	20.2	(3.6)	0.5	0.5
Medical & Dental	PA1	4,187.0	2,185.1	2,281.5	(96.3)	355.1	430.3	(75.2)	44.8	43.3
Nursing & Midwifery	PA2	8,860.5	4,453.0	4,276.7	176.3	749.7	707.5	42.2	176.1	174.6
Allied Health Professionals	PA3	2,352.5	1,181.0	1,093.5	87.5	197.8	178.0	19.8	40.7	41.6
Healthcare Sciences	PA4	92.7	46.4	44.7	1.7	7.7	7.4	0.3	1.6	1.6
Other Therapeutic	PA5	1,493.7	744.7	648.3	96.4	125.9	106.9	19.0	22.7	23.0
Medical Dental Support	PA6	5,263.9	2,635.5	2,448.9	186.6	439.3	397.9	41.4	129.0	127.5
Support Services	PA7	0.6	0.5	1.3	(0.7)	0.0	0.1	(0.1)		0.0
Admin & Clerical	PA8	3,655.6	1,405.1	1,219.9	185.2	236.8	203.1	33.6	69.6	69.5
Personal Social Care	PA9	610.5	306.3	262.4	43.9	51.0	39.4	11.6	9.3	10.1
Budget Reserves -pay	PB1	(762.1)	(381.1)	0.0	(381.1)	(63.5)	0.0	(63.5)		0.0
Pay		25,955.7	12,676.3	12,398.4	278.1	2,116.4	2,090.8	25.5	494.3	491.7
Drugs	S10	186.1	93.1	81.7	11.4	15.5	15.7	(0.2)		
Surgical Sundries	S11	527.6	265.7	302.8	(37.1)	44.5	58.7	(14.2)		
Cssd/diagnostic Supplies	S12	42.5	21.6	29.0	(7.4)	3.6	5.9	(2.3)		
Equipment	S13	359.1	196.3	139.5	56.8	27.3	36.0	(8.7)		
Other Admin Supplies	S14	2,407.1	564.5	633.0	(68.5)	112.4	102.5	9.9		
Hotel Services	S15	195.8	98.5	36.2	62.4	16.6	7.2	9.4		
Property	S16	322.6	161.3	152.4	8.9	26.9	55.0	(28.1)		
Heating Fuel And Power	S17	0.0	0.0	0.0	0.0	0.0	0.0	0.0		
Other Therapeutic Supplies	S18	17.0	8.5	3.4	5.1	1.4	0.1	1.3		
Other Supplies	S19	3,098.4	112.1	162.3	(50.2)	17.0	39.3	(22.3)		
Budget Reserves - Non Pay	S1X	(4,354.3)	174.7	74.7	100.0	29.1	(346.3)	375.5		
Non Pay		2,801.9	1,696.3	1,615.0	81.4	294.3	(25.9)	320.3		
Resource Transfer	S20	18,874.7	9,437.3	9,437.7	(0.3)	1,609.8	1,609.9	(0.1)		
Purchase Of Healthcare	S30	450.9	185.5	211.2	(25.8)	30.9	30.5	0.4		
Purchase Of Healthcare		19,325.6	9,622.8	9,648.9	(26.1)	1,640.7	1,640.4	0.3		
Board Administration	BA36	61.8	61.8	61.8	0.0	0.0	0.0	0.0		
Gms	9	14,929.4	7,540.3	7,540.3	0.0	1,520.6	1,520.6	0.0		
Gps	0	25,920.9	12,945.6	12,668.2	277.5	2,297.0	2,136.7	160.3		
Gds	1	7,932.5	3,923.3	3,923.3	0.0	535.2	535.2	0.0		
Gos	2	2,266.6	1,103.9	1,103.9	0.0	194.4	194.4	0.0		
Family Health Services		51,111.2	25,574.9	25,297.5	277.5	4,547.2	4,386.9	160.3		
Savings	S50	(250.0)	(125.0)	0.0	(125.0)	(20.8)	0.0	(20.8)		
Savings		(250.0)	(125.0)	0.0	(125.0)	(20.8)	0.0	(20.8)		
East Dunbartonshire Hscp		98,944.4	49,445.3	48,959.8	485.9	8,577.8	8,092.2	485.6	494.27	491.7

Income

Expense	4AC - Level 4 Acco	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000	Period Budget £'000	Period Actuals £'000	Period Variance £'000	Current WTE	Ave WTE
Scot Bodies	I30	(1,334.2)	(562.0)	(562.0)	0.0	(93.7)	(93.7)	0.0		
Other Hch	I31	(4,212.7)	(4,008.6)	(4,008.6)	0.0	(3,836.1)	(3,836.1)	0.0		
Hch Income		(5,546.9)	(4,570.6)	(4,570.6)	0.0	(3,929.8)	(3,929.8)	0.0		
Unified Fhs	I20	(86.6)	(43.3)	(43.3)	0.1	(7.2)	(7.3)	0.1		
Non Disc Fhs	I21	(657.2)	(283.6)	(283.6)	0.0	(47.9)	(47.9)	0.0		
Fhs Income		(743.8)	(326.9)	(326.9)	0.1	(55.1)	(55.2)	0.1		
Other Operating Income	I40	(366.2)	(189.0)	(188.9)	(0.1)	(86.5)	(86.4)	(0.1)		
Other Operating Income		(366.2)	(189.0)	(188.9)	(0.1)	(86.5)	(86.4)	(0.1)		
East Dunbartonshire Hscp		(6,656.9)	(5,086.5)	(5,086.4)	0.0	(4,071.4)	(4,071.4)	0.0		

GENERAL FUND REVENUE MONITORING 2021/22 SUMMARY FINANCIAL POSITION

As at : 3 October 2021 Accounting Period 6	BUDGET		ACTUAL		VARIANCE	
	Annual Budget	Budget Period 06	Expenditure Period 06	Projected Annual	At Period 06	Projected Period 12
Integrated Health & Social Care Partnership						
Community Health & Care Services	39,549	17,916	16,890	38,689	1,026	859
Mental Health, Learning Disability, Addictions & Health Improvement	23,585	10,636	9,578	22,471	1,059	1,114
Children & Families and Criminal Justice	11,939	5,867	6,581	12,589	(714)	(650)
Social Work Strategic / Resources	(16,413)	(8,166)	(7,708)	(15,327)	(459)	(1,085)
Covid 19	(326)	(164)	1,833	5,540	(1,997)	(5,866)
Housing (Disabled Adaptations/ Care & Repair)	664	332	23	521	309	144
HSCP Overspend Position for Discussions at HSCP Board					(776)	(5,485)
Transfer from Earmarked Reserves (incl NHS Covid Earmarked)				(4,880)		4,880
Anticipated SG Income to Support Covid				(1,747)		1,747
Total	58,999	26,421	27,197	57,856	(776)	1,142

INTEGRATED HEALTH AND SOCIAL CARE

COMMUNITY HEALTH & CARE SERVICES (ALL)

1 Employee Costs	9,483	4,554	4,783	10,260	-229	-777
There are significant cost pressures in this area related to the delivery of our in house homecare service due to a combination of increased overtime to cover vacancies, absence and demand pressures within the service and continuing to fund posts that are no longer part of the structure following a service redesign. Work is underway to understand the increasing demand in the context of a downward trend in care home placements, people attending daycare and capacity within purchased care at home services. This is supported by a review of overtime usage with a tightening up on procedures for approving overtime and a review of the impact of the service redesign with a potential increase required in the number of carers to free up the role of the seniors to undertake administrative tasks allowing supervisors to support the process of customer reviews to ensure service levels align with need.						
2 Property Costs	0	0	0	0	0	0
No variation on budget is expected						
3 Supplies and Services	681	347	310	683	37	-2
Budgets relate to Homecare PPE (personal protective equipment) , telecare costs and homecare related disabled adaptations. Additional costs relate to House cleans, CM2000 discs, Access to work equipment and Shred It. This is offset within the Physical Disability service as In year savings on supplies and services can now be anticipated. This is in relation to the client budget for Holidays and outings.						
4 Agencies and Other Bodies	30,330	13,494	12,589	28,890	905	1,440
At this stage there is a reduction in the commitment value of Residential accommodation and Homecare, however, Supported living packages have increased significantly. Covid has had a substantial impact in this area. The budget assumed a 5% demographic increase, Residential placements had seen a vast reduction in number due to Covid related deaths which continued to decline after the budget process. Placements are gradually starting to increase and it is assumed that this trend will continue. The projections include an estimate for packages still to go onto the Carefirst system including an estimated increase throughout the year. Residential assumptions made as part of the budget setting process were based on client numbers mid year 20/21. Including the demographic increase, in Older People's services, this estimated circa 709 placements (excluding respite and palliative care). Projections assume an average of 681 placements per week. External Homecare assumptions for Older People and Physical disability services assumed approximately 9,936 hours per week. Projections currently assume an average of 9,037 hours per week. This is across all Self Directed Support types. Although, currently, we are projecting significant reductions in Residential and Homecare, there has been a shift in Care type to Supported Living. Budgeted vs projected in this area is showing an excess of over 500 hours per week. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments. This does not include any additional future unknown costs that may be a result of the impact of Covid on individuals i.e. there is a risk that Carefirst packages, suspended as a result of the Pandemic, will be re-instated throughout the year.						
5 Budget Savings	0	0	0	0	0	0
No variation on budget is expected						
6 Transport and Plant	5	2	5	5	-3	-0
At this stage, no variation on budget is being reported. The impact of Covid on this area will, however, be reviewed, in a future reporting period.						
7 Admin and Other Costs	247	124	37	217	87	31
The variation within this area is in relation to an assumed reduction in Fleet recharges. Fleet recharges are to be reviewed.						
8 Health Board Resource Transfer Income	-509	-254	-254	-509	0	0
No variation on budget is expected						
9 Other Income	-689	-351	-580	-857	229	168
The restart of Daycare services has gradually commenced in line with Scottish Government Covid guidance. Recharge income in this area will be substantially reduced as a result of Covid. This variation has been reported through the Mobilisation plan and has been funded by the Scottish Government and has been built into this budget. The variation reported relates to additional Telecare income received and estimated Sheltered housing support recharges.						
Total - Community Health & Care Services	39,549	17,916	16,890	38,689	1,026	859
<i>Transfer from Earmarked Reserves</i>				0	0	0

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

1 Employee Costs	5,794	2,766	2,488	5,603	278	191
Overall within this area projections show that there will be an underspend in budget. Projections assume some vacancies will be filled with commencement dates as discussed with managers. It is assumed that staff turnover savings will be achieved. Projected overspends in overtime and other pay are based on profiles of spend. This report assumes that the vacancies within the Pineview service may not be filled this financial year, unless one further client placement is placed there. However staff turnover savings have not been fully achieved. Payroll variations will continue to be monitored.						
2 Property Costs	0	0	0	0	-0	-0
No variation on budget is expected.						
3 Supplies and Services	127	65	34	122	30	5
The variation on budget relates to food costs for Day Services.						
4 Agencies and Other Bodies	18,017	7,995	7,307	17,057	689	959
At this stage there is a substantial reduction in the estimated Commitments against Residential, Daycare, Homecare and Supported Living Packages. This is mainly as a result of Covid. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments. Expenditure of £0.025m relating to We are with you: Addaction Young Person's Project. to continue the very effective project to aid recovery is also included, however, this will be funded through Earmarked reserves. This does not include any additional future unknown costs that may be a result of the impact of Covid on individuals i.e. there is a risk that Carefirst packages, suspended as a result of the Pandemic, will be re-instated throughout the year. The main areas of variation are Supported Living where packages have been reduced or suspended and in Daycare where budget estimates were based on approximately 1000 hours per week and are currently averaging approximately 741 hours per week. Some of the impact here will be as a consequence of the SG guidance to continue to support services which have reduced / stopped as a result of Covid with the host authority making sustainability placements to compensate for these reduced placement numbers - this is being claimed by host authorities through SG Covid funding. This guidance is in place up until the end of September and if SG remove sustainability payments to providers and as these move to re-mobilise we will see a significant increase in projections in this area. This continues to impact daycare and respite placements, particularly those outwith our local area.						

GENERAL FUND REVENUE MONITORING 2021/22						
DETAILED FINANCIAL POSITION as at Period 06: 03 October 2021						
	Annual Budget £000	Budget Period 06 £000	Expenditure Period 06 £000	Projected Annual £000	Variation Period 06 £000	Projected Year End Variation £000
5 Budget Savings	0	0	0	0	0	0
No variation on budget is expected						
6 Transport and Plant	644	328	223	644	106	0
Transport is being regularly reviewed but due to the uncertainty on guidance going forward this has not yet been projected.						
7 Admin and Other Costs	161	81	29	128	52	33
Fleet recharges are to be reviewed. It can be assumed that charges will be in line with last financial year until this review has been completed.						
8 Health Board Resource Transfer Income	-663	-331	-331	-663	0	0
No variation on budget is expected						
9 Other Income	-495	-267	-172	-420	-95	-75
The gradual restart of Daycare services is in line with Scottish Government Covid Guidance. This has resulted in a loss of income recharges for Daycare, Lunch clubs and Transport. This variation has been reported through the Mobilisation plan. The budget for this year was reduced in line with these assumptions. Additional Income has been received in relation to an insurance recovery. Also, additional income for support services and John Street Board and Lodgings is anticipated.						
Total - Mental Health, Learning Disability, Addictions & Health Improvement	23,585	10,636	9,578	22,471	1,059	1,114
<i>Transfer from Earmarked Reserves</i>				-25	0	25

GENERAL FUND REVENUE MONITORING 2021/22

DETAILED FINANCIAL POSITION as at Period 06: 03 October 2021

	Annual Budget £000	Budget Period 06 £000	Expenditure Period 06 £000	Projected Annual £000	Variation Period 06 £000	Projected Year End Variation £000
CHILDREN & FAMILIES AND CRIMINAL JUSTICE						
1 Employee Costs	6,409	3,003	2,896	6,448	107	-40
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 overspend in this budget as some staff turnover savings will not be achieved. Staff turnover savings are budgeted at 8.56% of total employee costs.						
2 Property Costs	7	7	2	7	5	-0
No variation on budget is expected						
3 Supplies and Services	128	67	38	104	29	24
The variation projected is as a result of a slow spend, as a result of Covid, in the Home and Belonging Project						
4 Agencies and Other Bodies	7,189	3,742	4,447	8,022	-705	-833
Projections are indicating pressures mainly in Children's residential packages where each additional care package can have a substantial impact on the budget. Projections also include £0.201m of costs for Mental Health and Emotional Wellbeing Services for Children and Young People and their families impacted by Covid. This will be funded through Earmarked reserves. Assumptions made as part of the budget setting process were based on client numbers mid year 20/21. Residential / Secure placements totalled 18 at this point. Current figures total 22. There is also a movement in the average costs where placements with an assumed Education element have ceased and new higher value placements have commenced. Also included are residual payments from placements in for part of the year. Numbers exclude those allocated to Covid. Client numbers for fostering and kinship have decreased from 126 to 119, however, again also included are residual payments from part year placements.						
5 Transport and Plant	79	40	31	79	9	0
Transport is being regularly reviewed but due to the uncertainty on guidance going forward this has not yet been projected.						
6 Admin and Other Costs	278	197	86	241	111	37
Fleet recharges are to be reviewed. It can be assumed that charges will be in line with last financial year until this review has been completed. It can also be assumed that Pathways payments will underspend this financial year. Anticipated In-Year savings can now be assumed within the Low Moss service.						
7 Income	-2,150	-1,188	-919	-2,312	-269	162
Within Criminal Justice budgets now include £0.142m Scottish Government funding for recovery work linked to the Covid19 pandemic. Within Children's services budgets now include Scottish Government funding in relation to Children & Young Peoples Mental Health & Wellbeing Programme and Winter Plan for Social Protection totalling £0.382m. Over and above this there is £0.201m held in Earmarked reserves being funding from last financial year for mental health and emotional wellbeing services for children , young people and their families impacted by the Covid 19 pandemic. Also within Children and Families, additional income included this Financial Year is in relation to Life Changes Trust Projects - Corporate Parenting and The House Project, Unaccompanied Asylum Seeking Children and the Promise Partnership.						
Total - Children & Families and Criminal Justice	11,939	5,867	6,581	12,589	-714	-650
<i>Transfer from Earmarked Reserves</i>				-201	0	201
SOCIAL WORK STRATEGIC / RESOURCES						
1 Employee Costs	805	386	386	898	1	-93
Detailed analysis of costs to date continue. At this point projections assume that there will be a variation to budget. This is in relation to unachieved turnover savings and also to the Interim restructure which is partly funded by the NHS.						
2 Property Costs	0	0	0	0	0	0
No variation on budget is expected						
3 Supplies and Services	6	3	1	6	2	0
No variation on budget is expected						
4 Agencies and Other Bodies	978	553	572	1,075	-19	-98
The variation on budget expected is in relation to payments to voluntary organisations. There has been a delay, due to Covid, in implementing the 3rd Sector grants saving.						
5 Budget Savings	-936	-477	0	0	-477	-936
It can be assumed at this stage that budget savings will not be achieved. This has been included on the Mobilisation Tracker submitted to the Scottish Government. Awaiting clarification from Scottish Government that this will be funded.						
6 Transport and Plant	0	0	0	0	0	0
No variation on budget is expected						
7 Admin and Other Costs	311	156	61	239	95	72
Fleet recharges are to be reviewed. It can be assumed that charges will be in line with last financial year until this review has been completed.						
8 Health Board Resource Transfer Income	-17,385	-8,693	-8,693	-17,355	0	-30
Resource Transfer schedule is £30k less due to a saving that had been aligned to health for Mental Health Commissioning review which should have been from Social Work.						
9 Other Income	-190	-95	-33	-190	-61	0
No variation on budget is expected						
Total - Social Work Strategic / Resources	-16,413	-8,166	-7,708	-15,327	-459	-1,085
<i>Transfer from Earmarked Reserves</i>				0	0	0
Housing (Disabled Adaptations / Care & Repair)						
1 Employee Costs	0	0	0	0	0	0

GENERAL FUND REVENUE MONITORING 2021/22 DETAILED FINANCIAL POSITION as at Period 06: 03 October 2021		Annual Budget £000	Budget Period 06 £000	Expenditure Period 06 £000	Projected Annual £000	Variation Period 06 £000	Projected Year End Variation £000
No variation on budget is expected							
2	Property Costs	0	0	0	0	0	0
No variation on budget is expected							
3	Supplies and Services	0	0	0	0	-0	0
No variation on budget is expected							
4	Agencies and Other Bodies	664	332	23	521	309	144
A projected underspend can be reported on care and repair due to the home safety advice service budget now having been incorporated into the in-sourced care and repair service more generally. It is not anticipated that this additional funding would be required in future years. An underspend can be forecast against disabled adaptations, although work on tenders is currently being carried out and material costs are anticipated to increase, potentially reducing some of this underspend going forward.							
5	Budget Savings	0	0	0	0	0	0
No variation on budget is expected							
6	Transport and Plant	0	0	0	0	0	0
No variation on budget is expected							
7	Admin and Other Costs	0	0	0	0	0	0
No variation on budget is expected							
8	Health Board Resource Transfer Income	0	0	0	0	0	0
No variation on budget is expected							
9	Other Income	0	0	0	0	0	0
No variation on budget is expected							
Total - Housing (Disabled Adaptations / Care & Repair)		664	332	23	521	309	144
<i>Transfer from Earmarked Reserves</i>					0	0	0
COVID							
1	Employee Costs	162	79	414	1,105	-334	-943
This relates to additional costs associated to staff isolation, Supporting provider claims, Social worker and Care homes support Agency workers and also for remobilisation to reduce the backlog in waiting lists, moving and handling and occupational therapy. There is a high increase expected as a lot of these initiatives have not yet started, e.g. occupational therapy.							
2	Property Costs	0	0	0	0	0	0
No variation on budget is expected							
3	Supplies and Services	227	116	4	657	112	-431
PPE costs are expected to continue. This is based on last year's costs incurred and assumes the same requirement level.							
4	Agencies and Other Bodies	1,787	901	1,413	3,775	-513	-1,987
Based on sustainability calculator for care homes until the end of October. Additional payments based on audit of provider claims submitted so far plus an assumption for similar levels on outstanding provider claims - assumed to continue at similar levels for the remainder of the financial year. Additional care packages / support hours put in place to support carers / prevent carer breakdown - spend based on actuals assumed to continue at similar level for the duration of 21/22 based on standard phasing. Also includes additional mileage for care at home service due to changes required in use of pool cars during this period. Relates to additional care at home packages to support individuals who would otherwise be at day centres.							
5	Budget Savings	0	0	0	0	0	0
No variation on budget is expected							
6	Transport and Plant	0	0	2	3	-2	-3
Car Valet service costs assumed.							
7	Admin and Other Costs	2	1	0	0	1	2
Relates to emergency payments from S12 for food / electricity. Minimal spend incurred to date.							
8	Health Board Resource Transfer Income	0	0	0	0	0	0
No variation on budget is expected							
9	Other Income	-2,504	-1,261	0	-1,747	-1,261	-756

GENERAL FUND REVENUE MONITORING 2021/22
 DETAILED FINANCIAL POSITION as at Period 06: 03 October 2021

	Annual Budget £000	Budget Period 06 £000	Expenditure Period 06 £000	Projected Annual £000	Variation Period 06 £000	Projected Year End Variation £000
The latest return to the Scottish Government now include offsetting costs reductions. The majority of the pressures reported to the Scottish Government will not be claimed back as these will be funded from Earmarked Covid Reserves held within both the Local Authority and the NHS.						
Total - COVID	-326	-164	1,833	3,793	-1,997	-4,119
<i>Transfer from Earmarked Reserves (EDC & NHS)</i>				-4,654	0	4,654
Total Integrated Health and Social Care Variances	58,999	26,421	27,197	62,736	-776	-3,737
<i>Transfer from Earmarked Reserves</i>	0	0	0	-4,880	0	4,880
Total Integrated Health and Social Care Variances (net of reserves)	58,999	26,421	27,197	57,856	-776	1,142

East Dunbartonshire HSCP

Financial Planning 2021/22 - Savings Programme

Workstream	Action	Lead	Full Year Impact 21/22	Saving Achieved 21/22	Comments
Policy Service Change	Service Redesign (19/20 Savings C fwd)				
	Fair Access to Community Care	David	200	200	On Track
	Review of Daycare	Derrick	50	50	On Track
			250	250	
Assets Service Change Service Change	Service Redesign (20/21 savings c/fwd)				
	Children's Services 'House' Project Development	Claire	400	400	On Track
	LD Supported Accommodation Review (In House Service)	David	0		
	LD Supported Accommodation Review (Commissioned Services)	David	0		
			400	400	
	TOTAL C/fwd Savings Programme 21/22		650	650	
Efficiency	New Savings 21/22				
	Review of Health Improvement Budgets (health)		26	26	On Track
	Total Approved Savings Programme 21/22		676	676	
Historic Savings <i>- reflected in Budget 21/22</i>	CM2000	Derrick	150	0	Block contracts awarded - will not progress, alternative to be scoped
	Voluntary Sector - 5% Efficiency	Gillian	185	46	Assume half year - capture efficiencies post Covid
	Sleepovers	David A	13	0	Fire safety risk impacting delivery of this proposal
	Fair Access to Community Care	David A	50	50	On Track
	Review of Mgt Structure	Caroline	25	0	Interim structure in place pending review - delay due to Covid
	House Project	Claire	200	200	On Track
	Review of Daycare East	Derrick	25	25	On Track - met through capacity in expenditure budgets
	Total		648	321	
	Un achieved Savings - Covid related			164	Included within LMP Return - assume funded through SG
		Total Savings 21/22		1,324	1,161
	Shortfall			163	

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	181121-11 Agenda item number 11
2	Report Title	Financial Performance Budget 2021/22 – Month 6
3	Date direction issued by Integration Joint Board	18 th November 2021
4	Date from which direction takes effect	18 th November 2021
5	Direction to:	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	Yes supersedes 160921-13
7	Functions covered by direction	Budget 2021/22 – all functions set out within Appendix 2.
8	Full text of direction	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2018-22, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.
9	Budget allocated by Integration Joint Board to carry out direction	The budget delegated to NHS Greater Glasgow and Clyde is £126m and East Dunbartonshire Council is £58.998m as per this report.
10	Details of prior engagement where appropriate	Engagement through chief finance officers within the respective partner agencies as part of ongoing budget monitoring for 2021/22.
11	Outcomes	Delivery of the strategic priorities for the IJB as set out within the Strategic Plan within the financial framework available to deliver on this as set out within the paper.
12	Performance monitoring arrangements	The budget will be monitored through standard budget monitoring and reporting arrangements to the IJB and in line with agreed performance management framework.
13	Date direction will be reviewed	Complete – Budget 2021/22 monitoring will supersede this direction planned for January 2022.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18 NOVEMBER 2021

REPORT REFERENCE: HSCP/181121/12

CONTACT OFFICER: TOM QUINN, HEAD OF HUMAN RESOURCES,
TELEPHONE NUMBER: 07801302947

SUBJECT TITLE: EAST DUNBARTONSHIRE HSCP
WORKFORCE PLAN 2022 -25

1.1 PURPOSE

1.2 The purpose of this report is to provide re-assurance to the Board that work is progressing to ensure that we can submit our Workforce Plan for 2022-25 on time to Scottish Government.

2.1 RECOMMENDATIONS

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

2.2 Note the content of the Report

**CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.1 BACKGROUND/MAIN ISSUES

- 3.2 In December 2019, Scottish Government issued guidance that all Health Boards and HSCPs should have a 3yr Workforce Plan starting from 2021-24.
- 3.3 In January 2021, Scottish Government amended their requirement for a 3yr Workforce Plan until 2022 -25, with the requirement to submit an interim high level plan for 2021-22.
- 3.4 East Dunbartonshire HSCP submitted their interim Workforce Plan on time and started the process to establish a robust 3yr plan which would work in tandem with our three year strategic plan for the same period
- 3.5 Appendix 2, overviews the “Six Step Methodology” which the HSCP is using to develop our three year plan. Currently the HSCP is working across steps 1-4, which will inform steps 5 and 6.
- 3.6 Steps 1-3 of the process are directly linked to the Strategic Plan and current Delivery Plan.
- 3.7 Step 4, relates to our known workforce demographics and our analysis of this information, Appendix 1, and provides an overview of the current workforce at 30 September 2021
- 3.8 The HSCP has established a Workforce Planning Group, which has membership from Operational Managers, Professional Leads, Education and Organisational Development leads, Staff side partners, the 3rd Sector, Finance, Planning and Human Resources
- 3.9 It is important that in developing the plan we have the key messages about “supporting the wellbeing of our staff” and what resources and processes we will maintain, build on and or develop going forward from our learning from covid.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan;-

1. PRIORITY 9 - Statutory Duty

Key component of Workforce

4.3 Frontline Service to Customers – None.

4.4 Workforce (including any significant resource implications) – Compliance with the NHS Reform act 2002.

4.5 Legal Implications – None.

4.6 Financial Implications – None.

4.7 Procurement – None.

- 4.8 ICT – None.
- 4.9 Corporate Assets – None.
- 4.10 Equalities Implications – None
- 4.11 Sustainability – None.
- 4.12 Other – None.

5.1 **MANAGEMENT OF RISK**

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

- 5.2 None.

6.1 **IMPACT**

- 6.2 **STATUTORY DUTY** – None
- 6.3 **EAST DUNBARTONSHIRE COUNCIL** – None.
- 6.4 **NHS GREATER GLASGOW & CLYDE** – None.
- 6.5 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required.

7.1 **POLICY CHECKLIST**

- 7.2 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.1 **APPENDICES**

- 8.2 **Appendix 1:** Overview of Workforce Demographics at 30 September 2021
- 8.3 **Appendix 2:** Overview of 6 Step methodology used to establish the workforce plan

East Dunbartonshire HSCP Workforce Baseline Data @ 30 September 2021

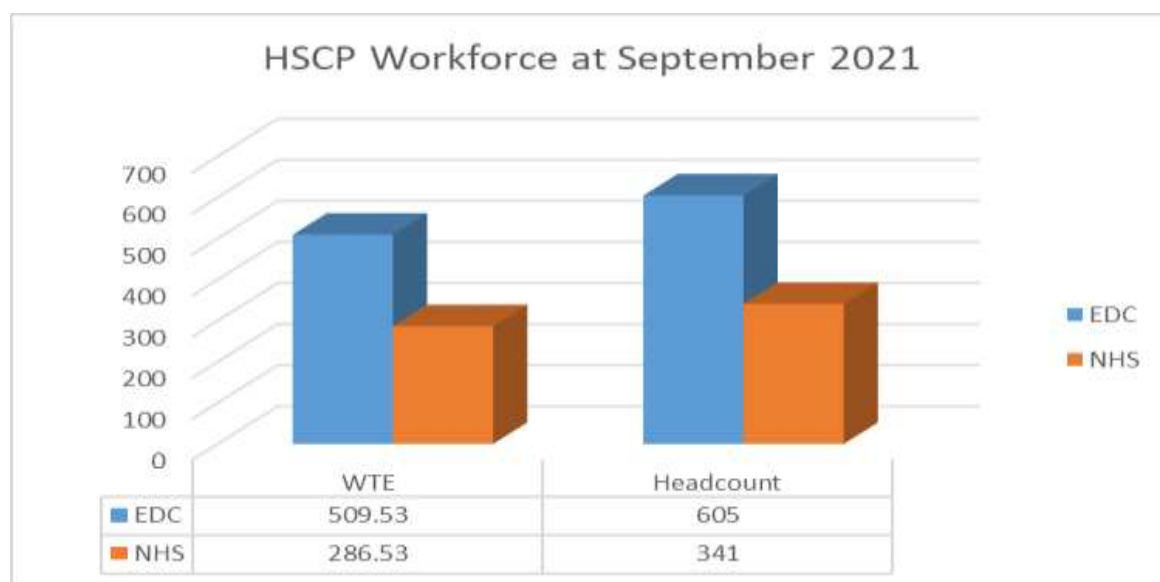
1. Current Workforce

1.1.1 This plan looks only at the staff directly working in the HSCP and employed by either East Dunbartonshire Council or NHS Greater Glasgow and Clyde. These figures are based on the available workforce at 30 September 2021 and will be used as the baseline for the 2022-25 Plan.

1.1.2 Separate workforce plans are available for Oral Health for which East Dunbartonshire HSCP provides the hosting arrangements for the Primary Care Dental Service on behalf of NHSGGC

1.1.3 East Dunbartonshire HSCP had 946 staff delivering services at 30 September 2021, of the 946 staff, 605 are directly employed by East Dunbartonshire Council and a further 341 are employed by NHS Greater Glasgow and Clyde.

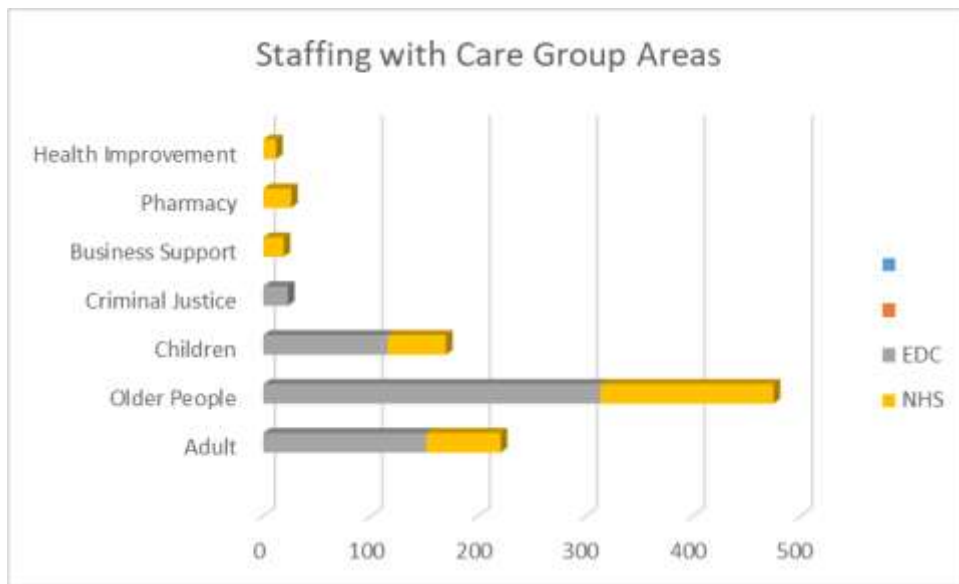
Graph A - East Dunbartonshire HSCP – Workforce at 30 September 2021



1.1.4 Our workforce is distributed across the 7 care groups as identified below. Further work is required to look at the entry level qualifications required by these occupational groups as we look to maximise the opportunities for employment within the HSCP.

Care group	EDC	NHS
Adult	152	69
Older People	314	161
Children	116	54
Criminal Justice	23	
Business Support		19
Pharmacy		26
Health Improvement		12
	605	341

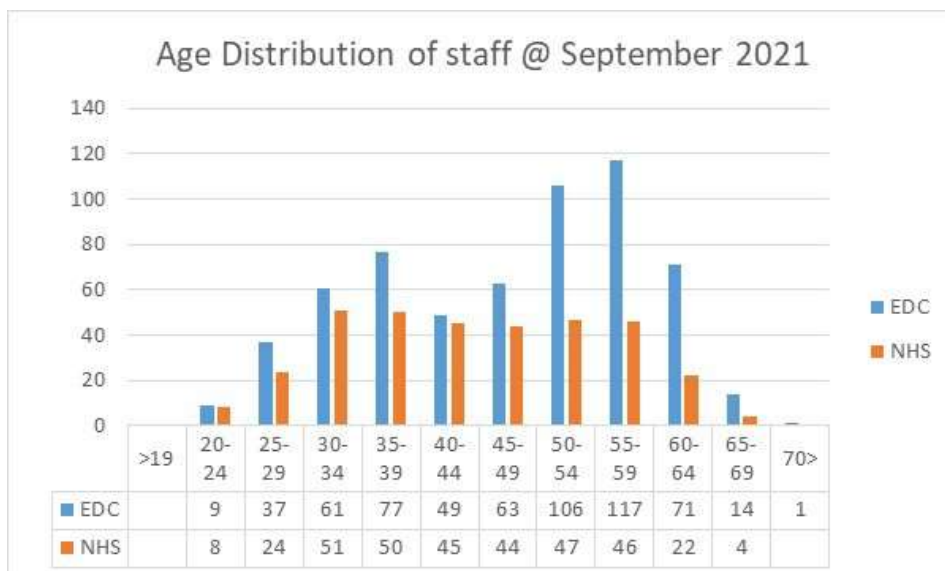
Graph B – Staffing by Care Group



1.1.5 In looking at the age profile (Graph C), it is clear that the majority of staff are in the age band of 45-65yrs of age, with the highest incidence in the 55 - 59 age group. We also have a high percentage of staff who are aged over 60yrs of age.

1.1.6 This is in contrast to a relatively low number of staff under the age of 25yrs (17 staff). Further work is required to look at the staff roles and qualifications required to see if this is the main reason for the relatively low number of staff under 25.

Graph C: Age Profile

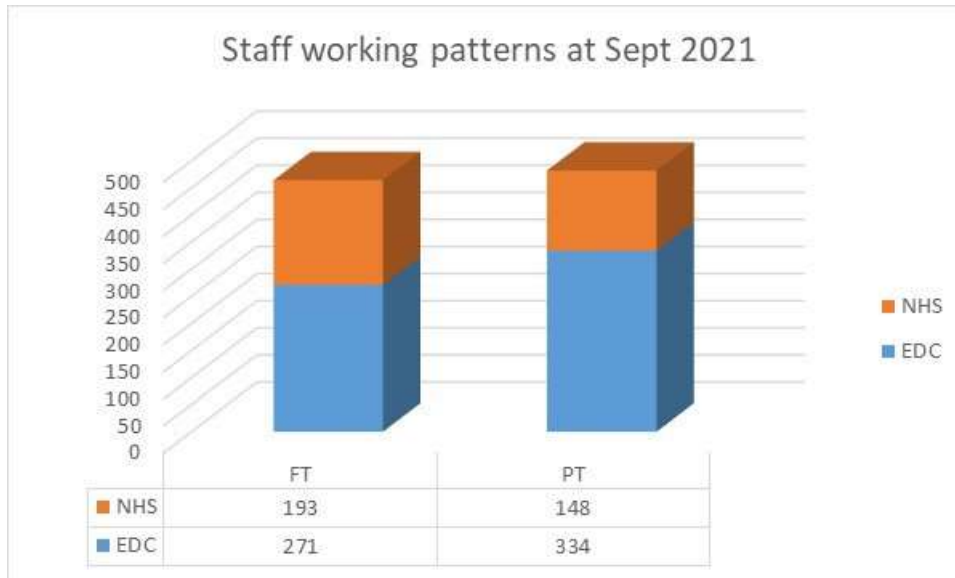


1.2 Work patterns

1.2.1 An overview of working patterns highlights an unusual almost 50:50 split between full time and part time posts

1.2.2 This unusual split is predominantly due to the working patter of our Home Carers who work either 30hrs or less which is classified as part time.

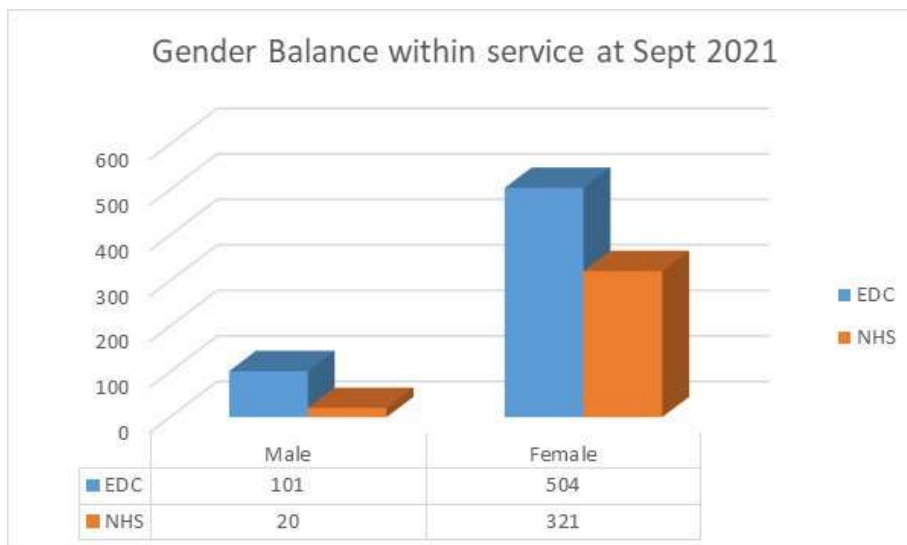
Graph D: Full-Time and Part Time split at 30 September 2021



1.3. Gender Demographics

1.3.1 Our workforce as demonstrated in Graph E is predominantly female, with 87% female which is not unexpected within a health and social care workforce, however this is a 2% decrease in the number of male staff employed in the HSCP since March 2021

Graph E: Gender demographic at 30 September 2021

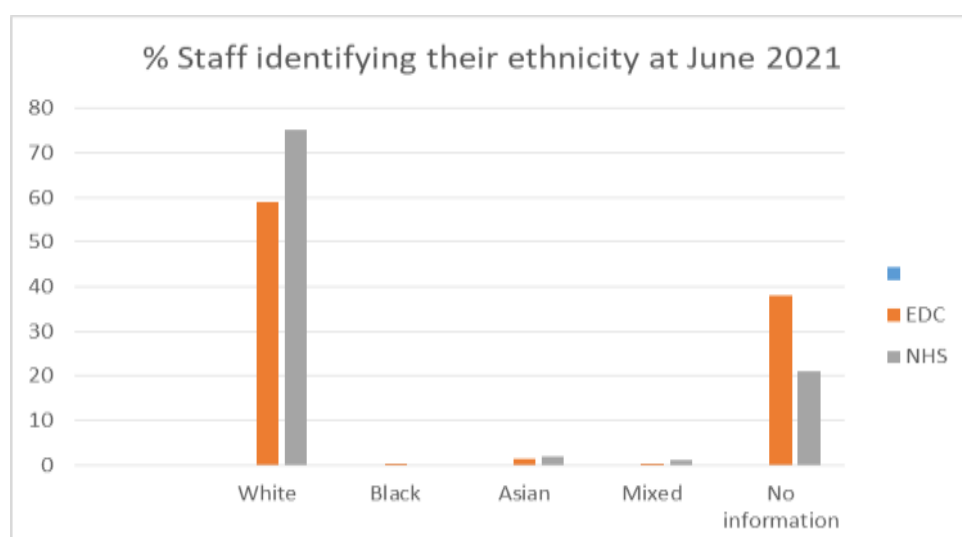


1.3.2 This variation in the gender balance of our workforce does not at this time provide any difficulties in our service deliver models, however as our expectation is for increase in isolation either through disability or age, we need to be mindful of providing gender balanced services.

1.3.3 When we compare our known workforce ethnicity with that of the 2011 Census, we see a very similar pattern, although we do have a considerable number of staff who have “preferred not to say”

1.3.4 Table F, shows the known ethnicity of our workforce at 30 June 2021, this highlights that 59% (EDC) and 75% (NHSGGC) staff identify as White, with a further 38% (EDC) and 2% (NHSGGC) that we have no identifiable information at present, therefore 97% of EDC and 96% of NHSGGC staff are within these classifications, followed by Asian at less than 2%.

Table F – Known Staff Ethnicity at 30 June 2021



Ethnicity	EDC	NHS
White	59	75
Black	0.3	
Asian	1.3	2
Mixed	0.3	1
No information	38	21
Prefer not to say	0.3	1.3

1.3.5 In the 2011 Census, 96% of both East Dunbartonshire and Scotland wide residents identified their ethnicity as White, followed by 3% Asian in East Dunbartonshire and 2.7 Scotland, with others identified as 1% East Dunbartonshire and 1.4% Scotland, therefore the known East Dunbartonshire HSCP ethnicity breakdown at least matches if not exceeds the resident population. Further work is required to try and minimise the number of staff for whom we have no identifiable information recorded.

Appendix 2: Overview of Six Step Methodology



EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18 NOVEMBER 2021

REPORT REFERENCE: HSCP/181121/13

CONTACT OFFICER: TOM QUINN, HEAD OF HUMAN RESOURCES,
TELEPHONE NUMBER: 07801302947

SUBJECT TITLE: EAST DUNBARTONSHIRE HSCP STAFF
WELLBEING PLAN 2021-22

1.1 PURPOSE

1.2 The purpose of this report is to provide re-assurance to the Board that work is on-going to support and promote a positive wellbeing culture within East Dunbartonshire HSCP.

2.1 RECOMMENDATIONS

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

2.2 Note the content of the Report.

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.1 BACKGROUND/MAIN ISSUES

- 3.2** In June 2020, East Dunbartonshire HSCP established a Staff Mental Health and Wellbeing Group with a focus on supporting staff to deal with the various issues that had arisen as a result of Covid-19, the move to more agile and home working processes and therefore the potential disconnect with their normal work support mechanisms
- 3.3** The group incorporated the existing Healthy Working Lives Group, staff side partners and HR staff and was to be a short life group which would link with other National and Regional groups.
- 3.4** Whilst this group was stood down in June 2021, the work has continued mainly through the Healthy Working Lives Group and a Dedicated Microsoft Teams page for managers and team leaders.
- 3.5** We continue to promote the National Wellbeing Hub, which has a link to all the local support available to staff and too many national support activities including a number of free to access Mental Health applications. In addition we promote the dedicated NHS24 Health and Social Care Mental Health Line (0800 111 4191)
- 3.6** We have also just been involved in the wider NHSGGC Mental Health Staff check-in, which is the third time that this check-in has been undertaken within the last 12 months. In this third check-in, 37 responses were received from East Dunbartonshire staff, with 15 (40%) triggering an alert for a call back and further support.
- 3.7** The Mental Health & Wellbeing group was also instrumental in developing a wider access z-card which has been distributed that has many useful contacts for staff across an array of resources from mental health to financial supports.
- 3.8** Our Health Working Lives group has also been successful in accessing endowments funds to support staff wellbeing going forward with monies for outdoor seating for Spring 2022, to support for local activities and competitions to support team activities and challenges – cycle challenge
- 3.9** We continue to look at short programmes of support to specific services areas including Home Care and District Nursing staff.
- 3.10** Scottish Government have announced £8M of support for Staff Wellbeing across Health and Social Care services, although a large proportion of this funding will continue to pay for the Wellbeing Hub, NHS24 Dedicated Line, the free App access and the Specialist Support Service. East Dunbartonshire will get a proportion of £2M, to be released immediately, based on NRAC (approximately £37K) and we are presently looking at options on how best to share the funding across the range of primary care, HSCP, independent and 3rd sector services within the area. Each Integration Authority has been asked to provide to the Scottish Government, by 10 December 2021, brief information outlining how the funding is being allocated, what it is hoped that the funding will achieve and how success will be evaluated. A copy of the funding allocation letter is attached as **Appendix 1**.
- 3.11** Some of the options being discussed with local services include – Protected learning time for GP Clusters, learning sessions on Emotional Intelligence and Resilience for Care Home, Care at Home and other managers and team leaders, potential to

support small practical events like free tea / coffee and snacks on a rotational basis. We have not concluded discussions with service providers.

- 3.12 Although we will bring a more formal report on the recent iMatter survey, some of the questions that relate directly to Staff Health and Wellbeing scored high, these included
- 3.13 Question: I feel my direct line manager cares about my health and wellbeing scored 85
- 3.14 Question: I feel my organisation cares about my health and wellbeing scored 74
- 3.15 Question: I am provided with a continuously improving and safe environment, Promoting the Health and Wellbeing of staff, patients and wider community scored 78
- 3.16 These figures should provide the Integration Joint Board with the reassurance that staff see the benefits of our work to support their Health & Wellbeing

4.1 **IMPLICATIONS**

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan;-

1. PRIORITY 9 - Statutory Duty

Key component of Workforce

- 4.3 Frontline Service to Customers – None.
- 4.4 Workforce (including any significant resource implications) – Compliance with the NHS Reform act 2002.
- 4.5 Legal Implications – None.
- 4.6 Financial Implications – None.
- 4.7 Procurement – None.
- 4.8 ICT – None.
- 4.9 Corporate Assets – None.
- 4.10 Equalities Implications – None
- 4.11 Sustainability – None.
- 4.12 Other – None.

5.1 **MANAGEMENT OF RISK**

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

5.2 None.

6.1 **IMPACT**

6.2 **STATUTORY DUTY** – None

6.3 **EAST DUNBARTONSHIRE COUNCIL** – None.

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

7.1 **POLICY CHECKLIST**

7.2 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.1 **APPENDICES**

8.2 **Appendix 1** – Letter ‘Additional Funding for Primary Care and Social Care Workforce Wellbeing – Winter Pressures’

Chief Officers, Integration Authorities
Chief Finance Officers, Integration Authorities
Directors of Finance, NHS Boards

2 November 2021

Dear Sir/Madam

ADDITIONAL FUNDING FOR PRIMARY CARE AND SOCIAL CARE WORKFORCE WELLBEING – WINTER PRESSURES

As you will be aware from John Burns' and Donna Bell's letter of 5 October, the Cabinet Secretary for Health and Social Care has outlined a wide-ranging £300 million package of measures for NHS Boards and Health and Social Care Partnerships designed to help tackle what is anticipated to be the toughest winter that the Health and Social Care system has faced.

The wellbeing of our health and social care workforce, wherever they work, remains a key priority. As such, the Scottish Government is making available an additional £4 million in this financial year to help staff with practical needs over the winter such as access to hot drinks, food and other measures to aid rest and recuperation. This is in addition to the £8 million package that the Cabinet Secretary announced on 27 June, of which £2 million was allocated to Health and Social Care Partnerships for targeted support to the primary care and social care workforces on 6 October.

Funding allocations

I am writing to confirm the additional 2021/22 allocation for Primary Care and Social Care which should be used by Chief Officers of Integration Authorities (IAs) to support the wellbeing of these workforces.

Annex A shows the funding allocation of £2 million by Health Board and by IAs based on NRAC shares. **The funding must be delegated in its entirety to IAs and be used by them to implement wellbeing measures to support those working in primary care and social care.** We are writing separately to Health Boards on the allocation of additional funding to support the wellbeing of NHS staff.

Specific use of funding

The following conditions apply to the use of this funding:

- it should only be used for measures that support staff wellbeing, such as those identified through the HSCP's Staff Wellbeing Plan, and it should provide for additionality;
- support should be available to those working in the community (e.g. vaccination and test centres, primary care, care at home) and in residential care, including those working in the third and independent sectors. As you are aware, social care services are delivered through the Third, Voluntary, Independent Sectors and Local Authorities - I would ask that you make all employers aware of how to access the funding;
- the funding should be used for meeting practical needs over the winter including access to hot drinks, food, appropriate transport, rest facilities and other measures to aid rest and recuperation;
- the funding may also be used to provide additional, evidence-based emotional, pastoral and psychological support for the workforce based on locally-identified needs.

If you have any queries regarding which areas monies can be spent on they can address these to HSCWorkforceWellbeing@gov.scot in the first instance.

Governance and consultation

It is expected that engagement on use of this funding will take place with staffside partners and other key partners at the local level, including Local Medical Committees, Local Dental Committees and Chief Social Work Officers.

Spend this financial year

The funding is provided for the 2021/22 financial year only. If an underspend arises, or is expected to arise, within this financial year, this must be notified to HSCWorkforceWellbeing@gov.scot as soon as possible, so arrangements for its return to Scottish Government can be made.

The funds must be used entirely for the purpose outlined above, are not subject to any general savings requirements, and should not be top sliced or used for any other purpose.

Progress Monitoring and Reporting

Each IA should provide to the Scottish Government, by 10 December 2021, brief information outlining how the funding is being allocated, what it is hoped that the funding will achieve and how success will be evaluated. This information should be submitted to the Scottish Government at HSCWorkforceWellbeing@gov.scot.

In addition a short evaluation report should also be provided at the end of the 2021/22 financial year (by 30 April 2022) using the pro forma at **Annex B** and returned to Scottish Government via the same address.

Yours faithfully

2021-22 Allocations by Integration Authority (additional to 6 October allocations)

NHS Board	NRAC Share Rounded	Integration Authority	NRAC Share Rounded
NHS Ayrshire & Arran	£147,512	East Ayrshire North Ayrshire South Ayrshire	£47,796 £54,295 £45,421
NHS Borders	£42,523	Scottish Borders	£42,523
NHS Dumfries & Galloway	£59,839	Dumfries and Galloway	£59,839
NHS Fife	£136,255	Fife	£136,255
NHS Forth Valley	£108,909	Clackmannanshire and Stirling Falkirk	£51,311 £57,598
NHS Grampian	£194,760	Aberdeen City Aberdeenshire Moray	£76,250 £84,217 £34,293
NHS Greater Glasgow & Clyde	£444,251	East Dunbartonshire East Renfrewshire Glasgow City Inverclyde Renfrewshire West Dunbartonshire	£37,084 £31,827 £238,614 £32,615 £67,939 £36,172
NHS Highland	£131,845	Argyll and Bute Highland	£38,038 £93,807
NHS Lanarkshire	£245,302	North Lanarkshire South Lanarkshire	£126,859 £118,442
NHS Lothian	£299,427	East Lothian Edinburgh Midlothian West Lothian	£37,178 £167,342 £32,207 £62,701
NHS Orkney	£10,026	Orkney Islands	£10,026
NHS Shetland	£9,769	Shetland Islands	£9,769
NHS Tayside	£156,212	Angus Dundee City Perth and Kinross	£43,210 £57,954 £55,048
NHS Western Isles	£13,370	Western Isles	£13,370
Total	£2,000,000	Total	£2,000,000

Name of Integration Authority	
Measures funded (primary care)	
Measures funded (social care)	
Details of consultation with local partners	
Contribution to delivery of HSCP workforce wellbeing plan	
Outcomes achieved	
Lessons learned	
Name of lead officer	
Date	

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18 NOVEMBER 2021

REPORT REFERENCE: HSCP/181121/14

CONTACT OFFICER: JEAN CAMPBELL, CHIEF FINANCE & RESOURCES OFFICER (07583902000)

SUBJECT TITLE: EAST DUNBARTONSHIRE HSCP CORPORATE RISK REGISTER UPDATE

1.1 PURPOSE

1.2 The purpose of this report is to provide the Board with an update on the Corporate Risks and how they are mitigated and managed within the HSCP.

2.1 RECOMMENDATIONS

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

2.2 Consider and approve the Corporate Risk Register.

**CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.1 BACKGROUND/MAIN ISSUES

- 3.2** The HSCP Corporate Risk register reflects the HSCP Board's Commitment to a culture of improved performance in the management of Corporate Risks.
- 3.3** Individual Service Risk Registers are reviewed and updated on a quarterly basis by the Operational Leads within the HSCP.
- 3.4** The Corporate Risk Register is reviewed twice per year by the Senior Management Team and updated. This review has been delayed as a result of the impact of managing the response to and recovery from Covid.
- 3.5** 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 risks associated with the Covid pandemic have been incorporated into the HSCP Corporate risk register as they will remain relevant for the duration of 2021 - 2022 and beyond.
- 3.6** There are a total of 23 risks included within the HSCP Corporate Risk register, 10 relate specifically to the Covid pandemic. This represents an overall reduction in the number of risks for the HSCP of three from that previously reported. There were five risks removed (four related to Covid) as these were determined to have been effectively mitigated / managed or had not materialised as being of risk to the HSCP or were deemed part of normal operational service delivery. The risks which have been removed relate to:
- Health & Safety (lone working)
 - Adequate levels of PPE (Covid)
 - Voluntary Sector Resilience (Covid)
 - Health & Care Centre Closure (Covid)
 - Effective communication to staff and wider population (Covid)
- 3.7** There were two additional risks included which related to the delivery of the Primary Care Improvement Plan and the delivery of the Un-scheduled Care Commissioning Plan.
- 3.8** Of the 13 risks that relate to the normal business of the HSCP, one is considered very high risk, nine are considered to be high risk albeit following the risk management actions implemented this reduces to two high risk areas.
- 3.9** The biggest areas of risk relate to the continuing financial position for the HSCP related to achieving financial balance and delivery of the transformation programme. The risk management actions will mitigate the likelihood of these risk events occurring and the development of a medium term financial plan and continued collaborative working with partner agencies in the development of transformation activity, which commenced pre-covid, will be key in managing these risk events.

- 3.10 There are 10 risks identified in relation to the potential impact from the Covid pandemic, of which nine are considered high risk with this reducing to three high risk areas following the risk management actions identified.
- 3.11 The biggest Covid risks relate to the ongoing ability to deliver services to vulnerable individuals within the community whether in a care home or care at home setting as the service manages the impact of additional demands related to Covid in the context of reduced capacity due to the availability of staff, carers and the closure of services where alternatives may have to be considered.
- 3.12 The risk management actions identified will mitigate the likelihood of these risk events occurring with the recruitment and redeployment of staff to high risk areas, support to the external provider market and the identification of alternative models of care to support individuals safely and provide the necessary breaks and respite for carers to support them during this challenging time.
- 3.13 A copy of the HSCP Corporate Risk Register is included as **Appendix 1**.

4.1 **IMPLICATIONS**

The implications for the Board are as undernoted.

- 4.2 Relevance to HSCP Board Strategic Plan – All. High level risks may impact on the ability to deliver on key strategic priorities.
- 4.3 Frontline Service to Customers – None
- 4.4 Workforce (including any significant resource implications) – there are particular workforce issues highlighted throughout the risk register, particularly related to the impact from the Covid pandemic. Workforce issues will be addressed through the HSCP Workforce Strategy.
- 4.5 Legal Implications – The HSCP Board is required to develop and review strategic risks linked to the business of the Board twice yearly.
- 4.6 Financial Implications – There are key high level risks to the HSCP which will have a financial impact going forward and where there will require to be a focus on the delivery of transformation and service redesign to support financial sustainability and the delivery of financial balance in future years.
- 4.7 Procurement – None
- 4.8 ICT – None.
- 4.9 Corporate Assets – None.
- 4.10 Equalities Implications – None
- 4.11 Sustainability – None
- 4.12 Other - None

5.1 MANAGEMENT OF RISK

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

- 5.2** This risk register is an aggregate of all service specific Risk Registers and control measures must be reviewed and updated regularly to reduce risk.

6.1 IMPACT

- 6.2** **STATUTORY DUTY** – None

- 6.3** **EAST DUNBARTONSHIRE COUNCIL** - The HSCP 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.

- 6.4** **NHS GREATER GLASGOW & CLYDE** – The HSCP 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.

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

7.1 POLICY CHECKLIST

- 7.2** This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.1 APPENDICES

- 8.2** **Appendix 1** – HSCP Corporate Risk Register

Risk Reference	Risk Event	Cause	Effect	Category of risk	Control Measures	Residual Likelihood	Residual Impact	Rank (Equals H'I)	Priority	Strategy for Risk	Risk Management Actions	Acceptable Likelihood	Acceptable Impact	Rank (Equals N'O)	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, as-of-yet unknown post covid service demand impacts arising from changed profiles of health and care usage/access during covid 'lockdown' provision and behaviours, increasing public expectations re service provision, end of risk share agreement re Prescribing, public service 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 / harm to individuals Cuts to staff in post Reputational risk to the HSCP	Financial	Annual budget setting process undertaken in discussion with finance leads for Council and Health Board Internal Budget controls/Management systems and regular financial meetings with Council and NHS finance leads. Programme of efficiency plans established for coming year.	5	4	20	1	Treat	Liaison with other Chief Finance Officers network Monitoring of delivery of efficiency plans for the coming year through the HSCP transformation board. Financial recovery plan in place as needed and work with staff and leadership teams to identify areas for further efficiencies / service redesign to be escalated in year. Development of a medium term financial plan. Enhanced monitoring arrangements for external homecare provision under development.	4	4	16	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 Inadequate training. Inconsistent assessment and application of protection procedures.	Death or harm to Service User. Failure to meet statutory adult support and protection duties. Reputational risk to the HSCP.	Health and Safety	Chief Officers' Group and Adult Protection Committee structure in place and overseeing training delivery. 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. Elective Level 2 multiagency training. Relevant HSCP and partner agency staff, including commissioned services, participate in annual case file 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.Expectation that this was cost neutral, however cost implications will require investment prioritisation if this is to be progressed.	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. Lack of understanding and awareness of Data Protection legislation Increasing demand and competing priorities cause workers to have decreased awareness and lessened regard for Information Security. Inadequate training for staff and use of technologies.	Breach of Information management legislation. Harm or reputational risk to individuals whose data is lost or inappropriately shared. Financial penalty Increased external scrutiny Reputational damage to NHS GG&C, ED Council or the HSCP Litigation	Data Protection	Professional Codes of Practice Procedures are in place on all sites for use/release of data. Monitoring of Information Governance Standards and agencies' Security Policy, Caldicott Guardian responsibilities, NHSGGC-wide Information Governance Steering Group. Information Sharing Protocol (endorsed by the Information Commissioner) in place for HSCP. An on-going programme of awareness and training will continue. Policies updated to reflect GDPR and new e-mail policies in place to meet government's secure email standards. All laptops (now including University equipment) encrypted. Extended use of electronic records. A programme of work re the systematic audit of access to electronic records is being extended beyond the Emergency Care Summary. 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. 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 Errors in drug information Poor or inadequate communication Inadequate medication storage, stock, standardization, and distribution Drug device acquisition, use, and monitoring Environmental factors Staff education and competency Patient education	Breach of Information management legislation. Financial penalty Increased external scrutiny Reputational damage to NHS GG&C, ED Council or the HSCP 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. Delays in delivery due to Covid which has compounded position	5	2	10	3	Treat	New retention and destruction protocols for social work records (integrating paper and electronic records) being rolled out. Review of staffing position to prioritise task as we move into recovery phase.	2	2	4	4	Chief Officer
Page 179	Failure in service delivery through failure of business continuity arrangements in the event of a civil contingency level event	Poor/ineffective Civil contingencies planning. Lack of suitably trained resource, Disjointed partnership working.	Reputational damage Legislative requirements not being complied with. 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; 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. Covid-19 specific business continuity approach with transition and recovery / remobilisation planning at service and overarching levels, regularly refreshed	2	5	10	3	Chief Officer
	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 HSCP reliance on NHS GG&C and ED Council IT infrastructure and systems Frequency of change demands for CareFirst and NHS GG&C systems such as EMIS high and outwith our control, arising from new reporting requirements and changing legal/policy etc underpinning requirements.	Failure to effectively and securely store and retrieve records - case management systems become outdated Inability to effectively and timeously share information Inability to be effective in electronic management and communication (e.g. arranging meetings) Inability to progress service redesign in delivery of the strategic priorities for the partnership. Inability to	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
HSCP 7	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 Mental Health Officers and Psychologists.	The reduction in numbers of registered staff in post. Ageing 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 accurately assess and respond to risk. Unable to provide/arrange care services Inability to meet statutory requirements/duties Service is reduced Fragmented services Increased complaints Service user detriment Reputational damage Inability to support the shift in the balance of care between secondary and primary care. Inability to support the transformational change agenda in relation to GMS contract, unscheduled care. Poorer patient/service user outcomes.	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
HSCP 8	Failure of external care provider to maintain delivery of services.	Collapse 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.	Unable to provide/arrange care services Inability to meet statutory requirements/duties Service is reduced Fragmented services Increased complaints Service user detriment through lack of services or lack of timely intervention Reputational risk to the HSCP	Service Delivery	Contract Management Framework Regulation/Inspection framework SXL Framework	3	4	12	2	Treat	Support to providers. Provider Forums. Care home liaison. Contract Management Framework liaison post. Oversight through HSCP Clinical & Care Governance Group.	2	4	8	3	Chief Officer
HSCP 9	Risk of failure to achieving transformational change and service redesign plans within necessary timescales	Lack of capacity within HSCP services and those supporting transformational change to deliver full change programme.	Significantly negative impact on ability to delivery medium to long term organisational outcomes as per the Strategic Plan. Inability to achieve financial balance.	Service Delivery	HSCP Delivery Plan Board oversees progress. Annual Business Plan in place. Performance reporting framework established to support tracking of progress. Support through Council and NHS transformation teams to progress priorities.	4	4	16	2	Treat	Early collaborative planning with ED Council and NHS GG&C re support requirements. Work through staff and leadership teams to identify further efficiency and redesign options to bring forward in year.	3	4	12	2	Chief Officer
HSCP 10	Brexit - may negatively impact service delivery as a result of staff, equipment, medication or food shortages	Impact of Brexit deal on availability of staffing within care sector, supplies and timescales for delivery of critical equipment, cost escalation and delays in obtaining supplies to support service delivery. Potential for hardship of service users and patients requiring more input from statutory services.	Equipment not being available for services users for their own home. Lack of provision for food and medical supplies to deliver in house care services. Insufficient staffing levels to deliver services or care. Impact on availability of medicines and or short supply issues leading to increased costs. Capacity to manage multiple events in addition to Covid.	Service Delivery	Ongoing assessment of menu which may result in changes to the menu to reduce impact if supplies restricted, engagement with local care providers on scale of issues and ensure effective BCP arrangements are in place. Flexibility within in house services to respond to high risk need. Links via Equipu Steering group and wider mitigation issues across the system. Engagement with local providers on the scale of the issues.	3	4	12	2	Treat	Ongoing engagement with Brexit risk assessment and planning groups across ED Council and NHS GG&C	2	4	8	3	Chief Officer
HSCP 11	Failure to deliver the health visiting pathway in line with SG requirements	Insufficient Health Visitor workforce required to safely facilitate the delivery of the Universal Health Visitor Pathway in East Dunbartonshire due to caseload weighting model/ tool used by NHSGG&C being heavily weighted towards SIMD which does not favour East Dunbartonshire. Re grading of health visitors to band 7 creates further pressures on the allocated budget resulting in further staffing capacity challenges.	Failure to accurately assess and respond to risk. Inability to meet service requirements/duties Unable to provide care in line with Scottish Government Universal Health Visitor Pathway Service is reduced Fragmented services Increased complaints Service user detriment Reputational damage	Service Delivery	Issue escalated corporately to NHSGG&C Board CMT and East Dunbartonshire IJB. Caseload numbers closely observed and monitored to allow staffing to be allocated dependent on areas of greatest need. Resources prioritised to the highest SIMD areas. Local workforce plan in place. Vacancy management process in place. Temporary reduction in delivery of contacts from Universal Health Visitor Pathway risk assessed and agreed with East Dunbartonshire HSCP SMT.	4	3	12	2	Treat	GG&C board wide review to look at different models for delivery including skill mix and weighting tool for application of funding.	4	2	8	3	Head of Children & Criminal Justice Services

Risk Reference	Risk Event	Cause	Effect	Category of risk	Control Measures	Residual Likelihood	Residual Impact	Rank (Equals H'I)	Priority	Strategy for Risk	Risk Management Actions	Acceptable Likelihood	Acceptable Impact	Rank (Equals N'O)	Priority	Risk Owner
HSCP 12 (COVID)	Failure to deliver in house care at home services to all those vulnerable and complex individuals to allow them to remain safely at home	Rising levels of absence among employees within the care at home service due to sickness /testing outcomes/ self isolation as a result of the virus, rising demands to support greater need and complexity within the community as a result of increased hospital discharge and individuals more ill and frail at home.	Individuals left at risk within the community, unsafe practice in service delivery due to improper or lack of use of proper equipment, inability to safely discharge from hospital causing risks within acute care, escalation to care home due to lack of available care at home services as opposed to needs driven.	Business Continuity	Monitoring of absence levels and adherence to health protection Scotland advice, additional overtime on offer for staff at work, ongoing recruitment, staff re-direction to frontline care at home service, purchase of appropriate PPE to support staff to deliver safely and re-enforcement of usage, management of demand through reliance on carers / family members.	4	4	16	2	Treat	Additional recruitment drives, review options for further staff re-direction / training, liaison with other HSCPs for resilience, work locally with external care providers.	3	4	12	2	Chief Officer
HSCP 13 (COVID)	Failure / lack of availability of external care providers to deliver ongoing care to vulnerable individuals within the community including care home and care at home.	Rising levels of absence among provider employees across full range of commissioned services due to sickness / testing outcomes / self isolation as a result of the virus, rising demands to support greater need and complexity within the community as a result of daycare closures, increased hospital discharge and individuals more ill and frail at home. The availability of external care provision across geographical patches as move to implement the SXL care at home framework and key providers not successful in getting onto framework.	Individuals left at risk within the community, lack of residential placements for those that need them, revert to in house services who are also struggling to deliver, unsafe practice in service additional overtime due to lack of use of proper equipment, inability to safely discharge from hospital causing risks within acute care, escalation to care home due to lack of available care at home services as opposed to needs driven.	Business Continuity	Monitoring of provider business continuity arrangements including absence levels and adherence to health protection Scotland advice. Assurances to providers on continued funding and any additional costs incurred at this time through additional overtime, recruitment, staff re-direction to frontline services, access to and purchase of appropriate PPE to support staff to deliver safely, re-direction of daycare staff to support individuals within supported accommodation or at home, reliance on carers / family members.	4	4	16	2	Treat	Additional contract monitoring and commissioning support and liaison to support business continuity. Access to HSCP PPE ordering.	3	4	12	2	Chief Officer
HSCP 14 (COVID)	Increased demand for services to support individuals within the community in the context of reduced capacity.	Reduced acute hospital capacity, as a result of Covid 19 emergency admissions; reduced informal carer capacity, as a result of carers becoming ill with Covid and/or of being unable to provide support due to self-isolation or lock-down; reduced day and respite services due to service closures;reduced wellbeing of vulnerable people, post-infection; mental health impact of self-isolation and community lock-down; potential for increase in domestic violence due to self-isolation and lockdown.	Individuals at risk of harm within the community.	Service Delivery	Measures in place to manage effective discharge during Covid period, additional capacity created through purchase of additional placements in care homes and in house care at home provision, mobilisation plans developed and in progress including approval for additional spend from SG, Staff directed to critical areas of service delivery, supports in place to enable business continuity.	4	4	16	2	Treat	Additional support provided to individuals / carers to support those at risk and shielding to remain safely at home, training ongoing for staff re-directed to care at home and other critical service areas.	3	4	12	2	Chief Officer
HSCP 15 (COVID)	Lack of clarity of recurring funding available through the Scottish Government (SG) to support the significant additional costs arising from managing the Coronavirus locally and in the longer term.	Exact nature and level of costs not known with certainty, financial impact on care providers to be met, limited funding available across the public sector agencies, costs are more significant than predicted. SG funding generally allocated on a non recurring basis, costing of initiatives and allocations not sufficient to meet full cost implications.	Significant impact on HSCP financial performance for the year putting additional pressure on transformation activity required and reliance on partner agencies for additional support at year end.Additional demands across health and social care services as a consequence of longer term impact of Covid may not be met timeously.	Financial	Development and contribution to GG&C Mobilisation plan, financial templates completed and submitted for East Dunbartonshire, weekly updates on anticipated expenditure and actual expenditure as planning progresses, ledger codes set up and guidance issued to staff to monitor expenditure related to Covid. Impact of longer term impact under review to form part of financial planning assumptions moving forward.	3	4	12	2	Treat	Political and Chief Officer representation on GG&C and national groups to make representation for adequate funding, representation through COSLA.	2	4	8	2	Chief Officer
HSCP 16 (COVID)	Inability to support early, effective discharge from hospital	Increasing absence within hospital assessment team to undertake assessments for those within a hospital setting, increasing number of admissions placing increasing demands on discharge planning, requirements for negative covid tests on discharge, capacity and ability of care homes to take individuals during CoVid arrangements, pressure on care at homes services to support individuals to remain safely at home.	Individuals remain inappropriately placed within an acute bed, reduces capacity within hospitals to manage increasing volume of admissions due to coronavirus, individuals health and rehabilitation opportunities decline placing further pressure on statutory services into the future.	Service Delivery	Staff re-directed to hospital assessment team to ensure sufficient assessment function to meet demand, working closely with care providers to determine real time capacity to support discharge, commission additional care home places to meet demand, monitoring absence and enhancing capacity within care at home services to support discharge home.	3	4	12	2	Treat	Review further options for increasing capacity within care home provision and care at home through recruitment drive and further re-direction of staff.	2	4	8	3	Chief Officer
HSCP 17 (COVID)	Increase in incidence of child and adult protection concerns.	Children may be absent from school and at home for periods of self isolation which places additional pressures at home and schools act as a key oversight for indication of child protection concerns, escalating and heightened stress factors managing children at home, adults observing social distancing measures and self isolating causing stress factors within the home, support and services not available during current period which would identify / mitigate escalation of child / adult protection concerns and potential for abuse or exploitation.	Children and adults placed at risk of harm, mechanisms to identify risks are no longer in place therefore detection may go un noticed for longer periods.	Service Delivery	Child and Adult protection staff working at home and ensuring regular contact maintained in line with procedures, children at risk continuing within education and receiving support with food supplies.	3	4	12	2	Treat	Local Covid-19 Adult Protection and Child Protection guidance established and and child and adult protection based work maintained as a priority. Covid Public Protection Group established to ensure appropriate oversight and early identification of any issues in relation to our delivery of child, adult and public protection services.	2	4	8	3	Chief Officer
HSCP 18 (COVID)	Failure of Assessment Centre to deliver community respiratory pathway over the winter period.	Local assessment centre now closed, reliance on Barr Street, Glasgow to support residents from East Dunbartonshire. Demand levels escalate beyond planning assumptions, shortage of suitably trained nursing or medical staff, staff become unwell or develop symptoms requiring self isolation, availability of suitable PPE or equipment such as oxygen, oxygen masks & tubing, medication etc in order to safely support service delivery. Inability to provide adequate staffing levels to continue support provided from these centres.	Individuals at risk of not being properly assessed within centre, increased numbers referred to hospital which could become quickly over-whelmed in the event that the Community Pathway is overwhelmed entirely then patient care will revert back to individual practices – with risk to the integrity of the General Practice services.	Service Delivery	Board wide planning group to ensure continuity of CAC arrangements and to review options for additional staffing across GG&C.	3	4	12	2	Treat	Links established across GG&C to provide additional resilience through the Tactical Group and Chief Officer representation. Resources to be provided to support CACs from all GG&C HSCP areas.	2	4	8	3	Chief Officer
Page 80	Failure of some or all of General Practice to deliver core services.	Demand levels rise above available capacity within existing General Practice(s) or staffing levels fall below a level where General Practice(s) can safely operate to deliver urgent and/or vital services.	Local population no longer able to access appropriate safe level of medical and nursing care within their usual General Practice setting. Potential increase in all cause morbidity and mortality and increase reliance on acute sector at a time when they are already likely to be overwhelmed.	Service Delivery	East Dunbartonshire patients have access to GGC COVID Assessment Hubs / Centres or Barr Str CAC offering alternative route for suspected COVID-19 patients offering protection to GP staff population, aiming to reduce GP staff absence. Strengthening of Business Contingency Plans by each East Dunbartonshire Practice, with confirmed 'Buddy' arrangements. Discussion and agreement on General Practice consolidation at cluster level and HSCP level 4 planning around potential single point of GP level care within East Dunbartonshire.	2	4	8	3	Treat	In addition the HSCP is taking a proactive approach to liaising with local practices to offer early support with redeployment of staff or assisting buddying arrangements.	2	3	6	3	Clinical Director
	Additional pressures upon East Dunbartonshire Alcohol and Drug Recovery Service	Possible constriction of supply and resourcing of drugs/illicit substances. Alternative prescribing arrangements established during Covid-19 pandemic. Early release from custody where alcohol / drug issues may be present.	Potential increased community demand on integrated health and social work services, and demand for replacement therapies. Supply and resourcing issues issues may lead to additional polysubstance use and of use of substances which may not be routinely consumed and implications for both physical and mental health, and potential risk of increased drug related deaths by overdose.	Service Delivery	Robust and proactive measures established by EDADRS to ensure weekly contact with patients and service users at risk of additional harm. Engagement and monitoring with partners in the third and independent sector to ensure early identification of any local and national issues in terms of supply and resourcing. Review within Covid-19 Public Protection Group in terms of risks related to drug related deaths, suicide and links to justice services. Enhanced management arrangements established within EDADRS service.	3	4	12	2	Treat	Enhanced arrangements to ensure weekly contact with patients and service users assessed at risk of additional harm. Joined up work across Alcohol and Drug Partnership as required. Continued prioritisation within Covid-19 Public Protection Group. Enhanced on site staffing / management arrangements established within EDADRS service	2	4	8	3	Chief Officer
HSCP 21 (COVID)	Heightened risk of community mental ill-health and deterioration in wider wellbeing and mental health.	Impact of global pandemic, lockdown arrangements and increased social isolation and disruption to normal social connections and social contact. Reduced service provision within Primary and Secondary Mental Health services.	Increased demand on Community Mental Health Team services and potential heightened risk of self-harm and suicide.	Service Delivery	Continued provision of community and emergency mental health assessment and services. Voluntary and third sector services continue to provide support increasing use of remote and digital functionality. East Dunbartonshire Shielding Team established to connect with those most vulnerable within the community.	3	4	12	2	Treat	Service provision continued in accordance with business continuity plans. GGC boardwide initiatives to ensure continued provision of emergency and out of hours services established. Development of third sector and independent sector and provision of their services continues. East Dunbartonshire Shielding Team established to connect with those most vulnerable within the community and enhance community resilience. Continued overste and review within Covi-19 Public Protection Group.	2	4	8	3	Chief Officer

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18 NOVEMBER 2021

REPORT REFERENCE: HSCP/181121/15

CONTACT OFFICER: JEAN CAMPBELL, CHIEF FINANCE &
RESOURCES OFFICER, TELEPHONE NUMBER
0141 232 8216

SUBJECT TITLE: HSCP DRAFT PERFORMANCE AUDIT AND
RISK MINUTES HELD ON 28 OCTOBER 2021

1.1 PURPOSE

1.2 The purpose of this report is to update the Board on the HSCP Performance, Audit and Risk Committee meeting held on 28 October 2021 (attached as **Appendix 1**).

2.1 RECOMMENDATIONS

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

2.2 Note the draft minutes of the HSCP Performance, Audit and Risk Committee Meeting held on 28 October 2021.

**CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.1 BACKGROUND/MAIN ISSUES

3.2 Appended are the draft Performance, Audit and Risk Committee minutes from the meeting held on 28 October 2021.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan –

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

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.

4.3 Frontline Service to Customers – None.

4.4 Workforce (including any significant resource implications) – None.

4.5 Legal Implications – None.

4.6 Financial Implications – None.

4.7 Procurement – None.

4.8 ICT – None.

4.9 Corporate Assets – None.

4.10 Equalities Implications – None.

4.11 Sustainability – None.

4.12 Other – None.

5.1 MANAGEMENT OF RISK

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

5.2 None.

6.1 **IMPACT**

6.2 **STATUTORY DUTY** – None

6.3 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.4 **NHS GREATER GLASGOW & CLYDE** – None.

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

7.1 **POLICY CHECKLIST**

7.2 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.1 **APPENDICES**

8.2 **Appendix 1** - Draft Performance, Audit and Risk Committee Minutes of 28 October 2021

**Minutes of
East Dunbartonshire HSCP Performance, Audit & Risk Committee Meeting
Date: Thursday 28th October 2021, 12pm
Location: Via MS Teams**

Present:

Jim Goodall (Chair) (JG)	Gillian McConnachie (GMcC)
Ian Ritchie (IR)	Caroline Sinclair (CS)
Sheila Mechan (SM)	Peter Lindsay (PL)
Jean Campbell (JC)	Alan Moir (AM)
Marie McFadden (MMcF)	Fiona Mitchell-Knight (FMK)
Jacqui Forbes (JF)	Claire Carthy (CC)
Vandrew McLean (VM)	

In attendance: Siobhan McGinley (Minutes)

No.	Topic	Action by
1.	Welcome and Apologies	JG
	Councillor Jim Goodall opened the meeting for the first time as chair and welcomed everyone. Apologies submitted by Ketki Miles and Derrick Pearce.	
2.	Minutes of last meeting – 28th June 2021	JG
	Minutes of previous meeting were reviewed for any corrections and factual accuracy. These were agreed by the members.	
3.	Audit Scotland Proposed Annual Audit Report 2020/21	FMK/MM
	<p>The annual audit report, the 5th year of audits was introduced by Fiona Mitchell-Knight, the appointed auditor. Item 3a within the report is a covering letter advising of the requirement of Audit Scotland to present the audit opinion on the annual accounts. An unqualified audit opinion was provided as a true and fair opinion of the IJB accounts and financial position as at 31st March 2021. All work has been completed with no outstanding matters.</p> <p>Part of the letter is also a letter of representation which requires to be received clarifying assurances from the Chief Officers about what's included in the accounts.</p> <p>Item 3b is the annual audit report which summarises all parts of the audit and wider scope of the audit.</p> <p>MM spoke about the key messages at Page 25 of the papers and began by reiterating what FMK had said, in that Audit Scotland had issued an unqualified opinion for 2020/21 and concluded that the financial statement were a true and fair view of the IJB financial position for the year ended 31st March 2021, and that the audited part of the remuneration report, management commentary and governance statement were all consistent with the financial statements and prepared in accordance with proper accounting practice. They recommended that the Public Inspection advert for the accounts should be revised slightly to come in to line with the Local Authority Accounts Regulations. Part 2 which covers financial management and sustainability, Audit Scotland are satisfied that there are adequate arrangements in place to support effective scrutiny and no issues were identified in the key financial system which the IJB relies upon. The joint board reported an underspend of £12.04m against the revised budget of £202.669m mainly due to unspent Scottish Government money and a significant downturn in service activity. Exhibit 2 on page 36 notes significant underspend within specific areas such as Covid 19 funding of £10.132m received and £6.469m unspent at year end, however</p>	

	<p>this has been earmarked for use in 2021/22. An indicative revenue budget for 2021/22 sits at £143.079m and it is estimated that £1.075m of earmarked reserves will be used to balance this budget. This budget excluded any exceptional Covid 19 costs. A 5-year medium term financial plan is in place which reflects the impact the pandemic will have over this period however, the recommendation would be to revisit this to take account of the longer term financial challenges the Board will be facing. Part 3 covers Governance, Transparency and Best Value. It was concluded that the IJB has appropriate Governance arrangements in place and appropriate steps were taken to revise its arrangements to reflect the challenges of service delivery during the pandemic. The deadline for the Annual Performance Report (APR), has been extended in line with the Coronavirus Act 2020 and was therefore not reviewed for 2020/21, this will be reported on as part of next year's audit. The APR for 2019/20 was reviewed and some positive improvements were noted compared to the previous year. MM drew attention to page 31 of the document which is where any significant findings during the audit work would be outlined. There were no significant findings to report on in terms of the IJB practices. Appendix 1 on page 48 is a table summarising risk, recommendations and agreed action on 4 points. The first is the revision of the Accounts Inspection Advert, the second is the revision on Management Commentary ahead of next year in order to make it more user friendly. The third is in relation to the Financial Regulations being reviewed to ensure they are fit for purpose, and lastly Governance and Transparency in regards to Committee papers and details of meetings being added to the website. Two follow up points were noted from the year prior in relation to the medium term plan being reviewed within the context of the pandemic and the longer term risks/issues to consider. Management have provided responses for all the aforementioned points in the far right column. MM welcomed any questions. JF thanked FMK and MM and asked that in light of the points made in terms of the advert and the commentary, if there were any additional changes in presentation on the way the accounts are presented that the IJB should be made aware of now. FMK advised that there were no substantial changes in terms of what the accounts will look like over the next year or so. Covid funding was a challenge this year and this has been dealt with within the accounts by JC. Unusually, there were no numerical changes to the accounts map which was positive. The accounts advert has been in place for many years and that kind of mistake ought not to happen however it was accepted that the past 18 months brought with it extreme pressures and mistakes happen. Recommendations were approved by the Committee.</p>	
4.	<p>East Dunbartonshire IJB Annual Audited Accounts 2020/21</p>	<p>JC</p>
	<p>JC presented the final audited accounts for approval and for sign off by the Chair (JG), Chief Social Work Officer (CS) and Chief Finance and Resources Officer (JC). JC will endeavour to improve on the few areas already highlighted within the report including the management commentary and presentational issues. Regarding the key messages, there was indeed an under spend of £12m largely due to late income from the Scottish Government, this has been carried forward in reserves into next year. A downturn in care home placements and some adult social care placements as a direct result of Covid 19 has had a positive impact on the pit turn position but this will continue to be monitored and reported back to the Board. A degree of financial cushioning exists going into the next financial year to manage unexpected pressures however is not yet at the level in line with the reserves policy but opportunities are being looked at to further the general reserves. Questions were welcomed.</p>	

	JF commented how important it is to focus on the coming year(s), investing, improving, redesigning but above all providing better person-centred services. These will be signed off by the relevant officers electronically.	
5.	HSCP Internal Audit Update	GM
	<p>GM introduced herself and her role as the Audit and Risk manager for EDC, she has a dual role as Chief Internal Auditor of the HSCP and EDC. The Internal Audit Team who GM is responsible for continue to work fully remotely, there no current vacancies, something which was previously identified as a risk. An auditor was recruited into the team in July. They are aware of continued Covid related demands on services and working flexibly in their approach. In terms of this HSCP Internal Audit progress, an HSCP Provider had requested that part of a claim be back dated, after reviewing against COSLA and Scottish Government guidance it was concluded that correct and consistent treatment had been applied therefore the original decision was upheld and no additional payments were made as a result of the review. There are other pieces of work in progress such as looking at procedures for Adults Without Capacity and their access to funds, a review of financial assessment processes and intern review of outstanding audit actions, the outcome of which will be brought back to this Committee once complete. The report also provides an update on the internal audit work of partner organisations as a reflection of the reliance the HCSP places on its partners control environments.</p> <p>The recommendations in the report were approved, no comments or questions were offered.</p>	
6.	HSCP Delivery Plan 2021 22 Update	JC
	<p>JC provided an update on the Board annual delivery which was approved through the IJB on 24th June. There are 27 projects on the plan, 24 of which are on track to being delivered this year, 3 are sitting at some risk of delivery. Of the 27, the plan is to make a reduction of 6 projects as these have been delivered and will be closed off, one will be put on hold awaiting guidance from Scottish Government on the recovery of dental services. This means that in the next cycle there will be a total of 21 projects to report on. Item 6b sets out a high level exception report detailing the status of each project. On opening up for questions, IR queried if he was correct in saying the purpose of these projects were about transformation and redesign. JC advised there were 7 projects related to transformation and service redesign however the HCSP is involved in a range of work. IR made the point of there being a huge burden, financially on the HSCP but through transformation could get to a point of financial sustainability, something that was recognised may be very difficult or impossible to achieve and highlighted the importance of being upfront if this was the case. IR felt concerned that too often we seem to over promise and under deliver. JC commented that the delivery of some projects had been hampered by the Covid 19 response however described the pragmatic approach adopted by the HSCP this year and that 7 of the projects described as transformational with the hope to deliver some improvement efficiency agreed as part of the budget process. Additionally, further transformation activity is planned for next year although it was recognised that this would not meet the full extent of the financial gap so will require to rely on some financial reserves. Representations for additional funding is ongoing and the recently announced sum of £300m will assist in winter planning pressures and will allow the capacity within the care at home service to be enhanced. Further transformation activities are being looked at with our partner agencies to help</p>	

	<p>mitigate the gap going into next year. JF commented that she found the format of some of these projects hard to follow although some did flow better than others however, the expected outcome of some is not very clear. The use of reserves to balance the budget was not an option, the reserves should only be used for unforeseen circumstances and we need to be more ambitious in our transformation going forward for sustainability to be reached faster. AM felt it would be useful to understand whether additional funding from the Scottish Government was a one off or would be re-occurring. JC advised that currently, further clarification is awaited from Scottish Government on the allocation of the HSCPs share of £300m. With the exception of providing interim care packages, the rest will be recurring therefore investment can be made in staffing/recruitment to help manage pressure areas such as community nursing and care at home services. IR commented on the audit report suggesting that the HSCP should be focussing on transformation which comes through as a recurring theme and wanted to seek assurance that this would be done considering there is increasing demand. CS noted that over the last 18 months the vast majority of focus has been on response to and recovery from the pandemic but wanted to provide assurance that the 7 projects which are around transformation this year would evidence that there is a real focus on transformation and service improvement. An active programme is underway with JC at the forefront collaborating with the senior team looking at proposals and ideas for the coming year and hoped this would also provide some assurance. JG reflected on the contributions by IR and AM so far and the important points raised then noted that the nature of transformation projects improving efficiency and quality as opposed to it being driven by money saving tactics. JF added that this had been the point she was raising earlier, the outcome of the projects should be clear and requested that this be built into how things are reported going forward and used the Children's House Project as an example. JC spoke about a recent exercise undertaken to articulate where the expected benefits of the projects will be and will bring this to the next meeting.</p> <p>Recommendations were accepted.</p>	
7.	EDHSCP Corporate Risk Register Update	JC
	<p>JC offered apologies for anyone who had not received the Risk Register paper as part of the suite of papers issued however, advised this will come before the IJB Committee mid-November where members will have a further opportunity to have a more in-depth look and provide any comments. Commitment has been made to review the risk register every 6 months and to bring updates back to this Committee. A total of 23 risks have been identified, 10 of which relate directly to the Covid 19 pandemic. There has been a slight reduction in number of risks due to them no longer being significant for reporting through this Committee as a risk, these include adequate levels of PPE having been maintained, spread of Covid in buildings reduced due to physical distancing measures in place, risk assessments, improved and regular disinfecting contributing to this. Two additional risks are Primary Care Improvement Plan and Unscheduled Care Commissioning.</p> <p>No comments/questions followed, the Risk Register will be presented for final approval at the IJB meeting.</p>	
8.	The Children's House Project: Year 1 review	CC
	<p>CC presented the evaluation of year one of this project which was approved in week one of lockdown in March 2020 and despite the impact of the pandemic was able to report an excellent outcome so far with recruitment of a co-ordinator and 2 support workers ensuring the project got off the ground as soon as practically possible. One</p>	

	<p>of the challenges initially was that no face to face contact could take place however, the staff made amendments and moved digitally and engaged with the first cohort of young people. The purpose and priority of the project was to improve outcomes for care experienced young people on the cusp of leaving care where the duty of care now goes from 18 up to 26. An additional bonus is that financial efficiency is being achieved due to moving people back into the community away from high cost placements outwith the local area. Collaborating with key partner agencies such as education, health, housing, learning and development has meant that 10 young people are now in safe independent living within this locality. East Dunbartonshire is one of 3 local authorities engaging with this project. Year 2 will see another cohort of 10 young people being supported to achieve similar outcomes and continue to achieve similar savings. By year 3 decisions will be made whether this approach will be continued, radically changing service redesign. SM commended the work undertaken in this initiative which will be spoken at the National Care System Proposal later today is a fantastic example of what local authority does in spanning across many departments. JF echoed the positive outcomes and commended the transformation work, as did IR and AM.</p> <p>JG added that it would be fitting for all of the positive feedback and comments to be fed back to the staff involved.</p> <p>All recommendations were accepted.</p>	
9.	Audit Scotland – Covid-19 Vaccination Programme	JC
	<p>JC spoke to this paper, which included some key messages at 3.2 in this generally very positive report. High area of uptake was reported particularly in the over 80s cohort but some lower engagement in certain other groups so improvement actions were set out on how to reach this cohort. It also includes purchase of the vaccine by the Scottish Government and how additional staff can be brought in to support the clinics if this will be a regular feature of immunisations going forward as is the case with the flu vaccine.</p> <p>Report was noted my members.</p>	
10.	HSCP PAR Agenda Planner June 2021 – June 2022	CS
	<p>CS highlighted that this is a working document and subject to change as other matters arise but encouraged members to advise of any additions which will be accommodated.</p>	
11.	A.O.C.B.	JG
	<p>No discussion.</p>	
12.	Date of next meeting	JG
	Friday 21st January 2022 at 10am via MS Teams	

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18 NOVEMBER 2021

REPORT REFERENCE: HSCP/1801121/16

CONTACT OFFICER: DR PAUL TREON, CLINICAL DIRECTOR
TELEPHONE 0141 232 8237

SUBJECT TITLE: CLINICAL & CARE GOVERNANCE GROUP
MEETING HELD ON 11TH AUGUST 2021.

1.1 PURPOSE

1.2 The purpose of this report is to share the minutes of the Clinical and Care Governance Group meeting held on 11 August 2021.

2.1 RECOMMENDATIONS

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

2.2 Note the content of the Clinical and Care Governance Group Meeting held on 11 August 2021.

CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.1 BACKGROUND/MAIN ISSUES

3.2 Clinical and Care Governance Group minutes highlight:

- a) The group discussed and considered the wider community impact of COVID-19 on community teams: both in managing acute phase illness out with hospital settings; and managing longer term issues of Long COVID and debilitation. It was noted that Scottish Government Funding had been released to support Long COVID patients who had been in-patients – but that this did not account for patients who had not required admission but were suffering longer term sequelae.
- b) The Head of Adult Services highlighted the Scottish Drug Death Report noting an increase in Drug Deaths for East Dunbartonshire compared with the previous year. As the report had been recently released the group requested a more in depth review of Drug Related Deaths in East Dunbartonshire, with local and national comparison. This will be addressed through a presentation at the next C&CGG meeting in October. The group were advised that the service would be reviewing each Drug Death which would help shape a future action plan.
- c) The Chief Social Work Officer highlighted the Mental Health Welfare Commission's Report; in particular relating to the transfer of patients from hospital setting to Care Home where the person lacked capacity. The group noted that no unlawful moves were made relating to East Dunbartonshire – and that there was a high level of confidence in the local processes. A local Action Plan will be developed which will be overseen by the Deputy Chief Social Work Officer.
- d) The Clinical Risk Co-ordinator shared the six monthly data report on clinical incidents and complaints. 'Pressure Ulcers' remains the most commonly reported incident within the HSCP, followed by 'Medication Errors'. Within Specialist Children's Services 'Self-harm' is the most common incident, followed by 'Challenging Behaviour'. The data will be used to guide Incident Theme Topic Reviews over the coming 6 -12 months.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan;-

- 1. Statutory Duty

4.3 Frontline Service to Customers – None.

4.4 Workforce (including any significant resource implications) – None.

4.5 Legal Implications – None.

4.6 Financial Implications – None.

4.7 Procurement – None.

- 4.8 ICT – None.
- 4.9 Corporate Assets – None.
- 4.10 Equalities Implications – None.
- 4.11 Sustainability – None.
- 4.12 Other – None.

5.1 **MANAGEMENT OF RISK**

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

- 5.2 None.

6.1 **IMPACT**

- 6.2 **STATUTORY DUTY** – None

- 6.3 **EAST DUNBARTONSHIRE COUNCIL** – Provides assurance that clinical and care governance issues are scrutinised at the appropriate levels within the partnership and ultimately seek to improve the quality of services provided through the HSCP.

- 6.4 **NHS GREATER GLASGOW & CLYDE** – Provides assurance that clinical and care governance issues are scrutinised at the appropriate levels within the partnership and ultimately seek to improve the quality of services provided through the HSCP.

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

7.1 **POLICY CHECKLIST**

- 7.2 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.1 **APPENDICES**

- 8.2 **Appendix 1:** Clinical & Care Governance Group minutes of meeting held on 11th August 2021

**Minutes of
East Dunbartonshire Health & Social Care Partnership
Clinical & Care Governance Sub Group
Wednesday 11th August 2021, 9.30am
Microsoft Teams Meeting**

Members Present

Name	Designation
Paul Treon	Clinical Director, Chair
Carolyn Fitzpatrick	Lead for Clinical Pharmacy and Prescribing, Vice Chair
Caroline Sinclair	Interim Chief Officer, CSWO
Tara Dunseith	Clinical Director, PDS
Leanne Connell	Interim Chief Nurse for HSCP
Fiona Munro	Lead AHP for HSCP
David Aitken	Interim Head of Adult Services
Karen Lamb	Head of Specialist Children's Services
Susan Frew	Operational Service Manager Oral Health
Vandrew McLean	Corporate Business Manager
Suzanne Greig	Interim Fieldwork Manager (deputising for Claire Carthy)
Amanda McCrone	Team Lead, Mental Health (deputising for Lorraine Currie)
Fraser Sloan	Clinical Risk Co-ordinator for Partnership

In Attendance

Name	Designation
Catriona Burns	PA/Business Support

Apologies

Name	Designation
Claire Carthy	Interim Head of Children's Services & Criminal Justice
Lisa Johnston	General Manager Oral Health Services

No.	Topic	Action by
1.	Welcome and Apologies	
	PT welcomed all and announced members present in S1 at KHCC - PT, LC, CC, DA and CF. Apologies noted on page 1.	
2.	Minutes of Previous Meeting	
	Following some minor amendments the minutes of previous meeting were agreed.	
3.	Matters Arising	
	<ul style="list-style-type: none"> • Weight Monitoring Initiative Feedback – DA advised there is no update at present • SCS Governance – KL advised that all Finance sits with Glasgow HSCP and governance via East Dunbartonshire HSCP, no changes to report. 	
4.	Actions / Outcomes Log	
	<p>CF reviewed the Actions & Outcomes Log</p> <ul style="list-style-type: none"> • Core Audits – LC advised that Core Audits recommence this month for Adult Community Nursing. Discussions are ongoing for Children & Families and with Mental Health • Use of intravenous midazolam for dental admissions – TD advised that the short life working group has met and the initial documents drafted. A second meeting has been agreed to finalise the documents and forward for approval. • Datix Reporting Information Officer – VM advised there is a meeting scheduled with DP to progress • Clinical & Care Governance Annual Report – on the agenda • Clinical & Care Governance Structure – on the agenda • Midazolam for emergency dental kits – TD advised this is resolved. A combined kit has been sourced. Approval has been given to use the unlicensed product. • Information Governance Training Dates – VM advised training has been undertaken on by admin staff on Safe Handling of Information, Records Management and Datix Breaches. Further dates will be arranged for Specialist Children’s Services staff. • Corporate Risk Register – CS did not receive comments. This will be on the Board Agenda for November so comments to CS as soon as possible. CS will discuss with JC regarding the addition of PCIP • SCR Review – SG advised that this is ongoing and will be concluded in Autumn • Datix Reports – VM issued reports to all Heads of Services. Updates sent to Datix on approvers and reviewers. Ongoing • Governance items – All Heads of Service to include governance items on team meeting agenda and brought back to this meeting. 	
5.	Incident Trends	
	<ul style="list-style-type: none"> a. Health b. Social Care c. Oral Health Directorate (Primary Care) d. Specialist Children’s Services (see Item 16) <p>Non Clinical Incidents 24/05/21 -09/08/21.</p> <ul style="list-style-type: none"> • 13 incidents reported • 6 violence in care homes, 3 infection control, 3 other incidents and 1 slip trip or fall. 	

- 9 are in the approval are and 4 are approved.
- Other incidents, 1 unexpected death at home, 1 noncompliance with policy, reported by CMHT

Clinical incidents 24/05/21 -09/08/21

- 47 incidents reported
- 27 pressure incidents
- 5 violence & aggression
- 3 suicide
- 3 medical advice & equipment
- All others are trending at 1.
- 23 are approved, 17 awaiting approval, and remainder progressing

DA commented on the considerable amount of work undertaken by VM's team to data cleanse and resolve outstanding issues. There are legitimate reasons for exceeding timescales, i.e. SCI or Fatal Accident Enquiries outcomes. There is a big improvement noted. LC noted anomalies in where people are recording and what team they are recording against and suggested a screen shot for information would assist.

ACTION – VM to continue with ongoing cleansing exercise and request Team Leads to clarify team details.

VM

6. Complaints & Whistleblowing

- Health
- Social Care
- Oral Health Directorate (Primary Care)
- Specialist Children's Services (see Item 16)
- GP Complaints Survey Report
- Optometrist Complaints Report Quarter 4.

VM advised there were 2 Stage 2 Health complaints received via the HSCP Complaints mailbox from 24/5/ -09/08/21. Both are now closed. 1 related to District Nursing and was not upheld. The 2nd complaint related to a patient who wanted to be seen out with the geographical area. There was learning outcomes from this regarding communications for Admin team.

VM shared a report from April – June regarding Council complaints. 20 complaints received, 17 are now closed. Outcomes - 10 upheld, 6 partially upheld, 1 withdrawn. 6 were Stage 1, 9 were Stage 2, a further 4 required an extension to Stage 2 and 1 is still open. The themes were around service standards, staff attitude and behaviours and disagreeing with a council decision. VM has requested more information is supplied on the care group categories. VM confirmed that there is no double counting for complaints that start at stage 1 and progress to Stage 2.

ACTION - VM to look at providing confirmation that learning outcomes have been completed

VM

GOVERNANCE LEADS UPDATES / REPORTS

7.. Children & Families/Criminal Justice

SG shared the attached update.



Governance Leads

updates template C&

Continual assessment of risks associated with home visits, transport and PPE used. A review of the quality assurance process is underway. The learning will be shared with staff in due course.

Inspections – there are no new inspections

ACTION – CC to bring any learning back to the CCG group

SG confirmed that R Walsh is the registered manager to Fostering & Adoption. An appointment has been made and start date agreed.

8. Criminal Justice Services



Governance Leads

updates template CJ 1

SG advised the Unpaid Work Service has now resumed and the clearing of a significant backlog is a priority. There are no other significant incidents to report and no new information.

9. Community Health & Care Services

FM advised that capacity and demand is creating issues across the service. There is a lot of work ongoing around the Covid response. A mental health screening is requested on everyone who was admitted to hospital. Approximately 2700 are not currently known to services. A budget has been provided however additional funding has been requested. The Scottish Government has requested a response on the impact on AHP Services. This is being coordinated by the AHP Director who is also preparing a Board paper.

PT commented that a lot of people unwell with Covid remained at home and that funding for rehabilitation of COVID in-patients only did not account for all COVID illness. It is also noted that patients may be suffering from other long-term-post viral or similar conditions and they should have similar access to support and service as those recovering from COVID. Discussion on improving data capture on long Covid, delays in seeking treatment and impact on other areas for future information.

PT advised that a meeting is planned to look at the impact of Long Covid.

ACTION - All agreed to flag the issues and impact other than Long Covid in as many forums as possible.

ALL

10. Commissioned Services

LC advised that there had been an unannounced Care Inspection in Whitefield Lodge however there is no change to the grades.

CS advised that there was a Home Care Inspection and the report is expected next week. Very positive verbal feedback from the Inspectors on the amount of work undertaken during the pandemic. It is possible the grades may remain as is, which is unfortunate for the staff who have worked very hard to make improvements.

ACTION – Feedback to the next CCG with any learning points

DP

11. Joint Adult Services



Governance Leads
update template Augu

DA advised on the Drug Death Report which was published on 30th July. Within East Dunbartonshire there were 14 deaths recorded in 2020, an increase of 7 deaths from 2019. A very concerning rise although the numbers are low. Many of these deaths were people who were not previously known to services. Work is beginning to look at each of these deaths to analyse and understand each of the circumstances surrounding each one. Our Action Plan will be aligned to take account of the national and Board wide initiatives. DA commented that the national age range was between 35-54 years and this was reflected in East Dunbartonshire. Multi drug use is an issue within the HSCP. DA suggested that this is brought back to the CCG as a separate item once the analysis has been completed.

ACTION – to be added to a future Agenda.

DA

DA advised that the Alcohol deaths were published yesterday and there is a rise but not as significant as the drug deaths.

General discussion on the increases in street drugs and alcohol misuse in East Dunbartonshire and links between Acute and Community.

ACTION - A report on Alcohol death will be brought to the next CCG meeting

DA

ACTION - Contact to be made with Police Scotland to ensure all issues are communicated.

DA

DA reported a number of enquiries regarding the resumption of Learning Disability Day Care Services. Risk Assessments are being updated in line with new guidance. Vaccinations are being offered to young adults age 15 -18 years, within Learning Disability. Adult Services may be required to assist with support.

12. Oral Health – Primary Care

TD reported that the Quality Improvement Programme continues. The project is now being evaluated and the next steps are how to scale up and move forward. Almost 50% of children who have been referred for general anaesthetics have been diverted to alternative treatment modalities. Work is ongoing to finalise quality improvement plans. There is a working group looking at the provision of dental care for homeless people. Alternative sedation and treatment modalities are also being explored for adults. Remobilisation of services continues. Large numbers on the waiting lists continues to be a risk. Still on emergency footing. Looking at how to remobilise the various education and screening programmes. A business case has been submitted relating to Radiation Protection, to secure new digital systems. The rollout is ongoing and is being prioritised appropriately. A good robust training process is in place for the new equipment. An HIS inspection is anticipated and welcomed. 3 yearly inspections of all practices are recommencing as the team responsible remobilises.

13. Specialist Children’s Services

KL advised that the Childhood Immunisation Programme for 12-16 is now operational. Clinics are being arranged. KL shared the attached update.



CGEC HIGHLIGHT
REPORT - 6th July 20

There was an outstanding action from the last meeting. KL advised there are 807 East Dunbartonshire Child & Young People open to CAMHS Services and 338 are on the waiting list. This is delivered by 2 teams.

CS advised that Renfrewshire submitted a paper to Public Protection meeting regarding the effect of having a high number of private residential accommodation for children and young people and the pressures on the CAMHS services in the local areas. Support is drawn from local CAMHS. Discussion on the pressures on CAHMS and GP's for specialist prescribing and noted that this is being recognized.

14. Mental Health

AMcC gave an updated on the current workload of the service. New appointments have been made to the team who will work to improve the Physical Health and ADHD clinics. A Patient Survey is being issued this week, looking at the various means of communication used during the last 18 months. A multi-disciplinary review of our referral and allocation processes is scheduled to take account of changes in working. The outcomes of a survey carried out by the PCMH team will be published soon. The Digital Peri-Natal Mental Health group has been very successful and a second cohort is due to start. Recruitment to vacancies within the team is at various stages but moving forward.

PT suggested including services who refer into PCMHT i.e. GP Practices in any surveys. Discussion on surveys and benefits.

15. Business Support

VMcL advised that there have been challenges around recruitment and retention of staff over the past few months. Recruitment to 7 posts has been approved which will allow backfilling of current vacancies.

16. Primary Care & Community Partnerships Governance Group update

CF gave an update from the last meeting on 29th July 2021, formal minutes are not available. Reports were submitted from all HSCP's. A review of guidelines found that over 1/3 are breaching review dates. Work will be done to bring within 5%. The Consent Policy and Duty of Candor Policy were discussed as both have been revised. Learning Summaries were submitted, 3 from East Dunbartonshire, 2 on pressure ulcers and 1 on an LSI in a Care Home. Also discussed was the Flu Vaccination Programme and the possibility of a Covid booster Programme.

CF

17. Board Clinical Governance Forum update

No update at this time.

RISK MANAGEMENT

18. Clinical Risk Update

FS shared the Clinical Incidents report covering the period Jan – June 21, showing a significant increase within East Dunbartonshire.



EDHSCP Clinical
Incident Report (Janu:

DA asked for the details of missing briefing notes to be forwarded. PT asked all to think about the common themes and trends, slips, trips fall or communications.

DA/FS

ACTION – All to review the paper and comment on items to focus on

ALL

LC gave an update on a case study from the last meeting. The specialist diagnosed organ failure and not pressure damage however the categories cannot be updated to reflect this change.

19. SAE Actions

No update

20.. Corporate Risk Register

No update

CLINICAL EFFECTIVENESS / QUALITY IMPROVEMENT

21. Quality Improvement Projects within HSCP

nil

PUBLIC PROTECTION

22. Child Protection

SG advised that 27 children are currently on the Child Protection Register.

23. Adult Protection

DA advised that the Qu1 stats for 21-22 have been published. There were 244 referrals received which shows an increase on the same quarter last year. This shows sustained high levels of referrals. Performance Indicators remain very high across all ASP, over 92%.

**24. PREVENT
Counter-terrorism**

CS advised that the active case has been closed. The person involved is back in custody and active work will recommence once he has been released from custody. The PREVENT Group added an additional review at 3 months, along with planned reviews at 6 and 12 months.

25. MAPPA / Management of high risk offenders

No update to report.
CS confirmed that MAPPA numbers have not changed since the last meeting.

**26. MARAC
Domestic Violence**

No update to report. CS advised that MARAC numbers are fairly stable, with between 6 – 8 cases normally.

INFECTON CONTROL

27. Infection Control Minutes	Meetings still on hold at present.	
ESCALATIONS		
28. Items to be escalated to HSCP Board	No items to be escalated	
29. Items to be escalated to NHS G&C C&CGG	No items to be escalated	
GENERAL BUSINESS		
30. C&CGG Annual Report	PT advised that the C&CGG report has been shared and asked for comments asap. The final version will go to SMT next week.	
	ACTION – All comments to VMcL, PT, CS & CF	ALL
31. C&CGG ToR & Reporting Structure	PT advised that the Terms of Reference were agreed previously and will go to the IJB in September. The Reporting Structure document shared yesterday will also go to the September IJB.	
	ACTION – All comments to VMcL, PT, CS & CF	
32. Statutory Duties in Secure Accommodation	CS highlighted that a review was instructed by Scottish Children's Commissioner into compliance with the legislative requirements of children's and young people placed into secure units. A report is embedded for your information. CS advised that we identified potential to improve our written procedures to ensure steps were not missed. There were no areas breached in our practices. CS assured the group that our written procedures have been updated and passed through SMT for sign off. Incidences of placing young people in secure accommodation are very low, however, DA advised that performance is constantly reviewed and scrutinised in this area.	
33. Mental Health Welfare Commission Reports	CS shared 2 reports for information; Significant Impaired Decision Making and Prevalence and Use of Advance Statements. The use of Advance Statements is very low. An Action Plan was developed following the MWC report on the moves from hospital to care homes of people who lacked capacity during the pandemic. East Dunbartonshire did not have any unlawful moves identified. There is a high level of confidence in that the team involved in their practices and understanding of the Act. All HSCP's were required to develop an action plan. DA will oversee and continue to scrutinise. It was agreed to bring this back to a future meeting to confirm the completion of the Action Plan	
	ACTION – to be added to the C&CG Agenda in Spring 22.	CB
34. CSWO Report	CS shared the final report for noting, prior to being presented to the next Full Council meeting.	

35. Nation: I Care Service Consultation
CS advised that consultation on the above has started. Links to the consultation documents will be circulated. ACTION – Links to be shared.
36. AOCB
No other items All
Date and time of next meeting
6th October 2021, 9.30am via MS Teams

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18 NOVEMBER 2021

REPORT REFERENCE: HSCP/181121/17

CONTACT OFFICER: DERRICK PEARCE, HEAD OF COMMUNITY HEALTH AND CARE SERVICES, TELEPHONE NUMBER 0141 232 8233

SUBJECT TITLE: HSCP STRATEGIC PLANNING GROUP DRAFT MINUTES OF 19 AUGUST 2021

1.1 PURPOSE

1.2 The purpose of this report is to share the draft minutes of the HSCP Strategic Planning Group held on the 19 August 2021.

2.1 RECOMMENDATIONS

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

2.2 Note the content of the HSCP Strategic Planning Group draft minutes of 19 August 2021.

**CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.1 BACKGROUND/MAIN ISSUES

3.2 Appended is the draft minute of the Strategic Planning Group held on 19 August 2021.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan;-

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

The Strategic Planning Group is the statutory oversight and advisory forum driving the delivery of the HSCP Strategic Plan, thus its work has full relevance to all Key Strategic Priorities.

4.3 Frontline Service to Customers – None.

4.4 Workforce (including any significant resource implications) – None.

4.5 Legal Implications – None.

4.6 Financial Implications – None.

4.7 Procurement – None.

4.8 ICT – None.

4.9 Corporate Assets – None.

4.10 Equalities Implications – None.

4.11 Sustainability – None.

4.12 Other – None.

5.1 MANAGEMENT OF RISK

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

5.2 None.

6.1 **IMPACT**

6.2 **STATUTORY DUTY** – None

6.3 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.4 **NHS GREATER GLASGOW & CLYDE** – None.

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

7.1 **POLICY CHECKLIST**

7.2 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.1 **APPENDICES**

8.2 **Appendix 1:** Draft Strategic Planning Group Minutes of 19 August 2021.

EAST DUNBARTONSHIRE HSCP

Minute of the Strategic Planning Group held On 19th August 2021 via MS Teams

Present

Claire Carthy	CHAIR - Interim Head of Children's Services & Criminal Justice
Fiona McManus	Carers Representative
Alison Willacy	Planning, Performance & Quality Manager
Linda Tindall	Senior Organisational Development Adviser
Gillian Healey	Team Manager – Planning and Service Development
Joni Mitchell	Partnership Development Officer, EDVA
Dr Laura Coia	GP – East Locality Planning Group rep
David Radford	Health Improvement & Inequalities Manager
Leanne Connell	Chief Nurse
Lisa Johnston	General Manager – Oral Health/ Lead Officer, Dentistry NHSGG&C
Paul Peter	Carer's Link
Dianne Rice	Primary Care Development Officer
Pamela Campbell	Team Lead, Community Planning Partnership, EDC
Susan Frew	Oral Health Directorate

Minutes:

Lorraine Arnott Minute Taker

1. **Introductions & Apologies**

Caroline Sinclair, Derrick Pearce, Jennifer Roe, Fiona Munro & Alan Cairns. Short round of introductions thereafter were provided.

2. **Notes of Previous Meeting**

Minutes of the last meeting were agreed.

3. **Matters Arising**

Item 4.6 ACTION for Dr Blair to discuss investment in CAMHS with Cluster Leads & GP Forum. Unfortunately Dr Blair was unable to attend the meeting therefore no update was provided.

Item 5 ACTION for JC to obtain update on PoA issues. CC advised the group that the paper in relation to this has still to be submitted to the SMT due to ongoing annual leave. CC will take this as an action to speak to DP on return from leave.

Item 8 ACTION for AC to collate feedback on Strategic Plan Development. AC advised the meeting that as no feedback or comment had been received back on the plan it had been approved.

Action

Agenda Item: 17a Appendix 1

FMcM queried Item 4.6 in relation to sharing of the review in relation to the GP Contracts. DRi advised that an updated tracker had been submitted to Scottish Government in August and will circulate this to the group.

4. Strategic Plan Development - Progress Update and Engagement Plans

AW provided status update on the Strategic Plan Development and progress update. She thanked those present for the feedback that had been received to date and advised that she will use this as part of the consultation process.

She then proceeded to guide the members through the Strategic Plan 2022-2025 presentation in more detail, specifically discussing the national and local drivers for the HSCP to allow for some understanding of the impact of these. She further advised that the Joint Strategic Needs Assessment should have been finalised by March/April however due to COVID this has been delayed slightly. She also advised that she looking for feedback from the group on the seven themes and four enablers, and asked for comments to be returned to either herself or Alan Cairns to allow for completion of the consultation document.

CC thanked AW for the excellent and informative presentation and the detail contained therein.

GH asked how the existing commissioning strategy will align itself to the wider strategic plan. Also she highlighted the current volume of consultations and engagement events currently taking place and to be cognisant of the potential for confusion, however did reiterate the importance of having oversight of these.

Further discussion developed in relation to the ongoing number of various different consultations ongoing at the present time and awareness of such.

5. Updates

LJ provided brief Oral Health update in relation to Primary Care Dental Services. She advised that practises have been able to resume full care from December 2020, however there are still issues ongoing. Further guidance is expected in relation to social distancing measures.

Information received with regard to applying for funding for ventilation until April 2022. Continuing to receive 85% of pre-COVID funding.

Still issues accessing unscheduled care; having a significant impact on services. PDS has resumed and remobilised however being impacted due to unscheduled care.

Paper submitted to IJB with regard to Childsmile programme.

5.1 East & West LPG

There was no update available for the meeting at this time.

5.2 3rd Sector Update

JM stated that at present there is some confusion with the number of strategic plan/consultations. Trying to simplify this for the third sector to have their say. AC

advised that good feedback had been received by third sector partners. ASP consultation also out just now for feedback on.

5.3 Independent Sector Update

GH provided update and revealed that no COVID concerns was a testament to the commissioning market and advised that she appreciate if this could be reflected within the Strategic Plan. Tremendous work has been carried out and many services have continued to operate throughout the pandemic. New guidance has been issued and services are currently within the recovery period. She further advised that work is to be carried out to establish more strategic provider forums; discussion will be needed with SMT around agreed approach to this. Currently awaiting nomination from independent sector to be representative on this group.

5.4 Communications & Engagement

FMcM advised that communication currently had been positive. Videos also released with 3500 views on Facebook and 8500 views on Twitter. Organising a development day in September with a variety of subjects to be highlighted for example Children's Services, Drugs and Alcohol Services and presentation on the role of District Nursing and Advanced Practitioner roles. She further highlighted the importance of having an understanding of the various different services. Meeting scheduled for October where it is hoped that by this time face to face meetings will be accommodated.

5.5 Housing Update

Unfortunately no one from Housing was able to attend meeting therefore update will be carried forward to next meeting.

5.6 Primary Care Update

PCIP – DRi advised that PCIP services almost resumed as normal. Contract extended following discussion at National level. MOU2 detailing and recognising impact of pandemic. Contract will be extended to March 2023, but will be reviewed in March 2022. Tracker has been revised and will be circulated to members. 6 MOU areas, MOU2 and joint letter listed three core commitments. Further progress required but DRi highlighted the need for focus on the three identified core commitments. MOU2 brings clarity on pharmacotherapy. Elements of Level 2 & 3 need to be implemented alongside Level 1.

CTAC – Looking to rollout across the Kirkintilloch and Lennoxtown cluster.

Transitional payments currently a concern. Accommodation, staffing and finance are all currently big issues. Consultation with Estates Departments and feasibility studies carried out. Paper being submitted to SMT around Milngavie and Woodlands accommodation.

5.7 Improving the Cancer Journey in East Dunbartonshire

Dra advised the group that a full and Board and Steering Group have now been developed with the service user network. Looking forward to having all three governance processes up and running by October. He further advised that admin support has been appointed, and candidates for programme workers have also been identified. It has also been agreed that Wellbeing workers will be subject to MacMillan training and induction processes. He advised that all is going well and according to plan.

6. **National Care Service Consultation**

CC advised that this was for reference only. She also commented that she understood the huge pressure coming from the volume of consultations at present time and that the future of all services will be determined through these processes. She also advised the members that this was an opportunity to influence legislation moving forward. FMcM advised that she had attended the Carers Coalition meeting recently and informed that they were in the process of trying to establish an easy to read document. She will share this with the members if she receives a copy of this. There are also a series of online workshops for consultation events.

9. **AOB**

Nothing further of note to be discussed at this time.

Date of Next Meeting

The next meeting is **21st October 2021 at 10am** via MS Teams

DRAFT

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18 NOVEMBER 2021

REPORT REFERENCE: HSCP/181121/18

CONTACT OFFICER: TOM QUINN, HEAD OF HUMAN RESOURCES,
TELEPHONE NUMBER: 07801302947

SUBJECT TITLE: STAFF PARTNERSHIP FORUM MINUTES OF
13 SEPTEMBER 2021

1.1 PURPOSE

1.2 The purpose of this report is to provide re-assurance to the Board that Staff Governance is an integral part of the governance activity within the HSCP.

2.1 RECOMMENDATIONS

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

2.2 Note the content of the minute of the Staff Partnership Forum of 13 September 2021.

**CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.1 BACKGROUND/MAIN ISSUES

3.2 The full minute is attached at **Appendix 1**. Key items discussed included:

- a) Updated position on Covid,
Jean Campbell gave an update on the work underway to review our building risk assessments and associated action plans as more services looked at gaining building access again. Caroline Sinclair updated on the current covid figures and the potential impact that this might have on services. Caroline highlighted that our Business Continuity Plan was being reviewed.
- b) Initial Discussion on the proposed National Care Service Consultation
David Aitken gave a brief summary of the current consultation process and suggested that we take more time at the next meeting to focus on some areas. David Aitken highlighted that the consultation ends on the 2 November 2021.
- c) iMatter;
Linda Tindall gave a brief update on the outcome of the recent iMatter staff survey, which had a very high uptake, similar to previous years. Linda Tindal agreed to bring a more detailed report back to the next forum. The Joint Chairs asked that we highlight their thanks to the staff for participating in the survey at this difficult time.
- d) Update on Public Dental Service Review
Susan Frew gave a brief update on the need to pause the Public Dental Service Review at present given the need to monitor the way in which general dental services recover from the current Covid situation.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan;-

1. PRIORITY 9 - Statutory Duty

Key component of Workforce

4.3 Frontline Service to Customers – None.

4.4 Workforce (including any significant resource implications) – Compliance with the NHS Reform act 2002.

4.5 Legal Implications – None.

4.6 Financial Implications – None.

4.7 Procurement – None.

4.8 ICT – None.

4.9 Corporate Assets – None.

4.10 Equalities Implications – None

4.11 Sustainability – None.

4.12 Other – None.

5.1 **MANAGEMENT OF RISK**

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

5.2 None.

6.1 **IMPACT**

6.2 **STATUTORY DUTY** – None

6.3 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.4 **NHS GREATER GLASGOW & CLYDE** – None.

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

7.1 **POLICY CHECKLIST**

7.2 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.1 **APPENDICES**

8.2 **Appendix 1:** Draft Minute of the Staff Partnership Forum of 13 September 2021

Minutes of Staff Forum

Monday 13 September 2021, 12 noon

<u>Items</u>	Actions	Lead
<p>1. Welcome & Confirmation of Attendees</p> <p>Craig welcomed Allan Robertson as the new staff side co- chair (health) and thanked Andrew McCready for his years of service as the staff side co-chair.</p> <p>Apologies received from: Lyndsay Ovenstone, Gary McNally, Janice Campbell, Jenny Russell, Andrew McCready, Lisa Johnston, Alistair McDonald</p>		
<p>2. Minutes of 2 August 2021</p> <p>Minutes of 2 August meeting approved</p> <p>No Matters arising</p>		
<p>3 Current Situation on COVID-19</p> <p>Caroline Sinclair gave an update on the current position with regard to covid-19. It was clear from recent weeks that the virus was still present and had increased transmission within the community, although we were beginning to see a gradual fall in September numbers. We are experiencing some staffing pressures within and across our services, mainly due to Test and Protect or other caring responsibilities as a result of Test & Protect. This has resulted in a review of our Business Continuity Plans and this was at this time managing the situation, although with a number of large events just happened and planned for the next few weeks we will need to watch the situation carefully. We have seen a small number of outbreaks in care homes but with limited impact the vaccination would seem to be effective.</p> <p>Craig expressed his thanks on the staff commitment and diligence at this time, and we should be proud of our staff and those working in care homes, all agreed with these comments.</p> <p>Margaret McCarthy asked about the impact and challenges within services, Caroline advised that I was more within the smaller teams but that our Business Continuity Plans are designed to assist in these situation.</p> <p>Simon McFarlane asked about vaccination of 12-15yrs, as BBC had informed that ministers had agreed, Leanne advised that the programme will start soon, it is only one vaccination that has been approved and this</p>		

<p>is likely to be booked through a “mass” vaccination Centre, for our area either Kirkintilloch or Milngavie Town halls.</p>		
<p>4 Update on Accommodation</p> <p>Jean Campbell spoke to the already circulated paper advising on the work on-going to ensure that we are compliant with good and safe practice whilst trying to ensure an equity of service and accommodation. We have not changed any requirements 2mtrs, face covering, hand washing or sanitizing and enhanced cleaning. Jean further advised that to stop services from block booking rooms the KHCC rooms would be taken off the Council booking system and be administered through KHCC.</p> <p>In answer to questions Jean advised that Andrew McCready was still involved in the risk assessment process and in the health & safety committee who oversaw the process.</p>		
<p>5 Consultation on Review of Adult Social Care</p> <p>David Aitken gave a very clear overview of the current consultation process on the proposed National Care Service, which is the Scottish Governments initial response to the Feely report on Review of Adult Social Care. David highlighted that it is a large consultation with around 92 questions and whilst most had a simple response they also had space for comment, so could end up quite in-depth. David further advised that although large in response it is set out in sections and therefore people might read these in more detail.</p> <p>There was a number of areas for discussion and it was suggested that perhaps a more dedicated session would be preferred, which was agreed</p>	<p>Session on current consultation to be set up</p>	<p>TQ</p>
<p>6 iMatter 2021 update</p> <p>Linda Tindall gave a verbal update on the outcome results from the 2021 iMatter survey which are just out, Linda highlighted the level of response from staff, which was 70% (HSCP) and 76% (OHD), which are similar to the pre-covid figures so a very good response given the timing this year. Linda also spoke about the supports available to teams and team leaders to assist with developing the forthcoming action plans to address the issues raised.</p>	<p>More detail report to next forum</p>	<p>LT</p>
<p>7 Seasonal Flu Vaccination arrangements</p> <p>Leanne Connell gave a brief update on process to be used for the seasonal flu immunization and if the Covid booster vaccination is also approved. In relation to the transition process for most vaccinations to be undertaken by Health boards and not GP practices, the current arrangements are:</p> <ul style="list-style-type: none"> - Care Home residents and staff to be undertaken by HSCP staff - People unable to leave their home, with receive a vaccination by HSCP staff - All other priority groups will receive vaccination through the mass vaccination centres, in East Dunbartonshire that is likely to be Kirkintilloch and Milngavie Town Halls, with perhaps a 3rd in Bishopbriggs to be confirmed. 		

<p>- Leanne confirmed that if approved by JCVI, then the booster and seasonal flu would be given together, which is our expectation. Staff will receive a link to direct them to the online booking portal</p>		
<p>8 Winter Planning Arrangements</p> <p>Derrick Pearce spoke to what is planned, identifying that we have almost been living with Winter Planning since November 2019 due to the issues from Covid. Derrick highlighted the work being done to review and update Business Continuity Plans with a view to supporting services on a HSCP system wide basis. It was likely that the pressures on acute services will increase demand for continued review of discharge arrangements, and therefore potentially added pressures on community services.</p>		
<p>9 Workforce Planning Group</p> <p>Tom Quinn spoke to the previously circulated agenda for the first meeting of the 2022 -25 workforce planning group which will align with the Strategic Plan.</p>		
<p>10 Public Dental Service Review – Update</p> <p>Susan Frew updated on the work to conclude the Public Dental service Review but highlighted that work had been paused due to the current pressures with the system due mainly to the number of patients being seen as a result of contacting NHS24 for emergency care. The PDS would normal only see unregistered patients during the week between 8am – 6pm, as registered patients should go via their own dentist. However, with the issues about restricted numbers being seen in General Dental Services due to fallow times in surgeries there has been a marked increase in referrals to the PDS emergency service. Therefore to enable us to try and stabilize this demand pressure and see if it will continue as it might have implications for the public dental service, we have paused the review at this time.</p>		
<p>11 SBAR – Primary Care Transformation Manager</p> <p>Derrick Pearce spoke to the already circulated SBAR, updating on the funding arrangements and the need to better focus the direction of travel for PCIP activity. Including taking forward new service developments</p> <p>Staff Forum in agreement</p>		
<p>12 Staff Awards 2021-22</p> <p>Linda Tindall updated the forum on the current number of applications and process to identify the Category Winners and an overall winner who will be invited to the NHSGGC staff awards event in late November 2021. Linda advised that we are looking at either an award ceremony in person or a virtual process which will be dependent on the covid conditions at that time.</p>	<p>More details to come to next forum</p>	<p>LT</p>

<p>13 Staff Wellbeing update</p> <ul style="list-style-type: none"> a) National Wellbeing Group Update b) Mental Health Check-in (Update) <p>Tom Quinn spoke to the already circulated National Wellbeing Hub newsletter and about the redesign of the website which made finding suitable resources easier for staff.</p> <p>Tom also advised that the Mental Health Check-in was again successful and that he would bring a more detailed report to the next forum</p>		
<p>14 COP 26 update</p> <p>Tom Quinn updated on the current activity being undertaken to try and ensure that COP26 causes minimum disruption to services. Tom advised that NHSGGC has a very good website and that he would circulate the link after the forum. Whilst Tom did not expect there to be direct disruption to services he highlighted the potential for indirect disruption – with potentially staff travel if not living locally and or delivery of supplies, including pharmacy supplies.</p>	NHSGGC weblink to be circulated after the meeting	TQ
<p>15 Care Homes Update</p> <p>Derrick gave an update on current position which was positive, highlighting that plans are in place for both flu and covid vaccinations and that local homes are also reviewing their business continuity plans, and although they have seen some challenges with staffing they have coped well</p> <p>Craig Bell asked that we commend both our staff and the care home staff on their resilience and dedication to their patients and service users.</p>	To be inserted in Our News	LT
<p>16 AOCB</p> <p>No other business</p>		
<p>17</p> <p>Date of Next Meeting:</p> <p>Monday 25 October 2021, 12noon via MS Teams</p>		

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18 NOVEMBER 2021

REPORT REFERENCE: HSCP/181121/19

CONTACT OFFICER: DAVID RADFORD, HEALTH IMPROVEMENT & INEQUALITIES MANAGER, TELEPHONE NUMBER 0141 355 2391

SUBJECT TITLE: PUBLIC, SERVICE USER AND CARER (PSUC) UPDATE

1.1 PURPOSE

1.2 The report describes the processes and actions undertaken in the development of the Public, Service User and Carer Representatives Support Group (PSUC).

2.1 RECOMMENDATIONS

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

2.2 Note the progress of the Public, Service User and Carer Representatives Support Group.

**CAROLINE SINCLAIR
INTERIM CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.1 BACKGROUND/MAIN ISSUES

- 3.2** The full minute is included in **Appendix 1** and details the actions and progress of the PSUC representative support group (RSG), highlighting their progress.
- 3.3** The PSUC have held four meetings in 2021, the latest meeting took place on 7 October 2021 and was held in the Kirkintilloch Health and Care Centre (KHCC). This meeting was in a blended format, with members attending in both a 'physical' and 'virtual' capacity.
- 3.4** At the latest PSUC meeting, the members received a presentation from David Radford, Public Health Improvement and Inequalities Manager on the National Care Service for Scotland - Consultation.
- 3.5** The HSCP officer engaged with the PSUC group to gather their feedback on the National Care Service for Scotland – Consultation. The HSCP officer collated the feedback and produced a response by the Consultations closing date (2 November 2021).
- 3.6** The PSUC group have created a September and October edition of the Covid-19 information sheet (2021). This provided information on local Covid-19 infection data and signposts local residents to important Covid-19 information. This item has a readership of approximately 500+ (per month) to individuals and organisations across East Dunbartonshire. This has been issued nine times in 2021 and number sixteen since the start of the pandemic. See **Appendix 2**.
- 3.7** The PSUC group have created (September 2021) and produced a 'Power of Attorney' (PoA) leaflet for East Dunbartonshire residents. This includes important information on the benefits of PoA and useful contact numbers. The PoA leaflet is one of a number of recommendations that evolved from the recent PoA paper (July 2021).
- 3.8** The PoA leaflet will have an initial print run of two thousand. The leaflet has been disseminated to all (sixteen) GP Practices in East Dunbartonshire, Health Centres, Libraries, Hubs, Community Buildings, third sector organisations and community groups. The PoA leaflet has also been shared widely on the HSCP and EDC social media channels. See **Appendix 3**.

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 Relevance to HSCP Board Strategic Plan;-

- 1) Promote positive health and wellbeing, preventing ill-health, and building strong communities
- 2) Enhance the quality of life and supporting independence for people, particularly those with long-term conditions
- 3) Address inequalities and support people to have more choice and control
- 4) People have a positive experience of health and social care services
- 5) Improve support for Carers enabling them to continue in their caring role
- 6) Optimise efficiency, effectiveness and flexibility
- 7) Statutory Duty

The report supports the ongoing commitment to engage with the Service Users and Carers in shaping the delivery of the HSCP priorities as detailed within the Strategic Plan.

- 4.3 Frontline Service to Customers – None.
- 4.4 Workforce (including any significant resource implications) – None.
- 4.5 Legal Implications – None.
- 4.6 Financial Implications – None.
- 4.7 Procurement – None.
- 4.8 ICT – None.
- 4.9 Corporate Assets – None.
- 4.10 Equalities Implications – None.
- 4.11 Sustainability – None.
- 4.12 Other – None.

5.1 **MANAGEMENT OF RISK**

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

- 5.2 None.

6.1 **IMPACT**

- 6.2 **STATUTORY DUTY** – None.
- 6.3 **EAST DUNBARTONSHIRE COUNCIL** – None.
- 6.4 **NHS GREATER GLASGOW & CLYDE** – None.
- 6.5 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required.

7.1 **POLICY CHECKLIST**

- 7.2 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.1 **APPENDICES**

- 8.2 **Appendix 1: Public Service User and Carer Support Group of 7 October 2021.**

8.3 Appendix 2: PSUC (Coronavirus) Covid-19 Info sheet September 2021.

8.4 Appendix 3: PSUC Power of Attorney leaflet September 2021

Agenda Item Number: 19a Appendix 1

Public Service User and Carer Support Group – 07 October 2021

Attending; Karen Albrow, Gordon Cox, Susan Griffiths, Linda Jolly, Mary Kennedy, Fiona McManus and Michael Rankin

Apologies; Martin Brickley, David Bain, Suzanne McGlennan Briggs, Sandra Docherty, Avril Jamieson, Jenny Proctor and Frances Slorance

HSCP Staff in attendance; David Radford and Anthony Craig

Action points agreed at meeting:

Action	By who	When	G	A	R
EDVA – contact to discuss Friendship circle (Milngavie)	D Radford	Next meeting 01/11/2021			
Invite to be extended to Dr Paul Treon (Clinical Director) to understand the existing and future pressure on GP Practice lists.	D Radford	Next meeting 01/11/2021			
Karen Albrow (Carers rep) to attend the next SPG meeting. HSCP officer to liaise with SPG support to facilitate this.	A Craig	07/10/2021			
HSCP officer will scope with colleagues to source who collates the record keeping for Carers 'unmet need' in East Dun	A Craig	Next meeting 01/11/2021			
HSCO officer to collate member's feedback on the 'National Care Services Scotland Consultation' and combine into a response.	A Craig	15/10/2021			
PSUC group have asked that an invitation be extended to interim Chief Officer to attend a meeting in 2021/22.	D Radford	Ongoing			
PSUC group to continue Power of Attorney approach. Member to progress conversation with appropriate professional bodies.	AC and Carers Rep	Ongoing			
HSCP officer to share the 'Improving Cancer Journey' presentation with members	A Craig	07/10/2021			

EAST DUNBARTONSHIRE CORONAVIRUS (COVID-19) UPDATE

Covid-19 Information sheet, created by the East Dunbartonshire Public, Service User and Carer (PSUC) group

East Dunbartonshire: local 7 day Covid-19 statistics (03 September 2021 to 9 September 2021)

Welcome to the latest East Dunbartonshire Public, Service User and Carer (PSUC) group Covid-19 (Coronavirus) information sheet.

The latest 7 day statistics up to the 9 September 2021 show **941*** positive cases, which is a rate of 865.3 per 100,000 population, with a 7 day positive rate of 12.6%.

The data shows a worrying increase from the same period last month (August 2021) and overall the figures for Scotland are showing a marked increase in the spread of the virus, which is a step in the wrong direction.

We must remain vigilant and follow the FACTS guidance, though social distancing, good hand and respiratory hygiene and by using appropriate face coverings and by adhering to current [Scottish Government guidance](#).

Please continue to follow Scottish Government and NHS advice.

*[Public Health Scotland](#) (13/09/2021)

(Covid-19) When You need to self-isolate

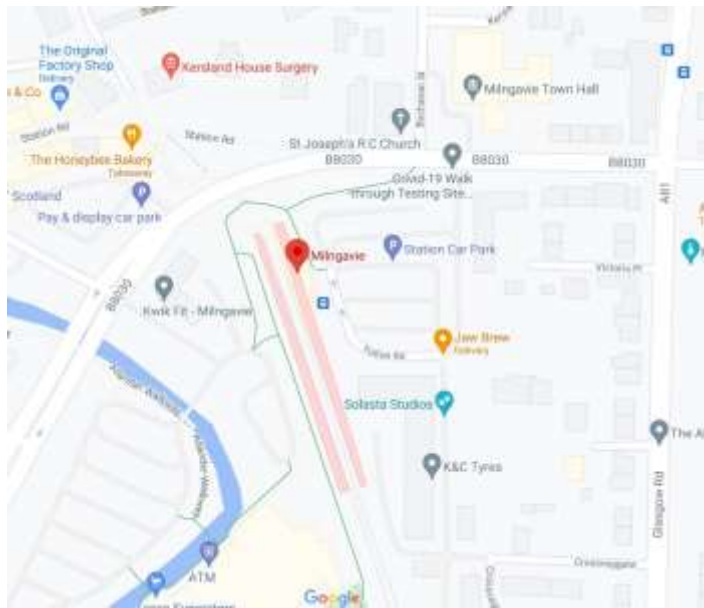
Everyone who develops symptoms of COVID-19 – a new, continuous cough; fever or loss of, or change in, sense of smell or taste - should isolate straight away and arrange a test via www.nhsinform.scot or, if you can't get online, by calling 0800 028 2816.

- People who live in the same household as a person with symptoms should also isolate straight away.
- If the test result for the symptomatic person is negative, and they are not already isolating as a 'close contact' of a confirmed case, they can end isolation and return to work or school.
- The rest of their household can end isolation straight away.
- If the test is positive, the symptomatic person should remain in isolation until 10 days from symptom onset, or longer if certain symptoms persist.
- The rest of the household should self-isolate and book a PCR test.
- If they are a partially or non-vaccinated adult, they will be asked to self-isolate for 10 days, whether or not they have symptoms.

(Covid-19) Who does not need to self-isolate

- If you are a fully vaccinated adult, you should get a PCR test as soon as possible. Provided you return a negative PCR test result and remain asymptomatic, you may end self-isolation as a close contact.
- Provided you return a negative PCR test result and remain asymptomatic, you may end self-isolation as a close contact.
- If you are younger than 18 years and 4 months you should get a PCR test as soon as possible.
- Provided you return a negative PCR test result and remain asymptomatic, you may end self-isolation as a close contact.
- Even if you're fully vaccinated, you can still get coronavirus and pass it on to others.
- Please click [HERE](#) for further information.

East Dunbartonshire (Symptomatic) Covid 19 Polymerase Chain Reaction (PCR) Booked Testing Centre (Milngavie Train Station)



There is a coronavirus testing centre in the car park at Milngavie Railway Station. It is for those who are experiencing Covid-19 symptoms - PCR tests **must be booked in advance** at www.nhsinform.scot/test-and-protect or by calling **119**. People should only book a test if they have coronavirus symptoms (a high temperature, a new and continuous cough or a loss or change to their sense of smell or taste) or have been instructed to do so by a clinician or NHS contact tracer.

Click on the link below for more information:

[Milngavie Testing Centre](#)

Address: Milngavie Train Station, G62 8BX

ADULT FLU IMMUNISATION PROGRAMME 2021/22

NHS Scotland will invite those eligible for the free flu vaccine from September 2021 onwards.

Flu is serious. Every year in Scotland people are hospitalised with flu, and this winter our immunity may be lower than usual. The annual flu vaccine is the safest and most effective way to help protect against the flu. Those most at risk from flu are also most vulnerable at the same time to coronavirus (COVID-19).

Due to the impact of coronavirus on the most vulnerable in society, it's vital we do all that we can to reduce the impact of seasonal flu on those most at risk. This ensures that the impact of the flu and coronavirus circulating together is kept to an absolute minimum.

NHS inform provides information for the public about immunisations in Scotland. [SEE HERE](#)

Eligible Groups

- adults aged 50 or over (or will be by 31 March 2022)
- people aged 6 months or older with an eligible health condition
- pregnant women

For full list please [SEE HERE](#)



Coronavirus (COVID-19) Guidance



NHS inform has all the latest coronavirus (COVID 19) guidance from NHS Scotland and the Scottish Government, including physical distancing measures and advice for infected households.

Click on the link here to access: [NHS INFORM](#)

If you wish to know more about the work of the East Dunbartonshire Public, Service User and Carer (PSUC) group then please email: EDPSUC@ggc.scot.nhs.uk

A Power of Attorney (PoA) is not a Will

It does not relate to what happens after you die. After your death the executor named in your will is responsible for sorting out your estate, but the will doesn't give them any rights or responsibilities while you are alive.

For more Information on Power of Attorney

Office of the Public Guardian in Scotland

Website: www.publicguardian-scotland.gov.uk

Email: opg@scotcourts.gov.uk

Telephone: 01324 678300

East Dunbartonshire Citizens

Advice Bureau (CAB)



Website: <https://edcab.org/>

Email: bureau@eastdunbartoncab.casonline.org.uk

Telephone: 0141 775 3220

CEARTAS Advocacy 

Website: <https://www.ceartas.org.uk>

Email: info@ceartas

Telephone: 0141 775 0433



*Fees for PoA vary, please see the Office of Public Guardian (OPG) website for all PoA registration fees.

- ◆ Please contact CAB or Ceartas for independent advice.

Contact us

Kirkintilloch Health and Care Centre

10 Saramago Street

Kirkintilloch

G66 3BF

EDPSUC@ggc.scot.nhs.uk

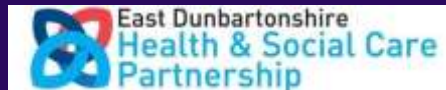


A Guide to Power of Attorney (PoA)

Important Information for East Dunbartonshire residents



Created by the East Dunbartonshire Public, Service User and Carer (PSUC) group



What is Power of Attorney (PoA)

You will make decisions every day about your life and your future; small decisions such as what to wear or eat, and bigger decisions about things like money, your family and your home. But what happens if you do not have the capacity to make decisions?

A PoA is a written document that lets you give legal authority to other people i.e. your attorney(s), to make decisions on your behalf. The PoA lists all of the specific individual powers you wish your attorneys to have.

Are there different three types of PoA?*

You can have a:

- ♦ Continuing PoA – for decisions to be made about your property and financial affairs
- ♦ Welfare PoA –for decisions to be made about your health and welfare matters, and;
- ♦ Combined PoA – gives continuing and welfare powers.

Who Could be Your Attorney?

Your attorney should be someone you trust, someone who knows what your wishes and feelings are. It's important you have the same understanding about how and when your PoA is to be used.

You can appoint anyone as your attorney such as:

- ♦ a relative, a friend, a solicitor or a spouse or partner.

Attorneys must be over the age of 16 and if you give continuing powers they must not be bankrupt.

- ♦ There is no limit to the amount of attorneys you can have. It's worth thinking about appointing more than 1 just in case something should happen.
- ♦ Attorneys must confirm that they are willing to act on your behalf.

When should your PoA to begin?

For a continuing PoA this could be as soon as the PoA is registered with the Office of Public Guardian. Welfare PoAs only begin if you become incapable of making decisions about your own welfare.

East Dunbartonshire HSCP Board Agenda Planner

Meetings

January 2021 – March 2022

Update: 05.11.2021

Standing items (every meeting)
Declaration of Interests
Minutes of last meeting (CS)
Chief Officers Report (CS)
Board Agenda Planner (CS)
HSCP Board Agenda Items – 21 January 2021
Topic Specific Seminar – Staff Governance
East Dunbartonshire HSCPs Primary Care Improvement Plan for year 3
HSCP Strategic Plan 2021 – 2023 Draft
Directions Report
Performance Reports
Corporate Risk Register
Financial Reports
Transition/Recovery Planning
HSCP Board development Session – Tuesday 2nd February 2021 2pm – 4pm via MS Teams
Directions Process
Financial Budget for 2021-22
HSCP Board Agenda Items – 25th March 2021
Q3 Performance Report
Financial Reports (JC)

Transition/Recovery Planning
Records Management Plan (JC) – For approval
ADP Strategy and Annual Action Plan – (Strategic Item – For approval) (DA)
Integrated Children’s service plan 21/23 Plan – For Approval (CC)
HSCP Board Development Session – 25th March – 2.00pm – 4.00pm (via teams)
Strategic Plan – Outline process for new 3 year plan including timescales
Workforce Plan – TQ
HSCP Board Agenda Items – 24th June 2021
Topic Specific Seminar – Update on Life Changes Trust Partnership Work
Performance Reports
Financial Reports
Transition/Recovery Planning
Woodhead Practice Proposed Closure of Branch Surgery (DP)
Annual Report (AC)
SDS Updated report (Scottish Government SDS Transformation Annual Report) (Kelly Gainty)
HSCP Board Development Session – 24th June 2021 – 2.00pm - 4.00pm (via teams)
Debrief on impact of Covid and lessons learnt: Effect on service delivery Community Justice
Response to the Covid Vaccination process
HSCP Board Development Session 19th August 2021 (time to be confirmed)
Mental Health Update: The impact Covid has had on people’s mental health Mental Health for Young People Mental Health Assessment Units / Update on Out of Hours Update on action 15

HSCP Board Agenda Items – 16th September 2021
Performance Reports
Financial Reports
Annual Performance Report
Clinical and Care Governance Group Annual Report
Transition/Recovery Planning
Unscheduled Care
Community Transport (A Meikle) tbc
HSCP Board Development Seminar – 5th October 2021 – 1.00pm – 3.00pm
The National Care Service for Scotland
HSCP iMatter update
HSCP Board Agenda Items – 18th November 2021
Topic Specific Seminar – Strategic Plan (Alan Cairns)
Performance Reports
Financial Reports
Transition/Recovery Planning
3 rd Sector update (A Meikle) tbc
HSCP Board Development Seminar – 23rd November 2021
An update on the Falls & Frailty agenda
HSCP Board Agenda Items – 20th January 2022
Performance Reports
Financial Reports
Transition/Recovery Planning
ADP Annual Report – David Aitken to confirm
Unscheduled Care

Oral Health Performance Report
Sexual Health Service Review Implementation Plan – tbc
HSCP Board Development Session – 25th February 2022
Financial Planning 2022/23
HSCP Board Agenda Items – 24th March 2022
Topic Specific Seminar - tba
Performance Reports
Financial Reports
Transition/Recovery Planning